

# CDPHP® HMO Plan Benefit Summary



Plan Code: HA14L24  
 Group ID: 10002841  
 Presented For: East Greenbush Central School District  
 Date Prepared: 3/4/2024  
 Effective Date: 07/01/2024

In-Network

## Cost Sharing Information

Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$7,087 / \$14,175(Embedded)

## Office Visits

PCP	\$25 Copayment
*PCP Cost share waived for members that are under age of 19	
Specialist	\$25 Copayment

## Telemedicine

Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$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	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 Facility	\$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

When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$35 Copayment
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## 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 Office-Based Services	\$25 Copayment

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

## Condition Support Services

Outpatient Rehabilitation - Physical Therapy	\$25 Copayment (120 visits per benefit period)
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Outpatient Rehabilitation - Speech Therapy	\$25 Copayment (60 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	\$25 Copayment (120 visits per benefit period)
Home Health Care	Covered in full
Skilled Nursing Facility	Covered in full (90 days per benefit period)
Chemotherapy/Radiation Therapy visit	\$25 Copayment
Prosthetic Devices and Durable Medical Equipment	20% Coinsurance
<b>Diabetic Services</b>	
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.	\$25 Copayment
<b>Vision Services</b>	
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
<b>Wellness Care</b>	
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)	\$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](http://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.*

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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 \$7,087/\$14,175
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 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 120 visits per benefit period, subject to visit copayment.* Speech therapy services are limited to 60 visits per benefit period, subject to visit copayment.* Acute short-term inpatient physical rehabilitation therapy services are limited to 60 days per benefit period and are covered in full.* Outpatient surgery subject to Specialist Visit Copayment.
Vision Coverage	
Rider Name	VSN1
Description	One routine eye exam is covered once per benefit period without referral, refer to specialist office visit for cost share.