

CDPHP[®] HMO Plan Benefit Summary



Plan Code: HA14L20
 Group ID: 10002841
 Presented For: East Greenbush Central School District
 Date Prepared: 12/9/2019
 Effective Date: 7/1/2020
 Metal Tier: N/A

	In-Network
Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$6,112.50 / \$12,225
Office Visits	
PCP	\$25 Copayment
Live Video Doctor Visits (24/7 Sick Visits, Behavioral Health, Telenutrition)	\$25 Copayment
Specialist	\$25 Copayment
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)	Covered in full
Outpatient Surgery	\$25 Copayment
Maternity Services*	
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)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	\$100 Copayment
Ambulance	\$100 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	\$35 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$25 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$25 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Covered in full
Mental Health/Substance Use Outpatient Services	\$25 Copayment
*(Up to 20 visits per plan year may be used for family counseling without the patient for substance use)	
Condition Support Services	
Outpatient Rehabilitation/ Habilitation Services - Physical Therapy	\$25 Copayment (120 visits per benefit period)
Outpatient Rehabilitation/ Habilitation Services - Speech Therapy	\$25 Copayment (60 visits per benefit period)
Outpatient Rehabilitation/ Habilitation Services - Occupational Therapy	\$25 Copayment (120 visits per benefit period)
Home Health Care	Covered in full

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Skilled Nursing Facility	Covered in full (90 days per benefit period)
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	\$25 Copayment
Prosthetic Appliances and Durable Medical Equipment	20% Coinsurance
Diabetic Services	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	\$25 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 \$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 spouse (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)	\$25 Copayment
Nutritional Counseling	\$25 Copayment
Chiropractic Benefits	\$25 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.

DME Riders	
Rider Name	DME2
Description	Durable medical equipment, prosthetics, orthotics, and oxygen are covered at 20% coinsurance in-network. There is no coverage for orthotic shoe inserts.
Medicare Split Family Rider	
Rider Name	ELGMC
Description	Medicare Split Family Rider
Out of Pocket Maximum Amendment	
Rider Name	OOP2
Description	Change Out of Pocket Maximum to \$6,112.50/\$12,225
Surviving Spouse	
Rider Name	ELG17
Description	Extends eligibility for surviving spouse and dependents upon the death of the subscriber.
Union Benefit Medical	
Rider Name	UNN1
Description	Freestanding laboratory, radiology, and ambulatory surgery facility services are covered in full.* Skilled nursing facility services are covered in full; up to 90 days per benefit period.* Physical and occupational therapy services are limited to one course of 120 days or less of short term therapy for each diagnosis per benefit period, subject to visit copayment.* Speech therapy services are limited to one course of 60 days or less of short-term therapy for each specific diagnosis and related condition per benefit period, subject to visit copayment.* Acute short-term inpatient physical rehabilitation therapy services are limited to 60 days for each specific diagnosis and related condition for a continuous 12-month period and are covered in full.* Outpatient surgery subject to Specialist Visit Copayment.
Vision Coverage	
Rider Name	VSN2
Description	One routine eye exam is available every 24 months, commencing on the group effective date, without referral, refer to specialist office visit for cost share.