

CDPHP[®] HDHMO Plan Benefit Summary



Plan Code: HDHM2L22 (Pending DFS Approval)
 Group ID: 20023624
 Presented For: Commission on Economic Opportunity
 Date Prepared: 9/27/2021
 Effective Date: 01/01/2022

In-Network

Cost Sharing Information	
Deductible	\$2,700 Single / \$5,400 Family (Embedded)
Out of Pocket Maximum	\$5,000 Single / \$10,000 Family (Embedded)
Office Visits	
PCP	\$30 Copayment
Specialist	Deductible then \$40 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth, Brave)	\$30 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	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$500 Copayment
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then \$200 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	\$500 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 \$100 Copayment
Ambulance	Deductible then \$100 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	Deductible then \$40 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	Deductible then \$40 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then \$40 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Deductible then \$500 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 - Physical Therapy	Deductible then \$40 Copayment (30 visits per benefit period)
Outpatient Rehabilitation - Speech Therapy	Deductible then \$40 Copayment (20 visits per benefit period)

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Outpatient Rehabilitation - Occupational Therapy	Deductible then \$40 Copayment (30 visits per benefit period)
Home Health Care	Deductible then Covered in full
Skilled Nursing Facility	Deductible then \$500 Copayment (45 days per plan year)
Chemotherapy/Radiation Therapy visit	Deductible then \$30 Copayment
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. Insulin is limited to \$100 out of pocket per 30 day supply.	Deductible then \$30 Copayment
Vision Services	
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	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

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.

Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.[®] (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.[®] (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.

Domestic Partnership	
Rider Name	ELG12
Description	Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.
Pharmacy Coverage	
Rider Name	RDHM2L22
Description	Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs \$10
	Tier 2 Drugs \$30
	Tier 3 Drugs \$50
	Specialty Drugs \$50
	Mail order, 2.0 copayments for a 90-day supply. Prescription drugs are subject to the deductible. Preventive prescription drugs are not subject to the plan deductible. 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.