Individual Coverage
CDPHP® Is Focused On Providing The Answers You Need

When it comes to the Affordable Care Act (ACA), CDPHP® knows you need the information that matters most to you. That’s why we’ve put together this straightforward guide to help you understand how health care reform will affect you, and to give you the tools to explore your CDPHP plan options – their benefits, their coverage, and how you can purchase them.

Sharing clear, balanced information is an important step in our ultimate goal of improving the health of our members and the greater community. It’s just one of the reasons CDPHP receives the highest customer service satisfaction ratings year after year.

ACA TIMELINE

Important health care reform milestones for individuals, families, and sole proprietors:

**October 1, 2013 – Individual Marketplace open enrollment begins**

Individuals and families can buy affordable and qualified health benefit plans through NY State of Health™, The Official Health Plan Marketplace, or New York’s health benefit Marketplace. Sole proprietors can also purchase coverage through the Individual Marketplace. See page 7 for details.

**January 1, 2014 – Coverage changes take effect**

Coverage begins for plans purchased on the Marketplace. Coverage and benefit changes also take effect. See page 4 for details.

**March 31, 2014 – Individual Marketplace open enrollment ends and Individual mandate becomes effective**

Those who wish to purchase insurance from the Marketplace must do so by this date. Individuals who experience a life-changing event can enroll after March 31 upon submitting an application within 60 days of the event. Most individuals will be required to be insured or pay a penalty of $95 or 1% of their taxable income, whichever is greater. See page 6 for details.

The CDPHP Difference

The ACA was designed and enacted to offer affordable, accessible health care to all Americans and to improve the current health care system. At CDPHP, we’re proud to say that we’ve already put these principles into practice by focusing on “health value,” which aims to provide better health care for our members, control costs, and improve our members’ care experience.
More Protection for Your Family

Here are a few of the changes the ACA has brought about.

Enhanced Women’s Health Services

In 2012, the ACA expanded the list of women’s preventive health services to be offered at no additional cost to plan members.

CDPHP has a history of strong support for women’s health, and most plans already cover many of the mandated benefits. We ensure that our members have access to the following at no additional cost:

- **NEW** FDA-approved female contraceptive methods
- **NEW** Breastfeeding equipment
- **NEW** Domestic violence screenings and counseling
- Well-woman visits
- Screening for gestational diabetes

Note: This mandate does not affect members covered by Medicaid, Child Health Plus, Family Health Plus, and Medicare.

Keep Your Children Covered Longer

Under the ACA, if your plan covers children, you can add or keep your children on your health insurance policy until they turn 26. In New York state, individuals may also purchase additional coverage that enables dependents to remain on a parent’s plan through age 29.

Essential Health Benefits

The ACA requires that all individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs).

By January 1, 2014, plans must include coverage within the following categories:

- Ambulatory and emergency services
- Rehabilitative and habilitative care
- Hospitalization
- Laboratory service
- Maternity and newborn care
- Preventive and wellness services
- Mental health and substance abuse service
- Chronic disease management
- Prescription drugs
- Pediatric vision
- Pediatric oral care

Many of these benefits are currently covered under existing CDPHP plans.

New Out-Of-Pocket (OOP) Maximums

For plan years beginning on or after January 1, 2014, annual OOP maximums for ALL plans can be no higher than $6,350 for self coverage and $12,700 for family coverage. These amounts are subject to change every year as determined by the IRS. All benefits contribute to the OOP maximum, including prescription benefits.

Out-of-pocket maximum (OOP) refers to the maximum amount a member has to pay for covered services in a year. Generally, this includes the deductible, coinsurance, and copayments.

Coverage for Pre-Existing Health Conditions

In 2014, insurers can no longer charge more or deny coverage to anyone based on the state of their health. CDPHP considers our communities’ health a top priority and already covers pre-existing conditions.

The CDPHP Difference

We’re always looking for new ways to improve patient health and support the communities where we work and live. That’s why CDPHP already covers many of the essential health benefits and women’s health services required by the ACA.
The CDPHP Difference: Commitment to Health

- 24-hour crisis line allows members to speak with a live, licensed mental health professional to get connected with the right resources.
- Care management services offer support and education for members dealing with chronic conditions and health problems.

What the Marketplace Means to You

What is a health benefits Marketplace?

A health benefits marketplace is an organized way for people to purchase and enroll in health insurance coverage.

In New York, the online health insurance marketplace is NY State of Health™ at www.nystateofhealth.ny.gov, and it has two separate marketplaces; the Individual Marketplace, which is open to individuals and their families, and the Small Business Marketplace (formerly SHOP), which is open to small businesses with two to 50 employees.

Both marketplaces serve to help consumers compare commercial insurance options, calculate costs, and select coverage online, in person, or over the phone through their Customer Service Center at 1-855-355-5777.

Can sole proprietors use the Individual Marketplace?

Yes! Under the ACA, sole proprietors can no longer receive group coverage and must purchase an individual plan directly from CDPHP or via the Marketplace.

The Individual Mandate

The ACA will require many U.S. citizens and legal residents to be insured or pay a penalty, a provision known as the “individual mandate.” To determine if this applies to you:

START HERE

Do any of the following apply?

- You are part of a religion opposed to acceptance of benefits from a health insurance policy.
- You are an undocumented immigrant.
- You are incarcerated.
- You are a member of an Indian tribe.
- Your family income is below the threshold for filing a tax return ($10,000 for an individual, $20,000 for a family in 2013).
- You have to pay more than 8% of your income for health insurance, after taking into account any employer contributions or tax credits.

NO

Weren’t you insured for the whole year through a combination of any of the following sources?

- Medicare.
- Medicaid or the Children’s Health Insurance Program (CHIP).
- TRICARE (for service members, retirees, and their families).
- The veteran’s health program.
- A plan offered by an employer.
- Insurance bought on your own that is at least at the Bronze level.
- A grandfathered health plan in existence before the health reform law was enacted.

NO

There is a penalty for being without health insurance.

YES

There is no penalty for being without health insurance.

The requirement to have health insurance is satisfied and no penalty is assessed.

For 2014:

Income is defined as total income in excess of the filing threshold ($10,000 for an individual and $20,000 for a family in 2013). The penalty is pro-rated by the number of months without coverage, though there is no penalty for a single gap in coverage of less than 3 months in a year. The penalty cannot be greater than the national average premium for Bronze coverage in an Marketplace. After 2016 penalty amounts are increased annually by the cost of living.

Source: The Henry J. Kaiser Family Foundation
Choosing a Plan for You and Your Family

The ACA calls for the creation of four levels of coverage. All plans must cover Essential Health Benefits (see page 5 for more on EHBs), and are assigned to "metal levels" based on how much of the cost for health care services is covered by the health insurance company.

Metal levels make it easier for you to compare plans with similar levels of coverage. CDPHP is participating in all levels.

How do the new levels of coverage compare on costs?

<table>
<thead>
<tr>
<th>Metal Level</th>
<th>Coverage Percentage</th>
<th>Premium/Monthly Costs</th>
<th>Out-of-Pocket Costs for Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>approx. 90% of costs</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Gold</td>
<td>approx. 80% of costs</td>
<td>$</td>
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<td>Silver</td>
<td>approx. 70% of costs</td>
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<td>$</td>
</tr>
<tr>
<td>Bronze</td>
<td>approx. 60% of costs</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

As always, there are no out-of-pocket costs for preventive care services.

Prescription Coverage

CDPHP Individual plans utilize the CDPHP Value Rx network, giving you the convenience and cost-savings offered by major pharmacies, like CVS/Caremark, Price Chopper, and Walmart. To find a participating pharmacy in the CDPHP Value Rx network, use the Find-A-Doc feature on www.cdphp.com.

The CDPHP Difference

We’re here to help make it easier to access quality care, whether you get your coverage on the Marketplace or directly through us. All plans offer valuable features and above-and-beyond service you expect from CDPHP.

Other Cost-Saving Plan Options

The Marketplace offers several specific plan options designed to keep costs down. To determine your eligibility for these options, visit New York State of Health at www.nystateofhealth.ny.gov.

Catastrophic Plans

Catastrophic coverage is a high-deductible plan that is available to young adults (under the age of 30) and individuals with a certification of exemption based on hardship or inability to afford or obtain coverage. This type of plan covers essential health benefits after you reach the annual out-of-pocket costs. In addition, the plan covers at least three primary care visits per year before you reach the deductible.

American Indian and Alaska Native Provisions

There are specific provisions related to American Indians and Alaska Natives in the ACA. Through NY State of Health, members of federally recognized tribes may be eligible for special enrollment periods and cost-share reductions.

Child-Only Option

For families in which parents and children have different coverage situations, child-only options are available on all standard plans. These plans provide coverage at a reduced premium only for individuals who are less than 21 years of age.

The CDPHP Difference: Extra Cost Savings

- Free wellness classes include nutrition, fitness, stress management, and health education
- Rx for Less gives deep discounts on specified generic drugs when purchased at any CVS, Walmart, or Price Chopper
- 20% CVS discount on CVS brand health-related products
Subsidies: Making Coverage More Affordable

If you purchase health coverage through NY State of Health, you may be eligible for subsidies that can assist with the cost of health coverage. There are two types of subsidies: the Advanced Premium Tax Credit, also known as an individual subsidy, which lowers the monthly premium, and cost-sharing assistance, which limits the maximum out-of-pocket costs.

How much is the Advanced Premium Tax Credit?
The amount of the premium subsidy you are eligible for is based on the cost of plans offered on the Marketplace and is set on a sliding scale according to your income. You may apply this subsidy to reduce the premium amount you pay each month, or you can choose to receive the subsidy when you file your federal tax return.

Who is eligible for the Advanced Premium Tax Credit?
Individuals and families with incomes between 133 percent and 400 percent of the federal poverty level (FPL)* may be eligible for federal subsidies that will offset the cost of health insurance premiums in the Marketplace (see chart). Use a calculator to see if you may qualify for the premium subsidy: www.nystateofhealth.ny.gov/PremiumEstimator. Visit NY State of Health at www.nystateofhealth.ny.gov to officially determine your eligibility for the premium subsidy.

How does the cost-sharing subsidy work?
Individuals and families under 250 percent of the FPL may be eligible for a cost-share reduction subsidy when they purchase a silver plan. To find out if you qualify for this type of subsidy, visit NY State of Health at www.nystateofhealth.ny.gov.

Additional Resources

cdphp.com/Health-Care-Reform
A comprehensive online resource developed to help you better understand the complexities of the Affordable Care Act (ACA) and how it will affect you.

Healthcare.gov
A government-sourced webpage designed to empower you with extensive information on health care, from the basics of health insurance to understanding health care reform to finding the right plan for you.

nystateofhealth.ny.gov
The online marketplace where residents of New York can compare coverage options, calculate costs and enroll online. Open enrollment for the Small Business and Individual Marketplaces runs from October 1, 2013 through March 31, 2014. You can also reach their Customer Service Center by phone at 1-855-355-5777.

nystateofhealth.ny.gov/PremiumEstimator
Use this calculator from NY State of Health to see if you’re eligible for a subsidy. This calculator should only be used to estimate eligibility. It does not guarantee subsidy benefits.

The CDPHP Difference
The upcoming ACA requirements will make having the right information all the more important for you and your family. As your health plan, we want to help ensure you have the answers you need to make smart choices and have better conversations with not only your family, but your tax and business advisors as well.

* Individuals under 65 years of age with income below 133 percent of the federal poverty level will be eligible for Medicaid.

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<table>
<thead>
<tr>
<th>Household Size</th>
<th>250% of Federal Poverty Level (cost-share subsidy)</th>
<th>400% of Federal Poverty Level (Advanced Premium Tax Credit)</th>
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<tr>
<td>2</td>
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<td>8</td>
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Each additional person +$10,050 +$16,080

Source: U.S. Department of Health and Human Services
## CDPHP Individual Plan Options

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<tr>
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<th>Plan Name</th>
<th>Deductible Single/Family</th>
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<th>Specialist Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient</th>
<th>ER/Ambulance</th>
<th>Out-of-Pocket Max Single/Family</th>
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<td>$50</td>
<td>$50</td>
<td>$6,350/$12,700</td>
<td></td>
</tr>
</tbody>
</table>

All CDPHP individual plans cover same- or opposite-sex domestic partners.

Rates vary by region. For rates available in your area, call (518) 641-3050 or 1-855-236-7113. You can also visit NY State of Health at www.nystateofhealth.ny.gov.

Once you’ve chosen the plan that meets your needs, you can add the following options:

- **Dependent through Age 29 Coverage**: Allows employees to include eligible young adults (through age 29) as dependents under family coverage.

- **Skilled Nursing Facility 365-Day Coverage Extension (available off-Marketplace only)**: Extends skilled nursing facility coverage to 365 days per plan year.

The CDPHP Difference: Technology

- **My CDPHP Mobile**: Is a free app that offers health plan information at-your-fingertips

- **CDPHP® InMotion™**: Is a website and mobile app designed to help members to achieve their health and fitness goals

- **CaféWell™**: Is a social networking site focused on health

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* Tier 1 drugs are generally generic drugs with lower copayments. In tier 2, you’ll typically find brand-name drugs that CDPHP has classified as “formulary” drugs because they offer a clinical advantage at a reasonable cost. Tier 3 drugs include brand-name and generic drugs that do not offer a significant clinical and/or cost advantage over a tier 1 or 2 drug. All individual plans include the Value Rx network and Formulary 2.

** Includes $200 bonus account for purchase of qualified expenses.
The CDPHP Difference

CDPHP is dedicated to improving health, enhancing the patient experience, and lowering health care costs—supporting the Triple Aim advocated by the Institute for Healthcare Improvement.

As a result, CDPHP is leader in care improvements, from hospital-based quality initiatives to our Enhanced Primary Care program, which foster holistic patient/doctor relationships that result in better, more efficient, and more affordable access to care for you and your family.

And we do it all at an affordable cost that includes industry-leading world-class support.

With You Every Step of the Way

As we work through health care reform and continue to improve the delivery and quality of care, we’re committed to keeping you and your family informed.

We know there’s nothing more empowering than having the answers you need, when you need them, so you can make the right choices for your health, and the best decisions for your family.

Thank you for considering CDPHP.

For more information or to discuss plan options, please call (518) 641-3050 or 1-855-236-7113.

To learn more about CDPHP, visit www.cdphp.com.

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Best disease management program in upstate New York for the
SIXTH consecutive year

Source: IHI Triple Aim


Ranking for CDPHN (PPO), CDPHP UBI (PPO), CDPHN (HMO/POS), CDPHP (HMO)

—NCQA’s Health Insurance Plan Rankings 2013-14 – Private

Ranking for CDPHP Medicare Choices HMO

—NCQA’s Health Insurance Plan Rankings 2013-14 – Medicare

Ranked #1 NATIONWIDE

FOR CONSUMER HEALTH ENGAGEMENT

—The EveryMove 100 Health Insurance Index™

#1 in New York state

#1 in New York state


—NCQA’s Health Insurance Plan Rankings 2013-14 – Private

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