



**Group Name:** Mohonasen Central School District-Medicare  
**Group ID#:** 20031112

<b>BENEFITS</b>		<b>YOU PAY</b>
		In-Network
<b>Doctor Visits</b>		
Primary care		\$10
Specialist		\$15
Preferred Live Video Doctor Visits		Covered in full
Telehealth services from a CDPHP Network 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
<b>Hospital and Outpatient Services</b>		
Inpatient hospital stays		Covered in full
Inpatient mental health care (190 days per lifetime)		Covered in full
Outpatient hospital and ambulatory surgical center- same day surgery and other services		Covered in full
Home health services		Covered in full
<b>Emergency Care</b>		
Worldwide emergency room care (waived if admitted)		\$50
Urgent care		\$25
Ambulance		\$50
<b>Rehabilitation</b>		
Skilled nursing facility (100 days per benefit period)		Covered in full
Physical, occupational, and speech therapy		\$15
<b>Diagnostic Services</b>		
Laboratory services (cost share waived at preferred laboratories)		\$15
Radiology and imaging (X-rays, ultrasounds)		\$15
Advanced imaging (CT scan, MRI, PET scan)		\$30
<b>Additional Coverage</b>		
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%
Dialysis		\$15
Acupuncture (10 visits)		50%
Chiropractor		\$15
Durable Medical Equipment		20%

BENEFITS		YOU PAY
<b>Additional Coverage</b>		
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
<b>Prescription Drugs – Part B</b>		
Physician administered injectables (including chemotherapy) Office visit copayment may apply		\$20
Retail pharmacy/Oral chemotherapy (per prescription)		\$20
<b>Prescription Drugs – Part D</b>		
Rx Rider: Not Applicable Rx Deductible: Not Applicable		
<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	Not Covered	Not Covered
Tier 2 Generic	Not Covered	Not Covered
Tier 3 Preferred brand	Not Covered	Not Covered
Tier 4 Non-preferred drugs	Not Covered	Not Covered
Tier 5 Specialty tier	Not Covered	Not Covered
<b>Coverage Gap Stage</b>	Not Covered	
<b>Catastrophic Coverage Stage</b>	At \$8,000 your Part D Prescription drugs are covered in full.	
<b>Shingles Vaccine</b>	Not Covered	
<b>Dental Coverage</b>		
Rider: 592		\$250 Reimbursement towards 2 cleanings and exams and 1 annual x-ray per plan year
<b>Out of Pocket Maximum</b>		
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)		\$2,500
<b>WELLNESS PROGRAMS</b>		
<b>Life Points Rewards®:</b> Members are eligible to earn up to 125 Life Points Rewards per contract by completing program activities.		
<b>CDPHP Senior Fit®:</b> Enjoy access to SilverSneakers® at 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.		
<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 HMO 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.