

Employer Group 2027 Benefits
Medicare Advantage Large Group PPO \$10/\$15 Summary 201



Group Number: 00501883

Group Name: Schalmont Central School District

BENEFITS	YOU PAY	
	In-Network	Out-of-Network
Doctor Visits		
Primary care	\$10	\$20
Specialist	\$15	\$30
MD Live Telehealth (PCP/Behavioral Health)	\$10 /\$15	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
Preventive Care		
Annual wellness exam	Covered in full	Covered in full
Medicare-covered screenings - mammogram, prostate, pap 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 day surgery & other services	\$125	\$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 laboratories)	\$15	\$30
Radiology and imaging (X-rays, ultrasounds)	\$15	\$30
Advanced imaging (CT scan, MRI, PET scan)	\$30	\$60
Additional Coverage		
Diabetes Care Monitoring Supplies	\$5	20%
Dialysis	\$15	\$15
Acupuncture (10 visits)	50%	50%
Chiropractor	\$15	\$30
Durable Medical Equipment	20%	20%

BENEFITS		YOU PAY	
Additional Coverage			
Vision allowance		\$100 allowance per plan year	
Hearing aids		\$299/\$499/\$799 copay through TruHearing per plan year. \$75 allowance for non-TruHearing provider.	
Prescription Drugs – Part B			
Physician administered injectables (including chemotherapy) Office visit copayment may apply		\$20	\$40
Retail pharmacy/Oral chemotherapy (per prescription)		\$20	\$40
Out of Pocket Maximum			
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	
Prescription Drugs – Part D			
Rx Rider: 522 Rx Deductible: \$0			
Initial Coverage Stage	Network Retail Pharmacy (30-day supply)		
Tier 1 Preferred generic	\$0		
Tier 2 Generic	\$5		
Tier 3 Preferred brand	\$20		
Tier 4 Non-preferred & Specialty Drugs	\$35		
Mail order (90-day supply)	You pay 3 times the Network Retail Pharmacy Copay; specialty drugs are not available for 90-day supply.		
Catastrophic Coverage Stage	At \$2,400 out-of-pocket spend, your Part D Prescription drugs are Covered in full.		
Shingles Vaccine	Covered in full		
WELLNESS PROGRAMS			
Silver&Fit® Exercise Program that gives you the choice of: - Membership in a participating fitness club/exercise center (\$0 annual fee) - You can also participate in the Silver&Fit Home Fitness Program (\$0 annual fee) - Includes the CDPHP® Fitness Connect at the Ciccotti Center at no additional cost - \$150 allowance per plan year for non-participating facilities			
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 w 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.