

# CDPHP<sup>®</sup> EPO Plan Benefit Summary

Marketing Plan ID: 130  
 Plan Code: SUPP1292  
 Group ID: PROSPECT  
 Presented For: PROSPECT  
 Date Prepared:  
 Effective Date: 20180101  
 Metal Tier: PLATINUM



	In-Network
<b>Deductible</b>	N/A Single / N/A Family (Embedded)
<b>Coinsurance</b>	Not Applicable
<b>Office Visits</b>	
PCP	\$15 Copayment
Live Video Doctor Visits	\$15 Copayment
Specialist	\$35 Copayment
<b>Out of Pocket Maximum</b>	\$4,000 Single / \$8,000 Family (Embedded)
<b>Physician Services</b>	
PCP Office Visits for illness, injury or second opinion	\$15 Copayment
Specialist Office Visits for illness, injury or second opinion	\$35 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered in full
Chemotherapy/Radiation Therapy	\$15 Copayment
Well Baby and Child Care including immunizations and inoculations	Covered in full
Annual Adult Exam	Covered in full
Annual Gynecological Exam	Covered in full
<b>Retail Pharmacy</b>	
Tier 1 Drugs	\$4 Copayment
Tier 2 Drugs	\$30 Copayment
Tier 3 Drugs	\$60 Copayment
Specialty Drugs	\$60 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program and require preauthorization to be obtained through CDPHP's participating specialty vendors. This plan uses the Premier network and Formulary 2.	
<b>Mail Order</b>	
Tier 1 Mail Order Drugs	\$10 Copayment
Tier 2 Mail Order Drugs	\$75 Copayment
Tier 3 Mail Order Drugs	\$150 Copayment
<b>Prescription Drugs in Office or Outpatient Facilities</b>	
PCP Office cost share	20% Coinsurance
Specialist Office cost share	20% Coinsurance
Outpatient Facility cost share	20% Coinsurance
<b>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$500 Copayment
Newborn Nursery	Covered in full
Outpatient Surgery	\$75 Copayment
<b>Diagnostic Testing*</b>	
Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$35 Copayment
Outpatient Hospital Radiology Services: * Copayment waived if is a preferred center.	\$35 Copayment
Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$35 Copayment
Office Based Radiology Services: * Copayment waived if is a preferred center.	\$35 Copayment
Mammogram	Covered in full

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Cytology Screening	Covered in full
Prostate Cancer Screening	Refer to PCP or Specialist Cost-Share Based on Place of Service
<b>Emergency Care</b>	
Worldwide Emergency Room Care	\$100 Copayment
Ambulance	\$100 Copayment
<b>Urgent Care</b>	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$45 Copayment
<b>Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)</b>	
	\$35 Copayment (60 visits per condition per plan year combined therapies for OT, PT, ST)
<b>Home Health Care (40 visits per benefit period)</b>	
	\$15 Copayment
<b>Skilled Nursing Facility</b>	
	\$500 Copayment (365 days per plan year)
<b>Prosthetic Appliances and Durable Medical Equipment</b>	
	50% Coinsurance
<b>Diabetic Services</b>	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	\$15 Copayment
<b>Mental Health Services</b>	
Outpatient services	\$15 Copayment
Inpatient services	\$500 Copayment
<b>Chemical Abuse and Dependency Services</b>	
Outpatient services	\$15 Copayment (Up to 20 visits a plan year may be used for Family Counseling without the patient.)
Inpatient services (Detoxification/Rehabilitation)	\$500 Copayment
<b>Vision Services</b>	
Adult Vision Exam	\$35 Copayment (One exam per plan year.)
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement.
Pediatric Vision Exam	\$15 Copayment (One exam per plan year.)
Pediatric Glasses/Contacts	50% Coinsurance (One prescribed lenses and frames per plan year. Standard Frames.)
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
<b>Wellness Care</b>	
Acupuncture	\$35 Copayment (10 visit limit for acupuncture services)
Chiropractic Benefits	\$35 Copayment
<b>Dependent Coverage</b>	
	Covered to Age 26
<b>Domestic Partner Coverage</b>	
	Covered
<b>Life Points Participation</b>	
	Participating (Up to \$180 points per contract).

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*This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.*

*CDPHP UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).*

*\*Please visit our Web site at [www.cdphp.com](http://www.cdphp.com) or contact CDPHP UBI member services at (518) 641-3140 or 1-877-269-2134 to identify designated laboratories, preferred radiology sites and preferred ambulatory surgery sites.*

*All benefits of this plan are subject to coordination of benefits. This summary is designed to highlight benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership Certificate is available for your review upon request.*

*Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc.<sup>®</sup> (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.*

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