

CDPHP[®] HMO Plan Benefit Summary



Plan Code: HM9L19 (Pending DFS Approval)
 Group ID: 10006876
 Presented For: The Research Foundation for SUNY
 Date Prepared: 9/17/2018
 Effective Date: 01/01/2019
 Metal Tier: N/A

	In-Network
Deductible	N/A Single / N/A Family
Coinsurance	Not Applicable
Office Visits	
PCP	\$20 Copayment
Live Video Doctor Visits	\$20 Copayment
Specialist	\$20 Copayment
Out of Pocket Maximum	\$7,900 Single / \$15,800 Family (Embedded)
Annual Benefit Maximum	Unlimited
Physician Services	
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
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$100 Copayment
Newborn Nursery	Covered in full
Outpatient Surgery	\$75 Copayment
Diagnostic Testing*	
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
Emergency Care	
Worldwide Emergency Room Care	\$50 Copayment
Ambulance	\$50 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	\$30 Copayment
Physical Therapy	\$20 Copayment (30 visits per benefit period)
Speech Therapy	\$20 Copayment (20 visits per benefit period)
Occupational Therapy	\$20 Copayment (30 visits per benefit period)
Home Health Care	Covered in full

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Skilled Nursing Facility	\$100 Copayment (45 days per benefit period)
Prosthetic Appliances and Durable Medical Equipment	20% Coinsurance
Diabetic Services	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	\$20 Copayment
Mental Health Services	
Outpatient services	\$20 Copayment
Inpatient services	\$100 Copayment
Chemical Abuse and Dependency Services	
Outpatient services	\$20 Copayment
Inpatient services (Detoxification/Rehabilitation)	\$100 Copayment
Wellness Care	
Weight Management	\$75 reimbursement available for participation in a weight loss program.
Laser Vision Correction	\$750 reimbursement available for laser vision correction surgery once per lifetime.
Acupuncture	\$20 Copayment (10 visit limit for acupuncture services)
Chiropractic Benefits	\$20 Copayment
Fitness Reimbursement	\$600 total reimbursement available \$200 subscriber/ \$100 spouse every 6-months.
CaféWell Participation	Participating (Up to \$180 points per contract).

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 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. 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.

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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. 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.
Eligibility	
Rider Name	ELGTERM
Description	A Member's Coverage shall automatically be terminated on the first of the following to apply: The date in which the Member ceases to be eligible or The date the Subscriber is retired or pensioned, unless Coverage is specifically provided for retired or pensioned individuals by agreement between CDPHP UBI and the Group.
Medicare Split Family Rider	
Rider Name	ELGMC
Description	Medicare Split Family Rider
Pharmacy Coverage	
Rider Name	HMRXL89A19
Description	Prescription drug benefit as follows, \$10 copayment for 30-day supply of covered Tier 1 drugs. \$25 copayment for 30-day supply of covered Tier 2 drugs. \$45 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. Prescription drugs are not subject to the plan deductible, if applicable.
Suny Research Eligibility	
Rider Name	SRFHMELG
Description	Employees who work 50% of time, as long as that is at least 18.5 hours a week, are eligible for coverage, as are retirees ages 55 and older who meet the service requirements.* Employees who work 50% of time, as long as that is at least 18.5 hours a week, are eligible for coverage, as are retirees ages 55 and older who meet the service requirements.* Coverage ends 28 days after the member ceases to be eligible as a subscriber. For dependents, coverage ends at the end of the month in which the dependent ceases to be eligible, unless the dependent child marries. In that case, coverage terminates on the date of the marriage. Inpatient Hospital, Inpatient Mental Health, Inpatient Chemical Abuse and Dependency Detoxification & Rehabilitation, Skilled Nursing Facility, Acute Short-Term Inpatient Rehabilitation Therapy and Organ Transplant Services are subject to a \$100 Copayment.
Surviving Spouse	
Rider Name	ELG17
Description	Extends eligibility for surviving spouse and dependents upon the death of the subscriber.