



## 2008 Fox First EPO \$25 Copayment Plan Benefit Summary

	<b>Your Out-of-Pocket Responsibility</b>
<b>Annual Deductible</b>	None
<b>Visit Copayment</b>	\$25
<b>Specialist Office Visit</b>	\$25
<b>Annual Benefit Maximum</b>	\$1,000,000
<b>Physician Services</b>	
Office visits for illness or injury, or second opinion	\$25
Physician visits during inpatient stay	Covered in full
Well-baby and well-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.)	\$240
Outpatient surgery	\$200
<b>Diagnostic Testing</b>	
Laboratory services ( <i>copayment waived if provider is a designated laboratory</i> )	\$25
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.) ( <i>copayment waived at preferred provider sites</i> )	\$25
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	\$240
Newborn nursery	Covered in full
<b>Emergency Care</b>	
Worldwide emergency room care	\$75 (waived if admitted)
Ambulance	\$50
<b>Urgent Care</b> – nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	Visit copayment plus \$10
<b>Physical Therapy</b> (up to 30 visits per benefit period)	\$25
<b>Speech Therapy</b> (up to 20 visits benefit period)	\$25
<b>Occupational Therapy</b> (up to 30 visits each per benefit period)	\$25
<b>Chiropractic Benefits</b>	\$25
<b>Home Health Care</b>	Covered in full
<b>Skilled Nursing Facility</b> – up to 45 days per benefit period	\$240
<b>Prosthetic Devices and Durable Medical Equipment (DME)</b>	50% coinsurance \$25,000 lifetime maximum



**Your Out-of-Pocket Responsibility**

**Diabetic Care**

Insulin and oral medications – up to a 30-day supply	\$15 per item
Diabetic supplies (needles, syringes, etc.) – up to a 30-day supply	\$15 per item
Glucometers	\$15 per item
Diabetic DME	\$15 per item

**Mental Health Services**

Outpatient mental health, up to 20 visits per benefit period	\$25
Inpatient mental health, up to 30 days per benefit period	\$240

*Biologically based mental illness and coverage for children with serious emotional disturbance is available beyond those limits for outpatient and inpatient services*

**Chemical Abuse and Dependency Treatment Services**

Outpatient services, up to 60 visits per calendar year	\$25
Inpatient detoxification services, up to 7 days per benefit period	\$240
Inpatient rehabilitation services, up to 30 days per benefit period	\$240

**Dependent Coverage**

Up to age 19

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