BENEFIT SUMMARY

CAPITAL HEALTH PLAN

STATE OF FLORIDA MEMBERS & RETIREES 2020

LOCAL. TRUSTED.

Capital Health Plan℠

An Independent Licensee of the Blue Cross and Blue Shield Association

CAPITALHEALTH.COM/STATE

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Questions?

1.877.392.1532

7:00am - 7:00pm,
Monday - Friday

Raymond Sanders
Member Services

Medicare members, please call:
850.523.7441 or 1.877.247.6512

October 1 – March 31:
8:00am – 8:00pm, seven days a week

April 1 – September 30:
8:00am – 8:00pm, Monday – Friday

TTY 850.383.3534 or 1.877.870.8943

[1]The National Committee for Quality Assurance (NCQA) has consistently recognized CHP as the top plan in Florida and amongst the highest rated plans in the nation, since 2005. According to its "Medicare Health Insurance Plan Ratings for 2019-2020", CHP's Medicare plan is rated 4.5 out of 5. No other health plan in the state of Florida achieved ratings this high for their Medicare plans.

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COLLEGE

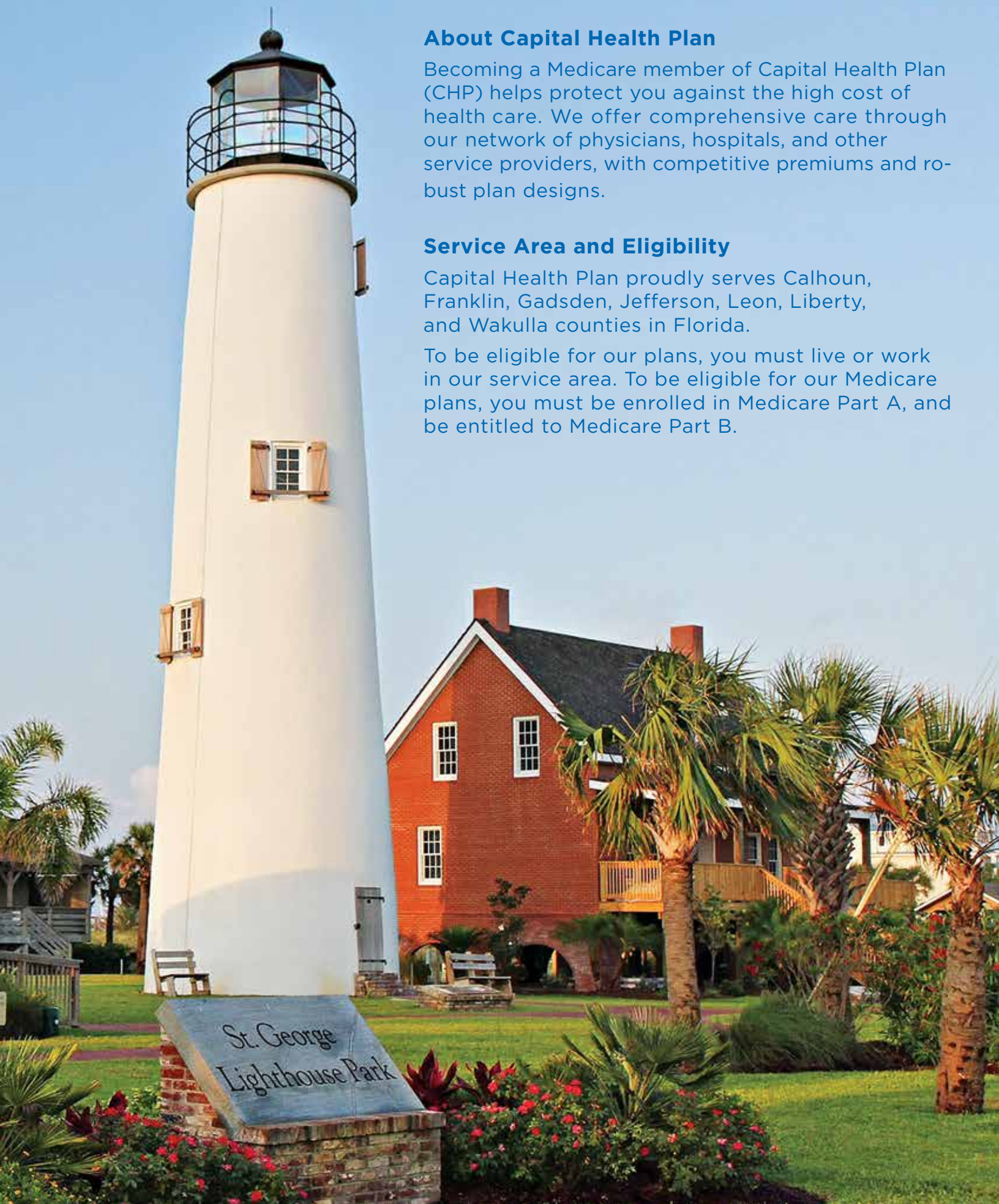
About Capital Health Plan

Becoming a Medicare member of Capital Health Plan (CHP) helps protect you against the high cost of health care. We offer comprehensive care through our network of physicians, hospitals, and other service providers, with competitive premiums and robust plan designs.

Service Area and Eligibility

Capital Health Plan proudly serves Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla counties in Florida.

To be eligible for our plans, you must live or work in our service area. To be eligible for our Medicare plans, you must be enrolled in Medicare Part A, and be entitled to Medicare Part B.



Capital Health Plan Metropolitan Health Center

Opening in the Fall of 2019, our third health center will include physician offices, an urgent care center, imaging, lab services, wound care, and the new Nancy Van Vessem, M.D., Center for Healthy Aging, a center designed with our growing senior population in mind. We are excited to further build upon our existing facilities to support our mission of providing quality, evidence-based care with nationally recognized customer service for our members. Visit capitalhealth.com for additional updates.

State of Florida Retiree Benefits

Capital Health Plan State of Florida Retiree Advantage (HMO) and the new Capital Health Plan Retiree Select Advantage (HMO) allows Medicare eligible members and dependents to continue their employer-sponsored coverage, with limited changes and offering all of the benefits of Medicare plus more.

State of Florida retiree members will begin receiving their prescription drug benefit, including mail order, through CHP. You may see some differences in the list of covered drugs, or better known as the formulary, and how they are covered. The formulary lists restrictions and cost sharing tiers, with the possibility of some of your current medications belonging in different cost sharing tiers where new restrictions may apply. Some medications may no longer be covered. CHP recommends that you review the updated formulary by visiting our website at capitalhealth.com/Medicare. You will receive a new ID card, which must be presented to the pharmacy to receive your drugs through CHP. Please also note the following for State of Florida Medicare Retiree Advantage members:

- The fitness benefit you are currently eligible for becomes an individual benefit and not a per household benefit. This means that you and your dependents can now each enjoy this benefit.

- A unique benefit for our Medicare Advantage members is the eye wear benefit. You can receive up to $150 reimbursement every two years for the cost of eyeglasses or contacts. If you go to one of our CHP Eye Care Centers, they will deduct this from the cost, otherwise you must submit receipts for reimbursement.

Physician Network

Capital Health Plan (CHP) members have access to an expansive network of physicians, including exclusive access to the Physician Group of Capital Health Plan located at CHP's three health centers.

In addition, CHP also has a broad network of affiliated primary and specialty care physicians located throughout our service area who provide care to our members in their own offices. CHP's network also includes hospitals and other clinical facilities throughout the service area for use when medically appropriate.

Physician Group of Capital Health Plan

CHP's health centers offer a broad range of preventive, primary, and specialty care services including evening and weekend urgent care, lab services, X-ray, digital mammography, colon screening, an eye care service, wound care, and a center focused on healthy aging.

The Physician Group of Capital Health Plan is focused solely on taking care of CHP members and are board certified physicians employed by CHP. Whether you are a longtime patient or new to their practice, every aspect of your patient-centered medical care is coordinated by a primary care physician dedicated to improving your health.

Worry-Free Travel

Capital Health Plan members are covered for urgently needed care, emergency services, and renal dialysis anywhere and anytime in the world. We also participate in the BlueCard Program®. This program provides coverage when appropriate for our members who are traveling outside the service area.

The BlueCard Program®

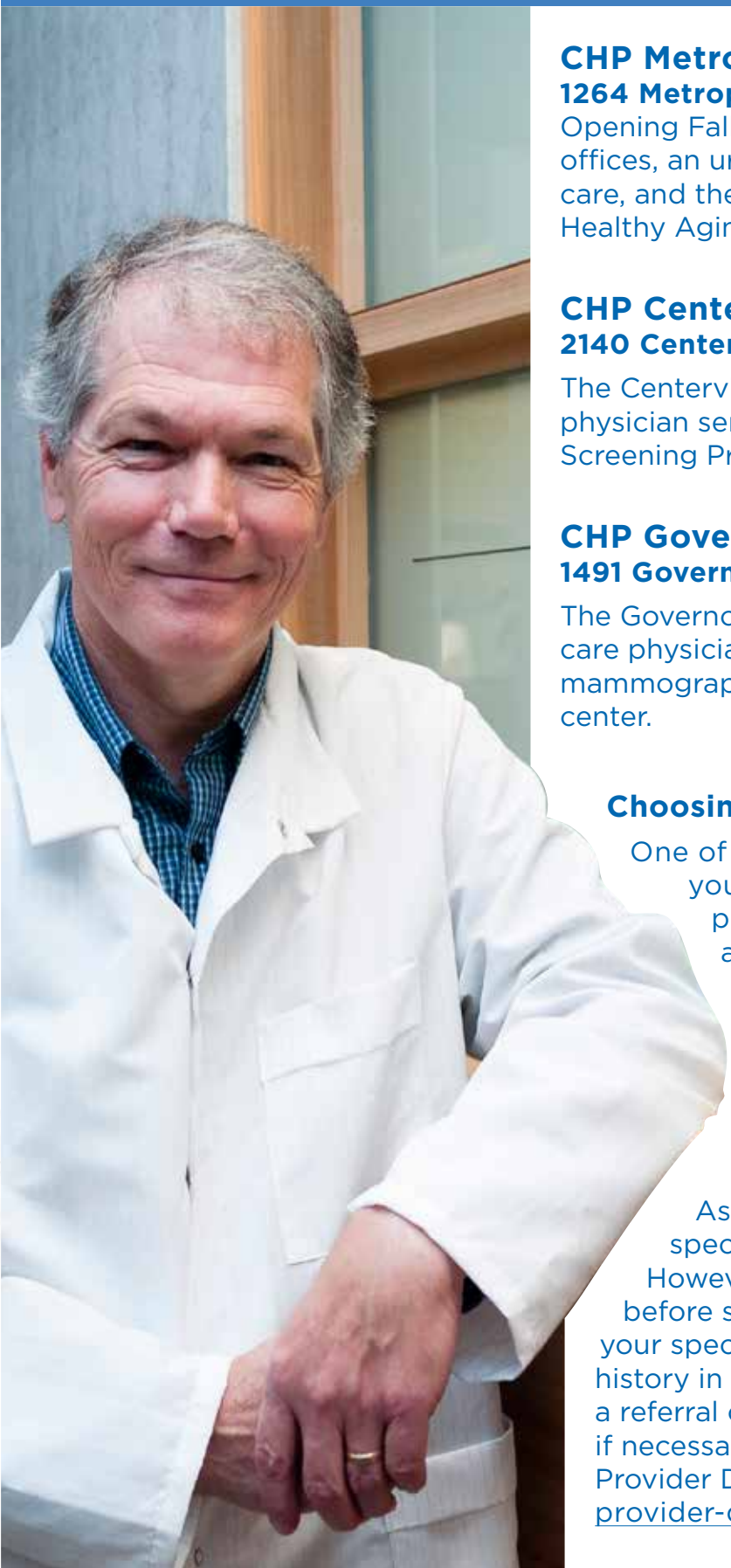
When you travel outside Capital Health Plan's service area, your coverage travels with you. The BlueCard® Program, including BlueCard Worldwide®, gives you access to BlueCard® participating providers and the independent BlueCross® and/or BlueShield® organizations throughout the world for both emergency and urgent care services. As with your Capital Health Plan membership, you won't have to fill out any claim forms. You will pay a copayment at the time of service as long as you use a BlueCard® provider.

Health Information Line

This 24-hour resource is staffed by health care professionals who can assist members with their health-related questions by calling 850.383.3400.

Capital Health Plan
Metropolitan Health Center

With our commitment to preventive care, Capital Health Plan offers our members something unique. Not only do we manage their health care through our large provider network, but we also have physicians and medical professionals who deliver care directly to our members at three high-quality health centers.



CHP Metropolitan Health Center

1264 Metropolitan Blvd., Tallahassee, FL

Opening Fall 2019, this new facility will include physician offices, an urgent care center, imaging, lab services, wound care, and the new Nancy Van Vessem, M.D., Center for Healthy Aging.

CHP Centerville Place Health Center

2140 Centerville Place, Tallahassee, FL

The Centerville Place Health Center offers primary care physician services, X-ray and lab services, CHP's Colon Screening Program, and an eye care center.

CHP Governor's Square Health Center

1491 Governor's Square Blvd., Tallahassee, FL

The Governor's Square Health Center offers primary care physician services, X-ray and lab services, digital mammography, select imaging services, and an eye care center.

Choosing a Primary Care Physician

One of the most important health care decisions you will make is selecting your primary care physician (PCP) — your health care partner and coordinator for everything pertaining to your health. You can select a PCP from our large, stable network of providers listed on our Provider Directory at capitalhealth.com/directories/provider-directory.

Accessing Specialty Care

As a CHP member, you can access most specialists through direct appointment access. However, we encourage you to talk with your PCP before seeing a specialist as they can help coordinate your specialty care with your unique needs and medical history in mind. Your PCP can also assist with obtaining a referral or seeking pre-authorization for services, if necessary. You can view a list of specialists on our Provider Directory at capitalhealth.com/directories/provider-directory.

Online Tools

Have a question about your health care? CHP will help you find the answers.

Healthwise® Knowledgebase

The Healthwise® Knowledgebase is a searchable medical encyclopedia providing descriptions of symptoms, pictures, and treatment options. Covering more than 8,000 topics on health conditions, medical tests and procedures, medications, and everyday health and wellness issues, this tool helps members learn more about their health and become active partners with their doctors.

- **Video Library**

  The Healthwise® Video Library is a searchable database of educational videos on a range of health topics. These videos will show members things that might be difficult to grasp with just words—"how-to" medical instructions, explanations of complex concepts, even illustrations of medical procedures that members may be facing. Videos that explain what will happen, and why, can help reduce anxiety.

- **Symptom Checker**

  Symptom-based interactive topics can help members assess health concerns and determine when to seek care from a health professional. Members will receive treatment recommendations based on individual responses to triage questions. Topics also include significant self-care information so members can learn how to treat conditions at home when appropriate and prevent a future occurrence. The information will also help members prepare for appointments.

- **Shared Decision-Making Tools**

  Decision Points help members determine the right course of action when making critical health treatment decisions. Members can even "try on a decision" to see what works best for them. Decision Points provide the framework and information necessary for members and their doctors to make wise health care decisions together.

Visit **capitalhealth.com/state** to:

- Access benefit documents and order a new ID card through CHPConnect.
- Search for a provider, facility, pharmacy, or medication.
- Check your symptoms, watch in-depth health videos, read health articles, and use online medical decision-making tools with the Healthwise® Knowledgebase.

State of Florida

Summary of Key Benefits

(detailed summaries on subsequent pages)

BENEFIT	UNIT	STANDARD HMO PLAN	HDHP HMO PLAN	RETIREE ADVANTAGE (HMO) - OPTION I	SELECT PLAN (HMO) - OPTION II*
Deductible		$0	$1,350/Single $2,700/Family	$0	$0
PCP Visit	Per visit	$20	20%	$20	$10
Specialty Visit	Per Visit	$40	20%	$40	$25
Urgent Care	Per Visit	$25	20%	$25	$20
Inpatient Hospital	Per Admission	$250	20%	$250	$150/day (1-10)
Outpatient Procedures in an Ambulatory Surgical Center	Per Visit	$0	20%	$0	$200
Emergency Room Visit (waived if admitted)	Per Visit	$100	20%	$100	$120
Diagnostic Imaging including MRI, PET and CT Scan	Per Visit	$0	20%	20%	$100
Retail Pharmacy	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	$7 $7 $30 $50 $50	30% 30% 30% 50% 50%	$7 $7 $30 $50 $50	$7 $7 $45 $95 $95
Mail Order Pharmacy	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	$14 $14 $60 $100 $100	30% 30% 30% 50% 50%	$14 $14 $60 $100 $100	$14 $14 $90 $190 N/A

*State of Florida Retiree Select Advantage (HMO) is for retiree individuals only and does not cover dependents.

State of Florida

2020 Schedule of Copayments
Standard (HMO) Plan

PAGES 10 - 12

BENEFITS	UNIT	YOUR COST *(COPAYMENT)*
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	$20
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act	Covered in full	
Chiropractic Care	Per Visit	$40
Dermatology Care	Per Visit	$40
Podiatry Care	Per Visit	$40
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	$20
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	$0
Routine eye exams (one every 12 months)	Per Visit	$40
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	$40

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State of Florida

2020 Schedule of Copayments
Standard (HMO) Plan

PAGES 10 - 12

BENEFITS	UNIT	YOUR COST *(COPAYMENT)*
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	$250
Outpatient procedures performed in a hospital	Per Visit	$0
Mental health inpatient hospital care	Per Admission	$250
Emergency Services		
Emergency Room Visit	Per Visit	$100 *(waived if admitted)*
Medically necessary ambulance service	Per Transport	$0
Prescriptions *(BENEFIT ADMINISTERED BY CVS/CAREMARK 1-888-766-5490)*		
Prescription Drugs (30-day supply)	Generic Drugs Preferred Brand Name Non-Preferred Brand Name	$7 $30 $50
Mail Order Prescription Drugs (90-Day Supply)	Generic Drugs Preferred Brand Name Non-Preferred Brand Name	$14 $60 $100
Other Health Services		
Home health services	Per Occurrence	$0
Hospice Care	Per Occurrence	$0
Skilled nursing facility following discharge from the hospital *(limited to 60 days of confinement per calendar year)*	Per Confinement	$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	$0

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State of Florida

2020 Schedule of Copayments
Standard (HMO) Plan

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BENEFITS	UNIT	YOUR COST *(COPAYMENT)*
Durable medical equipment	Per Device	$0
Orthotic and Prosthetic medical appliances	Per Appliance	$0
Diagnostic Imagining including MRI, PET, and CT Scan	Per Scan	$0

Exclusions

- Services not specifically listed in the Covered Services section of Member Handbook
- Service, which in our opinion was, or is, not Medically Necessary
- Hearing Aids and devices
- Nonprescription drugs and vitamins
- Cosmetic surgery
- Custodial care

- You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Summary of Plan Benefits.
- The maximum amount of copayment required in any calendar year is limited to $1,500 for single coverage (subscriber only, no dependents) and $3,000 for family coverage (subscriber plus one or more additional dependents), excluding copayments for prescription drugs.
- This plan does not have a deductible or coinsurance. Applicable copayments apply.

State of Florida

2020 Schedule of Copayments
High Deductible Health (HMO) Plan

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BENEFITS	UNIT	YOUR COST* *(COINSURANCE)*
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	20% of allowed amount
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	20% of allowed amount
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	20% of allowed amount
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act	No coinsurance. Not subject to deductible.	
Chiropractic Care	Per Visit	20% of allowed amount
Dermatology Care	Per Visit	20% of allowed amount
Podiatry Care	Per Visit	20% of allowed amount
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	20% of allowed amount
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	20% of allowed amount
Routine eye exams (one every 12 months)	Per Visit	20% of allowed amount
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	20% of allowed amount
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	20% of allowed amount

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State of Florida

2020 Schedule of Copayments
High Deductible Health (HMO) Plan

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BENEFITS	UNIT	YOUR COST* *(COINSURANCE)*
Outpatient procedures performed in a hospital	Per Visit	20% of allowed amount
Mental health inpatient hospital care	Per Admission	20% of allowed amount
Emergency Services		
Emergency Room Visit	Per Visit	20% of allowed amount
Medically necessary ambulance service	Per Transport	20% of allowed amount
Prescriptions *(BENEFIT ADMINISTERED BY CVS/CAREMARK 1-888-766-5490)*		
Prescription Drugs (30-day supply)	Generic Drugs Preferred Brand Name Non-Preferred Brand Name	30% of allowed Amount 30% of allowed Amount 50% of allowed Amount
Mail Order Prescription Drugs (90-Day Supply)	Tier 1 Tier 2 Tier 3	30% of allowed Amount 30% of allowed Amount 50% of allowed Amount
Other Health Services		
Home health services	Per Occurrence	20% of allowed amount
Hospice Care	Per Occurrence	20% of allowed amount
Skilled nursing facility following discharge from the hospital *(limited to 60 days of confinement per calendar year)*	Per Confinement	20% of allowed amount
Outpatient procedures performed in an ambulatory surgical center	Per Visit	20% of allowed amount
Durable medical equipment	Per Device	20% of allowed amount
Orthotic and Prosthetic medical appliances	Per Appliance	20% of allowed amount
Diagnostic Imagining including MRI, PET, and CT Scan	Per Scan	20% of allowed amount

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2020 Schedule of Copayments
High Deductible Health (HMO) Plan

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Exclusions

- Services not specifically listed in the Covered Services section of Member Handbook
- Service, which in our opinion was, or is, not Medically Necessary
- Hearing Aids and devices
- Nonprescription drugs and vitamins
- Cosmetic surgery
- Custodial care

*Your cost after deductible has been met.

The deductible is $1,400 per member and $2,800 per family. Annual deductibles apply per calendar year to all covered services, excluding the Preventive Services. The Deductible must be satisfied before benefits begin for any Member.

- You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Summary of Plan Benefits.
- The maximum amount of copayment required in any calendar year is limited to $3,000 for single coverage (subscriber only, no dependents) and $6,000 for family coverage (subscriber plus one or more additional dependents), including coinsurance for prescription drugs. The out-of-pocket maximum includes the plan deductible.

State of Florida

2020 Schedule of Copayments
Retiree Advantage (HMO) - Option I Plan

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BENEFITS	UNIT	YOUR COST *(COPAYMENT)*
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	$20
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours. Telehealth: Urgent Care services provided by network physicians through remote access technology including the web and other mobile devices.	Per Visit	$25 $15
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	$0
Chiropractic Care	Per Visit	$20
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	$20
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	$0
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	$250
Outpatient procedures performed in a hospital	Per Visit	$0
Mental health inpatient hospital care	Per Admission	$250
Emergency Services		
Emergency Room Visit	Per Visit	$100 *(waived if admitted)*
Medically necessary ambulance service	Per Transport	$0

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2020 Schedule of Copayments
Retiree Advantage (HMO) - Option I Plan

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BENEFITS	UNIT	YOUR COST *(COPAYMENT)*
Other Benefits		
Home health services	Per Occurrence	$0
Hospice Care	Per Occurrence	$0
Skilled nursing services *(limited to 100 days of confinement per benefit period)*	Per Confinement	$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	$0
Durable medical equipment	Per Device	$0
Orthotic and Prosthetic medical appliances	Per Appliance	$0
Diagnostic Imagining including MRI, PET, CT, and Thallium Scans	Per Scan	$0
Routine eye exams (one every 12 months)	Per Visit	$40
Visits for physical therapy, occupational therapy, and speech language therapy	Per Visit	$40
Visits for cardiac rehabilitation services	Per Visit	$40
Visits for pulmonary rehabilitation services	Per Visit	$25
Part B drugs	Of the Cost	$0

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2020 Schedule of Copayments
Retiree Advantage (HMO) - Option I Plan

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BENEFITS		UNIT	YOUR COST *(COPAYMENT)*
Outpatient Prescription Drugs			
		30-day supply	60-day supply	90-day supply
Retail	Tier 1	$7	$14	$21
	Tier 2	$7	$14	$21
	Tier 3	$30	$60	$90
	Tier 4	$50	$100	$150
	Tier 5	$50	N/A	N/A
Mail Order	Tier 1	$7	$14	$14
	Tier 2	$7	$14	$14
	Tier 3	$30	$60	$60
	Tier 4	$50	$100	$100
	Tier 5	N/A	N/A	N/A

Exclusions

Services not specifically listed in the Evidence of Coverage; service, which in our opinion was, or is, not medically necessary; hearing aids and devices; cosmetic surgery; nonprescription drugs and vitamins; and custodial care.

- You are responsible for the payment of charges for health care services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Evidence of Coverage or Schedule of Copayments.
- The maximum amount of copayment required in any calendar year is limited to $1,500 per member and $3,000 per family, excluding costs for covered Part D prescription drugs. After reaching your maximum out-of-pocket amount you generally pay nothing for covered Medicare Part A and Part B services for the remainder of the year.
- Covered prescription drugs must be medically necessary, and prescribed by a qualified medical professional acting within the scope of his/her license and dispensed by a pharmacist. Supplies other than 30, 60, or 90 days are available.
- See the Capital Health Plan Retiree Advantage (HMO) Evidence of Coverage or the Capital Health Plan Retiree Advantage (HMO) Summary of Benefits for additional information.

State of Florida

2020 Schedule of Copayments
Retiree Select Advantage (HMO) - Option II Plan

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BENEFITS	UNIT	YOUR COST* *(COPAYMENT)*
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	$10
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	$25
Urgent Care: Office Visit: Urgent care services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours. Telehealth: Urgent Care services provided by network physicians through remote access technology including the web and other mobile devices.	Per Visit	$20 $15
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	$0
Chiropractic Care	Per Visit	$20
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	$25
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	$25
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	$150/day *(1-10)*
Outpatient procedures performed in a hospital	Per Visit	$200
Mental health inpatient hospital care	Per Admission	$150/day *(1-10)*
Emergency Services		
Emergency Room Visit	Per Visit	$120 *(waived if admitted)*
Medically necessary ambulance service	Per Transport	$250

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State of Florida

2020 Schedule of Copayments
Retiree Select Advantage (HMO) - Option II Plan

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BENEFITS	UNIT	YOUR COST* *(COPAYMENT)*
Other Benefits		
Home health services	Per Occurrence	$0
Hospice Care	Per Occurrence	$0
Skilled nursing services *(limited to 100 days of confinement per benefit period)*	Per Confinement	$0 *(days 1-20)* $75 *(days 21-100)*
Outpatient procedures performed in an ambulatory surgical center	Per Visit	$100
Durable medical equipment	Per Device	20%
Orthotic and Prosthetic medical appliances	Per Appliance	20%
Diagnostic Imagining including MRI, PET, CT, and Thallium Scans	Per Visit	$100
Routine eye exams (one every 12 months)	Per Visit	$10
Visits for physical therapy, occupational therapy, and speech language therapy	Per Visit	$25
Visits for cardiac rehabilitation services	Per Visit	$25
Visits for pulmonary rehabilitation services	Per Visit	$20
Diabetic testing supplies *(preferred mail order J&B Supplies)*	Of the Cost	20%
Part B drugs	Of the Cost	$50

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State of Florida

2020 Schedule of Copayments
Retiree Select Advantage (HMO) - Option II Plan

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BENEFITS	UNIT	YOUR COST* *(COPAYMENT)*

Outpatient Prescription Drugs

		30-day supply	60-day supply	90-day supply
Retail	Tier 1	$7	$14	$21
	Tier 2	$7	$14	$21
	Tier 3	$45	$90	$135
	Tier 4	$95	$190	$285
	Tier 5	$95	N/A	N/A
Mail Order	Tier 1	$7	$14	$14
	Tier 2	$7	$14	$14
	Tier 3	$45	$90	$90
	Tier 4	$95	$190	$190
	Tier 5	N/A	N/A	N/A

Exclusions

Services not specifically listed in the Evidence of Coverage; service, which in our opinion was, or is, not medically necessary; hearing aids and devices; cosmetic surgery; nonprescription drugs and vitamins; and custodial care.

- You are responsible for the payment of charges for health care services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Evidence of Coverage or Schedule of Copayments.
- The maximum amount of copayment required in any calendar year is limited to $2,500, excluding your costs for covered Part D prescription drugs. After reaching your maximum out-of-pocket amount you generally pay nothing for covered Medicare Part A and Part B services for the remainder of the year.
- Covered prescription drugs must be medically necessary, and prescribed by a qualified medical professional acting within the scope of his/her license and dispensed by a pharmacist. Supplies other than 30, 60, or 90 days are available.
- See the Capital Health Plan Retiree Advantage (HMO) Evidence of Coverage or the Capital Health Plan Retiree Advantage (HMO) Summary of Benefits for additional information.

* Retiree Select Advantage (HMO) - Option II is an individual plan option available for retirees and their spouses who are Medicare eligible.

Notes

Notes

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/ coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

[1]The National Committee for Quality Assurance (NCQA) has consistently recognized CHP as the top plan in Florida and amongst the highest rated plans in the nation, since 2005. According to its "Medicare Health Insurance Plan Ratings for 2019-2020", CHP's Medicare plan is rated 4.5 out of 5. No other health plan in the state of Florida achieved ratings this high for their Medicare plans.

Capital Health Plan℠

An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 15349
Tallahassee, Fl 32317-5349
capitalhealth.com/state

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