



## 2023 United Association Local 7 PPO

	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual Coverage	N/A	\$250
Family Coverage	N/A	\$500
<b>Coinsurance</b>		
	N/A	20%
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	N/A	\$2,500
Family Coverage	N/A	\$5,000
<b>Lifetime Maximum Coverage</b>		
	N/A	N/A
<b>Physician Services</b>		
Office visits - PCP	\$20 copayment	Deductible then 20% coinsurance
Office visits – Specialist	\$20 copayment	Deductible then 20% coinsurance
Well baby and child care	Covered in Full	Deductible then 20% coinsurance
Well Adult exam	Covered in Full- one per year	Deductible then 20% coinsurance
Routine GYN exam	Covered in Full- one per year	Deductible then 20% coinsurance
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room)	\$250 copayment	Deductible then 20% coinsurance
Physician	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Hospital	\$50 copayment	Deductible then 20% coinsurance
Outpatient Surgery Facility	\$50 copayment	Deductible then 20% coinsurance
<b>Diagnostic Testing</b>		
Laboratory services	Covered in Full	Deductible then 20% coinsurance
Radiology and Imaging	Covered in Full	Deductible then 20% coinsurance
MRA/MRI & PET Scans	\$20 Copay	Deductible then 20% coinsurance
<b>Maternity</b>		
Physician services (pre/post natal care)	\$20 copayment, initial visit only	Deductible then 20% coinsurance
Delivery	\$250 copayment	Deductible then 20% coinsurance
Newborn nursery	Covered in Full	Deductible then 20% coinsurance

Benefit Summary Continued

	In-Network	Out-of-Network
<b>Emergency Room</b>	<b>\$100 copayment (waived if admitted)</b>	
<b>Urgent Care</b>	<b>\$35 copayment</b>	
<b>Doctor on Demand</b>	<b>Covered in Full</b>	
<b>Ambulance</b>	<b>\$50 copayment</b>	
<b>Chiropractic care, Physical Therapy, Occupational Therapy and Respiratory Therapy</b>	<b>\$10 copayment</b> *See SPD for limitations on these services	<b>Deductible then 20% coinsurance</b>
<b>Durable Medical Equipment</b>	<b>20% coinsurance</b>	<b>Deductible then 20% coinsurance</b>
	Prior authorization required for items in excess of \$1000	
<b>Prosthetic Devices</b>	<b>20% coinsurance</b>	<b>Deductible then 50% coinsurance</b>
	Prior authorization required for items in excess of \$1000	
<b>Chemical Abuse &amp; Dependency</b>	*See SPD for limitations on these services	
Inpatient Detoxification	<b>\$250 copayment</b>	<b>Deductible then 20% coinsurance</b>
Inpatient Rehabilitation	<b>\$250 copayment</b>	<b>Deductible then 20% coinsurance</b>
Outpatient Rehabilitation	<b>\$10 copayment</b>	<b>Deductible then 20% coinsurance</b>
<b>Mental Health</b>	*See SPD for limitations on these services	
Outpatient	<b>\$5 Copayment</b>	<b>Deductible then 20% coinsurance</b>
Inpatient	<b>\$250 copayment</b>	<b>Deductible then 20% coinsurance</b>
<b>Prescription Drug Coverage</b>		
Not administered by CDPHP; please contact <b>Optum RX at 800-797-9791</b>		
<b>Life Points</b>	<b>Earn up to \$365 per year per contract for healthy behaviors. Please visit <a href="http://member.cdphp.com">member.cdphp.com</a></b>	
<b>Fitness Reimbursement</b>	<b>\$400 annual reimbursement for subscriber and \$200 annual reimbursement for spouse</b>	

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 1-877-261-1164. For language assistance please call member services.