CDPHP ® EPO Plan Benefit Summary

Plan Code: CASHIC421
Group ID: 10007432
Presented For: Scotia-Glenville Central School District
Date Prepared: 10/30/2020
Effective Date: 07/01/2021

	In-Network
Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	$7,900 Single / $15,800 Family (Embedded)
Office Visits	
PCP	$25 Copayment
Live Video Doctor Visits (24/7 Sick Visits, Behavioral Health, Telenutrition)	$10 Copayment
Specialist	$25 Copayment
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	$250 Copayment
Outpatient Surgery	$100 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	$250 Copayment
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	$150 Copayment
Ambulance	$150 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	$35 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred or freestanding laboratory.	$25 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	$25 Copayment
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	$250 Copayment
Mental Health/Substance Use Outpatient Services	$25 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Condition Support Services	
Outpatient Rehabilitation - Physical Therapy	$25 Copayment (120 visits per benefit period)
Outpatient Rehabilitation - Speech Therapy	$25 Copayment (60 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	$25 Copayment (120 visits per benefit period)
Home Health Care	Covered in full

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Skilled Nursing Facility	Covered in full (90 day limit)
Chemotherapy/Radiation Therapy visit	$25 Copayment
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. Insulin is limited to $100 out of pocket per 30 day supply.	$25 Copayment
Vision Services	
Laser Eye Surgery	Up to a maximum of $750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a $75 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Up to $200 reimbursement per 50 visits for subscriber (max $400 reimbursement per year) and $100 reimbursement per 50 visits for covered dependent (max $200 reimbursement per year)
Child Birthing Classes	Up to $75 reimbursement available for completion of child birthing class
CaféWell Participation	Participating (Up to $180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	$25 Copayment
Nutritional Counseling	$25 Copayment
Chiropractic Benefits	$25 Copayment

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 UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including 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 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 CDPHP Universal Benefits, Inc. ® (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.**Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc. ® (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.*

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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.
Medicare Split Family Rider	
Rider Name	ELGMC
Description	Medicare Split Family Rider
Pharmacy Coverage	
Rider Name	EPRXL5A21
Description	Retail Prescription Drugs (30 Day Supply) Tier 1 Drugs $5 Tier 2 Drugs $25 Tier 3 Drugs $40 Specialty Drugs $40 Mail order, 2.0 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.
Surviving Spouse	
Rider Name	ELG17
Description	Extends eligibility for surviving spouse and dependents upon the death of the subscriber.
Vision Coverage	
Rider Name	VSN2
Description	One routine eye exam is available every 24 months, commencing on the group effective date, without referral, refer to specialist office visit for cost share.