

CDPHP® EPO Plan Benefit Summary

Marketing Plan ID: 121
 Plan Code: SUPF1228
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date:
 Metal Tier: PLATINUM



	In-Network
Deductible	N/A Single / N/A Family (Embedded)
Coinsurance	Not Applicable
Office Visits	
PCP	\$20 Copayment
Specialist	\$20 Copayment
Out of Pocket Maximum	\$6,850 Single / \$13,700 Family (Embedded)
Physician Services	
PCP Office Visits for illness, injury or second opinion	\$20 Copayment
Specialist Office Visits for illness, injury or second opinion	\$20 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered in Full
Chemotherapy/Radiation Therapy	\$20 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
Prescription Drug Coverage	
Tier 1 Drugs	\$4 Copayment
Tier 1 Mail Order Drugs	\$10 Copayment
Tier 2 Drugs	\$30 Copayment
Tier 2 Mail Order Drugs	\$75 Copayment
Tier 3 Drugs	\$60 Copayment
Tier 3 Mail Order Drugs	\$150 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.	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$1,000 Copayment
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	\$100 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$20 Copayment
Outpatient Hospital Radiology Services: * Copayment waived if is a preferred center.	\$20 Copayment
Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$20 Copayment
Office Based Radiology Services: * Copayment waived if is a preferred center.	\$20 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
Maternity	
Physician Services when billed separately from the facility	Covered in Full
Inpatient Hospital Services	\$1,000 Copayment
Newborn Nursery	Covered in Full
Emergency Care	

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Worldwide Emergency Room Care	\$100 Copayment
Ambulance	\$100 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$30 Copayment
Physical Therapy	
	\$20 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Speech Therapy	
	\$20 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Occupational Therapy	
	\$20 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Chiropractic Benefits	\$20 Copayment
Home Health Care (40 visits per benefit period)	\$20 Copayment
Skilled Nursing Facility	\$1,000 Copayment (365 days per plan year)
Prosthetic Appliances and Durable Medical Equipment	50% Coinsurance
Diabetic Services	
Insulin and oral Medication - up to a 30 day supply	\$20 Copayment
Diabetic Supplies (needles and syringes) - up to a 30 day supply	\$20 Copayment
Glucometers	\$20 Copayment
Diabetic DME	\$20 Copayment
Mental Health Services	
Outpatient services	\$20 Copayment
Inpatient services	\$1,000 Copayment
Chemical Abuse and Dependency Services	
Outpatient services	\$20 Copayment (Up to 20 visits a plan year may be used for Family Counseling without the patient.)
Inpatient services	\$1,000 Copayment
Inpatient Rehabilitation Services	\$1,000 Copayment
Vision Services	
Adult Vision Exam	\$20 Copayment (ONCE EVERY BENEFIT PERIOD)
Adult Glasses/Contacts	(One prescribed lenses and frames in a 12 month period. Standard Frames.)
Pediatric Vision Exam	\$20 Copayment (One exam per 12 month period.)
Pediatric Glasses/Contacts	50% Coinsurance (One prescribed lenses and frames in a 12 month period. Standard Frames.)
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Acupuncture	\$20 Copayment (10 visit limit for acupuncture services)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Life Points Participation	Up to a \$180 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 725,000 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.

**Please visit our Web site at 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. (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.



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