

Skidmore College EPO Medical Plan

Summary of Benefits

Service Category	In-Network Coverage	Limits and Exclusions
Annual Deductible per contract year	\$200 Individual / \$400 Family	One
Co-insurance	20% coinsurance	One
Annual Out-of-Pocket Maximum	\$1,000 Individual / \$2,000 Family	Medical Only
Annual Out-of-Pocket Maximum Preventive & Well Care Services	\$1,000 Individual / \$2,000 Family	Prescription, Drug Only
Preventive & Well Care Services are covered in full!		

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Mental /ealt(Out\$atient	\$2' Co\$a #6"er , educ"i%le	! one
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Su#stance 5se " isorder Out\$atient	\$2' Co\$a #6"er , educ"i%le	! one
Maternity 7 Prenatal Care	Covered in Full #6"er Ini"ial \$2' Co\$a #6"er , educ"i%le	! one
Maternity 7 P(ysician " elivery	\$200 Co\$a #6"er , educ"i%le	! one
Maternity 7 In\$atient /os\$ital Services	\$2' 0 Co\$a #6"er , educ"i%le	! one
Skilled Nursing 8acility	Covered in Full #6"er , educ"i%le	120 da + \$er ear
/ome /ealt(Care	\$40 Co\$a #6"er , educ"i%le	! one
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