2027 Summary of Benefits

Medicare Advantage Plan

CDPHP Core (HMO)

January 1, 2027 – December 31, 2027

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, https://www.cdphp.com/medicare.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **CDPHP Core (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **CDPHP Core (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **CDPHP Core (HMO).**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-248-6522 (TTY: 711).

Things to Know About CDPHP Core (HMO)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Monday through Friday.
- If you are a member of this plan, call us at 1-888-248-6522, TTY: 711.

- If you are not a member of this plan, call us at 1-888-519-4455, TTY: 711.
- Our website: https://www.cdphp.com/medicare.

Who can join?

To join CDPHP Core (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area for CDPHP Core (HMO) includes the following counties in New York: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Jefferson, Lewis, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Warren and Washington.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, https://www.cdphp.com/medicare.
- Or, call us and we will send you a copy of the formulary.

If you have any questions about this plan's benefits or costs, please contact CDPHP Medicare Advantage

2 SECTION II - SUMMARY OF BENEFITS

CDPHP Core (HMO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Premiums and Benefits	**CDPHP Core (HMO)**
Plan Premium	$15 per month. In addition, you must keep paying your Medicare Part B premiums.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $6,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Benefits/Services	**CDPHP Core (HMO)**
Inpatient Hospital	**In-Network:** Days 1-6: $300 copay per day for each admission. Days 7-90: $0 copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require prior authorization.
Outpatient Hospital	**In-Network:** Outpatient hospital: $275 copay. Outpatient Surgery: $225 copay. May require prior authorization.
Ambulatory Surgical Center	**In-Network:** Ambulatory Surgical Center: $225 copay. May require prior authorization.
Doctor's Office Visits	**In-Network:** Primary care physician visit: $0 copay. Specialist visit: $0 - $35 copay.
Preventive Care ***(e.g., flu vaccine, diabetic screenings)***	**In-Network:** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	**In-Network:** $100 copay per visit. Worldwide Emergency Coverage: $100 copay.
Urgently Needed Services	**In-Network:** $50 copay per visit. Worldwide Urgent Coverage: $50 copay.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Benefits/Services	**CDPHP Core (HMO)**
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic tests and procedures: $0 - $25 copay. Lab services: $0 - $5 copay. *Copayments waived at preferred providers. Diagnostic Radiology Services (such as MRI, CAT Scan): $175 copay X-rays: $25 copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. May require prior authorization.
Hearing Services	**In-Network:** Exam to diagnose and treat hearing and balance issues: $35 copay. Routine hearing exam (up to 1 visit(s) every year): $0 copay. Hearing Aid (up to 2 hearing aids every year): $299 - $799 copay. Routine Exam and Hearing Aid services must be performed by a TruHearing provider
Dental Services	**In-Network:** Medicare Covered: $35 Copay. You receive a $1,000 allowance on a flex card toward diagnostic, preventive and restorative dertal services per year. This benefit may be used at any dental provider in the United States.
Vision Services	**In-Network:** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $35 copay. Routine eye exam (up to 1 visit(s) every year): $0 copay. Eyeglasses or contact lenses after cataract surgery: $0 copay. You receive a $250 allowance on a flex card every year for eyewear.
Mental Health Care	**In-Network:** Outpatient group therapy visit: $25 copay. Individual therapy visit: $25 copay. Inpatient Mental Health Care:

COVERED MEDICAL AND HOSPITAL BENEFITS	
Benefits/Services	**CDPHP Core (HMO)**
	Days 1-6: $260 copay per day for each admission. Days 7-90: $0 copay per day. May require prior authorization.
Skilled Nursing Facility (SNF)	**In-Network:** Days 1-20: $0 copay per day. Days 21-100: $120 copay per day. May require prior authorization.
Outpatient Rehabilitation	**In-Network:** Occupational therapy visit: $25 copay. Physical therapy and speech and language therapy visit: $25 copay. May require prior authorization.
Ambulance	**In-Network:** Ground Ambulance: $165 copay. Air Ambulance: $165 copay.
Medicare Part B Drugs	**In-Network:** For Part B drugs such as chemotherapy drugs: 20% coinsurance. Medicare Part B insulin: $35 copay. Other Part B drugs: 20% coinsurance. May require prior authorization.

Additional Benefits/Services	CDPHP Core (HMO)
Medicare Covered Chiropractic Office Visits	**In-Network:** $15 Copay per visit.
Fitness Benefit	**In-Network:** Silver & Fit provides access to participating fitness locations, including the choice of one home fitness kit per year for various fitness needs at no cost.
Medical Equipment/Supplies*	**In-Network:** Durable medical equipment and prosthetics: 20% Coinsurance. Diabetes monitoring supplies: $5.
Virtual Doctor's Visits (Telemedicine)	**In-Network:** $0* - $35 Copay per visit. See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details). See EOC for more details. *Copay waived if using preferred telemedicine providers
Post Discharge Meal Benefit	**In-Network:** $0 copay. Benefit is for 7 days (14 meals) per inpatient or SNF discharge.

DISCLAIMERS

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-888-248-6522 (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-888-519-4455 (TTY: 711).

CDPHP Core is a HMO plan with a Medicare contract. Enrollment in **CDPHP Core** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat CDPHP Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Capital District Physicians' Health Plan, Inc.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-248-6522 (TTY 711).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit https://www.cdphp.com/medicare or call 1-888-248-6522 (TTY 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

THANK YOU

Connect with us

Contact Information: 1-888-248-6522, TTY: 711

Organization Name: CDPHP Medicare Advantage

Organization website: https://www.cdphp.com/medicare