

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

Marketing Plan ID: 421  
 Plan Code: SUBF4396  
 Effective Date: 20190101



	In-Network
<b>Deductible</b>	\$6,650 Single / \$13,300 Family (Aggregate)
<b>Coinsurance</b>	Not Applicable
<b>Office Visits</b>	
PCP	Deductible then Covered in full
Live Video Doctor Visits	Deductible then Covered in full
Specialist	Deductible then Covered in full
<b>Out of Pocket Maximum</b>	\$6,650 Single / \$13,300 Family (Embedded)
<b>Physician Services</b>	
PCP Office Visits for illness, injury or second opinion	Deductible then Covered in full
Specialist Office Visits for illness, injury or second opinion	Deductible then Covered in full
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 Covered in full
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	0% Coinsurance
Tier 2 Drugs	0% Coinsurance
Tier 3 Drugs	0% Coinsurance
Specialty Drugs	0% 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.	
<b>Mail Order</b>	
*Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible.	
Tier 1 Mail Order Drugs	0% Coinsurance
Tier 2 Mail Order Drugs	0% Coinsurance
Tier 3 Mail Order Drugs	0% Coinsurance
<b>Prescription Drugs Administered in Office or Outpatient Facilities</b>	
PCP Office cost share	Deductible then Covered in full
Specialist Office cost share	Deductible then Covered in full
Outpatient Facility cost share	Deductible then Covered in full
<b>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then Covered in full
Newborn Nursery	Deductible then Covered in full
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then Covered in full
<b>Diagnostic Testing*</b>	
Outpatient Hospital Laboratory Services: * Coinsurance waived if provider is a designated laboratory.	Deductible then Covered in full
Outpatient Hospital Radiology Services: * Coinsurance waived if provider is a preferred center.	Deductible then Covered in full

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Office Based Laboratory Services: * Coinsurance waived if provider is a designated laboratory.	Deductible then Covered in full
Office Based Radiology Services: * Coinsurance waived if provider is a preferred center.	Deductible then Covered in full
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 Covered in full
Ambulance	Deductible then Covered in full
<b>Urgent Care</b>	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then Covered in full
<b>Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)</b>	
	Deductible then Covered in full (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 Covered in full
<b>Skilled Nursing Facility</b>	Deductible then Covered in full (365 days per plan year)
<b>Prosthetic Appliances and Durable Medical Equipment</b>	Deductible then Covered in full
<b>Diabetic Services</b>	
*Preventive drugs may not be subject to the deductible.	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	Deductible then Covered in full
<b>Mental Health Services</b>	
Outpatient services	Deductible then Covered in full
Inpatient services	Deductible then Covered in full
<b>Chemical Abuse and Dependency Services</b>	
Outpatient services	Deductible then Covered in full (Up to 20 visits a plan year may be used for Family Counseling without the patient.)
Inpatient services (Detoxification/Rehabilitation)	Deductible then Covered in full
<b>Vision Services</b>	
Adult Vision Exam	Deductible then Covered in full (One exam per plan year.)
Adult Glasses/Contacts	Deductible then Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement.
Pediatric Vision Exam	Deductible then Covered in full (One exam per plan year.)
Pediatric Glasses/Contacts	Deductible then Covered in full (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 Covered in full (10 visit limit for acupuncture services)
Chiropractic Benefits	Deductible then Covered in full
<b>Fitness Reimbursement</b>	\$600 total reimbursement available \$200 subscriber/ \$100 spouse every 6-months

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<b>Dependent Coverage</b>	Covered to Age 26
<b>Domestic Partner Coverage</b>	Covered
<b>CaféWell Participation</b>	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](http://www.cdphp.com).*

*Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc.<sup>®</sup> (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.<sup>®</sup> (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.*