

CDPHP[®] HMO Plan Benefit Summary



Plan Code: NYSHIP322
 Group ID: 10006006
 Presented For: New York State
 Date Prepared: 9/27/2021
 Effective Date: 01/01/2022

In-Network

| Cost Sharing Information | |
|---|--|
| Deductible | N/A Single / N/A Family |
| Out of Pocket Maximum | \$8,550 Single / \$17,100 Family (Embedded) |
| Office Visits | |
| PCP | \$20 Copayment |
| Specialist | \$20 Copayment |
| Telemedicine | |
| Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN) | Covered in Full |
| Other Participating Telemedicine Providers (Valera, aptihealth, Brave) | \$20 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 if 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 | \$75 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) | \$50 Copayment |
| Ambulance | \$50 Copayment |
| Urgent Care | |
| Nonparticipating urgent care facility services within the CDPHP service area are not covered | \$25 Copayment |
| Diagnostic Testing* | |
| Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory. | \$20 Copayment |
| Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center. | \$20 Copayment |
| Behavioral Health Services | |
| Mental Health/Substance Use Inpatient Services | Covered in full |
| Mental Health/Substance Use Outpatient Services | \$20 Copayment |
| *(Up to 20 visits per plan year may be used for substance use family counseling.) | |
| Condition Support Services | |
| Outpatient Rehabilitation - Physical Therapy | \$20 Copayment (30 visits per benefit period) |
| Outpatient Rehabilitation - Speech Therapy | \$20 Copayment (20 visits per benefit period) |

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| Outpatient Rehabilitation - Occupational Therapy | \$20 Copayment (30 visits per benefit period) |
| Home Health Care | Covered in full |
| Skilled Nursing Facility | Covered in full (45 days per plan year) |
| Chemotherapy/Radiation Therapy visit | \$20 Copayment |
| Prosthetic Appliances and Durable Medical Equipment | 20% Coinsurance |
| Diabetic Services | |
| Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply. | \$20 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 | Up to \$200 reimbursement per 50 visits for subscriber (max \$400 reimbursement per year) and \$100 reimbursement per 50 visits for covered dependent (max \$200 reimbursement per year) |
| Child Birthing Classes | Up to \$75 reimbursement available for completion of child birthing class |
| CaféWell Participation | Participating (Up to \$365 Life Points per contract per calendar year) |
| Acupuncture (10 visit limit per plan year for acupuncture services) | \$20 Copayment |
| Nutritional Counseling | \$20 Copayment |
| Chiropractic Benefits | \$20 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.

Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.[®] (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP. Please Note. All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc.[®] (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

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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.

| Eligibility | |
|-------------|---|
| Rider Name | NYSELIG22 |
| Description | Eligibility provisions, see ride for details. |