



COOPERSTOWN CHAMBER NEW EPOS1911

Transitional EPO Plan Benefit Summary

EPOS1911

	In -Network
Embedded Deductible (Single/Family)	\$2,000/\$5,000
Coinsurance	20%
Office Visits	
PCP	\$40 Copayment
Specialist	\$60 Copayment
Coinsurance Maximum (Single/Family)	\$5,000/\$12,500
Annual Benefit Maximum	Unlimited
Physician Services	
PCP Office Visits for illness, injury or second opinion	\$40 Copayment
Specialist Office Visits for illness, injury or second opinion	\$60 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Deductible Then 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
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible Then 20% Coinsurance
Outpatient Surgery	Deductible then 20% Coinsurance
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: Deductible does not apply and Copayment waived if provider is a designated laboratory	\$60 Copayment
Outpatient Hospital Radiology Services: Deductible does not apply and Copayment waived if provider is a preferred center	\$60 Copayment
Office Based Laboratory Services: Deductible does not apply and Copayment waived if provider is a designated laboratory	\$60 Copayment
Office Based Radiology Services: Deductible does not apply and Copayment waived if provider is a preferred center	\$60 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
Maternity	
Physician Services when billed separately from the facility	Deductible Then Covered In Full
Inpatient Hospital Services	Deductible Then 20% Coinsurance
Newborn Nursery	Deductible Then Covered In Full
Emergency Care	
Worldwide Emergency Room Care	Deductible Then 20% Coinsurance
Ambulance	Deductible Then 20% Coinsurance
Urgent Care	
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	\$50 Copayment
Physical Therapy	
Up to 30 visits per benefit period.	\$60 Copayment
Speech Therapy	
Up to 20 visits per benefit period.	\$60 Copayment



Occupational Therapy	
Up to 30 visits per benefit period.	\$60 Copayment
Chiropractic Benefits	\$60 Copayment
Home Health Care	Home Health deductible (Not to exceed \$50) then 20% Coinsurance
Skilled Nursing Facility - Up to 365 days per benefit period	Deductible Then 20% Coinsurance
Prosthetic Appliances and Durable Medical Equipment	50% Coinsurance, \$25,000 Lifetime Maximum
Diabetic Services	
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
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.	\$60 Copayment
Inpatient Services - Up to 30 days per benefit. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% 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.	\$40 Copayment
Inpatient Services - Up to 7 days per benefit period. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Deductible Then 20% Coinsurance
Inpatient Rehabilitation Services - Not covered. For groups with greater than 50 employees, see Federal Mental Health Parity Amendment.	Not Covered Available via Rider
Dependent Coverage	Dependents to Age 26
LifePoints Participation	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.

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.



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.

EPRXS48A11

Prescription drug benefits as follows: \$250 deductible, then: * \$10 copayment for 30-day supply of covered Tier 1 drugs.* \$50 copayment for 30-day supply of covered Tier 2 drugs.* 50% coinsurance 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 require preauthorization and must be obtained at CDPHP's participating specialty vendors.

EPELGS1211

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

EPVSNS211

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

EPSNFS111

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