



**10001975- Colonie Chamber of Commerce**

HMO Plan Benefit Summary

**HM1S12**

	<b>In -Network</b>
<b>Deductible (Single/Family)</b>	Not Applicable/Not Applicable
<b>Coinsurance</b>	Not Applicable
<b>Office Visits</b>	
PCP	\$30 Copayment
Specialist	\$30 Copayment
<b>Coinsurance Maximum (Single/Family)</b>	Not Applicable/Not Applicable
<b>Annual Benefit Maximum</b>	Unlimited
<b>Physician Services</b>	
PCP Office Visits for illness, injury or second opinion	\$30 Copayment
Specialist Office Visits for illness, injury or second opinion	\$30 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered In Full
Well Baby and Child Care including immunizations and inoculations	Covered In Full
Annual Adult Exam	Covered In Full
Annual Gynecological Exam	Covered In Full
<b>Hospital Services</b>	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$1,000 Copayment
Outpatient Surgery	\$150 Copayment
<b>Diagnostic Testing*</b>	
Outpatient Hospital Laboratory Services: Copayment waived if provider is a designated laboratory	\$30 Copayment
Outpatient Hospital Radiology Services: Copayment waived if provider is a preferred center	\$30 Copayment
Office Based Laboratory Services: Copayment waived if provider is a designated laboratory	\$30 Copayment
Office Based Radiology Services: Copayment waived if provider is a preferred center	\$30 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
<b>Maternity</b>	
Physician Services when billed separately from the facility	Covered In Full
Inpatient Hospital Services	\$1,000 Copayment
Newborn Nursery	Covered In Full
<b>Emergency Care</b>	
Worldwide Emergency Room Care	\$100 Copayment
Ambulance	\$100 Copayment
<b>Urgent Care</b>	
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	\$40 Copayment
<b>Physical Therapy</b>	
Up to 30 visits per benefit period.	\$30 Copayment
<b>Speech Therapy</b>	
Up to 20 visits per benefit period.	\$30 Copayment
<b>Occupational Therapy</b>	
Up to 30 visits per benefit period.	\$30 Copayment



<b>Chiropractic Benefits</b>	\$30 Copayment
<b>Home Health Care</b>	Covered In Full
<b>Skilled Nursing Facility - Up to 365 days per benefit period</b>	\$1,000 Copayment
<b>Prosthetic Appliances and Durable Medical Equipment</b>	50% Coinsurance
<b>Diabetic Services</b>	
Insulin and oral Medication - up to a 30 day supply	\$15 Copayment
Diabetic Supplies (needles and syringes) - up to a 30 day supply	\$15 Copayment
Glucometers	\$15 Copayment
Diabetic DME	\$15 Copayment
<b>Mental Health Services</b>	
Outpatient Services - Up to 20 visits per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	\$30 Copayment
Inpatient Services - Up to 30 days per benefit. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	\$1,000 Copayment
<b>Chemical Abuse and Dependency Services</b>	
Outpatient Services - Up to 60 visits per calendar year. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	\$30 Copayment
Inpatient Services - Up to 7 days per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	\$1,000 Copayment
Inpatient Rehabilitation Services - Not covered. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Not Covered Available via Rider
<b>Dependent Coverage</b>	Dependents to Age 26
<b>LifePoints Participation</b>	Not Participating

**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](http://www.cdphp.com).

\*Please visit our Web site at [www.cdphp.com](http://www.cdphp.com) or contact CDPHP HMO member services at (518) 641-3700 or 1-800-777-2273 to identify designated laboratories and preferred radiology sites.

All benefits of this plan are subject to coordination of benefits. This summary is designed to highlight 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 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.**

### **HMRXS19A12**

**Prescription drug benefits as follows:\* 50% coinsurance for 30-day supply of covered Tier 1 or covered Tier 2 drugs.\* Mail order: 50% coinsurance is based on 90-day supply at discounted mail-order price.\* 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.**

### **HMELGS1212**

**Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.**

### **HMBHS112**

**Federal Parity - Unlimited Inpatient and Outpatient Mental Health and Chemical Abuse Services**

### **HMVNS212**

**One routine eye exam is covered every 24 months, commencing on the group effective date, without referral, subject to a visit copayment.**

### **HMSNFS112**

**Extends skilled nursing facility benefit to 365 days per benefit period.**