

CDPHP® HMO Plan Benefit Summary



Plan Code: HA16L24
Group ID: 10006553
Presented For: Poughkeepsie City School District
Date Prepared: 3/22/2024
Effective Date: 07/01/2024

In-Network

Cost Sharing Information

Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$9,450 Single / \$18,900 Family (Embedded)

Office Visits

PCP	\$15 Copayment
*PCP Cost share waived for members that are under age of 19	
Specialist	\$15 Copayment

Telemedicine

Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$15 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)	\$240 Copayment
Outpatient Surgery Facility	\$75 Copayment

Maternity Services*

Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	\$240 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)	\$50 Copayment
Ambulance	\$50 Copayment

Urgent Care

When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$25 Copayment
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Diagnostic Testing*

Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$15 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$15 Copayment

Behavioral Health Services

Mental Health/Substance Use Inpatient Services	\$240 Copayment
Mental Health/Substance Use Office-Based Services	\$15 Copayment

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

Condition Support Services

Outpatient Rehabilitation - Physical Therapy	\$15 Copayment (30 visits per benefit period)
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Outpatient Rehabilitation - Speech Therapy	\$15 Copayment (20 visits per benefit period)
Outpatient Rehabilitation - Occupational Therapy	\$15 Copayment (30 visits per benefit period)
Home Health Care	Covered in full
Skilled Nursing Facility	\$240 Copayment (45 days per plan year)
Chemotherapy/Radiation Therapy visit	\$15 Copayment
Prosthetic Devices and Durable Medical Equipment	50% 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.	\$15 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)	\$15 Copayment
Nutritional Counseling	\$15 Copayment
Chiropractic Benefits	\$15 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.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.

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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.

Pharmacy Coverage	
Rider Name	HMRXL19A24
Description	Preferred Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs* 50%
	Tier 2 Drugs 50%
	Tier 3 Drugs 50%
	Non-Preferred Retail Pharmacy (30 Day Supply)
	Tier 1 Drugs 50%
	Tier 2 Drugs 50%
	Tier 3 Drugs 50%
	Specialty Drugs 50%
	*Copay/Coinsurance waived for members under age 19
Mail order, 50% Preferred Tier 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. Prescription drugs are not subject to the plan deductible, if applicable.	
Vision Coverage	
Rider Name	VSN7
Description	One routine eye exam is covered every 24 months, commencing on the group effective date, without referral. Refer to specialist office visit for cost share. CDPHP will pay up to the following amounts for the optical items listed below - Frames and Lenses, \$160Contact Lenses, \$125. One pair of frames and lenses or contact lenses is allowed every 24 months, commencing on the group effective date.