

# Ulster Chamber of Commerce

## 2008 CDPHP HMO \$25/\$40 Benefit Summary

<b>Services</b>	<b>Copayment</b>
<b>Physician Services</b>	
Office visits for illness or injury, or second opinion	\$25 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.)	\$500
Outpatient surgery	\$75
<b>Diagnostic Testing</b>	
Laboratory services ( <i>copayment waived if provider is a designated laboratory</i> )	\$40
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) ( <i>copayment waived at designated sites</i> )	\$40
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	\$500
Newborn nursery	Covered in Full
<b>Emergency Care</b>	
Worldwide emergency room care	\$100 (waived if admitted)
Ambulance	\$100
<b>Urgent care – Non participating Urgent Care facility services within CDPHP’s service area not covered</b>	<b>\$25 plus \$10</b>
<b>Physical Therapy</b> (up to 30 visits per benefit period)	<b>\$40</b>
<b>Speech Therapy</b> (up to 20 visits benefit period)	<b>\$40</b>
<b>Occupational Therapy</b> (up to 30 visits each per benefit period)	<b>\$40</b>
<b>Chiropractic Benefits</b>	<b>\$40</b>
<b>Home Health Care</b>	
<b>Skilled Nursing Facility</b> – up to 45 days per benefit period	<b>\$500</b>
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b>	<b>50%</b>
<b>Diabetic Care</b>	
Insulin and oral medications - up to 30 day supply	\$15
Diabetic supplies (needles, syringes, etc.) - up to 30 day supply	\$15
Glucometers	\$15
Diabetic DME	\$15
<b>Mental Health Services</b>	
Outpatient Mental Health, up to 20 visits per benefit period	\$30
Inpatient Mental Health, up to 30 days per benefit period	\$500
<b>Chemical Abuse and Dependency Treatment Services</b>	
Outpatient Services, up to 60 visits per calendar year	\$25 per visit
Inpatient Detoxification Services, Up to 7 days per benefit period	\$500
Inpatient Rehabilitation Services, up to 30 days per benefit period	\$500

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**Dependent Coverage****Up to Age 19/25 full time students**

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CDPHP gives you access to more than 9,000 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's marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://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 Capital District Physicians' Health Plan, Inc. (CDPHP) participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.**

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