



**CDPHP Medicare Advantage plans received 5 out of 5 Stars overall from Medicare. (2023)** Every year, Medicare evaluates plans based on a 5-star rating system.



**A plan for life.**

# Medicare Advantage **Plan Options**



CDPHP is an HMO and PPO with a Medicare contract.  
Enrollment in CDPHP Medicare Advantage depends on contract renewal.  
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# CDPHP® MEDICARE ADVANTAGE PLANS — MOST FREQUENTLY USED MEDICAL SERVICES

Below are some of the medical benefits associated with these plans.

	Medicare Advantage PPO Plans			
PLAN NAME	CDPHP Vital Rx (PPO)		CDPHP Flex (PPO) CDPHP Flex Rx (PPO)	
MONTHLY PREMIUM <sup>2</sup>	\$0		Flex: \$0* Flex Rx: \$39.40	
BENEFITS	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DOCTOR VISITS				
Primary Care Physician	\$0	\$50	\$0	\$40
Doctor On Demand	\$0	\$0	\$0	\$0
Specialist Copayment	\$45	40%	\$40	30%
Routine Annual Physical Exam Copayment	\$0	40%	\$0	30%
EMERGENCY CARE				
Urgent Care Copayment <sup>3</sup>	\$60	\$60	\$60	\$60
Emergency Room Copayment <sup>3 4</sup>	\$90	\$90	\$90	\$90
Ambulance	\$265	\$265	\$255	\$255
OUTPATIENT SERVICES				
Outpatient Surgery	\$335-\$390	40%	\$250-\$325	30%
Physical Therapy	\$40	40%	\$40	\$60
HOSPITAL SERVICES				
Inpatient Hospitalization	\$400 days 1-4	40%	\$310 days 1-6	30%
ADDITIONAL BENEFITS/SERVICES				
Dental reimbursement for all dental services: Routine Cleaning/Restorative/Dentures (not for whitening)	\$400 reimbursement		\$450 reimbursement	
Vision: Annual Routine Eye Exam	\$20	40%	\$20	30%
Frames/Lenses (per year)	\$150 reimbursement		\$175 reimbursement	
Hearing Care Solutions Hearing Aid Benefit	\$599 or \$899		\$599 or \$899	
OTC Benefit	\$25 per Quarter	N/A	\$25 per Quarter	N/A
Senior Fit Included	Yes		Yes	
CDPHP Life Points® Rewards	Earn up to \$125		Earn up to \$125	
DIAGNOSTIC SERVICES				
Lab Services	\$0 or \$5	40%	\$0 or \$5	30%
Radiology Services (X-ray)	\$40	40%	\$35	\$40
Advanced Imaging Studies (CT, MRI, etc.)	\$220	40%	\$135	30%
OUT-OF-POCKET MAX	\$7,500	\$11,300	\$6,100	\$10,000

**Effective January 1 – December 31, 2023:** For New York state residents of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Tioga, Warren, and Washington counties.

Medicare Advantage HMO Plans <sup>1</sup>			
CDPHP \$0 Medicare Rx (HMO)	CDPHP Basic Rx (HMO)	CDPHP Value Rx (HMO)	CDPHP Choice (HMO) Choice Rx (HMO)
\$0	\$31	\$58.30	Choice: \$39.90* Choice Rx: \$128.50
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$35	\$35	\$30	\$25
\$0	\$0	\$0	\$0
\$60	\$60	\$60	\$50
\$90	\$90	\$90	\$90
\$265	\$260	\$250	\$165
\$315-\$365	\$280-\$330	\$200-\$300	\$150-\$200
\$35	\$35	\$30	\$25
\$330 days 1-5	\$315 days 1-6	\$295 days 1-6	\$260 days 1-6
\$675 reimbursement	\$725 reimbursement	\$750 reimbursement	\$750 reimbursement
\$20	\$20	\$20	\$0
\$175 reimbursement	\$215 reimbursement	\$200 reimbursement	\$250 reimbursement
\$599 or \$899	\$599 or \$899	\$599 or \$899	\$199 or \$499
\$50 per Quarter	\$75 per Quarter	\$75 per Quarter	\$75 per Quarter
Yes	Yes	Yes	Yes
Earn up to \$175	Earn up to \$175	Earn up to \$175	Earn up to \$175
\$0 or 20%	\$0 or \$5	\$0 or \$5	\$0 or \$5
\$35	\$35	\$30	\$25
\$195	\$140	\$130	\$100
\$7,000	\$6,700	\$6,400	\$6,100

<sup>1</sup> Must use plan providers (see back page for full details)

<sup>2</sup> You must continue to pay your Part B premium; You may qualify for lower premiums with EPIC or Low Income Subsidy

<sup>3</sup> Worldwide coverage

<sup>4</sup> Copayments waived if admitted to the hospital within 24 hours for the same diagnosis.

\* Does not include Rx



PPO PHARMACY COVERAGE		
	CDPHP Vital Rx (PPO)	CDPHP Flex Rx (PPO)

30-Day Supply at a Network Pharmacy\* (Available at 68,000+ Retail Pharmacies Nationwide)

Rx Deductible (Tiers 3 through 5)	\$300	N/A
Tier 1 Preferred Generic	\$3	\$2
Tier 2 Generic	\$17	\$14
Tier 3 Preferred Brand	\$47	\$44
Tier 4 Non-Preferred Drugs	\$100	\$95
Tier 5 Specialty Tier	26%	33%
Coverage Gap Coverage		
– Generic (Tiers 1 through 5)	25%	25%
– Brand (Tiers 3, 4, and 5)	25%	25%

90-Day Supply through Walmart Home Delivery Service

Rx Deductible (Tiers 3 through 5)	\$300	N/A
Tier 1 Preferred Generic	\$0	\$0
Tier 2 Generic	\$0	\$0
Tier 3 Preferred Brand	\$94	\$88
Tier 4 Non-Preferred Drugs	\$250	\$237.50
Tier 5 Specialty Tier	Not available	Not available
Coverage Gap Coverage		
– Generic (Tiers 1 through 5)	25%	25%
– Brand (Tiers 3, 4, and 5)	25%	25%

HMO PHARMACY COVERAGE			
CDPHP \$0 Medicare Rx (HMO)	CDPHP Basic Rx (HMO)	CDPHP Value Rx (HMO)	CDPHP Choice Rx (HMO)

\$250	N/A	N/A	N/A
\$3	\$3	\$2	\$0
\$17	\$15	\$13	\$11
\$47	\$45	\$42	\$40
\$100	\$97	\$93	\$90
27%	33%	33%	33%
25%	25%	25%	25%
25%	25%	25%	25%

\$250	N/A	N/A	N/A
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$94	\$90	\$84	\$80
\$250	\$242.50	\$232.50	\$225
Not available	Not available	Not available	Not available
25%	25%	25%	25%
25%	25%	25%	25%

- 1

Initial Coverage:

Copayments listed here are for the first \$4,660 in total prescription costs (member payments + CDPHP payments).
- 2

Coverage Gap:

For all plans, after total prescription costs reach \$4,660, you pay 25% of the plan’s cost for generic drugs and 25% of the plan’s cost for all brand-name drugs.
- 3

Catastrophic Coverage:

Once the gap limit of \$7,400 (total out-of-pocket spending + what was paid on your behalf for brand-name drugs during the coverage gap) is reached, you will pay the greater of 5% or \$4.15 for generic or preferred drug that is a multi-source drug and the greater of 5% or \$10.35 for all other drugs in 2023.

\* Members can receive a 90-day supply through a network retail pharmacy, but it would not qualify for the Walmart Home Delivery discount. The copayment would be three times the 30-day network pharmacy copayment.



All formulary insulin is capped at \$35 per month.

Rx for Less

If you have prescription drug coverage, you can enjoy deep discounts on certain generic drugs when purchased at participating pharmacies. Some generic drugs are available for as little as a penny a pill.

For a list of discounted drugs, please visit [www.cdphp.com/medicare/drug-coverage](http://www.cdphp.com/medicare/drug-coverage)





Have questions?  
**Contact us**

## We'd love to hear from you!

Please call one of our knowledgeable CDPHP Medicare sales representatives for more information.

Looking for the right Medicare coverage?

Call (518) 641-3400  
1-888-519-4455 (TTY: 711)

Already a CDPHP member?

Call 1-888-248-6522 (TTY: 711)

Get a quote:

[plans.cdphp.com/medicare](https://plans.cdphp.com/medicare)

Enroll online:

[www.cdphp.com/medicare](https://www.cdphp.com/medicare)

Attend a product overview seminar

[cdphp.com/medicare/learn/seminars](https://cdphp.com/medicare/learn/seminars)



*Scan with your smartphone camera for a list of seminars.*

Our hours are 8 a.m. - 8 p.m. seven days a week from October 1 - March 31.  
From April 1 - September 30, Monday – Friday, our hours are 8 a.m. - 8 p.m.  
A voice messaging service is used weekends, after-hours, and federal holidays.  
Calls will be returned within one business day.



# Getting started with CDPHP

If you **enroll with CDPHP**, here's what you'll receive from us and why it's important:

1

## Approval Letter

We send this letter to let you know when your enrollment has been approved by Medicare and to make sure you understand the plan you selected.



2

## Member Welcome Guide with ID Card

Your member welcome guide will provide you with your ID card as well as assistance in setting up your member account. You'll need your card when you visit the doctor, hospital, or pharmacy (if you have prescription coverage).



3

## Member Welcome Kit

Your kit provides detailed information about your plan. It also includes important documents you can review, complete, and return to us. You can access this kit online via your member account if you prefer.



4

## Welcome Call or Letter

Finally, we'll call or send you a letter to confirm you received your Member Welcome Kit, verify you chose a primary care doctor, learn more about your health care needs, and help you get started with CDPHP.



After you sign up for an online member account, you'll receive emails with helpful tips on topics like how to best use your account or how to earn Life Points Rewards.

Find all the 2023 benefits online at [www.cdphp.com/medicare](http://www.cdphp.com/medicare)



# Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at <https://www.cdphp.com/customer-support/email-cdphp>. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-248-6522 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-248-6522 (TTY : 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-248-6522 (телетайп: 711)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

Rele 1-888-248-6522 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-248-6522 (TTY: 711)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-248-6522 (TTY: 711)

טפסר. לאצפא ופ יירפ סעסיוורעס פליה דארפשי יידיא ראפ זאהראפ זענעז, שידיא טדער ריא ביוא: מאזקרעמפיוא 1-888-248-6522 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-২৪৮-৬৫২২ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-248-6522 (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم 1-888-248-6522 (رقم هاتف الصم والبكم: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-248-6522 (ATS : 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-888-248-6522 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-248-6522 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-248-6522 (TTY: 711)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-248-6522 (TTY: 711)

## Connect with us!

Tell us what you think at  
[insights.cdphp.com/join](https://insights.cdphp.com/join) 

Get fitness tips, wellness ideas,  
and more! Follow us on social  
and visit [blog.cdphp.com](https://blog.cdphp.com).



<sup>1</sup> You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor CDPHP will be responsible for the costs.

Please be aware that you can enroll in Medicare plans only at certain times during the year:

- As early as three months before you turn 65 (or when your Medicare Part B is effective), you can join our plan.
- Between October 15 and December 7, anyone who has Medicare Parts A and B and resides in our service area can join our plan for January 2023.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. Or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877-486-2048. Or call your state Medicaid office.

For more information about general Medicare options available to you, please see our "Choosing the Right Medicare Coverage" brochure.

Visit us at [www.cdphp.com](https://www.cdphp.com) for more information.

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

500 Patroon Creek Boulevard, Albany, NY  
12206-1057

[www.cdphp.com](https://www.cdphp.com)

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