## Employer Group 2026 Benefits Medicare Advantage HMO NYSHIP Summary with Rx



**Group Name:** New York State

**Group ID#:** 10006006

Doctor Visits   Specialist   S20   Preferred Live Video Doctor Visits   S20   Preferred Live Video Doctor Visits   Covered in full   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   Hospital and Outpatient Services   Inpatient hospital stays   Covered in full   Population of the special stays   Population of	BENEFITS	YOU PAY
Primary care \$15 Specialist \$20 Preferred Live Video Doctor Visits Covered in full Telehealth services from a CDPHP Network provider Preventive Care Annual wellness exam Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot Hospital and Outpatient Services Inpatient hospital stays Covered in full Outpatient hospital and ambulatory surgical center- same day surgery and other services 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 Dialysis \$5 Dialysis \$20 Acupuncture (10 visits) \$50% Chiropractor		In-Network
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         Covered in full           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           Unpatient hospital and ambulatory surgical center- same day surgery and other services         \$75           Home health services         Covered in full           Worldwide emergency room care (waived if admitted)         \$75           Urgent care         \$30           Ambulance         \$75           Rehabilitation         Covered in full           Skilled nursing facility (100 days per benefit period)         Covered in full           Physical, occupational, and speech therapy         \$20           Diagnostic Services         \$20           Laboratory services (cost share waived at preferred laboratories)         \$20           Radiology and imaging (X-rays, ultrasounds)         \$20           Additional Coverage         \$5           Dialysis         \$20 <td>Doctor Visits</td> <td></td>	Doctor Visits	
Preferred Live Video Doctor Visits  Telehealth services from a CDPHP Network provider  Preventive Care  Annual wellness exam Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  Hospital and Outpatient Services Inpatient hospital stays Inpatient hospital and ambulatory surgical center- same day surgery and other services Home health services  Covered in full  Outpatient hospital and ambulatory surgical center- same day surgery and other services Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Tigent care  Stilled nursing facility (100 days per benefit period)  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Additional Coverage  Diabetes Care Monitoring Supplies  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor	Primary care	\$15
Preventive Care  Annual wellness exam  Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  Hospital and Outpatient Services  Inpatient hospital stays  Covered in full  Inpatient mental health care (190 days per lifetime)  Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Typent care  Ambulance  Stilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Additional Coverage  Diabetes Care Monitoring Supplies  Sialleysis  Sau  Acupuncture (10 visits)  Sovered in full  PCOVERED in full  PCOVERED in full  Covered in full  Covered in full  PCOVERED in fu	Specialist	\$20
Preventive Care  Annual wellness exam  Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  Hospital and Outpatient Services  Inpatient hospital stays  Covered in full  Inpatient mental health care (190 days per lifetime)  Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Y75  Rehabilitation  Skilled nursing facility (100 days per benefit period)  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  \$20  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Dialysis  \$50  Acupuncture (10 visits)  50%  Chiropractor	Preferred Live Video Doctor Visits	Covered in full
Preventive Care  Annual wellness exam  Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  Hospital and Outpatient Services  Inpatient hospital stays  Covered in full  Inpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Type to care  Skilled nursing facility (100 days per benefit period)  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  \$50%  Chiropractor	·	PCP or Specialist cost share based on
Annual wellness exam  Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  Hospital and Outpatient Services  Inpatient hospital stays  Covered in full  Inpatient mental health care (190 days per lifetime)  Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Y75  Urgent care  Ambulance  \$30  Ambulance  \$75  Rehabilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  \$20  Advanced imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor		provider
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot  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  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Y75  Urgent care  Ambulance  \$30  Ambulance  \$75  Rehabilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  \$20  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  \$20  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor		
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Hospital and Outpatient Services   Inpatient hospital stays   Covered in full		Covered in full
Inpatient hospital stays  Covered in full  Inpatient mental health care (190 days per lifetime)  Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Y75  Urgent care  Ambulance  \$30  Ambulance  \$75  Rehabilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  \$20  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Advanced imaging (X-rays, ultrasounds)  \$40  Additional Coverage  Diabetes Care Monitoring Supplies  \$50  Covered in full  \$20  Acupuncture (10 visits)  \$20  Acupuncture (10 visits)		
Inpatient mental health care (190 days per lifetime)  Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Y75  Urgent care  Ambulance  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor		
Outpatient hospital and ambulatory surgical center- same day surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Urgent care  Ambulance  \$30  Ambulance  \$75  Rehabilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor	Inpatient hospital stays	Covered in full
surgery and other services  Home health services  Covered in full  Emergency Care  Worldwide emergency room care (waived if admitted)  Urgent care  Ambulance  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Additional Coverage  Diabetes Care Monitoring Supplies  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor	Inpatient mental health care (190 days per lifetime)	Covered in full
Home health services  Emergency Care  Worldwide emergency room care (waived if admitted)  Vorgent care  Ambulance  State Ambilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  Dialysis  \$20  Acupuncture (10 visits)  50%  Chiropractor	Outpatient hospital and ambulatory surgical center- same day	¢75
Emergency Care  Worldwide emergency room care (waived if admitted)  Urgent care \$30  Ambulance \$75  Rehabilitation  Skilled nursing facility (100 days per benefit period) Physical, occupational, and speech therapy \$20  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories) Radiology and imaging (X-rays, ultrasounds) \$20  Advanced imaging (CT scan, MRI, PET scan) \$40  Additional Coverage Dialysis \$20  Acupuncture (10 visits) \$20  Acupuncture (10 visits) \$20  Acupuncture (10 visits) \$20	surgery and other services	\$75
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  Dialysis \$5  Dialysis \$20  Acupuncture (10 visits) \$50%  Chiropractor \$20	Home health services	Covered in full
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  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) \$20  Chiropractor \$20	Emergency Care	
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  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) \$50%  Chiropractor \$20	Worldwide emergency room care (waived if admitted)	\$75
Rehabilitation  Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  \$20  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  \$40  Additional Coverage  Diabetes Care Monitoring Supplies  \$5  Dialysis  \$20  Acupuncture (10 visits)  \$50%  Chiropractor	Urgent care	\$30
Skilled nursing facility (100 days per benefit period)  Physical, occupational, and speech therapy  Diagnostic Services  Laboratory services (cost share waived at preferred laboratories)  Radiology and imaging (X-rays, ultrasounds)  Advanced imaging (CT scan, MRI, PET scan)  Additional Coverage  Diabetes Care Monitoring Supplies  State of the period in full  \$20  Acupuncture (10 visits)  Chiropractor  \$20  \$30  \$40  \$40  \$50  \$50  \$60  \$50%	Ambulance	\$75
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  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) \$50%  Chiropractor \$20	Rehabilitation	
Diagnostic ServicesLaboratory services (cost share waived at preferred laboratories)\$20Radiology and imaging (X-rays, ultrasounds)\$20Advanced imaging (CT scan, MRI, PET scan)\$40Additional Coverage\$5Diabetes Care Monitoring Supplies\$5Dialysis\$20Acupuncture (10 visits)50%Chiropractor\$20	Skilled nursing facility (100 days per benefit period)	Covered in full
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  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) \$50%  Chiropractor \$20	Physical, occupational, and speech therapy	\$20
Radiology and imaging (X-rays, ultrasounds) \$20  Advanced imaging (CT scan, MRI, PET scan) \$40  Additional Coverage  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) \$50%  Chiropractor \$20	Diagnostic Services	
Advanced imaging (CT scan, MRI, PET scan) \$40  Additional Coverage  Diabetes Care Monitoring Supplies \$5  Dialysis \$20  Acupuncture (10 visits) 50%  Chiropractor \$20	Laboratory services (cost share waived at preferred laboratories)	\$20
Additional CoverageDiabetes Care Monitoring Supplies\$5Dialysis\$20Acupuncture (10 visits)50%Chiropractor\$20	Radiology and imaging (X-rays, ultrasounds)	\$20
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Dialysis \$20 Acupuncture (10 visits) 50% Chiropractor \$20		
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Acupuncture (10 visits) 50% Simple Si	Dialysis	\$20
Chiropractor \$20		50%
·		\$20
Paragic incaida Equipinent	Durable Medical Equipment	20%

Additional Coverage		
Vision allowance		\$100 allowance per plan year
Hearing aids		\$199/\$499 Copay through TruHearing per plan year
In-Home Support Services (30 h	nours annually)	Covered in full
Prescription Drugs – Part B		
Physician administered injectables (including chemotherapy) Office visit copayment may apply		\$20
Retail pharmacy/Oral chemoth	erapy (per prescription)	\$20
Prescription Drugs – Part D		
Rx Rider: 559 Rx Deductible:	: \$0	
Initial Coverage Stage	Preferred Network Retail	Standard (Non-Preferred) Network
initial coverage stage	Pharmacy (30-day supply)	Retail Pharmacy (30-day supply)
Tier 1 Preferred generic	Pharmacy (30-day supply) \$0	Retail Pharmacy (30-day supply) \$10
Tier 1 Preferred generic	\$0	\$10
Tier 1 Preferred generic Tier 2 Generic	\$0 \$10	\$10 \$20
Tier 1 Preferred generic Tier 2 Generic Tier 3 Preferred brand	\$0 \$10 \$30	\$10 \$20 \$60
Tier 1 Preferred generic Tier 2 Generic Tier 3 Preferred brand Tier 4 Non-preferred drugs	\$0 \$10 \$30 \$50 \$55	\$10 \$20 \$60 \$100
Tier 1 Preferred generic Tier 2 Generic Tier 3 Preferred brand Tier 4 Non-preferred drugs Tier 5 Specialty tier	\$0 \$10 \$30 \$50 \$55 You pay 2 times the Preferred Retail F are not available for 90-day supply.	\$10 \$20 \$60 \$100 \$110
Tier 1 Preferred generic Tier 2 Generic Tier 3 Preferred brand Tier 4 Non-preferred drugs Tier 5 Specialty tier  Mail order (90-day supply)	\$0 \$10 \$30 \$50 \$55 You pay 2 times the Preferred Retail Fare not available for 90-day supply. At \$2,100 out-of-pocket spend, your leading to the spend of the spe	\$10 \$20 \$60 \$100 \$110 Pharmacy Network Copay; Tier 5 drugs

## **WELLNESS PROGRAMS**

**Preventive Dental Services** 

**Out of Pocket Maximum** 

**BENEFITS** 

**Life Points Rewards**: Members are eligible to earn up to \$125 Life Points Rewards per contract by completing program activities.

Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs,

eyewear, hearing aids and dental if applicable)

**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.

**YOU PAY** 

\$150 allowance per plan year

\$2,500