

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>)
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.