

SUMMARY OF BENEFITS

CAPITAL HEALTH PLAN

**Silver Advantage (HMO),
Advantage Plus (HMO),
Preferred Advantage (HMO) &
Giveback Advantage (HMO)
2026**

LOCAL. TRUSTED.



2026 Summary of Benefits

Capital Health Plan Silver Advantage (008) (HMO)

Capital Health Plan Advantage Plus (001) (HMO)

Capital Health Plan Preferred Advantage (006) (HMO)

Capital Health Plan Giveback Advantage (009) (HMO)

This is a summary of drug and health services covered by Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), Capital Health Plan Preferred Advantage (HMO), and Capital Health Plan Giveback Advantage (HMO) January 1, 2026 – December 31, 2026.

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), Capital Health Plan Preferred Advantage (HMO), and Capital Health Plan Giveback Advantage (HMO) are HMO plans with a Medicare contract.

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), Capital Health Plan Preferred Advantage (HMO), and Capital Health Plan Giveback Advantage (HMO) are Medicare Advantage HMO plans (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.

The benefit information provided is a summary of what we cover and what you pay when enrolled in one of these plans. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request an “Evidence of Coverage” by calling Member Services at 1-877-247-6512 (TTY 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. Or you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

To join Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), Capital Health Plan Preferred Advantage (HMO), and Capital Health Plan Giveback Advantage (HMO), you

- must be entitled to Medicare Part A;
- must be enrolled in Medicare Part B; and
- must live in our service area

Our service area includes the following counties in Florida: Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla.

Capital Health Plan has a large stable network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for those services unless you receive prior authorization.

Urgently needed care and emergencies are covered anywhere in the world. You are not required to use Capital Health Plan providers or receive prior authorization in these circumstances.

Covered medical and hospital benefits may require prior authorization or a referral from your doctor. Services with a ¹ may require prior authorization and services with a ² may require a referral from your doctor.

Premiums and Benefits

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	Capital Health Plan Giveback Advantage (HMO) (009)	What You Should Know
Monthly Premium, Deductible and Limits					
Monthly Plan Premium	\$0	\$34	\$96	\$0	
Part B Give Back	Capital Health Plan will reduce your Medicare Part B premium by \$25			Capital Health Plan will reduce your Medicare Part B premium by \$100	You must continue to pay your Medicare Part B premium.
Deductible	No deductible	No deductible	No deductible	No deductible	
Maximum Out-of-Pocket Amount <i>(does not include prescription drugs)</i>	\$5,500	\$4,500	\$4,500	\$6,700	Includes copays, coinsurance and other costs for medical services for the year.
Hospital					
Inpatient hospital coverage ^{1, 2}	\$275 copay per day for days 1 through 6 \$1,650 out-of-pocket limit every stay	\$250 copay per day for days 1 through 5 \$1,250 out-of-pocket limit every stay	\$400 copay per stay \$400 out-of-pocket limit every stay	\$350 copay per day for days 1 through 7 \$2,450 out-of-pocket limit every stay	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient hospital coverage ²	\$350 copay	\$300 copay	\$200 copay	\$350 copay	
Ambulatory surgery center ²	\$250 copay	\$150 copay	\$100 copay	\$250 copay	

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Doctor Visits and Preventive Care					
Doctor visits					
Primary care provider	\$0 copay	\$0 copay	\$0 copay	\$0 copay	You pay same copay for PCP or select Specialist visits via Telehealth
Specialists ²	\$30 copay	\$30 copay	\$20 copay	\$30 copay	
Preventive care (e.g., flu vaccine, diabetic screenings)	There is no coinsurance, copayment, or deductible for preventative care.	There is no coinsurance, copayment, or deductible for preventative care.	There is no coinsurance, copayment, or deductible for preventative care.	There is no coinsurance, copayment, or deductible for preventative care.	Other preventive services are available. There are some covered services that have a cost.
Emergency and Urgent Care					
Emergency care	\$125 copay	\$125 copay	\$125 copay	\$125 copay	Worldwide coverage. If you are admitted to the hospital within 24 hours, then you do not have to pay \$125.
Urgently needed services	\$20 copay	\$20 copay	\$20 copay	\$20 copay	Worldwide coverage. Urgent Care Telehealth visit \$20

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	\$15 copay for Amwell Telehealth visit	\$15 copay for Amwell Telehealth visit	\$15 copay for Amwell Telehealth visit	\$15 copay for Amwell Telehealth visit	Urgent Care for Amwell Telehealth visit \$15
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs					
Diagnostic services/labs/imaging					
Diagnostic radiology services ^{1,2} (e.g. MRI, CT, PET, thallium, nuclear cardiology scans)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	
Lab services	You pay nothing for lab services	You pay nothing for lab services	You pay nothing for lab services	You pay nothing for lab services	
Diagnostic tests and procedures ²	You pay nothing for diagnostic tests and procedures	You pay nothing for diagnostic tests and procedures	You pay nothing for diagnostic tests and procedures	You pay nothing for diagnostic tests and procedures	
Outpatient X-rays ²	You pay nothing for outpatient x-rays	You pay nothing for outpatient x-rays	You pay nothing for outpatient x-rays	You pay nothing for outpatient x-rays	
Therapeutic radiology ²	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Hearing / Dental / Vision					
Hearing services	\$30 copay	\$30 copay	\$20 copay	\$30 copay	One routine hearing exam allowed annually

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Dental services (limited dental services) ^{1,2}	\$30 copay	\$30 copay	\$20 copay	\$30 copay	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision services					
Diagnostic exam	\$10 or \$30 copay	\$10 or \$30 copay	\$10 or \$20 copay	\$10 or \$30 copay	Copays may vary depending on the place of service.
Eyewear after cataract surgery	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	
Routine eye exam	\$10 or \$30 copay	\$10 or \$30 copay	\$10 or \$20 copay	\$10 or \$30 copay	
Routine eyewear	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	
Mental Health Services					
Outpatient group therapy/ individual therapy visit	\$30 copay	\$30 copay	\$20 copay	\$30 copay	
Skilled Nursing Facility (SNF)					

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Skilled nursing facility (SNF) ^{1, 2}	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	Our plan covers up to 100 days in a SNF each benefit period.
Outpatient Rehabilitation Services					
Physical therapy ²	\$30 copay	\$20 copay	\$20 copay	\$30 copay	
Medical Transportation					
Ambulance ¹	\$290 copay	\$290 copay	\$290 copay	\$290 copay	
Transportation	Not covered	Not covered	Not covered	Not covered	
Medicare Part B Drugs					
Chemotherapy drugs ^{1, 2}	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Other Part B drugs ^{1, 2}	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Insulin	\$35 copay	\$35 copay	\$35 copay	\$35 copay	

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost sharing tier it's on.

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Stage 1: Deductible	You will pay a yearly deductible of \$250 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		You will pay a yearly deductible of \$250 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		You will pay a yearly deductible of \$200 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		You will pay a yearly deductible of \$250 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		
Stage 2: Initial coverage – Prior to total cost of drugs reaching \$2,100.									
Retail	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1: Preferred Generic									*Silver Advantage and Giveback Advantage have non-preferred and preferred pharmacies. Cost sharing may change
Preferred cost-share	You pay \$0	You pay \$0					You pay \$0	You pay \$0	
Standard cost-share	You pay \$10	You pay \$30	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$10	You pay \$30	

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Tier 2: Generic									when you enter another phase of the Part D. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or see the Evidence of Coverage. Your cost sharing may differ for mail order, Long Term Care (LTC) or home infusion, and 60 or 90-day supplies.
Preferred cost-share	You pay \$0	You pay \$0					You pay \$0	You pay \$0	
Standard cost-share	You pay \$14	You pay \$42	You pay \$7	You pay \$21	You pay \$7	You pay \$21	You pay \$14	You pay \$42	
Tier 3: Preferred Brand									
Preferred cost-share	You pay \$40	You pay \$120					You pay \$40	You pay \$120	
Standard cost-share	You pay \$47	You pay \$141	You pay \$45	You pay \$135	You pay \$45	You pay \$135	You pay \$47	You pay \$141	
Tier 4: Non-Preferred Drug									
Preferred cost-share	You pay \$93	You pay \$279					You pay \$93	You pay \$279	
Standard cost-share	You pay \$100	You pay \$300	You pay \$95	You pay \$285	You pay \$95	You pay \$285	You pay \$100	You pay \$300	
Tier 5: Specialty Tier	You pay 30%	Not available	You pay 30%	Not available	You pay 30%	Not available	You pay 30%	Not available	
Tier 6: Select Care Drugs	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	

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Mail Order	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	30-day and 60- day mail order supplies are available for all but Tier 5 drugs. A cost savings applies to a 90- day supply.
Tier 2: Generic	You pay \$0	You pay \$0	You pay \$7	You pay \$17.50	You pay \$7	You pay \$17.50	You pay \$7	You pay \$17.50	
Tier 3: Preferred Brand	You pay \$40	You pay \$100	You pay \$45	You pay \$112.50	You pay \$45	You pay \$112.50	You pay \$40	You pay \$100	
Tier 4: Non-Preferred Drug	You pay \$93	You pay \$232.50	You pay \$95	You pay \$237.50	You pay \$95	You pay \$237.50	You pay \$93	You pay \$232.50	
Tier 5: Specialty Tier	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	
	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply	
Tier 6: Select Care Drugs	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	

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Stage 3: Catastrophic Coverage – After yearly total of out-of-pocket costs reach \$2,100.					
	30-day supply	30-day supply	30-day supply	30-day supply	
All Tiers	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.	

Additional Benefits

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	Capital Health Plan Giveback Advantage (HMO) (009)	What You Should Know
Additional Benefits					
CHP Choice Card	A supplemental spend debit card in the amount of \$625 per year to help pay towards Dental Expenses, Over the Counter Items, Hearing Aids, Member Food Allowance, Personal Emergency Response System (PERS), and Transportation Services. For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is	A supplemental spend debit card in the amount of \$725 per year to help pay towards Dental Expenses, Over the Counter Items, Hearing Aids, Member Food Allowance, Personal Emergency Response System (PERS), and Transportation Services. For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is	A supplemental spend debit card in the amount of \$825 per year to help pay towards Dental Expenses, Over the Counter Items, Hearing Aids, Member Food Allowance, Personal Emergency Response System (PERS), and Transportation Services. For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is	<u>Not</u> covered	Some restrictions apply.

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	Capital Health Plan Giveback Advantage (HMO) (009)	What You Should Know
	subject to change, please call 1-877-210-6729 for a full list of participating retailers.	subject to change, please call 1-877-210-6729 for a full list of participating retailers.	subject to change, please call 1-877-210-6729 for a full list of participating retailers.		
Durable medical equipment, prosthetic devices and medical supplies Durable medical equipment (e.g., wheelchairs, oxygen) ^{1, 2} Medical supplies ^{1, 2} Prosthetic devices (e.g., braces, artificial limbs) ^{1, 2} Diabetic supplies and services ²	20% coinsurance 20% coinsurance 20% coinsurance \$0 copay for preferred brand 20% coinsurance for non-preferred brand	20% coinsurance 20% coinsurance 20% coinsurance \$0 copay for preferred brand 20% coinsurance for non-preferred brand	20% coinsurance 20% coinsurance 20% coinsurance \$0 copay for preferred brand 20% coinsurance for non-preferred brand	20% coinsurance 20% coinsurance 20% coinsurance \$0 copay for preferred brand 20% coinsurance for non-preferred brand	Preferred brand diabetic supplies include Ascensia and Abbott. Some restrictions apply.
Health and Wellness Education Programs Health Education	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health	Some restrictions apply.

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	Capital Health Plan Giveback Advantage (HMO) (009)	What You Should Know
Additional Sessions of Smoking and Tobacco Use Cessation Counseling Wellness Benefit Nursing Hotline	and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	
Home health care ²	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Hospice	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Other rehabilitation services ^{1, 2} Cardiac and Intensive Cardiac rehabilitation services Pulmonary rehabilitation services ^{1, 2} Occupational therapy visit ² Speech and language therapy visit ²	\$40 copay \$20 copay \$30 copay \$30 copay	\$40 copay \$20 copay \$20 copay \$20 copay	\$25 copay \$20 copay \$20 copay \$20 copay	\$40 copay \$20 copay \$30 copay \$30 copay	
Foot Care (Podiatry services)	\$30 copay	\$30 copay	\$20 copay	\$30 copay	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions.

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Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)	\$10 copay	\$10 copay	\$10 copay	\$10 copay	

2026 Summary of Benefits

Capital Health Plan is offering a new online enrollment tool for our Medicare Advantage (HMO) plans! You will now be able to research our plans and enroll online. Visit www.capitalhealth.com/Medicare for more information.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 850-523-7441 or 1-877-247-6512 (TTY 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.capitalhealth.com/Medicare or call 850-523-7441 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, deductibles and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory) unless prior authorization by the plan.
- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

CONTACT US

We are available for phone calls Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm.

Call toll-free **1-877-247-6512**. TTY users should call **1-877-870-8943**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at www.capitalhealth.com/Medicare or call us at the number above.

This document is available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Capital Health Plan Silver Advantage (008), Capital Health Plan Advantage Plus (001), Capital Health Plan Preferred Advantage (006), and Capital Health Plan Giveback Advantage (009) plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.



Nondiscrimination and Accessibility Notice (ACA §1557)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability. We provide:

Free auxiliary aids, reasonable modifications, 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, and accessible electronic formats)

Free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at one of the numbers listed below. If you believe we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with Capital Health Plan's Section 1557 Coordinator at:

Capital Health Plan
c/o Compliance and Privacy Officer
2140 Centerville Place
Tallahassee, FL 32308.

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-518-6679 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

You can file a grievance in person or by mail, fax or email.

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

If you need help filing a grievance, our Member Services Department 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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

English: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-247-6512 (TTY: 1-877-870-8943) o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

Portuguese: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-247-6512 (TTY: 1-877-870-8943) ou fale com seu provedor.

Simplified Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-247-6512 (文本电话: 1-877-870-8943) 或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires

appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-247-6512 (TTY: 1-877-870-8943) ou parlez à votre fournisseur.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga

naa-access na format. Tumawag sa 1-877-247-6512 (TTY: 1-877-870-8943) o makipag-usap sa iyong provider.

Russian: Если Вы говорите по-русски, Вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.

Позвоните по телефону 1-877-247-6512 (TTY: 1-877-870-8943) или обратитесь к своему поставщику услуг.

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Italian: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-877-247-6512 (TTY: 1-877-870-8943) o parla con il tuo fornitore.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-247-6512 (TTY: 1-877-870-8943) an oder sprechen Sie mit Ihrem Provider.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-247-6512 (TTY: 1-877-870-8943) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-247-6512 (TTY: 1-877-870-8943) lub porozmawiaj ze swoim dostawcą.

Gujarati: જો તમે નીચેની કોઈપણ ભાષા બોલતા છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-877-247-6512 (TTY: 1-877-870-8943) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Thai: หากคุณพูดภาษาใดภาษาหนึ่งต่อไปนี้ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้

ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทร 1-877-247-6512 (TTY: 1-877-870-8943)

หรือพูดคุยกับผู้ให้บริการของคุณ



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Notice of Availability

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-247-6512 (TTY: 1-877-870-8943) o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

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