



# Ulster County Chamber of Commerce

## 2008 HMO Riders

**Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP member:**

### **Dependent Eligibility**

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

### **Domestic Partner**

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.

### **Prescription**

Prescription drug benefits as follows:

- \$10 copayment for 30-day supply of covered generic drugs.
- \$30 copayment for 30-day supply of covered formulary brand drugs.
- \$50 copayment for 30-day supply of non-formulary brand drugs.
- Mail order: 2.5 copayments for a 90-day supply.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- Specialty drugs require preauthorization and must be obtained at CDPHP's participating specialty vendors.
- Prescription drug benefit is capped at \$2,000 annually.

### **Medicare Split**

A dependent spouse of a Medicare-eligible subscriber may enroll as a subscriber providing he or she is not Medicare-eligible.

*This summary does not detail all benefits, limitations or exclusions. This is not a contract and may be subject to change. Membership Certificate is available for your review upon request. All benefits are subject to coordination of benefits (COB).*

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**\*\*Benefits and Riders Pending Department of Insurance Approval\*\***

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