

CDPHP[®] HDEPO Plan Benefit Summary

Marketing Plan ID: 421
 Plan Code: SUBF4536
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20220101
 Metal Tier: BRONZE



In-Network

Cost Sharing Information	
Deductible	\$6,900 Single / \$13,800 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 Covered in full
Specialist	Deductible then Covered in full
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Deductible then Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth, Brave)	Deductible then Covered in full
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 not subject to the medical plan deductible.	
Tier 1 Drugs	0% Coinsurance
Tier 2 Drugs	0% Coinsurance
Tier 3 Drugs	0% Coinsurance
Specialty Drugs	0% Coinsurance
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 Covered in full
Outpatient Surgery	Deductible then Covered in full
* 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 Covered in full
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 Covered in full
Ambulance	Deductible then Covered in full
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then Covered in full

CDPHP[®] HDEPO Plan Benefit Summary

Marketing Plan ID: 421
 Plan Code: SUBF4536
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20220101
 Metal Tier: BRONZE



In-Network

Diagnostic Testing*

Outpatient Hospital or Office Based Laboratory Services: * Coinsurance waived if provider is a preferred laboratory.	Deductible then Covered in full
Outpatient Hospital or Office Based Radiology Services: * Coinsurance waived if provider is a preferred center.	Deductible then Covered in full

Prescription Drugs Administered in Office or Outpatient Facilities*

PCP Office	Deductible then Covered in full
Specialist Office	Deductible then Covered in full
Outpatient Facility	Deductible then Covered in full

*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 Covered in full
Mental Health/Substance Use Outpatient Services	Deductible then Covered in full

*(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 Covered in full
Home Health Care (40 visits per plan year)	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	Deductible then Covered in full
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	Deductible then Covered in full
Prosthetic Appliances and Durable Medical Equipment	Deductible then Covered in full
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 Covered in full
---	---------------------------------

Vision Services

Routine Adult Vision Exam (One exam per plan year)	Deductible then Covered in full
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 Covered in full
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	Deductible then Covered in full
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 Covered in full
Nutritional Counseling	Deductible then Covered in full
Chiropractic Benefits	Deductible then Covered in full

CDPHP[®] HDEPO Plan Benefit Summary

Marketing Plan ID: 421
Plan Code: SUBF4536
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20220101
Metal Tier: BRONZE



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.

CDPHP[®] HDEPO Plan Benefit Summary

Marketing Plan ID: 421

Plan Code: SUBF4536

Group ID: PROSPECT

Presented For: PROSPECT

Date Prepared:

Effective Date: 20220101

Metal Tier: BRONZE

