

Ulster Chamber of Commerce 2008 Chamber EPO \$25 Transitional Plan Benefit Summary

| | Your Out-of-Pocket Responsibility |
|---|---|
| Annual Deductible | \$500 single, \$1,250 family |
| Coinsurance | 20% |
| Coinsurance Maximum | \$2,000 single, \$5,000 family |
| Visit Copayment | \$25 |
| Annual Benefit Maximum | \$1,000,000 |
| Physician Services (not subject to the deductible) | |
| Office visits for illness or injury, or second opinion | \$25 copayment |
| Well-baby and well-child care, including immunizations/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% |
| Physician visits during inpatient stay | Deductible then covered in full |
| Outpatient surgery | Deductible then 20% |
| Diagnostic Testing (not subject to the deductible) | |
| Laboratory services (<i>copayment waived if provider is a designated laboratory</i>) | \$25 copayment |
| Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) (<i>copayment waived at designated sites</i>) | \$25 copayment |
| Mammogram | Covered in full |
| Cytology screening | Covered in full |
| Prostate cancer screening | Covered in full |
| Maternity | |
| Physician services | Deductible then 20% |
| Inpatient hospital services | Deductible then 20% |
| Newborn nursery | Deductible then covered in full |
| Emergency Care | |
| Worldwide emergency room care | Deductible then 20% (<i>coinsurance waived if admitted</i>) |
| Ambulance | Deductible then 20% |
| Urgent care – nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered | Visit copayment plus \$10 (not subject to the deductible) |
| Physical Therapy (up to 30 visits per benefit period) | \$25 (<i>not subject to the deductible</i>) |
| Speech Therapy | Not covered |
| Occupational Therapy (up to 30 visits each per benefit period) | \$25 (<i>not subject to the deductible</i>) |
| Chiropractic Benefits | \$25 (<i>not subject to the deductible</i>) |

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| Home Health Care | Deductible (not to exceed \$50) then 20% |
| Skilled Nursing Facility | Not covered |
| Prosthetic Devices and Durable Medical Equipment (DME) (not subject to deductible) | 50% coinsurance \$25,000 lifetime maximum |
| Diabetic Care (not subject to deductible) | |
| Insulin and oral medications – up to 30 day supply | \$15 copayment |
| Diabetic supplies (needles, syringes, etc.) – up to 30 day supply | \$15 copayment |
| Glucometers | \$15 copayment |
| Diabetic DME | \$15 copayment |
| Mental Health Services (<i>not subject to deductible</i>) | |
| Outpatient mental health, up to 20 visits per benefit period | \$25 copayment |
| Inpatient mental health, up to 30 days per benefit period | 20% coinsurance |
| <i>Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services</i> | |
| Chemical Abuse and Dependency Treatment Services (<i>not subject to deductible</i>) | |
| Outpatient services, up to 60 visits per calendar year | \$25 copayment |
| Inpatient detoxification services | Not covered |
| Inpatient rehabilitation services | Not covered |
| Dependent Coverage | Up to age 19 |

CDPHP UBI 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 UBI marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

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 CDPHP Universal Benefits, Inc. (CDPHP UBI) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.