



## 2024 Saratoga County UPSEU POS \$25/\$40

	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual Coverage	N/A	\$500
Family Coverage	N/A	\$1,000
<b>Coinsurance</b>		
	N/A	30%
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$5,080	\$2,500
Family Coverage	\$12,700	\$5,000
<b>Lifetime Maximum Coverage</b>		
	N/A	N/A
<b>Physician Services</b>		
Office visits - PCP	\$25 copayment	Deductible then 30% coinsurance
Office visits – Specialist	\$40 copayment	Deductible then 30% coinsurance
Well baby and child care	Covered in Full	Deductible then 30% coinsurance
Well Adult exam	Covered in Full	Not Covered
Routine GYN exam	Covered in Full	Deductible then 30% coinsurance
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room)	Covered in Full	Deductible then 30% coinsurance
Physician	Covered in Full	Deductible then 30% coinsurance
Outpatient Surgery Hospital	Covered in Full	Deductible then 30% coinsurance
Outpatient Surgery Facility	Covered in Full	Deductible then 30% coinsurance
<b>Diagnostic Testing</b>		
Laboratory services	Covered in Full	Deductible then 30% coinsurance
Radiology and Imaging (X-rays, MRI's)	Covered in Full	Deductible then 30% coinsurance
<b>Maternity</b>		
Physician services (pre/post natal care)	\$40 copayment, initial visit only	Deductible then 30% coinsurance
Delivery	Covered in Full	Deductible then 30% coinsurance
Newborn nursery	Covered in Full	Deductible then 30% coinsurance
<b>Emergency Care</b>		
Hospital Facility	\$200 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>\$20 copayment</b>	<b>Deductible then 30% coinsurance</b>
<b>Physical Therapy, Occupational Therapy and Speech Therapy</b>	<b>\$20 copayment</b>	<b>Deductible then 30% coinsurance</b>
Maximum 60 aggregate visits per calendar year		
<b>Durable Medical Equipment</b>	<b>20% Coinsurance</b>	<b>Deductible then 50% coinsurance</b>
Prior authorization required for items in excess of \$1,000		
<b>Prosthetic Devices</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Chemical Abuse &amp; Dependency</b>		
Inpatient Detoxification	<b>Covered in Full</b>	<b>Deductible then 30% coinsurance</b>
Inpatient Rehabilitation	<b>Covered in Full</b>	<b>Deductible then 30% coinsurance</b>
Outpatient Rehabilitation	<b>Covered in Full</b>	<b>Deductible then 30% coinsurance</b>
<b>Mental Health</b>		
Inpatient	<b>Covered in Full</b>	<b>Deductible then 30% coinsurance</b>
Outpatient	<b>Covered in Full</b>	<b>Deductible then 30% coinsurance</b>
<b>Vision</b>		
Eye Exam *Once every 24 months	<b>\$40 Copayment</b>	<b>Deductible then 30% coinsurance</b>
Glasses or Contacts *One pair of glasses or contacts every 24 months	<b>Standard lenses- \$15 Copayment</b> <b>Lens upgrades/enhancements- \$225 Allowance</b> <b>Frames: \$175 Allowance</b> <b>Standard Contacts- \$200 Allowance</b>	
<b>Prescription Drug Coverage</b>		
Retail	<b>Retail: \$10 Tier 1/ \$30 Tier 2/ \$50 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.