

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

	MVP EPO \$20	CDPHP EPO \$20
DEDUCTIBLES/MAXIMUMS		
In network deductible	N/A	N/A
In network coinsurance	N/A	N/A
In network out of pocket maximum	\$6,600/\$13,200	\$7,350/\$14,700
Out of network deductible	N/A (Not Covered)	N/A (Not Covered)
Out of network coinsurance	N/A (Not Covered)	N/A (Not Covered)
Out of network out of pocket maximum	N/A (Not Covered)	N/A (Not Covered)
Out of network annual maximum	N/A (Not Covered)	N/A (Not Covered)
Out of network lifetime maximum	N/A (Not Covered)	N/A (Not Covered)
Annual maximum	Unlimited	Unlimited
Benefit administration	Plan year benefits	Plan year benefits
Dependent age	26	26
Student age	26	26
Dependent/Student coverage ends	End of birth month	End of birth month
PRESCRIPTION DRUG		
Prescription copay	\$10/30/50	\$5/25/40
Mail order copay per 90 day supply	\$20/60/100	\$12.50/62.50/100
Mandatory mail order applies	N/A	N/A
Prescription deductible	N/A	N/A
Generic oral contraceptive coverage	Covered	Covered
PHYSICIAN SERVICES – Office		
Primary care physician copay	\$20	\$20
Specialist copay	\$20	\$20
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	\$20	\$20
Laboratory services	Covered in full	\$20
Radiology (x-ray, MRI, CT & other high tech imaging)	\$20	\$20
Pre & post natal care	Covered in full after initial \$20 copay	Covered in full after initial \$20 copay
PHYSICIAN SERVICES - Routine/Preventive		
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
HOSPITAL		
Inpatient hospital stay	\$250 per admission (limit 3 copays/mbr/year)	Covered in full
Inpatient maternity stay	\$250	Covered in full
Inpatient physical rehab (60 days)	\$250 per admission (limit 3 copays/mbr/year)	Covered in full
Outpatient surgery	\$75	\$20
EMERGENCY HOSPITAL CARE		
Emergency room (copay waived if admitted to hospital)	\$50	\$50
Ambulance - ground ambulance	Covered in full	\$50
Ambulance - air ambulance	Covered in full	\$50
Urgent care centers	\$20	\$30
MENTAL HEALTH & SUBSTANCE ABUSE		
Mental health (inpatient)	\$250 per admission (limit 3 copays/mbr/year)	Covered in full
Mental health (outpatient)	\$20	\$20
Alcohol & substance abuse (inpatient)	\$250 per admission (limit 3 copays/mbr/year)	Covered in full
Alcohol & substance abuse (outpatient)	\$20	\$20
DIABETIC SUPPLIES & SERVICES		
Diabetic equipment & supplies (test strips, syringes, etc.)	\$20	\$20
OTHER SERVICES		
Cardiac rehabilitation (PA required for visits in excess of 36)	\$20	\$20
Chemotherapy	\$20	\$20
Dialysis	\$20	\$20
Durable medical equipment	20%	20%
Home care (60 visits MVP; No Limit CDPHP)	\$20	Covered in full
Hospice (210 days)	Covered in full	\$30
Physical, speech & occupational therapy (visit limits apply)	\$20 (30 combined)	\$20 (30PT/30OT/20ST)
Post-mastectomy prosthetics	Covered in full	Covered in full
Prosthetic and orthotic appliances	20%	20%
Radiation therapy	\$20	\$20
Skilled nursing facility (120 days)	Covered in full (60 days)	Covered in full (90 days)