



2013 CDPHP® Medicare Choices Group PPO Benefit Summary

Services	Copayment In-Network	Copayment Out-of-Network
Physician Services		
Primary care physician visits	\$10 copayment	\$10 copayment
Specialty visits	\$15 copayment	\$15 copayment
Routine annual adult exam	No copayment	No copayment
Physician services during inpatient stay	No copayment	No copayment
Preventive Services		
Bone mass screening	No copayment	No copayment
Mammogram, Pap smears, and pelvic exams	No copayment	No copayment
Abdominal aortic aneurysm screening	No copayment	No copayment
HIV screening	No copayment	No copayment
Cardiovascular disease testing (blood work)	No copayment	No copayment
Colorectal screening exams	No copayment	No copayment
Prostate cancer screening	No copayment for men age 50 and older, \$15 copayment for men under 50	No copayment for men age 50 and older, \$15 copayment for men under 50
Immunizations (flu, pneumonia, and hepatitis B)	No copayment	No copayment
Hospital Services		
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	No copayment	\$500 copayment
Outpatient surgery	\$125 copayment	\$125 copayment
Diagnostic Testing		
Laboratory services	\$15 copayment <i>(waived if provider is preferred)</i>	\$15 copayment
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.)	\$15 copayment <i>(waived if provider is preferred)</i>	\$15 copayment
Emergency Care		
Worldwide emergency room care	\$50 copayment <i>(waived if admitted)</i>	\$50 copayment <i>(waived if admitted)</i>
Ambulance	\$75 copayment	\$75 copayment
Urgent Care		
	\$35 copayment	\$35 copayment
Physical, Speech, and Occupational Therapy (no visit limit as long as medically necessary)		
	\$15 copayment	\$15 copayment
Cardiac Rehabilitation Services* (up to 72 supplemental visits)		
	\$15 copayment	\$15 copayment
Pulmonary Rehabilitation Services* (up to 36 supplemental visits)		
	\$15 copayment	\$15 copayment
Chiropractic Benefits		
	\$15 copayment	\$15 copayment
Podiatry Benefits		
	\$15 copayment	\$15 copayment

Services	Copayment In-Network	Copayment Out-of-Network
Prosthetic Devices and Durable Medical Equipment (for each Medicare-covered item)	20% coinsurance of the allowed fee, up to a maximum of \$200	20% coinsurance of the allowed fee, up to a maximum of \$200
Diabetes Care		
Bayer® Diabetes Care blood glucose monitor and blood glucose test strips	No copayment	No copayment
Insulin, diabetic medication, insulin needles and syringes, alcohol swabs, gauze	Covered under Part D	Covered under Part D
Supplies (glucose control solutions, lancets, lancet devices, pump tubing/infusion sets; per 30-day supply)	20% coinsurance or \$10 copayment, whichever is less	20% coinsurance or \$10 copayment, whichever is less
DME (infusion pumps)	20% coinsurance of the allowed fee, up to a maximum of \$200	20% coinsurance of the allowed fee, up to a maximum of \$200
Diabetes self-management training	No copayment	No copayment
Renal Care		
Kidney disease education services	\$15 per visit	\$15 per visit
Dialysis	\$15 per visit	\$15 per visit
Part B Prescription Drug Benefits	No copayment	No copayment
Mental Health*		
Inpatient services (190-day lifetime limit in a psychiatric hospital)	No copayment	\$500 copayment
Partial hospitalization (may include multiple visits, based upon treatment)	No copayment	\$110 copayment
Outpatient services	\$15 per visit	\$15 per visit
Chemical Abuse and Dependency*		
Inpatient detoxification and rehabilitation	No copayment	\$500 copayment for medically necessary services
Partial hospitalization (may include multiple visits, based upon treatment)	No copayment	\$110 copayment
Outpatient rehabilitation	\$15 per visit	\$15 per visit
Skilled Nursing Facility (limited to 100 days per benefit period for medically necessary care)	No copayment	No copayment
Home Health Care (no visit limit as long as medically necessary)	No copayment	No copayment
Hearing Services		
Exam (limited to one per year)	\$15 copayment	\$15 copayment
Hearing aids	\$200 hearing aid allowance per year	
Vision*		
Exam (limited to one per year)	\$15 copayment	\$15 copayment
Eyewear	\$100 eyewear allowance per year	
Preventive Dental	If your employer has purchased dental coverage, please refer to the Dental Rider for details.	If your employer has purchased dental coverage, please refer to the Dental Rider for details.

Services	Copayment In-Network	Copayment Out-of-Network
Medical Transportation (to plan-approved locations)	No copayment	No copayment
CDPHP Senior Fit® program, featuring the Beltrone Living Center, Capital District and Glens Falls YMCAs, Curves®, Rudy A. Ciccotti Center, SilverSneakers®, and the Sunnyview Lifestyle Wellness Center*	No cost at participating sites	No cost at participating sites
Part D Prescription Drug Benefits	If your employer has purchased prescription drug coverage, please refer to the Pharmacy Rider for details.	If your employer has purchased prescription drug coverage, please refer to the Pharmacy Rider for details.
Annual Out-of-Pocket Limit (Member Responsibility)	\$3,350 for covered medical services received in and out of network	\$3,350 for covered medical services received in and out of network

*New/Updated for 2013

CDPHP Universal Benefits,® Inc. (CDPHP UBI) is a health plan with a Medicare contract.

For all benefits: Unless otherwise specified, the same requirements for in-network services apply for out-of-network services. If you receive care from an out-of-network physician that does not accept Medicare assignment (does not participate with Original Medicare), your out-of-pocket costs may be higher. **Make sure out-of-network physicians accept Medicare assignment prior to receiving services.**

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 (518) 641-4000 or 1-877-261-1164). 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. For more detailed information, an *Evidence of Coverage* is available for your review upon request.



A plan for life.

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

Your employer has chosen the following rider to modify the Plan under which you would be covered as a CDPHP[®] member:

Rider 522 – Prescription Rx (Large Group)

Prescription drug benefits as follows:

- No deductible.
- No coverage gap.
- Tier 1: \$5 copayment for preferred generic drugs.
- Tier 2: \$5 copayment for non-preferred generic drugs.
- Tier 3: \$20 copayment for preferred brand drugs.
- Tier 4: \$35 copayment for non-preferred brand drugs.
- Tier 5: \$35 copayment for specialty drugs.
- Once the total yearly Part D drug costs* reach \$2,970:
 - You pay the above stated copayments for all generic drugs on Tiers 1 through 4. You will pay the above stated copayments for all brand-name drugs (as defined by CMS⁺) on Tiers 3, 4, and 5. You pay this reduced cost-sharing until your Part D total out-of-pocket spending reaches \$4,750.
- When your Part D total out-of-pocket spending reaches \$4,750, catastrophic coverage begins:
 - You pay the greater of 5% coinsurance or \$2.65 for generic and multisource brand drugs, and the greater of 5% coinsurance or \$6.60 for all other drugs.
- Tier 5 drugs limited to a 30-day supply.
- Mail order: 90-day supply available for two copayments for Tier 1, 2, 3, and 4 drugs.
- Retail pharmacy: 90-day supply available for three copayments for Tier 1, 2, 3, and 4 drugs.
- Out of Network: Limited to a 30-day supply; you are required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charges for your prescriptions.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- CDPHP Medicare Choices Part D Formulary and Enhanced Formulary apply.
- CDPHP will send you monthly or quarterly statements on the total cost of drugs used and true out-of-pocket (“TrOOP”).

* Total yearly Part D drug costs equal member payments plus CDPHP payments.

⁺ Brand-name drugs are NDA and ANDA drugs produced by manufacturers that have contracted with CMS to offer this discount.

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Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.
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Your employer has chosen the following rider to modify the Plan under which you would be covered as a CDPHP® member:

Rider 592 – Medicare Dental Rider

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

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

This summary does not detail all benefits, limitations, or exclusions. 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 a health plan with a Medicare contract