

# New York State 2010 HMO \$20 Benefit Summary

<b>Services</b>	<b>Copayment</b>
<b>Physician Services</b>	
Office visits for illness or injury, or second opinion	\$20 per visit
Physician visits during inpatient stay	Covered in full
Well-baby and child care, including immunizations/inoculations	Covered in full
Annual adult exam	Covered in full
Annual gynecological exam	Covered in full
<b>Hospital Services</b>	
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	Covered in full
Outpatient surgery	\$75 copay
<b>Diagnostic Testing</b>	
Laboratory services ( <i>copayment waived if provider is a designated laboratory</i> )	\$20 per visit
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) ( <i>copayment waived if provider is preferred</i> )	\$20 per visit
Mammogram	Covered in full
Cytology screening	Covered in full
Prostate cancer screening	Covered in full
<b>Maternity</b>	
Physician services	Covered in full
Inpatient hospital services	Covered in full
Newborn nursery	Covered in full
<b>Emergency Care</b>	
Worldwide emergency room care	\$50 per visit (waived if admitted)
Ambulance	\$50 copayment
<b>Urgent Care – Non-participating urgent care facility services within CDPHP service area not covered</b>	\$25
<b>Physical Therapy</b> (up to 30 visits per benefit period)	\$20 per visit
<b>Speech Therapy</b> (up to 20 visits per benefit period)	\$20 per visit
<b>Occupational Therapy</b> (up to 30 visits each per benefit period)	\$20 per visit
<b>Chiropractic Benefits</b>	\$20 per visit
<b>Home Health Care</b>	Covered in full
<b>Skilled Nursing Facility</b> – up to 45 days per benefit period	Covered in full
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b>	50% coinsurance
<b>Diabetic Care</b>	
Insulin and oral medications	
Up to 30-day supply	\$15
Up to a 90-day supply available by mail order	\$37.50
Diabetic supplies (needles, syringes, etc.)	
Up to 30-day supply	\$15
Up to a 90-day supply available by mail order	\$37.50
Glucometers	\$15
Diabetic DME (Preauthorization is required for diabetic durable medical equipment over \$500)	\$15

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**Mental Health Services**

Outpatient Mental Health: See Federal Mental Health Parity Amendment

**\$20 per visit**

Inpatient Mental Health: See Federal Mental Health Parity Amendment

**Covered in full**

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**Chemical Abuse and Dependency Treatment Services**

Outpatient Services: See Federal Mental Health Parity Amendment

**\$20 per visit**

Inpatient Detoxification Services: See Federal Mental Health Parity Amendment

**Covered in Full**

Inpatient Rehabilitation alcohol/drug: See Federal Mental Health Parity Amendment

**Covered in Full**

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**Lifetime Maximum Coverage****No Maximum**

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CDPHP gives you access to more than 10,000 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 CDPHP member services at (518) 641-3700 or 1-800-777-2273 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).

**Federal Mental Health Parity Mandate:** The visit and inpatient day limitations of mental health and substance abuse are no more restrictive than the visit and inpatient day limitations of the medical and surgical benefits covered under this plan.

**All benefits of this Plan are subject to coordination of benefits. This summary is designed to highlight the 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 Capital District Physicians' Health Plan, Inc. (CDPHP®) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.**

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# New York State

## Summary of Additional Benefits

**The following benefits are included in the plan under which you would be covered as a CDPHP member:**

### **Prescription Drug Coverage**

Prescription drug benefits as follows:

- \$5 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered formulary brand drugs.
- \$50 copayment for 30-day supply of non-formulary brand drugs.
- Mail order: 2 copayments for a 31-60 day supply.
- 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 participating specialty vendors.

*Please note: The prescription drug benefit is not included if your employer already provides prescription coverage through your employee benefits fund.*

Please consult your *NYSHIP General Information Book* for dependent eligibility information

*This summary does not detail all benefits, limitations or exclusions. This is not a contract and may be subject to change. Membership Certificate is available for your review upon request. All benefits are subject to coordination of benefits (COB). All non-emergency services MUST be provided by a CDPHP participating provider unless otherwise prior approved by CDPHP.*