

CDPHP[®] HDEPO Plan Benefit Summary

Marketing Plan ID: 320
 Plan Code: SUSF7120
 Effective Date: 1/1/2021
 Metal Tier: SILVER



	In-Network
Cost Sharing Information	
Deductible	\$1,800 Single / \$3,600 Family (Aggregate)
Out of Pocket Maximum	\$6,900 Single / \$13,800 Family (Embedded)
Dependent Coverage	
	Covered to Age 26
Domestic Partner Coverage	
	Covered
Office Visits	
PCP	Deductible then \$30 Copayment
Live Video Doctor Visits (24/7 Sick Visits, Behavioral Health, Telenutrition)	Deductible then \$30 Copayment
Specialist	Deductible then \$40 Copayment
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 not subject to the medical plan deductible.	
Tier 1 Drugs	\$10 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 the Premier network and Formulary 2.	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then \$1,000 Copayment
Outpatient Surgery	Deductible then \$150 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 \$1,000 Copayment
Newborn Nursery	Deductible then 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 \$200 Copayment
Ambulance	Deductible then \$200 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then \$60 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services:	Deductible then \$40 Copayment
* Copayment waived if provider is a preferred laboratory.	

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Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then \$40 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 \$1,000 Copayment
Mental Health/Substance Use Outpatient Services	Deductible then \$30 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 \$40 Copayment
Home Health Care (40 visits per plan year)	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	Deductible then \$1,000 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	Deductible then \$30 Copayment
Prosthetic Appliances and Durable Medical Equipment	Deductible then 50% Coinsurance
Hearing Aids	Deductible then \$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 \$30 Copayment
Vision Services	
Routine Adult Vision Exam (One exam per plan year)	Deductible then \$40 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 \$30 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 \$75 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Up to \$200 reimbursement per 50 visits for subscriber (max \$400 reimbursement per year) and \$100 reimbursement per 50 visits for covered dependent (max \$200 reimbursement per year)
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class
CaféWell Participation	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	Deductible then \$40 Copayment
Nutritional Counseling	Deductible then \$40 Copayment
Chiropractic Benefits	Deductible then \$40 Copayment

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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 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.



HDEPO

Welcome to CDPHP. We're glad you're here.

CDPHP® continues to innovate with products and services designed around your needs and to help you access health care in a way that works best for you.

Here's what's inside this packet:

BENEFIT SUMMARY

This piece highlights the costs associated with your plan's covered services.

PRODUCT INFORMATION

Learn more about your plan and its valuable extras.



HDEPO



A wide range of options puts you in control of your health

Comprehensive coverage, wherever you go
With the exclusive provider organization (EPO), you get comprehensive coverage and a wide range of choices. The EPO doesn't require you to select a primary care physician (PCP). As long as you seek care within the national network, you pay only a fixed copayment and a deductible (if any), or coinsurance per visit, with no referrals, and no surprises.

To locate a provider, visit findadoc.cdphp.com.

With our HDEPO plan:

No charge for certain preventive care visits:



CHECKUPS



VACCINATIONS



WELL-WOMAN AND
WELL-BABY CARE



CANCER SCREENINGS

PLUS:

- ▶ Travel out of the service area and CDPHP covers you worldwide for emergency care.
- ▶ The EPO includes coverage virtually anywhere in the nation.
- ▶ No specialist referral paperwork required.
- ▶ Single-source referral phone line (1-888-94-CDPHP) directs you to the program that best fits your needs.

Have a question?

Call member services at the number on your ID card any weekday between 8 a.m. and 8 p.m.

You also have access to your benefit information online, any time, by logging in to www.cdphp.com.

MEMBER BENEFIT QUESTIONS: 1-877-269-2134
PRIOR AUTHORIZATION REQUESTS: 1-800-274-2332



Five things you should know as you get started with CDPHP®

- 1** You do not need to designate a primary care physician or seek a referral before seeing a participating specialist.

- 2** All of your care must be provided within the CDPHP UBI network.

- 3** To find participating physicians across the nation, go to findadoc.cdphp.com.

- 4** If your benefit plan calls for a deductible or percentage coinsurance, please ask your physician's office to file a claim on your behalf and bill you later for the balance you owe.

- 5** You may be eligible to open an HSA either on your own or through your employer. The HSA will make it easy for you to pay for qualified medical expenses for yourself or family, tax-free. Consult your tax advisor for details.

IMPORTANT NOTE ABOUT PREVENTIVE DRUGS

Medications on the CDPHP Preventive Drug List are not subject to the deductible. You get first-dollar coverage on these medications, which can be necessary for staying healthy. These medications are subject to formulary and tier status, as well as prior authorization, step therapy, and/or quantity limits. For details, and to get a complete listing of these medications, visit www.cdphp.com.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

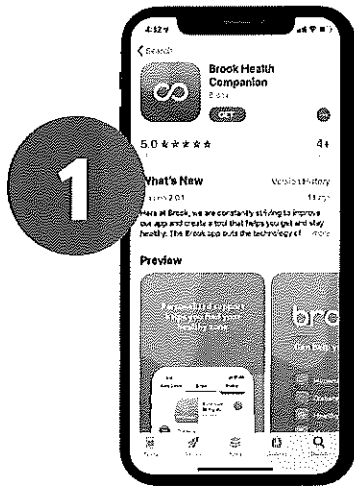
Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

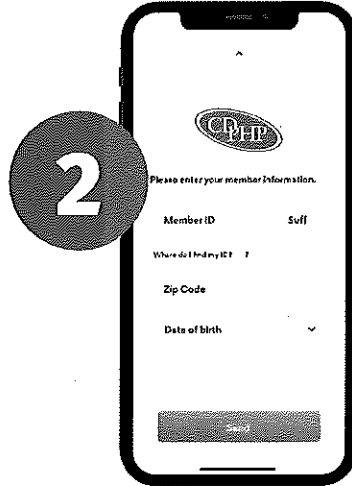


Get started on your journey with Brook:



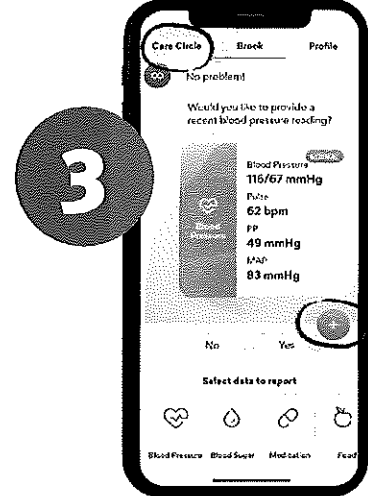
DOWNLOAD THE APP

Search “Brook health” in the App Store or Google Play and download the Brook Health Companion app.



SET UP YOUR ACCOUNT

Open the app and follow the instructions to sign up. Enter your member ID on your insurance card for free access.

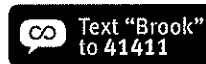


YOU'RE READY TO GO!

Enter data by tapping the + sign, and chat with health experts any day of the year by tapping “Care Circle.”

www.cdphp.com/HealthApp

For technical issues, please email support@brook.health or call 1-800-266-4407.



** This benefit is available to members on select plans. Please check your member contract/summary plan description or call member services at the number on your ID card to see if you're eligible. Must be 18 or older to use the Brook app.*

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