



Group Name: East Greenbush Central School District-Medicare
Group ID#: 20031701

BENEFITS	YOU PAY	
	In-Network	Out-of-Network
Doctor Visits		
Primary care	\$15	\$15
Specialist	\$15	\$15
Preferred Live Video Doctor Visits	Covered in full	Not Covered
Telehealth services from a CDPHP Network provider	PCP or Specialist cost share based on provider	PCP or Specialist cost share based on provider
Preventive Care		
Annual wellness exam		
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot	Covered in full	Covered in full
Hospital and Outpatient Services		
Inpatient hospital stays Maximum of 2 copayments per plan year	\$250	\$250
Inpatient mental health care (190 days per lifetime) Maximum of 2 copayments per plan year	\$250	\$250
Outpatient hospital and ambulatory surgical center- same day surgery & other services	\$200	\$200
Home health services	Covered in full	Covered in full
Emergency Care		
Worldwide emergency room care (waived if admitted)		\$75
Urgent care		\$25
Ambulance		Covered in full
Rehabilitation		
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full
Physical, occupational, and speech therapy	\$15	\$15
Diagnostic Services		
Laboratory services (cost share waived at preferred laboratories)	\$15	\$15
Radiology and imaging (X-rays, ultrasounds)	Covered in full	Covered in full
Advanced imaging (CT scan, MRI, PET scan)	Covered in full	Covered in full
Additional Coverage		
Diabetes Care Monitoring Supplies	Covered in full	Covered in full
Dialysis	\$15	\$15
Acupuncture (10 visits)	50%	50%
Chiropractor	\$15	\$15
Durable Medical Equipment	Covered in full	Covered in full

BENEFITS		YOU PAY
Additional Coverage		
Vision allowance	\$100 allowance per plan year	
Hearing aids	\$199/\$499 Copay thru TruHearing per plan year	
In-Home Support Services (30 hours annually)	Covered in full	
Prescription Drugs – Part B		
Physician administered injectables (including chemotherapy) Office visit copayment may apply	Covered in full	Covered in full
Retail pharmacy/Oral chemotherapy (per prescription)	Covered in full	Covered in full
Prescription Drugs – Part D		
Rx Rider: 533P Rx Deductible: \$0		
Initial Coverage Stage	Preferred Network Retail Pharmacy (30-day supply)	Standard (Non-Preferred) Network Retail Pharmacy (30-day supply)
Tier 1 Preferred generic	\$5	\$10
Tier 2 Generic	\$5	\$10
Tier 3 Preferred brand	\$10	\$20
Tier 4 Non-preferred drugs	\$25	\$50
Tier 5 Specialty tier	\$25	\$50
Mail order (90-day supply)	You pay 2 times the Preferred Retail Pharmacy Network Copay; Tier 5 drugs are not available for 90-day supply.	
Catastrophic Coverage Stage	At \$2,100 out-of-pocket spend, your Part D Prescription drugs are Covered in full.	
Shingles Vaccine	Covered in full	
Dental Rider		
Rider: 592P	\$250 Reimbursement towards 2 cleanings and exams and 1 annual x-ray per plan year	
Out of Pocket Maximum		
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)	\$4,000 Combined in and out of network	
WELLNESS PROGRAMS		
Life Points Rewards®: Members are eligible to earn up to \$125 Life Points Rewards per contract by completing program activities.		
CDPHP Senior Fit®: Enjoy access to SilverSneakers® participating gyms. You can also work out and take fitness and wellness classes at many other area gyms, like the CDPHP® Fitness Connect at the Ciccotti Center, at no additional cost.		
Weight management program: Receive up to \$100 reimbursement for participation in a weight loss program with an eligible vendor.		

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 member services at (518) 641-3950 or 1-888-248-6522 (TTY: 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.