



Group Name: Cobleskill-Richmondville Central School Dist-Medic
Group ID#: 20031133

BENEFITS	YOU PAY	
	In-Network	Out-of-Network
Doctor Visits		
Primary care	\$10	\$10
Specialist	\$10	\$10
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
Preventive Care		
Annual wellness exam		
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot	Covered in full	Covered in full
Hospital and Outpatient Services		
Inpatient hospital stays	Covered in full	Covered in full
Inpatient mental health care (190 days per lifetime)	Covered in full	Covered in full
Outpatient hospital and ambulatory surgical center- same day surgery & other services	Covered in full	Covered in full
Home health services	Covered in full	Covered in full
Emergency Care		
Worldwide emergency room care (waived if admitted)		\$35
Urgent care		\$10
Ambulance		Covered in full
Rehabilitation		
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full
Physical, occupational, and speech therapy	\$10	\$10
Diagnostic Services		
Laboratory services (cost share waived at preferred laboratories)	Covered in full	Covered in full
Radiology and imaging (X-rays, ultrasounds)	Covered in full	Covered in full
Advanced imaging (CT scan, MRI, PET scan)	\$10	\$10
Additional Coverage		
Blood glucose monitors and test strips by Ascencia Diabetes Care		Covered in full
Diabetic Supplies (you pay whichever cost share is less)	Covered in full	Covered in full
Dialysis	Covered in full	Covered in full
Acupuncture (10 visits)	50%	50%
Chiropractor	\$10	\$10
Durable Medical Equipment	Covered in full	Covered in full

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	Covered in full	Covered in full	
Retail pharmacy/Oral chemotherapy (per prescription)	Covered in full	Covered in full	
Prescription Drugs – Part D			
Rx Rider: 535P 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	\$5	\$10	
Tier 3 Preferred brand	\$10	\$20	
Tier 4 Non-preferred drugs	\$10	\$20	
Tier 5 Specialty tier	\$10	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 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)	\$4,000 Combined in and out of network		
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® 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 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. 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.