CDPHP® HMO Plan Benefit Summary

Plan Code: NYSHIP1327(Pending DFS approval)
Group ID: 10006006
Presented For: New York State
Date Prepared: 10/01/2026
Effective Date: 01/01/2027

	In-Network
Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out-of-Pocket Maximum	$6,350 Single / $12,700 Family (Embedded)
Office Visits	
PCP (cost share waived for members under age 19)	$15 Copayment
Specialist	$25 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (MDLive, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth)	$15 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless of whether 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*	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc.)	Covered in full
Outpatient Surgery Facility	$100 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Covered in full
Newborn Nursery	Covered in full
**Non-routine services may result in an additional cost share*	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	$100 Copayment
Ambulance	$50 Copayment
Urgent Care	
When seeking care within the CDPHP service area, a participating Urgent Care Center must be used.	$25 Copayment
Diagnostic Testing	
Outpatient Hospital or Office Based Laboratory Services *Copayment waived if provider is a preferred laboratory*	$25 Copayment
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): *Copayment waived if provider is a preferred center*	$25 Copayment
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	$125 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	Covered in full
Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth)*	$15 Copayment
**Up to 20 visits per plan year may be used for substance use family counseling.*	
Outpatient Rehabilitation Services	
Physical Therapy (30 visits per benefit period)	$25 Copayment

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Speech Therapy (20 visits per benefit period)	$25 Copayment
Occupational Therapy (30 visits per benefit period)	$25 Copayment
Condition Support Services	
Home Health Care	Covered in full
Skilled Nursing Facility	Covered in full (45 days per plan year)
Chemotherapy/Radiation Therapy visit	$15 Copayment
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance
Diabetic Services	
Insulin	Covered in full
Oral Medications	$15 Copayment
Needles and Syringes	$15 Copayment
Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	$15 Copayment
Vision Services	
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a $100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to $400 per plan 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 age 18. Of the $200, up to $100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to $75 reimbursement available for completion of child birthing class
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	$1,500
Life Points Rewards	Participating (Up to $365 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	$25 Copayment
Nutritional Counseling	$25 Copayment
Chiropractic Benefits	$25 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 gives you access to more than 12,000 participating practitioners and providers, including most of the local 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.

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Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Pharmacy Coverage	
Rider Name	NYSRX226
Description	Retail Prescription Drugs (30 Day Supply) Tier 1 Drugs* $5 Tier 2 Drugs $30 Tier 3 Drugs $50 Specialty Drugs $50 *Copay/Coinsurance waived for members under age 19 Mail order, 2.0 Preferred Tier Copayments for a 90-day supply. Prescription drugs are not subject to the plan deductible. Preventive prescription drugs are not subject to the plan deductible. 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.

Eligibility	
Rider Name	NYSELG27
Description	Refer to rider for details