

Rensselaer-Columbia-Greene Health Insurance Trust – Hudson City School District

	Traditional PPO 812	Preferred PPO 815
<b>DEDUCTIBLES/MAXIMUM</b>		
In network deductible	N/A	N/A
In network coinsurance	N/A	N/A
In network out of pocket maximum	\$4,500/\$9,000	\$4,500/\$9,000
Out of network deductible	\$250/\$500	\$500/\$1000
Out of network coinsurance	20%	30%
Out of network out of pocket maximum	\$2,500/\$5,000	\$2,500/\$5,000
Out of network annual maximum	Unlimited	Unlimited
Out of network lifetime maximum	Unlimited	Unlimited
Annual maximum	Unlimited	Unlimited
Benefit administration	Calendar year benefits	Calendar year benefits
Dependent age	26	26
Student age	26	26
Dependent/Student coverage ends	End of birth month	End of birth month
Domestic partner	District Specific	District Specific
<b>PRESCRIPTION DRUG</b>		
Prescription copay	\$10/30/50	\$10/30/50
Mail order copay per 90 day supply	\$20/60/100	\$20/60/100
<b>PHYSICIAN SERVICES – OFFICE</b>		
Primary care physician copay	\$10	\$25
Specialist copay	\$10	\$25
Pediatric visits for children up to age 19	Covered in full	Covered in full
Well child visits and immunizations for children up to age 19	Covered in full	Covered in full
Allergy immunotherapy	Covered in full	Covered in full
Chiropractic	\$10	\$25
Laboratory Services	Covered in full	Covered in full
Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full	Covered in full
Pre & post natal care	Covered in full after \$10 copay	Covered in full after initial \$25 copay
<b>PHYSICIAN SERVICES – Routine/Preventive</b>		
Abdominal aortic aneurysm screening	Covered in full	Covered in full
Adult immunizations	Covered in full	Covered in full
Flu Shot	Covered in full	Covered in full
Bone mineral density	Covered in full	Covered in full
Colorectal cancer screening	Covered in full	Covered in full
Colonoscopy	Covered in full	Covered in full
Routine mammogram	Covered in full	Covered in full
OB/GYN	Covered in full	Covered in full
Routine pap smear	Covered in full	Covered in full
Physical exam	Covered in full	Covered in full
PSA test	Covered in full	Covered in full
Routine eye exam	Covered in full every other year	Covered in full every other year
<b>HOSPITAL</b>		
Inpatient hospital stay	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Inpatient maternity stay	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Inpatient physical rehab (60 days)	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Outpatient surgery	Covered in full	\$200
<b>EMERGENCY HOSPITAL CARE</b>		
Emergency room (copay waived if admitted to hospital)	\$35	\$100
Ambulance – ground ambulance	Covered in full	Covered in full
Ambulance – air ambulance	Covered in full	Covered in full
Urgent care centers	\$10	\$25
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>		
Mental health (inpatient)	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Mental health (outpatient)	Covered in full	Covered in full
Alcohol & substance abuse (inpatient detox)	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Alcohol & substance abuse (inpatient rehab)	Covered in full	\$250 per admission (limit 3 copays/mbr/year)
Alcohol & substance abuse (outpatient)	Covered in full	Covered in full
<b>DIABETIC SUPPLIES &amp; SERVICE</b>		
Diabetic equipment & supplies (test strips, syringes, etc.)	Rx Copay Applies	Rx Copay Applies
<b>OTHER SERVICES</b>		
Cardiac rehabilitation (24 visits)	\$10	\$25
Chemotherapy	\$10	\$25
Dialysis	\$10	\$25
Durable medical equipment	Covered in full in network	Covered in full in network
Home care (100 visits)	\$10	\$25
Hospice (210 days)	\$10	\$25
Physical, speech & occupational therapy (60 visits aggregate)	\$10	\$25
Post-mastectomy prosthetics	Covered in full	Covered in full
Prosthetic and orthotic appliances	Covered in full in network	Covered in full in network
Radiation therapy	\$10	\$25
Skilled nursing facility (120 days)	Covered in full	\$250 per admission (limit 3 copays/mbr/year)

THIS IS A MEDICAL ONLY BENEFIT SUMMARY. IN THE CASE OF A DISCREPANCY THE CONTRACT IS THE

'MASTER DOCUMENT'