

EPO Plan Benefit Summary

Plan Code: SUGF2042

Presented For: Otsego County Chamber of Commerce

Group Number: 10006176

Date Prepared: 11/14/2013

Effective Date: 12/1/2013



In Network

Deductible

\$250 Single / \$500 Family (Embedded)

Coinsurance

Not Applicable

Office Visits

PCP

Deductible then \$30 Copayment

Specialist

Deductible then \$50 Copayment

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 \$30 Copayment

Specialist Office Visits for illness, injury or second opinion

Deductible then \$50 Copayment

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 \$1,000 Copayment

Outpatient Surgery

Deductible then \$100 Copayment

Maternity

Physician Services when billed separately from the facility

Deductible then Covered in Full

Inpatient Hospital Services

Deductible then \$1,000 Copayment

Newborn Nursery

Deductible then \$1,000 Copayment

Emergency Care

Worldwide Emergency Room Care

Deductible then \$100 Copayment

Ambulance

Deductible then \$100 Copayment

Urgent Care

Deductible then \$40 Copayment

Services (Cont.)**In Network**

Diagnostic Testing*

Outpatient Hospital Laboratory Services

* Deductible/Copayment waived if provider is a designated laboratory.

Deductible then \$50 Copayment

Outpatient Hospital Radiology Services

* Copayment waived if provider is a preferred center.

Deductible then \$50 Copayment

Office Based Laboratory Services

* Deductible/Copayment waived if provider is a designated laboratory.

Deductible then \$50 Copayment

Office Based Radiology Services

* Copayment waived if provider is a preferred center.

Deductible then \$50 Copayment

Mammogram

Covered in Full

Cytology Screening

Covered in Full

Prostate Cancer Screening

Covered in Full

Physical Therapy

Deductible then \$50 Copayment (60 visits per benefit period)

Speech Therapy

Deductible then \$50 Copayment (60 visits per benefit period)

Occupational Therapy

Deductible then \$50 Copayment (60 visits per benefit period)

Chiropractic Benefits

Deductible then \$50 Copayment

Home Health Care

Deductible then \$30 Copayment

Skilled Nursing Facility

Deductible then \$1,000 Copayment (200 days per plan year)

Prosthetic Appliances and Durable Medical Equipment

Deductible then 50% Coinsurance

Diabetic Services

Insulin and oral Medication - up to a 30 day supply

\$15 Copayment

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

\$15 Copayment

Glucometers

\$15 Copayment

Diabetic DME

\$15 Copayment

Mental Health Services

Inpatient

Deductible then \$1,000 Copayment

Outpatient

Deductible then \$30 Copayment

Services (Cont.)**In Network**

Chemical Abuse and Dependency Services

Inpatient Detox

Deductible then \$1,000 Copayment

Outpatient

Deductible then \$30 Copayment

Inpatient Rehabilitation Services

Deductible then \$1,000 Copayment

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.

Pharmacy Coverage

Rider Name

RUGF2042

Description

Prescription drug benefit as follows, \$10 copayment for 30-day supply of covered Tier 1 drugs. \$50 copayment for 30-day supply of covered Tier 2 drugs. \$80 copayment for 30-day supply of Tier 3 drugs. Mail order, 2.5 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 and require preauthorization to be obtained through CDPHP's participating specialty vendors.

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)

Embrace Health Bonus Account

CDPHP Embrace Health is an employer-provided, CDPHP-funded bonus account. Members will be able to use their Embrace Health bonus account for any IRS-qualified health expense, regardless of whether it is covered under their medical plan. A debit card is issued to each CDPHP Embrace Health subscriber. Accounts are \$200 per subscriber contract. Any unused bonus account balance can be rolled over to the next benefit year, accumulating up to twice the amount of the original account.

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