



A plan for life.

Medicare Advantage **Plan Options**



CDPHP is an HMO and PPO with a Medicare contract.
Enrollment in CDPHP Medicare Advantage depends on contract renewal.
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CDPHP® MEDICARE ADVANTAGE PLANS — MOST FREQUENTLY USED MEDICAL SERVICES

Below are some of the medical benefits associated with these plans.

Medicare Advantage PPO Plans				
PLAN NAME	CDPHP Vital Rx (PPO)		CDPHP Flex (PPO) CDPHP Flex Rx (PPO)	
MONTHLY PREMIUM ²	\$0		Flex: \$0* Flex Rx: \$34.80	
BENEFITS	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DOCTOR VISITS				
Primary Care Physician	\$0	\$50	\$0	\$40
Doctor On Demand	\$0	\$0	\$0	\$0
Specialist Copayment	\$45	40%	\$40	30%
Routine Annual Physical Exam Copayment	\$0	40%	\$0	30%
EMERGENCY CARE				
Urgent Care Copayment ³	\$55	\$55	\$55	\$55
Emergency Room Copayment ^{3 4}	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$255	\$255
OUTPATIENT SERVICES				
Outpatient Surgery	\$335-\$360	40%	\$250-\$325	30%
Physical Therapy	\$30	40%	\$40	\$60
HOSPITAL SERVICES				
Inpatient Hospitalization	\$360 days 1-4	40%	\$310 days 1-6	30%
ADDITIONAL BENEFITS/SERVICES				
Dental allowance for all dental services: Routine cleaning/restorative/dentures available on a prepaid Benefits Mastercard to use at any dentist	\$850 allowance		\$1,000 allowance	
Vision: Annual Routine Eye Exam	\$20	40%	\$20	30%
Frames/Lenses (per year)	\$150 reimbursement		\$175 reimbursement	
Hearing Care Solutions Hearing Aid Benefit	\$599 or \$899		\$599 or \$899	
OTC Benefit on a prepaid Benefits Mastercard	\$25 per Quarter	N/A	\$25 per Quarter	N/A
Senior Fit Included	Yes		Yes	
CDPHP Life Points® Rewards	Earn up to \$125		Earn up to \$125	
DIAGNOSTIC SERVICES				
Lab Services	\$0 or \$5	40%	\$0 or \$5	30%
Radiology Services (X-ray)	\$40	40%	\$35	\$40
Advanced Imaging Studies (CT, MRI, etc.)	\$165	40%	\$135	30%
OUT-OF-POCKET MAX	\$7,500	\$11,300	\$6,100	\$9,550

Effective January 1 – December 31, 2024: For New York state residents of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Tioga, Warren, and Washington counties.

Medicare Advantage HMO Plans ¹			
CDPHP \$0 Medicare Rx (HMO)	CDPHP Basic Rx (HMO)	CDPHP Value Rx (HMO)	CDPHP Choice (HMO) Choice Rx (HMO)
\$0	\$31	\$53.80	Choice: \$39.90* Choice Rx: \$124
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$35	\$35	\$30	\$25
\$0	\$0	\$0	\$0
\$55	\$55	\$55	\$45
\$90	\$90	\$90	\$90
\$265	\$260	\$250	\$165
\$315-\$365	\$280-\$330	\$200-\$300	\$150-\$200
\$30	\$30	\$30	\$25
\$330 days 1-5	\$315 days 1-6	\$295 days 1-6	\$260 days 1-6
\$1,225 allowance	\$1,450 allowance	\$1,250 allowance	\$1,500 allowance
\$20	\$20	\$20	\$0
\$200 reimbursement	\$240 reimbursement	\$200 reimbursement	\$250 reimbursement
\$599 or \$899	\$599 or \$899	\$599 or \$899	\$199 or \$499
\$75 per Quarter	\$100 per Quarter	\$75 per Quarter	\$75 per Quarter
Yes	Yes	Yes	Yes
Earn up to \$175	Earn up to \$175	Earn up to \$175	Earn up to \$175
\$0 or 20%	\$0 or \$5	\$0 or \$5	\$0 or \$5
\$35	\$35	\$30	\$25
\$195	\$140	\$130	\$100
\$7,000	\$6,700	\$6,400	\$6,100

¹ Must use plan providers (see back page for full details)

² You must continue to pay your Part B premium; You may qualify for lower premiums with EPIC or Low Income Subsidy

³ Worldwide coverage

⁴ Copayments waived if admitted to the hospital within 24 hours for the same diagnosis.

* Does not include Rx

CDPHP MEDICARE ADVANTAGE PLANS—PHARMACY COVERAGE

PPO PHARMACY COVERAGE

	CDPHP Vital Rx (PPO)	CDPHP Flex Rx (PPO)
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30-Day Supply at a Preferred Retail Network Pharmacy*

Rx Deductible (Tiers 3 through 5)	\$300	N/A
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$0	\$0
Tier 3 Preferred Brand	\$47	\$44
Tier 4 Non-Preferred Drugs	\$100	\$95
Tier 5 Specialty Tier	26%	33%
Coverage Gap Coverage		
– Generic (Tiers 1 through 5)	25%	25%
– Brand (Tiers 3, 4, and 5)	25%	25%

90-Day Supply through Mail Order Delivery Service

Rx Deductible (Tiers 3 through 5)	\$300	N/A
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$0	\$0
Tier 3 Preferred Brand	\$94	\$88
Tier 4 Non-Preferred Drugs	\$250	\$237.50
Tier 5 Specialty Tier	Not available	Not available
Coverage Gap Coverage		
– Generic (Tiers 1 through 5)	25%	25%
– Brand (Tiers 3, 4, and 5)	25%	25%

HMO PHARMACY COVERAGE

CDPHP \$0 Medicare Rx (HMO)	CDPHP Basic Rx (HMO)	CDPHP Value Rx (HMO)	CDPHP Choice Rx (HMO)
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\$250	N/A	N/A	N/A
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$47	\$45	\$42	\$40
\$100	\$97	\$93	\$90
27%	33%	33%	33%
25%	25%	25%	25%
25%	25%	25%	25%

\$250	N/A	N/A	N/A
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$94	\$90	\$84	\$80
\$250	\$242.50	\$232.50	\$225
Not available	Not available	Not available	Not available
25%	25%	25%	25%
25%	25%	25%	25%

1

Initial Coverage:

Copayments listed here are for the first \$5,030 in total prescription costs (member payments + CDPHP payments).

2

Coverage Gap:

For all plans, after total prescription costs reach \$5,030, you pay 25% of the plan’s cost for generic drugs and 25% of the plan’s cost for all brand-name drugs.

3

Catastrophic Coverage:

Once the gap limit of \$8,000 (total out-of-pocket spending + what was paid on your behalf for brand-name drugs during the coverage gap) is reached, you will pay nothing for all drugs for the rest of 2024.

* Members can receive a 90-day supply through a network retail pharmacy, but it would not qualify for the mail order delivery service discount. The copayment would be three times the 30-day network pharmacy copayment.



All formulary insulin is capped at \$35 per month.

Preferred Retail Locations for Medications

Prescription drug coverage allows you to fill prescriptions at any in-network preferred or standard pharmacy. If you choose to use a preferred pharmacy, you’ll pay nothing for Tier 1 and Tier 2 drugs. **If you use a standard pharmacy, you will have a copay for these medications, and could pay more for other drugs as well.** Check your Summary of Benefits for plan details.

For a current listing of CDPHP Preferred Rx Network pharmacies, please visit www.cdphp.com/medicare/drug-coverage.

Have questions?
Contact us

We'd love to hear from you!

Please call one of our knowledgeable CDPHP Medicare sales representatives for more information.

Looking for the right Medicare coverage?

Call (518) 641-3400
1-888-519-9287 (TTY: 711)

Already a CDPHP member?

Call 1-888-248-6522 (TTY: 711)

Get a quote:

plans.cdphp.com/medicare

Enroll online:

www.cdphp.com/medicare

Attend a product overview seminar

cdphp.com/medicare/learn/seminars







Scan with your smartphone camera for a list of seminars.

Our hours are 8 a.m. - 8 p.m. seven days a week from October 1 - March 31.
From April 1 - September 30, Monday – Friday, our hours are 8 a.m. - 8 p.m.
A voice messaging service is used weekends, after-hours, and federal holidays.
Calls will be returned within one business day.

Getting started with CDPHP

If you **enroll with CDPHP**, here's what you'll receive from us and why it's important:

- 1 Approval Letter**
We send this letter to let you know when your enrollment has been approved by Medicare and to make sure you understand the plan you selected.

- 2 Member Welcome Guide with ID Card**
Your member welcome guide will provide you with your ID card as well as assistance in setting up your member account. You'll need your card when you visit the doctor, hospital, or pharmacy (if you have prescription coverage).

- 3 Member Welcome Kit**
Your kit provides detailed information about your plan. It also includes important documents you can review, complete, and return to us. You can access this kit online via your member account if you prefer.

- 4 Welcome Call or Letter**
Finally, we'll call or send you a letter to confirm you received your Member Welcome Kit, verify you chose a primary care doctor, learn more about your health care needs, and help you get started with CDPHP.




After you sign up for an online member account, you'll receive emails with helpful tips on topics like how to best use your account or how to earn Life Points Rewards.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc., CDPHP Universal Benefits,[®] Inc., and Capital District Physicians' Healthcare Network, Inc. (collectively referred to as CDPHP[®]) comply with applicable federal civil rights laws and do not discriminate on the basis 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>.

Find all the 2024 benefits online at www.cdphp.com/medicare

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-248-6522 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-248-6522 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-888-248-6522 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-888-248-6522 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-248-6522 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-248-6522 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-248-6522 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-248-6522 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-248-6522 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-248-6522 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-248-6522 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-248-6522 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-248-6522 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-248-6522 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-248-6522 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-248-6522 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-248-6522 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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Get fitness tips, wellness ideas, and more! Follow us on social and visit blog.cdphp.com.



¹ You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor CDPHP will be responsible for the costs.

Please be aware that you can enroll in Medicare plans only at certain times during the year:

- As early as three months before you turn 65 (or when your Medicare Part B is effective), you can join our plan.
- Between October 15 and December 7, anyone who has Medicare Parts A and B and resides in our service area can [join](#) our plan for January 2024.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. Or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048. Or call your state Medicaid office.

For more information about general Medicare options available to you, please see our "Choosing the Right Medicare Coverage" brochure.

Visit us at www.cdphp.com for more information.

Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.

500 Patroon Creek Boulevard, Albany, NY
12206-1057

www.cdphp.com

23-24238 | Form #7320-0823



A plan for life.