CDPHP Benefit Summary

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SERVICES	Quote 1 - HMO Copayment 101 Platinum - 2015_101 - SHPF1123 In-Network
Metal Category	Platinum
Coverage	
Deductible	N/A
Deductible Type	N/A
Coinsurance	N/A
Out of Pocket Maximum	\$6,600/\$13,200
Bonus Account	N/A
Benefits	After Deductible (if applicable), Member Pays
Office Visits	
PCP	\$15
Specialist	\$15
Preventive Care	<u>·</u>
Preventive Care for Children and Adults (Including Physicals, Immunizations and Inoculations)	Covered in full
Adult Annual Gynecological Exam	Covered in full
Drug Coverage	
Drug Coverage	\$4/\$30/\$60
Hospital Services	
Inpatient Hospital (Including Inpatient Skilled Nursing , Inpatient Mental Health, and Inpatient Substance Use)	\$500
Outpatient Surgery	\$100
Emergency Care	
World Wide Emergency Room Care	\$100 (waived if admitted)
Ambulance	\$100
Urgent Care	
Urgent Care	\$30
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	\$15 (Covered in full if services are performed at a preferred CDPHP lab)
Diagnostic Testing	
Diagnostic Radiology Services	\$15 (Covered in full if services are performed at preferred CDPHP Radiology)
Mammogram	Covered in Full
Prostate Cancer Screening	Covered in Full
Rehabilitative Therapy	
Rehabilitative Physical, Speech and Occupational Therapy	\$15 (60 visits per condition, per lifetime combined therapies)
Chiropractic Benefits	
Chiropractic Benefits	\$15
Home Health Care	
Home Health Care	\$15
Prosthetic/Med Equipment	
Prosthetic Devices and Durable Medical Equipment Coinsurance	50%
Mental Health Services	
Outpatient Mental Health Services	\$15
Outpatient Substance Use Services	\$15
Additional Options	
1	Domestic Partner-Same or Opposite Sex
Rates	
Single	\$634.84
EE with Spouse	\$1269.69
EE with Child(ren)	\$1079.23
amily	\$1809.30
Monthly Premium	\$0.00
Annual Premium	\$0.00