

**NOTE: Individuals or Sole Proprietors cannot enroll in a group medicare plan.  
We have partnered with Vicki Beyer of Beyer Health Plus LLC to provide medicare advantage assistance. Call Vicki at 518-469-1120.**

**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.

2023 CDPHP MEDICARE CHOICE PPO \$10/\$15 (\$0 IP)														
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 / ULTRASOUND	COMPLEX RADIOLOGY	ANNUAL OUT OF POCKET LIMIT	DENTAL RIDER
\$326.10	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 520:** \$0/\$10/\$35/\$65/30% No Deductible, No Coverage Gap  
**DENTAL RIDER 592 (\$250 yearly allowance)**  
 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

**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.

2023 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	Skilled Nursing Facility
\$256.64	In Network	\$250 per stay / \$750 max/year	Covered in full	\$15	\$30	\$60	\$95	\$100 per use	\$30 worldwide coverage	20%	\$30	\$60	\$4,000** IN only	N/A	\$196/day, Days 21-100
	Out of Network	30%		30%	30%	*	\$95	*	*	20%	*	*	No Deductible. Member pays 30%. \$5000 Max Annual Benefit. *	N/A	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; \$196 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.**