CPHP®

Group Name: CDPHP[®] Medicare Advantage Extra Group ID#: 20032087

YOU PAY			
In-Network	Out-of-Network		
\$15	\$50		
\$20	30%		
Covered in full	Not Covered		
PCP or Specialist cost	PCP or Specialist cost		
share based on provider	share based on provider		
	Covered in full		
Covered in full			
\$250	30%		
<i>4230</i>	5070		
\$250	30%		
<i>Ψ</i> 230			
\$75	30%		
515			
Covered in full	30%		
\$75			
\$50			
\$100			
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\$20	30%		
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\$20	30%		
\$40	30%		
6			
Covered in full			
\$10 or 20%	30%		
\$20	30%		
50%	50%		
\$20 30%			
\$20 30% 20% 30%			
	\$15 \$20 Covered in full PCP or Specialist cost share based on provider Share based on provider Covered in full \$250 \$250 \$250 \$75 Covered in full \$250 \$10 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2		

BENEFITS		YOU PAY			
Additional Coverage					
Vision allowance			Not Covered		
Hearing aids	; aids		\$199 or \$499 copayment depending on model pe plan year		
In-Home Support Services (30 hours annually)		Covered in full			
Prescription Drugs – Part B					
Physician administered injectal	oles (including	Covered in full		30%	
chemotherapy) Office visit copayment may apply		Covered in Tuli		3078	
Retail pharmacy/Oral chemotherapy (per prescription)		Covered in full		30%	
Prescription Drugs – Part D					
Rx Deductible: \$0					
Initial Coverage Stage	Retail Pharmacy (30 day s	upply) Mail Order (up to a 90 day sup		up to a 90 day supply)	
Tier 1 Preferred generic	\$0			\$0	
Tier 2 Generic	\$10	\$20			
Tier 3 Preferred brand	\$30		\$60		
Tier 4 Non-preferred drugs	\$50		\$100		
Tier 5 Specialty tier	\$55		Not Covered		
Tier 6 Drug	\$0			\$0	
Coverage Gap Stage	If your total drug costs (paid l either the above stated cost s	• •	•	ch \$5,030, you will pay	
Catastrophic Coverage Stage	At \$8,000, your drugs are covered in full.				
Shingles Vaccine	Covered in full				
Out of Pocket Maximum					
Maximum Annual Out-of-Pock	et Protection		\$3,850 in-	network	
	ewear, hearing aids and dental if		\$5,750 Combined in and out of network		
applicable)		<i>ço),</i>			
WELLNESS PROGRAMS			· · ·		
CDPHP Senior Fit [®] : Enjoy acces wellness classes at many other					
cost.					
Weight management program	Receive up to \$100 reimburse	ement for p	articipation in a v	weight loss program with	
an eligible vendor. PART B PREMIUM REIMBURSE					
PART & PREMITING REINIBURSE	IVIENI				
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Receive up to \$165 per month	: CDPHP Medicare Part B Reim				
Receive up to \$165 per month HealthEquity, reimburses Stand	: CDPHP Medicare Part B Reim dard Option members enrolled	in both Me	dicare Parts A &	3, along with this	
Receive up to \$165 per month HealthEquity, reimburses Stand Medicare Advantage plan, with	: CDPHP Medicare Part B Reim dard Option members enrolled	in both Me	edicare Parts A &	3, along with this	
Receive up to \$165 per month HealthEquity, reimburses Stand	: CDPHP Medicare Part B Reim dard Option members enrolled tax-free money. Eligible mem	in both Me bers can be	edicare Parts A &	3, along with this	
Receive up to \$165 per month HealthEquity, reimburses Stand Medicare Advantage plan, with Medicare Part B premiums. COORDINATION OF BENEFITS	: CDPHP Medicare Part B Reim dard Option members enrolled a tax-free money. Eligible mem WITH THE FEHB STANDARD OF	in both Me bers can be PTION	edicare Parts A &I reimbursed up t	3, along with this o \$1,980 in 2024 for their	
Receive up to \$165 per month HealthEquity, reimburses Stand Medicare Advantage plan, with Medicare Part B premiums.	: CDPHP Medicare Part B Reim dard Option members enrolled tax-free money. Eligible mem WITH THE FEHB STANDARD OF d under the Medicare Advanta	in both Me bers can be TION ge plan? Ti	edicare Parts A &I reimbursed up t here may be insta	3, along with this o \$1,980 in 2024 for their ances where some	
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Receive up to \$165 per month HealthEquity, reimburses Stand Medicare Advantage plan, with Medicare Part B premiums. COORDINATION OF BENEFITS What if a service is not covered services may be denied under the Medicare. In those instances, y	: CDPHP Medicare Part B Reim dard Option members enrolled a tax-free money. Eligible mem WITH THE FEHB STANDARD OF d under the Medicare Advanta the Medicare Advantage plan, i our Secondary coverage under	in both Me bers can be TION ge plan? TI ncluding w the Standa	edicare Parts A &I reimbursed up t here may be insta hen a provider ha ird Plan will pay p	3, along with this o \$1,980 in 2024 for their ances where some as opted out of primary at the Standard	