

The Saratoga Hospital 2023 Premier Access 500

Premier Access \$500



Albany Med Health System Network*

CDPHP/CVS In-Network**

Annual Deductible

Individual Coverage	\$0	\$500
2-person & Family Coverage	\$0	\$1,000

Out-of-Pocket Maximum

Individual Coverage	\$1,000	\$3,000
2-person & Family Coverage	\$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	Deductible then 20% coinsurance	

Not Available in Domestic Network

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

Mental Health

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

Prescription Drug Coverage (Administered by CVS Caremark)

30-Day Supply

Generic	\$10	\$10
Preferred Brand	\$50	\$50
Non-Preferred Brand	\$75	\$75
Specialty	Covered in full. Must enroll in Prudent Rx, otherwise 30% coinsurance	

31-60 Day Supply

Generic	\$20	\$20
Preferred Brand	\$100	\$100
Non-Preferred Brand	\$150	\$150
Specialty	Covered in full. Must enroll in Prudent Rx, otherwise 30% coinsurance	

61-90 Day Supply

Generic	\$25	\$25
Preferred Brand	\$125	\$125
Non-Preferred Brand	\$187.50	\$187.50
Specialty	Covered in full. Must enroll in Prudent Rx, otherwise 30% coinsurance	

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 & Columbia Memorial Hospital

CDPHP/CVS 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 CVS Caremark. 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 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. Call CVS Caremark at 1-877-281-5370.