

CDPHP[®] HMO Plan Benefit Summary



Plan Code: HA1L23
 Group ID: 10010174
 Presented For: Greater Johnstown School District
 Date Prepared: 12/8/2023
 Effective Date: 07/01/2023

In-Network

Cost Sharing Information

Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$9,100 Single / \$18,200 Family (Embedded)

Office Visits

PCP	\$10 Copayment
*PCP Cost share waived for members that are under age of 19	
Specialist	\$10 Copayment

Telemedicine

Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$10 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider

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)	Covered in full
Outpatient Surgery	\$10 Copayment

Maternity Services*

Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	Covered in full
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)	\$50 Copayment
Ambulance	\$50 Copayment

Urgent Care

When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$20 Copayment
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Diagnostic Testing*

Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$10 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$10 Copayment

Behavioral Health Services

Mental Health/Substance Use Inpatient Services	Covered in full
Mental Health/Substance Use Outpatient Services	\$10 Copayment

*(Up to 20 visits per plan year may be used for substance use family counseling.)

Condition Support Services

Outpatient Rehabilitation - Physical Therapy	\$10 Copayment (120 visits per benefit period)
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Outpatient Rehabilitation - Speech Therapy	\$10 Copayment (60 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	\$10 Copayment (120 visits per benefit period)
Home Health Care	Covered in full
Skilled Nursing Facility	Covered in full (90 days per benefit period)
Chemotherapy/Radiation Therapy visit	\$10 Copayment
Prosthetic Devices 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.	\$10 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 \$100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	\$10 Copayment
Nutritional Counseling	\$10 Copayment
Chiropractic Benefits	\$10 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 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.

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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.								
Medicare Split Family Rider									
Rider Name	ELGMC								
Description	Medicare Split Family Rider								
Pharmacy Coverage									
Rider Name	HMRXL5A23								
Description	<p>Retail Prescription Drugs (30 Day Supply)</p> <table border="0"> <tr> <td>Tier 1 Drugs</td> <td>\$5</td> </tr> <tr> <td>Tier 2 Drugs</td> <td>\$25</td> </tr> <tr> <td>Tier 3 Drugs</td> <td>\$40</td> </tr> <tr> <td>Specialty Drugs</td> <td>\$40</td> </tr> </table> <p>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.</p>	Tier 1 Drugs	\$5	Tier 2 Drugs	\$25	Tier 3 Drugs	\$40	Specialty Drugs	\$40
Tier 1 Drugs	\$5								
Tier 2 Drugs	\$25								
Tier 3 Drugs	\$40								
Specialty Drugs	\$40								
Union Benefit Medical									
Rider Name	UNN1								
Description	<p>Freestanding laboratory 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 120 visits per benefit period, subject to visit copayment.* Speech therapy services are limited to 60 visits per benefit period, subject to visit copayment.* Acute short-term inpatient physical rehabilitation therapy services are limited to 60 days per benefit period and are covered in full.* Outpatient surgery subject to Specialist Visit Copayment.</p>								
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.								