CDPHP ® HDHMO Plan Benefit Summary

Marketing Plan ID: 324
Plan Code: SHSF3127
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20220101
Metal Tier: SILVER

	In-Network
Cost Sharing Information	
Deductible	$2,200 Single / $4,400 Family (Aggregate)
Out of Pocket Maximum	$5,500 Single / $11,000 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	Deductible then $25 Copayment
Specialist	Deductible then $50 Copayment
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 $25 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	Deductible then 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	$40 Copayment
Tier 3 Drugs	$60 Copayment
Specialty Drugs	$60 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 $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	Deductible then $500 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 $300 Copayment
Ambulance	Deductible then $300 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	Deductible then $60 Copayment

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Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	Deductible then $50 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	Deductible then $50 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 $500 Copayment
Mental Health/Substance Use Outpatient Services	Deductible then $25 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 $50 Copayment
Home Health Care (40 visits per plan year)	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	Deductible then $500 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	Deductible then $25 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	
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 $25 Copayment
Vision Services	
Routine Adult Vision Exam (One exam per plan year)	Deductible then $50 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 $25 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 $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 $50 Copayment
Nutritional Counseling	Deductible then $50 Copayment
Chiropractic Benefits	Deductible then $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.

*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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