

St. Lawrence

CHEN/ CLINT ESSEX

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.											RATES				
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)	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	\$921.84	\$1,843.68	\$1,567.13	\$2,627.24
PLATINUM	121	EPO Copayment	N/A	\$0/\$0	\$20	\$20	\$750	\$50	\$100	\$30	\$4/\$30/\$60	\$7,350/\$14,700	\$907.88	\$1,815.76	\$1,543.40	\$2,587.46
PLATINUM	130	EPO Copayment	N/A	\$0/\$0	\$15	\$35	\$500	\$75	\$100	\$45	\$4/\$30/\$60	\$4,000/\$8,000	\$901.07	\$1,802.14	\$1,531.82	\$2,568.05
GOLD	220	EPO Copayment	Embedded	\$600/\$1,200	\$25†	\$40†	\$800†	\$50†	\$75†	\$50†	\$4/\$30/\$60	\$7,900/\$15,800	\$819.44	\$1,638.88	\$1,393.05	\$2,335.41
GOLD	221	Embrace Health EPO Copayment (\$200)	Embedded	\$250/\$500	\$30†	\$50†	\$1,000†	\$100†	\$100†	\$60†	\$10/\$50/\$80	\$7,150/\$14,300	\$806.02	\$1,612.04	\$1,370.23	\$2,297.15
GOLD	222	EPO Hybrid	Embedded	\$600/\$1,200	\$20	\$40	20%†	20%†	20%†	\$50	\$10/\$50/\$80	\$7,600/\$15,200	\$798.85	\$1,597.69	\$1,358.04	\$2,276.71
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	\$629.24	\$1,258.48	\$1,069.71	\$1,793.34
GOLD	224	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	\$650.56	\$1,301.13	\$1,105.96	\$1,854.11
SILVER	320	HDEPO Qualified	Aggregate	\$1,800/\$3,600	\$30†	\$40†	\$750†	\$150†	\$150†	\$50†	\$10†/\$50†/\$80†	\$6,750/\$13,500	\$666.55	\$1,333.11	\$1,133.14	\$1,899.68
SILVER	324	HDHMO Qualified	Aggregate	\$2,200/\$4,400	\$25†	\$50†	\$500†	\$200†	\$300†	\$50†	\$10†/\$40†/\$60†	\$4,800/\$9,600	\$537.89	\$1,075.78	\$914.42	\$1,532.99
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	\$647.63	\$1,295.26	\$1,100.97	\$1,845.75
SILVER	329	Copay First [‡] (\$1,500/\$3,000)	Embedded	\$4,000/\$8000	\$30	\$50	\$500	\$75	\$75	\$60	\$10/\$30/\$50	\$4,000/\$8,000	\$656.68	\$1,313.35	\$1,116.35	\$1,871.53
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	\$681.46	\$1,362.93	\$1,158.49	\$1,942.17
BRONZE	421	HDEPO Qualified	Aggregate	\$6,750/\$13,500	0%†	0%†	0%†	0%†	0%†	0%†	0%†/0%†/0%†	\$6,750/\$13,500	\$500.67	\$1,001.34	\$851.14	\$1,426.90
BRONZE	423	HDEPO Non- Qualified	Embedded	\$5,500/\$11,000	\$35†	\$80†	50%†	\$300†	50%†	\$90†	\$10†/50%†/50%†	\$7,150/\$14,300	\$505.53	\$1,011.05	\$859.40	\$1,440.75
BRONZE	424	HDEPO Qualified	Aggregate	\$5,250/\$10,500	\$40†	\$60†	\$1,000†	\$300†	\$350†	\$70†	\$10†/\$50†/\$80†	\$6,750/\$13,500	\$514.47	\$1,028.93	\$874.59	\$1,466.23
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	\$528.30	\$1,056.59	\$898.10	\$1,505.64

All rates include Domestic Partner coverage.



NO-COST WELLNESS Free gym access and



* No out-of-pocket costs

for members.



We exceed the minimum requirements

RX FOR LESS Generic medications for a penny a pill

CVS DISCOUNTS 20 percent off CVSbranded health products

EMARK ExtraCo



LASIK REIMBURSEMENT Better vision at a lower cost

CDPHP Universal Benefits,[®] Inc. Capital District Physicians' Health Plan, Inc. Capital District Physicians' Healthcare Network, Inc. 19-12082 091819

nutrition services

UTICA WATERTOWN REGION

RATE QUARTER 1

CDPHP COUNTIES INCLUDE:

ANGO	
ON	
Х	

FRANKLIN HAMILTON HERKIMER

MADISON ONEIDA OTSEGO



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®

WANT TO KNOW MORE?

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



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 chronic condition ma
Fertility services	Coverage has been ac the collecting, preser
Enteral Formula	The definition of wha been updated.
Drug tier and formulary changes	Drug tier changes and
Mental health and substance use	Contract language reg for mental health and New York state mand
Minimum deductible and out-of-pocket maximum	Per IRS guidelines, th deductible plans will maximum allowable o plans will be \$6,900 the maximum allowal will be \$8,150 (indivi
Prior authorization changes	For all CDPHP UBI pla outlined in the memb member's responsibi authorization. The pr
LARGE GROUPS	
In-vitro fertilization	Members are covered per lifetime.
Outpatient cardiac and pulmonary rehabilitation	There will be no mem pulmonary rehabilitati
Inpatient hospital copays	Inpatient hospital cop per plan year. After th copayments.
Home Health Care	Out-of-network coins and HDPPO plans.
Prior authorization changes	For PPO and HDPPO p still be the member's is deemed not medica entire provider charge
INDIVIDUAL PLANS	
Vision, acupuncture, and wellness benefits	Adult vision and hard membership reimbur platinum and gold pla
Skilled nursing facilities	For individual standa 200 days.

Pending Department of Financial Services approval

Capital District Physicians' Health Plan, Inc. | CDPHP Universal Benefits, 9 Inc. | Capital District Physicians' Healthcare Network, Inc. 19-11842

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



programs have been added focusing on youth fitness, anagement, and maternity.

idded for standard fertility preservation services including rving, and storing of ova and sperm.

at is covered on the Enteral Formula Mandate has

Id formulary updates are limited to four updates per year. garding prior authorization and concurrent review d substance use has been updated based on lates.

he minimum allowable deductible for HSA-qualified high l be \$1,400 (individual) and \$2,800 (family), while the out-of-pocket maximum for HSA-qualified high deductible (individual) and \$13,800 (family). Per federal guidelines, able out-of-pocket maximum for non-high deductible plans vidual) and \$16,300 (family).

ans, new or revised prior authorization changes are ber contract. Prior authorization is no longer the ility; providers will now be responsible for obtaining prior rior authorization member penalty no longer applies.

d for three cycles of in-vitro fertilization treatments

nber cost share for office-based outpatient cardiac and tion. Deductible will apply for qualified high-deductible plans.

pays are limited to two per single/three per family he limit is met future admissions are not subject to

surance will apply for home health care on PPO

plans, prior authorization for out-of-network services will s responsibility. There will be no penalty, but if the service cally necessary, the member will be responsible for the re.

dware benefits, acupuncture, Lasik, and a gym rsement have been added for individual non-standard lans.

ard plans, skilled nursing facilities are now covered for