



**A plan for life.**

**Capital District Physicians' Health Plan, Inc.**

**CDPHP® HMO**

Side by Side Comparison of Benefit Changes 2023 to 2024

<b>Benefits</b>	<b>Your 2023 Benefit</b>	<b>Your 2024 Benefit</b>
<b>Out-of-Pocket Maximum</b>	Individual \$8,550 Family \$17,100	Individual \$6,350 Family \$12,700
<b>Primary Care Physician</b>	\$20 copayment	\$15 copayment
<b>Specialist</b>	\$20 copayment	\$25 copayment
<b>Telemedicine from a PCP/Specialist</b>	\$20/\$20 copayment	\$15/\$25 copayment
<b>Emergency Room</b>	\$50 copayment	\$100 copayment
<b>Outpatient Surgery</b>	\$75 copayment	\$100 copayment
<b>Durable Medical Equipment (DME)</b>	20% coinsurance	50% coinsurance
<b>Diabetic services</b>	\$20 Copayment  Insulin capped at \$100 per 30-day supply.  All diabetic drugs for members with an Rx rider: \$20 or the Rx tier copay, whichever is less.	\$15 Copayment  Insulin capped at \$100 per 30-day supply.  All diabetic drugs for members with an Rx rider: \$15 or the Rx tier copay, whichever is less.
<b>Diabetic shoes</b>	\$20 copayment	\$15 copayment
<b>Laboratory tests</b>	\$20 copayment  Copay waived if utilizing a preferred provider or facility.	\$25 copayment  Copay waived if utilizing a preferred provider or facility.

<b>Radiology</b>	\$20 copayment Copay waived if utilizing a preferred provider or facility.	\$25 copayment Copay waived if utilizing a preferred provider or facility.
<b>Pathology</b>	\$20 copayment Copay waived if utilizing a preferred provider or facility.	\$25 copayment Copay waived if utilizing a preferred provider or facility.
<b>Chemotherapy/Radiation Therapy</b>	\$20 copayment	\$15 copayment
<b>Dialysis</b>	\$20 copayment	\$15 copayment
<b>Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST)</b>	\$20 copayment	\$25 copayment
<b>Hearing Aids</b>	20% Coinsurance Hearing aids - one pair every three years.	50% Coinsurance Hearing aids - one pair every three years.
<b>Valera Mental Health Telemedicine</b>	\$20 copayment	\$15 copayment
<b>Brave telemedicine provider</b>	One of four telemedicine mental health providers available to CDPHP members.	No longer a telemedicine offering in 2024.
<b>Office/Outpatient Mental Health and Substance Use Disorder</b>	\$20 copayment	\$15 copayment
<b>Advanced imaging services</b>	No preauthorization required.	Subject to Preauthorization.  Preauthorization is required before the member receives covered advanced imaging services. Advanced imaging services are defined as: PET scans, MRI, nuclear medicine, and CAT scans. The member's provider is responsible for requesting preauthorization.

<p><b>Fitness reimbursement</b></p>	<p>Eligible members can be reimbursed up to \$600 per plan year (\$400 for subscriber, \$200 combined for covered dependents) for going to the gym, youth sports fees, or for taking digital classes. Members can also be reimbursed (up to \$200 for subscriber, \$100 combined for covered dependents) for purchasing a qualified wearable device such as an Apple Watch or Fitbit.</p>	<p>Eligible members can be reimbursed up to \$600 per plan year (\$400 for subscriber, \$200 combined for covered dependents) for going to the gym, youth sports fees, or for taking digital classes. Members can also be reimbursed (up to \$200 for subscriber, \$100 combined for covered dependents) for purchasing a qualified wearable device such as an Apple Watch or Fitbit.</p> <p>In addition to the 2023 benefit, Mom and Baby fitness classes (swim, yoga, etc.) now qualify for reimbursement.</p>
<p><b>Autism Spectrum Disorder</b></p>	<p>\$20 copayment</p>	<p>\$15 copayment</p>

This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership certificate is available for your review upon request.