



**Group Name:** Bethlehem Chamber of Commerce-Medicare  
**Group ID#:** 20031164

BENEFITS		YOU PAY	
		In-Network	Out-of-Network
<b>Doctor Visits</b>			
Primary care		\$12	\$24
Specialist		\$20	\$40
Preferred Live Video Doctor Visits		Covered in full	Not Covered
Telehealth services from a CDPHP Network provider		PCP or Specialist cost share based on provider	PCP or Specialist cost share based on provider
<b>Preventive Care</b>			
Annual wellness exam			
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot		Covered in Full	Covered in Full
<b>Hospital and Outpatient Services</b>			
Inpatient hospital stays Maximum of 2 copayments per plan year.		\$250	\$750
Inpatient mental health care (190 days per lifetime) Maximum of 2 copayments per plan year.		\$250	\$750
Outpatient hospital and ambulatory surgical center- same day surgery & other services		\$125	\$250
Home health services		Covered in full	Covered in full
<b>Emergency Care</b>			
Worldwide emergency room care (waived if admitted)			\$75
Urgent care			\$30
Ambulance			\$100
<b>PRESCRIPTION DRUGS - PART D</b>		<b>YOU PAY</b>	
<b>Rx Rider: 519P Rx Deductible: \$0</b>			
<b>Initial Coverage Stage</b>	<b>Retail Pharmacy (30 day supply)</b>	<b>Mail Order (up to a 90 day supply)</b>	
Tier 1 Preferred generic	\$0	\$0	
Tier 2 Generic	\$10	\$20	
Tier 3 Preferred brand	\$35	\$70	
Tier 4 Non-preferred drugs	\$50	\$100	
Tier 5 Specialty tier	25%	Not Available	
<b>Coverage Gap Stage</b>	If your total drug costs (paid by both you and CDPHP) reach \$4,430, for Tiers 1 and 2 you will pay the cost share listed above. You will pay 25% of the cost for all generic drugs, and 25% of the cost of all Part D brand-name drugs (as defined by CMS) on Tiers 3 through 5.		
<b>Catastrophic Coverage Stage</b>	At \$7,050, you pay the greater of 5% coinsurance or \$3.95 for all generics and multi-source brands and the greater of 5% coinsurance or \$9.85.		
<b>Shingles Vaccine</b>	Tier 3 Preferred brand cost share.		

PRESCRIPTION DRUGS – PART B		YOU PAY	
	In-Network	Out-of-Network	
Physician administered injectables (including chemotherapy) Office visit copayment may apply	\$20	\$40	
Retail pharmacy/Oral chemotherapy (per prescription)	\$20	\$40	
BENEFITS		YOU PAY	
Rehabilitation			
Skilled nursing facility (100 days per benefit period)	Covered in full		Covered in full
Physical, occupational, and speech therapy	\$20	\$40	
Diagnostic Services			
Laboratory services (cost share waived at preferred laboratories)	\$20	\$40	
Radiology and imaging (X-rays, ultrasounds)	\$20	\$40	
Advanced imaging (CT scan, MRI, PET scan)	\$40	\$80	
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%	\$10 or 20%	
Dialysis	\$20	\$20	
Acupuncture (10 visits)	50%	50%	
Chiropractor	\$20	\$40	
Durable Medical Equipment	20%	20%	
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		
Dental Rider			
Rider: 592P	\$250 Reimbursement towards 2 cleanings and exams and 1 annual x-ray per plan year		
Out of Pocket Maximum			
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)	\$3,350 Combined in and out of network		
WELLNESS PROGRAMS			
<b>CaféWell®:</b> Members are eligible to earn up to 125 Life Points per contract by completing program activities.			
<b>CDPHP Senior Fit®:</b> Enjoy access to SilverSneakers® participating gyms. 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.			
<b>Weight management program:</b> Receive up to \$100 reimbursement for participation in a weight loss program with an eligible vendor.			

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 member services at (518) 641-3950 or 1-888-248-6522 (TTY: 711). Or, visit our website at [www.cdphp.com](http://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.