



## Ravena, Coeymans, Selkirk CSD

### Traditional Blue PPO 816

#### DEDUCTIBLES/MAXIMUMS

In network deductible	n/a
In network coinsurance	n/a
In network out of pocket maximum	n/a
Out of network deductible	\$100/\$300
Out of network coinsurance	20%
Out of network out of pocket maximum	\$1,000/\$2,000
Out of network annual maximum	Unlimited
Out of network lifetime maximum	Unlimited
Annual maximum	Unlimited
Benefit administration	Calendar year
Dependent age	26
Student age	26
Dependent/Student coverage ends	End of birth month
Domestic partner	Not covered

#### PRESCRIPTION DRUG

Prescription copay	Not covered
Mail order copay per 90 day supply	Not covered
Mandatory mail order applies	Not covered
Prescription deductible	Not covered
Generic oral contraceptive coverage	Not covered

#### PHYSICIAN SERVICES - Office

Primary care physician copay	\$20
Specialist copay	\$20
Pediatric visits for children up to age 19	\$20
Well child visits and immunizations for children up to age 19	Covered in full
Allergy immunotherapy	Covered in full
Chiropractic	\$20
Laboratory services	Covered in full
Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full
Pre & post natal care (routine)	Covered in full after initial \$20 copay

#### PHYSICIAN SERVICES - Routine/Preventive

Abdominal aortic aneurysm screening	Covered in full
Adult immunizations	Covered in full
Flu shot	Covered in full
Bone mineral density	Covered in full
Colorectal cancer screening	Covered in full
Colonoscopy	Covered in full
Routine mammogram	Covered in full
OB/GYN	Covered in full
Routine pap smear	Covered in full
Physical exam	Covered in full
PSA test	Covered in full
Routine eye exam (every year)	Covered in full

#### HOSPITAL

Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Inpatient physical rehab (30 days)	Covered in full
Outpatient surgery	Covered in full

#### EMERGENCY HOSPITAL CARE

Emergency room (copay waived if admitted to hospital)	\$35
Ambulance - ground ambulance	Covered in full
Ambulance - air ambulance	Covered in full
Urgent care centers	\$20

#### MENTAL HEALTH & SUBSTANCE ABUSE

Mental health (inpatient)	Covered in full
Mental health (outpatient)	Covered in full
Alcohol & substance abuse (inpatient detox)	Covered in full
Alcohol & substance abuse (inpatient rehab)	Covered in full
Alcohol & substance abuse (outpatient)	Covered in full



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DIABETIC SUPPLIES & SERVICES

Diabetic equipment & supplies (test strips, syringes, etc.) \$20

OTHER SERVICES

Cardiac rehabilitation (24 visits within 12 weeks of acute episode) \$20
Chemotherapy \$20
Dialysis \$20
Durable medical equipment Covered in full
Home care (200 visits) Covered in full
Hospice (210 days) Covered in full
Physical, speech & occupational therapy (60 visits aggregate) \$20
Post-mastectomy prosthetics Covered in full
Prosthetic and orthotic appliances Covered in full
Radiation therapy \$20
Skilled nursing facility (120 days) Covered in full

ACKNOWLEDGEMENT

Accepted by (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

This is a summary of Covered benefits and exclusions and is not intended as an actual contract or group plan.
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