CDPHP® EPO Copay First Plan Benefit Summary

Marketing Plan ID: 425
Plan Code: SUSF4770
Presented For: PROSPECT
Group ID: PROSPECT
Date Prepared:
Effective Date: 20240101
Metal Tier: SILVER

Copay First Accumulator	Your cost share plus the amount CDPHP pays. Once $3,000/$6,000 (Single/Family) in shared cost have been met, claims are subject to the deductible. (Aggregate)
Copay First Phase (Phase 1)	Copayment applies to services until maximum allowed charges are met.
Deductible Phase (Phase 2)	All services are subject to the deductible (not including ACA preventive care)

	Phase 1 Cost-Share	**Phase 2 Cost-Share**
Cost Sharing Information		
Deductible	N/A	$6,000 Single / $12,000 Family (Embedded)
Out of Pocket Maximum	$6,000 Single / $12,000 Family (Embedded)	See Phase 1
Dependent Coverage	Covered to Age 26	See Phase 1
Domestic Partner Coverage	Covered	See Phase 1
Office Visits		
PCP	$30 Copayment	Deductible then Covered in full
*PCP Cost share waived for members that are under age of 19		
Specialist	$50 Copayment	Deductible then Covered in full
Telemedicine		
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full	Deductible then Covered in full
Other Participating Telemedicine Providers (Valera)	$30 Copayment	Deductible then Covered in full
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider	Deductible then Covered in full
Preventive and Well Care Services*		
Well Baby and Child Care including immunizations	Covered in full	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full	Covered in full
Mammography	Covered in full	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full	Covered in full
Prostate Cancer Screening	Covered in full	Covered in full
Bone Density Tests	Covered in full	Covered in full
*Cost sharing may apply to diagnostic care		
Retail Prescription Drugs		
*Medical plan deductible does not apply to preventive prescription drugs.		
Preferred Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	$10 Copayment	Deductible then Covered in full
Preferred Tier 2 Drugs	$30 Copayment	Deductible then Covered in full
Preferred Tier 3 Drugs	$50 Copayment	Deductible then Covered in full
Non-Preferred Tier 1 Drugs	50% Coinsurance	Deductible then Covered in full
Non-Preferred Tier 2 Drugs	50% Coinsurance	Deductible then Covered in full
Non-Preferred Tier 3 Drugs	50% Coinsurance	Deductible then Covered in full
Specialty Drugs	$50 Copayment	Deductible then Covered in full
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. This plan uses CDPHP Formulary 2.		
Hospital Services		

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Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	$500 Copayment	Deductible then Covered in full
Outpatient Surgery Facility * Cost share may be reduced at a preferred ambulatory surgery center.	$50 Copayment	Deductible then Covered in full
Outpatient Surgery - Surgeon's Services	$25 Copayment	Deductible then Covered in full
Maternity Services*		
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then Covered in full
Maternity - Inpatient Hospital Services	$500 Copayment	Deductible then Covered in full
Newborn Nursery	Covered in full	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)	$75 Copayment	Deductible then Covered in full
Ambulance	$75 Copayment	Deductible then Covered in full
Urgent Care		
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	$60 Copayment	Deductible then Covered in full
Diagnostic Testing*		
Outpatient Hospital or Office Based Laboratory Services * Copayment waived if provider is a preferred laboratory.	$50 Copayment	Deductible then Covered in full
Outpatient Hospital or Office Based Radiology Services * Copayment waived if provider is a preferred center.	$50 Copayment	Deductible then Covered in full
Prescription Drugs Administered in Office or Outpatient Facilities*		
PCP Office	20% Coinsurance	Deductible then Covered in full
Specialist Office	20% Coinsurance	Deductible then Covered in full
Outpatient Facility	20% Coinsurance	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	$500 Copayment	Deductible then Covered in full
Mental Health/Substance Use Office-Based Services	$30 Copayment	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)	$50 Copayment	Deductible then Covered in full
Home Health Care (40 visits per plan year)	Covered in full	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	$500 Copayment	Deductible then Covered in full
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	$30 Copayment	Deductible then Covered in full
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance	Deductible then Covered in full
Hearing Aids	$399 or $699 Copayment through Hearing Care Solutions	$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.	$30 Copayment	Deductible then Covered in full
Vision Services		

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Routine Adult Vision Exam (One exam per plan year)	$50 Copayment	Deductible then Covered in full
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a $75 reimbursement	Deductible then See Phase 1
Routine Pediatric Vision Exam (One exam per plan year)	$30 Copayment	Deductible then Covered in full
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	50% Coinsurance	Deductible then Covered in full
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime	See Phase 1
Wellness Care		
Weight Management	Up to a $100 reimbursement available for participation in a weight loss program	See Phase 1
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.	See Phase 1
Child Birthing Classes	Up to $75 reimbursement available for completion of child birthing class	See Phase 1
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)	See Phase 1
Acupuncture (10 visit limit per plan year for acupuncture services)	$50 Copayment	Deductible then Covered in full
Nutritional Counseling	$50 Copayment	Deductible then Covered in full
Chiropractic Benefits	$50 Copayment	Deductible then Covered in full

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.