



**Group Name:** Business Services Corp-Medicare  
**Group ID#:** 20031167

BENEFITS	YOU PAY	
	In-Network	Out-of-Network
<b>Doctor Visits</b>		
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 share based on provider	PCP or Specialist cost share based on provider
<b>Preventive Care</b>		
Annual wellness exam	Covered in full	Covered in full
Medicare-covered screenings - mammogram, prostate, pap test, bone mass measurement, pneumonia and flu shot	Covered in full	Covered in full
<b>Hospital and Outpatient Services</b>		
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 day surgery & other services	\$125	\$250
Home health services	Covered in full	Covered in full
<b>Emergency Care</b>		
Worldwide emergency room care (waived if admitted)	\$75	
Urgent care	\$25	
Ambulance	\$100	
<b>Rehabilitation</b>		
Skilled nursing facility (100 days per benefit period)	Covered in full	Covered in full
Physical, occupational, and speech therapy	\$15	\$30
<b>Diagnostic Services</b>		
Laboratory services (cost share waived at preferred laboratories)	\$15	\$30
Radiology and imaging (X-rays, ultrasounds)	\$15	\$30
Advanced imaging (CT scan, MRI, PET scan)	\$30	\$60
<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%	\$10 or 20%
Dialysis	\$15	\$15
Acupuncture (10 visits)	50%	50%
Chiropractor	\$15	\$30
Durable Medical Equipment	20%	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	\$40	
Retail pharmacy/Oral chemotherapy (per prescription)	\$20	\$40	
<b>Prescription Drugs – Part D</b>			
<b>Rx Rider: 520P Rx Deductible: \$0</b>			
<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	\$0	\$0	
Tier 2 Generic	\$10	\$20	
Tier 3 Preferred brand	\$35	\$70	
Tier 4 Non-preferred drugs	\$65	\$130	
Tier 5 Specialty tier	30%	Not Available	
<b>Coverage Gap Stage</b>	If your total drug costs (paid by both you and CDPHP) reach \$5,030, you will pay either the above stated cost share or less.		
<b>Catastrophic Coverage Stage</b>	At \$8,000 your Part D Prescription drugs are covered in full.		
<b>Shingles Vaccine</b>	Covered in full		
<b>Dental Rider</b>			
Rider: Not Applicable	Not Covered		
<b>Out of Pocket Maximum</b>			
Maximum Annual Out-of-Pocket Protection (Excludes: Part D costs, eyewear, hearing aids and dental if applicable)	\$3,350 Combined in and out of network		
<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® 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 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](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.