

CDPHP® PPO Plan Benefit Summary



Marketing Plan ID: 131
 Plan Code: SUPF7356
 Presented For: PROSPECT
 Group ID: PROSPECT
 Date Prepared:
 Effective Date: 20250101
 Metal Tier: PLATINUM

	In-Network	Out-Network
Cost Sharing Information		
Deductible	N/A Single / N/A Family	\$6,000 Single / \$12,000 Family (Embedded)
Out of Pocket Maximum	\$6,000 Single / \$12,000 Family (Embedded)	\$12,000 Single / \$24,000 Family (Embedded)
Dependent Coverage	Covered to Age 26	
Domestic Partner Coverage	Covered	
Office Visits		
PCP	\$15 Copayment	Deductible then 50% Coinsurance
*PCP Cost share waived for members that are under the age of 19		
Specialist	\$30 Copayment	Deductible then 50% Coinsurance
Telemedicine		
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full	Deductible then 50% Coinsurance
Other Participating Telemedicine Providers (Valera, aptihealth)	\$15 Copayment	Not Covered
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider	Deductible then 50% Coinsurance
Preventive and Well Care Services*		
Well Baby and Child Care including immunizations	Covered in full	Deductible then 50% Coinsurance
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full	Deductible then 50% Coinsurance
Mammography	Covered in full	Deductible then 50% Coinsurance
Annual Pap Test and Ob/Gyn Exam	Covered in full	Deductible then 50% Coinsurance
Prostate Cancer Screening	Covered in full	Deductible then 50% Coinsurance
Bone Density Tests	Covered in full	Deductible then 50% Coinsurance
*Cost sharing may apply to diagnostic care		
Retail Prescription Drugs		
Preferred Pharmacy Network Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	\$4 Copayment	Deductible then 50% Coinsurance
Preferred Pharmacy Network Tier 2 Drugs	\$30 Copayment	Deductible then 50% Coinsurance
Preferred Pharmacy Network Tier 3 Drugs	\$60 Copayment	Deductible then 50% Coinsurance
Non-Preferred Pharmacy Network Tier 1 Drugs	50% Coinsurance	Deductible then 50% Coinsurance
Non-Preferred Pharmacy Network Tier 2 Drugs	50% Coinsurance	Deductible then 50% Coinsurance
Non-Preferred Pharmacy Network Tier 3 Drugs	50% Coinsurance	Deductible then 50% Coinsurance
Specialty Drugs	\$60 Copayment	Deductible then 50% Coinsurance
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 copayments for a 90 day supply. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program. This plan uses CDPHP Formulary 2 .		
Hospital Services		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$500 Copayment	Deductible then 50% Coinsurance
Outpatient Surgery Facility		
* Cost share may be reduced at a preferred ambulatory surgery center.	\$100 Copayment	Deductible then 50% Coinsurance
Outpatient Surgery - Surgeon's Services	\$50 Copayment	Deductible then 50% Coinsurance
Maternity Services*		

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Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then 50% Coinsurance
Maternity - Inpatient Hospital Services	\$500 Copayment	Deductible then 50% Coinsurance
Newborn Nursery	Covered in full	Deductible then 50% Coinsurance
*(Non-routine services may result in an additional cost share)		
Emergency Care		
Worldwide Emergency Room Care (waived if admitted inpatient)	\$150 Copayment	All Emergency Care is Considered In Network
Ambulance	\$150 Copayment	All Emergency Care is Considered In Network
Urgent Care		
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$75 Copayment	All Emergency Care is Considered In Network
Diagnostic Testing*		
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$30 Copayment	Deductible then 50% Coinsurance
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center.	\$30 Copayment	Deductible then 50% Coinsurance
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	\$130 Copayment	Deductible then 50% Coinsurance
Prescription Drugs Administered in Office or Outpatient Facilities*		
PCP Office	20% Coinsurance	Deductible then 20% Coinsurance
Specialist Office	20% Coinsurance	Deductible then 20% Coinsurance
Outpatient Facility	20% Coinsurance	Deductible then 20% Coinsurance
*the cost share applies to the drug only, there is no separate cost share for the administration of the drug		
Behavioral Health Services		
Mental Health/Substance Use Inpatient Services	\$500 Copayment	Deductible then 50% Coinsurance
Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth))	\$15 Copayment	Deductible then 50% Coinsurance
*(Up to 20 visits per plan year may be used for substance use family counseling.)		
Outpatient Rehabilitation/Habilitation Services*		
Physical Therapy	\$30 Copayment	Deductible then 50% Coinsurance
Speech Therapy	\$30 Copayment	Deductible then 50% Coinsurance
Occupational Therapy	\$30 Copayment	Deductible then 50% Coinsurance
*(60 visits per condition per plan year combined therapies for OT, PT, ST)		
Condition Support Services		
Home Health Care (40 visits per plan year)	Covered in full	Deductible then 50% Coinsurance
Skilled Nursing Facility (365 days per plan year)	\$500 Copayment	Deductible then 50% Coinsurance
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	\$15 Copayment	Deductible then 50% Coinsurance
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance	Deductible then 50% Coinsurance
Hearing Aids	\$399 or \$699 Copayment through Hearing Care Solutions	\$399 or \$699 Copayment through Hearing Care Solutions
Diabetic Services		
Insulin	Covered in full	Deductible then 50% Coinsurance
Oral Medications	\$15 Copayment	Deductible then 50% Coinsurance
Needles and Syringes	\$15 Copayment	Deductible then 50% Coinsurance

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Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	\$15 Copayment	Deductible then 50% Coinsurance
Vision Services		
Routine Adult Vision Exam (One exam per plan year)	\$30 Copayment	Deductible then 50% Coinsurance
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement	Deductible then 50% Coinsurance
Routine Pediatric Vision Exam (One exam per plan year)	\$15 Copayment	Deductible then 50% Coinsurance
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	50% Coinsurance	Deductible then 50% Coinsurance
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	Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.	
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class	
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500	
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)	
Acupuncture (10 visit limit per plan year for acupuncture services)	\$30 Copayment	Deductible then 50% Coinsurance
Nutritional Counseling	\$30 Copayment	Deductible then 50% Coinsurance
Chiropractic Benefits	\$30 Copayment	Deductible then 50% Coinsurance

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 UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including many of the major 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.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.