

CDPHP® Group Benefit Offering



A plan for life.

Your partner in good health

As a health plan that puts its members first, CDPHP® provides a personalized experience and delivers the tools and resources you need to live your **healthiest life**. Whether you're trying to improve your health or maintain an active lifestyle, CDPHP has you covered.

\$0 CARE FOR CHILDREN

\$0 primary care physician visits and Tier 1 medications for members under age 19*

FITNESS AND WEIGHT MANAGEMENT REIMBURSEMENTS

Earn up to \$600 per year for going to the gym, youth sports fees, parent and baby classes, fitness classes, or wearable fitness devices; and up to \$100 for completing a weight loss program.

MEDICATION SAVINGS

View your medications, search for cost savings, change your pharmacy, and more with our pharmacy app, ConnectRx, On the Go.

CARE MANAGEMENT

Supporting you and your loved ones with a new diagnosis or during and after a hospital stay.

VIRTUAL DOCTOR VISITS

Live video doctor visits 24/7 for physical and mental health.

FAMILY HEALTH

Up to \$1,500 doula reimbursement; fertility, pregnancy, and parenting tools.


* Subject to \$0 cost sharing. For primary care physician visits, deductible will apply on HSA qualified high deductible plans for non-preventive care visits. For Tier 1 medications, deductible will apply on HSA qualified high deductible plans.

Benefits vary by plan.

Where to go for care

NEED AN APPOINTMENT?

In a non-emergency situation, it's important to start with your primary care doctor. Your physician knows your health status best and can treat many health issues.

When choosing a new primary care doctor, consider one who participates in the CDPHP Enhanced Primary Care program. These doctors are known for providing better, more cost-effective care. Look for the Enhanced Primary Care icon when searching on Find-A-Doc. 

YOUR DOCTOR ISN'T AVAILABLE?

You have access to live video doctor visits 24/7 through your mobile device or computer. Learn more about virtual options for physical health at cdphp.com/doctorondemand and view your virtual options for mental health and substance use at cdphp.com/mentalhealth.

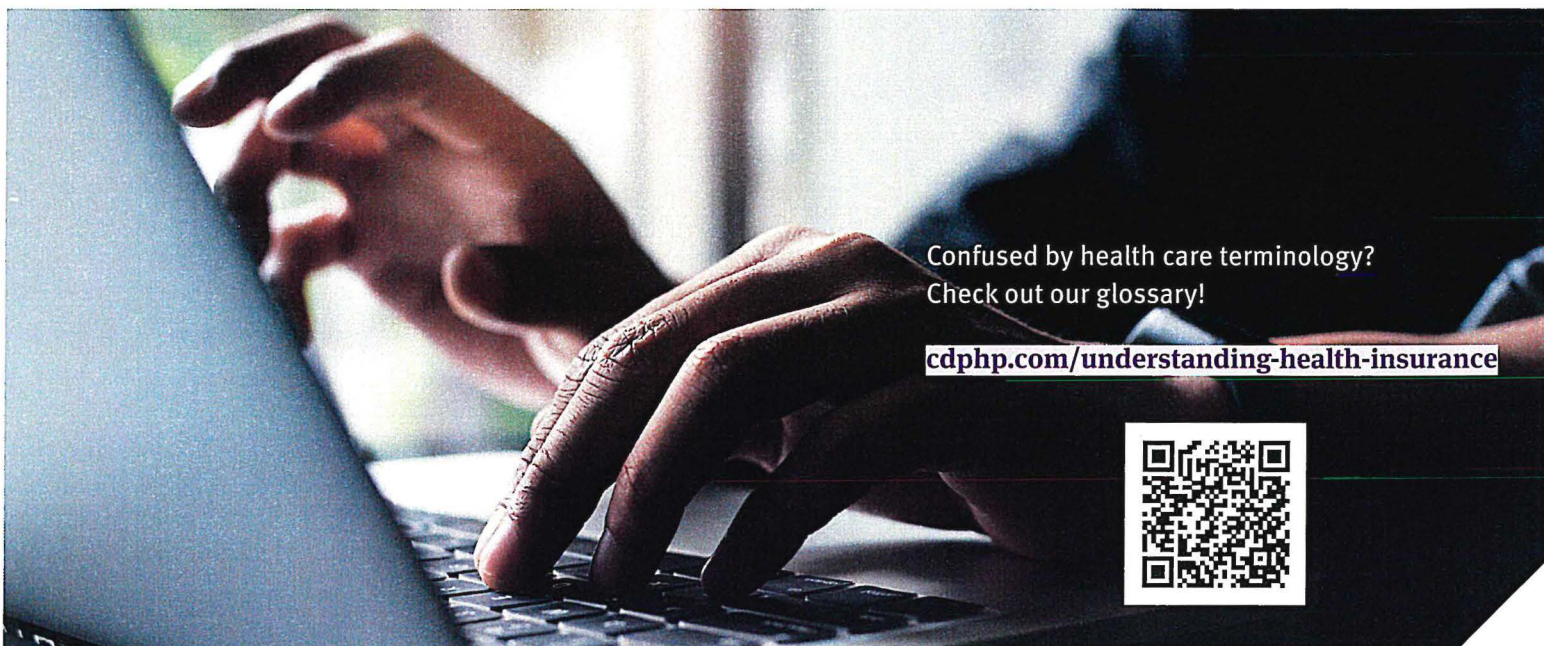
MORE URGENT NEED?

If your doctor isn't available, visit an urgent care location before going to the ER. Urgent care has short wait times and is more economical. In fact, **visits to the ER are generally not covered for non-emergency services.**

Many specialists also offer walk-in and urgent care services that would save you time and money compared to a visit to the ER.

Confused by health care terminology?
Check out our glossary!

cdphp.com/understanding-health-insurance



Ongoing support

CDPHP Care Team

Have a health concern? To talk one-on-one with a member of the CDPHP Care Team, including nurses, dietitians, and care coordinators, call **1-888-94-CDPHP (23747)**.

Mental Health and Substance Use

For 24/7 support or help finding a provider that meets your needs, call **1-888-320-9584**. Learn more at **cdphp.com/mentalhealth**.

Family Health

Resources to support you and your family at every stage of life. Learn more at **cdphp.com/familyhealth**.

CDPHP Customer ConnectSM

Meet face to face with a CDPHP representative about claims, benefit questions, enrollment, and more. For hours and more, visit **cdphp.com/customerconnect**.

Tools to Quit Smoking


Quit smoking or vaping with digital, phone-based, group, or one-on-one programs. Visit **cdphp.com/quitsmoking** for details.

MedCheck

Let CDPHP help you manage your prescription drugs and avoid harmful drug interactions. To have one of our pharmacists review your medications one on one with you, call (518) 641-3220 and select Option 1.

Digital Wellness Classes

Get moving and stay healthy with a variety of online wellness classes. Learn more at **cdphp.com/classes**.



CDPHP is here for **you and your family.**



Combining Quality and Convenience

Comprehensive coverage, wherever you go
With the exclusive provider organization (EPO), you get comprehensive coverage and a wide range of choices. As long as you seek care within the national network, you pay only a fixed copayment and a deductible (if any), or coinsurance per visit, with no referrals, and no surprises.

To locate a doctor, visit findadoc.cdphp.com.

With our EPO plan:

No charge for certain preventive care visits:



CHECKUPS



VACCINATIONS



WELL-WOMAN AND
WELL-BABY CARE



CANCER SCREENINGS

PLUS:

- ▶ Travel out of the service area and CDPHP covers you worldwide for emergency care.
- ▶ The EPO includes coverage virtually anywhere in the nation.
- ▶ No specialist referral paperwork required.
- ▶ Single-source referral phone line (**1-888-94-CDPHP**) directs you to the program that best fits your needs.

Have a question?

Call member services at the number on your ID card any weekday between 8 a.m. and 8 p.m.

You also have access to your benefit information online, any time, by logging in to www.cdphp.com.

IF YOUR PLAN HAS A DEDUCTIBLE

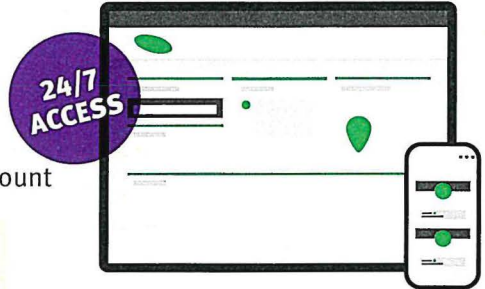
A deductible is the amount you pay for covered health care services before your insurer begins paying. If your cost exceeds that amount, your plan will cover the remainder, or a percentage of it. Refer to your member contract for specific deductible information for your plan.

We have you covered

24/7 Account Access

View and manage your benefits from anywhere by logging in to member.cdphp.com or the My CDPHP app.

- ▶ View your medical, dental, and prescription drug benefits
- ▶ Replace missing ID cards
- ▶ Communicate with CDPHP
- ▶ Track, submit, and verify claims if you have a funding account



CDPHP Price Check™

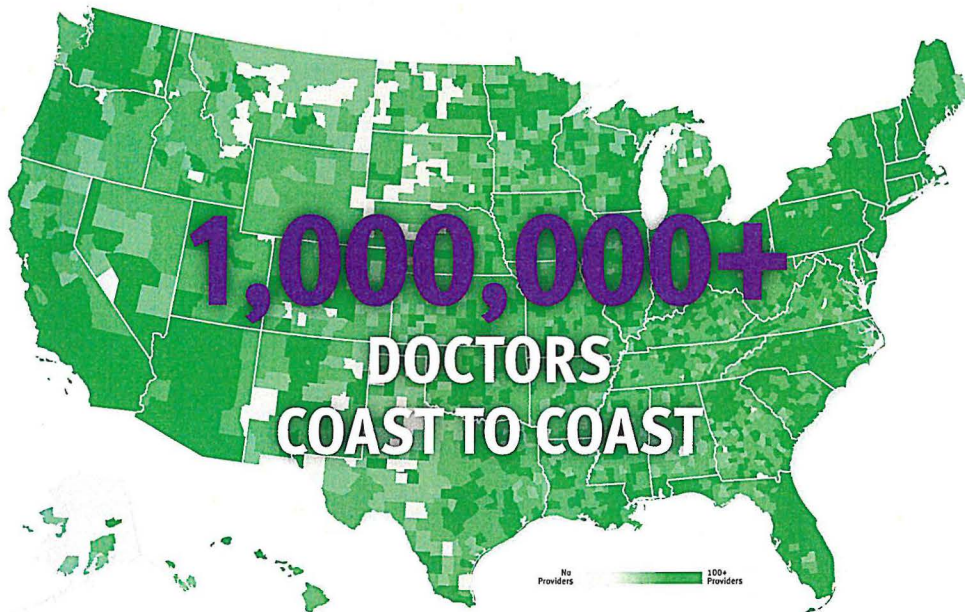
Get an estimated cost on a range of health care services before you choose a provider.

More than 1,000,000 Doctors Nationwide

Most CDPHP plans include a national network.* By seeing an in-network doctor, you pay significantly less than if you see an out-of-network doctor. In addition, all plans include worldwide coverage for emergency care.

CDPHP makes it easier than ever to locate a doctor with the redesigned online search tool, Find-A-Doc. Visit findadoc.cdphp.com, enter some brief information, and you'll be on your way to finding the doctor or specialty provider you need!

Within Find-A-Doc, you'll have access to an extensive list of preferred locations for free or reduced cost radiology, X-ray, laboratory services, and more.



* Available for EPO and PPO plans. Not available for HMO plans. Refer to your member materials or call member services at the number on your ID card to determine complete benefits.

CDPHP® EPO Plan Benefit Summary



Marketing Plan ID: 130
 Plan Code: SUPF7338
 Group ID: PROSPECT
 Presented For: PROSPECT
 Date Prepared:
 Effective Date: 20240101
 Metal Tier: PLATINUM

In-Network

Cost Sharing Information	
Deductible	N/A Single / N/A Family
Out of Pocket Maximum	\$4,000 Single / \$8,000 Family (Embedded)
Dependent Coverage	Covered to Age 26
Domestic Partner Coverage	Covered
Office Visits	
PCP	\$15 Copayment
*PCP Cost share waived for members that are under age of 19	
Specialist	\$35 Copayment
Telemedicine	
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full
Other Participating Telemedicine Providers (Valera)	\$15 Copayment
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider
Preventive and Well Care Services*	
Well Baby and Child Care including immunizations	Covered in full
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full
Mammography	Covered in full
Annual Pap Test and Ob/Gyn Exam	Covered in full
Prostate Cancer Screening	Covered in full
Bone Density Tests	Covered in full
*Cost sharing may apply to diagnostic care	
Retail Prescription Drugs	
Preferred Tier 1 Drugs (*Tier 1 drug cost share waived for members that are under age of 19)	\$4 Copayment
Preferred Tier 2 Drugs	\$30 Copayment
Preferred Tier 3 Drugs	\$60 Copayment
Non-Preferred Tier 1 Drugs	50% Coinsurance
Non-Preferred Tier 2 Drugs	50% Coinsurance
Non-Preferred Tier 3 Drugs	50% Coinsurance
Specialty Drugs	\$60 Copayment
Covers up to a 30-day supply (retail prescription); 90 day supply (mail order prescription). Mail order, 2.0 Preferred Tier Copayments for a 90 day supply. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program. This plan uses CDPHP Formulary 2 .	
Hospital Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$500 Copayment
Outpatient Surgery Facility	\$50 Copayment
Outpatient Surgery - Surgeon's Services	\$25 Copayment
Maternity Services*	
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*
Maternity - Inpatient Hospital Services	\$500 Copayment
Newborn Nursery	Covered in full
*(Non-routine services may result in an additional cost share)	
Emergency Care	
Worldwide Emergency Room Care (waived if admitted inpatient)	\$100 Copayment

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	In-Network
Ambulance	\$100 Copayment
Urgent Care	
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$60 Copayment
Diagnostic Testing*	
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$35 Copayment
Outpatient Hospital or Office Based Radiology Services: * Copayment waived if provider is a preferred center.	\$35 Copayment
Prescription Drugs Administered in Office or Outpatient Facilities*	
PCP Office	20% Coinsurance
Specialist Office	20% Coinsurance
Outpatient Facility	20% Coinsurance
*the cost share applies to the drug only, there is no separate cost share for the administration of the drug	
Behavioral Health Services	
Mental Health/Substance Use Inpatient Services	\$500 Copayment
Mental Health/Substance Use Outpatient Services	\$15 Copayment
*(Up to 20 visits per plan year may be used for substance use family counseling.)	
Condition Support Services	
Outpatient Rehabilitation/ Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) *(60 visits per condition per plan year combined therapies for OT, PT, ST)	\$35 Copayment
Home Health Care (40 visits per plan year)	Covered in full
Skilled Nursing Facility (365 days per plan year)	\$500 Copayment
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	\$15 Copayment
Prosthetic Devices and Durable Medical Equipment	50% Coinsurance
Hearing Aids	\$399 or \$699 Copayment through Hearing Care Solutions
Diabetic Services	
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply.	\$15 Copayment
Vision Services	
Routine Adult Vision Exam (One exam per plan year)	\$35 Copayment
Adult Glasses/Contacts	Coverage is for standard lenses and frames or contact lenses, up to a \$75 reimbursement
Routine Pediatric Vision Exam (One exam per plan year)	\$15 Copayment
Pediatric Glasses/Contacts (One prescribed lenses and frames per plan year. Standard Frames)	50% Coinsurance
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime
Wellness Care	
Weight Management	Up to a \$100 reimbursement available for participation in a weight loss program
Fitness Reimbursement	Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices.
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class

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In-Network	
Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth)	\$1,500
Life Points Rewards	Participating (Up to \$180 Life Points per contract per calendar year)
Acupuncture (10 visit limit per plan year for acupuncture services)	\$35 Copayment
Nutritional Counseling	\$35 Copayment
Chiropractic Benefits	\$35 Copayment

This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including 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 marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at www.cdphp.com.

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not Covered under the Certificate, You will be responsible for the full cost of the services.



Dependable Rx coverage

Prescription medications can have a big impact on your health and your wallet. That's why it's important to know how your prescription drug coverage works. CDPHP takes an innovative approach to pharmacy coverage, helping you find the lowest cost medication at the location offering the best price.

Log in to **member.cdphp.com** to view all pharmacy benefit coverage details.



Take Control of Your Prescriptions

Download the **CDPHP ConnectRx, On the Go** app to view your medications, search for cost saving alternatives, change your pharmacy, and more.



ConnectRx

CDPHP retail pharmacy locations support all of your pharmacy needs and can provide free home delivery to surrounding areas. Visit **pharmacyconnectrx.com** for more.



Prescription Savings Program*

With **Rx for Less**, get many generic drugs for as little as a penny a pill at pharmacies like ConnectRx, Walgreens, Hannaford, Price Chopper/Market 32, and more! Visit **cdphp.com/less** for the list of pharmacies and drugs that are part of the program.



Prescription Mail Order**

Skip the trip to the pharmacy! Get medications you take on a regular basis conveniently delivered right to your home with no charge for standard delivery.

Check your member ID card to find out which formulary (list of covered drugs) is available with your plan. The tier assigned to a drug determines how much you'll pay for it. Excluded drugs are covered only by medical exception, which your doctor can apply for.

Members have access to the CDPHP Preferred Rx Network, which allows you to fill prescriptions at virtually all chain store pharmacies and many independents.

* Rx for Less does not apply to mail order service.

** Specialty pharmacy agents, including injectables and certain drugs used to treat hepatitis C, HIV, multiple sclerosis, and other serious conditions, are not eligible for this program. Get more information about specialty drugs at <https://www.cdphp.com/members/rx-corner/specialty-drugs>. Some of the pharmacy benefits listed may not apply for members who do not have Rx coverage. Check your member contract for details.



Rx for Less

Medications for as Low as a Penny a Pill

With Rx for Less, CDPHP® members with prescription drug benefits can get deep discounts on specified generic drugs when purchased at preferred pharmacies, including:

- ▶ ConnectRx
- ▶ Rite Aid
- ▶ Kinney Drugs
- ▶ Stop & Shop
- ▶ Hannaford
- ▶ ShopRite
- ▶ Food Lion
- ▶ Multiple independent pharmacies
- ▶ Market 32/
Price Chopper
- ▶ Walgreens
- ▶ Giant Food
- ▶ Walmart

For more details, go to cdphp.com/save. If you're a CDPHP Medicare Advantage member, you can view your Rx for Less drug list online at that page.

Drug Label Name	Quantity Example	Rx For Less Price
ANTI-INFLAMMATORY		
DICLOFENAC SOD 50MG EC, 75MG EC TAB	90	\$0.90
IBUPROFEN 400 MG, 600 MG, 800 MG TAB	90	\$0.90
INDOMETHACIN 25 MG CAP	90	\$0.90
MELOXICAM 7.5 MG, 15 MG TAB	90	\$0.90
NAPROXEN 375 MG, 500 MG TAB	90	\$0.90
ASTHMA		
ALBUTEROL NEB 0.083%	150	\$5.00
IPRATROPIUM NEB 0.2 MG/ML	150	\$3.00
MONTELUKAST 10MG TAB	90	\$0.90
BEHAVIORAL HEALTH		
BUSPIRONE 5 MG, 10 MG TAB	90	\$0.90
CITALOPRAM 20 MG, 40 MG TAB	90	\$0.90
ESCITALOPRAM 10MG, 20MG TAB	90	\$0.90
FLUOXETINE 10 MG, 20MG CAP	90	\$0.90
LITHIUM CARBONATE 150 MG, 300 MG CAP	90	\$0.90
NORTRIPTYLINE 10 MG, 25 MG CAP	90	\$0.90
PAROXETINE 10 MG, 20MG TAB	90	\$0.90
QUETIAPINE 50 MG, 100 MG TAB	90	\$4.50
QUETIAPINE 200 MG, 300 MG TAB	90	\$18.00
RISPERIDONE 0.25 MG, 0.5 MG, 1 MG, 2 MG TAB	90	\$0.90
SERTRALINE 25 MG, 50 MG, 100 MG TAB	90	\$0.90
TRAZODONE 50 MG, 100 MG, 150 MG TAB	90	\$0.90
VENLAFAXINE 37.5 MG, 75 MG, 150 MG CAP SR 24HR	90	\$0.90
BLOOD THINNER		
WARFARIN/JANTOVEN 1 MG - 10 MG TAB	90	\$0.90
CARDIAC/BLOOD PRESSURE		
ACE INHIBITORS		
BENAZEPRIL HCL 5 MG, 10 MG, 20 MG, 40 MG TAB	90	\$0.90
ENALAPRIL MALEATE 2.5 MG, 5 MG, 10 MG, 20 MG TAB	90	\$0.90
ENALAPRIL-HCTZ 5-12.5 MG, 10-25 MG TAB	90	\$0.90
FOSINOPRIL SODIUM 10 MG, 20MG, 40 MG TAB	90	\$0.90
LISINOPRIL 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG TAB	90	\$0.90
LISINOPRIL-HCTZ 10-12.5 MG, 20-12.5 MG, 20-25 MG TAB	90	\$0.90
QUINAPRIL 5 MG, 10 MG, 20 MG, 40 MG TAB	90	\$4.50
QUINAPRIL-HCTZ 10-12.5 MG, 20-12.5 MG TAB	90	\$4.50
RAMIPRIL 1.25 MG, 2.5 MG, 5 MG, 10 MG CAP	90	\$4.50

MORE DRUGS ON THE NEXT PAGE ➡

Drug Label Name	Quantity Example	Rx For Less Price
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
IRBESARTAN TAB 75 MG, 150 MG, 300 MG TAB	90	\$18.00
LOSARTAN POTASSIUM 25 MG, 50 MG, 100 MG TAB	90	\$0.90
BETA-BLOCKERS		
ATENOLOL 25 MG, 50 MG, 100 MG TAB	90	\$0.90
ATENOLOL-CHLORTHAL 50-25 MG, 100-25 MG TAB	90	\$0.90
BISOPROLOL-HCTZ 2.5-6.25 MG, 5-6.25 MG, 10-6.25 MG TAB	90	\$0.90
CARVEDILOL 3.125 MG, 6.25 MG, 12.5 MG, 25 MG TAB	90	\$0.90
METOPROLOL ER SUC 25 MG, 50 MG, 100 MG TAB	90	\$0.90
METOPROLOL TARTRATE 25 MG, 50 MG, 100 MG TAB	90	\$0.90
PROPRANOLOL 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$0.90
CALCIUM CHANNEL BLOCKERS		
AMLODIPINE 2.5 MG, 5 MG, 10 MG TAB	90	\$0.90
DILTIAZEM 30 MG, 60 MG, 90 MG, 120 MG TAB	90	\$0.90
VERAPAMIL 80 MG, 120 MG TAB	90	\$0.90
DIURETICS		
BUMETANIDE 0.5 MG, 1 MG, 2MG TAB	90	\$0.90
FUROSEMIDE 20 MG, 40 MG, 80 MG TAB	90	\$0.90
HYDROCHLOROTHIAZIDE 12.5 MG CAP	90	\$0.90
HYDROCHLOROTHIAZIDE 25 MG, 50 MG TAB	90	\$0.90
SPIRONOLACTONE 25 MG, 50 MG TAB	90	\$0.90
TRIAMTERENE-HCTZ 37.5-25 MG CAP	90	\$0.90
TRIAMTERENE-HCTZ 37.5-25 MG, 75-50 MG TAB	90	\$0.90
OTHER — CARDIAC		
CLONIDINE 0.1 MG, 0.2 MG, 0.3 MG HCL TAB	90	\$0.90
GUANFACINE 1 MG, 2 MG TAB	90	\$0.90
TERAZOSIN 1 MG, 2 MG, 5 MG, 10 MG CAP	90	\$0.90
CHOLESTEROL (STATINS)		
ATORVASTATIN 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$10.00
LOVASTATIN 10 MG, 20 MG TAB	90	\$1.00
LOVASTATIN 40 MG TAB	90	\$5.00
PRAVASTATIN SODIUM 10 MG, 20 MG, 40 MG TAB	90	\$15.00
SIMVASTATIN 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$1.00
DIABETES		
GLIMEPIRIDE 1 MG, 2 MG, 4 MG TAB	90	\$0.90
GLIPIZIDE 5 MG, 10 MG TAB	90	\$0.90
GLIPIZIDE XL 2.5 MG, 5 MG, 10 MG TAB	90	\$0.90
METFORMIN HCL 500 MG, 850 MG, 1,000 MG TAB	90	\$0.90
METFORMIN HCL ER 500 MG, 750 MG TAB	90	\$0.90
GOUT		
ALLOPURINOL 100 MG, 300 MG TAB	90	\$0.90
OSTEOPOROSIS		
ALENDRONATE SODIUM 35 MG, 70 MG TAB *	12	\$3.00
STEROIDS		
PREDNISONE 5 MG, 10 MG TAB	90	\$0.90
VITAMINS/SUPPLEMENTS		
FOLIC ACID 1 MG TAB	90	\$0.90

Rx for Less pricing is not applicable to mail-order drugs. Drugs and prices are subject to change at anytime.

* Dosing schedule for Alendronate is 1 tab per week. Price shown is for 12 tabs (90-day supply).





A Pharmacy Experience Designed Around You

ConnectRx offers free home delivery and cost-saving drug programs, along with dedicated support from expert pharmacists. We're here for you throughout the Capital Region.

ConnectRx Hometown

601 19th Street
Watervliet, NY 12189
(518) 273-1402

ConnectRx Latham

711 Troy Schenectady Road
Suite 109
Latham, NY 12110
(518) 313-1016

Visit **PharmacyConnectRx.com** to learn more. ConnectRx locations accept most major insurance plans.

Call today to quickly and easily transfer your prescriptions!



MANAGE YOUR PRESCRIPTIONS ON THE GO!

CDPHP® members: Scan the QR code with your smartphone camera to download the **CDPHP ConnectRx, On the Go** app to view your prescriptions, compare drug costs, and much more!

CDPHP® Health Resources



Helping Members Get and Stay Healthy

The CDPHP Health Hub, powered by Virgin Pulse

Explore customized well-being resources and nutritional guidance to help you make healthy choices each day. Earn CDPHP Life Points® Rewards that can be redeemed for gift cards or merchandise.* Sign up by downloading the Virgin Pulse app or visiting join.virginpulse.com.



The CDPHP Care Team

Talk one-on-one with a nurse, registered dietitian, or pharmacist to get more information on a variety of health issues, ask questions about medications, receive help monitoring your health, and more. Call **1-888-942-3747** to chat with the team between 9 a.m. and 5 p.m. Monday through Friday.

Doctor On Demand®

Live video doctor visits 24/7 for physical and mental health from your smartphone, tablet, or computer. Visit doctorondemand.com/cdphp/join to register for your free account.



Mental Health Support

Receive personal assistance for mental health concerns by calling **1-888-320-9584** between 8 a.m. and 6 p.m. Monday through Friday. For urgent help after hours, call the crisis hotline at **1-855-293-0785**. Visit cdphp.com/mentalhealth for more information.



Kick The Smoking Habit

Quit smoking or vaping with digital, phone-based, group, or one-on-one programs. Visit cdphp.com/quitsmoking for details.



Reproductive and Family Support

From cycle tracking and trying to conceive, to pregnancy and parenthood, Ovia Health™ has multiple programs to fit your family planning needs. Visit cdphp.com/familyhealth for more details.



Prevent Diabetes

Lose weight and prevent diabetes with VP Transform for Prediabetes. This leading CDC-recognized diabetes prevention program combines live health coaching with a smartphone app, so staying on track with your health is easy. See if you qualify for the program by visiting join.virginpulse.com.



For more health resources, visit cdphp.com/wellness

* Life Points Rewards are available on most employer group plans.

Helping Members Save Money

Fitness Reimbursement

Eligible members can be reimbursed up to \$600 per plan year (\$400 for subscriber, \$200 combined for covered dependents) for going to the gym, youth sports fees, digital fitness classes, or the purchase of a qualified wearable fitness device. Please note there is a cap on how much of your reimbursement amount can be used for qualified devices. Subscribers can be reimbursed up to \$200 for qualified devices (out of the \$400 maximum) and covered dependents can be reimbursed up to a combined \$100 for qualified devices (out of the \$200 maximum). For details, visit cdphp.com/FitnessReimbursement.



Weight Management Reimbursement

Eligible members can be reimbursed up to \$100 for participating in a qualifying weight management program. To learn more, visit cdphp.com/weight-management.



Rx for Less

Get discounts on specific generic drugs when purchased at participating retailers. Visit cdphp.com/less for more information.



MyFitRx™ Reimbursement

Eligible members can be reimbursed up to \$50 per benefit year for completing MyFitRx (for ages 16+) at CDPHP Fitness Connect at the Ciccotti Center. Visit cdphp.com/fitness.



Save on Prescriptions

Download the CDPHP ConnectRx, On the Go app to see your personal list of medications and get alerted to savings opportunities.



Maternal Health Education Reimbursement

Eligible members can be reimbursed up to \$75 for in-person or digital maternal health education classes. To learn more, visit cdphp.com/pregnancy.



Doula Reimbursement

Eligible members can be reimbursed up to \$1,500 for in-person or digital services provided by a certified doula. To learn more, visit cdphp.com/pregnancy.



In Your Community

Free CDPHP Wellness Classes

Access to community wellness programs and online classes you can take from home. To learn more, go to cdphp.com/classes.



CDPHP Customer ConnectSM

Ask questions about your claims and benefits, request ID cards, enroll in a health plan, and more. Visit cdphp.com/CustomerConnect for locations and more.



Please check your policy for specific wellness benefit eligibility information.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

Small steps lead to big changes.

Get started on your path to better health by visiting the CDPHP® Health Hub, powered by Virgin Pulse.

We'll help you make small, everyday changes focused on the areas you want to improve the most. With daily engagement, you'll build healthy habits and experience the lifelong rewards of better health.

The CDPHP Health Hub can be accessed from your smartphone or computer, giving you 24/7 access to powerful wellness resources right at your fingertips.

The CDPHP Health Hub can help you:

- ▶ Learn how to eat for energy, move more, sleep better, manage stress, and more
- ▶ Motivate others and be motivated to build new healthy habits
- ▶ Reach your health goals

Reap the rewards of better health

As you complete health-related activities, you'll move through levels and earn points. When you reach milestone levels, you unlock CDPHP Life Points® Rewards. Redeem the rewards for gift cards and merchandise.



Health Hub
powered by Virgin Pulse

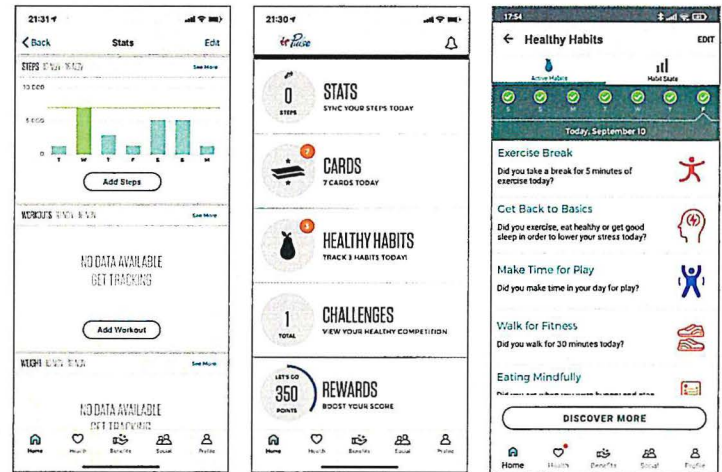


All adults age 18 and older in select plans are eligible. CDPHP Life Points Rewards accumulate per calendar year, per contract. Rewards must be redeemed by December 31 each year or prior to contract termination. Please check your member contract or call the number on your ID card to see if you're eligible.

Get started

Follow these easy steps for mobile or desktop:

- STEP 1** Search for the **Virgin Pulse app** in either the App Store or Google Play and add it to your device or visit join.virginpulse.com.
- STEP 2** Enter CDPHP Fully Insured as your health plan.
- STEP 3** Enter your full name as it appears on your CDPHP ID card, date of birth, and member ID. Your member ID is located on your ID card. Your member ID is nine characters, plus the two-digit number in front of your name.
- STEP 4** Create your username and password.
- STEP 5** Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well, and more!



TIP!

Turn on your mobile alerts so you don't miss out on fun opportunities. Go to your phone's Settings and find Virgin Pulse in your installed apps. Go to Notifications > Allow/Show Notifications.



Health Hub
powered by Virgin Pulse

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Money back for working out

It pays to exercise with the CDPHP® fitness reimbursement

- ▶ Subscribers can be reimbursed up to \$400 per plan year and their dependents can be reimbursed up to a combined \$200 – a total of up to \$600 per contract.*
- ▶ Gyms, specialty fitness studios, and paid digital fitness classes qualify for reimbursement.**
- ▶ A portion of the reimbursement can be used for wearable fitness devices.***
- ▶ Dependent portion can also be used for youth sports fees for members under age 18.
- ▶ **NEW FOR 2024 PLANS:** Parent and baby classes qualify for reimbursement and can be submitted under the dependent's name. Examples include parent and baby yoga, parent and baby swim lessons, etc.

Learn more by visiting cdphp.com/fitnessreimbursement.



**This benefit does not apply to all plans. Login at member.cdphp.com to check your plan contract or call member services at the number on your ID card to confirm eligibility.*

***Fitness equipment does not qualify for reimbursement.*

****Subscribers can be reimbursed up to \$200 for qualified devices (out of the \$400 maximum) and covered dependents can be reimbursed up to a combined \$100 for qualified devices (out of the \$200 maximum).*

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits, Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP®) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

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注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

Mental Health and Substance Use

Here for you, when you need us most.

It can be tough to ask for help, and you may not know where to turn. If you're ready to take the first step, CDPHP® is here for you and your family. Our Behavioral Health Access Center is made up of a team of mental health care experts who understand what you're going through and can point you in the right direction.

Give us a call at **1-888-320-9584 between 8 a.m. and 6 p.m., Monday through Friday**. If you need help afterhours, or if this is an emergency, press **"1"** to be connected with our crisis line.

LOCAL, IN-PERSON CARE

CDPHP partners with the area's preeminent psychologists, psychiatrists, social workers, therapists, and other mental health care experts for all of your mental health and substance use disorder needs. If you're ready to meet with a local professional, visit findadoc.cdphp.com to locate a provider near you. If you need help selecting a provider that's right for you, just give us a call at **1-888-320-9584**.

VIRTUAL MENTAL HEALTH CARE

Your mental health care needs don't always happen during business hours. That's why CDPHP partners with some of the nation's best virtual mental health care providers, many of whom are available 24/7!

	Age Treated and Location	Specialty	Care within	Language
aptihealth aptihealth.com/CDPHP	Adults, adolescents, and children 5+ years of age who live in New York state	Mild symptoms to severe, persistent mental illness	Five days of clinical consultation	English
Doctor On Demand® cdphp.com/doctorondemand	Adults, adolescents, and children of all ages who live in the United States	Anxiety, depression, postpartum, relationships, trauma, and loss	48 hours	Translation services available
Valera cdphp.com/valera	Adults, adolescents, and children 6+ years of age who live in New York state	Mild to severe symptoms; culturally-competent care, including LGBTQ services	Three weeks of initial consultation	12+ languages, American Sign Language (ASL)

CRISIS HOTLINE

You have an emergency, please contact **1-888-320-9584**.

For help afterhours, press **"1"** to be connected with our crisis hotline.



Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Logging into Your Account

By setting up a member account, you can easily access health resources from the comfort of your home computer, laptop, or mobile device.

Not registered yet? It's easy. Navigate to member.cdphp.com and click the **Register** link to create an account. You will need your member ID number (from your ID card) and a few other pieces of identifying information.

Here is an overview of resources available to you once you've logged in:

Self-Serve Options	Name or change your PCP (for applicable plans), complete the Release of Information (ROI) form, and submit reimbursement for medical claims paid out of pocket.
CDPHP® Price Check™	Get an estimated cost on a range of health care services before you choose a provider. This tool gives you more control of your health care dollars by allowing you to compare prices and plan for expenses in advance.
Benefits Information	A breakdown of your medical, prescription, and dental plans, as well as your funding account details (if any).
Claims Center	Use this tool to check the status of medical, dental, and prescription claims for you and your dependents under the age of 18.
Deductible Accumulator and Limit Information	Know how much of your deductible has been satisfied and the benefit limits for various services.
Dental Benefits	View your dental benefits and claims activity, find a dentist, and more.
Drug Coverage and Pricing	View your prescription drug plan and benefits, find in-network pharmacies, and more.
Healthy Activities and Challenges	Earn CDPHP Life Points® Rewards by taking steps to better your health.*
Funding Accounts (if applicable)	Access your HRA, FSA, and/or HSA account details, including your contributions and balance. You can also track spending, view and submit claims, and substantiate debit card transactions.
Contact Us	This tool comes in handy when you need to communicate securely via email with CDPHP regarding a benefit or claims inquiry.
Member ID Cards	Misplaced your ID card? No problem! Click this option to view and print your ID card and order a new one for yourself and your covered family members. You can also download the My CDPHP app on your smartphone to have your ID card handy at all times.
My Account	This page lists the personal information CDPHP has on file for you, including your name, address, date of birth, phone number, and more. Use the Edit function to make updates.
Helpful Videos	View tutorials on staying healthy, finding care, and understanding health insurance, and more by logging into your member account, clicking the Health & Wellness tab, and selecting Helpful Videos .

Need help getting started? Call a CDPHP member services representative at the number on your ID card.

* Life Points Rewards available on most group plans.

Connect with us!

Tell us what you think at
insights.cdphp.com/join 

Get fitness tips, wellness ideas,
and more! Follow us on social
and visit blog.cdphp.com.



A plan for life.

Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.

(518) 641-5000 or 1-800-993-7299
www.cdphp.com

18-8669 | 0718

Enrollment Application/Change Form

500 Patroon Creek Blvd.
Albany, NY 12206-1057
(518) 641-3700
or
1-800-777-2273

EMPLOYER USE ONLY

Date Hired (MM/DD/YY) (required) _____ ☐ Full-time ☐ Part-time (20 hours or less/week)
Date coverage is effective _____ ☐ Actively Working ☐ COBRA
☐ Retiree 65 or older ☐ Retiree 55-65 ☐ Retiree Under 55
Date of status change _____ Employer Name _____
☐ Part-to full-time ☐ Union to non-union ☐ Other _____
Group/Subgroup #: _____ Class #: _____
Chamber Assoc.: _____ Grp Admin Initials (required) _____

A. EXPLANATION (CHECK ALL THAT APPLY)

- ☐ New Hire ☐ Open Enrollment ☐ Loss of Coverage ☐ Marriage ☐ Birth ☐ Change in Student Status ☐ Dependent through 29
☐ Name/Address Change ☐ Court Order
☐ COBRA—Reason: ☐ Left Employ/Retirement ☐ Divorce/Legal Separation ☐ Death of Spouse ☐ Dependent Reached Max Age ☐ Loss of Student Status
☐ Termination—Reason: ☐ Employment Terminated ☐ Remove Dependents Only ☐ Deceased ☐ Other _____

B. COVERAGE INFORMATION (CHECK ALL THAT APPLY)

Product Type: ☐ HMO ☐ EPO ☐ HDEPO ☐ PPO ☐ HDPPPO ☐ HNY
PCP Copay Amt: \$ _____ Specialist Copay Amt: \$ _____ % Coins: _____ Deduct. Amt: \$ _____ ☐ Delta Dental of New York Coverage

C. FUNDING ACCOUNT (CHECK ALL THAT APPLY)

I am participating in a CDPHN-administered:

- ☐ Flexible Spending Account (FSA) ☐ Health Reimbursement Arrangement (HRA) ☐ Health Savings Account (HSA) ☐ Not Applicable

D. SUBSCRIBER INFO (CHECK ALL THAT APPLY)

For HMOs only, you and each dependent **MUST** select a Primary Care Physician (PCP). Member may also choose one OB/GYN. Also indicate if a member is a current patient and get the Physician # and Office Location from the provider directory or at www.cdphp.com. For all other products, include copy of your HIPAA certificate. If you have Medicare Parts A and B, include a copy of your Medicare card.

1. Last Name _____ First Name _____ M.I. _____ 4. Telephone: Home _____ Work _____ Mobile _____
2. Street Address _____ Apt. # _____ 5. E-mail Address _____
3. City _____ State _____ ZIP _____ 6. Employer Name _____
7. Social Security Number (Required) _____ Date of Birth _____ Medical Add or Delete ☐ ☐

Sex: ☐ M ☐ F ☐ Non-Binary ☐ Living with a Disabling Condition ☐ End-Stage Renal Disease ☐ ☐

The following are optional but help us understand the diversity of our membership.

Primary Language (optional): Spoken: _____ Written: _____

Race (optional, check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Medicare number: _____ Part A effective date: _____ Part B effective date: _____ Delta Dental Add or Delete ☐ ☐

For enrollees in small group (100 or fewer full time equivalent employees): Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? ☐ Yes ☐ No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage. _____

If you answered "no," we will provide you coverage of the pediatric dental essential health benefit. Additional cost may apply. Ask your employer for rate information.

Previous coverage: ☐ Yes Previous carrier: _____ Effective from: _____ To: _____

HMO only—Physician (PCP) Last _____ First _____ Phys # _____ Current Patient? ☐

OB/GYN Last _____ First _____ Phys # _____ Current Patient? ☐

E. DEPENDENT INFO

For **HMOs only**, you and each dependent **MUST** select a Primary Care Physician (PCP). Females may also choose one OB/GYN. Also indicate if a member is a current patient and get the Physician # and Office Location from the provider directory or at www.cdphp.com. For all other products, include copy of your HIPAA certificate. If you have Medicare Parts A and B, include a copy of your Medicare card.

8a. Last _____ First _____ M.I. _____ SSN (Required) _____ Date of Birth _____ Medical Add or Delete _____
Rel: ☐ Spouse ☐ Other Sex: ☐ M ☐ F ☐ Non-Binary ☐ Living with a Disabling Condition ☐ End-Stage Renal Disease ☐ ☐
Telephone: Home _____ Work _____ Mobile _____ E-mail Address _____

The following are optional but help us understand the diversity of our membership.

Primary Language (optional): Spoken: _____ Written: _____
Race (optional, check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Medicare number: _____ Part A effective date: _____ Part B effective date: _____ Delta Dental Add or Delete _____
For enrollees in small group (100 or fewer full time equivalent employees): Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? ☐ Yes ☐ No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage. _____

If you answered "no," we will provide you coverage of the pediatric dental essential health benefit. Additional cost may apply. Ask your employer for rate information.

Previous coverage: ☐ Yes Previous carrier: _____ Effective from: _____ To: _____
HMO only—Physician (PCP) Last _____ First _____ Phys # _____ Current Patient? ☐

OB/GYN Last _____ First _____ Phys # _____ Current Patient? ☐

8b. Last _____ First _____ M.I. _____ SSN (Required) _____ Date of Birth _____ Medical Add or Delete _____
Rel: ☐ Son ☐ Daughter ☐ Other ☐ Full-time student? ☐ Living with a Disabling Condition ☐ End-Stage Renal Disease ☐ ☐
Telephone: Home _____ Work _____ Mobile _____ E-mail Address _____

The following are optional but help us understand the diversity of our membership.

Primary Language (optional): Spoken: _____ Written: _____
Race (optional, check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Medicare number: _____ Part A effective date: _____ Part B effective date: _____ Delta Dental Add or Delete _____
For enrollees in small group (100 or fewer full time equivalent employees): Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? ☐ Yes ☐ No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage. _____

If you answered "no," we will provide you coverage of the pediatric dental essential health benefit. Additional cost may apply. Ask your employer for rate information.

Previous coverage: ☐ Yes Previous carrier: _____ Effective from: _____ To: _____
HMO only—Physician (PCP) Last _____ First _____ Phys # _____ Current Patient? ☐

OB/GYN Last _____ First _____ Phys # _____ Current Patient? ☐

8c. Last _____ First _____ M.I. _____ SSN (Required) _____ Date of Birth _____ Medical Add or Delete _____
Rel: ☐ Son ☐ Daughter ☐ Other ☐ Full-time student? ☐ Living with a Disabling Condition ☐ End-Stage Renal Disease ☐ ☐
Telephone: Home _____ Work _____ Mobile _____ E-mail Address _____

The following are optional but help us understand the diversity of our membership.

Primary Language (optional): Spoken: _____ Written: _____
Race (optional, check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Medicare number: _____ Part A effective date: _____ Part B effective date: _____ Delta Dental Add or Delete _____
For enrollees in small group (100 or fewer full time equivalent employees): Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? ☐ Yes ☐ No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage. _____

If you answered "no," we will provide you coverage of the pediatric dental essential health benefit. Additional cost may apply. Ask your employer for rate information.

Previous coverage: ☐ Yes Previous carrier: _____ Effective from: _____ To: _____
HMO only—Physician (PCP) Last _____ First _____ Phys # _____ Current Patient? ☐

OB/GYN Last _____ First _____ Phys # _____ Current Patient? ☐

Note: Make sure you sign and date the application on the next page.

E. DEPENDENT INFO Cont'd

8d. Last First M.I. SSN (Required) Date of Birth Medical Add or Delete

Rel: ☐ Son ☐ Daughter ☐ Other ☐ Full-time student? ☐ Living with a Disabling Condition ☐ End-Stage Renal Disease ☐ ☐

Telephone: Home Work Mobile E-mail Address

The following are optional but help us understand the diversity of our membership.

Primary Language (optional): Spoken: _____ Written: _____

Race (optional, check all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Medicare number: _____ Part A effective date: _____ Part B effective date: _____ Delta Dental Add or Delete ☐ ☐

For enrollees in small group (100 or fewer full time equivalent employees): Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? ☐ Yes ☐ No

If you answered "yes," please provide the name of the company issuing the stand-alone dental coverage. _____

If you answered "no," we will provide you coverage of the pediatric dental essential health benefit. Additional cost may apply. Ask your employer for rate information.

Previous coverage: ☐ Yes Previous carrier: _____ Effective from: _____ To: _____

HMO only—Physician (PCP) Last First Phys # Current Patient? ☐

OB/GYN Last First Phys # Current Patient? ☐

F. OTHER INSURANCE

Do you, your spouse, or any of your dependents have any other medical insurance that will be maintained in addition to CDPHP? ☐ Yes: If yes, complete below. ☐ No

9. Policyholder name Policy # Insurance carrier Employer name

Date of birth: _____ Address: _____

Effective date: _____ Coverage type: ☐ Hospital ☐ Medical ☐ Drug ☐ Dental ☐ Vision

Covered Individuals—Check all that apply ☐ Self ☐ Spouse ☐ Dependents

G. SIGNATURE: AGREEMENT: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge and that I have read the important information on the last page of this form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

10. Applicant's Signature: _____ 11. Date: _____

IMPORTANT INFORMATION

Failure to complete any sections will result in a processing delay of your application, member ID cards and, claims payment. Failure by your employer to complete the employer section will also result in a delay.

If you should have any questions about this Enrollment Application/Change Form, please call the CDPHP® member services department at (518) 641-3700 or 1-800-777-2273. Thank you for choosing CDPHP for your health care coverage.

Your signature on this application hereby affirms the following:

On behalf of myself and any dependents listed, I hereby apply for coverage under the Master Group Contract (health and/or dental, as the case may be) issued to my employer by Capital District Physicians' Health Plan, Inc. (HMO products) and/or CDPHP Universal Benefits® Inc. (CDPHP UBI) (EPO/PP0/HD products) and/or Delta Dental of New York, Inc.

I understand that the benefits for which I (we) will be eligible are in accordance with those described in the Master Group Contract and any attached riders. I further understand that for HMO benefits provided by Capital District Physicians' Health Plan, Inc., except for emergencies, covered services must be obtained through a participating physician (unless otherwise noted in rider) or in a participating hospital (unless otherwise noted in rider) when admitted or referred by a participating physician (unless otherwise noted in rider), and also that certain services may require a copayment (unless otherwise noted in rider) by me (or my dependents) directly to the provider of such services.

I hereby permit my employer to deduct the necessary Health Services Fees, if any, from my wages or salary, with the understanding that the employer acts as my agent in all dealings with CDPHP and/or Delta Dental of New York, Inc., and that all acts performed by the employer and all notices given to the employer in such dealings are binding upon me, as not prohibited by statute or regulation.

I understand that unresolved grievances are subject to the procedure specified in the Master Group Contract.

CDPHP COMPANIES

Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits® Inc.

Delta Dental Service Plans are underwritten and administered by Delta Dental of New York, Inc.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055
1-800-932-0783
TTY/TDD 1-888-373-3582
www.deltadentalins.com