Skidmore PPO Medical Plan

2022 Summary of Benefits

Service Category*	Coverage Information: In-Network	Coverage Information: Out-of-Network**
Annual Deductible per Contract Year	None	$200 Individual / $500 Family
Coinsurance	None Unless Otherwise Noted	20% Coinsurance
Annual Out-of-Pocket Maximum (Medical Only)	$1,500 Individual / $3,000 Family	$3,000 Individual / $6,000 Family
Annual Out-of-Pocket Maximum (Prescription Only)	$7,200 Individual / $14,400 Family	Not Applicable
Preventive & Well Care Services		
Well Child Care & Immunizations Adult Physical (One Routine Physical/Contract Year) Mammography Annual Pap Test & Ob/Gyn Exam Immunizations for Adults† Colonoscopy & Sigmoidoscopy Screening for Adults Bone Density Tests	Covered in Full	20% Coinsurance After Deductible
Physician Office Visits (PCP & Specialist)	$25 PCP / $40 Specialist Copay	20% Coinsurance After Deductible
Gia® Virtual Care/myvisitnow (Telemedicine)	Covered in Full	Not Covered
OB/GYN – Non-routine visits	$25 Copay	20% Coinsurance After Deductible
Diagnostic Lab Services (Office) Diagnostic X-ray (Office)	Covered in Full	20% Coinsurance After Deductible
Advanced Imaging Services (Office – CT/PET scans, MRIs)	Covered in Full	20% Coinsurance After Deductible
Rehabilitative Services (Office – PT/OT/ST)# – 80 visits combined	$40 Copay	20% Coinsurance After Deductible
Medical/Surgical Admissions (Inpatient Hospital)	$250 Copay	20% Coinsurance After Deductible
Surgical Services (Inpatient Hospital) – Physician Services	Covered in Full	20% Coinsurance After Deductible
Inpatient Physical Rehabilitation (60 days)	$250 Copay	20% Coinsurance After Deductible
Hospital Rehab Services (Outpatient – PT/OT/ST)# – 60 days per year	$250 Copay	20% Coinsurance After Deductible
Diagnostic Laboratory Services (Outpatient Hospital)	Covered in Full	20% Coinsurance After Deductible
Diagnostic X-ray (Outpatient)	Covered in Full	20% Coinsurance After Deductible
Advanced Imaging Services (Outpatient-CT/PET, scans, MRIs)	Covered in Full	20% Coinsurance After Deductible
Chemo, Radiation and Infusion Therapy & Dialysis	$40 Copay	20% Coinsurance After Deductible
Inpatient Surgery Physician & Surgical Assistant	Covered in Full	20% Coinsurance After Deductible
Anesthesia Services	Covered in Full	20% Coinsurance After Deductible
Cardiac Rehab (36 visits)#	$40 Copay	20% Coinsurance After Deductible
Ambulatory/Outpatient Surgery	$100 Copay	20% Coinsurance After Deductible
Preadmission Testing (within 7 days of admission)	Covered in Full	20% Coinsurance After Deductible
Emergency Room (ER) Visit	$100 Copay (Waived if admitted)	
Urgent Care Centers	$25 Copay	20% Coinsurance After Deductible
Ambulance (includes Air and Land)	$100 Copay	
Mental Health Inpatient Hospital	$250 Copay	20% Coinsurance After Deductible
Mental Health Outpatient	$25 Copay	20% Coinsurance After Deductible
Substance Use Disorder Inpatient Hospital	$250 Copay	20% Coinsurance After Deductible
Substance Use Disorder Outpatient	$25 Copay	20% Coinsurance After Deductible
Maternity – Prenatal Care	Covered in Full After Initial $25 Copay	20% Coinsurance After Deductible
Maternity – Physician Delivery	Covered in Full	20% Coinsurance After Deductible

Benefit	In Network	Out of Network
Maternity – Inpatient Hospital Services	$250 Copay	20% Coinsurance After Deductible
Skilled Nursing Facility (120 Days per Year)#	$250 Copay	20% Coinsurance After Deductible
Home Health Care and Home Infusion (200 days)#	$40 Copay	20% Coinsurance After Deductible
Hospice Services (Inpatient and Outpatient)	Covered in Full	20% Coinsurance After Deductible
Post Mastectomy Prosthesis (1 every year; 2 if Bilateral)	Covered in Full	20% Coinsurance After Deductible
Prosthetics / Orthotics	20% Coinsurance No Deductible	50% Coinsurance After Deductible
Durable Medical Equipment	Covered in Full	20% Coinsurance After Deductible
Diabetic Supplies	Covered in Full	20% Coinsurance After Deductible
Chiropractic Benefit (Unlimited visits)	$40 Copay	20% Coinsurance After Deductible
Infertility Treatments Including IVF Gift and Zift ($10,000 max for all services per family per calendar year)	Covered in Full	20% Coinsurance After Deductible
Routine Eye Exam (1 exam every 2 calendar years)#	$25 Copay	20% Coinsurance After Deductible
Frames, Lenses, & Contacts	One (1) pair glasses every two (2) calendar years Up to $150 Maximum Every 2 calendar years for individuals 19 and over; No dollar limit for children up to age 19	
Wigs $300 Max Per Person Per Lifetime (Following Chemo Treatment)	Covered in Full	20% Coinsurance After Deductible
Prescription Drug Coverage (OptumRx) (Covers up to a 30-day supply (retail subscription); 31-90 day supply (mail order prescription). Preauthorization required for certain drugs or no coverage. No charge for certain preventative drugs)		
Generic Drugs	Retail: $10 Copay Mail Order: $25 Copay	Not Covered
Preferred Brand Drugs	Retail: $25 Copay Mail Order: $62.50 Copay	
Non-preferred Brand Drugs	Retail: $40 Copay Mail Order: $100 Copay	
Specialty Drugs	As Applicable	
Alternative Health Care *Acupuncture *Child Birth Classes *Fitness Center Membership *Fitness Classes *Fitness Training Sessions with a Training Coach *Homeopathic *Hypnotherapy (Weight Control and Smoking Cessation) *Massage Therapy *Nutritional Counseling *Weight Control Programs	100% Coverage up to $300 per year per covered employee/contract ($300 limit is the maximum benefit per contract per calendar year regardless of family size) Products purchased through these Programs are not covered	

*Some services are subject to notification or prior authorization requirements. See your Summary Plan Description for details.

**Out of Network charges are subject to Reasonable and Customary Charges (UCR) and you may be balance billed for the difference.
†Immunizations are covered for travel and school purposes.
#Visit and Day Limits are combined In Network and Out of Network

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Summary Plan Description (SPD), your SPD will be controlling. For details, please call **1-800-229-5851**.

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