

CDPHP® SmartOptionsSM

Small Group Plan Benefit Summaries



	Copay EPO	Transitional EPO	HDPPO	
	In-Network	In-Network	In-Network	Out-of-Network
	A copay plan for those who prefer greater predictability when budgeting for their health care services. This option offers set copayments for office visits.	Employees pay a lower copayment for primary care and specialist office visits. Inpatient and other services transition to a deductible and coinsurance arrangement.	This PPO plan is ideal for employees who want to take an active role in managing health care costs. Once the deductible is met, covered services are paid in full. An out-of-pocket maximum offers added protection.	
Annual Deductible	\$500/\$1,250 Single/Family	\$750/\$1,875 Single/Family	\$1,500/\$3,000 Single/Family	\$5,000/\$10,000 Single/Family
Coinsurance	None	20%	None	30%
Office Visits				
PCP	Deductible then \$30 Copayment	\$30 Copayment	Deductible then Covered in Full	Deductible then 30%
Specialist	Deductible then \$50 Copayment	\$30 Copayment	Deductible then Covered in Full	Deductible then 30%
Hospital Services				
Inpatient Hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	Deductible then \$1,000 Copayment	Deductible then 20%	Deductible then Covered in Full	Deductible then 30%
Outpatient Surgery	Deductible then \$100 Copayment	Deductible then 20%	Deductible then Covered in Full	Deductible then 30%
Maternity Physician Services when billed separately from the facility	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then 30%
Newborn Nursery	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then 30%
Preventive Care				
Well-Baby and Child Care including immunizations and inoculations	Covered in Full	Covered in Full	Covered in Full	Deductible then 30%
Annual Adult Exam, Annual Gynecological Exam	Covered in Full	Covered in Full	Covered in Full	Deductible then 30%
Mammogram, Cytology Screening, Prostate Cancer Screening	Covered in Full	Covered in Full	Covered in Full	Deductible then 30%
Diagnostic Testing*				
Outpatient Hospital and Office-Based Laboratory and Radiology Services: coinsurance/copayment waived if designated/ preferred provider	Deductible then \$50 Copayment	\$30 Copayment	Deductible then Covered in Full	Deductible then 30%

(over)

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	In-Network	In-Network	In-Network	Out-of-Network
Urgent Care				
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	Deductible then \$40 Copayment	\$40 Copayment	Deductible then Covered in Full	Deductible then 30%
Emergency Care				
Worldwide Emergency Room Care	Deductible then \$100 Copayment	Deductible then Coinsurance	Deductible then Covered in Full	All emergency care is considered in-network
Ambulance	Deductible then \$100 Copayment	Deductible then Coinsurance	Deductible then Covered in Full	All emergency care is considered in-network
Coinsurance Maximum	N/A	\$2,000/\$5,000 Single/Family	N/A	N/A
Out-of-Pocket Maximum	N/A	N/A	\$1,500/\$3,000 Single/Family	\$10,000/\$20,000 Single/Family

Pending New York State Insurance Department Approval.

This Summary of Benefits is intended to provide a general outline of coverage from CDPHP Universal Benefits,® Inc. (CDPHP UBI). In the event of any conflict between this document, the member's Certificate, and any applicable Rider(s) issued by CDPHP UBI, the Certificate and Rider(s) will be the controlling documents.

*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 health services must be provided by a CDPHP Universal Benefits, Inc. (CDPHP UBI) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.



A plan for life.