



HDPPO - Q Plan Benefit Summary
PK1S10

	In-Network	Out Of Network
Annual Deductible (Single/Family)	\$3,500/\$7,000	\$6,000/\$12,000
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)	\$5,300/\$10,600	\$10,000/\$20,000
Annual Benefit Maximum	\$1,000,000 (In Network/Out Of Network Combined)	\$1,000,000 (In Network/Out Of Network Combined)
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
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	Deductible Then 50% Coinsurance



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
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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
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*Coverage for biologically based mental illness and for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services via a rider.

*The Federal Mental Health Parity Law applies to groups with 51 or more employees.

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 30% Coinsurance
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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
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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
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*The Federal Mental Health Parity Law applies to groups with 51 or more employees.

Dependent/FTS Coverage

Dependent to Age 19; Full Time Student To Age 23

This Summary of Benefits is intended to provide a general outline of coverage that is pending approval with the New York State Department of Insurance. It is not binding on CDPHP in the event the proposed product is not approved by the DOI. In the event of any conflict between this document, 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 8,000 participating practitioners and providers, 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 website at www.cdphp.com.

*Please visit our website 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.