CDPHP[®] EPO Plan Benefit Summary

Marketing Plan ID: 130Plan Code:SUPF7338Group ID:PROSPECTPresented For:PROSPECTDate Prepared:Effective Date:Effective Date:PLATINUM



	In-Network
Cost Sharing Information	
Deductible	N/A Single / N/A Family
Dut of Pocket Maximum	\$4,000 Single / \$8,000 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	\$15 Copayment
PCP Cost share waived for members that are under age of 19	
Specialist	\$35 Copayment
elemedicine	
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$15 Copayment
elehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provide
Preventive and Well Care Services*	
Vell 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
<i>l</i> ammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Sone Density Tests	Covered in full
Cost sharing may apply to diagnostic care	
Retail Prescription Drugs	
referred Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	\$4 Copayment
Preferred Tier 2 Drugs	\$30 Copayment
Preferred Tier 3 Drugs	\$60 Copayment
Ion-Preferred Tier 1 Drugs	50% Coinsurance
Ion-Preferred Tier 2 Drugs	50% Coinsurance
Ion-Preferred Tier 3 Drugs	50% Coinsurance
Specialty Drugs	\$60 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 Preferred Tier 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. This plan uses <u>CDPHP Formulary 2</u> .	
lospital Services	
npatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$500 Copayment
Dutpatient Surgery Facility	\$50 Copayment
Outpatient Surgery - Surgeon's Services	\$25 Copayment
laternity Services*	
laternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Iaternity - Inpatient Hospital Services	\$500 Copayment
Newborn Nursery	Covered in full
(Non-routine services may result in an additional cost share)	
Emergency Care	
Vorldwide Emergency Room Care (waived if admitted inpatient)	\$100 Copayment

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Urgent Care When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. Bigenostic Testing* Outpatient Hospitel or Office Based Laboratory Services: Coopyment Work of Provider is preferred laboratory. Diabeter Hospitel or Office Based Laboratory Services: Coopyment Work of Provider is preferred laboratory. Diabeter Hospitel or Office Based Radiology Services: Coopyment Work of Provider is preferred content. Prescription Drugs Administered in Office or Outpatient Facility 20% Coinsurance Specialist Office Diabeter Hospitel or Office Based Radiology Services: Coopyment Work office Diabeter Services Outpatient Facility 20% Coinsurance The cost share applies to the drug only. There is no separate cost share for the administration of the drug Bahavioral Health Services Mental Health/Substance Use Office-Based Services Coopyment Work of the Services State Coopyment Condition Support Services Diabeter Services Diabeter Services Office-Based Services (T), F1, S1) Condition Support Services Diabeter Services and Durable Medical Equipment State (Q) visits per Join year on blande through services (T), F1, S1) Condition Support Services Diabeter Devices and Durable Medical Equipment State Coopyment State Coopyment Comment Services Diabeter Servic	Metal Hel. PLATINOM	In-Network
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. 580 Copayment Diagnostic Testing*	Ambulance	\$100 Copayment
Diagnostic Testing" Outgaterin Haspital or Office Based Laboratory Services: Coopanyment Work of Provider is a patiented canax. S35 Copanyment Market Haspital or Office Based Radiology Services: Coopanyment Work of Provider is a patiented canax. Prescription Drugs Administered in Office or Outpatient Facility PCP Office 20% Coinsurance Outpatient Facility 20% Coinsurance Outpatient Facility 20% Coinsurance Outpatient Facility 20% Coinsurance 0utpatient Facility 20% Coinsurance S500 Copanyment Coopanyment Work of the advance of the administration of the drug Bibahoral Health Sorvices Mental Health/Substance Use Inpatient Services S500 Copanyment Mental Health/Substance Use Office-Based Services Collapsed Pain year may be used for substance use family counseling.) Condition Support Services Outpatient Rehabilitation Health Services Outpatient Rehabilitation Health Services Outpatient Rehabilitation Pain year may be used for substance use family counseling.) Condition Support Services Outpatient Rehabilitation Health Services Outpatient Services Outpatient Rehabilitation Health Services Outpatient Services Out	Urgent Care	
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* Copyment waved if provider is a preferred iaboratory. \$35 Copyment Copyment waved if provider is a preferred center. \$35 Copyment * Copyment waved if provider is a preferred center. 20% Coinsurance Prescription Drugs Administered in Office or Outpatient Facilities* PCP Office 20% Coinsurance 20% Coi	Diagnostic Testing*	
* Copyment waved if provider is a preferred center. 545 Copyment Prescription Drugs Administered in Office or Outpatient Facilities* CPC Office 20% Coinsurance 20% Coinsuran	Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$35 Copayment
PCP Office 20% Coinsurance 20%		\$35 Copayment
Specialist Office 20% Coinsurance Outpatient Facility 20% Coinsurance Behavloral Health Services 5000 Copayment Mental Health/Substance Use Inpatient Services \$150 Copayment Mental Health/Substance Use Office-Based Services \$15 Copayment Coinsurance \$150 Copayment Mental Health/Substance Use Office-Based Services \$15 Copayment Coindition Support Services \$15 Copayment Condition Support Services Covered in full Skilled Nursing Facility (365 days per plan year) Covered in full Skilled Nursing Facility (365 days per plan year) Covered in full Skilled Nursing Facility (365 days per plan year) \$500 Copayment Prosthetic Devices and Durable Medical Equipment \$399 or \$999 Copayment Hrough Hearing Care Prosthetic Devices and Durable Medical Equipment \$15 Copayment Includes Insulin is imited to \$100 out of pocket per 30 day supply, Glucometers and Diabetic \$15 Copayment DME Insulin is imited to \$100 out of pocket per 30 day supply, Glucometers and Diabetic \$15 Copayment Vision Services Coverage is for standard lenses and frames or contace	Prescription Drugs Administered in Office or Outpatient Facilities*	
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share) the	Skilled Nursing Facility (365 days per plan year)	\$500 Copayment
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Fitness Reimbursement Fitness Fitness Reimbursement Fitness	Weight Management	- · · -
	Fitness Reimbursement	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
	Child Birthing Classes	

CDPHP[®] EPO Plan Benefit Summary

Marketing Plan ID: 130Plan Code:SUPF7338Group ID:PROSPECTPresented For:PROSPECTDate Prepared:Effective Date:Effective Date:20240101Metal Tier:PLATINUM



	In-Network
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)	\$35 Copayment
Nutritional Counseling	\$35 Copayment
Chiropractic Benefits	\$35 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 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.

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.