



A plan for life.

Capital District Physicians' Health Plan, Inc.

CDPHP® HMO Rx

Side by Side Comparison of Benefit Changes 2023 to 2024

Benefits	Your 2023 Benefit	Your 2024 Benefit
Tier 1 Pharmacy for under age 19	\$5 copay	No copayment
Out of Pocket Maximum	Individual \$8,550 Family \$17,100	Individual \$6,350 Family \$12,700
Primary Care Physician	\$20 copayment	\$15 copayment
Specialist	\$20 copayment	\$25 copayment
Telemedicine from a PCP/Specialist	\$20/\$20 copayment	\$15/\$25 copayment
Emergency Room	\$50 copayment	\$100 copayment
Outpatient Surgery	\$75 copayment	\$100 copayment
Durable Medical Equipment (DME), Prosthetics, Orthotics, and Medical Supplies	20% coinsurance	50% coinsurance
Diabetic services	\$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.
Diabetic shoes	\$20 copayment	\$15 copayment
Laboratory tests	\$20 copayment Copay waived if utilizing a preferred provider or facility.	\$25 copayment Copay waived if utilizing a preferred provider or facility.

Radiology	\$20 copayment Copay waived if utilizing a preferred provider or facility.	\$25 copayment Copay waived if utilizing a preferred provider or facility.
Pathology	\$20 copayment Copay waived if utilizing a preferred provider or facility.	\$25 copayment Copay waived if utilizing a preferred provider or facility.
Chemotherapy/Radiation Therapy	\$20 copayment	\$15 copayment
Dialysis	\$20 copayment	\$15 copayment
Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST)	\$20 copayment	\$25 copayment
Hearing Aids	20% Coinsurance Hearing aids - one pair every three years.	50% Coinsurance Hearing aids - one pair every three years.
Valera Mental Health Telemedicine	\$20 copayment	\$15 copayment
Brave telemedicine provider	One of four telemedicine mental health providers available to CDPHP members.	No longer a telemedicine offering in 2024.
Office/Outpatient Mental Health and Substance Use Disorder	\$20 copayment	\$15 copayment
Advanced imaging services	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>Fitness Reimbursement</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>Mom and Baby fitness classes (swim, yoga, etc.) now also qualify for reimbursement.</p>
<p>Autism Spectrum Disorder</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.