



## 2021 CDPHP® Medicare Advantage RIDER FOR GROUP MEDICARE DENTAL COVERAGE

The *Evidence of Coverage* to which this rider is attached is amended as follows:

You are entitled to reimbursement for the following services up to a total of \$250 per benefit year from the provider of your choice.

- Comprehensive oral exams, limited to two per benefit year
- Prophylaxis (cleanings), limited to two per benefit year
- X-rays (full mouth, panoramic, bitewing, and intraoral), limited to one per benefit year

Submit your receipt and proof of payment to:

CDPHP Medicare Claims  
P.O. Box 66602  
Albany, NY 12206

The terms of the Evidence of Coverage to which this rider is attached shall remain in full force and effect, except as amended by this Rider.

*CDPHP® is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.*