



CDPHP® Medicare Advantage PPO Benefit Summary

East Greenbush Central School District
Group # 20031701

Annual Out-of-Pocket Maximum (In- and Out-of-Network) \$4,000

NO COST PREVENTIVE SERVICES

CDPHP covers many preventive screenings including annual adult exams; bone mass screenings; colorectal screening exams; prostate cancer screenings; immunizations, and more. For all women, pap tests and pelvic exams are covered once every 24 months. Visit cdphp.com for a full list of preventive services.

	In-Network	Out-of-Network
VISIT YOUR DOCTOR	COST SHARE**	COST SHARE**
Doctor On Demand (live video doctor visits)	\$15	\$15
Enhanced Primary Care Physician Visits	\$15	\$15
Primary Care Physician Visits	\$15	\$15
Specialty Visits	\$15	\$15
HOSPITAL/CLINIC SERVICES		
Ambulance	No Copayment	No Copayment
Emergency Room Care (worldwide)	\$75	\$75
Inpatient Hospital (max 2 copayments per year In-Network)	\$250	\$250
Outpatient Hospital/Surgery/Observation	\$200	\$200
Skilled Nursing Facility Services (100 days per benefit period)	No Copayment	No Copayment
Urgent Care	\$25	\$25
LAB/DIAGNOSTIC SERVICES		
Advanced Imaging (CT scan, MRI, PET scan)	No Copayment	No Copayment
Laboratory Services (Cost share waived if performed at a preferred lab)	\$15	\$15
Radiology and Imaging (X-rays, ultrasounds)	No Copayment	No Copayment
CONDITION SUPPORT SERVICES		
Blood Glucose Monitors and Test Strips by Ascencia Diabetes Care	No Copayment	No Copayment
Cardiac Rehabilitation	No Copayment	No Copayment
Chiropractic Benefits	\$15	\$15
Diabetic Supplies (you pay whichever cost share is less)	No Copayment	No Copayment
Dialysis (in- and out-of-network)	\$15	\$15
Durable Medical Equipment, Prosthetic Devices, and Diabetic DME	No Copayment	No Copayment
Home Health Services	No Copayment	No Copayment
Mental Health Inpatient (max 2 copayments per year In-Network)	\$250	\$250
Mental Health Outpatient	\$15	\$15
Colostomy Supplies	No Copayment	No Copayment
Partial Hospitalization	\$55	\$55
Physical, Speech, and Occupational Therapy	\$15	\$15
Podiatry Services	\$15	\$15
Pulmonary Rehabilitation	No Copayment	No Copayment
Substance Abuse Inpatient (max 2 copayments per year In-Network)	\$250	\$250
Substance Abuse Outpatient	\$15	\$15

	In-Network	Out-of-Network
PART B PRESCRIPTION DRUGS		
Physician Administered Injectables (including chemo)	No Copayment	No Copayment
Purchased at Pharmacy/Oral Chemo (per prescription)	No Copayment	No Copayment
HEARING, VISION & DENTAL		
Exam (one hearing and one vision exam per year)	\$15	\$15
Hearing Aids (every 3 years)		\$600 Allowance
Medicare-covered Non-Routine Dental	\$15	\$15
Dental Services	Only with Rider	Only with Rider
Vision Eyewear (per year)		\$100 Allowance
HEALTH & FITNESS		
CaféWell®: Members are eligible to earn up to \$125 in Life Points per contract by completing program activities. This no-cost online tool creates a personalized library of resources and goal-setting tips to help you take control of your health. Log in to your member account at member.cdphp.com and click on CaféWell to learn more and sign up.		
CDPHP Senior Fit®: Enjoy access to SilverSneakers® participating gyms and keep moving with amenities like treadmills, weights, heated pools, and fitness classes designed to help improve flexibility, balance, endurance, and energy. You can also work out and take fitness and wellness classes at many other area gyms, like the Rudy A. Ciccotti Family Recreation Center, at no additional cost.		
Weight Management Program: Receive up to a \$75 reimbursement for participation in a weight loss program with an eligible vendor.		

**Cost share per date of service unless otherwise indicated

CDPHP® Medicare Advantage is a PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

If you have a question or wish to receive additional information, please contact the member services department at (518) 641-3950 or 1-888-248-6522 (TTY/TDD 711). Or, visit our website at www.cdphp.com. 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. Many preventive services are covered in full. For more detailed information, an *Evidence of Coverage* is available for your review upon request.



2020 CDPHP® Medicare Advantage Rider for Group Medicare Pharmacy Coverage

Drug Tier	Retail In-Network Copay (30-day supply)	Initial Coverage limit	Coverage Gap	Catastrophic
Tier 1 Preferred Generic	\$5			
Tier 2 Generic	\$5			
Tier 3 Preferred Brand	\$10			
Tier 4 Non-Preferred Drugs	\$25	\$0- \$4,020	<\$6,350	>\$6,350
Tier 5 Specialty Tier	\$25			

- **For a retail (90-day) supply:** You pay 3 times the retail in-network copay (see cost share copay grid; Tier 5 drugs are not available for 90-day supply).
- **For a long-term care (31-day) supply, mail-order (30-day), and out-of-network (30-day) supply:** You pay the retail in-network copay.
- **For a mail-order (90-day) supply:** You pay 2 times the retail in-network copay (Tier 5 drugs are not available for 90-day supply).

Deductible: \$0 per benefit period.

Initial Coverage Limit: See cost-share grid. Once copayments or coinsurance for covered Part D drugs under the CDPHP Medicare Advantage Drug Plans Formulary reach the limit, the Coverage Gap begins.

Coverage Gap: See cost-share grid. When your total out-of-pocket Part D drug costs* reach the limit, Catastrophic Coverage begins.

Catastrophic: You pay the greater of 5% coinsurance or \$3.60 for generic and multisource brand drugs, and the greater of 5% coinsurance or \$8.95 for all other drugs during Catastrophic Coverage. For Tier 4 and 5 drugs, you pay the lesser of 5% coinsurance or the above stated cost share.

This summary does not detail all benefits, limitations, or exclusions. The terms of the *Evidence of Coverage* to which this rider is attached shall remain in full force and effect, except as amended by this rider. CDPHP Medicare Advantage is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

*Total out-of-pocket Part D drug costs include member payments plus any drug manufacturer discounts paid on the member's behalf.



2020 CDPHP® Medicare Advantage RIDER FOR GROUP MEDICARE DENTAL COVERAGE

The *Evidence of Coverage* to which this rider is attached is amended as follows:

You are entitled to reimbursement for the following services up to a total of \$250 per benefit year from the provider of your choice:

- Comprehensive oral exams, limited to two per benefit year
- Prophylaxis (cleanings), limited to two per benefit year
- X-rays (full mouth, panoramic, bitewing, and intraoral), limited to one per benefit year

Submit your receipt and proof of payment to:

CDPHP Medicare Claims
P.O. Box 66602
Albany, NY 12206

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