

CDPHP Benefit Summary

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Presented For: Otsego Chamber

EffectiveDate: 01/01/2015

SERVICES	Quote 1 - Embrace Health EPO Copayment 205 Gold - 2015_205 - SUGF2131 In-Network
Metal Category	Gold
Coverage	
Deductible	\$250/\$500
Deductible Type	Embedded
Coinsurance	N/A
Out of Pocket Maximum	\$6,600/\$13,200
Bonus Account	\$200
Benefits	After Deductible (if applicable), Member Pays
Office Visits	
PCP	\$30
Specialist	\$50
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	\$4/\$30/\$60, not subject to the deductible
Hospital Services	
Inpatient Hospital (Including Inpatient Skilled Nursing , Inpatient Mental Health, and Inpatient Substance Use)	\$1, 000
Outpatient Surgery	\$100
Emergency Care	
World Wide Emergency Room Care	\$100 (waived if admitted)
Ambulance	\$100
Urgent Care	
Urgent Care	\$40
Diabetic Services	
Insulin and Oral Medication-up to a 30 day supply	\$15, not subject to deductible
Diabetic Supplies (needles and syringes)-up to a 30 day supply	\$15, not subject to deductible

Laboratory Services	
Laboratory Services	\$30 if performed at PCP office. \$50 if performed in a Freestanding Lab, Specialist office, or if performed as Outpatient Hospital Services. Covered in Full at Preferred CDPHP Laboratory
Diagnostic Testing	
Diagnostic Radiology Services	\$30 if performed at PCP office. \$50 if performed at a Freestanding Radiology Facility, Specialist office, or if performed as Outpatient Hospital Services. Covered in Full 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	\$50 (60 visits per condition, per lifetime combined therapies)
Chiropractic Benefits	
Chiropractic Benefits	\$50
Home Health Care	
Home Health Care	\$30
Prosthetic/Med Equipment	
Prosthetic Devices and Durable Medical Equipment Coinsurance	50%, not subject to deductible
Mental Health Services	
Outpatient Mental Health Services	\$30
Outpatient Substance Use Services	\$30
Additional Options	
1	Domestic Partner-Same or Opposite Sex
Rates	
Single	\$543.15
EE with Spouse	\$1086.30
EE with Child(ren)	\$923.35
Family	\$1547.97
Monthly Premium	\$0.00
Annual Premium	\$0.00