

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

Marketing Plan ID: 324  
 Plan Code: SHSF3011  
 Effective Date: 1/1/2019



	In-Network
<b>Deductible</b>	\$2,200 Single / \$4,400 Family (Aggregate)
<b>Coinsurance</b>	Not Applicable
<b>Office Visits</b>	
PCP	Deductible then \$25 Copayment
Live Video Doctor Visits	Deductible then \$25 Copayment
Specialist	Deductible then \$50 Copayment
<b>Out of Pocket Maximum</b>	\$4,800 Single / \$9,600 Family (Embedded)
<b>Physician Services</b>	
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 (See also Prescription Drugs Administered in Office section)	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
<b>Retail Pharmacy</b>	
*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.	
<b>Mail Order</b>	
*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
<b>Prescription Drugs Administered in Office or Outpatient Facilities</b>	
PCP Office cost share	Deductible then 20% Coinsurance
Specialist Office cost share	Deductible then 20% Coinsurance
Outpatient Facility cost share	Deductible then 20% Coinsurance
<b>Hospital Services</b>	
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
<b>Diagnostic Testing*</b>	
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

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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
<b>Emergency Care</b>	
Worldwide Emergency Room Care	Deductible then \$300 Copayment
Ambulance	Deductible then \$300 Copayment
<b>Urgent Care</b>	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	Deductible then \$50 Copayment
<b>Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)</b>	
	Deductible then \$50 Copayment (60 visits per condition per plan year combined therapies for OT, PT, ST)
<b>Home Health Care (40 visits per benefit period)</b>	Deductible then \$25 Copayment
<b>Skilled Nursing Facility</b>	Deductible then \$500 Copayment (365 days per plan year)
<b>Prosthetic Appliances and Durable Medical Equipment</b>	Deductible then 50% Coinsurance
<b>Diabetic Services</b>	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	Deductible then \$25 Copayment
<b>Mental Health Services</b>	
Outpatient services	Deductible then \$25 Copayment
Inpatient services	Deductible then \$500 Copayment
<b>Chemical Abuse and Dependency Services</b>	
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
<b>Vision Services</b>	
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
<b>Wellness Care</b>	
Weight Management	\$75 reimbursement available for participation in a weight loss program.
Acupuncture	Deductible then \$50 Copayment (10 visit limit for acupuncture services)
Chiropractic Benefits	Deductible then \$50 Copayment
<b>Fitness Reimbursement</b>	\$600 total reimbursement available \$200 subscriber/ \$100 spouse every 6-months
<b>Dependent Coverage</b>	Covered to Age 26
<b>Domestic Partner Coverage</b>	Covered

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**CaféWell Participation**

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 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](http://www.cdphp.com).*

*Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.<sup>®</sup> (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP. Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.<sup>®</sup> (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.*

*Preauthorization requests are the responsibility of your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.*