



Group Name: New York State
Group ID#: 10006006

BENEFITS	YOU PAY
	In-Network
Doctor Visits	
Primary care	\$15
Specialist	\$20
Preferred Live Video Doctor Visits	Covered in full
Telehealth services from a CDPHP Network provider	PCP or Specialist cost share based on provider
Preventive Care	
Annual wellness exam Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot	Covered in full
Hospital and Outpatient Services	
Inpatient hospital stays	Covered in full
Inpatient mental health care (190 days per lifetime)	Covered in full
Outpatient hospital and ambulatory surgical center- same day surgery and other services	\$75
Home health services	Covered in full
Emergency Care	
Worldwide emergency room care (waived if admitted)	\$75
Urgent care	\$30
Ambulance	\$75
Rehabilitation	
Skilled nursing facility (100 days per benefit period)	Covered in full
Physical, occupational, and speech therapy	\$20
Diagnostic Services	
Laboratory services (cost share waived at preferred laboratories)	\$20
Radiology and imaging (X-rays, ultrasounds)	\$20
Advanced imaging (CT scan, MRI, PET scan)	\$40
Additional Coverage	
Blood glucose monitors and test strips by Ascencia Diabetes Care	Covered in full
Diabetic Supplies (you pay whichever cost share is less)	\$10 or 20%
Dialysis	\$20
Acupuncture (10 visits)	50%
Chiropractor	\$20
Durable Medical Equipment	20%

BENEFITS		YOU PAY
Additional Coverage		
Vision allowance		\$100 allowance per plan year
Hearing aids		\$199 or \$499 copayment depending on model per plan year
In-Home Support Services (30 hours annually)		Covered in full
Prescription Drugs – Part B		
Physician administered injectables (including chemotherapy) Office visit copayment may apply		\$20
Retail pharmacy/Oral chemotherapy (per prescription)		\$20
Prescription Drugs – Part D		
Rx Rider: 559 Rx Deductible: \$0		
Initial Coverage Stage	Retail Pharmacy (30 day supply)	Mail Order (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 available
Coverage Gap Stage	If your total drug costs (paid by both you and CDPHP) reach \$5,030, you will pay either the above stated cost share or less.	
Catastrophic Coverage Stage	At \$8,000 your Part D Prescription drugs are covered in full.	
Shingles Vaccine	Covered in full	
Dental Coverage		
Preventive Dental Services		\$150 allowance per plan year
Out of Pocket Maximum		
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)		\$2,500
WELLNESS PROGRAMS		
Life Points Rewards®: Members are eligible to earn up to 125 Life Points Rewards per contract by completing program activities.		
CDPHP Senior Fit®: Enjoy access to SilverSneakers® at participating gyms. You can also work out and take fitness and wellness classes at many other area gyms, like the CDPHP® Fitness Connect at the Ciccotti Center, at no additional cost.		
Weight Management Program: Receive up to \$100 reimbursement for participation in a weight loss program with an eligible vendor.		

CDPHP® Medicare Advantage is a HMO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

If you have a question or wish to receive additional information, please contact member services at (518) 641-3950 or 1-888-248-6522 (TTY: 711). Or, visit our website at www.cdphp.com. This summary is designed to highlight the benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. Many preventive services are covered in full. For more detailed information, an Evidence of Coverage is available for your review upon request.