

SKIDMORE HEALTH PLANS At-A-GLANCE

Plan Provisions	Skidmore College PPO Plan Blue Shield of NENY <i>http://www.bsneny.com</i>		MVP Health Plan (HMO)* <i>http://www.mvphealthplan.com</i>	Capital District Physicians' Health Plan HMO* <i>www.http://cdphp.com</i>
	In-Network	Out-of-Network	In-Network ONLY	In-Network ONLY
General				
Annual Deductible	None	\$200 Single/\$500 Family	None	None
Coinsurance	None	20%	None	None
Out-of-Pocket Maximum	\$1,500 Single/\$3,000 Family Medical; \$5,100 Single/\$10,200 Family Rx	\$3,000 Single/\$6,000 Family	\$6,600 Single/\$13,200 Family	\$6,600 Single/\$13,200 Family
Routine Physicals & Preventive Care	Covered in Full	Subject to Deductible & Coinsurance	Covered in Full	Covered in Full
Office Visit Copays				
PCP*	\$15	Subject to Deductible & Coinsurance	\$25	\$25
Specialist	\$30		\$40	\$40
Hospital Services				
In-Patient Hospital Room & Board & Ancillary Services	\$250 copay per admission (max 1 copay per person, no family maximum), then 100%	Subject to Deductible & Coinsurance	\$250 copay per admission (max 1 copay for individual, 3 copays for family, per year), then 100%	\$240 copay per admission (max 2 copays for individual, 3 copays for family, per year), then 100%
Emergency Room	\$75 copay	\$75 copay	\$100 copay	\$75 copay
Ambulance	\$50 copay	\$50 copay	\$100 copay	\$75 copay
Out-Patient (other than Office & Diagnostic)				
Surgery	\$100 copay	Subject to Deductible & Coinsurance	\$75 facility copay, \$100 physician copay	\$75 copay
Mental Health	\$15 copay		\$25 copay	\$25 copay
Alcohol & Substance Abuse	\$15 copay		\$25 copay	\$25 copay
Diagnostic X-rays, Lab & MRIs				
X-Rays & Lab	100%	Subject to Deductible & Coinsurance	\$40 copay for x-rays No copay for Lab Testing	No copay at participating facilities. \$40 at Non-participating
MRIs	100% with prior authorization	Prior authorization needed, then Deductible & Coinsurance	\$40 copay	
Prescription Drugs with Automatic Generic Fill Programs				
	Coverage outlined below is for Actives and <65 Retirees Only administered through Catamaran Rx**			
Retail (Generic/Brand/Non- Preferred Brand) - one fill	\$10/\$25/\$40	Not Covered	\$10/\$25/\$40	\$10/\$25/\$40
Mail (Generic/Brand/Non- Preferred Brand) - 3 month supply	\$20/\$50/\$80	Not Covered	\$25/\$62.50/\$100	\$25/\$62.50/\$100
Miscellaneous Coverages				
Vision				No Coverage for Vision
Frequency & Basic Exam	\$15 copay/ every 24 months	Subject to Deductible & Coinsurance every 24 months	\$40 copay/every 24 months	
Eyeglasses or contacts	Up to \$150	Up to \$150	50% up to \$75	
Chiropractors	\$30 copay	Subject to Deductible & Coinsurance	\$40 copay	\$40 copay with referral by primary physician
Alternative Health Care Benefits	Plan pays 100% up to a limit of \$300/per family/year	Some discounts available for health & wellness programs	Some discounts available for health & wellness programs	

*Health Maintenance Organizations (HMO) require a designated primary care physician (PCP)

**Prescription coverage for Medicare eligible retirees and their dependents who are Medicare eligible, is through SilverScript www.skidmore.silverscript.com

IMPORTANT NOTE: The above is intended to be a highlight of the Plans' provisions. If any discrepancy arises between the information found here and the official plan documents, the official plan documents will govern. Skidmore College reserves the right to change, amend or terminate active or retiree benefit plans, including but not limited to Medical, Dental, and Life Insurance. Plan provisions are governed by official Plan documents. Nothing in this document should be construed as an employment contract or guarantee of benefits. Skidmore and/or its Insurance plan carriers have the sole discretion to interpret the eligibility provision or any of the benefits provided herein.