

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



Plan Code: HA13L21 (Pending DFS Approval)  
 Group ID: 10009490  
 Presented For: County of Fulton  
 Date Prepared: 9/21/2020  
 Effective Date: 01/01/2021

In-Network

<b>Cost Sharing Information</b>	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$8,550 Single / \$17,100 Family (Embedded)
<b>Office Visits</b>	
PCP	\$20 Copayment
Live Video Doctor Visits (24/7 Sick Visits, Behavioral Health, Telenutrition)	\$20 Copayment
Specialist	\$20 Copayment
<b>Preventive and Well Care Services*</b>	
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	
<b>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Covered in full
Outpatient Surgery	\$75 Copayment
<b>Maternity Services*</b>	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Covered in full
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
<b>Emergency Care</b>	
Worldwide Emergency Room Care (waived if admitted inpatient)	\$50 Copayment
Ambulance	\$50 Copayment
<b>Urgent Care</b>	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	\$30 Copayment
<b>Diagnostic Testing*</b>	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$20 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$20 Copayment
<b>Behavioral Health Services</b>	
Mental Health/Substance Use Inpatient Services	Covered in full
Mental Health/Substance Use Outpatient Services	\$20 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
<b>Condition Support Services</b>	
Outpatient Rehabilitation - Physical Therapy	\$20 Copayment (30 visits per benefit period)
Outpatient Rehabilitation - Speech Therapy	\$20 Copayment (20 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	\$20 Copayment (30 visits per benefit period)
Home Health Care	Covered in full

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Skilled Nursing Facility	Covered in full (45 day limit)
Chemotherapy/Radiation Therapy visit	\$20 Copayment
Prosthetic Appliances and Durable Medical Equipment	50% Coinsurance
<b>Diabetic Services</b>	
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.	\$20 Copayment
<b>Vision Services</b>	
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
<b>Wellness Care</b>	
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)	\$20 Copayment
Nutritional Counseling	\$20 Copayment
Chiropractic Benefits	\$20 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.*

*CDPHP gives you access to more than 12,000 participating practitioners and providers, including most of the local 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 Capital District Physician's Health Plan, Inc.<sup>®</sup> (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP. Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.<sup>®</sup> (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.*

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Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

## Pharmacy Coverage

Rider Name	HMRXL7A21
Description	Retail Prescription Drugs (30 Day Supply) Tier 1 Drugs \$10 Tier 2 Drugs \$25 Tier 3 Drugs \$40 Specialty Drugs \$40 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. Prescription drugs are not subject to the plan deductible, if applicable.

## Surviving Spouse

Rider Name	ELG17
Description	Extends eligibility for surviving spouse and dependents upon the death of the subscriber.

## Vision Coverage

Rider Name	VSN6
Description	One routine eye exam is covered every 24 months, commencing on the group effective date, without referral. Refer to specialist office visit for cost share. CDPHP will pay up to the following amounts for the optical items listed below - Frames and Lenses, \$75. Contact Lenses, \$75. One pair of frames and lenses or contact lenses is allowed every 24 months, commencing on the group effective date.