



CDPHP Essential Plan

Member Programs and Services

FREE PREVENTIVE CARE:*



CHECKUPS



VACCINATIONS



WELL-WOMAN CARE



VISION AND DENTAL

PLUS:



FITNESS REIMBURSEMENT



LIVE VIDEO DOCTOR VISITS



WEIGHT MANAGEMENT

Save on weight loss programs.



CDPHP HEALTH HUB AND LIFE POINTS® REWARDS

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

*No member cost-share.

Call **1-844-237-4773 (TTY/TDD 711)** 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 Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do 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® ESSENTIAL PLAN BENEFIT OVERVIEW

	CDPHP ESSENTIAL PLAN 200-250	CDPHP ESSENTIAL PLAN 1	CDPHP ESSENTIAL PLAN 2	CDPHP** ESSENTIAL PLAN 3	CDPHP** ESSENTIAL PLAN 4
Eligibility	Single person with annual income between \$30,121-\$37,650	Single person with annual income between \$22,591-\$30,120	Single person with annual income between \$20,783-\$22,590	Single person with annual income between \$15,060-\$20,783	Single person with annual income below \$15,060
Monthly Premium	\$0	\$0	\$0	\$0	\$0
Max. Out of Pocket per Individual	\$2,000	\$360	\$200	\$200	\$0
SERVICES	COPY OR COINSURANCE PER VISIT				
Preventive Care*, Annual Physical Exam	\$0	\$0	\$0	\$0	\$0
Primary Care Doctor Visit	\$15	\$15	\$0	\$0	\$0
Specialist Doctor Visit	\$25	\$25	\$0	\$0	\$0
Clinical/Diagnostic Lab X-ray/MRI/CT Scan/PET Scan	\$25	\$25	\$0	\$0	\$0
Live Video Doctor Visits	\$15	\$15	\$0	\$0	\$0
Outpatient Facility, Surgeon	\$50	\$50	\$0	\$0	\$0
Inpatient Hospital, Nursing Facility	\$150 per admission	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient Mental Health and Substance Use Services	\$15	\$15	\$0	\$0	\$0
Emergency Room, Ambulance	\$75	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$25	\$0	\$0	\$0
PT/OT/ST	\$15	\$15	\$0	\$0	\$0
Chiropractic Services	\$25	\$25	\$0	\$0	\$0
Eye Exams	\$0	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0	\$0
SUPPLIES AND PRESCRIPTIONS	COPY OR COINSURANCE PER ITEM				
Durable Medical Equipment (DME)	5%	5%	\$0	\$0	\$0
Diabetic Supplies	\$15, 30 Day Supply	\$15, 30 Day Supply	0%	0%	0%
Hearing Aids (External)	5%	5%	0%	0%	0%
Eyewear	0%	0%	0%	0%	0%
Prescription Drugs: Generic – Tier 1 /Preferred Brand – Tier 2/Non Preferred Brand – Tier 3	\$6/\$15/\$30	\$6/\$15/\$30	\$1/\$3/\$3	\$1/\$3/\$3	\$0/\$0/\$0
Mail Order	90 Day Supply, 2.5x Copay	90 Day Supply, 2.5x Copay	90 Day Supply, 2.5x Copay	90 Day Supply, 2.5x Copay	90 Day Supply, \$0

* 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

** Available to those not eligible for Medicaid due to immigration status; dental services provided by Delta Dental