



# CDPHP Essential Plan 1 & 2 with Vision and Dental

## Member Programs and Services

### FREE PREVENTIVE CARE:



CHECKUPS



VACCINATIONS



WELL-WOMAN AND  
WELL-BABY CARE



CANCER SCREENINGS

### PLUS:



GYM MEMBERSHIP  
REIMBURSEMENT



LIVE VIDEO DOCTOR VISITS



WEIGHT MANAGEMENT

Save on weight loss programs.



CAFÉWELL® AND  
LIFE POINTS®

Complete healthy activities.  
Log them online. Earn gift cards!

Call **1-866-MY-CDPHP (1-866-692-3747)** to learn more.

*This is a plan summary and is not intended to be comprehensive. Please review the Summary Plan Description and Plan Document to get all of the details for your plan of choice. In the event of differences between this summary and the Summary Plan Description or Plan Document, the Plan Document will govern.*

#### Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



# CDPHP<sup>®</sup> ESSENTIAL PLAN 1 & 2 WITH VISION AND DENTAL BENEFIT OVERVIEW

	CDPHP ESSENTIAL PLAN 1	CDPHP ESSENTIAL PLAN 2
<b>Eligibility</b>	Single person with annual income between \$18,735 – \$24,980	Single person with annual income between \$17,237 – \$18,735
<b>Monthly Premium</b>	Approximately \$44	Approximately \$38
<b>Max. Out of Pocket per Individual</b>	\$2,000	\$200
<b>SERVICES</b>	<b>COPAY OR COINSURANCE PER VISIT</b>	
Preventive Care*, Annual Physical Exam	\$0	\$0
Primary Care Doctor Visit	\$15	\$0
Specialist Doctor Visit	\$25	\$0
Clinical/Diagnostic Lab X-ray/MRI/CT Scan/PET Scan	\$25	\$0
Live Video Doctor Visits	\$15	\$0
Outpatient Facility, Surgeon	\$50	\$0
Inpatient Hospital, Nursing Facility	\$150 per admission	\$0 per admission
Outpatient Mental Health and Substance Use Services	\$15	\$0
Emergency Room, Ambulance	\$75	\$0
Urgent Care	\$25	\$0
PT/OT/ST	\$15	\$0
Chiropractic Services	\$25	\$0
Eye Exams	\$15	\$0
Dental	\$15	\$0
<b>SUPPLIES AND PRESCRIPTIONS</b>	<b>COPAY OR COINSURANCE PER ITEM</b>	
Durable Medical Equipment (DME)	5%	\$0
Diabetic Supplies	\$15, 30 Day Supply	0%
Hearing Aids (External)	5%	0%
Eyewear	10%	0%
Prescription Drugs: Generic – Tier 1 /Preferred Brand – Tier 2/Non Preferred Brand – Tier 3	\$6/\$15/\$30	\$1/\$3/\$3
Mail Order	90 Day Supply, 2.5x Copay	90 Day Supply, 2.5x Copay

\* For certain preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing