SKIDMORE COLLEGE
Health Care Plans Comparison

Available Plan Options:	**Skidmore College PPO Plan Traditional Blue PPO through Blue Shield of NENY** http://www.bsneny.com/		**MVP Health Plan (HMO)** http://www.mvphealthplan.com	**Capital District Physicians' Health Plan (HMO)** http://cdphp.com
	In-Network Coverage	**Out-of-Network Coverage**		
Plan Services:	Choice of participating physicians in Traditional Blue PPO network for local services and Blue Cross Blue Shield national network for out-of-area services Pre-Certification required for designated health care services Provides for certain health and wellness services	Choice of physicians Pre-Certification required for designated health care services Provides for certain health and wellness services Annual deductible ($200 individual/$500 family) and coinsurance applies (20%)	Choice of participating primary care physicians and specialists in service area Designation of Primary Care Physician required Pre-Certification required for certain health care services Provides for health and wellness services Provides a preventive dental program for children No referrals necessary	Choice of participating primary care physicians and specialists in service area Designation of Primary Care Physician required Referral to specialists required Pre-Certification required for certain health care services Provides for health and
Alternative Health Care Benefit: ○ Acupuncture ○ Fitness Center Membership ○ Fitness Classes ○ Homeopathic ○ Hypnotherapy for weight control or smoking cessation ○ Massage Therapy ○ Nutritional Counsel ○ Weight Control Programs	Plan pays 100% up to a limit of $300 per family per calendar year Products purchased through these programs are not covered benefits	Plan pays 100% up to a limit of $300 per family per calendar year Products purchased through these programs are not covered benefits	Some discounts available for health and wellness programs	Some discounts available for health and wellness programs
Routine Physical	$15 employee co-pay; Plan covers one per year	Not covered	100% coverage	100% coverage
Office Visits	$15 employee co-pay per visit	Deductible and Coinsurance	$15 employee co-pay per visit	$15 employee co-pay per visit
In-patient (IP) Hospitalization - Room, Board & Ancillary Service	$200 individual; $500 family aggregate co-pay	Deductible and Coinsurance	100% coverage	100% coverage
Prescription Drugs Automatic Generic Fill Programs	**informedRx **** (not a Blue Shield plan) www.myinformedrx.com $5 employee co-pay for generic; $20 or $35 employee co-pay for brand name; Mail Order Program 90 day supply available at 2x employee co-pay; Mandatory Mail Order for Maintenance Drugs	**informedRx**** (not a Blue Shield plan) Out-of-network pharmacy will charge employee full cost of drug; Employee may not be reimbursed full cost of prescription if a participating pharmacy was available	$5 employee co-pay for generic; $20 or $40 employee co-pay for brand name; Some drugs excluded; Mail Order Program 90 day supply available at 2½ x employee co-pay	$10 employee co-pay for generic; $25 or $40 employee co-pay for brand name; Some drugs excluded; Mail Order Program 90 day supply available at 2 ½ x employee co-pay

Health Care Plans Comparison …cont'd

Available Plan Options: Plan Services	Skidmore College PPO Plan Traditional Blue PPO through Blue Shield of NENY http://www.bsneny.com/ In-Network Coverage	Out-of-Network Coverage	MVP Health Plan (HMO) http://www.mvphealthplan.com	Capital District Physicians' Health Plan (HMO) http://cdphp.com
In-patient Mental Health Services and Substance Abuse Detox/Rehab	100% coverage after IP copay 100% coverage after IP copay	Deductible and Coinsurance Deductible and Coinsurance	100% coverage 100% coverage	100% coverage 100% coverage
Diagnostic X-rays, Lab & MRIs	100% Coverage (MRIs need prior authorization)	Deductible and Coinsurance (MRIs need prior authorization)	$15 employee co-pay for x-rays No employee co-pay on Laboratory Testing	No co-pay at participating Facilities; $15 employee co-pay at non-participating facilities
Mental Health Services and Substance Abuse Services Outpatient Care	$15 employee co-pay per visit	Deductible and Coinsurance	$15 co-pay per visit	$15 co-pay per visit
Routine Vision Care	$15 employee co-pay for eye exam; Plan pays up to $150 for frames, lenses or contacts; benefit payable every 24 mo.	Deductible and Coinsurance for eye exam; Plan pays up to $150 for frames, lenses or contacts; benefit payable every 24 mo.	$15 employee co-pay for eye exam; Plan pays 50% up to $75 for frames and lenses or contacts; benefit payable every 24 months	None
Chiropractors	$15 employee co-pay; Plan pays up to $1,500 per year	Deductible and Coinsurance; Plan pays up to $1,500 per year	$15 employee co-pay	$15 employee co-pay with referral from primary care physician
Adult Immunizations over age 19	100% coverage	Deductible and Coinsurance	100% coverage	$15 employee co-pay
Colonoscopy Screening age 50+	100% coverage	Deductible and Coinsurance	100% coverage	$75 employee co-pay

- Skidmore College PPO Plan out-of-network:
  - Services subject to annual deductible of $200 individual and $500 family aggregate
  - Services subject to the deductible and coinsurance are paid according to usual and customary fees
  - Employee pays 20% of charge for services (coinsurance) after annual deductible is met; Plan pays 80%
  - Services subject to an annual out-of-pocket expense on coinsurance of $1,500 individual and $3,000 family aggregate
- **Skidmore College PPO Plan: Prescription coverage for Medicare eligible retirees, and their dependents who are Medicare eligible, is through SilverScript www.skidmorecollege.silverscript.com.
- Health Maintenance Organizations (HMO) require a designated primary care physician.
- If prescription filled with brand name drug and there is a generic equivalent drug available, you must pay appropriate co-pay plus cost difference between the generic and brand name drug.
- Federal Mental Health Parity Mandate: The visit and inpatient day limitations of mental health and substance abuse are no more restrictive than the visit and inpatient day limitations of the medical and surgical benefits covered under all plans outlined above.
- The above comparison is intended to provide plan highlights only; complete plan summaries can be obtained in Human Resources.
- All plans outlined above cover same and opposite sex Domestic Partners – see Domestic Partnership Policy for full details.
- There are no lifetime limits on the above benefits.
- **Grandfathered Status in Healthcare Plans**
  Skidmore College believes all healthcare plans offered are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.