



2010 New York State #10006006 CDPHP® Group Medicare Rx (HMO) Benefit Summary

Services	Copayment
Annual Out-of-Pocket Limit (Member Responsibility)	\$2,500 for covered medical services received in-network
Physician Services	
Primary Care Physician visits	\$20 per visit
Specialty visits	\$20 per visit
Allergy injections	No copayment
Routine annual adult exam	No copayment
Routine annual gynecological exam	No copayment
Physician services during inpatient stay	No copayment
Well baby and child care, including immunizations/inoculations (only for Medicare-eligible children; children MUST have Medicare Parts A & B)	No copayment
Preventive Services	
Bone mass screening	No copayment
Mammogram	No copayment
Pap smears and pelvic exams	No copayment
Colorectal screening exams	No copayment
Prostate cancer screening	No copayment for men age 50 and older, \$20 copayment for men under 50
Immunizations (flu, pneumonia, and hepatitis B)	No copayment
Hospital Services	
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	No copayment
Outpatient surgery	\$75 copayment
Diagnostic Testing	
Laboratory services	\$20 per visit (<i>waived if provider is preferred</i>)
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.)	\$20 per visit (<i>waived if provider is preferred</i>)
Maternity	
Physician services	No copayment
Inpatient hospital services	No copayment
Newborn nursery (only for Medicare-eligible children; children MUST have Medicare Parts A & B)	No copayment
Emergency Care	
Worldwide emergency room care	\$50 per visit (<i>waived if admitted</i>)
Ambulance	\$50 copayment
Urgent Care	
Visit at network urgent care facility	\$30 per visit
Urgent care visit at a PCP's or specialist's office	\$20 per visit
Physical, Speech, and Occupational Therapy (no visit limit as long as medically necessary)	\$20 per visit

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Chiropractic Benefits	\$20 per visit
Home Health Care (no visit limit as long as medically necessary)	No copayment
Prosthetic Devices and Durable Medical Equipment	30% coinsurance of the allowed fee, up to a maximum of \$200 for each Medicare-covered item
Diabetic Care Insulin, diabetic medication, insulin needles and syringes, alcohol swabs, gauze Supplies (glucose control solutions, lancets, pump tubing/infusion sets, test strips; per 30-day supply) DME (infusion pumps, blood glucose meters, lancet devices)	Covered under Part D benefit 30% coinsurance or \$10 copayment, whichever is less \$15 per item
Mental Health Inpatient services (190-day lifetime limit) Outpatient services (No limit on number of visits per benefit period)*	No copayment \$20 per visit
Chemical Abuse and Dependency Inpatient detoxification and inpatient alcohol and substance abuse rehabilitation Outpatient rehabilitation (No limit on number of visits per benefit period)*	No copayment \$20 per visit
Skilled Nursing Facility (limited to 100 days per benefit period for medically necessary care)	No copayment
Hearing Services Exam (limited to one every 12 months) Hearing Aids	\$20 per visit \$600 allowance every three years
Vision Services Exam (limited to one every 12 months) Eyewear	\$20 per visit \$80 eyewear allowance every 12 months
Preventive Dental	\$150 reimbursement for 2 oral exams and 2 cleanings per year.
Travel Benefit Routine care outside of the CDPHP Medicare Choices service area for services such as doctor visits, outpatient surgery, and preventive care.	30% of the Medicare Fee Schedule, up to \$3,000 per year, for covered medical benefits and services.
CDPHP® Senior FitSM Program, featuring SilverSneakers®, Curves®, and the Capital District YMCA	No cost at participating sites
Part D Prescription Drug Benefits	Please refer to Pharmacy Rider for details.

***New/Updated for 2010**

Capital District Physicians' Health Plan, Inc. (CDPHP®) gives you access to more than 2,200 participating primary care providers and 7,000 participating specialists, 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 member services department at (518) 641-3950 or 1-888-248-6522 (TTY/TDD (518) 641-4000 or 1-877-261-1164). Or, visit our Web site at www.cdphp.com.

All benefits of this Plan are subject to coordination of benefits. 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. For more detailed information, an *Evidence of Coverage* is available for your review upon request. Please note: All non-emergency health services must be provided by a CDPHP participating physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.