



**10011755 Saugerties Area Chamber of Commerce**

**HDPPOQ Chamber Plan**

**Benefit Summary**

**HDPPOCHA11**

	<b>In -Network</b>	<b>Out Of Network</b>
<b>Aggregate Deductible (Single/Family)</b>	\$2,700/\$5,400	\$5,000/\$10,000
<b>Coinsurance</b>	10%	50%
<b>Office Visits</b>		
PCP	Deductible then 10% Coinsurance	Deductible then Coinsurance
Specialist	Deductible then 10% Coinsurance	Deductible then Coinsurance
<b>Out of Pocket Maximum (Single/Family)</b>	\$4,000/\$8,000	\$10,000/\$20,000
<b>Annual Benefit Maximum</b>	Unlimited	Unlimited
<b>Physician Services</b>		
PCP Office Visits for illness, injury or second opinion	Deductible then 10% Coinsurance	Deductible then Coinsurance
Specialist Office Visits for illness, injury or second opinion	Deductible then 10% Coinsurance	Deductible then Coinsurance
Physician Visits during inpatient stay when billed separately from the facility	Deductible then 10% Coinsurance	Deductible then Coinsurance
Well Baby and Child Care including immunizations and inoculations	Covered in Full	Deductible then Coinsurance
Annual Adult Exam	Covered in Full	Deductible then Coinsurance
Annual Gynecological Exam	Covered in Full	Deductible then Coinsurance
<b>Hospitals Services</b>		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 10% Coinsurance	Deductible then Coinsurance
Outpatient Surgery	Deductible then 10% Coinsurance	Deductible then Coinsurance
<b>Diagnostic Testing*</b>		
Outpatient Hospital Laboratory Services: Coinsurance waived if provider is a designated laboratory	Deductible then 10% Coinsurance	Deductible then Coinsurance
Outpatient Hospital Radiology Services: Coinsurance waived if provider is a preferred center	Deductible then 10% Coinsurance	Deductible then Coinsurance
Office Based Laboratory Services: Coinsurance waived if provider is a designated laboratory	Deductible then 10% Coinsurance	Deductible then Coinsurance
Office Based Radiology Services: Coinsurance waived if provider is a preferred center	Deductible then 10% Coinsurance	Deductible then Coinsurance
Mammogram	Covered in Full	Deductible then Coinsurance
Cytology Screening	Covered in Full	Deductible then Coinsurance
Prostate Cancer Screening	Covered in Full	Deductible then Coinsurance
<b>Maternity</b>		
Physician Services when billed separately from the facility	Deductible Then 10% Coinsurance	Deductible then Coinsurance
Inpatient Hospital Services	Deductible Then 10% Coinsurance	Deductible then Coinsurance
Newborn Nursery	Deductible Then Covered in Full	Deductible then Coinsurance
<b>Emergency Care</b>		
Worldwide Emergency Room Care	Deductible Then 10% Coinsurance	All Emergency Care Is Considered In Network
Ambulance	Deductible Then 10% Coinsurance	All Emergency Care Is Considered In Network
<b>Urgent Care</b>		
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	Deductible Then 10% Coinsurance	Deductible then Coinsurance
<b>Physical Therapy</b>		
Up to 30 visits per benefit period. In network and Out Of Network Visits are counted toward the maximum	Deductible Then 10% Coinsurance	Deductible then Coinsurance
<b>Speech Therapy</b>		
Up to 20 visits per benefit period. In network and Out Of Network Visits are counted toward the maximum	Not Covered	Not Covered
<b>Occupational Therapy</b>		
Up to 30 visits per benefit period. In network and Out Of Network Visits are counted toward the maximum	Deductible then 10% Coinsurance	Deductible then Coinsurance



<b>Chiropractic Benefits</b>	Deductible then 10% Coinsurance	Deductible then Coinsurance
<b>Home Health Care</b>	Deductible Then 10% Coinsurance	Deductible then Coinsurance
<b>Skilled Nursing Facility - Up to 45 Days</b>	Not Covered	Not Covered
<b>Prosthetic Appliances and Durable Medical Equipment</b>	Deductible then 10% Coinsurance. Limited to \$25k per lifetime	Not Covered
<b>Diabetic Services</b>		
Insulin and oral Medication - up to a 30 day supply	Deductible then \$15 Copayment	Deductible then Coinsurance
Diabetic Supplies (needles and syringes) - up to a 30 day supply	Deductible then \$15 Copayment	Deductible then Coinsurance
Glucometers	Deductible then \$15 Copayment	Deductible then Coinsurance
Diabetic DME	Deductible then \$15 Copayment	Deductible then Coinsurance
<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.	Deductible then 10% Coinsurance	Deductible then Coinsurance
Inpatient Services - Up to 30 days per benefit. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible then 10% Coinsurance	Deductible then Coinsurance
<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.	Deductible then 10% Coinsurance	Deductible then Coinsurance
Inpatient Services - Up to 7 days per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Not Covered	Not Covered
Inpatient Rehabilitation Services - Not covered. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Not Covered	Not Covered
<b>Dependent Coverage</b>	Dependents to Age 26	
<b>LifePoints Participation</b>	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.**

Pending New York State Insurance Department approval. CDPHP UBI gives you access to more than 550,000 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](http://www.cdphp.com).

\*Please visit our Web site at [www.cdphp.com](http://www.cdphp.com) or contact CDPHP UBI member services at (518) 641-3140 or 1-877-269-2134 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 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.**

**HDELGS1211**

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

**HDVSNS111**

One routine eye exam per benefit period.