

CDPHP® HDEPO Plan Benefit Summary

Marketing Plan ID: 320
 Plan Code: SUSF3247
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date:
 Metal Tier: SILVER



	In-Network
Deductible	\$1,500 Single / \$3,000 Family (Aggregate)
Coinsurance	Not Applicable
Office Visits	
PCP	Deductible then \$25 Copayment
Specialist	Deductible then \$40 Copayment
Out of Pocket Maximum	\$6,550 Single / \$13,100 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 \$40 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
Prescription Drug Coverage	
*Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible.	
Tier 1 Drugs	\$10 Copayment
Tier 1 Mail Order Drugs	\$25 Copayment
Tier 2 Drugs	50% Coinsurance
Tier 2 Mail Order Drugs	50% Coinsurance
Tier 3 Drugs	50% Coinsurance
Tier 3 Mail Order Drugs	50% Coinsurance
Specialty Drugs	50% Coinsurance
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. Preventive Prescription drugs, as defined by the CDPHP formulary, are not subject to the plan deductible. This plan uses the Premier network and Formulary 2.	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then Covered in Full
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then \$100 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory.	Deductible then \$40 Copayment
Outpatient Hospital Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then \$40 Copayment
Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory.	Deductible then \$40 Copayment
Office Based Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then \$40 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	Deductible then Covered in Full
Inpatient Hospital Services	Deductible then Covered in Full

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Newborn Nursery	Deductible then Covered in Full
Emergency Care	
Worldwide Emergency Room Care	Deductible then \$50 Copayment
Ambulance	Deductible then \$50 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then \$50 Copayment
Physical Therapy	
	Deductible then \$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Speech Therapy	
	Deductible then \$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Occupational Therapy	
	Deductible then \$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)
Chiropractic Benefits	Deductible then \$40 Copayment
Home Health Care (40 visits per benefit period)	Deductible then \$25 Copayment
Skilled Nursing Facility	Deductible then Covered in Full (365 days per plan year)
Prosthetic Appliances and Durable Medical Equipment	Deductible then 50% Coinsurance
Diabetic Services	
*Preventive drugs may not be subject to the deductible.	
Insulin and oral Medication - up to a 30 day supply	Deductible then \$25 Copayment
Diabetic Supplies (needles and syringes) - up to a 30 day supply	Deductible then \$25 Copayment
Glucometers	Deductible then \$25 Copayment
Diabetic DME	Deductible then \$25 Copayment
Mental Health Services	
Outpatient services	Deductible then \$25 Copayment
Inpatient services	Deductible then Covered in Full
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	Deductible then Covered in Full
Inpatient Rehabilitation Services	Deductible then Covered in Full
Vision Services	
Adult Vision Exam	Deductible then \$40 Copayment (ONCE EVERY BENEFIT PERIOD)
Adult Glasses/Contacts	Deductible then (One prescribed lenses and frames in a 12 month period. Standard Frames.)
Pediatric Vision Exam	Deductible then \$25 Copayment (One exam per 12 month period.)
Pediatric Glasses/Contacts	Deductible then 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	Deductible then \$40 Copayment (10 visit limit for acupuncture services)

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Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Life Points Participation	Up to a \$180 per contract

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.



A plan for life.

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