



**A plan for life.**

**Introduction to the Summary of Benefits Report for**

**CDPHP CORE (PPO)  
CDPHP CORE RX (PPO)  
CDPHP CLASSIC (PPO)  
CDPHP CLASSIC RX (PPO)  
CDPHP PRIME (PPO)  
CDPHP PRIME RX (PPO)**

January 1, 2010—December 31, 2010  
CAPITAL, CENTRAL, SOUTHERN TIER, AND HUDSON VALLEY, N.Y.

Thank you for your interest in CDPHP® Medicare Choices PPO Plans. Our plans are offered by CDPHP UNIVERSAL BENEFITS,® INC./CDPHP Medicare Choices, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CDPHP Medicare Choices and ask for the "Evidence of Coverage."

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like a CDPHP Medicare Choices PPO Plan. You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call CDPHP Medicare Choices at the telephone numbers listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare CDPHP Medicare Choices PPO Plans and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **WHERE ARE CDPHP MEDICARE CHOICES PPO PLANS AVAILABLE?**

The service area for this plan includes: Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren, and Washington counties in New York. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call customer service for more information.

## **WHO IS ELIGIBLE TO JOIN CDPHP MEDICARE CHOICES PPO PLANS?**

You can join a CDPHP Medicare Choices PPO Plan if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in a CDPHP Medicare Choices PPO Plan unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

CDPHP Medicare Choices has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list, visit us at [www.cdphp.com](http://www.cdphp.com).

Our customer service numbers are listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service numbers at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

CDPHP Core Rx (PPO), CDPHP Classic Rx (PPO), and CDPHP Prime Rx (PPO) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs. CDPHP Core (PPO), CDPHP Classic (PPO), and CDPHP Prime (PPO) do cover Medicare Part B prescription drugs but do NOT cover Medicare Part D prescription drugs.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

CDPHP Medicare Choices has formed a network of pharmacies for CDPHP Core Rx (PPO), CDPHP Classic Rx (PPO), and CDPHP Prime Rx (PPO). You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [http://www.cdphp.com/images/medicare/Medicare\\_Formulary\\_2009.pdf](http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf). Our customer service numbers are listed at the end of this introduction.

CDPHP Medicare Choices has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

CDPHP Medicare Choices uses a formulary for CDPHP Core Rx (PPO), CDPHP Classic Rx (PPO), and CDPHP Prime Rx (PPO). A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [http://www.cdphp.com/images/medicare/Medicare\\_Formulary\\_2009.pdf](http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception

or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CDPHP Medicare Choices, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization, 1-800-331-7767 or (516) 326-7767.

As a member of CDPHP Core Rx (PPO), CDPHP Classic Rx (PPO), or CDPHP Prime Rx (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Island Peer Review Organization, 1-800-331-7767 or (516) 326-7767.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we may offer to members of CDPHP Core Rx (PPO), CDPHP Classic Rx (PPO), and CDPHP Prime Rx (PPO). You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CDPHP Medicare Choices for more details.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CDPHP Medicare Choices for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

## **PLAN RATINGS**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). If you have access to the Web, you may use the Web tools on [www.medicare.gov](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at (518) 641-3950 or 1-888-248-6522 to obtain a copy of the plan ratings for this plan. TTY users call (518) 641-4000 or 1-877-261-1164.

Please call CDPHP Medicare Choices for more information about our PPO Plans.

Visit us at [www.cdphp.com](http://www.cdphp.com), or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m.-8 p.m. Eastern

Current members should call toll free 1-888-248-6522 for questions related to the Medicare Advantage Program (TTY/TDD 1-877-261-1164).

Current members should call toll free 1-888-831-3039 for questions related to the Medicare Part D Prescription Drug program (TTY/TDD 1-866-236-1069).

Current members should call locally (518) 641-3950 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program (TTY/TDD (518) 641-4000).

Prospective members should call toll free 1-888-519-4455 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program (TTY/TDD 1-877-261-1164).

Prospective members should call locally (518) 641-3400 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program (TTY/TDD (518) 641-4000).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the Web.

If you have special needs, this document may be available in other formats.

## IMPORTANT INFORMATION

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<p><b>1—Premium and Other Important Information</b></p>	<p>In 2009, the monthly Part B Premium was \$96.40 and will change for 2010, and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$28 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$3,350 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>	<p><b>General</b> \$49.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$3,350 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>
<p><b>2—Doctor and Hospital Choice</b> (For more information, see Emergency-#15, and Urgently Needed Care-#16)</p>	<p>You may go to any doctor, specialist, or hospital that accepts Medicare.</p>	<p><b>In-Network</b> Referral required for network hospitals.</p>	<p><b>In-Network</b> Referral required for network hospitals.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>General</b> \$49 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>	<p><b>General</b> \$79.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>	<p><b>General</b> \$120 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>	<p><b>General</b> \$170.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In- and Out-of-Network</b> \$2,500 out-of-pocket limit.</p> <p>All plan services included.</p> <p>Please see page 58 for more information about the premium and other important information.</p>
<p><b>In-Network</b> Referral required for network hospitals.</p>	<p><b>In-Network</b> Referral required for network hospitals.</p>	<p><b>In-Network</b> Referral required for network hospitals.</p>	<p><b>In-Network</b> Referral required for network hospitals.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Inpatient Care</b>			
<p><b>3—Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1-60: \$1,068 deductible</li> <li>• Days 61-90: \$267 per day</li> <li>• Days 91-150: \$534 per lifetime reserve day</li> </ul> <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> \$650 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,950 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$1,000 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>	<p><b>In-Network</b> \$650 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,950 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$1,000 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,500 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$750 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>	<p><b>In-Network</b> \$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,500 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$750 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$450 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$250 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$450 out-of-pocket limit every year.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p><b>Out-of-Network</b> \$250 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient hospital care.</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Inpatient Care</b>			
<p><b>4—Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190-day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> \$650 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. \$1,950 out-of-pocket limit every year. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <b>Out-of-Network</b> \$1,000 copay for each hospital stay. Please see page 58 for more information about inpatient mental health care.</p>	<p><b>In-Network</b> \$650 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days. \$1,950 out-of-pocket limit every year. Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. <b>Out-of-Network</b> \$1,000 copay for each hospital stay. Please see page 58 for more information about inpatient mental health care.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,500 out-of-pocket limit every year.</p> <p>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> \$750 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient mental health care.</p>	<p><b>In-Network</b> \$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$1,500 out-of-pocket limit every year.</p> <p>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> \$750 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient mental health care.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$450 out-of-pocket limit every year.</p> <p>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> \$250 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient mental health care.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>\$450 out-of-pocket limit every year.</p> <p>Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> \$250 copay for each hospital stay.</p> <p>Please see page 58 for more information about inpatient mental health care.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Inpatient Care</b>			
<p><b>5—Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$0 per day</li> <li>• Days 21-100: \$133.50 per day</li> </ul> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$30 copay per day</li> <li>• Days 21-100: \$65 copay per day</li> </ul> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$30 copay per SNF day</li> <li>• Days 21-100: \$65 copay per SNF day</li> </ul> <p>Please see page 59 for more information about SNFs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$30 copay per day</li> <li>• Days 21-100: \$65 copay per day</li> </ul> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:</p> <ul style="list-style-type: none"> <li>• Days 1-20: \$30 copay per SNF day</li> <li>• Days 21-100: \$65 copay per SNF day</li> </ul> <p>Please see page 59 for more information about SNFs.</p>
<p><b>6—Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$25 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$25 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$25 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$25 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>
<p><b>7—Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:  <ul style="list-style-type: none"> <li>• Days 1-20: \$10 copay per day</li> <li>• Days 21-100: \$40 copay per day</li> </ul> </p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:  <ul style="list-style-type: none"> <li>• Days 1-20: \$10 copay per SNF day</li> <li>• Days 21-100: \$40 copay per SNF day</li> </ul> </p> <p>Please see page 59 for more information about SNFs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:  <ul style="list-style-type: none"> <li>• Days 1-20: \$10 copay per day</li> <li>• Days 21-100: \$40 copay per day</li> </ul> </p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:  <ul style="list-style-type: none"> <li>• Days 1-20: \$10 copay per SNF day</li> <li>• Days 21-100: \$40 copay per SNF day</li> </ul> </p> <p>Please see page 59 for more information about SNFs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:  <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per day</li> <li>• Days 21-100: \$30 copay per day</li> </ul> </p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:  <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per SNF day</li> <li>• Days 21-100: \$30 copay per SNF day</li> </ul> </p> <p>Please see page 59 for more information about SNFs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> For SNF stays:  <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per day</li> <li>• Days 21-100: \$30 copay per day</li> </ul> </p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p><b>Out-of-Network</b> For each SNF stay:  <ul style="list-style-type: none"> <li>• Days 1-20: \$0 copay per SNF day</li> <li>• Days 21-100: \$30 copay per SNF day</li> </ul> </p> <p>Please see page 59 for more information about SNFs.</p>
<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$20 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$20 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$20 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$20 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>	<p><b>In-Network</b> \$0 to \$10 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$10 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>	<p><b>In-Network</b> \$0 to \$10 copay for each Medicare-covered home health visit.</p> <p><b>Out-of-Network</b> \$0 to \$10 copay for home health visits.</p> <p>Please see page 59 for more information about home health care.</p>
<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Care</b>			
<b>8—Doctor Office Visits</b>	20% coinsurance	<p><b>General</b> See “Physical Exams” for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 to \$35 copay for each in-area network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$20 copay for each primary care doctor visit.</p> <p>\$35 copay for each specialist visit.</p>	<p><b>General</b> See “Physical Exams” for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 to \$35 copay for each in-area network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$20 copay for each primary care doctor visit.</p> <p>\$35 copay for each specialist visit.</p>
<b>9—Chiropractic Services</b>	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$35 copay for chiropractic benefits.</p>	<p><b>In-Network</b> \$35 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$35 copay for chiropractic benefits.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>General</b> See "Physical Exams" for more information.</p> <p><b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$35 copay for each in-area network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$15 copay for each primary care doctor visit. \$25 copay for each specialist visit.</p>	<p><b>General</b> See "Physical Exams" for more information.</p> <p><b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 to \$35 copay for each in-area network urgent care Medicare-covered visit. \$25 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$15 copay for each primary care doctor visit. \$25 copay for each specialist visit.</p>	<p><b>General</b> See "Physical Exams" for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 to \$35 copay for each in-area network urgent care Medicare-covered visit. \$10 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$0 copay for each primary care doctor visit. \$10 copay for each specialist visit.</p>	<p><b>General</b> See "Physical Exams" for more information.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 to \$35 copay for each in-area network urgent care Medicare-covered visit. \$10 copay for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$0 copay for each primary care doctor visit. \$10 copay for each specialist visit.</p>
<p><b>In-Network</b> \$25 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$25 copay for chiropractic benefits.</p>	<p><b>In-Network</b> \$25 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$25 copay for chiropractic benefits.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$10 copay for chiropractic benefits.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$10 copay for chiropractic benefits.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Care</b>			
<b>10—Podiatry Services</b>	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. <b>Out-of-Network</b> \$35 copay for podiatry benefits.	<b>In-Network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care. <b>Out-of-Network</b> \$35 copay for podiatry benefits.
<b>11—Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit. <b>Out-of-Network</b> \$35 copay for Mental Health benefits. \$35 copay for Mental Health benefits with a psychiatrist.	<b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit. <b>Out-of-Network</b> \$35 copay for Mental Health benefits. \$35 copay for Mental Health benefits with a psychiatrist.
<b>12—Outpatient Substance Abuse Care</b>	20% coinsurance	<b>In-Network</b> \$35 copay for Medicare-covered individual or group visits. <b>Out-of-Network</b> \$35 copay for outpatient substance abuse benefits.	<b>In-Network</b> \$35 copay for Medicare-covered individual or group visits. <b>Out-of-Network</b> \$35 copay for outpatient substance abuse benefits.
<b>13—Outpatient Services/Surgery</b>	20% coinsurance for the doctor. 20% of outpatient facility charges.	<b>In-Network</b> \$200 copay for each Medicare-covered ambulatory surgical center visit. \$200 copay for each Medicare-covered outpatient hospital facility visit. <b>Out-of-Network</b> \$200 copay for ambulatory surgical center benefits. \$200 copay for outpatient hospital facility benefits.	<b>In-Network</b> \$200 copay for each Medicare-covered ambulatory surgical center visit. \$200 copay for each Medicare-covered outpatient hospital facility visit. <b>Out-of-Network</b> \$200 copay for ambulatory surgical center benefits. \$200 copay for outpatient hospital facility benefits.

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out-of-Network</b> \$25 copay for podiatry benefits.</p>	<p><b>In-Network</b> \$25 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out-of-Network</b> \$25 copay for podiatry benefits.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out-of-Network</b> \$10 copay for podiatry benefits.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically necessary foot care.</p> <p><b>Out-of-Network</b> \$10 copay for podiatry benefits.</p>
<p><b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$25 copay for Mental Health benefits. \$25 copay for Mental Health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$25 copay for Mental Health benefits. \$25 copay for Mental Health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$10 copay for Mental Health benefits. \$10 copay for Mental Health benefits with a psychiatrist.</p>	<p><b>In-Network</b> \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p><b>Out-of-Network</b> \$10 copay for Mental Health benefits. \$10 copay for Mental Health benefits with a psychiatrist.</p>
<p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$25 copay for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$25 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$25 copay for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$10 copay for outpatient substance abuse benefits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered individual or group visits.</p> <p><b>Out-of-Network</b> \$10 copay for outpatient substance abuse benefits.</p>
<p><b>In-Network</b> \$150 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$150 copay for ambulatory surgical center benefits. \$150 copay for outpatient hospital facility benefits.</p>	<p><b>In-Network</b> \$150 copay for each Medicare-covered ambulatory surgical center visit. \$150 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$150 copay for ambulatory surgical center benefits. \$150 copay for outpatient hospital facility benefits.</p>	<p><b>In-Network</b> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$50 copay for ambulatory surgical center benefits. \$50 copay for outpatient hospital facility benefits.</p>	<p><b>In-Network</b> \$50 copay for each Medicare-covered ambulatory surgical center visit. \$50 copay for each Medicare-covered outpatient hospital facility visit.</p> <p><b>Out-of-Network</b> \$50 copay for ambulatory surgical center benefits. \$50 copay for outpatient hospital facility benefits.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Care</b>			
<b>14—Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<b>In-Network</b> \$125 copay for Medicare-covered ambulance benefits.  <b>Out-of-Network</b> \$125 copay for ambulance benefits.	<b>In-Network</b> \$125 copay for Medicare-covered ambulance benefits.  <b>Out-of-Network</b> \$125 copay for ambulance benefits.
<b>15—Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor.  20% of facility charge, or a set copay per emergency room visit.  You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	<b>General</b> \$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.
<b>16—Urgently Needed Care</b> (This is NOT emergency care and, in most cases, is out of the service area.)	20% coinsurance, or a set copay.  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$20 to \$35 copay for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.  Please see page 59 for more information about urgently needed care.	<b>General</b> \$20 to \$35 copay for Medicare-covered urgently needed care visits.  If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.  Please see page 59 for more information about urgently needed care.

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$75 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$75 copay for ambulance benefits.</p>	<p><b>In-Network</b> \$75 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$75 copay for ambulance benefits.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$50 copay for ambulance benefits.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$50 copay for ambulance benefits.</p>
<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>General</b> \$15 to \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.</p> <p>Please see page 59 for more information about urgently needed care.</p>	<p><b>General</b> \$15 to \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.</p> <p>Please see page 59 for more information about urgently needed care.</p>	<p><b>General</b> \$0 to \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.</p> <p>Please see page 59 for more information about urgently needed care.</p>	<p><b>General</b> \$0 to \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent-care visit.</p> <p>Please see page 59 for more information about urgently needed care.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Care</b>			
<b>17—Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	<p><b>In-Network</b>                      \$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b>                      \$35 copay for Occupational Therapy benefits.</p> <p>\$35 copay for Physical and/or Speech/Language Therapy visits.</p>	<p><b>In-Network</b>                      \$35 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$35 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b>                      \$35 copay for Occupational Therapy benefits.</p> <p>\$35 copay for Physical and/or Speech/Language Therapy visits.</p>
<b>Outpatient Medical Services and Supplies</b>			
<b>18—Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance.	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      30% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b>                      30% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      30% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b>                      30% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>	<p><b>In-Network</b> \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$10 copay for Occupational Therapy benefits.</p> <p>\$10 copay for Physical and/or Speech/Language Therapy visits.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p><b>Out-of-Network</b> \$10 copay for Occupational Therapy benefits.</p> <p>\$10 copay for Physical and/or Speech/Language Therapy visits.</p>
<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment.</p> <p>Please see page 59 for more information about durable medical equipment.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Medical Services and Supplies</b>			
<p><b>19—Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 30% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for prosthetic devices.</p> <p>Please see page 59 for more information about prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 30% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 30% of the cost for prosthetic devices.</p> <p>Please see page 59 for more information about prosthetic devices.</p>
<p><b>20—Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$35 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$35 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$35 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training.</p> <p>\$35 copay for Nutrition Therapy for Diabetes.</p> <p>20% of the cost for Diabetes supplies.</p> <p>Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices. Please see page 59 for more information about prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices. Please see page 59 for more information about prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices. Please see page 59 for more information about prosthetic devices.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items.</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices. Please see page 59 for more information about prosthetic devices.</p>
<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$25 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$25 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$25 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$25 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p> <p><b>Out-of-Network</b> \$0 copay for Diabetes self-monitoring training. \$10 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Please see page 59 for more information about diabetes self-monitoring training, nutrition therapy, and supplies.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Outpatient Medical Services and Supplies</b>			
<p><b>21—Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>In-Network</b></p> <p>\$0 to \$35 copay for Medicare-covered lab services.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$35 copay for Medicare-covered X-rays.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$35 copay for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b></p> <p>\$35 copay for diagnostic procedures, tests, and lab services.</p> <p>\$35 copay for therapeutic radiology services.</p> <p>\$35 copay for outpatient X-rays.</p> <p>\$35 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>	<p><b>In-Network</b></p> <p>\$0 to \$35 copay for Medicare-covered lab services.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$35 copay for Medicare-covered X-rays.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic radiology services.</p> <p>\$35 copay for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b></p> <p>\$35 copay for diagnostic procedures, tests, and lab services.</p> <p>\$35 copay for therapeutic radiology services.</p> <p>\$35 copay for outpatient X-rays.</p> <p>\$35 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>
<b>Preventive Services</b>			
<p><b>22—Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b></p> <p>\$0 copay for Medicare-covered bone mass measurement.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$0 to \$25 copay for Medicare-covered lab services.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$25 copay for Medicare-covered X-rays.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic radiology services.</p> <p>\$25 copay for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> \$25 copay for diagnostic procedures, tests, and lab services.</p> <p>\$25 copay for therapeutic radiology services.</p> <p>\$25 copay for outpatient X-rays.</p> <p>\$25 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>	<p><b>In-Network</b> \$0 to \$25 copay for Medicare-covered lab services.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 to \$25 copay for Medicare-covered X-rays.</p> <p>\$0 to \$25 copay for Medicare-covered diagnostic radiology services.</p> <p>\$25 copay for Medicare-covered therapeutic radiology services.</p> <p><b>Out-of-Network</b> \$25 copay for diagnostic procedures, tests, and lab services.</p> <p>\$25 copay for therapeutic radiology services.</p> <p>\$25 copay for outpatient X-rays.</p> <p>\$25 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Lab Services.</li> <li>• Diagnostic procedures and tests.</li> <li>• X-rays.</li> <li>• Diagnostic radiology services (not including X-rays).</li> <li>• Therapeutic radiology services.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for diagnostic procedures, tests, and lab services.</p> <p>\$0 copay for therapeutic radiology services.</p> <p>\$0 copay for outpatient X-rays.</p> <p>\$0 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• Lab Services.</li> <li>• Diagnostic procedures and tests.</li> <li>• X-rays.</li> <li>• Diagnostic radiology services (not including X-rays).</li> <li>• Therapeutic radiology services.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for diagnostic procedures, tests, and lab services.</p> <p>\$0 copay for therapeutic radiology services.</p> <p>\$0 copay for outpatient X-rays.</p> <p>\$0 copay for diagnostic radiology services.</p> <p>Please see page 59 for more information about diagnostic tests, X-rays, lab services, and radiology services.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p> <p><b>Out-of-Network</b> \$0 copay for Medicare-covered bone mass measurement.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>23—Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings. <b>Out-of-Network</b> \$0 copay for colorectal screenings. Please see page 59 for more information about colorectal screenings.	<b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings. <b>Out-of-Network</b> \$0 copay for colorectal screenings. Please see page 59 for more information about colorectal screenings.
<b>24—Immunizations</b> (Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. <b>Out-of-Network</b> \$0 copay for immunizations.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines. <b>Out-of-Network</b> \$0 copay for immunizations.
<b>25—Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms. <b>Out-of-Network</b> \$0 copay for screening mammograms.	<b>In-Network</b> \$0 copay for Medicare-covered screening mammograms. <b>Out-of-Network</b> \$0 copay for screening mammograms.
<b>26—Pap Smears and Pelvic Exams</b> (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	<b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every two years. <b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.	<b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams. • Up to 1 additional Pap smear and pelvic exam every two years. <b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p> <p>Please see page 59 for more information about colorectal screenings.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p> <p>Please see page 59 for more information about colorectal screenings.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p> <p>Please see page 59 for more information about colorectal screenings.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.</p> <p><b>Out-of-Network</b> \$0 copay for colorectal screenings.</p> <p>Please see page 59 for more information about colorectal screenings.</p>
<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and pneumonia vaccines.</p> <p><b>Out-of-Network</b> \$0 copay for immunizations.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.</p> <p><b>Out-of-Network</b> \$0 copay for screening mammograms.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p> <ul style="list-style-type: none"> <li>• Up to 1 additional Pap smear and pelvic exam every two years.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p> <ul style="list-style-type: none"> <li>• Up to 1 additional Pap smear and pelvic exam every two years.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p> <ul style="list-style-type: none"> <li>• Up to 1 additional Pap smear and pelvic exam every two years.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered Pap smears and pelvic exams.</p> <ul style="list-style-type: none"> <li>• Up to 1 additional Pap smear and pelvic exam every two years.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for Pap smears and pelvic exams.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>27—Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. <b>Out-of-Network</b> \$0 copay for prostate cancer screening.	<b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. <b>Out-of-Network</b> \$0 copay for prostate cancer screening.
<b>28—End-Stage Renal Disease</b>	20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$35 copay for renal dialysis. \$35 copay for Nutrition Therapy for End-Stage Renal Disease. <b>Out-of-Network</b> \$35 copay for renal dialysis. \$35 copay for Nutrition Therapy for End-Stage Renal Disease. Please see page 60 for more information about End-Stage Renal Disease.	<b>In-Network</b> \$35 copay for renal dialysis. \$35 copay for Nutrition Therapy for End-Stage Renal Disease. <b>Out-of-Network</b> \$35 copay for renal dialysis. \$35 copay for Nutrition Therapy for End-Stage Renal Disease. Please see page 60 for more information about End-Stage Renal Disease.
<b>29—Prescription Drugs</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<b>Drugs covered under Medicare Part B:</b> <b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$15 copay for Part B drugs out-of-network. <b>Drugs covered under Medicare Part D:</b> <b>General</b> This plan does not offer prescription drug coverage. <b>General</b> Most drugs not covered.	<b>Drugs covered under Medicare Part B:</b> <b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs. \$15 copay for Part B drugs out-of-network. <b>Drugs covered under Medicare Part D:</b> <b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf">http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf</a> on the Web.

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening.</p> <p><b>Out-of-Network</b> \$0 copay for prostate cancer screening.</p>
<p><b>In-Network</b> \$25 copay for renal dialysis.</p> <p>\$25 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$25 copay for renal dialysis.</p> <p>\$25 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Please see page 60 for more information about End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$25 copay for renal dialysis.</p> <p>\$25 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$25 copay for renal dialysis.</p> <p>\$25 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Please see page 60 for more information about End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$10 copay for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$10 copay for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Please see page 60 for more information about End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$10 copay for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p><b>Out-of-Network</b> \$10 copay for renal dialysis.</p> <p>\$10 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Please see page 60 for more information about End-Stage Renal Disease.</p>
<p><b>Drugs covered under Medicare Part B:</b></p> <p><b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>\$15 copay for Part B drugs out-of-network.</p> <p><b>Drugs covered under Medicare Part D:</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p> <p><b>General</b> Most drugs not covered.</p>	<p><b>Drugs covered under Medicare Part B:</b></p> <p><b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>\$15 copay for Part B drugs out-of-network.</p> <p><b>Drugs covered under Medicare Part D:</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf">http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf</a> on the Web.</p>	<p><b>Drugs covered under Medicare Part B:</b></p> <p><b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>\$15 copay for Part B drugs out-of-network.</p> <p><b>Drugs covered under Medicare Part D:</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p> <p><b>General</b> Most drugs not covered.</p>	<p><b>Drugs covered under Medicare Part B:</b></p> <p><b>General</b> \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>\$15 copay for Part B drugs out-of-network.</p> <p><b>Drugs covered under Medicare Part D:</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf">http://www.cdphp.com/images/medicare/Medicare_Formulary_2009.pdf</a> on the Web.</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<p><b>29—Prescription Drugs</b> <i>(continued)</i></p>			<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long-term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CDPHP Core Rx (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long-term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CDPHP Classic Rx (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs</p>		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long-term care facilities, or</li> <li>• have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CDPHP Prime Rx (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>29—Prescription Drugs</b> <i>(continued)</i>			<p>are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a tier exception in this plan and CDPHP Core Rx (PPO) approves the exception, you will pay Tier 4 Formulary Non-Preferred Brand cost sharing for that drug.</p>
<b>In-Network</b>			\$310 yearly deductible.
<b>Initial Coverage</b>			After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:
<b>Retail Pharmacy</b>			<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a tier exception in this plan and CDPHP Classic Rx (PPO) approves the exception, you will pay Tier 4 Formulary Non-Preferred Brand cost sharing for that drug.</p>		<p>are listed on the plan's Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a tier exception in this plan and CDPHP Prime Rx (PPO) approves the exception, you will pay Tier 4 Formulary Non-Preferred Brand cost sharing for that drug.</p>
	\$0 deductible.		\$0 deductible.
	You pay the following until total yearly drug costs reach \$2,830:		You pay the following until total yearly drug costs reach \$2,830:
	<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>		<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Retail Pharmacy</b> <i>(continued)</i>			<p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$120 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$210 copay for a three-month (90-day)</li> </ul>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$120 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$210 copay for a three-month (90-day)</li> </ul>		<p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$105 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$120 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$210 copay for a three-month (90-day)</li> </ul>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Retail Pharmacy</b> <i>(continued)</i>			<p>supply of drugs in this tier from a preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>
<b>Long-Term Care Pharmacy</b>			<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>supply of drugs in this tier from a preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>		<p>supply of drugs in this tier from a preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$225 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul>
	<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>		<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (31-day) supply of drugs in this tier.</li> </ul>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Mail Order</b>			<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$8 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$70 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$140 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>
<b>Coverage Gap</b>			<p>After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$8 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$70 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$140 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>		<p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$8 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$70 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$70 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$140 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>
	<p>The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p><b>RETAIL PHARMACY</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day)</li> </ul>		<p>The plan covers many generics (65%-99% of formulary generic drugs) through the coverage gap.</p> <p>You pay the following:</p> <p><b>RETAIL PHARMACY</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day)</li> </ul>

**SUMMARY OF BENEFITS**

**Benefit Category                      Original Medicare                      CDPHP Core (PPO)                      CDPHP Core Rx (PPO)**

**Preventive Services**

**Coverage Gap  
(continued)**

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>supply of drugs in this tier from a preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>LONG-TERM CARE PHARMACY</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>		<p>supply of drugs in this tier from a preferred pharmacy.</p> <ul style="list-style-type: none"> <li>• \$6 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$9 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$12 copay for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy.</li> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy.</li> <li>• \$15 copay for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy.</li> </ul> <p><b>LONG-TERM CARE PHARMACY</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier.</li> </ul>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Coverage Gap</b> <i>(continued)</i>			
<b>Catastrophic Coverage</b>			<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>
<b>Out-of-Network</b>			<p>Plan drugs may be covered in special circumstances. For instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition,</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p><b>MAIL ORDER</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$8 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>		<p><b>MAIL ORDER</b></p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$2 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$4 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$4 copay for a one-month (30-day) supply of drugs in this tier.</li> <li>• \$8 copay for a three-month (90-day) supply of drugs in this tier.</li> </ul> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>
	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul>
	<p>Plan drugs may be covered in special circumstances. For instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition,</p>		<p>Plan drugs may be covered in special circumstances. For instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition,</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Out-of-Network (continued)</b>			you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CDPHP Core Rx (PPO).
<b>Out-of-Network Initial Coverage</b>			<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CDPHP Classic Rx (PPO).</p>		<p>you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CDPHP Prime Rx (PPO).</p>
	<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>		<p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$40 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 4 Formulary Non-Preferred Brand:</b></p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (30-day) supply of drugs in this tier.</li> </ul> <p><b>Tier 5 Formulary Specialty:</b></p> <ul style="list-style-type: none"> <li>• 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</li> </ul>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>Out-of-Network Coverage Gap</b>			After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CDPHP Core Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Core Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (30-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CDPHP Classic Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Classic Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 4 Formulary Non-Preferred Brand:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach</p>		<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p><b>Tier 1 Formulary Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$3 copay for a one-month (30-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Tier 2 Formulary Non-Preferred Generics:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (30-day) supply of all drugs covered in this tier.</li> </ul> <p><b>Tier 3 Formulary Preferred Brand:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CDPHP Prime Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Prime Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 4 Formulary Non-Preferred Brand:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach</p>

**SUMMARY OF BENEFITS**

**Benefit Category                      Original Medicare                      CDPHP Core (PPO)                      CDPHP Core Rx (PPO)**

**Preventive Services**

**Out-of-Network  
Coverage Gap  
(continued)**

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>\$4,550. You will not be reimbursed by CDPHP Classic Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Classic Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 5 Formulary Specialty:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CDPHP Classic Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Classic Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>		<p>\$4,550. You will not be reimbursed by CDPHP Prime Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Prime Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 5 Formulary Specialty:</b> After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CDPHP Prime Rx (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CDPHP Prime Rx (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<p><b>Out-of-Network Catastrophic Coverage</b></p>			<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Please see page 60 for more information about prescription drugs.</p>
<p><b>30—Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b>                      \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b>                      \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b>                      \$100 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>	<p><b>In-Network</b>                      \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b>                      \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b>                      \$100 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Please see page 60 for more information about prescription drugs.</p>		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> <li>• a \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or</li> <li>• 5% coinsurance.</li> </ul> <p>Please see page 60 for more information about prescription drugs.</p>
<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b> \$250 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b> \$250 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b> \$250 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered dental benefits.</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>• Up to 2 oral exams every year.</li> <li>• Up to 2 cleanings every year.</li> <li>• Up to 2 fluoride treatments every year.</li> <li>• Up to 2 dental X-rays every year.</li> </ul> <p><b>Out-of-Network</b> \$0 copay for preventive dental benefits.</p> <p>\$0 copay for comprehensive dental benefits.</p> <p><b>In and Out-of-Network</b> \$250 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Please see page 60 for more information about dental services.</p>

**SUMMARY OF BENEFITS**

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<p><b>31—Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$35 copay for up to 1 routine hearing test every year.</p> <p>\$35 copay for up to 1 hearing aid fitting evaluation every year.</p> <p><b>Out-of-Network</b> \$35 copay for hearing exams.</p> <p>Please see page 60 for more information about hearing services.</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>\$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$35 copay for up to 1 routine hearing test every year.</p> <p>\$35 copay for up to 1 hearing aid fitting evaluation every year.</p> <p><b>Out-of-Network</b> \$35 copay for hearing exams.</p> <p>Please see page 60 for more information about hearing services.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> \$0 copay for hearing aids. \$25 copay for Medicare-covered diagnostic hearing exams. \$25 copay for up to 1 routine hearing test every year. \$25 copay for up to 1 hearing aid fitting evaluation every year. \$600 limit for hearing aids every three years.</p> <p><b>Out-of-Network</b> \$0 copay for hearing aids. \$25 copay for hearing exams. Please see page 60 for more information about hearing services.</p>	<p><b>In-Network</b> \$0 copay for hearing aids. \$25 copay for Medicare-covered diagnostic hearing exams. \$25 copay for up to 1 routine hearing test every year. \$25 copay for up to 1 hearing aid fitting evaluation every year. \$600 limit for hearing aids every three years.</p> <p><b>Out-of-Network</b> \$0 copay for hearing aids. \$25 copay for hearing exams. Please see page 60 for more information about hearing services.</p>	<p><b>In-Network</b> \$0 copay for hearing aids. \$10 copay for Medicare-covered diagnostic hearing exams. \$10 copay for up to 1 routine hearing test every year. \$10 copay for up to 1 hearing aid fitting evaluation every year. \$600 limit for hearing aids every three years.</p> <p><b>Out-of-Network</b> \$0 copay for hearing aids. \$10 copay for hearing exams. Please see page 60 for more information about hearing services.</p>	<p><b>In-Network</b> \$0 copay for hearing aids. \$10 copay for Medicare-covered diagnostic hearing exams. \$10 copay for up to 1 routine hearing test every year. \$10 copay for up to 1 hearing aid fitting evaluation every year. \$600 limit for hearing aids every three years.</p> <p><b>Out-of-Network</b> \$0 copay for hearing aids. \$10 copay for hearing exams. Please see page 60 for more information about hearing services.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<p><b>32—Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$35 copay for up to 1 routine eye exam every year.</p> <p><b>Out-of-Network</b> \$35 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>	<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$35 copay for up to 1 routine eye exam every year.</p> <p><b>Out-of-Network</b> \$35 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>
<p><b>33—Physical Exams</b></p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam every year.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>0% of the cost for lenses.</p> <p>0% of the cost for frames.</p> <p>\$100 limit for eyewear every year.</p> <p><b>Out-of-Network</b> \$25 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>	<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$25 copay for up to 1 routine eye exam every year.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>0% of the cost for lenses.</p> <p>0% of the cost for frames.</p> <p>\$100 limit for eyewear every year.</p> <p><b>Out-of-Network</b> \$25 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>	<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam every year.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>0% of the cost for lenses.</p> <p>0% of the cost for frames.</p> <p>\$125 limit for eyewear every year.</p> <p><b>Out-of-Network</b> \$10 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>	<p><b>In-Network</b> 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam every year.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>0% of the cost for lenses.</p> <p>0% of the cost for frames.</p> <p>\$125 limit for eyewear every year.</p> <p><b>Out-of-Network</b> \$10 copay for eye exams.</p> <p>20% of the cost for eyewear.</p> <p>Please see page 60 for more information about vision services.</p>
<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p><b>Out-of-Network</b> \$0 copay for routine exams.</p>

## SUMMARY OF BENEFITS

Benefit Category	Original Medicare	CDPHP Core (PPO)	CDPHP Core Rx (PPO)
<b>Preventive Services</b>			
<b>34—Health/Wellness Education</b>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$35 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$35 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>
<b>Transportation</b> (Routine)	Not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

CDPHP Classic (PPO)	CDPHP Classic Rx (PPO)	CDPHP Prime (PPO)	CDPHP Prime Rx (PPO)
<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$25 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$25 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$10 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters.</li> <li>• Nutritional Training.</li> <li>• Additional Smoking Cessation.</li> <li>• Health Club Membership/Fitness Classes.</li> <li>• Nursing Hotline.</li> <li>• Other Wellness Benefits.</li> </ul> <p>Copays may apply for these benefits.</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p><b>Out-of-Network</b> \$0 to \$10 copay for Health and Wellness services.</p> <p>Please see page 60 for more information about health/wellness education.</p>
<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each round trip to plan-approved location.</p> <p><b>Out-of-Network</b> \$0 copay for transportation.</p> <p>Please see page 60 for more information about transportation.</p>
<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

## **FURTHER BENEFIT & SERVICE DESCRIPTIONS**

**For all benefits: Unless otherwise specified, the same requirements for in-network services apply for out-of-network services. If you receive care from an out-of-network physician who does not accept Medicare assignment (does not participate with Original Medicare), your out-of-pocket costs may be higher. Make sure out-of-network physicians accept Medicare assignment prior to receiving services. In general, you don't need to get a referral or prior authorization for most services when you get care from out-of-network providers, but be sure to tell the specialist the name of the doctor referring you so your physicians can properly coordinate your care.**

CDPHP offers online enrollment for CDPHP Medicare Choices PPO Plans. This tool compares the CDPHP Medicare Choices PPO Plans to help determine the appropriate plan based upon the prospective member's health needs and financial situation. Prospective members can then enroll online in the plan of their choice, quickly and conveniently. CDPHP Medicare Specialists are available to assist you with a personal consultation. Call (518) 641-3400 or 1-888-519-4455 (TTY/TDD: 1-877-261-1164) or visit [www.cdphp.com](http://www.cdphp.com) for more information.

### **1. Premium and Other Important Information:**

- For CDPHP Core and CDPHP Core Rx: The maximum you will pay out-of-pocket in 2010 for covered medical services is \$3,350. This does not include your monthly premium. Once your total copayments/coinsurance in 2010 for all other medical services reaches \$3,350, you will receive all covered medical benefits at no cost through December 31, 2010 (unless you leave our plan at an earlier date).
- For CDPHP Classic, CDPHP Classic Rx, CDPHP Prime, and CDPHP Prime Rx: The maximum you will pay out-of-pocket in 2010 for covered medical services is \$2,500. This does not include your monthly premium. Once your total copayments/coinsurance in 2010 for all other medical services reaches \$2,500, you will receive all covered medical benefits at no cost through December 31, 2010 (unless you leave our plan at an earlier date).

### **3. Inpatient Hospital Care:**

- For CDPHP Core and CDPHP Core Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$1,950. This limit does not apply to out-of-network hospital stays.
- For CDPHP Classic and CDPHP Classic Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$1,500. This limit does not apply to out-of-network hospital stays.
- For CDPHP Prime and CDPHP Prime Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$450. This limit does not apply to out-of-network hospital stays.

### **4. Inpatient Mental Health Care:**

- For CDPHP Core and CDPHP Core Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$1,950. The 190-day limit may not apply to mental health care service provided in a psychiatric unit of a general hospital or an out-of-network hospital.
- For CDPHP Classic and CDPHP Classic Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$1,500. The 190-day limit may not apply to mental health care service provided in a psychiatric unit of a general hospital or an out-of-network hospital.
- For CDPHP Prime and CDPHP Prime Rx: You may be admitted to the hospital multiple times from January 1, 2010 through December 31, 2010. The most you will pay for in-network hospital stays during this period is three copayments or \$450. The 190-day limit may not apply to mental health care service provided in a psychiatric unit of a general hospital or an out-of-network hospital.

**5. Skilled Nursing Facility:** You are covered for 100 days of skilled nursing facility care after a medical event, such as a hospital stay or outpatient surgery. Custodial and long-term care are not covered.

- For CDPHP Core and CDPHP Core Rx: You pay \$30 per day for days 1-20 and \$65 per day for days 21-100.
- For CDPHP Classic and CDPHP Classic Rx: You pay \$10 per day for days 1-20 and \$40 per day for days 21-100.
- For CDPHP Prime and CDPHP Prime Rx: You pay \$0 per day for days 1-20 and \$30 per day for days 21-100.

## 6. Home Health Care:

- For CDPHP Core and CDPHP Core Rx: You pay \$0 per day for days 1-20 and \$25 per day after 20 days.
- For CDPHP Classic and CDPHP Classic Rx: You pay \$0 per day for days 1-20 and \$20 per day after 20 days.
- For CDPHP Prime and CDPHP Prime Rx: You pay \$0 per day for days 1-20 and \$10 per day after 20 days.

## 16. Urgently Needed Care: This benefit is covered worldwide.

- For CDPHP Core and CDPHP Core Rx: You pay \$20 for each visit at a physician's office; \$30 for each visit at a specialist's office; and \$35 at an Urgent Care facility.
- For CDPHP Classic and CDPHP Classic Rx: You pay \$15 for each visit at a physician's office; \$25 for each visit at a specialist's office; and \$35 at an Urgent Care facility.
- For CDPHP Prime and CDPHP Prime Rx: You pay \$0 for each visit at a physician's office; \$10 for each visit at a specialist's office; and \$35 at an Urgent Care facility.

## 18. Durable Medical Equipment: Prior authorization is required for purchases or rentals of each covered item totaling \$500 or more.

- For CDPHP Core and CDPHP Core Rx: You pay 30% of the Medicare-allowed fee, up to a maximum of \$250, for each Medicare-covered item, both in and out-of-network.
- For CDPHP Classic, CDPHP Classic Rx, CDPHP Prime, and CDPHP Prime Rx: You pay 20% of the Medicare-allowed fee, up to a maximum of \$200, for each Medicare-covered item, both in and out-of-network.

## 19. Prosthetic Devices: All colostomy supplies are covered in full. Prior authorization is required for purchases or rentals of each covered item totaling \$500 or more.

- For CDPHP Core and CDPHP Core Rx: You pay 30% of the Medicare-allowed fee, up to a maximum of \$250, for each Medicare-covered item, both in and out-of-network.
- For CDPHP Classic, CDPHP Classic Rx, CDPHP Prime, and CDPHP Prime Rx: You pay 20% of the Medicare-allowed fee, up to a maximum of \$200, for each Medicare-covered item, both in and out-of-network.

## 20. Diabetes Self-Monitoring Training and Supplies: You pay 20% of the Medicare-allowed fee for each diabetic monitoring item. You pay 20% of the cost or \$10, whichever is less, for test strips and lancets. Diabetic monitoring items, glucose-control solutions, test strips, and lancets do not apply to your outpatient prescription drug limit. Nutrition therapy is recommended for people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by your doctor.

## 21. Diagnostic Tests, X-rays, and Lab Services: Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Copayment is waived if services are performed by a Preferred Laboratory or Radiology Network Provider. A listing of Preferred Laboratory or Radiology Network Providers will be provided upon request. Copayment waiver does not apply to Radiation Therapy services.

## 23. Colorectal Screening Exams: These exams can include any one or more of the following services: Colonoscopy, Flexible Sigmoidoscopy, Fecal Occult Blood screening, or Barium Enema.

- When any of these screening services are performed in a physician's office, you do not pay a copayment, but there may be a copayment for other services performed during that office visit.
- When any of these screening services are performed in a freestanding ambulatory surgery facility or in the outpatient department of a hospital, no copayment applies.
- For non-screening exams or diagnostic procedures for acute conditions, an outpatient or office visit copayment will apply.

- If a diagnosis is made during a screening exam, that exam will require a copayment. Refer to 13—Outpatient Services/Surgery on pages 16-17 for more information. You can only be charged one copayment per provider per day. Please consult with your provider to determine the best place for you to receive these services.

**28. End-Stage Renal Disease:** Out-of-area renal dialysis services are only covered within the U.S. The “U.S.” includes the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

**29. Prescription Drugs:** CDPHP, through its pharmacy benefits manager, Caremark Part D Services, LLC, has a network of more than 62,000 pharmacies across the U.S. You can find a pharmacy when you are traveling by calling 1-888-831-3039 (TTY/TDD: 1-866-236-1069) or visiting Find-A-Doc at [www.cdphp.com](http://www.cdphp.com). The Preferred Pharmacy Network comprises more than 6,900 CVS pharmacies across the U.S. All CDPHP Medicare Choices PPO Plan members also will receive a CVS ExtraCare® Health card that offers a 20% discount on all CVS-brand health-related merchandise, including over-the-counter medications, health aids, and more. These cards are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these cards may be subject to the CDPHP grievance process.

**30. Dental Services:** The benefit can be used at any dental provider in- or out-of-network. You must pay for the dental services, then submit your itemized receipt to CDPHP for reimbursement by mailing it to: CDPHP MEDICARE CLAIMS, P.O. Box 66602, Albany, NY 12206.

**31. Hearing Services:** The benefit can be used at any hearing aid vendor in- or out-of-network. No referral necessary for hearing exams for network providers. Benefit can also be used to cover the cost of hearing aid repairs. CDPHP benefits are subject to change on an annual basis, therefore multi-year benefits may not be available in subsequent years.

- For CDPHP Classic, CDPHP Classic Rx, CDPHP Prime, and CDPHP Prime Rx: You must pay for the new hearing aid or to repair an existing one, then submit your itemized receipt to CDPHP for reimbursement by mailing it to: CDPHP MEDICARE CLAIMS, P.O. Box 66602, Albany, NY 12206.

**32. Vision Services:** The benefit can be used at any optical vendor in- or out-of-network. No referral necessary for eye exams or eyewear at any network providers. CDPHP benefits are subject to change on an annual basis, therefore multi-year benefits may not be available in subsequent years.

- For CDPHP Classic, CDPHP Classic Rx, CDPHP Prime, and CDPHP Prime Rx: You must pay for the eyewear, then submit your itemized receipt to CDPHP for reimbursement by mailing it to: CDPHP MEDICARE CLAIMS, P.O. Box 66602, Albany, NY 12206.

**34. Health/Wellness Education:** CDPHP covers a variety of services. Call the CDPHP wellness line at (518) 641-4800 for more details.

- An office visit copayment is collected for medical nutrition therapy only.
- Discounts are available for Complementary Alternative Medicine (CAM) programs such as acupuncture, massage therapy, diet, and holistic health.
- Partial weight management program reimbursement will be available to approved programs following successful completion.
- No-cost review of your medical needs and 24/7 access to medical experts and health information through our Health Coach Connection<sup>SM</sup> and Health Ally<sup>SM</sup> programs.
- Senior Fit<sup>SM</sup> offers no-cost health club access at participating Capital District YMCAs, SilverSneakers®, and Curves® locations to CDPHP Medicare Choices PPO Plan members.
- These products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the CDPHP grievance process.

**Transportation (Routine):** If you need non-emergency transportation to a provider’s office or facility within the plan’s service area, CDPHP may be able to help. Transportation for medical services must be pre-approved by the plan prior to the transportation being rendered. Any routine transportation not pre-approved by the plan will not be covered. Routine medical transportation is covered only when you are enrolled in the Plan’s case management services and any other means of transportation would endanger your health. For details, contact the Resource Coordination department at 1-800-274-2332.