

Otsego Chamber of Commerce

2009 CDPHP HMO \$25 Benefit Summary

HA6S07	Services	Copayment
Physician Services		
	Office visits for illness or injury, or second opinion	\$25
	Physician visits during inpatient stay	Covered in Full
	Well baby and child care, including immunizations/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.)	\$500
	Outpatient surgery	\$75
Diagnostic Testing		
	Laboratory services (<i>copayment waived if provider is a designated laboratory</i>)	\$25
	Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) (<i>copayment waived at designated sites</i>)	\$25
	Mammogram	Covered in Full
	Cytology Screening	Covered in Full
	Prostate cancer screening	Covered in Full
Maternity		
	Physician services	Covered in Full
	Inpatient hospital services	\$500
	Newborn nursery	Covered in Full
Emergency Care		
	Worldwide emergency room care	\$100 (waived if admitted)
	Ambulance	\$100
	Urgent care – Non participating Urgent Care facility services within CDPHP's service area not covered	\$25 plus \$10 per visit
	Physical Therapy (up to 30 visits per benefit period)	\$25
	Speech Therapy (up to 20 visits benefit period)	\$25
	Occupational Therapy (up to 30 visits each per benefit period)	\$25
	Chiropractic Benefits	\$25
	Home Health Care	Covered in Full
	Skilled Nursing Facility – up to 45 days per benefit period	\$500
	Prosthetic Devices and Durable Medical Equipment (DME)	50% coinsurance
Diabetic Care		
	Insulin and oral medications - up to 30 day supply	\$15
	Diabetic supplies (needles, syringes, etc.) - up to 30 day supply	\$15
	Glucometers	\$15
	Diabetic DME	\$15
Mental Health Services		
	Outpatient Mental Health, up to 20 visits per benefit period	\$25
	Inpatient Mental Health, up to 30 days per benefit period	\$500
	<i>Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services</i>	
Chemical Abuse and Dependency Treatment Services		
	Outpatient Services, up to 60 visits per calendar year	\$25

Inpatient Detoxification Services, Up to 7 days per benefit period	\$500
Inpatient Rehabilitation Services, up to 30 days per benefit period	\$500
Dependent Coverage	See Rider Benefits

CDPHP gives you access to more than 9,000 participating practitioners and providers, many of the major 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 CDPHP's marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

All benefits of this Plan are subject to coordination of benefits. This summary is designed to highlight the 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 health services must be provided by a Capital District Physicians' Health Plan, Inc. (CDPHP) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

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2009 HMO Riders

Dependent Eligibility

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

Domestic Partner

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children. Supporting documentation is required.

Skilled Nursing Facility

Extends skilled nursing facility benefit to 365 days per benefit period subject to deductible then coinsurance.

Vision

One routine eye exam is covered every 24 months without referral. You pay your visit copayment. CDPHP will pay up to the following amounts for the optical items listed below:

Frames and Lenses: \$75.
Contact Lenses: \$75.

One pair of frames and lenses or contact lenses is allowed once every 24 months.

Prescription-

Prescription drug benefits as follows:

- \$4 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered formulary brand drugs.
- \$60 copayment for 30-day supply of non-formulary brand 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 require preauthorization and must be obtained at CDPHP's participating specialty vendors.
- Prescription drug benefit is capped at \$2,000 per benefit period.

Medicare Split

A dependent spouse of a Medicare-eligible subscriber may enroll as a subscriber providing he or she is not Medicare-eligible.

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