

CDPHP® HDEPO Plan Benefit Summary



Marketing Plan ID: 332
 Plan Code: SUSF7520
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20230101
 Metal Tier: SILVER

In-Network

Cost Sharing Information	
Deductible	\$5,000 Single / \$10,000 Family (Embedded)
Out of Pocket Maximum	\$8,750 Single / \$17,500 Family (Embedded)
Dependent Coverage	
	Covered to Age 26
Domestic Partner Coverage	
	Covered
Office Visits	
Enhanced Primary Care	Covered in full
PCP	\$40 Copayment
*PCP Cost share waived after deductible for members that are under age of 19	
Specialist	Deductible then \$60 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, Brave)	\$40 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Retail Prescription Drugs	
*Deductible applies. Preventive prescription drugs are subject to the medical plan deductible.	
Tier 1 Drugs	\$15 Copayment
Tier 2 Drugs	\$50 Copayment
Tier 3 Drugs	\$80 Copayment
Specialty Drugs	\$80 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 copayments for a 90 day supply. 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 CDPHP Formulary 2 .	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then \$750 Copayment
Outpatient Surgery	Deductible then \$250 Copayment
* Cost share may be reduced at a preferred ambulatory surgery center.	
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Deductible then \$750 Copayment
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then \$500 Copayment
Ambulance	Deductible then \$500 Copayment

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Urgent Care

When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. Deductible then \$100 Copayment

Diagnostic Testing*

Outpatient Hospital or Office Based Laboratory Services:
 * Copayment waived if provider is a preferred laboratory. Deductible then \$60 Copayment

Outpatient Hospital or Office Based Radiology Services:
 * Copayment waived if provider is a preferred center. Deductible then \$60 Copayment

Prescription Drugs Administered in Office or Outpatient Facilities*

PCP Office Deductible then 20% Coinsurance

Specialist Office Deductible then 20% Coinsurance

Outpatient Facility Deductible then 20% Coinsurance

*the cost share applies to the drug only, there is no separate cost share for the administration of the drug

Behavioral Health Services

Mental Health/Substance Use Inpatient Services Deductible then \$750 Copayment

Mental Health/Substance Use Outpatient Services \$40 Copayment

*(Up to 20 visits per plan year may be used for substance use family counseling.)

Condition Support Services

Outpatient Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)
 *(60 visits per condition per plan year combined therapies for OT, PT, ST) Deductible then \$60 Copayment

Home Health Care (40 visits per plan year) Covered in full

Skilled Nursing Facility (365 days per plan year) Deductible then \$750 Copayment

Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share) Deductible then \$40 Copayment

Prosthetic Devices and Durable Medical Equipment Deductible then 50% Coinsurance

Hearing Aids \$399 or \$699 Copayment through Hearing Care Solutions

Diabetic Services

*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. Insulin is limited to \$100 out of pocket per 30 day supply. Deductible then \$40 Copayment

Vision Services

Routine Adult Vision Exam (One exam per plan year) Deductible then \$60 Copayment

Adult Glasses/Contacts Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement

Routine Pediatric Vision Exam (One exam per plan year) Deductible then \$40 Copayment

Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames) Deductible then 50% Coinsurance

Laser Eye Surgery Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime

Wellness Care

Weight Management Up to a \$100 reimbursement available for participation in a weight loss program

Fitness Reimbursement Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.

Child Birthing Classes Up to \$75 reimbursement available for completion of child birthing class

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Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	Deductible then \$60 Copayment
Nutritional Counseling	Deductible then \$60 Copayment
Chiropractic Benefits	Deductible then \$60 Copayment

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.

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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.