

CDPHP[®] HMO Plan Benefit Summary



Plan Code: HM7L25
 Group ID: 20023624
 Presented For: Commission on Economic Opportunity
 Date Prepared: 10/25/2024
 Effective Date: 01/01/2025

In-Network

Cost Sharing Information

| | |
|-----------------------|---|
| Deductible | \$3,000 Single / \$7,500 Family (Embedded) |
| Out of Pocket Maximum | \$9,200 Single / \$18,400 Family (Embedded) |

Office Visits

| | |
|-----|----------------|
| PCP | \$30 Copayment |
|-----|----------------|

*PCP Cost share waived for members that are under the age of 19

| | |
|------------|----------------|
| Specialist | \$50 Copayment |
|------------|----------------|

Telemedicine

| | |
|--|--|
| Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN) | Covered in Full |
| Other Participating Telemedicine Providers (Valera, aptihealth) | \$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) | Deductible then 20% Coinsurance |
| Outpatient Surgery Facility | Deductible then 20% Coinsurance |

Maternity Services*

| | |
|--|------------------|
| Maternity - Routine Prenatal Care and Postnatal Care | Covered in Full* |
| Maternity - Inpatient Hospital Services | 20% Coinsurance |
| 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 20% Coinsurance |
| Ambulance | Deductible then 20% Coinsurance |

Urgent Care

| | |
|---|----------------|
| When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. | \$40 Copayment |
|---|----------------|

Diagnostic Testing*

| | |
|--|-----------------|
| Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory. | \$50 Copayment |
| Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center. | \$50 Copayment |
| Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan): | \$150 Copayment |

Behavioral Health Services

| | |
|---|---------------------------------|
| Mental Health/Substance Use Inpatient Services | Deductible then 20% Coinsurance |
| Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth)) | Covered in full |

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

Outpatient Rehabilitation Services

| | |
|------------------|--|
| Physical Therapy | \$50 Copayment (30 visits per benefit period) |
|------------------|--|

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| Speech Therapy | \$50 Copayment (20 visits per benefit period) |
| Occupational Therapy | \$50 Copayment (30 visits per benefit period) |
| Condition Support Services | |
| Home Health Care | Covered in full |
| Skilled Nursing Facility | Deductible then 20% Coinsurance (45 days per plan year) |
| Chemotherapy/Radiation Therapy visit | \$30 Copayment |
| Prosthetic Devices and Durable Medical Equipment | 50% Coinsurance |
| Diabetic Services | |
| Insulin | Covered in full |
| Oral Medications | \$30 Copayment |
| Needles and Syringes | \$30 Copayment |
| Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors) | \$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 | 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 |
| 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) | \$50 Copayment |
| Nutritional Counseling | \$50 Copayment |
| Chiropractic Benefits | \$50 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 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.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.

Some plans may have reduced cost-share for office-based mental health and substance use disorder services to ensure the plan meets federal behavioral health parity regulations. Please refer to the Mental Health/Substance Use Office-Based Services section of the summary and your member materials for correct cost-share information.

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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 | HMRXL37A25 |
| Description | Preferred Retail Prescription Drugs (30 Day Supply) |
| | Tier 1 Drugs* \$10 |
| | Tier 2 Drugs \$50 |
| | Tier 3 Drugs \$80 |
| | Non-Preferred Retail Pharmacy (30 Day Supply) |
| | Tier 1 Drugs 50% |
| | Tier 2 Drugs 50% |
| | Tier 3 Drugs 50% |
| | Specialty Drugs \$80 |
| | *Copay/Coinsurance waived for members under age 19 Mail order, 2.0 Preferred Tier Copayments for a 90-day supply. Prescription drugs are not subject to the plan 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. |