

CDPHP[®] HMO Plan Benefit Summary



Plan Code: RCREL19
 Group ID: 10006781
 Presented For: Roman Catholic Diocese of Albany
 Date Prepared: 10/23/2018
 Effective Date: 01/01/2019

	In-Network
Deductible	N/A Single / N/A Family
Coinsurance	Not Applicable
Office Visits	
PCP	\$25 Copayment
Live Video Doctor Visits	\$25 Copayment
Specialist	\$40 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	\$25 Copayment
Specialist Office Visits for illness, injury or second opinion	\$40 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered in full
Chemotherapy/Radiation Therapy	\$25 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)	\$500 Copayment
Newborn Nursery	Covered in full
Outpatient Surgery	\$75 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$40 Copayment
Outpatient Hospital Radiology Services: * Copayment waived if provider is a preferred center.	\$40 Copayment
Office Based Laboratory Services: * Copayment waived if provider is a designated laboratory.	\$40 Copayment
Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$40 Copayment
Mammogram	Covered in full
Cytology Screening	Covered in full
Prostate Cancer Screening	Covered in full
Emergency Care	
Worldwide Emergency Room Care	\$100 Copayment
Ambulance	\$100 Copayment
Urgent Care	
Nonparticipating urgent care facility services within the CDPHP service area are not covered	\$35 Copayment
Physical Therapy	\$40 Copayment (30 visits per benefit period)
Speech Therapy	\$40 Copayment (20 visits per benefit period)
Occupational Therapy	\$40 Copayment (30 visits per benefit period)
Home Health Care	Covered in full

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Skilled Nursing Facility	\$500 Copayment (45 days per benefit period)
Prosthetic Appliances 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	\$25 Copayment
Mental Health Services	
Outpatient services	\$25 Copayment
Inpatient services	\$500 Copayment
Chemical Abuse and Dependency Services	
Outpatient services	\$25 Copayment
Inpatient services (Detoxification/Rehabilitation)	\$500 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	\$40 Copayment (10 visit limit for acupuncture services)
Chiropractic Benefits	\$40 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.

Exclude Family Planning	
Rider Name	REL3
Description	Rider to Exclude Family Planning Benefits
Medicare Split Family Rider	
Rider Name	ELGMC
Description	Medicare Split Family Rider
Pharmacy Coverage	
Rider Name	RCRELRX19
Description	Prescription drug benefit as follows, \$10 copayment for 30-day supply of covered Tier 1 drugs. \$40 copayment for 30-day supply of covered Tier 2 drugs. \$70 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.
Vision Coverage	
Rider Name	VSN6
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, \$75. Contact Lenses, \$75. One pair of frames and lenses or contact lenses is allowed every 24 months, commencing on the group effective date.