

# The Saratoga Hospital 2024 Premier Access \$500



Albany Med Health System Network\*

CDPHP/Express Scripts In-Network\*\*

## Annual Deductible

Individual	\$0	\$500
Family	\$0	\$1,000

## Out-of-Pocket Maximum

Individual	\$1,000	\$3,000
Family	\$2,000	\$6,000

Annual out-of-pocket maximum includes both medical and pharmacy deductibles, copayments, and coinsurance.

## Physician Services

Office visits - PCP/OBGYN	Covered in Full	\$25 Copayment
Office visits - Specialist	Covered in Full	\$40 Copayment
Well baby and child care	Covered in Full	Covered in Full
Well Adult exam	Covered in Full	Covered in Full
Routine GYN exam	Covered in Full	Covered in Full

## Hospital Services

Inpatient Hospital (semi-private room)	Covered in Full	Deductible then 20% coinsurance
Physician	Covered in Full	\$25/\$40 Copayment
Outpatient Surgery Facility	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Office	Covered in Full	Deductible then 20% coinsurance

## Diagnostic Testing

Laboratory Services	Covered in Full	Deductible then 20% coinsurance
Radiology and Imaging (X-rays, MRI's)	Covered in Full	Deductible then 20% coinsurance

## Maternity

Physician services (pre/post- natal care)	Covered in Full	Covered in Full
Inpatient Hospital Services	Covered in Full	Deductible then 20% coinsurance
Newborn nursery	Covered in Full	Deductible then 20% coinsurance

## Emergency Care

Hospital Facility (ER)	\$200 Copayment for all locations	
Ambulance	Not Available in Domestic Network	\$100 Copayment

All Emergency Care is Considered In-Network

## Urgent Care

Urgent Care	Covered in Full	\$50 Copayment
Physical Therapy, Occupational Therapy and Speech Therapy	Covered in Full	\$40 Copayment

## Durable Medical Equipment and Prosthetic Devices

Durable Medical Equipment and Prosthetic Devices	Deductible then 10% coinsurance	Deductible then 20% coinsurance
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Prior authorization required for items in excess of \$1000

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**Chemical Abuse & Dependency**

Inpatient Detoxification	Covered in Full	Deductible then 20% coinsurance
Inpatient Rehabilitation	Covered in Full	Deductible then 20% coinsurance
Outpatient Rehabilitation	Covered in Full	\$25 Copayment

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**Mental Health**

Inpatient	Covered in Full	Deductible then 20% coinsurance
Outpatient	Covered in Full	\$25 Copayment

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**Prescription Drug Coverage  
(Administered by Express  
Scripts)***30-Day Supply*

Generic	\$10	\$20
Preferred Brand	\$50	\$100
Non-Preferred Brand	\$75	\$150
Specialty	\$200 or if eligible for the Copay Assistance Program, PillarRx will contact you or your adult dependent age 18 or older.	

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*61-90 Day Supply*

Generic	\$25	\$50
Preferred Brand	\$125	\$250
Non-Preferred Brand	\$187.50	\$375
Specialty	\$200 or if eligible for the Copay Assistance Program, PillarRx will contact you or your adult dependent age 18 or older.	

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Services rendered by Out of Network Facilities/Providers are not covered.

**Albany Med Health System Network\***- All Saratoga Hospital owned facilities and physicians/professionals. Providers associated with Albany Medical Center, Glens Falls Hospital, Visiting Nurses Association of Albany / Visiting Nurses Home Care, & Columbia Memorial Hospital

**CDPHP/Express Scripts In-Network\*\***- CDPHP (including National Network) facilities & physicians/professionals that participate in CDPHP's EPO network

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. This plan is sponsored by The Saratoga Hospital and administered by Capital District Physicians' Healthcare Network, Inc. (CDPHN) and Express Scripts. 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?**

CDPHP can answer questions and provide information about the benefits available under this plan. Visit [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. ET. The TTY number is 1-877-261-1164. For language assistance please call member services. For questions regarding your pharmacy benefits please call Express Scripts at 1-800-869-7731 or visit [www.Express-Scripts.com/TheSaratogaHospital](http://www.Express-Scripts.com/TheSaratogaHospital)