

2015 Small Group Medicare Advantage Product
 PRODUCT: PPO Medicare Choice \$12/\$20



| | |
|-----------------|--------------------------|
| Group Name: | Otsego County Chamber of |
| Group ID: | 10006176 |
| Effective Date: | 1/1/2015 |
| End Date: | 12/31/2015 |
| Date Quoted: | 10/28/2014 |

PPO

| PLAN BENEFIT DETAIL | IN Copayments | OON Copayments |
|----------------------------------|---|----------------|
| IP: | \$250 | \$750 |
| PCP: | \$12 | \$12 |
| Specialist: | \$20 | \$20 |
| ER: | \$50 | \$50 |
| Urgent Care: | \$35 | \$35 |
| DME Coinsurance: | 20% | |
| Eyewear Allowance: | \$100 | |
| Hearing Aid Allowance (1 yr): | \$200 | |
| Max Out of Pocket: | \$3,350 | |
| RIDERS | | |
| RX | Plan 520 \$0/\$5/\$35/\$65/30% No Deductible, No Coverage Gap | |
| DENTAL | Dental - \$250 allowance -- Rider 592 | |

| | |
|----------------------------|-----------------|
| Total Monthly Rate: | \$237.40 |
|----------------------------|-----------------|

Conditions for Offering

- 1) If CDPHP Medicare Advantage is offered among other carriers on a slice basis, the following considerations apply:
 - a. CDPHP should be supported by the employer in no less favorable fashion than any other group plan offered.
 - b. CDPHP requires parity in benefits and employer contributions.
 - c. Enrollment dates must be consistent among all plans offered.
- 2) Required Aggregate Employer contribution of 50%. If program is voluntary, there must be a minimum of 50% participation.
- 3) Subscribers and dependents must be eligible for group-level through their employer to participate. For groups with 20 or more eligibles, enrollees must be retired or not eligible for commercial group coverage to be enrolled in a Medicare group plan.

Employer
 Signature: _____ Title: _____ Date: _____

AUTHORIZATION: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.



2015 CDPHP® Medicare Choices Group PPO Benefit Summary

| Services | Copayment In-Network | Copayment Out-of-Network |
|--|--|--|
| Physician Services | | |
| 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 |
| Preventive Services | | |
| 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 |
| Hospital Services | | |
| 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 |
| Diagnostic Testing | | |
| Laboratory services | \$20 copayment (<i>waived if provider is preferred</i>) | \$20 copayment |
| Radiology and imaging (X-rays, ultrasounds)* | \$20 copayment | \$20 copayment |
| Complex Radiology (CT Scan, MRI, PET Scan)* | \$40 copayment | \$40 copayment |
| Emergency Care | | |
| Worldwide emergency room care | \$50 copayment (<i>waived if admitted</i>) | \$50 copayment (<i>waived if admitted</i>) |
| Ambulance | \$75 copayment | \$75 copayment |
| Urgent Care | \$35 copayment | \$35 copayment |
| Physical, Speech, and Occupational Therapy (no visit limit as long as medically necessary) | \$15 copayment | \$15 copayment |
| Cardiac Rehabilitation Services (up to 72 supplemental visits) | \$20 copayment | \$20 copayment |
| Pulmonary Rehabilitation Services (up to 36 supplemental visits) | \$20 copayment | \$20 copayment |
| Chiropractic Benefits | \$20 copayment | \$20 copayment |
| Podiatry Benefits | \$20 copayment | \$20 copayment |
| Prosthetic Devices and Durable Medical Equipment (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 |

| Services | Copayment In-Network | Copayment Out-of-Network |
|---|---|---|
| Diabetes Care | | |
| 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 |
| Renal Care | | |
| Kidney disease education services | \$20 per visit | \$20 per visit |
| Dialysis | \$20 per visit | \$20 per visit |
| Part B Prescription Drug Benefits | | |
| | No copayment | No copayment |
| Mental Health | | |
| 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 |
| Chemical Abuse and Dependency | | |
| Inpatient detoxification and rehabilitation | \$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 rehabilitation | \$20 per visit | \$20 per visit |
| Skilled Nursing Facility (limited to 100 days per benefit period for medically necessary care) | | |
| | No copayment | No copayment |
| Home Health Care (no visit limit as long as medically necessary) | | |
| | No copayment | No copayment |
| Hearing Services | | |
| Exam (limited to one per year) | \$20 copayment | \$20 copayment |
| Hearing aids | \$200 hearing aid allowance per year | \$200 hearing aid allowance per year |
| Vision | | |
| Exam (limited to one per year) | \$20 copayment | \$20 copayment |
| Eyewear | \$100 eyewear allowance per year | \$100 eyewear allowance per year |
| Preventive Dental | | |
| | 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. |
| Medical Transportation (to plan-approved locations) | | |
| | No copayment | No copayment |

| Services | Copayment In-Network | Copayment Out-of-Network |
|---|--|--|
| 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 |

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.

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. 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.

*New/Updated for 2015



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:

| Drug Tier | Retail In-Network Copay (30-day supply) | Retail In-Network Copay (90-day supply) | Long-Term Care In-Network Copay (31-day supply) | Caremark Mail-Order Copay (30-day supply) | Caremark Mail-Order Copay (90-day supply) | Out-of-Network Copay* (30-day supply) |
|------------------------------------|--|--|--|--|--|--|
| 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 \$2,960 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 \$4,700.

When your total out-of-pocket Part D drug costs reach \$4,700 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 \$2.65 for generic and multisource brand drugs on Tiers 2 through 4 and the greater of 5% coinsurance or \$6.60 for tier 5 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 Gap 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 5% and you pay the remaining 45% 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.

CDPHP is a health plan with a Medicare contract. Enrollment in Medicare Choices depends on contract renewal.

Rider 592.15