

**CDPHP® Medicare Choices Group Plan  
2014 PPO Renewal Information**



**Paperwork Due Date:**  
Return on or before 10/31/2013

Health Benefits Administrator  
Otsego County Chamber of Commerce  
c/o Mang Insurance Agency  
66 South Broad Street  
Norwich, NY 13815

**Group Number:** 10006176  
**Account Rep.:** Katy Deleon  
**Phone:** (518) 641-5132

**Current Group Medicare Benefit Package and Rates\*  
Effective 1/1/2014—12/31/2014**

Medical Plan:	MEDICARE PPO GROUP - \$12/20
Office Visit Copay:	\$12
Specialist Visit Copay:	\$20
Rx Rider:	Plan 520: \$0/\$5/\$35/\$65/30% No Deductible, No Coverage Gap
Dental Rider:	Group PPO Rider 592P - \$250 Max
Individual Monthly Premium:	
	\$ 183.60

These proposed rates and benefits, effective January 1, 2014, are for a benefit plan comparable to what you offered your employees in 2013. They may not reflect recent conversations you may have had with your broker or CDPHP representative about changes to your plan.

Members can choose to enroll in the group's commercial plan or select a CDPHP individual direct-pay Medicare plan. For information about the CDPHP Individual Medicare plans, eligible members can contact CDPHP Medicare sales at (518) 641-3400 or toll free at 1-800-519-3364.

If you would like to renew the benefits outlined above, please sign below and fax this form to CDPHP at (518) 641-5008 or submit it to your broker.

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remember, CDPHP has a wide range of product offerings to fit any budget. If your current plan does not meet your needs, please contact your broker or CDPHP representative at the number listed above and we will discuss alternative benefit solutions customized to fit your business needs.

cc: Mang Insurance Agency, LLC.

**\*CMS requires CDPHP to send beneficiaries renewal (ANOC—Annual Notice of Changes) materials 60 days prior to renewal of your Group Medicare Plan. You are required to notify your employees of any rate adjustments. You may fulfill that responsibility by providing notice to employees that includes the amount the employees will be required to contribute based on the premium.**



## 2014 CDPHP® Medicare Choices Group PPO Benefit Summary

Services	Copayment In-Network	Copayment Out-of-Network
<b>Physician Services</b>		
Primary care physician visits	\$12 copayment	\$12 copayment
Specialty visits	\$20 copayment	\$20 copayment
Routine annual adult exam	No copayment	No copayment
Physician services during inpatient stay	No copayment	No copayment
<b>Preventive Services</b>		
Bone mass screening	No copayment	No copayment
Mammogram, Pap smears, and pelvic exams	No copayment	No copayment
Abdominal aortic aneurysm screening	No copayment	No copayment
HIV screening	No copayment	No copayment
Cardiovascular disease testing (blood work)	No copayment	No copayment
Colorectal screening exams	No copayment	No copayment
Prostate cancer screening	No copayment for men age 50 and older, \$20 copayment for men under 50	No copayment for men age 50 and older, \$20 copayment for men under 50
Immunizations (flu, pneumonia, and hepatitis B)	No copayment	No copayment
<b>Hospital Services</b>		
Inpatient hospital (semi-private room, anesthesia, X-ray, lab tests, etc.)	\$250 copayment ( <i>maximum of 2 copayments per year</i> )	\$750 copayment
Outpatient surgery	\$125 copayment	\$125 copayment
<b>Diagnostic Testing</b>		
Laboratory services	\$20 copayment ( <i>waived if provider is preferred</i> )	\$20 copayment
Radiology and imaging (X-rays, ultrasounds, CT scans, etc.)	\$20 copayment ( <i>waived if provider is preferred</i> )	\$20 copayment
<b>Emergency Care</b>		
Worldwide emergency room care	\$50 copayment ( <i>waived if admitted</i> )	\$50 copayment ( <i>waived if admitted</i> )
Ambulance	\$75 copayment	\$75 copayment
<b>Urgent Care</b>	\$35 copayment	\$35 copayment
<b>Physical, Speech, and Occupational Therapy*</b> (no visit limit as long as medically necessary)	\$15 copayment	\$15 copayment
<b>Cardiac Rehabilitation Services</b> (up to 72 supplemental visits)	\$20 copayment	\$20 copayment
<b>Pulmonary Rehabilitation Services</b> (up to 36 supplemental visits)	\$20 copayment	\$20 copayment
<b>Chiropractic Benefits</b>	\$20 copayment	\$20 copayment
<b>Podiatry Benefits</b>	\$20 copayment	\$20 copayment

Services	Copayment In-Network	Copayment Out-of-Network
<b>Prosthetic Devices and Durable Medical Equipment</b> (for each Medicare-covered item)	20% coinsurance of the allowed fee, up to a maximum of \$200	20% coinsurance of the allowed fee, up to a maximum of \$200
<b>Diabetes Care</b>		
Bayer® Diabetes Care blood glucose monitor and blood glucose test strips	No copayment	No copayment
Insulin, diabetic medication, insulin needles and syringes, alcohol swabs, gauze	Covered under Part D	Covered under Part D
Supplies (glucose control solutions, lancets, lancet devices, pump tubing/infusion sets; per 30-day supply)	20% coinsurance or \$10 copayment, whichever is less	20% coinsurance or \$10 copayment, whichever is less
DME (infusion pumps)	20% coinsurance of the allowed fee, up to a maximum of \$200	20% coinsurance of the allowed fee, up to a maximum of \$200
Diabetes self-management training	No copayment	No copayment
<b>Renal Care</b>		
Kidney disease education services	\$20 per visit	\$20 per visit
Dialysis	\$20 per visit	\$20 per visit
<b>Part B Prescription Drug Benefits</b>	No copayment	No copayment
<b>Mental Health*</b>		
Inpatient services (190-day lifetime limit in a psychiatric hospital)	\$250 copayment ( <i>maximum of 2 copayments per year</i> )	\$750 copayment
Partial hospitalization (may include multiple visits, based upon treatment)	\$55 copayment	\$55 copayment
Outpatient services	\$20 per visit	\$20 per visit
<b>Chemical Abuse and Dependency*</b>		
Inpatient detoxification and rehabilitation	\$250 copayment ( <i>maximum of 2 copayments per year</i> )	\$750 copayment for medically necessary services
Partial hospitalization (may include multiple visits, based upon treatment)	\$55 copayment	\$55 copayment
Outpatient rehabilitation	\$20 per visit	\$20 per visit
<b>Skilled Nursing Facility</b> (limited to 100 days per benefit period for medically necessary care)	No copayment	No copayment
<b>Home Health Care</b> (no visit limit as long as medically necessary)	No copayment	No copayment
<b>Hearing Services</b>		
Exam (limited to one per year)	\$20 copayment	\$20 copayment
Hearing aids	\$200 hearing aid allowance per year	
<b>Vision</b>		
Exam (limited to one per year)	\$20 copayment	\$20 copayment
Eyewear	\$100 eyewear allowance per year	
<b>Preventive Dental</b>	If your employer has purchased dental coverage, please refer to the Dental Rider for details.	If your employer has purchased dental coverage, please refer to the Dental Rider for details.

Services	Copayment In-Network	Copayment Out-of-Network
Medical Transportation (to plan-approved locations)	No copayment	No copayment
CDPHP Senior Fit® program, featuring the Beltrone Living Center, Capital District and Glens Falls YMCAs, Curves®, Rudy A. Ciccotti Center, SilverSneakers®, and the Sunnyview Lifestyle Wellness Center	No cost at participating sites	No cost at participating sites
Part D Prescription Drug Benefits	If your employer has purchased prescription drug coverage, please refer to the Pharmacy Rider for details.	If your employer has purchased prescription drug coverage, please refer to the Pharmacy Rider for details.
Annual Out-of-Pocket Limit (Member Responsibility)	\$3,350 for covered medical services received in and out of network	\$3,350 for covered medical services received in and out of network

\*New/Updated for 2014

CDPHP Universal Benefits,® Inc. (CDPHP UBI) is a health plan with a Medicare contract. Enrollment in CDPHP Medicare Choices depends on contract renewal.

For all benefits: Unless otherwise specified, the same requirements for in-network services apply for out-of-network services. If you receive care from an out-of-network physician that does not accept Medicare assignment (does not participate with Original Medicare), your out-of-pocket costs may be higher. **Make sure out-of-network physicians accept Medicare assignment prior to receiving services.**

If you have a question or wish to receive additional information, please contact the member services department at (518) 641-3950 or 1-888-248-6522 (TTY/TDD (518) 641-4000 or 1-877-261-1164). Or, visit our website at [www.cdphp.com](http://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. For more detailed information, an *Evidence of Coverage* is available for your review upon request.



## **RIDER FOR GROUP MEDICARE PHARMACY COVERAGE**

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

### **CHAPTER 6: WHAT YOU PAY FOR YOUR PART D PRESCRIPTION DRUGS**

You are subject to a \$0 deductible per benefit period.

You pay the same copayments in the “Coverage Gap” as during the initial coverage stage.

During the initial coverage stage, your copayments or coinsurance for covered Part D drugs under the CDPHP® Medicare Choices Drug Plans *Formulary* are as follows:

<b>Drug Tier</b>	<b>Retail In-Network Copay (30-day supply)</b>	<b>Retail In-Network Copay (90-day supply)</b>	<b>Long-Term Care In-Network Copay (31-day supply)</b>	<b>Caremark Mail-Order Copay (30-day supply)</b>	<b>Caremark Mail-Order Copay (90-day supply)</b>	<b>Out-of-Network Copay* (30-day supply)</b>
Tier 1 Preferred Generic Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generic Drugs	\$5	\$15	\$5	\$5	\$10	\$5
Tier 3 Preferred Brand Drugs	\$35	\$105	\$35	\$35	\$70	\$35
Tier 4 Non-Preferred Brand Drugs	\$65	\$195	\$65	\$65	\$130	\$65
Tier 5 Specialty Tier Drugs	30%	N/A	30%	30%	N/A	30%

Once you have reached your Initial Coverage Limit totaling \$2,850, a Coverage Gap\*\* begins. In the Coverage Gap under this rider, you pay the above-stated copayments for all generic drugs on Tiers 1 through 5. You pay the above-stated copayments for all brand name drugs (as defined by CMS†) on Tiers 3, 4, and 5 until your total out-of-pocket Part D drug expenditures reach \$4,550.

When your total out-of-pocket Part D drug costs reach \$4,550, you qualify for Catastrophic Coverage. Catastrophic Coverage applies only to covered Part D drugs. You continue to pay \$0 for Tier 1 Preferred Generic Drugs. You pay the greater of 5% coinsurance or \$2.55 for generic and multisource brand drugs on Tiers 2 through 5 and the greater of 5% coinsurance or \$6.35 for all other drugs.

- Tier 5 drugs are limited to a 30-day supply
- Mail order: 90-day supply available for two copayments for Tier 1, 2, 3, and 4 drugs through CVS Caremark.
- Retail pharmacy: 90-day supply available for three copayments for Tier 1, 2, 3, and 4 drugs.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- CDPHP Medicare Choices Part D Formulary applies.
- CDPHP will send you monthly or quarterly statements on the total cost of drugs used and true out-of-pocket spending (TrOOP).

- In certain circumstances you pay a pro-rated copay amount for prescriptions that are written for less than a 30 day supply.
  - Total yearly Part D drug costs equal member payments plus CDPHP payments.
- \* Out of Network: Limited to a 30-day supply; you are required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charges for your prescriptions
- \*\* The Medicare Coverage Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the Coverage Gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price (excluding the dispensing fee and vaccine administration fee, if any.) is available for those brand name drugs from manufacturers that have agreed to pay the discount. The plan pays an additional 2.5% and you pay the remaining 47.5% for your brand drugs. **Both the amount you pay and the 50% discounted by the manufacturer, count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.** The coverage for generic drugs works differently than the coverage for brand name drugs. For generic drugs, the amount paid by the plan does not count toward your out-of-pocket costs.
- † Brand-name drugs are NDA and ANDA drugs produced by manufacturers that have contracted with CMS to offer this discount.

*This summary does not detail all benefits, limitations, or exclusions. 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 a health plan with a Medicare contract. Enrollment in CDPHP Medicare Choices depends on contract renewal.*



**Capital District Physicians' Health Plan, Inc.  
CDPHP Universal Benefits,® Inc.**

500 Patroon Creek Boulevard • Albany, NY 12206-1057

## **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:

- A. Comprehensive oral exams, limited to two per benefit year.
- B. Prophylaxis (cleanings), limited to two per benefit year.
- C. Fluoride applications, limited to once per benefit year.
- D. X-rays (full mouth, panoramic, bitewing, and intraoral), limited to once per benefit year.

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.

A handwritten signature in black ink, reading "John D. Bennett, Jr., MD".

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**John D. Bennett, Jr., MD  
President and CEO**