

CDPHP[®] EPO Plan Benefit Summary

Marketing Plan ID: 220
 Plan Code: SUGF3090
 Effective Date: 1/1/2019



	In-Network
Deductible	\$500 Single / \$1,000 Family (Embedded)
Coinsurance	Not Applicable
Office Visits	
PCP	Deductible then \$25 Copayment
Live Video Doctor Visits	Deductible then \$25 Copayment
Specialist	Deductible then \$40 Copayment
Out of Pocket Maximum	\$7,150 Single / \$14,300 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 (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
Retail Pharmacy	
*Medical plan deductible, if applicable, does not apply to prescription drugs.	
Tier 1 Drugs	\$4 Copayment
Tier 2 Drugs	\$30 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	
*Medical plan deductible, if applicable, does not apply to prescription drugs.	
Tier 1 Mail Order Drugs	\$10 Copayment
Tier 2 Mail Order Drugs	\$75 Copayment
Tier 3 Mail Order Drugs	\$150 Copayment
Prescription Drugs Administered 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 \$800 Copayment
Newborn Nursery	Deductible then Covered in full
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then \$50 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: * Deductible/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: * Deductible/Copayment waived if provider is a designated laboratory.	Deductible then \$40 Copayment

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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	Refer to PCP or Specialist Cost-Share Based on Place of Service
Emergency Care	
Worldwide Emergency Room Care	Deductible then \$75 Copayment
Ambulance	Deductible then \$75 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 \$40 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 \$800 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	\$25 Copayment
Mental Health Services	
Outpatient services	Deductible then \$25 Copayment
Inpatient services	Deductible then \$800 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 \$800 Copayment
Vision Services	
Adult Vision Exam	Deductible then \$40 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	
Weight Management	\$75 reimbursement available for participation in a weight loss program.
Acupuncture	Deductible then \$40 Copayment (10 visit limit for acupuncture services)
Chiropractic Benefits	Deductible then \$40 Copayment
Fitness Reimbursement	\$600 total reimbursement available \$200 subscriber/ \$100 spouse every 6-months
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered

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In-Network

CaféWell Participation

Participating (Up to \$180 points 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 825,000 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 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. 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.

Preauthorization requests are your responsibility. Failure to obtain a required Preauthorization for certain services may result in a penalty of the lesser of \$500 or 50% of the service. Please refer to your certificate for a listing of services requiring preauthorization.