

HDEPO Plan Benefit Summary

Plan Code: SUBF4071

Presented For: Otsego County Chamber of Commerce

Group Number: 10006176

Date Prepared: 11/14/2013

Effective Date: 12/1/2013



In Network

Deductible

\$3,500 Single / \$7,000 Family (Aggregate)

Coinsurance

20% Coinsurance

Office Visits

PCP

Deductible then 20% Coinsurance

Specialist

Deductible then 20% Coinsurance

Out of Pocket Maximum

\$6,350 Single / \$12,700 Family

Benefit Maximum

Unlimited

Physician Services

PCP Office Visits for illness, injury or second opinion

Deductible then 20% Coinsurance

Specialist Office Visits for illness, injury or second opinion

Deductible then 20% Coinsurance

Physician Visits during inpatient stay when billed separately from the facility

Deductible then Covered in Full

Well Baby and Child Care including immunizations and inoculations

Covered in Full

Annual Adult Exam

Covered in Full

Annual Gynecological Exam

Covered in Full

Hospital Services

Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)

Deductible then 20% Coinsurance

Outpatient Surgery

Deductible then 20% Coinsurance

Maternity

Physician Services when billed separately from the facility

Deductible then Covered in Full

Inpatient Hospital Services

Deductible then 20% Coinsurance

Newborn Nursery

Deductible then 20% Coinsurance

Emergency Care

Worldwide Emergency Room Care

Deductible then 20% Coinsurance

Ambulance

Deductible then 20% Coinsurance

Urgent Care

Deductible then 20% Coinsurance

Services (Cont.)**In Network**

Diagnostic Testing*

Outpatient Hospital Laboratory Services

* Coinsurance waived if provider is a designated laboratory.

Deductible then 20% Coinsurance

Outpatient Hospital Radiology Services

* Coinsurance waived if provider is a preferred center.

Deductible then 20% Coinsurance

Office Based Laboratory Services

* Coinsurance waived if provider is a designated laboratory.

Deductible then 20% Coinsurance

Office Based Radiology Services

* Coinsurance waived if provider is a preferred center.

Deductible then 20% Coinsurance

Mammogram

Covered in Full

Cytology Screening

Covered in Full

Prostate Cancer Screening

Covered in Full

Physical Therapy

Deductible then 20% Coinsurance (60 visits per benefit period)

Speech Therapy

Deductible then 20% Coinsurance (60 visits per benefit period)

Occupational Therapy

Deductible then 20% Coinsurance (60 visits per benefit period)

Chiropractic Benefits

Deductible then 20% Coinsurance

Home Health Care

Deductible then 20% Coinsurance

Skilled Nursing Facility

Deductible then 20% Coinsurance (200 days per plan year)

Prosthetic Appliances and Durable Medical Equipment

Deductible then 20% Coinsurance

Diabetic Services

Insulin and oral Medication - up to a 30 day supply

Deductible then \$15 Copayment

Diabetic Supplies (needles and syringes) - up to a 30 day supply

Deductible then \$15 Copayment

Glucometers

Deductible then \$15 Copayment

Diabetic DME

Deductible then \$15 Copayment

Mental Health Services

Inpatient

Deductible then 20% Coinsurance

Outpatient

Deductible then 20% Coinsurance

Services (Cont.)**In Network**

Chemical Abuse and Dependency Services

Inpatient Detox

Deductible then 20% Coinsurance

Outpatient

Deductible then 20% Coinsurance

Inpatient Rehabilitation Services

Deductible then 20% Coinsurance

Dependent Coverage

Covered to Age 26

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 675,000 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.

*Please visit our Web site at www.cdphp.com or contact CDPHP UBI member services at (518) 641-3140 or 1-877-269-2134 to identify designated laboratories and preferred radiology sites.

All benefits of this plan are subject to coordination of benefits. This summary is designed to highlight benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership Certificate is available for your review upon request.

Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc. (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Please note. In a Qualified High Deductible Plan, all riders are subject to the plan deductible unless otherwise noted.

Pharmacy Coverage

Rider Name

RUBF4071

Description

Prescription drug benefit as follows, 50% coinsurance for 30-day supply of covered Tier 1 drugs. 50% coinsurance for 30-day supply of covered Tier 2 drugs. 50% coinsurance for 30-day supply of Tier 3 drugs. Mail order, 50% coinsurance 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 and require preauthorization to be obtained through CDPHP's participating specialty vendors. Preventive Prescription Drugs, as defined by the CDPHP formulary, are not subject to the plan Deductible.

Domestic Partnership

Rider Name

ELG12

Description

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.

Additional Information For This Plan

The information provided is for a Non-Standard plan. **Benefits for services received at a preferred locations listed above are covered at a lower cost share than benefits in the CDPHP network, and may bypass the plan deductible.** Other limits may apply, and this document is only a summary of benefits inherent to the plan. Please see the member contract and member materials for additional information.

Other Benefits**In Network**

Wellness Benefits

Exercise Facility Reimbursement

\$200 Per Subscriber Per Year, \$100 Per spouse Per Year.
See Member Contract for More Details on requirements.

Vision Benefits

Pediatric Vision Hardware

Covered at Durable Medical Equipment Coinsurance.

Pediatric Vision Exam

Covered at Specialist Visit Cost Share (One per Period)

Adult Vision Hardware:

Coverage limited to \$75 Allowance for Lenses and Frames

Adult Vision Exam:

Covered at Specialist visit Cost Share (One per Period)

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