## Employer Group 2024 Benefits Medicare Advantage PPO \$10/\$15 (Covered in full IP) Summary 201



**Group Name:** Mohonasen Central School District-Medicare

Group ID#: 20031112

BENEFITS	YOU PAY			
	In-Network	Out-of-Network		
Doctor Visits				
Primary care	\$10	\$20		
Specialist	\$15	\$30		
Preferred Live Video Doctor Visits	Covered in full	Not Covered		
Telehealth services from a CDPHP Network provider	PCP or Specialist cost	PCP or Specialist cost		
	share based on provider	share based on provider		
Preventive Care				
Annual wellness exam				
Medicare-covered screenings - mammogram, prostate, pap	Covered in full	Covered in full		
test, bone mass measurement, pneumonia and flu shot				
Hospital and Outpatient Services				
Inpatient hospital stays	Covered in full	\$500		
Inpatient mental health care (190 days per lifetime)	Covered in full	\$500		
Outpatient hospital and ambulatory surgical center-same	\$125	\$250		
day surgery & other services	\$123	\$250		
Home health services	Covered in full	Covered in full		
Emergency Care				
Worldwide emergency room care (waived if admitted)	\$75			
Urgent care	\$25			
Ambulance	\$100			
Rehabilitation				
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full		
Physical, occupational, and speech therapy	\$15	\$30		
Diagnostic Services				
Laboratory services (cost share waived at preferred	\$15	\$30		
laboratories)	\$15			
Radiology and imaging (X-rays, ultrasounds)	\$15	\$30		
Advanced imaging (CT scan, MRI, PET scan)	\$30	\$60		
Additional Coverage				
3lood glucose monitors and test strips by Ascencia Diabetes	Covered in full			
Care	Covered in full			
Diabetic Supplies (you pay whichever cost share is less)	\$10 or 20%	\$10 or 20%		
Dialysis	\$15 \$15			
\cupuncture (10 visits)	50% 50%			
hiropractor	\$15 \$30			
Ourable Medical Equipment	20% 20%			

BENEFITS			<b>Y</b> (	OU 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 injecta			\$20	\$40
	ffice visit copayment may apply		——————————————————————————————————————	740
Retail pharmacy/Oral chemoth	/Oral chemotherapy (per prescription)		\$20	\$40
Prescription Drugs – Part D				
Rx Rider: Not Applicable Rx De	eductible: Not Applicable			
Initial Coverage Stage	Retail Pharmacy (30 day :	supply)	) Mail Order (up to a 90 day supply)	
Tier 1 Preferred generic	Not Covered	Not Covered		
Tier 2 Generic	Not Covered	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		
Coverage Gap Stage	Not Covered			
Catastrophic Coverage Stage	At \$8,000 your Part D Prescription drugs are covered in full.			
Shingles Vaccine	Not Covered			
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-Pock	et Protection			
Excludes: Part D costs, eyewear, hearing aids and dental if		\$3,350 Combined in and out of network		
applicable)				
WELLNESS PROGRAMS				

Life Points Rewards<sup>®</sup>: 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

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.