# 2022 United Association Local 7 PPO

| | In-Network | Out-of-Network |
|---|---|---|
| **Annual Deductible** | | |
| Individual Coverage | **N/A** | **$250** |
| Family Coverage | **N/A** | **$500** |
| **Coinsurance** | **N/A** | **20%** |
| **Out-of-Pocket Maximum** | | |
| Individual Coverage | **N/A** | **$2,500** |
| Family Coverage | **N/A** | **$5,000** |
| **Lifetime Maximum Coverage** | **N/A** | **N/A** |
| **Physician Services** | | |
| 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** |
| **Hospital Services** | | |
| 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** |
| **Diagnostic Testing** | | |
| 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** |
| **Maternity** | | |
| 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 |
|---|---|---|
| **Emergency Room** | **$100 copayment (waived if admitted)** | |
| **Urgent Care** | **$35 copayment** | |
| **Doctor on Demand** | **Covered in Full** | |
| **Ambulance** | **$50 copayment** | |
| **Chiropractic care, Physical Therapy, Occupational Therapy and Respiratory Therapy** | **$10 copayment** *See SPD for limitations on these services | **Deductible then 20% coinsurance** |
| **Durable Medical Equipment** | **20% coinsurance** Prior authorization required for items in excess of $1000 | **Deductible then 20% coinsurance** |
| **Prosthetic Devices** | **20% coinsurance** Prior authorization required for items in excess of $1000 | **Deductible then 50% coinsurance** |
| **Chemical Abuse & Dependency** | *See SPD for limitations on these services | |
| Inpatient Detoxification | **$250 copayment** | **Deductible then 20% coinsurance** |
| Inpatient Rehabilitation | **$250 copayment** | **Deductible then 20% coinsurance** |
| Outpatient Rehabilitation | **$10 copayment** | **Deductible then 20% coinsurance** |
| **Mental Health** | *See SPD for limitations on these services | |
| | | **Deductible then 20% coinsurance** |
| Outpatient | **$5 Copayment** | |
| Inpatient | **$250 copayment** | **Deductible then 20% coinsurance** |
| **Prescription Drug Coverage** Not administered by CDPHP; please contact Optum RX at 800-797-9791 | | |
| **Life Points** | **Earn up to $365 per year per contract for healthy behaviors. Please visit member.cdphp.com** | |
| **Fitness Reimbursement** | **$400 annual reimbursement for subscriber and $200 annual reimbursement for spouse** | |

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 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.