

HMO Plan Benefit Summary

Plan Code: SHPF1052

Presented For: Otsego County Chamber of Commerce

Group Number: 10006176

Date Prepared: 11/14/2013

Effective Date: 12/1/2013



In Network

Deductible

N/A Single / N/A Family (Embedded)

Coinsurance

Not Applicable

Office Visits

PCP

\$25 Copayment

Specialist

\$25 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

\$25 Copayment

Specialist Office Visits for illness, injury or second opinion

\$25 Copayment

Physician Visits during inpatient stay when billed separately from the facility

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)

\$500 Copayment

Outpatient Surgery

\$100 Copayment

Maternity

Physician Services when billed separately from the facility

Covered in Full

Inpatient Hospital Services

\$500 Copayment

Newborn Nursery

\$500 Copayment

Emergency Care

Worldwide Emergency Room Care

\$100 Copayment

Ambulance

\$100 Copayment

Urgent Care

\$35 Copayment

Services (Cont.)**In Network**

Diagnostic Testing*

Outpatient Hospital Laboratory Services \$25 Copayment
* Copayment waived if provider is a designated laboratory.

Outpatient Hospital Radiology Services \$25 Copayment
* Copayment waived if provider is a preferred center.

Office Based Laboratory Services \$25 Copayment
* Copayment waived if provider is a designated laboratory.

Office Based Radiology Services \$25 Copayment
* Copayment waived if provider is a preferred center.

Mammogram Covered in Full

Cytology Screening Covered in Full

Prostate Cancer Screening Covered in Full

Physical Therapy

\$25 Copayment (60 visits per benefit period)

Speech Therapy

\$25 Copayment (60 visits per benefit period)

Occupational Therapy

\$25 Copayment (60 visits per benefit period)

Chiropractic Benefits

\$25 Copayment

Home Health Care

\$25 Copayment

Skilled Nursing Facility

\$500 Copayment (200 days per plan year)

Prosthetic Appliances and Durable Medical Equipment

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 \$500 Copayment

Outpatient \$25 Copayment

Services (Cont.)**In Network**

Chemical Abuse and Dependency Services

Inpatient Detox

\$500 Copayment

Outpatient

\$25 Copayment

Inpatient Rehabilitation Services

\$500 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 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.

*Please visit our Web site at www.cdphp.com or contact CDPHP HMO member services at (518) 641-3700 or 1-800-777-2273 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 Capital District Physician's Health Plan, Inc. (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

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

RHPF1052

Description

Prescription drug benefit as follows, \$4 copayment for 30-day supply of covered Tier 1 drugs. \$30 copayment for 30-day supply of covered Tier 2 drugs. \$60 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.

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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