## CDPHP® HMO Plan Benefit Summary

Marketing Plan ID: 224

Plan Code: SHGF5230 Group ID: PROSPECT Presented For: PROSPECT

Date Prepared:

Effective Date: 20240101 Metal Tier: GOLD



In-Network	Č

Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$8,700 Single / \$17,400 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
Enhanced Primary Care	Covered in full
PCP	\$50 Copayment
*PCP Cost share waived for members that are under age of 19	
Specialist	\$50 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$50 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	
Retail Prescription Drugs	
Preferred Tier 1 Drugs	\$0 Copayment
Preferred Tier 2 Drugs	\$50 Copayment
Preferred Tier 3 Drugs	\$80 Copayment
Non-Preferred Tier 1 Drugs	50% Coinsurance
Non-Preferred Tier 2 Drugs	50% Coinsurance
Non-Preferred Tier 3 Drugs	50% Coinsurance
Specialty Drugs	\$80 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 <a href="CDPHP Formulary 2">CDPHP Formulary 2</a> .	
Hospital Services	
npatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$1,500 Copayment
Outpatient Surgery Facility  Cost share may be reduced at a preferred ambulatory surgery center.	\$200 Copayment
Dutpatient Surgery - Surgeon's Services	\$50 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	\$1,500 Copayment
Newborn Nursery	Covered in full
(Non-routine services may result in an additional cost share)	

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Michabide Emergency Room Care (walved if admitted inpatient) \$500 Copayment  Annibutance \$500 Copayment  Trigent Care  When a seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. \$100 Copayment  Diagnostic Testing?  When a seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. \$100 Copayment  Diagnostic Testing?  Who page annibutance of 1500 Copayment of 1500 Copayment  Diagnostic Testing?  Who page annibutance of 1500 Copayment of 1500 Copayment  Diagnostic Testing?  Who page annibutance of 1500 Copayment of 1500 Copayment walved if provider is a preferred celore.  **Copayment walved if provider is a preferred celore.  **PCP Office 200% Coinsurance  **Copayment walved if provider is a preferred celore.  **PCP Office 200% Coinsurance  **Specialist Office Council of 1500 Copayment of 1500 Copayment  **Who page annibutance of 1500 Copayment of 1500 Copayment  **When is the above a preferred celore.  **Who is the above a preferred celor	Metal Her: GOLD	T. N. J.
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Urgent Care When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. \$100 Copayment Dilagnostic Testing* Outpatient Hospital or Office Based Laboratory, Services: Copayment Moved I provider is a preferred laboratory. Outpatient Hospital or Office Based Radiology Services: Copayment Moved I provider is a preferred center. Copayment Moved I provider is a preferred with Copayment Moved I provider is a preferred provider. Copayment Moved I provider is a preferred with Copayment Moved I provider is a preferred with Copayment I provider is provider in	, ,	
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Diagnostic Testing* Culpatent Hospital or Office Based Laboratory Services: Coppyment without of florowers is a preferred laboratory. Culpatent Hospital or Office Based Radiology Services: Coppyment without of provider is a preferred laboratory. Culpatent Hospital or Office Based Radiology Services: Coppyment without of provider is a preferred center. Prescription Drugs Administered in Office or Outpatient Facilities* Prescription Drugs Administered in Office Outpatient Facilities* Prescription Prescription Drugs Administered In Office Or Drug Cost Services Prescription Drugs Administered In Office Or Drug Cost Services Prescription Drugs Administered In Office Or Drug Cost Services Prescription Drugs Administered In Office Or Drug Cost Services Prescription Prescription Drugs Administered In Office Or Drug Cost Services Prescription Prescription Drugs Administered In Office Or Drug Cost Services Prescription Prescription Drugs Administered In Office Or Drug Cost Services Prescription Prescription Prescription Drugs Administered In Office Or Drug Cost Services Prescription Presc	-	\$100 Congyment
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Outpation th Aspital or Office Based Radiology Services:	Outpatient Hospital or Office Based Laboratory Services:	\$50 Copayment
PCP Office 20% Coinsurance 20%	Outpatient Hospital or Office Based Radiology Services:	\$50 Copayment
Specialist Office 20% Coinsurance  Dutpatient Facility 20% Coinsurance  Unit 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 \$1,500 Copayment  Mental Health/Substance Use Office-Based Services \$5,50 Copayment  (Up to 20 wists 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)  Home Health Care (40 visits per plan year)  Skilled Nursing Facility (365 days per plan year)  Skilled Nursing Facility (365 days per plan year)  Skilled Nursing Facility (365 days per plan year)  Schemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  Hearing Aids  Sayo or Seep Copayment through Hearing Care Solutions  Solutions  Prosthetic Devices and Durable Medical Equipment  Hearing Aids  Sayo or Seep Copayment  Solutions	Prescription Drugs Administered in Office or Outpatient Facilities*	
Dupatient Facility  The cost share applies to the drug only, there is no separate cost share for the administration of the drug  Behavloral Health Services  Wental Health/Substance Use Inpatient Services  Mental Health/Substance Use Inpatient Services  Mental Health/Substance Use Inpatient Services  Mental Health/Substance Use Office-Based Services  Condition Support Services  Durbatient Rehabilitation / Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) (60 visits per plan year may be used for substance use family counseling.)  Covered in full  Skilled Nursing Facility (385 days per plan year)  Schemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  - Reading Aids  Sage or \$899 Copayment through Hearing Care Solutions  Diabetic Services  Diabetic Services  Mentul Vision Exam (One exam per plan year)  \$50 Copayment  Adult Glasses/Contacts  Coverage is for standard lenses and frames or contacters are per platific Vision Exam (One exam per plan year)  Solution Exam (One exam per plan year)  Solution Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Solution Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Solutions Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Solutions Exam (One exam per plan year)  Pediatric Vision Exam (One exam per plan year)  Solutions Exam (One exam per plan year)  Solut	PCP Office	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  Wental Health Substance Use Inpatient Services  \$1,500 Copayment Mental Health/Substance Use Inpatient Services  \$50 Copayment  Wental Health/Substance Use Office-Based Services  (Up to 20 visits per plan year may be used for substance use family counseling.)  Condition Support Services  Dutpatient Rehabilitation Alabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)  (350 Copayment  Covered in full  Sikiled Nursing Facility (385 days per plan year)  Common Health Care (40 visits per plan year)  Common Health Care (40 visits per plan year)  Sikiled Nursing Facility (385 days per plan year)  Common Health Care (40 visits per plan year)  Covered in full  Siciled Nursing Facility (385 days per plan year)  Coverage in full  Siciled Nursing Facility (385 days per plan year)  Solutions  Diabetic Services  Includes Insulin. oral medication, needles and syringes - up to a 30 day supply. Glucometers and Diabetic  Solutions  Diabetic Services  Routine Adult Vision Exam (One exam per plan year)  Adult Glasses/Contacts  Routine Adult Vision Exam (One exam per plan year)  Solution Services  Routine Pediatric Vision Exam (One exam per plan year)  Fediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Solution Services  Weight Management  Up to a maximum of \$750 embursement for eligible eye surgeries and consultations per lifetime  Wellness Care  Weight Management  Up to a subscribers can be reimbursed up to \$400 per plan year for qualified filmess activities. Of the \$400, up to \$100 can be applied for reimbursement of wearable filmess devices. Covered dependents can be reimbursed up to 400 can be appl	Specialist Office	20% Coinsurance
Behavioral Health Services  Mental Health/Substance Use Inpatient Services  Mental Health/Substance Use Inpatient Services  Mental Health/Substance Use Office-Based Services  (Up to 20 visits per plan year may be used for substance use family counseling.)  Dutpatient Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)  (60 visits per condition support Services  Dutpatient Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)  (60 visits per condition per plan year combined therapies for OT, PT, ST)  Covered in full  Skilled Nursing Facility (365 days per plan year)  Skilled Nursing Facility (365 days per plan year)  Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  Hearing Aids  Sago or \$859 Copayment through Hearing Care Solutions  Diabetic Services  Prosthetic Devices and Durable Medical Equipment  Hearing Aids  Sago or \$859 Copayment through Hearing Care Solutions  Diabetic Services  Prosthetic Devices and Durable Medical Equipment  Hearing Aids  Sago or \$850 Copayment  Sago Copayment  Sago Copayment  Sago Copayment  Adult Vision Services  Routine Adult Vision Exam (One exam per plan year)  Sago Copayment  Sago Copayment  Adult Glasses/Contacts  Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement for eligible eye surgeries and consultations per lifetime  Wellanss Care  Weight Management  Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime  Wellanss Reimbursement  Weight Management  Up to a plan for reimbursement available for participatior in a weight loss program  Lifetimes Reimbursement  Subscribers and vojouth sports fees for members under a 18, 0, of the 300 per plan year for qualified fitness activities and youth sports fees for members under a 18, 0, of the 300 per plan year for qualified fitness activities and youth sports fees	Outpatient Facility	20% Coinsurance
Mental Health/Substance Use Inpatient Services \$1,500 Copayment  Mental Health/Substance Use Office-Based Services  (ViD to 20 visits per plan year may be used for substance use family counseling.)  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)  Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost  share)  Prosthetic Devices and Durable Medical Equipment  Forsthetic Devices  Collabetic Services  Collabetic Ser	the cost share applies to the drug only, there is no separate cost share for the administration of the drug	
Mental Health/Substance Use Office-Based Services  Crup 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)  (80 visits per plan year combined therapies for OT, PT, ST)  SS0 Copayment  Covered in full  Skilled Nursing Facility (365 days per plan year)  Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  S50% Coinsurance  Hearing Aids  S399 or \$699 Copayment through Hearing Care Solutions  Solution	Behavioral Health Services	
(**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)  S50 Copayment  Home Health Care (40 visits per plan year)  Covered in full  Skilled Nursing Facility (365 days per plan year)  Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  S399 or \$699 Copayment through Hearing Care Solutions  Diabetic Services  Diabetic Services  Diabetic Services  Note of the Stock of the Stock of Services and Durable and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply.  Vision Services  Routine Adult Vision Exam (One exam per plan year)  \$50 Copayment  Adult Glasses/Contacts  Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement Relative Company of the Stock	Mental Health/Substance Use Inpatient Services	\$1,500 Copayment
Condition Support Services  Dutpatient Rehabilitation Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) (60 visits per condition per plan year combined therapies for OT, PT, ST)	Mental Health/Substance Use Office-Based Services	\$50 Copayment
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(160 visits per condition per plan year combined therapies for OT, PT, ST)	Condition Support Services	
Skilled Nursing Facility (365 days per plan year)  Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  50% Coinsurance  \$399 or \$699 Copayment through Hearing Care Solutions  So		\$50 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)  Prosthetic Devices and Durable Medical Equipment  50% Coinsurance  \$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.  Vision Services  Routine Adult Vision Exam (One exam per plan year)  \$50 Copayment  Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement or eligible eye surgeries and consultations per lifetime  Wellness Care  Weight Management  Fitness Reimbursement  Wellness Reimbursement  Coverage is for standard lenses and frames or contact lenses, up to a \$750 copayment  \$50 Copayment  \$50 Copayment  Coverage is for standard lenses and frames or contact lenses, up to a \$750 reimbursement or eligible eye surgeries and consultations per lifetime  Wellness Care  Weight Management  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  Subscribers can be reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness advices and youth spots fees for members under ag 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices. Provides and youth spots fees for members under ag 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.	Home Health Care (40 visits per plan year)	Covered in full
Prosthetic Devices and Durable Medical Equipment 50% Coinsurance  Hearing Aids \$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 MME. Insulin is limited to \$100 out of pocket per 30 day supply.  Wision Services  Routine Adult Vision Exam (One exam per plan year)  Adult Glasses/Contacts  Routine Pediatric Vision Exam (One exam per plan year)  Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Wellness Care  Weight Management  Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime  Wellness 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 ag 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.  Child Birthing Classes  Child Birthing Classes	Skilled Nursing Facility (365 days per plan year)	\$1,500 Copayment
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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.  Vision Services  Routine Adult Vision Exam (One exam per plan year)  Adult Glasses/Contacts  Routine Pediatric Vision Exam (One exam per plan year)  Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Laser Eye Surgery  Weight Management  Weight Management  Up to a \$100 reimbursement available for participation in a weight loss program  Subscribers can be reimbursed up to \$400 per plan year by \$200 can be applied fitness activities and youth sports fees for members under ag 18. Of the \$200, up to \$100 can be applied for reimbursed up to a combined \$200 fitness needs to sactivities and youth sports fees for members under ag 18. Of the \$200, up to \$100 can be applied for completion of reimbursement of wearable fitness devices.  Child Ritthing Classes	Hearing Aids	
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Adult Glasses/Contacts  Routine Pediatric Vision Exam (One exam per plan year)  Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Laser Eye Surgery  Wellness Care  Weight Management  Fitness Reimbursement  Fitness Reimbursement  Coverage is for standard lenses and frames or contact lenses, up to a \$75 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  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 ag 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.  Child Birthing Classes  Child Birthing Classes	Vision Services	
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Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)  Laser Eye Surgery  Wellness Care  Weight Management  Up to a \$100 reimbursement available for participation in a weight loss program  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 ag 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	Adult Glasses/Contacts	
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	Child Birthing Classes	·

## CDPHP® HMO Plan Benefit Summary

Marketing Plan ID: 224

Plan Code: SHGF5230 Group ID: PROSPECT Presented For: PROSPECT

Date Prepared:

Effective Date: 20240101 Metal Tier: GOLD



	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)	\$50 Copayment
Nutritional Counseling	\$50 Copayment
Chiropractic Benefits	\$50 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.

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.