

CDPHP[®] HDHMO Plan Benefit Summary

Marketing Plan ID: 324
 Plan Code: SHSF3003
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20180101
 Metal Tier: SILVER



| | In-Network |
|--|---|
| Deductible | \$2,200 Single / \$4,400 Family (Aggregate) |
| Coinsurance | Not Applicable |
| Office Visits | |
| PCP | Deductible then \$25 Copayment |
| Live Video Doctor Visits | Deductible then \$25 Copayment |
| Specialist | Deductible then \$50 Copayment |
| Out of Pocket Maximum | \$4,800 Single / \$9,600 Family (Embedded) |
| Physician Services | |
| PCP Office Visits for illness, injury or second opinion | Deductible then \$25 Copayment |
| Specialist Office Visits for illness, injury or second opinion | Deductible then \$50 Copayment |
| Physician Visits during inpatient stay when billed separately from the facility | Deductible then Covered in full |
| Chemotherapy/Radiation Therapy | Deductible then \$25 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 |
| Retail Pharmacy | |
| *Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible. | |
| Tier 1 Drugs | \$10 Copayment |
| Tier 2 Drugs | \$40 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. | |
| Mail Order | |
| *Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible. | |
| Tier 1 Mail Order Drugs | \$25 Copayment |
| Tier 2 Mail Order Drugs | \$100 Copayment |
| Tier 3 Mail Order Drugs | \$150 Copayment |
| Prescription Drugs in Office or Outpatient Facilities | |
| PCP Office cost share | Deductible then 20% Coinsurance |
| Specialist Office cost share | Deductible then 20% Coinsurance |
| Outpatient Facility cost share | Deductible then 20% Coinsurance |
| Hospital Services | |
| Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc) | Deductible then \$500 Copayment |
| Newborn Nursery | Deductible then Covered in full |
| Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center. | Deductible then \$200 Copayment |
| Diagnostic Testing* | |
| Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory. | Deductible then \$50 Copayment |
| Outpatient Hospital Radiology Services: * Copayment waived if provider is a preferred center. | Deductible then \$50 Copayment |
| Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory. | Deductible then \$50 Copayment |

CDPHP[®] HDHMO Plan Benefit Summary

Marketing Plan ID: 324
 Plan Code: SHSF3003
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20180101
 Metal Tier: SILVER



| | In-Network |
|---|--|
| Office Based Radiology Services: * Copayment waived if provider is a preferred center. | Deductible then \$50 Copayment |
| Mammogram | Covered in full |
| Cytology Screening | Covered in full |
| Prostate Cancer Screening | Refer to PCP or Specialist Cost-Share Based on Place of Service |
| Emergency Care | |
| Worldwide Emergency Room Care | Deductible then \$300 Copayment |
| Ambulance | Deductible then \$300 Copayment |
| Urgent Care | |
| Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered | Deductible then \$50 Copayment |
| Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) | |
| | Deductible then \$50 Copayment (60 visits per condition per plan year combined therapies for OT, PT, ST) |
| Home Health Care (40 visits per benefit period) | Deductible then \$25 Copayment |
| Skilled Nursing Facility | Deductible then \$500 Copayment (365 days per plan year) |
| Prosthetic Appliances and Durable Medical Equipment | Deductible then 50% Coinsurance |
| Diabetic Services | |
| Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME | Deductible then \$25 Copayment |
| Mental Health Services | |
| Outpatient services | Deductible then \$25 Copayment |
| Inpatient services | Deductible then \$500 Copayment |
| Chemical Abuse and Dependency Services | |
| Outpatient services | Deductible then \$25 Copayment (Up to 20 visits a plan year may be used for Family Counseling without the patient.) |
| Inpatient services (Detoxification/Rehabilitation) | Deductible then \$500 Copayment |
| Vision Services | |
| Adult Vision Exam | Deductible then \$50 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 | Deductible then \$25 Copayment (One exam per plan year.) |
| Pediatric Glasses/Contacts | Deductible then 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 |
| Wellness Care | |
| Acupuncture | Deductible then \$50 Copayment (10 visit limit for acupuncture services) |
| Chiropractic Benefits | Deductible then \$50 Copayment |
| Dependent Coverage | Covered to Age 26 |
| Domestic Partner Coverage | Covered |
| Life Points Participation | Participating (Up to \$180 points per contract). |

CDPHP[®] HDHMO Plan Benefit Summary

Marketing Plan ID: 324
Plan Code: SHSF3003
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20180101
Metal Tier: SILVER



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 gives you access to more than 12,000 participating practitioners and providers, including most of the local 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.

**Please visit our Web site at www.cdphp.com or contact CDPHP HMO member services at (518) 641-3700 or 1-800-777-2273 to identify designated laboratories and preferred radiology 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 Capital District Physician's Health Plan, Inc.[®] (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

CDPHP[®] HDHMO Plan Benefit Summary

Marketing Plan ID: 324

Plan Code: SHSF3003

Group ID: PROSPECT

Presented For: PROSPECT

Date Prepared:

Effective Date: 20180101

Metal Tier: SILVER

