



## Chamber of Commerce: HIGH DEDUCTIBLE EPO OPTION 2

HDEPOQ Plan Benefit Summary  
QEPOS2112

	<b>In -Network</b>
<b>Embedded Deductible (Single/Family)</b>	<b>\$2,500/\$5,000</b>
<b>Coinsurance</b>	<b>20%</b>
<b>Office Visits</b>	
PCP	Deductible Then 20% Coinsurance
Specialist	Deductible Then 20% Coinsurance
<b>Out of Pocket Maximum (Single/Family)</b>	<b>\$5,000/\$10,000</b>
<b>Annual Benefit Maximum</b>	<b>Unlimited</b>
<b>Physician Services</b>	
PCP Office Visits for illness, injury or second opinion	Deductible Then 20% Coinsurance
Specialist Office Visits for illness, injury or second opinion	Deductible Then 20% Coinsurance
Physician Visits during inpatient stay when billed separately from the facility	Deductible Then 20% Coinsurance
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>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible Then 20% Coinsurance
Outpatient Surgery	Deductible Then 20% Coinsurance
<b>Diagnostic Testing*</b>	
Outpatient Hospital Laboratory Services: Coinsurance waived if provider is a designated laboratory	Deductible Then 20% Coinsurance
Outpatient Hospital Radiology Services: Coinsurance waived if provider is a preferred center	Deductible Then 20% Coinsurance
Office Based Laboratory Services: Coinsurance waived if provider is a designated laboratory	Deductible Then 20% Coinsurance
Office Based Radiology Services: Coinsurance waived if provider is a preferred center	Deductible Then 20% Coinsurance
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
<b>Maternity</b>	
Physician Services when billed separately from the facility	Deductible Then 20% Coinsurance
Inpatient Hospital Services	Deductible Then 20% Coinsurance
Newborn Nursery	Deductible Then Covered in Full
<b>Emergency Care</b>	
Worldwide Emergency Room Care	Deductible Then 20% Coinsurance
Ambulance	Deductible Then 20% Coinsurance
<b>Urgent Care</b>	
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	Deductible Then 20% Coinsurance
<b>Physical Therapy</b>	
Up to 30 visits per benefit period.	Deductible Then 20% Coinsurance
<b>Speech Therapy</b>	
Up to 20 visits per benefit period.	Deductible Then 20% Coinsurance



<b>Occupational Therapy</b>	
Up to 30 visits per benefit period.	Deductible Then 20% Coinsurance
<b>Chiropractic Benefits</b>	Deductible Then 20% Coinsurance
<b>Home Health Care</b>	Deductible Then 20% Coinsurance
<b>Skilled Nursing Facility - Up to 45 Days</b>	Deductible Then 20% Coinsurance
<b>Prosthetic Appliances and Durable Medical Equipment</b>	Deductible Then 50% Coinsurance, \$25k Lifetime Maximum
<b>Diabetic Services</b>	
Insulin and oral Medication - up to a 30 day supply	Deductible Then \$15 Copayment
Diabetic Supplies (needles and syringes) - up to a 30 day supply	Deductible Then \$15 Copayment
Glucometers	Deductible Then \$15 Copayment
Diabetic DME	Deductible Then \$15 Copayment
<b>Mental Health Services</b>	
Outpatient Services - Up to 20 visits per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% Coinsurance
Inpatient Services - Up to 30 days per benefit. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% Coinsurance
<b>Chemical Abuse and Dependency Services</b>	
Outpatient Services - Up to 60 visits per calendar year. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% Coinsurance
Inpatient Services - Up to 7 days per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% Coinsurance
Inpatient Rehabilitation Services - Not covered. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Not Covered Available via Rider
<b>Dependent Coverage</b>	Dependents to Age 26
<b>LifePoints Participation</b>	Participating

**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.**



Pending New York State Insurance Department approval. CDPHP UBI gives you access to more than 550,000 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 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 CDPHP Universal Benefits, Inc. (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.

## **Chamber of Commerce: HIGH DEDUCTIBLE EPO OPTION 2**

**Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member. Please note, in a Qualified High Deductible Plan, your Pharmacy Benefit is subject to the deductible.**

### **HDRXS19A12**

**Please note, in a Qualified High Deductible Plan, your Pharmacy Benefits are subject to the plan's deductible. Prescription drug benefits as follows: \* 50% coinsurance for 30-day supply of covered Tier 1 or covered Tier 2 drugs.\* Mail order: 50% coinsurance is based on 90-day supply at discounted mail-order price.\* 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 require preauthorization and must be obtained at CDPHP's participating specialty vendors. Preventive Prescription Drugs, as defined by the CDPHP formulary are not subject to the plan Deductible.**