

# CDPHP® Vital Rx (PPO) offered by Capital District Physicians' Health Plan, Inc.



## Annual Notice of Changes for 2022

You are currently enrolled as a member of CDPHP® Vital Rx (PPO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### What to do now

#### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2022 Drug List and look in Section 1.6 for information about changes to our drug coverage.
    - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 2.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in CDPHP® Vital Rx (PPO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in CDPHP® Vital Rx (PPO).
- If you join another plan by December 7, 2021, your new coverage will start on January 1, 2022. You will be automatically disenrolled from your current plan.

## **Additional Resources**

- Please contact our Member Services number at (518) 641-3950 or 1-888-248-6522 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m. seven days a week October 1 through March 31. From April 1 to September 30, our hours are

8a.m. – 8 p.m. Monday – Friday. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day.

- Member Services has free language-interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- This information is available in different formats, including large print. Please call Member Services if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About CDPHP® Vital Rx (PPO)**

- CDPHP Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Capital District Physicians’ Health Plan, Inc. When it says “plan” or “our plan,” it means CDPHP® Vital Rx (PPO).



# Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## CDPHP:

- ▶ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ▶ Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522 (TTY: 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-248-6522 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-248-6522 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-248-6522 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-248-6522 (TTY: 711)

טפֿור. לאצפא ופ יירפ סעסיוורעס פֿליה דארפֿש גייא ראפ ואהראפ וענעז, שידיא טדער ריא ביוא: סאזקרעמפיוא 1-888-248-6522 (TTY: 711).

लक्ष्य करुनः यदि आपनि बांग्ला, कथा बलते पारैन, ताहले निःखरचाय भाषा सहायता परिषेबा उपलब्ध आछे। फोन करुन १-८८८-२४८-६५२२ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-888-248-6522 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for CDPHP® Vital Rx (PPO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at <https://www.cdphp.com>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0.00	\$0.00
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$7,500 From network and out-of-network providers combined: \$11,300	From network providers: \$7,500 From network and out-of-network providers combined: \$11,300
<b>Doctor office visits</b>	<b>In-Network:</b> Enhanced Primary Care Physician visits: \$0.00 per visit Primary care visits: \$0.00 per visit Specialist visits: \$50.00 per visit <b>Out-of-Network:</b> Primary care visits: \$50.00 per visit Specialist visits: \$60.00 per visit	<b>In-Network:</b> Enhanced Primary Care Physician visits: \$0.00 per visit Primary care visits: \$0.00 per visit Specialist visits: \$45.00 per visit <b>Out-of-Network:</b> Primary care visits: \$50.00 per visit Specialist visits: 40% coinsurance per visit

Cost	2021 (this year)	2022 (next year)
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p><b>In-Network:</b> \$460 per day for days 1-4, \$0 after day 5</p> <p><b>Out-of-Network:</b> 40% coinsurance per day</p>	<p><b>In-Network:</b> \$460 per day for days 1-4, \$0 after day 5</p> <p><b>Out-of-Network:</b> 40% coinsurance per day</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.6 for details.)</p>	<p>Deductible: \$350 for Tiers 3-5</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 2: \$17.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 3: \$47.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 4: \$100.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 5: 26% of total cost for a 30-day supply that is filled at a network pharmacy.</li> </ul>	<p>Deductible: \$350 for Tiers 3-5</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$3.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 2: \$17.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 3: \$47.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 4: \$100.00 for a 30- day supply that is filled at a network pharmacy.</li> <li>• Drug Tier 5: 26% of total cost for a 30-day supply that is filled at a network pharmacy.</li> </ul>

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0.00	\$0.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
<b>In-network maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$7,500	\$7,500  Once you have paid \$7,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered A and Part B services from network providers for the rest of the calendar year.

Cost	2021 (this year)	2022 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your outpatient prescription drugs do not toward count toward your maximum out-of-pocket amount for medical services.</p>	\$11,300	<p style="text-align: center;">\$11,300</p> <p>Once you have paid \$11,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

### Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at <https://www.cdphp.com/medicare/doctors>. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2022 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

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## Section 1.4 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at <https://www.cdphp.com>. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2022 Pharmacy Directory to see which pharmacies are in our network.**

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## Section 1.5 – Changes to Benefits and Costs for Medical Services

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We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

### Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
<b>Chiropractic Services</b>	<p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment for chiropractic services.</p>	<p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance for chiropractic services.</p>
<b>Chronic Condition Management Meal Program Benefit</b>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>Not covered.</p>	<p><b>In-Network</b></p> <p>This 6-week program provides eligible members 3 meals per day for no cost-share. Eligibility for the program include, but are not limited to, specific chronic conditions and engagement with care management.</p> <p><b>Out-of-Network</b></p> <p>Not covered.</p>
<b>Dental Restorative Services</b>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>Not covered.</p>	<p><b>In-Network</b></p> <p>You pay a \$60-\$595 copayment for restorative services performed by a provider in the Delta Dental Medicare Advantage Network for CDPHP.</p> <p><b>Out-of-Network</b></p> <p>If you visit a dentist that is not in the Delta Dental Medicare Advantage Network for CDPHP, you will be eligible to be reimbursed up to \$250 for diagnostic, preventive, and restorative dental services per year. Teeth whitening not covered.</p>

Cost	2021 (this year)	2022 (next year)
<b>Exams to diagnose and treat diseases and conditions of the eye</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment for exams to diagnose and treat diseases and conditions of the eye.</p> <p><b>Out of-Network</b></p> <p>You pay a \$60 copayment for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment for exams to diagnose and treat diseases and conditions of the eye.</p> <p><b>Out of-Network</b></p> <p>You pay a 40% coinsurance for exams to diagnose and treat diseases and conditions of the eye.</p>
<b>Eyewear</b>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>You have a \$50 allowance for eyewear every two years.</p>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>You have a \$60 allowance for eyewear annually.</p>
<b>In-Home Support Services</b>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>Not covered.</p>	<p><b>In-Network</b></p> <p>No cost-share for 30 hours per year of assistance with Instrumental Activities of Daily Living (IADLs) from a CDPHP-approved partner. Members can either be supported in-home and/or virtually.</p> <p><b>Out-of-Network</b></p> <p>Not covered.</p>
<b>Medicare Part B Insulin</b>	<p><b>In-Network</b></p> <p>You pay a 20% coinsurance for Medicare Part B insulin.</p>	<p><b>In-Network</b></p> <p>You pay a \$35 copayment for Medicare Part B insulin.</p>
<b>Non-routine Medicare Covered Dental</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment for non-routine Medicare covered dental services.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment for non-routine Medicare covered dental services.</p>

Cost	2021 (this year)	2022 (next year)
<b>Occupational Therapy Services</b>	<p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per occupational therapy services.</p>	<p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per occupational therapy services.</p>
<b>Other Health Care Professional Services</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment per other health care professional services.</p> <p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per other health care professional services.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment per other health care professional services.</p> <p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per other health care professional services.</p>
<b>Outpatient Mental Health Services</b>	<p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per each mental health individual and group session.</p>	<p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per each mental health individual and group session.</p>
<b>Over-the-counter (OTC) items</b>	<p><b>In-Network &amp; Out-of-Network</b></p> <p>Not covered.</p>	<p><b>In-Network</b></p> <p>\$25 allowance per quarter.</p> <p><b>Out-of-Network</b></p> <p>Not covered.</p>
<b>Podiatry Services</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment per podiatry visit.</p> <p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per podiatry visit.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment per podiatry visit.</p> <p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per podiatry visit.</p>

Cost	2021 (this year)	2022 (next year)
<b>Psychiatric Services</b>	<p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per out-of-network individual and group psychiatric session.</p>	<p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per out-of-network individual and group psychiatric session.</p>
<b>Routine Hearing Exams</b>	<p><b>Out-of-Network</b></p> <p>You pay a \$45 copayment for out-of-network routine hearing exams.</p>	<p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance for out-of-network routine hearing exams.</p>
<b>Skin Cancer Screenings</b>	<p><b>In- Network</b></p> <p>You pay a \$50 copayment for skin cancer screenings.</p>	<p><b>In-Network</b></p> <p>You pay a \$0 copayment for skin cancer screenings.</p>
<b>Specialists Services</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment per specialist visit.</p> <p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per specialist visit.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment per specialist visit.</p> <p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per specialist visit.</p>
<b>Telemedicine Services - All Other Providers</b>	<p><b>In-Network</b></p> <p>You pay a \$50 copayment per telemedicine visit by other all providers.</p> <p><b>Out-of-Network</b></p> <p>You pay a \$60 copayment per telemedicine visit by all other providers.</p>	<p><b>In-Network</b></p> <p>You pay a \$45 copayment per telemedicine visit by other all providers.</p> <p><b>Out-of-Network</b></p> <p>You pay a 40% coinsurance per telemedicine visit by other all providers.</p>

Cost	2021 (this year)	2022 (next year)
<b>Virtual Cardiac Rehabilitation Services</b>	<b>In-Network &amp; Out-of-Network</b>  Not covered.	<b>In-Network</b>  Members will now have access to a virtual cardiac rehabilitation program for no cost-share from a CDPHP-approved partner.  <b>Out-of-Network</b>  Not covered.
<b>X-rays and Ultrasounds</b>	<b>In-Network</b>  You pay a \$50 copayment for x-rays and ultrasounds.  <b>Out-of-Network</b>  You pay a \$50 copayment for x-rays and ultrasounds.	<b>In-Network</b>  You pay a \$45 copayment for x-rays and ultrasounds.  <b>Out-of-Network</b>  You pay a 40% coinsurance for x-rays and ultrasounds.

## Section 1.6 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

Certain drugs may be covered for some medical conditions, but are considered non-formulary for other medical conditions. Drugs that are covered for only select medical conditions will be identified on our Drug List and in Medicare Plan Finder, along with the specific medical conditions that they cover.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call the Pharmacy Customer Care Center at 866-289-2319.



- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call the Pharmacy Customer Care Center at 866-289-2319 to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have a current formulary exception in place it will remain in place through the original end date on the notification we provided with your approval unless we notify you otherwise.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

## Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and if you haven’t received this insert by September 30, please call the Pharmacy Customer Care Center at 866-289-2319 and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at <https://www.cdphp.com> You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

## Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>The deductible is \$350 on Tier 3, Tier 4, and Tier 5 drugs.</p> <p>During this stage, you pay \$3 and \$17 cost-sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p> <p>There is no deductible for CDPHP Vital Rx (PPO) for select insulins. You pay \$35 for select insulins.</p>	<p>The deductible is \$350 on Tier 3, Tier 4, and Tier 5 drugs.</p> <p>During this stage, you pay \$3 and \$17 cost-sharing for drugs on Tier 1 and Tier 2 and the full cost of drugs on Tier 3, Tier 4, and Tier 5 until you have reached the yearly deductible.</p> <p>There is no deductible for CDPHP Vital Rx (PPO) for select insulins. You pay \$35 for select insulins.</p>

## Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1:</b> You pay \$3 per prescription</p> <p><b>Tier 2:</b> You pay \$17 per prescription</p> <p><b>Tier 3:</b> You pay \$47 per prescription</p> <p><b>Tier 4:</b> You pay \$100 per prescription</p> <p><b>Tier 5:</b> You pay 26% of the total cost.</p> <p>_____</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1:</b> You pay \$3 per prescription</p> <p><b>Tier 2:</b> You pay \$17 per prescription</p> <p><b>Tier 3:</b> You pay \$47 per prescription</p> <p><b>Tier 4:</b> You pay \$100 per prescription</p> <p><b>Tier 5:</b> You pay 26% of the total cost.</p> <p>_____</p>
<p><b>Stage 2: Initial Coverage Stage (continued)</b></p> <p>The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p> <p>You pay \$35 for select insulins.</p>	<p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p> <p>You pay \$35 for select insulins.</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

CDPHP Vital Rx (PPO) offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$35.

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in CDPHP® Vital Rx (PPO)

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CDPHP® Vital Rx (PPO).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Capital District Physicians' Health Plan, Inc. offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CDPHP® Vital Rx (PPO).

- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CDPHP® Vital Rx (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

#### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage Plan for January 1, 2022, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

### SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In New York state, the SHIP is called Health Insurance Information Counseling & Assistance Program (HIICAP).

HIICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. HIICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HIICAP at:

**Albany County:** Department for Aging, 162 Washington Ave., Albany, NY 12210, (518) 447-7198

**Broome County:** Broome County Office Building, 60 Hawley St., 4th Floor, P.O. Box 1766, Binghamton, NY 13902-1766, (607) 778-2411

**Chenango County:** County Office Building, 5 Court St., Norwich, NY 13815-1794, (607) 337-1770

**Clinton County:** 135 Margaret St., Suite 105, Plattsburgh, NY 12901, (518) 565-4620

**Columbia County:** Office for the Aging, 325 Columbia St., Hudson, NY 12534, (518) 828-4258

**Delaware County:** Office for the Aging, 97 Main St., Suite 2, Delhi, NY 13753, (607) 832-5750

**Essex County:** Office for the Aging PO Box 217, 132 Water Street Elizabethtown, New York 12932-0217 (518) 873-3695

**Franklin County:** 355 W. Main St., Ste. 447, Malone, NY 12953, (518) 481-1635

**Fulton County:** Office for Aging, 19 N. William St., Johnstown, NY 12095-2534, (518) 736-5650

**Greene County:** Department for the Aging, 411 Main St., Catskill, NY 12414, (518) 719-3555

**Hamilton County:** Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347

**Herkimer County:** Office for the Aging, 109 Mary St., Suite 1101, Herkimer, NY 13350-2924, (315) 867-1121

**Jefferson County:** Office for the Aging 175 Arsenal St #2nd, Watertown, NY 13601 (315) 785-3191

**Lewis County:** P.O. Box 193, 5274 Outer Stowe St., Lowville, NY 13367 (315) 376-5313

**Madison County:** Office for the Aging, 138 Dominick Bruno Blvd., Canastota, NY 13032, (315) 697-5700

**Montgomery County:** Office for the Aging, 135 Guy Park Ave., Amsterdam, NY 12010, (518) 843-2300 Ext. 229

**Oneida County:** Office for Aging and Continuing Care, 120 Airline Street – Suite 201., Oriskany, NY 13424, (315) 798-5456

**Otsego County:** Meadows Office Complex, Suite 5, 140 County Highway 33W, Cooperstown, NY 13326, (607) 547-4232

**Rensselaer County:** Unified Family Services, Department for the Aging, 1600 Seventh Ave., 4th floor, Troy, NY 12180-3798, (518) 270-2730

**Saratoga County:** Office for the Aging, 152 W. High St., Ballston Spa, NY 12021-3528, (518) 884-4100

**Schenectady County:** Department of Senior and Long Term Care Services, Schaffer Heights, 107 Nott Terrace, Suite 202, Schenectady, NY 12308, (518) 382-8481

**Schoharie County:** Office for the Aging, 113 Park Place, Suite 3, Schoharie, NY 12157, (518) 295-2001

**St. Lawrence County:** Office for the Aging Human Service Center 80 State Highway 310 Suite 7, Canton, NY 13617 (315) 386-4730

**Tioga County:** Tioga Opportunities, Inc. – Aging Services, 9 Sheldon Guile Blvd., Owego, NY 13827, (607) 687-4120

**Warren County:** Warren/Hamilton Counties Office for the Aging, Human Services Building, 1340 State Route 9, Lake George, NY 12845, (518) 761-6347

**Washington County:** Washington County CARES, Office for Aging and Disability Resources, 383 Broadway, Fort Edward, NY 12828, (518) 746-2420

You can learn more about HIICAP by visiting their website (<https://www.aging.ny.gov>).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or

- Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** New York state has a program called Elderly Pharmaceutical Insurance Coverage (EPIC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 4 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the New York AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call (518) 459-1641 or 1-800-542-2437 (in-state only).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from CDPHP® Vital Rx (PPO)

Questions? We’re here to help. Please call Member Services at (518) 641-3950 or 1-888-248-6522. (TTY only, call 711.) We are available for phone calls 8 a.m. – 8 p.m. seven days a week. From April 1 to September 30, our hours are Monday – Friday, 8 a.m. – 8 p.m. A voice messaging service is used after hours, weekends, and federal holidays. Calls will be returned within one business day. Member Services has free language-interpreter services available for non-English speakers. Calls to these numbers are free.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for CDPHP® Vital Rx (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at <https://www.cdphp.com>. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### Visit our Website

You can also visit our website at <https://www.cdphp.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

### Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

**Read *Medicare & You 2022***

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.