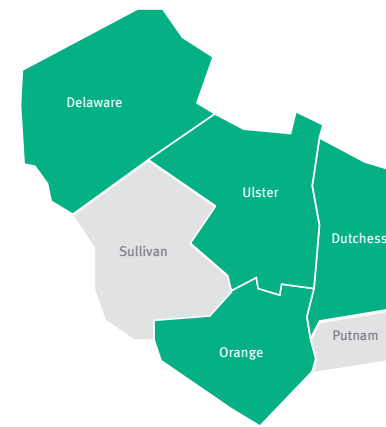




# 2019 SMALL GROUP DESIGNS

## A QUICK REFERENCE GUIDE FOR BROKERS



### MID-HUDSON VALLEY REGION RATE QUARTER 2

CDPHP COUNTIES INCLUDE:  
 DELAWARE      ORANGE  
 DUTCHESS      ULSTER

Available in all CDPHP® rating regions

= Change from 2018

† 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	Embedded	\$0/\$0	\$15	\$20	\$500	\$100	\$100	\$35	\$4/\$30/\$60	\$7,500/\$15,000	\$1,161.59	\$2,323.17	\$1,974.70	\$3,310.52
PLATINUM	121	EPO Copayment	Embedded	\$0/\$0	\$20	\$20	\$750	\$50	\$100	\$30	\$4/\$30/\$60	\$7,350/\$14,700	\$1,147.83	\$2,295.67	\$1,951.32	\$3,271.32
PLATINUM	130	EPO Copayment	Embedded	\$0/\$0	\$15	\$35	\$500	\$75	\$100	\$45	\$4/\$30/\$60	\$4,000/\$8,000	\$1,131.78	\$2,263.55	\$1,924.02	\$3,225.56
GOLD	220	EPO Copayment	Embedded	\$500/\$1,000	\$25†	\$40†	\$800†	\$50†	\$75†	\$50†	\$4/\$30/\$60	\$7,150/\$14,300	\$1,026.90	\$2,053.79	\$1,745.72	\$2,926.65
GOLD	221	Embrace Health EPO Copayment (\$200)	Embedded	\$250/\$500	\$30†	\$50†	\$1,000†	\$100†	\$100†	\$60†	\$10/\$50/\$80	\$7,150/\$14,300	\$999.78	\$1,999.56	\$1,699.62	\$2,849.37
GOLD	222	EPO Hybrid	Embedded	\$600/\$1,200	\$20	\$40	20%†	20%†	20%†	\$50	\$10/\$50/\$80	\$6,250/\$12,500	\$965.29	\$1,930.57	\$1,640.98	\$2,751.06
GOLD	223	<b>NEW!</b> HDHMO Smart Deductible (Non-Qualified)	Embedded	\$1,000/\$2,000	\$25	\$40†	\$500†	\$150†	\$150†	\$75†	\$10/\$50†/\$80†	\$7,900/\$15,800	\$796.17	\$1,592.34	\$1,353.49	\$2,269.09
GOLD	230	EPO Copayment	Embedded	\$600/\$1,200	\$25†	\$40†	\$1,000†	\$100†	\$150†	\$50†	\$10/\$35/\$70	\$7,350/\$14,700	\$988.18	\$1,976.36	\$1,679.90	\$2,816.31
SILVER	320	HDEPO Qualified	Aggregate	\$1,750/\$3,500	\$30†	\$40†	\$750†	\$150†	\$150†	\$50†	\$10†/\$50†/\$80†	\$6,550/\$13,100	\$867.04	\$1,734.08	\$1,473.97	\$2,471.07
SILVER	324	HDHMO Qualified	Aggregate	\$2,200/\$4,400	\$25†	\$50†	\$500†	\$200†	\$300†	\$50†	\$10†/\$40†/\$60†	\$4,800/\$9,600	\$686.34	\$1,372.69	\$1,166.79	\$1,956.08
SILVER	328	<b>NEW!</b> HDEPO EPC 328 Silver (Non-Qualified)	Embedded	\$2,500/\$5,000	\$0 EPC/ \$40 Non-EPC	\$60†	20%†	20%†	20%†	\$70†	\$10†/\$50†/50%†	\$7,200/\$14,400	\$780.23	\$1,560.46	\$1,326.39	\$2,223.65
SILVER	330	EPO Copayment	Embedded	\$2,000/\$4,000	\$30†	\$50†	\$1,500†	\$100†	\$250†	\$60†	\$10/\$35/\$70	\$7,350/\$14,700	\$836.84	\$1,673.68	\$1,422.63	\$2,385.00
BRONZE	421	HDEPO Qualified	Aggregate	\$6,650/\$13,300	0%†	0%†	0%†	0%†	0%†	0%†	0%†/0%†/0%†	\$6,650/\$13,300	\$601.64	\$1,203.28	\$1,022.79	\$1,714.68
BRONZE	423	HDEPO Non-Qualified	Embedded	\$5,500/\$11,000	\$35†	\$80†	50%†	\$300†	50%†	\$90†	10†/50%†/50%†	\$7,150/\$14,300	\$607.34	\$1,214.69	\$1,032.49	\$1,730.93
BRONZE	424	HDEPO Qualified	Aggregate	\$5,250/\$10,500	\$40†	\$60†	\$1,000†	\$300†	\$350†	\$70†	\$10†/\$50†/\$80†	\$6,650/\$13,300	\$623.97	\$1,247.95	\$1,060.76	\$1,778.33
BRONZE	425	Copay First‡ (\$3,000/\$6,000)	Embedded	\$6,000/\$12,000	\$30	\$50	\$500	\$75	\$75	\$60	\$10/\$30/\$50	\$6,850/\$13,700	\$650.74	\$1,301.47	\$1,106.25	\$1,854.60
BRONZE	430	HDEPO Qualified	Embedded	\$5,500/\$11,000	50%†	50%†	50%†	50%†	50%†	50%†	\$10†/\$35†/\$70†	\$6,650/\$13,300	\$649.48	\$1,298.95	\$1,104.11	\$1,851.01
<b>HEALTHY NEW YORK</b>																
GOLD	201	HealthyNY HMO Copayment	Embedded	\$600/\$1,200	\$25†	\$40†	\$1,000†	\$100†	\$150†	\$60†	\$10/\$35/\$70	\$4,000/\$8,000	\$655.53	\$1,311.05	\$1,114.40	\$1,868.25

All rates include Domestic Partner coverage.

\* No out-of-pocket costs for members.

CDPHP Universal Benefits, Inc.  
 Capital District Physicians' Health Plan, Inc.  
 Capital District Physicians' Healthcare Network, Inc.  
 18-8851 | 121518



**CAFÉWELL® AND LIFE POINTS®**  
 Complete healthy activities.  
 Log them online. Earn gift cards.



**FREE PREVENTIVE CARE\***  
 We exceed the minimum requirements



**DOCTOR ON DEMAND®**  
 Live video doctor visits



**ZIPONGO®**  
 Take the guesswork out of eating right



**LASIK REIMBURSEMENT**  
 Better vision at a lower cost



**GYM REIMBURSEMENT**  
 Even more reason to go to the gym

Discover the hidden perks and new innovations we're offering for 2019!

[www.cdphp.com/BrokerDifference](http://www.cdphp.com/BrokerDifference)

# Plan Favorites

## COPAY FIRST

A first-dollar copay plan, at a high deductible price.

**NEW FOR 2019**, preventive visits don't count toward the first phase, meaning employees stay in the copay phase longer!

*TOP-SELLER!*

## \$0 ENHANCED PRIMARY CARE PLAN

Doctor visits are **FREE** with any Enhanced Primary Care (EPC) provider.

*TAKE ANOTHER LOOK!*

## HIGH DEDUCTIBLE HMO

Quality meets affordability.

**GOLD** Low rates, smart deductible  
**SILVER** HSA-qualified

*NEW, LOW RATES!*

## EMBRACE HEALTH

Employees receive **\$200** to spend on a fitness, medical, or nutrition path to cover expenses. Members pick the path, CDPHP provides the cash!

*★ EMPLOYER FAVORITE!*

## DOCTOR ON DEMAND

Employees can visit the doctor from the comfort of home or office on their laptop or smartphone. Doctor On Demand treats physical and mental health problems 365 days a year 24/7.

## Changes You Should Know

CDPHP® takes its role in providing health care coverage for your employees and clients very seriously. These changes take effect at the time of benefits renewal in 2019. Refer to plan documents for complete details.

### LARGE GROUPS, SMALL GROUPS, INDIVIDUALS

<b>North Country expansion</b>	CDPHP is expanding our service area. Our award-winning coverage and customer service will now be available in Clinton, Essex, Franklin, and Warren counties.
<b>Weight management</b>	Members ages 18 and older are eligible for up to a \$75 reimbursement per benefit period for completion of an eligible weight-loss program.
<b>Gym reimbursement</b>	Up to \$600 total gym reimbursement is available per benefit period (\$200 per subscriber and \$100 per covered spouse, every six months). Members must go to the gym 50 times in six months and provide proof from the gym/fitness facility.
<b>Early intervention program</b>	New language clarifies how services designated as early intervention program are covered.
<b>Allowed amount clarification</b>	New language clarifies how our allowed amount is calculated.
<b>Donor breast milk</b>	Donor breast milk will be covered when considered medically necessary.
<b>Behavioral health</b>	New language clarifies coverage at certain facilities for mental health/substance use.
<b>Prescription drug coverage at non-par pharmacies</b>	CDPHP must receive a prescription drug claim form for reimbursement from a non-participating pharmacy when the participating pharmacy cannot provide the drug in a reasonable time. Members still need to get prior written approval from CDPHP for the drug to be covered. <i>Please note that for large groups, this only applies if your group purchased a prescription drug rider from CDPHP.</i>
<b>Prescription drug coverage of kits and packs</b>	Therapeutic kits or convenience packs contain one or more prescription drug(s) and may be packaged with over-the-counter items, such as gloves, finger cots, hygienic wipes, or topical emollients. CDPHP will not cover repackaged products, such as therapeutic kits or convenience packs that contain a covered prescription drug, unless the drug is <b>only</b> available as part of a therapeutic kit or convenience pack.
<b>Timely appeal information</b>	If a member files an appeal, CDPHP will provide any new or additional evidence or rationale connected to the appeal, free of charge. The information will be provided as soon as possible and sufficiently in advance of the date of final adverse determination. This will allow a reasonable timeframe for the member to respond.
<b>Prior authorization changes</b>	There are prior authorization changes for 2019. Please check member contract for details.
<b>Emergency department coverage</b>	No member cost-sharing will be applied for health care forensic examinations performed under Public Health Law § 2805-1 (treatment of sexual offense victims and maintenance of evidence in a sexual offense).
<b>Deductible applies to medical equipment and supplies</b>	The deductible will now apply to durable medical equipment, prosthetics, medical supplies, hearing aids, and cochlear implants for all plans with the exception of hybrid designs and plans with no deductible.

### LARGE GROUPS

<b>Lasik reimbursement</b>	Members are eligible for a lifetime \$750 Lasik reimbursement.
<b>Therapeutic radiology</b>	There are no preferred therapeutic radiology locations. Reduced cost-sharing does not apply.
<b>Inpatient hospital services</b>	Prior authorization will now apply to inpatient hospital services for a continuous stay, inpatient mental health, and inpatient substance use disorder.
<b>Home health care services deductible</b>	For plans with a deductible, the \$50 deductible cap for home health care services is being removed. Up to the full deductible amount will now apply to these services.
<b>Inpatient copay limit</b>	For copayment plans, the limit of two copays per individual and three copays per family is being removed. Each inpatient admission will now apply a copayment.

### LARGE GROUPS AND SMALL GROUPS

<b>Emergency services outside the service area</b>	For CDPHP UBI plans with the national network, language regarding coverage limited to only emergency services outside the service area is being removed.
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