

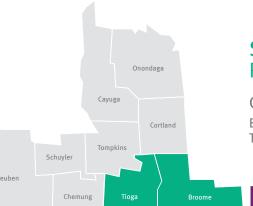
# **2020** SMALL GROUP DESIGNS A QUICK REFERENCE GUIDE FOR BROKERS

### 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.



## SYRACUSE REGION RATE QUARTER 3

CDPHP COUNTIES INCLUDE: BROOME TIOGA

|               |            | # F   | or Copay First,                      | deductible applies t          | uctible applies to all benefits in the Deductible Phase. Refer to detailed benefit summary. |                     |                       |                       |        |                |                       | Chemung Tioga Broome       |          |            | RATES                   |            |  |  |
|---------------|------------|---|--------------------------------------|-------------------------------|---|---------------------|-----------------------|-----------------------|--------|----------------|-----------------------|----------------------------|----------|------------|-------------------------|------------|--|--|
| METAL<br>TIER | 3<br>DIGIT | PRODUCT                                       | DEDUCTIBLE<br>AGGREGATE/<br>EMBEDDED | DEDUCTIBLE<br>(SINGLE/FAMILY) | OFFICE VISIT  | SPECIALIST<br>VISIT | INPATIENT<br>HOSPITAL | OUTPATIENT<br>SURGERY | ER     | URGENT<br>CARE | PRESCRIPTION<br>DRUGS | OOP MAX<br>(SINGLE/FAMILY) | SINGLE   | DOUBLE     | EMPLOYEE/<br>CHILD(REN) | FAMILY     |  |  |
| PLATINUM      | 120        | EPO Copayment                                 | N/A                                  | \$0/\$0                       | \$15  | \$20                | \$500                 | \$100                 | \$100  | \$35           | \$4/\$30/\$60         | \$7,500/\$15,000           | \$966.01 | \$1,932.03 | \$1,642.22              | \$2,753.14 |  |  |
| PLATINUM      | 121        | EPO Copayment                                 | N/A                                  | \$0/\$0                       | \$20  | \$20                | \$750                 | \$50                  | \$100  | \$30           | \$4/\$30/\$60         | \$7,350/\$14,700           | \$951.39 | \$1,902.77 | \$1,617.36              | \$2,711.45 |  |  |
| PLATINUM      | 130        | EPO Copayment                                 | N/A                                  | \$0/\$0                       | \$15  | \$35                | \$500                 | \$75                  | \$100  | \$45           | \$4/\$30/\$60         | \$4,000/\$8,000            | \$944.25 | \$1,888.50 | \$1,605.22              | \$2,691.11 |  |  |
| GOLD          | 220        | EPO Copayment                                 | Embedded                             | \$600/\$1,200                 | \$25†   | \$40†               | \$800†                | \$50†                 | \$75†  | \$50†          | \$4/\$30/\$60         | \$7,900/\$15,800           | \$858.71 | \$1,717.42 | \$1,459.80              | \$2,447.32 |  |  |
| GOLD          | 221        | Embrace Health EPO<br>Copayment (\$200)       | Embedded                             | \$250/\$500                   | \$30†   | \$50†               | \$1,000†              | \$100†                | \$100† | \$60†          | \$10/\$50/\$80        | \$7,150/\$14,300           | \$844.64 | \$1,689.29 | \$1,435.89              | \$2,407.23 |  |  |
| GOLD          | 222        | EPO Hybrid                                    | Embedded                             | \$600/\$1,200                 | \$20  | \$40                | 20%†                  | 20%†                  | 20%†   | \$50           | \$10/\$50/\$80        | \$7,600/\$15,200           | \$837.13 | \$1,674.25 | \$1,423.11              | \$2,385.81 |  |  |
| GOLD          | 223        | HDHMO Smart<br>Deductible<br>(Non-Qualified)  | Embedded                             | \$1,000/\$2,000               | \$25  | \$40†               | \$500†                | \$150†                | \$150† | \$75†          | \$10/\$50†/\$80†      | \$7,900/\$15,800           | \$660.37 | \$1,320.75 | \$1,122.63              | \$1,882.06 |  |  |
| GOLD          | 224        | Triple Zero HMO Copayment                     | N/A                                  | \$0/\$0                       | \$0 EPC/<br>\$50 Non-EPC  | \$50                | \$1,500               | \$250                 | \$500  | \$100          | \$0/\$50/\$80         | \$7,900/\$15,800           | \$682.75 | \$1,365.50 | \$1,160.68              | \$1,945.84 |  |  |
| SILVER        | 320        | HDEPO Qualified                               | Aggregate                            | \$1,800/\$3,600               | \$30†   | \$40†               | \$750†                | \$150†                | \$150† | \$50†          | \$10†/\$50†/\$80†     | \$6,750/\$13,500           | \$698.49 | \$1,396.99 | \$1,187.44              | \$1,990.71 |  |  |
| SILVER        | 324        | HDHMO Qualified                               | Aggregate                            | \$2,200/\$4,400               | \$25†   | \$50†               | \$500†                | \$200†                | \$300† | \$50†          | \$10†/\$40†/\$60†     | \$4,800/\$9,600            | \$564.50 | \$1,129.01 | \$959.66                | \$1,608.83 |  |  |
| SILVER        | 328        | HDEPO EPC 328<br>(Non-Qualified)              | Embedded                             | \$2,800/\$5,600               | \$0 EPC/<br>\$40 Non-EPC  | 60†                 | 20%†                  | 20%†                  | 20%†   | \$70†          | \$10†/\$50†/50%†      | \$7,700/\$15,400           | \$678.67 | \$1,357.33 | \$1,153.73              | \$1,934.20 |  |  |
| SILVER        | 329        | Copay First <sup>‡</sup> (\$1,500/\$3,000)    | Embedded                             | \$4,000/\$8000                | \$30  | \$50                | \$500                 | \$75                  | \$75   | \$60           | \$10/\$30/\$50        | \$4,000/\$8,000            | \$688.14 | \$1,376.29 | \$1,169.85              | \$1,961.21 |  |  |
| SILVER        | 330        | Embrace Health EPO<br>Copayment (\$200)       | Embedded                             | \$2,000/\$4,000               | \$30†   | \$50†               | \$1,500†              | \$100†                | \$250† | \$60†          | \$10/\$35/\$70        | \$7,350/\$14,700           | \$714.12 | \$1,428.24 | \$1,214.00              | \$2,035.24 |  |  |
| BRONZE        | 421        | HDEPO Qualified                               | Aggregate                            | \$6,750/\$13,500              | 0%†   | 0%†                 | 0%†                   | 0%†                   | 0%†    | 0%†            | 0%†/0%†/0%†           | \$6,750/\$13,500           | \$524.66 | \$1,049.32 | \$891.92                | \$1,495.28 |  |  |
| BRONZE        | 423        | HDEPO Non-<br>Qualified                       | Embedded                             | \$5,500/\$11,000              | \$35†   | \$80†               | 50%†                  | \$300†                | 50%†   | \$90†          | \$10†/50%†/50%†       | \$7,150/\$14,300           | \$529.75 | \$1,059.50 | \$900.58                | \$1,509.79 |  |  |
| BRONZE        | 424        | HDEPO Qualified                               | Aggregate                            | \$5,250/\$10,500              | \$40†   | \$60†               | \$1,000†              | \$300†                | \$350† | \$70†          | \$10†/\$50†/\$80†     | \$6,750/\$13,500           | \$539.12 | \$1,078.24 | \$916.50                | \$1,536.49 |  |  |
| BRONZE        | 425        | Copay First <sup>‡</sup><br>(\$3,000/\$6,000) | Embedded                             | \$6,000/\$12,000              | \$30  | \$50                | \$500                 | \$75                  | \$75   | \$60           | \$10/\$30/\$50        | \$6,000/\$12,000           | \$553.61 | \$1,107.22 | \$941.14                | \$1,577.79 |  |  |

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 CVSbranded 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

# Employee Favorites



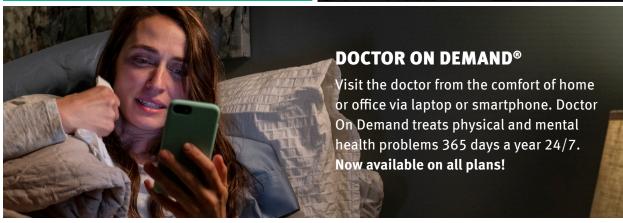
### GYM AND WEIGHT MANAGEMENT REIMBURSEMENTS

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®.







Check out **www.cdphp.com**/need



### **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.

| New wellness benefits                              | A variety of wellness programs have been added focusing on youth fitness, chronic condition management, and maternity.  Coverage has been added for standard fertility preservation services including the collecting, preserving, and storing of ova and sperm.  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Fertility services                                 |   |  |  |  |  |  |  |
| Enteral Formula                                    | The definition of what is covered on the Enteral Formula Mandate has been updated.  |  |  |  |  |  |  |
| Orug 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<br>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 guideline the maximum allowable out-of-pocket maximum for non-high deductible pla 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                                       |   |  |  |  |  |  |  |
| n-vitro fertilization                              | Members are covered for three cycles of in-vitro fertilization treatments per lifetime.   |  |  |  |  |  |  |
| Outpatient cardiac and<br>oulmonary rehabilitation | There will be no member cost share for office-based outpatient cardiac and pulmonary rehabilitation. Deductible will apply for qualified high-deductible plans.   |  |  |  |  |  |  |
| npatient 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 HDPPO plans.  |  |  |  |  |  |  |
| Prior authorization changes                        | For PPO and HDPPO 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.   |  |  |  |  |  |  |
|  | platinum and gold plans.  |  |  |  |  |  |  |

Pending Department of Financial Services approval

Capital District Physicians' Health Plan, Inc. | CDPHP Universal Benefits, Inc. | Capital District Physicians' Healthcare Network, Inc. 19-11842