



Cooperstown Chamber of Commerce

HDPPOQ Plan Benefit

Summary

PJ1S12

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



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|--|---|---------------------------------|
| Occupational Therapy 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 50% Coinsurance |
| Chiropractic Benefits | Deductible Then 10% Coinsurance | Deductible Then 50% Coinsurance |
| Home Health Care | Deductible Then 10% Coinsurance | Deductible Then 50% Coinsurance |
| Skilled Nursing Facility - Up to 45 Days | Deductible Then 10% Coinsurance | Deductible Then 50% Coinsurance |
| Prosthetic Appliances and Durable Medical Equipment | Deductible Then 50% Coinsurance, \$25k Lifetime Maximum | Not Covered |
| Diabetic Services | | |
| Insulin and oral Medication - up to a 30 day supply | Deductible Then \$15 Copayment | Deductible Then 50% Coinsurance |
| Diabetic Supplies (needles and syringes) - up to a 30 day supply | Deductible Then \$15 Copayment | Deductible Then 50% Coinsurance |
| Glucometers | Deductible Then \$15 Copayment | Deductible Then 50% Coinsurance |
| Diabetic DME | Deductible Then \$15 Copayment | Deductible Then 50% Coinsurance |
| Mental Health Services | | |
| 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 50% 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 50% Coinsurance |
| Chemical Abuse and Dependency Services | | |
| 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 50% Coinsurance |
| Inpatient Services - Up to 7 days per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment. | Deductible Then 10% Coinsurance | Covered In Network Only |
| Inpatient Rehabilitation Services - Not covered. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment. | Not Covered Available via Rider | Covered In Network Only |
| Dependent Coverage | Dependents to Age 26 | |
| LifePoints Participation | 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.

*Please visit our Web site at 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.



Cooperstown Chapter of Domestic Partners Health Plan
Group Number 10012176

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

HDELGS1212

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