CDPHP[®] EPO Plan Benefit Summary

Marketing Plan ID: 220Plan Code:SUGF3416Group ID:PROSPECTPresented For:PROSPECTDate Prepared:SU240101Metal Tier:GOLD



| | In-Network |
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| Cost Sharing Information | |
| Deductible | \$750 Single / \$1,500 Family (Embedded) |
| Dut of Pocket Maximum | \$8,700 Single / \$17,400 Family (Embedded) |
| Dependent Coverage | Covered to Age 26 |
| Domestic Partner Coverage | Covered |
| Office Visits | |
| PCP | Deductible then \$25 Copayment |
| PCP Cost share waived for members that are under age of 19 | |
| Specialist | Deductible then \$40 Copayment |
| Telemedicine | |
| Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN) | Covered in Full |
| Other Participating Telemedicine Providers (Valera) | Deductible then \$25 Copayment |
| Telehealth services from a CDPHP Network provider (PCP or Specialist) | PCP or Specialist cost share based on provid |
| 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 | |
| Medical plan deductible, if applicable, does not apply to 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 <u>CDPHP Formulary 2</u> . | |
| Hospital Services | |
| npatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc) | Deductible then \$800 Copayment |
| Outpatient Surgery Facility * Cost share may be reduced at a preferred ambulatory surgery center. | Deductible then \$100 Copayment |
| Outpatient Surgery - Surgeon's Services | Deductible then \$50 Copayment |
| Maternity Services* | |
| Maternity - Routine Prenatal Care and Postnatal Care | Covered in Full* |
| Maternity - Inpatient Hospital Services | Deductible then \$800 Copayment |
| Newborn Nursery | Deductible then Covered in full |
| (Non-routine services may result in an additional cost share) | |

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| Ambulance Deductible then \$100 Copayment Urgent Care Menn aseking care within CDPHIP's Service Ares, a participating Urgent Care Center must be used. Deductible then \$500 Copayment Diagnostic Testing* Deductible then \$500 Copayment Deductible then \$500 Copayment Diagnostic Testing* Deductible gased Laboratory Services: Deductible from 20% Coinsurance CPD Office Deductible from \$500 Copayment Deductible from \$500 Copayment Minital Health Services Deductible from \$500 Copayment Wheat Health Services Deductible from \$500 Copayment Deductible from \$500 Copayment Minital Health Services Deductible from \$500 Copayment V(D) to 20 visits per plan year romay to used for substance use family counseling 1 Countert \$500 Copayment Deductible from \$500 Copayment V(D) to 20 visits per plan year romained mergines for OT, PT, ST) Deductible from \$500 Copayment Deductible from \$500 Copayment Deductible from \$500 Copayment D | Metal Her: GOLD | In-Network |
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| Urgent Care When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. Deductible then 580 Copayment Diagnostic Testing* Outpatient Hospital or Office Based Laboratory Services: Deductible then 540 Copayment Diagnostic Testing* D | Worldwide Emergency Room Care (waived if admitted inpatient) | Deductible then \$100 Copayment |
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| Unito Bitatino Classes | 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 ag 18. Of the \$200, up to \$100 can be applied for |
| | Child Birthing Classes | Up to \$75 reimbursement available for completion of child birthing class |

CDPHP[®] EPO Plan Benefit Summary

Marketing Plan ID: 220Plan Code:SUGF3416Group ID:PROSPECTPresented For:PROSPECTDate Prepared:Effective Date:Effective Date:20240101Metal 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) | Deductible then \$40 Copayment |
| Nutritional Counseling | Deductible then \$40 Copayment |
| Chiropractic Benefits | Deductible then \$40 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.