



A plan for life.

CDPHP Medicare Choices Frequently Asked Questions

1. Question: Is CDPHP offering more than one Medicare plan?

Answer: Yes. There are several CDPHP Medicare Choices plans, offered by Capital District Physicians' Health Plan and CDPHP Universal Benefits,[®] Inc. (referred to collectively herein as "CDPHP"), that provide Part D prescription drug coverage.

2. Question: If I don't take many drugs, can I just get the medical coverage?

Answer: Yes. You can enroll in a plan that offers medical coverage without Part D benefits, but you can't enroll in a stand-alone drug plan. In other words, if you want to receive Part D coverage, then you must enroll in a plan that offers both medical and Part D coverage; you cannot enroll in a plan that only offers Part D coverage.

Keep in mind, if you do not have a drug plan that offers "creditable coverage" (coverage that is at least as good as Medicare's drug coverage), you will be penalized 1% of the National Benchmark for each month that you don't have creditable coverage—for 2009, the National Benchmark is \$30.36. This rate changes annually.

3. Question: If I sign up for one plan, can I switch to another plan if I decide that would be better for me?

Answer: You are able to switch plans during a specific period each year. Between November 15th and December 31st each year, you can join a Medicare plan. Between January 1st and March 31st each year, you can switch plans as long as you do not change your prescription drug coverage.

(See Question #2 above for more information about your prescription drug coverage options.)

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Frequently Asked Questions

(continued)

4. Question: Do I have to submit receipts that show that I have met my deductible?

Answer: No, when you make your purchases at a pharmacy, and show them your plan membership card, they will process these payments so that we have record of them. After you reach your deductible, you will only be required to pay based on your plan's benefits, and the pharmacy will know to charge you only that amount.

It's good practice to keep your receipts in case there is ever a question about how much you have paid. This is especially true if you have some type of supplemental coverage.

5. Question: What is the "donut hole" or coverage gap?

Answer: All Medicare Advantage Prescription Drug (Part D) Plans are designed by the Centers for Medicare & Medicaid Services (CMS) with a feature known as the coverage gap or "donut hole."

Each year, CMS sets pricing thresholds that lump your spending for prescriptions into specific levels based on typical annual spending for medications, and all health care companies must adhere to these levels. The levels adjust each year as CMS re-evaluates drug costs.

For 2009, the donut hole begins when your total spending for prescriptions—what CDPHP pays and what you pay—reaches \$2,700.

6. Question: What happens when I reach the coverage gap? How will I know what to pay?

Answer: Because all of your drug spending is recorded (see question and answer above), we will know when you reach the coverage gap and your pharmacy bill will reflect the appropriate costs during that stage.

In 2009, once you've reached the donut hole, CDPHP must stop subsidizing your drug costs (unless you're enrolled in one of our plans with partial coverage through the donut hole). While you're in the coverage gap, you pay 100 percent of the cost for prescriptions until your **TRue Out Of Pocket** ("TROOP") expenses reach \$4,350.

At that point, "catastrophic coverage" begins and your spending drops. You now pay the greater of 5 percent of the cost of the drug or \$2.40 for a generic prescription (and brand drugs treated as generics) and 5 percent or \$6.00 for all other brand-name drugs, and CDPHP once again pays the balance until the end of 2009.

CDPHP Medicare Choices Frequently Asked Questions (continued)

7. Question: What is a formulary, and could the formulary change?

Answer: A formulary is a preferred list of drugs that has been developed to meet the needs of most patients based on most commonly prescribed drugs. There are drugs that are mandated by the government to be a part of each Medicare Prescription Drug Plan's formulary.

A formulary is reviewed and updated on a regular basis by medical and pharmacy professionals. Prescriptions that are included in the plan's formulary are called covered drugs. If a drug is not on the formulary, it is not covered and the plan's benefits will not apply.

Formularies can change. If the formulary changes, affected enrollees will be notified before the change. You can visit www.cdphp.com to see the current formulary at any time, as it will be updated regularly as needed. Should a drug that you are taking be removed from the formulary, you will be notified by us. Also, if you currently take a drug that is not on our formulary, you may appeal to ask us to cover that drug. Refer to your *Evidence of Coverage* for full details on the appeal process.

8. Question: Are the Pharmacies the same for both plans?

Answer: Yes, all plans provide access to over 61,000 pharmacies across the country. These are called "network pharmacies," because we have made arrangements with them to provide prescription drugs to our members.

"Preferred pharmacies" are network pharmacies where we have negotiated lower cost sharing for covered prescription drugs (compared with "non-preferred pharmacies"). However, you will still have access to lower drug prices at "non-preferred pharmacies" than at out-of-network pharmacies. You may go to either of these types of network pharmacies to receive your covered prescription drugs.

You can also choose to have your prescription filled and mailed directly to your home or office using mail service pharmacies. Additionally, there are specialty pharmacies such as Home Infusion pharmacies, Long Term Care pharmacies, and Indian Health Service/Tribal/Urban Indian Health Program pharmacies.

CDPHP Medicare Choices Frequently Asked Questions (continued)

9. Question: What are drug tiers?

Answer: Tiers are the levels by which drugs are categorized to indicate the amount you will pay for that particular drug. Lower-cost tiers contain the medications that will be most economical to you (for 2009, generics are in Tiers 1 and 2). With each increased tier level, drugs typically require a higher contribution from you to obtain that particular drug.

10. Question: What if I want to purchase a drug from a pharmacy that is not in the plan's pharmacy network?

Answer: You will only receive benefit coverage for drugs that are on the plan's formulary that are filled at a network pharmacy. However, under certain circumstances you can obtain limited coverage for a drug that is not filled at a network pharmacy. Refer to your *Evidence of Coverage* for full details.

11. Question: How do I submit a claim and/or get reimbursed for my covered travel, dental, optical, and/or hearing services??

Answer: If you've received a covered service and the provider of medical services requested that you pay the charge at the time of service, send a completely itemized bill to our office so that you receive the maximum available benefits. That bill should include:

- Provider's name, address, telephone number, and tax ID number
- Date of service
- Name of each procedure/procedure code, including the name of any drugs
- Charge for each procedure
- Diagnosis
- Receipt for any payment made
- Member's name and ID number

Please send your claim to: Capital District Physicians' Health Plan, Inc.,
P.O. Box 66602, Albany, NY 12206-6602.

12. Question: How do I submit a foreign claim?

Answer: If you received medical treatment while traveling outside of the U.S., you will need to submit an itemized receipt to CDPHP for processing to the address above. The itemized receipt must include the above information in order to be considered for payment. CDPHP will have the foreign currency converted into U.S. dollars. If you have any concerns or questions, contact the CDPHP member services department.

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13. Question: If I submitted a claim and it was denied, what are my options?

Answer: If your claim has been denied, you have the right to appeal our decision. You need to do this in writing and your doctor can help you if you need it. Refer to your *Evidence of Coverage* for full details.

If you need a copy of our claim form, you can download it at www.cdphp.com or call Member Services and they'll send you one. Member Services can be reached at (518) 641-3950 or 1-888-248-6522, from 8 a.m. to 8 p.m., Monday through Friday. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.

14. Question: Where should I send my premium payment?

Answer: CDPHP Medicare Choices HMO plan members should send premium payments to: PO Box 4916, Syracuse, NY 13221-4916.

CDPHP Medicare Choices PPO plan members should send premium payments to: PO Box 4931, Syracuse, NY 13221-4931.

Instead of paying by check, you may also pay your plan premium automatically withdrawn from your bank account using Electronic Funds Transfer (EFT). To select the EFT payment method, please contact Member Services for the necessary form to fill out to enroll in this option. You also may download the form at www.cdphp.com, under the "Members" section. Automatic deductions are made on the 10th day of the month.

If you prefer to make payments in person at our Albany office, such payments would need to be in the form of a check or money order. Cash payments are not allowed.

15. Question: How do I change my Primary Care Physician (PCP) selection?

Answer: You can log in to your Online Health™ account at www.cdphp.com to select a new PCP. If you need help accessing your account or don't have Internet access, you also may call Member Services at (518) 641-3950 or 1-888-248-6522, from 8 a.m. to 8 p.m., Monday through Friday. TTY/TDD users should call (518) 641-4000 or 1-877-261-1164.