

CDPHP® Medicare Advantage PPO Benefit Summary



Annual Out-of-Pocket Maximum (In- and Out-of-Network) \$3,350

NO COST PREVENTIVE SERVICES

CDPHP covers many preventive screenings including annual adult exams; bone mass screenings; colorectal screening exams; prostate cancer screenings; immunizations, and more. For all women, pap tests and pelvic exams are covered once every 24 months. Visit cdphp.com for a full list of preventive services.

	In-Network	Out-of-Network
VISIT YOUR DOCTOR	COST SHARE**	COST SHARE**
Doctor On Demand (live video doctor visits)	\$12	\$24
Enhanced Primary Care Physician Visits	\$12	\$24
Primary Care Physician Visits	\$12	\$24
Specialty Visits	\$20	\$40
HOSPITAL/CLINIC SERVICES		
Ambulance	\$100	\$100
Emergency Room Care (worldwide)	\$75	\$75
Inpatient Hospital (max 2 copayments per year In-Network)	\$250	\$750
Outpatient Hospital/Surgery/Observation	\$125	\$250
Skilled Nursing Facility Services (100 days per benefit period)	No Copayment	No Copayment
Urgent Care	\$30	\$30
LAB/DIAGNOSTIC SERVICES		
Advanced Imaging (CT scan, MRI, PET scan)	\$40	\$80
Laboratory Services (Cost share waived if performed at a preferred lab)	\$20	\$40
Radiology and Imaging (X-rays, ultrasounds)	\$20	\$40
CONDITION SUPPORT SERVICES		
Blood Glucose Monitors and Test Strips by Ascencia Diabetes Care	No Copayment	No Copayment
Cardiac Rehabilitation	No Copayment	No Copayment
Chiropractic Benefits	\$20	\$40
Diabetic Supplies (you pay whichever cost share is less)	20% Coinsurance or \$10 Copayment	20% Coinsurance or \$10 Copayment
Dialysis (in- and out-of-network)	\$20	\$20
Durable Medical Equipment, Prosthetic Devices, and Diabetic DME	20% Coinsurance	20% Coinsurance
Home Health Services	No Copayment	No Copayment
Mental Health Inpatient (max 2 copayments per year In-Network)	\$250	\$750
Mental Health Outpatient	\$20	\$40
Colostomy Supplies	No Copayment	No Copayment
Partial Hospitalization	\$55	\$55
Physical, Speech, and Occupational Therapy	\$20	\$40
Podiatry Services	\$20	\$40
Pulmonary Rehabilitation	No Copayment	No Copayment
Substance Abuse Inpatient (max 2 copayments per year In-Network)	\$250	\$750
Substance Abuse Outpatient	\$20	\$40

	In-Network	Out-of-Network
PART B PRESCRIPTION DRUGS		
Physician Administered Injectables (including chemo)	\$20	\$40
Purchased at Pharmacy/Oral Chemo (per prescription)	\$20	\$40
HEARING, VISION & DENTAL		
Exam (one hearing and one vision exam per year)	\$20	\$40
Hearing Aids (every 3 years)		\$600 Allowance
Medicare-covered Non-Routine Dental	\$20	\$40
Dental Services	Only with Rider	Only with Rider
Vision Eyewear (per year)		\$100 Allowance

HEALTH & FITNESS

CaféWell®: Members are eligible to earn up to \$125 in Life Points per contract by completing program activities. This no-cost online tool creates a personalized library of resources and goal-setting tips to help you take control of your health. Log in to your member account at member.cdphp.com and click on CaféWell to learn more and sign up.

CDPHP Senior Fit®: Enjoy access to SilverSneakers® participating gyms and keep moving with amenities like treadmills, weights, heated pools, and fitness classes designed to help improve flexibility, balance, endurance, and energy.

You can also work out and take fitness and wellness classes at many other area gyms, like the Rudy A. Ciccotti Family Recreation Center, at no additional cost.

Weight Management Program: Receive up to a \$75 reimbursement for participation in a weight loss program with an eligible vendor.

**Cost share per date of service unless otherwise indicated

CDPHP® Medicare Advantage is a PPO 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 the member services department at (518) 641-3950 or 1-888-248-6522 (TTY/TDD 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.