

# CDPHP® HMO Plan Benefit Summary



Plan Code: HA13L15  
 Group ID: 10002818  
 Presented For: Dutchess Community College  
 Date Prepared: 9/26/2014  
 Effective Date: 1/1/2015  
 Metal Tier: N/A

	In-Network
Deductible	N/A Single / N/A Family
Coinsurance	Not Applicable
<b>Office Visits</b>	
PCP	\$20 Copayment
Specialist	\$20 Copayment
Out of Pocket Maximum	\$6,600 Single / \$13,200 Family
Annual Benefit Maximum	Unlimited
<b>Physician Services</b>	
PCP Office Visits for illness, injury or second opinion	\$20 Copayment
Specialist Office Visits for illness, injury or second opinion	\$20 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered in Full
Chemotherapy/Radiation Therapy	\$20 Copayment
Well Baby and Child Care including immunizations and inoculations	Covered in Full
Annual Adult Exam	Covered in Full
Annual Gynecological Exam	Covered in Full
<b>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Covered in Full
Outpatient Surgery	\$20 Copayment
<b>Diagnostic Testing*</b>	
Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$20 Copayment
Outpatient Hospital Radiology Services: * Copayment waived if provider is a preferred center.	\$20 Copayment
Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$20 Copayment
Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$20 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
<b>Maternity</b>	
Physician Services when billed separately from the facility	Covered in Full
Inpatient Hospital Services	Covered in Full
Newborn Nursery	Covered in Full
<b>Emergency Care</b>	
Worldwide Emergency Room Care	\$50 Copayment
Ambulance	\$50 Copayment
<b>Urgent Care</b>	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$30 Copayment
<b>Physical Therapy</b>	
	\$20 Copayment (120 days per benefit period)
<b>Speech Therapy</b>	
	\$20 Copayment (60 days per benefit period)
<b>Occupational Therapy</b>	
	\$20 Copayment (120 days per benefit period)

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Chiropractic Benefits	\$20 Copayment
Home Health Care	Covered in Full
Skilled Nursing Facility	Covered in Full (90 days per benefit period)
Prosthetic Appliances and Durable Medical Equipment	20% Coinsurance
<b>Diabetic Services</b>	
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
<b>Mental Health Services</b>	
Outpatient services	\$20 Copayment
Inpatient services	Covered in Full
<b>Chemical Abuse and Dependency Services</b>	
Outpatient services	\$20 Copayment
Inpatient services	Covered in Full
Inpatient Rehabilitation Services	Covered in Full
<b>Wellness Care</b>	
Acupuncture	\$20 Copayment (10 visit limit for acupuncture services)
Life Points Participation	Participating

*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](http://www.cdphp.com).*

*\*Please visit our Web site at [www.cdphp.com](http://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.*



**A plan for life.**

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Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

DME Riders	
Rider Name	DME2
Description	Durable medical equipment, prosthetics, orthotics, and oxygen are covered at 20% coinsurance in-network. DME is not covered out of network. There is no coverage for orthotic shoe inserts.
Domestic Partnership	
Rider Name	ELG12
Description	Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.
Pharmacy Coverage	
Rider Name	HMRXL19A15
Description	Prescription drug benefit as follows, 50% coinsurance for 30-day supply of covered Tier 1 drugs. 50% coinsurance for 30-day supply of covered Tier 2 drugs. 50% coinsurance for 30-day supply of Tier 3 drugs. Mail order, 50% coinsurance 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. Prescription drugs are not subject to the plan deductible, if applicable.
Surviving Spouse	
Rider Name	ELG17
Description	Extends eligibility for surviving spouse and dependents upon the death of the subscriber.
Union Benefit Medical	
Rider Name	UNN1
Description	Freestanding laboratory, radiology, and ambulatory surgery facility services are covered in full.* Skilled nursing facility services are covered in full; up to 90 days per benefit period.* Physical and occupational therapy services are limited to one course of 120 days or less of short term therapy for each diagnosis per benefit period, subject to visit copayment.* Speech therapy services are limited to one course of 60 days or less of short-term therapy for each specific diagnosis and related condition per benefit period, subject to visit copayment.* Acute short-term inpatient physical rehabilitation therapy services are limited to 60 days for each specific diagnosis and related condition for a continuous 12-month period and are covered in full.* Outpatient surgery subject to Visit Copayment.
Vision Coverage	
Rider Name	VSN2
Description	One routine eye exam is available every 24 months, commencing on the group effective date, without referral, subject to a specialist copayment.