Experience choice, security, and easy access to care

Comprehensive coverage, wherever you go
Our preferred provider organization (PPO) plan gives members the freedom to see CDPHN physicians without a referral and see non-participating physicians if they so choose.

Members who see participating providers generally enjoy lower out-of-pocket costs. See a doctor inside the network, and pay lower copayments or coinsurance. Go outside the network, and simply pay a higher out-of-pocket expense after meeting your deductible. The choice is yours.


Coast-to-Coast Coverage
The PPO includes coverage virtually anywhere in the nation. Plus, CDPHN covers you worldwide for emergency care.

We're here if you need us.
If you have questions about your benefits, simply call one of our knowledgeable member representatives, any weekday between 8 a.m. and 5 p.m.

You also have access to your benefit information online, any time, via the secure member portal on our website at www.cdphp.com.
Receiving Care
You do not need to designate a primary care physician or seek a referral before seeing a participating specialist.

- You are free to seek care in-network or out-of-network.
- Your out-of-pocket expenses will be lower when you seek care within the CDPHN and national networks. To find participating physicians across the nation, please use the Find-A-Doc feature at www.cdphp.com.

Your Payment Obligations
- Your plan may require you to pay for services until you have met your deductible, after which most services are subject to coinsurance or a copayment.
- If you are paying towards your deductible or owe a coinsurance, please ask your physician’s office to file a claim on your behalf and bill you for the balance you owe. If you owe a copayment, be prepared to make payment at the time of service.
- Your doctor may contact the CDPHN provider services department with questions about your eligibility or payment obligations.
- To file a claim, send the claim form, itemized bill, and a receipt to CDPHN, 500 Patroon Creek Blvd., Albany, NY 12206-1057. Claim forms are available at www.cdphp.com.
- Please file within 90 days of receiving care.

Prior Authorization
Prior authorization enables us to ensure that the care you are receiving is medically appropriate and delivered at the appropriate location. Generally, your physician requests prior authorization from CDPHN, however, it is your responsibility to make sure that prior authorization is received before receiving a service. After review, CDPHN will notify you, your physician, and the hospital or facility that the care is determined to be medically necessary and appropriate. If it is determined that it is not medically necessary for the member to have the proposed services, CDPHN will contact you and the physician with the determination.

It is your responsibility to call 1-800-274-2332 before receiving:

<table>
<thead>
<tr>
<th>In-Network Only</th>
<th>Cardiac rehabilitation beyond 36 sessions</th>
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<tr>
<td></td>
<td>Speech therapy beyond first visit</td>
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<tr>
<td></td>
<td>Durable medical equipment/prosthetics/orthotics that are rented or cost more than $500</td>
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<td>Repairs or replacements of covered DME and prosthetic devices, etc.</td>
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Emergency Care
- Emergency services are covered at the in-network level for a condition that is so severe that the average person would believe that serious bodily harm, loss of function, or disfigurement could result unless care is received right away.
- If you require emergency medical care as described above, go to the nearest hospital emergency room or call 911 or your local emergency response number.

This tip sheet provides an overview of your coverage but does not detail all of the benefits, limitations, or exclusions. It is not a contract and is subject to change. For more detailed information, please refer to your summary plan description.