

CDPHP Benefit Summary

Presented By: Maurice Isaac

Presented For: Otsego Chamber

EffectiveDate: 01/01/2015

SERVICES	Quote 1 - HDEPO Qualified 406 Bronze - 2015_406 - SUBF4191 In-Network
Metal Category	Bronze
Coverage	
Deductible	\$3,500/\$7,000
Deductible Type	Aggregate (Qualified)
Coinsurance	20%
Out of Pocket Maximum	\$6,450/\$12,900
Bonus Account	N/A
Benefits	After Deductible (if applicable), Member Pays
Office Visits	
PCP	20%
Specialist	20%
Preventive Care	
Preventive Care for Children and Adults (Including Physicals, Immunizations and Inoculations)	Covered in full, not subject to deductible
Adult Annual Gynecological Exam	Covered in full, not subject to deductible
Drug Coverage	
Drug Coverage	50%/50%/50%
Hospital Services	
Inpatient Hospital (Including Inpatient Skilled Nursing , Inpatient Mental Health, and Inpatient Substance Use)	20%
Outpatient Surgery	20%
Emergency Care	
World Wide Emergency Room Care	20% (waived if admitted)
Ambulance	20%
Urgent Care	
Urgent Care	20%
Diabetic Services	
Insulin and Oral Medication-up to a 30 day supply	\$15
Diabetic Supplies (needles and syringes)-up to a 30 day supply	\$15

Laboratory Services		
Laboratory Services	20% (Covered in full if services are performed at a preferred CDPHP lab)	
Diagnostic Testing		
Diagnostic Radiology Services	20% (Covered in full if services are performed at preferred CDPHP Radiology)	
Mammogram	Covered in Full, not subject to deductible	
Prostate Cancer Screening	Covered in Full, not subject to deductible	
Rehabilitative Therapy		
Rehabilitative Physical, Speech and Occupational Therapy	20% (60 visits per condition, per lifetime combined therapies)	
Chiropractic Benefits		
Chiropractic Benefits	20%	
Home Health Care		
Home Health Care	20%	
Prosthetic/Med Equipment		
Prosthetic Devices and Durable Medical Equipment Coinsurance	20%	
Mental Health Services		
Outpatient Mental Health Services	20%	
Outpatient Substance Use Services	20%	
Additional Options		
1	Domestic Partner-Same or Opposite Sex	
Rates		
Single		\$382.78
EE with Spouse		\$765.56
EE with Child(ren)		\$650.73
Family		\$1090.93
Monthly Premium		\$0.00
Annual Premium		\$0.00