CDPHP® HDHMO Plan Benefit Summary

Marketing Plan ID: 324
Plan Code: SHSF4237
Group ID: PROSPECT
Presented For: PROSPECT
Date Prepared:
Effective Date: 20250101
Metal Tier: SILVER

	In-Network
Cost Sharing Information	
Deductible	$2,500 Single / $5,000 Family (Aggregate)
Out of Pocket Maximum	$6,500 Single / $13,000 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	Deductible then $25 Copayment
*PCP Cost share waived after deductible for members that are under the age of 19	
Specialist	Deductible then $50 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Deductible then Covered in Full
Other Participating Telemedicine Providers (Valera, aptihealth)	Deductible then $25 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	Deductible then Covered in full
*Cost sharing may apply to diagnostic care	
Retail Prescription Drugs	
*Deductible applies. Preventive prescription drugs are not subject to the medical plan deductible.	
Preferred Pharmacy Network Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	$10 Copayment
Preferred Pharmacy Network Tier 2 Drugs	$40 Copayment
Preferred Pharmacy Network Tier 3 Drugs	$60 Copayment
Non-Preferred Pharmacy Network Tier 1 Drugs	50% Coinsurance
Non-Preferred Pharmacy Network Tier 2 Drugs	50% Coinsurance
Non-Preferred Pharmacy Network Tier 3 Drugs	50% Coinsurance
Specialty Drugs	$60 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 Preferred Tier 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)	Deductible then $500 Copayment
Outpatient Surgery Facility * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then $200 Copayment
Outpatient Surgery - Surgeon's Services	Deductible then $150 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Deductible then $500 Copayment
Newborn Nursery	Deductible then Covered in full
*(Non-routine services may result in an additional cost share)	

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Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then $300 Copayment
Ambulance	Deductible then $300 Copayment
Urgent Care	
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	Deductible then $60 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	Deductible then $50 Copayment
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center.	Deductible then $50 Copayment
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	Deductible then $150 Copayment
Prescription Drugs Administered in Office or Outpatient Facilities*	
PCP Office	Deductible then 20% Coinsurance
Specialist Office	Deductible then 20% Coinsurance
Outpatient Facility	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	Deductible then $500 Copayment
Mental Health/Substance Use Office-Based Services (Including Telemedicine Providers (Valera, aptihealth))	Deductible then $25 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Outpatient Rehabilitation/Habilitation Services*	
Physical Therapy	Deductible then $50 Copayment
Speech Therapy	Deductible then $50 Copayment
Occupational Therapy	Deductible then $50 Copayment
*(60 visits per condition per plan year combined therapies for PT, OT, ST)	
Condition Support Services	
Home Health Care (40 visits per plan year)	Deductible then Covered in full
Skilled Nursing Facility (365 days per plan year)	Deductible then $500 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	Deductible then $25 Copayment
Prosthetic Devices and Durable Medical Equipment	Deductible then 50% Coinsurance
Hearing Aids	Deductible then $399 or $699 Copayment through Hearing Care Solutions
Diabetic Services	
Insulin	Covered in full
Oral Medications	Deductible then $25 Copayment
Needles and Syringes	Deductible then $25 Copayment
Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	Deductible then $25 Copayment
Vision Services	
Routine Adult Vision Exam (One exam per plan year)	Deductible then $50 Copayment
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a $75 reimbursement after deductible has been met
Routine Pediatric Vision Exam (One exam per plan year)	Deductible then $25 Copayment
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	Deductible then 50% Coinsurance
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime

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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)	Deductible then $50 Copayment
Nutritional Counseling	Deductible then $50 Copayment
Chiropractic Benefits	Deductible then $50 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.

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.