

CDPHP CONDITIONS FOR OFFERING:

Only RETIREES may enroll in this Group Medicare Plan.
 Enrollees must have Medicare Part A and B.
 For Group Medicare the employer contribution must be 50% or more.
 Group members must reside in a **24-county service area**: Albany, Broome, Chenango, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Hamilton, Herkimer, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Tioga, Ulster, Warren and Washington.
Individuals or Sole Proprietors cannot enroll in a group medicare plan. For a referral, please contact Debbie Collett at 518-431-1433.

2022 CDPHP MEDICARE CHOICE PPO \$10/\$15														
MONTHLY PREMIUM	NETWORK	INPATIENT / HOSPITAL	Preventive Care	OFFICE VISIT (PCP)	SPECIALIST VISIT	OUTPATIENT SURGERY	ER *	AMBULANCE	URGENT CARE	LAB (waived if preferred lab)	X-RAY / ULTRA-SOUND	COMPLEX RADIOLOGY	ANNUAL OUT OF POCKET LIMIT	DENTAL RIDER
\$332.10	In Network	\$0	Covered in full	\$10	\$15	\$125	\$75 *	\$100	\$25	\$15	\$15	\$30	\$3,350	see below
	Out of Network	\$500	Covered in full	\$20	\$30	\$250	\$75 *	\$100	\$25	\$30	\$30	\$60	Combined IN & OON	

* waived if admitted

CDPHP Group Medicare Plan includes the following:

PART D PRESCRIPTION DRUG BENEFIT: RX Rider - Plan 520: \$0/\$10/\$35/\$65/30% No Deductible, No Coverage Gap
 Preventive Services Covered at no copayment **in network**.
 Physical, speech, occupational therapies covered at the specialist copayment or lower with no visit limit.
 Skilled Nursing Facility Care limited to 100 days per benefit period for medically necessary care; covered at no copayment in network.
 Home Health Care covered at no copayment in network as long as medically necessary.
 Routine eye exams and hearing tests at specialist copayment, plus a \$100 annual allowance toward eyewear and \$600 allowance/3 years toward hearing aids.
 Part B Pharmaceuticals: \$20 copayment.
 Hearing Care Solutions, a discount program for hearing care.
 Cardiac Rehab., Podiatry Care, Renal Care, Outpatient Mental Health - \$15 copayment per visit
DENTAL RIDER 594 - No annual max; \$0 per exam (2 cleanings/2 exams annually); \$0 bitewing;\$10 panoramic or full mouth (2 x-rays); Restorative (fillings/crowns) \$60-\$595.

Also available to CDPHP Group Medicare members:

CDPHP Senior Fit fitness programs through SilverSneakers, Curves, Sunnyview Lifestyle Wellness Center, Rudy A. Ciccotti Center, Beltrone Living Center and YMCAs.
 A variety of free wellness classes, including yoga, nutrition, exercise and stress management.
 CDPHP Health Ally, a personalized program that meets Medicare members' unique needs through support, education and access to CDPHP Benefits and community-based services.

NOTE: This summary highlights the benefits of the plan being offered and does not detail all benefits, limitations or exclusions.

MVP CONDITIONS FOR OFFERING:

You do not need to be retired to enroll in this plan.
 Enrollees must have Medicare Part A and B.
 Employer must contribute a minimum of 80% of the member premium.
 Plan requires minimum of 3 enrolled contracts.
Individuals or Sole Proprietors cannot enroll in a group medicare plan.

2022 MVP HEALTH CARE PREFERRED GOLD HMO-POS														MVP Product HG170022/RGH0218X	
MONTHLY RATE	NETWORK	INPATIENT / HOSPITAL	Preventive Care	OFFICE VISIT (PCP)	SPECIALIST VISIT	OUTPATIENT SURGERY	ER	AMBULANCE	URGENT CARE	DME Co-insurance	X-RAY / ULTRA-SOUND	COMPLEX RADIOLOGY	ANNUAL OUT OF POCKET	DENTAL RIDER	
\$256.64	In Network	\$250 per stay / \$750 max/year	Covered in full	\$15	\$30	\$60	\$75	\$100 per use	\$30 worldwide coverage	20%	\$30	\$60	\$4,000**	N/A	
	Out of Network	*		*	*	*	*	*	*	20%	*	*	No Deductible. Member pays 30%. \$5000 Max Annual Benefit. *	N/A	

* **Out of Network:** Care from providers that are not part of MVP's network. (Not all services are covered out of network.)
 ** **Member Protection: \$4,000 MAX** In and Out of Network (excludes: Part D costs, acupuncture, eyewear, hearing aids and dental if applicable)

MVP Group Medicare Plan includes the following:

PART D PRESCRIPTION DRUG BENEFIT: Pharmacy Rider: RX \$0/\$10/\$35/50%/33%; Tier 1 & copays through coverage gap
 Physical, speech, occupational therapies : \$30 copayment.
 Skilled Nursing Facility Care limited to 100 days per benefit period for medically necessary care; \$0 each day days 1-20; \$178 each day, days 21-100.
 Home Health Care is covered in full.
 Eyewear \$100 Allowance/2years
 Hearing Aids \$600 allowance/3 years
 Dental services are not covered.

Also available to MVP Group Medicare members:

24 Hour Nurse Line, 7 days per week to answer health questions via telephone or email
 HealthDollars: \$100 in HealthDollars to use toward health programs such as weight loss and smoking cessation.
 The SilverSneakers Fitness Program: free fitness center membership benefits at participating fitness centers.

NOTE: This summary highlights the benefits of the plan being offered and does not detail all benefits, limitations or exclusions.