

**2019 CDPHP® Medicare Advantage  
Group PPO Benefit Summary**

South Coloniè Central School District

20031146



<b>Service</b>	<b>In-Network Cost-Share**</b>	<b>Out-of-Network Cost-Share</b>
CDPHP covers many preventive screenings including annual adult exams; For all women: Pap tests and pelvic exams are covered once every 24 months; bone mass screenings; colorectal screening exams; prostate cancer screenings; immunizations and more. Refer to your <i>Evidence of Coverage</i> for a full list of preventive services.		
Annual Out-of-Pocket Limit	\$3,350 Combined INN/OON Per Year	
Primary Care Physician Visits	\$10	\$20
*New Telemedicine Visits ( <i>Additional Info On Back</i> )	\$10	N/A
Specialty Visits	\$15	\$30
Urgent Care	\$25	\$25
Emergency Room Care ( <i>Worldwide</i> )	\$75	\$75
Ambulance	\$100	\$100
Inpatient Hospital	No Copay	\$500
Outpatient Hospital	\$125	\$250
Skilled Nursing Facility Services ( <i>100 Days Per Benefit Period</i> )	No Copay	
Dialysis ( <i>In And Out Of Network</i> )	\$15	\$15
Laboratory Services	\$15 ( <i>Waived If Preferred</i> )	\$30
Radiology And Imaging ( <i>X-rays, Ultrasounds</i> )	\$15	\$30
Advanced Imaging ( <i>CT Scan, MRI, PET Scan</i> )	\$30	\$60
Physical, Speech, and Occupational Therapy	\$15	\$30
Chiropractic Benefits	\$15	\$30
Diabetic Supplies	20% Co-Insurance Or \$10 Copay, Whichever Is Less	
Blood Glucose Monitors and Test Strips By Ascencia Diabetes Care	No Copay	
Prosthetic Devices, Durable Medical Equipment, and Diabetic DME	20% Co-insurance	
Mental Health Inpatient	No Copay	\$500
Mental Health Outpatient	\$15	\$30
Partial Hospitalization	No Copay	\$55
Part-B Drugs Administered In Outpatient Setting	\$20	\$40
Retail Pharmacy ( <i>Per Prescription</i> )	\$20	\$40
Hearing Exam ( <i>One Per Year</i> )	\$15	\$30
Hearing Aids	\$600 Allowance ( <i>Every 3 Years</i> )	
Vision Exam ( <i>One Per Year</i> )	\$15	\$30
Vision Eyewear	\$100 Allowance <i>Per Year</i>	
*New Wellness Program ( <i>Additional Info On Back</i> )	No Copay	

\*New/Updated \*\*Cost-share per date of service unless otherwise indicated



## 2019 CDPHP® Medicare Advantage RIDER FOR GROUP MEDICARE DENTAL COVERAGE

The *Evidence of Coverage* to which this rider is attached is amended as follows:

You are entitled to reimbursement for the following services up to a total of \$250 per benefit year from the provider of your choice:

- Comprehensive oral exams, limited to two per benefit year.
- Prophylaxis (cleanings), limited to two per benefit year.
- X-rays (full mouth, panoramic, bitewing, and intraoral), limited to once per benefit year.

Submit your receipt and proof of payment to:

CDPHP Medicare Claims  
P.O. Box 66602  
Albany, NY 12206

The terms of the *Evidence of Coverage* to which this rider is attached shall remain in full force and effect, except as amended by this rider.

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