



CDPHP® Medicare Advantage Group PPO Cost-Share Grid

Benefits appear below in the order they appear in your Evidence of Coverage (EOC).

Annual Out-of-Pocket Maximum (In- and Out-of-Network) \$3,000

NO COST PREVENTIVE SERVICES

CDPHP covers many preventive screenings including annual adult exams; bone mass screenings; colorectal screening exams; prostate cancer screenings; immunizations, and more. For all women, pap tests and pelvic exams are covered once every 24 months. Visit <http://www.cdphp.com/preventive-care> for a full list of preventive services.

	** In-Network	** Out-of-Network
Acupuncture	50%	
*Ambulance services	Covered in Full	Covered in Full
Cardiac rehabilitation services	Covered in Full	Covered in Full
Chiropractic services	Covered in Full	Covered in Full
Dental services	Only with Rider	
*Durable medical equipment (DME) and related supplies	Covered in Full	Covered in Full
• Colostomy supplies	Covered in Full	
Emergency care	Covered in Full	Covered in Full
Hearing services:		
• Routine hearing exams	Covered in Full	Covered in Full
• Hearing aid allowance	\$199/\$499 Copay through HCS	
Home health agency care	Covered in Full	Covered in Full
Home Infusion	Covered in Full	Covered in Full
Hospice care	Covered in Full	
Inpatient hospital care	Covered in Full	Covered in Full
Inpatient mental health care	Covered in Full	Covered in Full
Inpatient post-discharge meal benefit	Covered in Full	
*Medicare Part B prescription drugs (including chemotherapy)	Covered in Full	Covered in Full
Opioid treatment program services	Covered in Full	Covered in Full
Outpatient diagnostic tests and therapeutic services and supplies:		
• X-rays	Covered in Full	Covered in Full
• Radiation therapy	Covered in Full	Covered in Full
• Advanced imaging studies (such as CT, CTA, MRI, MRA, and PET scans).	Covered in Full	Covered in Full
• Cardiovascular monitoring services	Covered in Full	Covered in Full
• Surgical supplies, such as dressings	Covered in Full	
• *Splints, casts, and other devices used to reduce fractures and dislocations	Covered in Full	Covered in Full
• Laboratory tests	Covered in Full	Covered in Full
• Other outpatient diagnostic tests	Covered in Full	Covered in Full
Outpatient mental health care	Covered in Full	Covered in Full
Outpatient rehabilitation services - occupational therapy	Covered in Full	Covered in Full
Outpatient rehabilitation services - speech and physical therapy	Covered in Full	Covered in Full
Outpatient substance abuse services	Covered in Full	Covered in Full

	In-Network	Out-of-Network
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	Covered in Full	Covered in Full
Oxygen Equipment, Supplies, and Maintenance	Covered in Full	Covered in Full
Partial hospitalization services	Covered in Full	Covered in Full
Physician/Practitioner services, including doctor's office visits:		
<ul style="list-style-type: none"> • Consultation, diagnosis, and treatment by a primary care physician • Brief virtual check-ins 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • Consultation, diagnosis, and treatment by a specialist • Brief virtual check-ins 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • Certain telehealth services including consultation, diagnosis, and treatment by a physician or practitioner for patients in certain rural areas or other locations approved by Medicare. 	Covered in Full	Not Covered
<ul style="list-style-type: none"> • Second opinion by another network provider prior to surgery 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • One routine annual physical only when billed by a physician specializing in internal medicine, general medicine, or family practice. 	Covered in Full	
<ul style="list-style-type: none"> • Non-routine dental care (covered services are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician) 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • EKG when performed during a routine annual physical 	Covered in Full	
Podiatry services	Covered in Full	Covered in Full
*Prosthetic devices and related supplies	Covered in Full	Covered in Full
Pulmonary rehabilitation services	Covered in Full	Covered in Full
Services to treat kidney disease include:		
<ul style="list-style-type: none"> • Kidney disease education 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • Dialysis 	Covered in Full	Covered in Full
<ul style="list-style-type: none"> • Self-dialysis training 	Covered in Full	
*Skilled nursing facility (SNF) care	Covered in Full	Covered in Full
Special Supplemental Benefits for the Chronically Ill	Covered in Full	
<ul style="list-style-type: none"> • Applies to follow up cardiology visits with high value providers in the program for 3 months following an inpatient cardiac related stay 		
Supervised exercise therapy (SET)	Covered in Full	
Urgently needed services	Covered in Full	Covered in Full
Weight management program	\$75 Reimbursement	

*Prior authorization required

**Cost-share per date of service unless otherwise indicated

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.