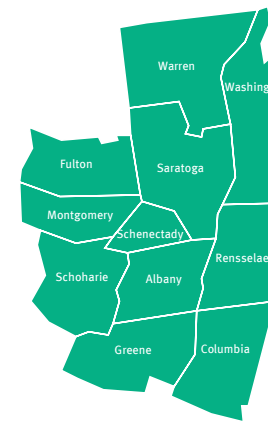




2020 SMALL GROUP DESIGNS

A QUICK REFERENCE GUIDE FOR BROKERS



ALBANY REGION

RATE QUARTER 3

COUNTIES INCLUDE:

ALBANY
COLUMBIA
FULTON
MONTGOMERY

RENSSELAER
SARATOGA
SCHENECTADY
SCHOHARIE

GREENE
WARREN
WASHINGTON

Available in all CDPHP® rating regions

 = Change from 2019

† Indicates benefit is subject to the deductible

‡ For Copay First, deductible applies to all benefits in the Deductible Phase. Refer to detailed benefit summary.

| METAL TIER | 3 DIGIT | PRODUCT | DEDUCTIBLE AGGREGATE/ EMBEDDED | DEDUCTIBLE (SINGLE/FAMILY) | OFFICE VISIT | SPECIALIST VISIT | INPATIENT HOSPITAL | OUTPATIENT SURGERY | ER | URGENT CARE | PRESCRIPTION DRUGS | OOP MAX (SINGLE/FAMILY) | RATES | | | |
|------------|---------|--|--------------------------------|----------------------------|--------------------------|------------------|--------------------|--------------------|--------|-------------|--------------------|-------------------------|----------|------------|----------------------|------------|
| | | | | | | | | | | | | | SINGLE | DOUBLE | EMPLOYEE/ CHILD(REN) | FAMILY |
| PLATINUM | 120 | EPO Copayment | N/A | \$0/\$0 | \$15 | \$20 | \$500 | \$100 | \$100 | \$35 | \$4/\$30/\$60 | \$7,500/\$15,000 | \$852.78 | \$1,705.57 | \$1,449.73 | \$2,430.44 |
| PLATINUM | 121 | EPO Copayment | N/A | \$0/\$0 | \$20 | \$20 | \$750 | \$50 | \$100 | \$30 | \$4/\$30/\$60 | \$7,350/\$14,700 | \$839.87 | \$1,679.74 | \$1,427.78 | \$2,393.64 |
| PLATINUM | 130 | EPO Copayment | N/A | \$0/\$0 | \$15 | \$35 | \$500 | \$75 | \$100 | \$45 | \$4/\$30/\$60 | \$4,000/\$8,000 | \$833.57 | \$1,667.14 | \$1,417.07 | \$2,375.68 |
| GOLD | 220 | EPO Copayment | Embedded | \$600/\$1,200 | \$25† | \$40† | \$800† | \$50† | \$75† | \$50† | \$4/\$30/\$60 | \$7,900/\$15,800 | \$758.06 | \$1,516.11 | \$1,288.70 | \$2,160.46 |
| GOLD | 221 | Embrace Health EPO Copayment (\$200) | Embedded | \$250/\$500 | \$30† | \$50† | \$1,000† | \$100† | \$100† | \$60† | \$10/\$50/\$80 | \$7,150/\$14,300 | \$745.64 | \$1,491.28 | \$1,267.59 | \$2,125.07 |
| GOLD | 222 | EPO Hybrid | Embedded | \$600/\$1,200 | \$20 | \$40 | 20%† | 20%† | 20%† | \$50 | \$10/\$50/\$80 | \$7,600/\$15,200 | \$739.00 | \$1,478.01 | \$1,256.31 | \$2,106.16 |
| GOLD | 223 | HDHMO Smart Deductible (Non-Qualified) | Embedded | \$1,000/\$2,000 | \$25 | \$40† | \$500† | \$150† | \$150† | \$75† | \$10/\$50†/\$80† | \$7,900/\$15,800 | \$582.97 | \$1,165.94 | \$991.05 | \$1,661.46 |
| GOLD | 224 | NEW! Triple Zero HMO Copayment | N/A | \$0/\$0 | \$0 EPC/ \$50 Non-EPC | \$50 | \$1,500 | \$250 | \$500 | \$100 | \$0/\$50/\$80 | \$7,900/\$15,800 | \$602.72 | \$1,205.45 | \$1,024.63 | \$1,717.76 |
| SILVER | 320 | HDEPO Qualified | Aggregate | \$1,800/\$3,600 | \$30† | \$40† | \$750† | \$150† | \$150† | \$50† | \$10†/\$50†/\$80† | \$6,750/\$13,500 | \$616.62 | \$1,233.24 | \$1,048.26 | \$1,757.37 |
| SILVER | 324 | HDHMO Qualified | Aggregate | \$2,200/\$4,400 | \$25† | \$50† | \$500† | \$200† | \$300† | \$50† | \$10†/\$40†/\$60† | \$4,800/\$9,600 | \$498.34 | \$996.67 | \$847.17 | \$1,420.26 |
| SILVER | 328 | HDEPO EPC 328 (Non-Qualified) | Embedded | \$2,800/\$5,600 | \$0 EPC/ \$40 Non-EPC | 60† | 20%† | 20%† | 20%† | \$70† | \$10†/\$50†/50%† | \$7,700/\$15,400 | \$599.12 | \$1,198.23 | \$1,018.50 | \$1,707.48 |
| SILVER | 329 | Copay First† (\$1,500/\$3,000) | Embedded | \$4,000/\$8,000 | \$30 | \$50 | \$500 | \$75 | \$75 | \$60 | \$10/\$30/\$50 | \$4,000/\$8,000 | \$607.49 | \$1,214.97 | \$1,032.72 | \$1,731.33 |
| SILVER | 330 | Embrace Health EPO Copayment (\$200) | Embedded | \$2,000/\$4,000 | \$30† | \$50† | \$1,500† | \$100† | \$250† | \$60† | \$10/\$35/\$70 | \$7,350/\$14,700 | \$630.42 | \$1,260.83 | \$1,071.71 | \$1,796.69 |
| BRONZE | 421 | HDEPO Qualified | Aggregate | \$6,750/\$13,500 | 0%† | 0%† | 0%† | 0%† | 0%† | 0%† | 0%†/0%†/0%† | \$6,750/\$13,500 | \$463.16 | \$926.33 | \$787.38 | \$1,320.01 |
| BRONZE | 423 | HDEPO Non-Qualified | Embedded | \$5,500/\$11,000 | \$35† | \$80† | 50%† | \$300† | 50%† | \$90† | \$10†/50%†/50%† | \$7,150/\$14,300 | \$467.66 | \$935.32 | \$795.02 | \$1,332.82 |
| BRONZE | 424 | HDEPO Qualified | Aggregate | \$5,250/\$10,500 | \$40† | \$60† | \$1,000† | \$300† | \$350† | \$70† | \$10†/\$50†/\$80† | \$6,750/\$13,500 | \$475.93 | \$951.86 | \$809.08 | \$1,356.39 |
| BRONZE | 425 | Copay First† (\$3,000/\$6,000) | Embedded | \$6,000/\$12,000 | \$30 | \$50 | \$500 | \$75 | \$75 | \$60 | \$10/\$30/\$50 | \$6,000/\$12,000 | \$488.72 | \$977.44 | \$830.83 | \$1,392.85 |

All rates include Domestic Partner coverage.



NO-COST WELLNESS
Free gym access and nutrition services



FREE PREVENTIVE CARE*
We exceed the minimum requirements



RX FOR LESS
Generic medications for a penny a pill



CVS DISCOUNTS
20 percent off CVS-branded health products



LASIK REIMBURSEMENT
Better vision at a lower cost



DIABETES RESOURCES
Digital tools, programs, and support

Discover broker tools and more for 2020!

www.cdphp.com/BrokerDifference

* No out-of-pocket costs for members.

Employee Favorites



ZIPONGO®

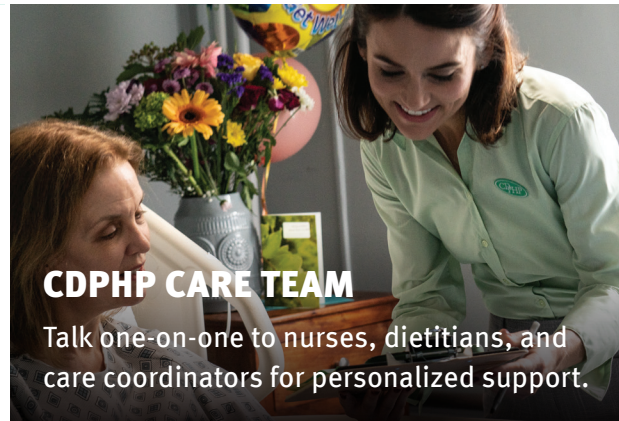
Healthy recipes, meal planners, grocery deals, and more through our nutrition app.

GYM AND WEIGHT MANAGEMENT REIMBURSEMENTS

Earn up to **\$600** per year for going to the gym and **\$75** for completing a weight loss program.

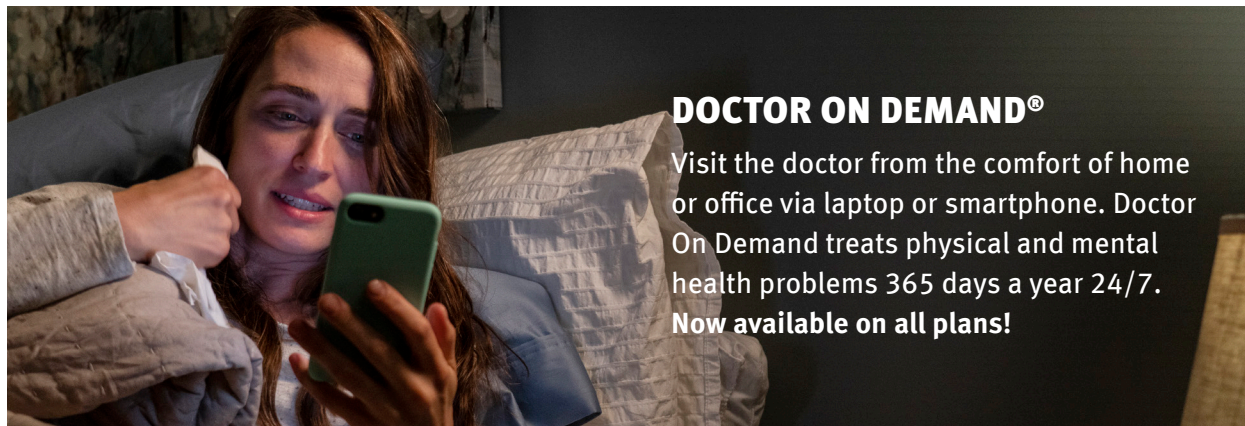
LIFE POINTS®

Earn points that can be redeemed for gift cards by completing healthy activities through CaféWell®.



CDPHP CARE TEAM

Talk one-on-one to nurses, dietitians, and care coordinators for personalized support.



DOCTOR ON DEMAND®

Visit the doctor from the comfort of home or office via laptop or smartphone. Doctor On Demand treats physical and mental health problems 365 days a year 24/7. **Now available on all plans!**

Changes You Should Know

CDPHP takes its role in providing health care coverage for your employees and clients seriously. These changes take effect at the time of benefits renewal in 2020. Refer to plan documents for complete details.

LARGE GROUPS, SMALL GROUPS, INDIVIDUALS

| | |
|---|---|
| New wellness benefits | A variety of wellness programs have been added focusing on youth fitness, chronic condition management, and maternity. |
| Fertility services | Coverage has been added for standard fertility preservation services including the collecting, preserving, and storing of ova and sperm. |
| Enteral Formula | The definition of what is covered on the Enteral Formula Mandate has been updated. |
| Drug tier and formulary changes | Drug tier changes and formulary updates are limited to four updates per year. |
| Mental health and substance use | Contract language regarding prior authorization and concurrent review for mental health and substance use has been updated based on New York state mandates. |
| Minimum deductible and out-of-pocket maximum | Per IRS guidelines, the minimum allowable deductible for HSA-qualified high deductible plans will be \$1,400 (individual) and \$2,800 (family), while the maximum allowable out-of-pocket maximum for HSA-qualified high deductible plans will be \$6,900 (individual) and \$13,800 (family). Per federal guidelines, the maximum allowable out-of-pocket maximum for non-high deductible plans will be \$8,150 (individual) and \$16,300 (family). |
| Prior authorization changes | For all CDPHP UBI plans, new or revised prior authorization changes are outlined in the member contract. Prior authorization is no longer the member's responsibility; providers will now be responsible for obtaining prior authorization. The prior authorization member penalty no longer applies. |

LARGE GROUPS

| | |
|--|---|
| In-vitro fertilization | Members are covered for three cycles of in-vitro fertilization treatments per lifetime. |
| Outpatient cardiac and pulmonary rehabilitation | There will be no member cost share for office-based outpatient cardiac and pulmonary rehabilitation. Deductible will apply for qualified high-deductible plans. |
| Inpatient hospital copays | Inpatient hospital copays are limited to two per single/three per family per plan year. After the limit is met future admissions are not subject to copayments. |
| Home Health Care | Out-of-network coinsurance will apply for home health care on PPO and HDPPPO plans. |
| Prior authorization changes | For PPO and HDPPPO plans, prior authorization for out-of-network services will still be the member's responsibility. There will be no penalty, but if the service is deemed not medically necessary, the member will be responsible for the entire provider charge. |

INDIVIDUAL PLANS

| | |
|---|---|
| Vision, acupuncture, and wellness benefits | Adult vision and hardware benefits, acupuncture, Lasik, and a gym membership reimbursement have been added for individual non-standard platinum and gold plans. |
| Skilled nursing facilities | For individual standard plans, skilled nursing facilities are now covered for 200 days. |

Pending Department of Financial Services approval

WANT TO KNOW MORE?

Check out www.cdphp.com/need