CDPHP® EPO Plan Benefit Summary

Marketing Plan ID: 121

Plan Code: SUPF7420
Group ID: PROSPECT
Presented For: PROSPECT

Date Prepared:

Effective Date: 20240101 Metal Tier: PLATINUM



In-Network

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Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$7,350 Single / \$14,700 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	\$20 Copayment
PCP Cost share waived for members that are under age of 19	
Specialist	\$20 Copayment
Telemedicine Telemedicine	
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$20 Copayment
Felehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provide
Preventive and Well Care Services*	
Nell 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 (*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
Non-Preferred Tier 1 Drugs	50% Coinsurance
Non-Preferred Tier 2 Drugs	50% Coinsurance
Non-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 CDPHP Formulary 2 .	
Hospital Services	
npatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$750 Copayment
Dutpatient Surgery Facility	\$25 Copayment
Outpatient Surgery - Surgeon's Services	\$25 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	\$750 Copayment
Newborn Nursery	Covered in full
f(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	\$100 Copayment

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When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. S50 Copayment County Comparison of Copayment Comparison of Copayment Valved of Provider is a preferred laboratory.	TEXTITION.	In-Network
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. Diagnostic Testing*	Ambulance	\$100 Copayment
Diagnostic Testing* Outpatient Hospital or Office Based Leboratory Services: Copanyment World Provider is a preferred laboratory. Outpatient Hospital or Office Based Radiology Services: Copanyment World Provider is a preferred laboratory. Outpatient Hospital or Office Based Radiology Services: Copanyment World Provider is a preferred center. Prescription Drugs Administered in Office or Outpatient Facilities* PEP Office Copanyment World Provider is a preferred center. Prescription Drugs Administered in Office or Outpatient Facilities* PEP Office Copanyment World Provider is a preferred center. Per Office Copanyment Facility Prescription Drugs Administered in Office or Outpatient Facilities* Per Office Copanyment Facility Prescription Drugs Administered in Office or Outpatient Facilities* Per Office Copanyment Facility Prescription Drugs Administered in Office or Outpatient Facilities* Provider Administration of the drug only, there is no separate cost share for the administration of the drug Behavioral Health Substance Use Outpatient Services Sacro Copanyment Provider Institute Outpatient Services Condition Support Services Outpatient Ferbeibitation Lebilitiation Services (Physical Therapy, Occupational Therapy or Speech Therapy) Condition Support Services Outpatient Ferbeibitation Health Substance Use outpatient Ferbeibitation Provider or Provider Office (Ver Verte or Institute Provider or Provider Office (Verte Verte Control or Provider Office (Ve	Urgent Care	
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Behavioral Health Services Mental Health/Substance Use Inpatient Services Mental Health/Substance Use Outpatient Services Mental Health/Substance Use Outpatient Services Will to 20 visits per plan year may be used for substance use family counseling.) Condition Support Services Outpatient Rehabilitation Health Italian Services (Physical Therapy, Occupational Therapy or Speech Therapy) (20 visits per condition per plan year combined therapies for OT, PT, ST) Home Health Care (40 visits per plan year) Skilled Nursing Facility (386 days per plan year) Skilled Nursing Facility (386 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 Syson of S	Outpatient Facility	20% Coinsurance
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Adult Glasses/Contacts Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement 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 Sow Coinsurance Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime 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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	Child Birthing Classes	·

CDPHP® EPO Plan Benefit Summary

Marketing Plan ID: 121

Plan Code: SUPF7420
Group ID: PROSPECT
Presented For: PROSPECT

Date Prepared:

Effective Date: 20240101 Metal 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)	\$20 Copayment
Nutritional Counseling	\$20 Copayment
Chiropractic Benefits	\$20 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.