2024 Reference Guide

Group Medicare Plan Overview



Y0019_GR24_24147_M

2024 GROUP MEDICARE PLAN OVERVIEW

	PLAN NAME	LARGE/ SMALL	NETWORK	PCP VISIT	SPECIALIST VISIT	INPATIENT HOSPITAL	OUTPATIENT SERVICES	ER (WAIVED IF ADMITTED)	AMBULANCE	URGENT CARE	LAB (WAIVED IF PREFERRED)	X-RAY / ULTRASOUND	ADVANCED IMAGING	ANNUAL OUT-OF-POCKET LIMIT
OMH	HMO \$10	Both	In Network	\$10	\$10	\$0	\$0	\$75	\$35	\$20	\$10	\$10	\$20	\$2,500
	HMO \$12	Both	In Network	\$12	\$12	\$250	\$100	\$75	\$75	\$22	\$12	\$12	\$24	\$2,500
	HMO \$10/\$15	Large Only	In Network	\$10	\$15	\$0	\$0	\$50	\$50	\$25	\$15	\$15	\$30	\$2,500
	HMO \$15	Both	In Network	\$15	\$15	\$0	\$50	\$75	\$50	\$25	\$15	\$15	\$30	\$2,500
	HMO \$20 (\$250 IP)	Both	In Network	\$20	\$20	\$250	\$100	\$75	\$75	\$30	\$20	\$20	\$40	\$2,500
	HMO \$20 (\$500 IP)	Both	In Network	\$20	\$20	\$500	\$75	\$75	\$75	\$30	\$20	\$20	\$40	\$2,500
	HMO \$25	Both	In Network	\$25	\$25	\$500	\$125	\$75	\$100	\$35	\$25	\$25	\$50	\$2,500
	HMO \$25/\$40	Both	In Network	\$25	\$40	\$500	\$100	\$75	\$100	\$50	\$40	\$40	\$80	\$2,500
	HMO \$30/\$50	Both	In Network	\$30	\$50	\$500	\$125	\$75	\$100	\$60	\$50	\$50	\$100	\$2,500
Odd	PPO \$5/\$10 (\$0 IP)	Large Only	In Network	\$5	\$10	\$0	\$10	\$75	\$100	\$20	\$10	\$10	\$20	\$3,350
			Out of Network	\$5	\$10	\$200	\$10	\$75	\$100	\$20	\$10	\$10	\$20	Combined IN & OON
	PPO \$5/\$10 (\$350 IP)	Both	In Network	\$5	\$10	\$350	\$125	\$75	\$100	\$20	\$10	\$10	\$20	\$3,350
			Out of Network	\$10	\$20	\$800	\$250	\$75	\$100	\$20	\$20	\$20	\$40	Combined IN & OON
	PPO \$10/\$15 (\$0 IP)	Both	In Network	\$10	\$15	\$0	\$125	\$75	\$100	\$25	\$15	\$15	\$30	\$3,350
			Out of Network	\$20	\$30	\$500	\$250	\$75	\$100	\$25	\$30	\$30	\$60	Combined IN & OON
	PPO \$10/\$15 (\$250 IP)	Both	In Network	\$10	\$15	\$250	\$125	\$75	\$100	\$25	\$15	\$15	\$30	\$5,000
			Out of Network	\$25	\$40	20%	20%	\$75	\$100	\$25	\$40	\$40	\$80	Combined IN & OON
	PPO \$12/\$20 (\$250 IP)	Both	In Network	\$12	\$20	\$250	\$125	\$75	\$100	\$30	\$20	\$20	\$40	\$3,350
			Out of Network	\$24	\$40	\$750	\$250	\$75	\$100	\$30	\$40	\$40	\$80	Combined IN & OON
	PPO \$15/\$25	Both	In Network	\$15	\$25	\$500	\$150	\$75	\$100	\$35	\$25	\$25	\$50	\$3,350
			Out of Network	\$30	\$50	\$1,000	\$300	\$75	\$100	\$35	\$50	\$50	\$100	Combined IN & OON
	PPO \$25/\$40 (\$750 IP)	Both	In Network	\$25	\$40	\$750	\$150	\$75	\$100	\$50	\$40	\$40	\$80	\$4,000
			Out of Network	\$25	\$40	20%	20%	\$75	\$100	\$50	\$40	\$40	\$80	Combined IN & OON

All of the CDPHP Group Medicare plans listed above include the following benefits:



PREVENTIVE SERVICES Covered at no copayment when in network.



PHYSICAL, SPEECH, AND OCCUPATIONAL THERAPIES Covered at the specialist copayment or lower with no visit limit in network.



CDPHP HEALTH HUB Earn up to \$125 a year in gift cards for completing healthy activities and screenings



IN-HOME SUPPORT 30 hours of no-cost, in-home companionship and support services through Papa Assistance with transportation, house help,

technology support, and grocery drop-off



ACUPUNCTURE Up to 10 visits, 50% coinsurance.



HOME HEALTH CARE Covered at no copayment when in network, as long as medically necessary.

E

VISION Routine eye exams at the specialist copayment, plus a \$100 allowance annually toward eyewear.



DENTAL COVERAGE

Dental coverage that includes money back for dental services like cleanings, crowns, fillings, and dentures

DOCTOR VISITS ARE A CLICK AWAY

\$0 live video doctor visits with Doctor on Demand See a doctor 24/7 from the comfort of home

No-cost virtual mental health services through aptihealth



HEARING

All plans include hearing aid benefits. Copays start as low as \$199.



HOME MEAL DELIVERY

Up to 14 meals delivered following an inpatient hospitalization. No copayment.

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. For more detailed information, an **Evidence of Coverage** is available for your review upon request.

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Contact your broker or call your CDPHP® account executive at 1-800-993-7299.

CDPHP[®] is an HMO and a PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

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

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