

Capital District Physicians' Health Plan



State: NY

Benefits 2008

Plan facts	Member services Member services hours Web address Product name	(800) 777-2273 Annual enrollment information: (800) 777-2273 Mon-Fri: 8:00 AM-8:00 PM ET www.cdphp.com EPO
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$20 copay per visit (PCP or specialist) \$20 copay for initial visit, thereafter covered at 100% \$500 copay per admission. Limit 2 indiv. and 3 fam. copays/yr. \$75 copay per visit Covered at 100%. \$20 copay per visit for non-designated facility \$50 copay/visit (waived if admitted) \$30 copay/visit
Your prescription drug expenses	Retail	\$10 copay (generic), \$25 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	\$25.00 copay (generic), \$62.50 copay (preferred brand), \$100 copay (non-preferred brand) per prescription up to 90-day supply*
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%. Limit 1 visit per year* Not covered. Covered at 100% for diagnosis of diabetes Covered at 100% (up to age 19). Contact plan for specifics Covered at 100%. Limit 1 visit per year*
Mental health	Inpatient Outpatient	\$500 copay per admission. Limit 30 days per year. Member must obtain prior authorization or penalty applies. Contact plan for details. \$20 copay per visit. Limit 20 visits per year. Contact plan for details*
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Limit 7 days per year \$500 copay per admission. Limit 30 days per year. Member must obtain prior authorization or penalty applies \$20 copay per visit. Limit 60 visits per year combined with outpatient rehab. Group visits not covered \$20 copay per visit. Limit 60 visits per year combined with outpatient detox. Group visits not covered
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$20 copay per visit. Limit 30 visits (physical/occupational), 20 visits (speech)/year. Mbr. must obtain prior authorization or penalty applies \$20 copay per visit. No PCP referral required*
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: No Domestic partner children coverage avail.: NA See website for details

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.