2027 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

CDPHP $0 Medicare Rx (HMO)

CDPHP Clear Rx (HMO)

CDPHP Choice Rx (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 $0 Medicare Rx (HMO), CDPHP Clear Rx (HMO) and CDPHP Choice Rx (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **CDPHP $0 Medicare Rx (HMO), CDPHP Clear Rx (HMO)** and **CDPHP Choice Rx (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 $0 Medicare Rx (HMO), CDPHP Clear Rx (HMO)** and **CDPHP Choice Rx (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug 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 1-866-289-2319 (TTY: 711).

Things to Know About CDPHP $0 Medicare Rx (HMO), CDPHP Clear Rx (HMO) and CDPHP Choice Rx (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 Choice Rx (HMO), CDPHP $0 Medicare Rx (HMO) or CDPHP Clear Rx (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 Choice Rx (HMO), CDPHP $0 Medicare Rx (HMO) and CDPHP Clear Rx (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.

Which doctors, hospitals, and pharmacies can I use?

CDPHP $0 Medicare Rx (HMO), CDPHP Clear Rx (HMO) and **CDPHP Choice Rx (HMO)** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website (https://www.cdphp.com/medicare).

Or, call us and we will send you a copy of the provider and pharmacy directories.

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.

We cover Part D drugs. 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.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage and Catastrophic Coverage.

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

2 SECTION II - SUMMARY OF BENEFITS

	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
Monthly Plan Premium	You do not pay a separate monthly plan premium for CDPHP $0 Medicare Rx (HMO). You must continue to pay your Medicare Part B premium.	$100 per month. In addition, you must keep paying your Medicare Part B premiums.	$135 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: N/A Prescription Drug Deductible: $700 for Tiers 2, 3, 4 and 5.	Medical Deductible: N/A Prescription Drug Deductible: $500 for Tiers 3, 4 and 5.	Medical Deductible: N/A Prescription Drug Deductible: $250 for Tiers 3, 4 and 5.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $9,850 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 and cost-	Your yearly limit(s) in this plan: • $6,750 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 and cost-	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 and cost-

	sharing for your Part D prescription drugs.	sharing for your Part D prescription drugs.	sharing for your Part D prescription drugs.

COVERED MEDICAL AND HOSPITAL BENEFITS			
Benefits/Services	**CDPHP $0 Medicare Rx (HMO)**	**CDPHP Clear Rx (HMO)**	**CDPHP Choice Rx (HMO)**
Inpatient Hospital	**In-Network:** Days 1-5: $460 Copay per day for each admission. Days 6-90: $0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require prior authorization.	**In-Network:** Days 1-6: $375 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.	**In-Network:** Days 1-6: $260 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: $365 Copay. Outpatient Surgery: $315 Copay. May require prior authorization.	**In-Network:** Outpatient hospital: $350 Copay. Outpatient Surgery: $275 Copay. May require prior authorization.	**In-Network:** Outpatient hospital: $250 Copay. Outpatient Surgery: $200 Copay. May require prior authorization.
Ambulatory Surgical Center	**In-Network:** Ambulatory Surgical Center: $315 Copay. May require prior authorization.	**In-Network:** Ambulatory Surgical Center: $275 Copay. May require prior authorization.	**In-Network:** Ambulatory Surgical Center: $200 Copay. May require prior authorization.

Benefits/Services	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
Doctor's Office Visits	**In-Network:** Primary care physician visit: $0 Copay. Specialist visit: $0 - $50 Copay.	**In-Network:** Primary care physician visit: $0 Copay. Specialist visit: $0 - $40 Copay.	**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.	**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.	**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:** $115 Copay per visit. Worldwide Emergency Coverage: $115 Copay.	**In-Network:** $115 Copay per visit. Worldwide Emergency Coverage: $115 Copay.	**In-Network:** $100 Copay per visit. Worldwide Emergency Coverage: $100 Copay.
Urgently Needed Services	**In-Network:** $40 Copay per visit. Worldwide Urgent Coverage: $40 Copay.	**In-Network:** $50 Copay per visit. Worldwide Urgent Coverage: $50 Copay.	**In-Network:** $50 Copay per visit. Worldwide Urgent Coverage: $50 Copay.
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic tests and procedures: 0%* - 20% Coinsurance. Lab services: $0* - $10 Copay	**In-Network:** Diagnostic tests and procedures: $0* - $30 Copay. Lab services: $0* - $5 Copay.	**In-Network:** Diagnostic tests and procedures: $0* - $25 Copay. Lab services: $0* - $5 Copay.

Benefits/Services	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
	*Copay waived at preferred providers Diagnostic Radiology Services (such as MRI, CAT Scan): $245 Copay X-rays: $10 Copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. May require prior authorization.	*Copay waived at preferred providers Diagnostic Radiology Services (such as MRI, CAT Scan): $230 Copay X-rays: $5 Copay. Therapeutic radiology services (such as radiation treatment for cancer): 20% Coinsurance. May require prior authorization.	*Copayments waived at preferred providers Diagnostic Radiology Services (such as MRI, CAT Scan): $175 Copay X-rays: $5 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: $40 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.	**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.	**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.
Dental Services	**In-Network:** You receive a $400 allowance on a flex card toward diagnostic, preventive and restorative dental services per year. This benefit may be used at any dental provider in the United States.	**In-Network:** You receive a $900 allowance on a flex card toward diagnostic, preventive and restorative dental services per year. This benefit may be used at any dental provider in the United States.	**In-Network:** You receive a $1,500 allowance on a flex card toward diagnostic, preventive and restorative dental services per year. This benefit may be used at any dental provider in the United States.

Benefits/Services	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
Vision Services	**In-Network:** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $50 Copay. Routine eye exam (up to 1 visit(s) every year): $20 Copay. Eyeglasses or contact lenses after cataract surgery: $0 copay You receive $200 allowance on a flex card for eyewear.	**In-Network:** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $40 Copay. Routine eye exam (up to 1 visit(s) every year): $20 Copay. Eyeglasses or contact lenses after cataract surgery: $0 copay You receive $250 allowance on a flex card for eyewear.	**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 $300 allowance on a flex card for eyewear.
Mental Health Care	**In-Network:** Outpatient group therapy visit: $35 Copay. Individual therapy visit: $35 Copay. Inpatient Mental Health Care: Days 1-5: $418 Copay per day for each admission. Days 6-90: $0 Copay per day. Our plan covers an unlimited number of days for an inpatient hospital stay. May require prior authorization.	**In-Network:** Outpatient group therapy visit: $30 Copay. Individual therapy visit: $30 Copay. Inpatient Mental Health Care: Days 1-6: $375 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.	**In-Network:** Outpatient group therapy visit: $25 Copay. Individual therapy visit: $25 Copay. Inpatient Mental Health Care: Days 1-6: $260 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.

Benefits/Services	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
Skilled Nursing Facility (SNF)	**In-Network:** Days 1-20: $0 Copay per day. Days 21-100: $215 Copay per day. May require prior authorization.	**In-Network:** Days 1-20: $0 Copay per day. Days 21-100: $200 Copay per day. May require prior authorization.	**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: $30 Copay. Physical therapy and speech and language therapy visit: $30 Copay.	**In-Network:** Occupational therapy visit: $30 Copay. Physical therapy and speech and language therapy visit: $30 Copay.	**In-Network:** Occupational therapy visit: $25 Copay. Physical therapy and speech and language therapy visit: $25 Copay.
Ambulance	**In-Network:** Ground Ambulance: $265 Copay. Air Ambulance: $265 Copay.	**In-Network:** Ground Ambulance: $225 Copay. Air Ambulance: $225 Copay.	**In-Network:** Ground Ambulance: $185 Copay. Air Ambulance: $185 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: 0% - 20% Coinsurance. May require prior authorization.	**In-Network:** For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Medicare Part B insulin: $35 Copay. Other Part B drugs: 0% - 20% Coinsurance. May require prior authorization.	**In-Network:** For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Medicare Part B insulin: $35 Copay. Other Part B drugs: 0% - 20% Coinsurance. May require prior authorization.

PRESCRIPTION DRUG BENEFITS			
Benefits/Services	**CDPHP $0 Medicare Rx (HMO)**	**CDPHP Clear Rx (HMO)**	**CDPHP Choice Rx (HMO)**
Deductible	Prescription Drug Deductible: $700 for Tiers 2, 3, 4 and 5.	Prescription Drug Deductible: $500 for Tiers 3, 4 and 5.	Prescription Drug Deductible: $250 for Tiers 3, 4 and 5.
Initial Coverage You pay the following until your total yearly drug costs reach $2,400. Total yearly drug costs are the drug costs paid by both you and our Part D plan.			
	Preferred Retail Cost-Sharing	**Preferred Retail Cost-Sharing**	**Preferred Retail Cost-Sharing**
Tier	**One-month supply**	**One-month supply**	**One-month supply**
Tier 1 (Preferred Generic)	$5 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$11 Copay	$7 Copay	$2 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance
Tier	**Two-month supply**	**Two-month supply**	**Two-month supply**
Tier 1 (Preferred Generic)	$10 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$22 Copay	$14 Copay	$4 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance
Tier	**Three-month supply**	**Three-month supply**	**Three-month supply**
Tier 1 (Preferred Generic)	$15 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$33 Copay	$17.50 Copay	$5 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance

Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

	Standard Retail Cost-Sharing	**Standard Retail Cost-Sharing**	**Standard Retail Cost-Sharing**
Tier	**One-month supply**	**One-month supply**	**One-month supply**
Tier 1 (Preferred Generic)	$11 Copay	$5 Copay	$3 Copay
Tier 2 (Generic)	$18 Copay	$18 Copay	$16 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	**Two-month supply**	**Two-month supply**	**Two-month supply**
Tier 1 (Preferred Generic)	$22 Copay	$10 Copay	$6 Copay
Tier 2 (Generic)	$36 Copay	$36 Copay	$32 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	**Three-month supply**	**Three-month supply**	**Three-month supply**
Tier 1 (Preferred Generic)	$33 Copay	$12.50 Copay	$7.50 Copay
Tier 2 (Generic)	$54 Copay	$45 Copay	$40 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

	Preferred Mail Order	**Preferred Mail Order**	**Preferred Mail Order**
Tier	**One-month supply**	**One-month supply**	**One-month supply**

Tier 1 (Preferred Generic)	$5 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$11 Copay	$7 Copay	$2 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	**Two-month supply**	**Two-month supply**	**Two-month supply**
Tier 1 (Preferred Generic)	$10 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$22 Copay	$14 Copay	$4 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	**Three-month supply**	**Three-month supply**	**Three-month supply**
Tier 1 (Preferred Generic)	$15 Copay	$0 Copay	$0 Copay
Tier 2 (Generic)	$33 Copay	$17.50 Copay	$5 Copay
Tier 3 (Preferred Brand)	22% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	28% Coinsurance	37% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

	Standard Mail Order	**Standard Mail Order**	**Standard Mail Order**
Tier	**One-month supply**	**One-month supply**	**One-month supply**
Tier 1 (Preferred Generic)	$11 Copay	$5 Copay	$3 Copay
Tier 2 (Generic)	$18 Copay	$18 Copay	$16 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	Two-month supply	Two-month supply	Two-month supply
Tier 1 (Preferred Generic)	$22 Copay	$10 Copay	$6 Copay
Tier 2 (Generic)	$36 Copay	$36 Copay	$32 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	$33 Copay	$12.50 Copay	$7.50 Copay
Tier 2 (Generic)	$54 Copay	$45 Copay	$40 Copay
Tier 3 (Preferred Brand)	25% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 4 (Non-Preferred Drug)	29% Coinsurance	35% Coinsurance	40% Coinsurance
Tier 5 (Specialty Tier)	25% Coinsurance	28% Coinsurance	30% Coinsurance

Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.

Please call us or see the plan's **"Evidence of Coverage"** on our website (https://www.cdphp.com/medicare) for complete information about your costs for covered drugs.

Catastrophic Amount

After your yearly out-of-pocket drug costs reach $2,400, your prescription drugs are covered in full.

Additional Benefits/Services	CDPHP $0 Medicare Rx (HMO)	CDPHP Clear Rx (HMO)	CDPHP Choice Rx (HMO)
Medicare-Covered Chiropractic Office Visits	**In-Network:** $15 Copay per visit	**In-Network:** $15 Copay per visit	**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	**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	**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.	**In-Network:** Durable medical equipment and prosthetics: Lesser of 20% or max per item. Diabetes monitoring supplies: $5.	**In-Network:** Durable medical equipment and prosthetics: Lesser of 20% or max per item. Diabetes monitoring supplies: $5.
Virtual Doctor's Visits Telemedicine	**In-Network:** $0*-$50 Copay per visit. See a primary care or behavioral health provider using your computer or mobile device. See EOC for more details. *Copay waived if using preferred telemedicine providers	**In-Network:** $0*-$40 Copay per visit. See a primary care or behavioral health provider using your computer or mobile device. See EOC for more details. *Copay waived if using preferred telemedicine providers	**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. *Copay waived if using preferred telemedicine providers
Post Discharge Meal Benefit	$0 Copay Benefit is for 7 days (14 meals) per inpatient or SNF discharge.	$0 Copay Benefit is for 7 days (14 meals) per inpatient or SNF discharge.	$0 Copay Benefit is for 7 days (14 meals) per inpatient or SNF discharge.

DISCLAIMERS

This document is available in other alternate format.

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 $0 Medicare Rx (HMO), **CDPHP Clear Rx (HMO)** and **CDPHP Choice Rx (HMO)** is a HMO plan with a Medicare contract. Enrollment in **CDPHP $0 Medicare Rx (HMO)**, **CDPHP Clear Rx (HMO)** and **CDPHP Choice Rx (HMO)** 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