



# 2024 Saratoga County PBA PPO \$30

	In-Network	Out-of-Network
<b>Annual Deductible</b> (Embedded)		
Individual Coverage	N/A	\$500
Family Coverage	N/A	\$1,000
<b>Coinsurance</b>		
	N/A	20%
<b>Out-of-Pocket Maximum</b> (Embedded)		
Individual Coverage	\$5,080	\$2,000
Family Coverage	\$12,700	\$4,000
<b>Lifetime Maximum Coverage</b>		
	N/A	N/A
<b>Physician Services</b>		
Office visits - PCP	\$30 copayment	Deductible then 20% coinsurance
Office visits – Specialist	\$40 copayment	Deductible then 20% coinsurance
Well baby and child care	Covered in Full	Deductible then 20% coinsurance
Well Adult exam	Covered in Full	Not Covered
Routine GYN exam	Covered in Full	Deductible then 20% coinsurance
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room)	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Physician	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Hospital	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Facility	Covered in Full	Deductible then 20% coinsurance
<b>Diagnostic Testing</b>		
Laboratory services	Covered in Full	Deductible then 20% coinsurance
Radiology and Imaging (X-rays, MRI's)	Covered in Full	Deductible then 20% coinsurance
<b>Maternity</b>		
Physician services (pre/post natal care)	\$40 copayment, initial visit only	Deductible then 20% coinsurance
Delivery	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Newborn nursery	Covered in Full	Deductible then 20% coinsurance
<b>Emergency Care</b>		
Hospital Facility	\$250 copayment ( waived if admitted)	
Ambulance	Covered in Full	

Benefit Summary Continued

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Urgent Care</b>	<b>\$15 copayment</b>	<b>\$15 copayment</b>
<b>Physical Therapy, Occupational Therapy and Speech Therapy</b>	<b>\$15 copayment</b>	<b>Deductible then 20% coinsurance</b>
Maximum 120 aggregate visits per calendar year		
<b>Durable Medical Equipment</b>	<b>Covered in Full</b>	<b>Not Covered</b>
Prior authorization required for items in excess of \$1,000		
<b>Prosthetic Devices</b>	<b>Covered in Full</b>	<b>Deductible then 20% coinsurance</b>
Prior authorization required for items in excess of \$1000		
<b>Chemical Abuse &amp; Dependency</b>		
Inpatient Detoxification	<b>\$200 copayment (\$400 max per member per year)</b>	<b>Deductible then 20% coinsurance</b>
Inpatient Rehabilitation	<b>\$200 copayment (\$400 max per member per year)</b>	<b>Deductible then 20% coinsurance</b>
Outpatient Rehabilitation	<b>Facility- Covered in Full Physician- \$15 Copayment</b>	<b>Deductible then 20% coinsurance</b>
<b>Mental Health</b>		
Inpatient*	<b>\$200 copayment (\$400 max per member per year)</b>	<b>Deductible then 20% coinsurance</b>
Outpatient	<b>Facility- Covered in Full Physician- \$15 Copayment</b>	<b>Deductible then 20% coinsurance</b>
<b>Vision</b>		
Eye Exam (Once every 24 months)	<b>\$40 Copayment</b>	<b>Deductible then 20% coinsurance</b>
Glasses or Contacts		<b>Not Covered</b>
<b>Prescription Drug Coverage</b>		
Retail	<b>Retail: \$10 Tier 1/\$40 Tier 2/ \$60 Tier 3</b>	
Mail Order	<b>Up to a 90 day supply for two (2) copayments</b>	

This plan is sponsored by Saratoga County and administered by Capital District Physicians' Healthcare Network, Inc. (CDPHN).

This summary is provided to highlight some specific provisions of the plan. Some restrictions may apply. This plan does not cover services that are not medically necessary, for example: cosmetic procedures, LASIK surgery. Please refer to your Summary Plan Description for more detailed information including limitations and exclusions. All benefits of the plan are subject to coordination of benefits.

While this material is believed to be accurate as of the print date, it is subject to change without notice. In case of a conflict between the plan documents and this information, the plan documents will govern.

Questions?

CDPHN can answer questions and provide information about the benefits available under this plan. Just visit the Web site at [www.cdphp.com](http://www.cdphp.com) or call (518) 641-3100 or 1-877-724-2579 from 8 a.m. to 5 p.m. Eastern Standard Time. The TTY number is 711. For language assistance please call member services.