



2019 CDPHP® Medicare Advantage 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 from the provider of your choice:

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

Submit your receipt and proof of payment to:

CDPHP Medicare Claims
P.O. Box 66602
Albany, NY 12206

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 an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.