Capital Health Plan Silver Advantage (HMO) Schedule of Copayments

Covered Service Unit (Copayments/Coinsurance) Premium Monthly \$0 Physician Services (including maternity care) Primary Care: Office visit/Telehealth for services provided by your primary care physician during regular office hours Per Visit \$10 Speciatly Care: Office visit/Telehealth for services provided by a participating provider when authorized by your primary care physician Per Visit \$50 Urgent Care: Office Visit/Telehealth or services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours Per Visit \$20 Telehealth - Urgent care services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours Per Visit \$20 Telehealth - Amwell urgent care services provided by including the web and other medical devices Per Visit \$15 Preventive services covered under Original Medicare Per Visit \$20 Acupuncture- For chronic low back pain under certain circumstances Per Visit \$20 Mental Health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician or by a participating provider when authorized by the primary care physician or by a participating provider when authorized by the primary care physician or by a participating prov			Your Cost
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	Hospice care	Per Occurrence	\$0

Covered Service	Unit	Your Cost (Copayment/Coinsurance)
Other Benefits		
Skilled nursing facility services limited to 100 days of confinement per benefit period	Per Confinement	\$20/day days 1-20 \$150/day days 21-100
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$250
Durable medical equipment	Per Device	20%
Orthotic and Prosthetic medical appliances	Per Appliance	20%
Renal dialysis	Of the Cost	20%
Diagnostic Imaging including MRI, PET, CT, Thallium, and Nuclear Cardiology scans	Per Visit	\$100
Routine eye exams (one every 12 months)	Per Visit	\$10
Visits for cardiac and intensive cardiac rehabilitation services	Per Visit	\$50
Visits for pulmonary rehabilitation services	Per Visit	\$30
Part B Drugs	Of the Cost	20%
Outpatient Prescription Drugs		
Initial Coverage Limit 30 day retail supply (Prior to reaching the Initial Coverage Limit of \$4,130)	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Select Care Drugs	\$3 \$7 \$45 \$95 30% \$0
90 day retail supply (Prior to reaching the Initial Coverage Limit of \$4,130) 100 day mail order supply for Select Care Drugs	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Select Care Drugs	\$9 \$21 \$135 \$285 N/A \$0
90 day Preferred mail order supply los Select Care Drugs 90 day Preferred mail order supply using <i>Alliance</i> Rx Walgreens. (Prior to reaching the Initial Coverage Limit of \$4,130) 100 day mail order supply for Select Care Drugs	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Select Care Drugs	\$0 \$0 \$17.50 \$112.50 \$237.50 N/A \$0
Coverage Gap (After reaching the Initial Coverage Limit of \$4,130)	Select Care Drugs	\$0
	25% for all other tiers	
Catastrophic Coverage (After spending \$6,550)	\$3.70 or 5% Generics \$9.20 or 5% Brands	

- 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.
- Your maximum out-of-pocket amount for medical services in a calendar year is \$3,400 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 calendar 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 or 90 days may be available.
- See the Capital Health Plan Preferred Advantage Evidence of Coverage or the Capital Health Plan Advantage Plus and Capital Health Plan Preferred Advantage Summary of Benefits for additional information and exclusions.
- 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/co-insurance may change on January 1 of each year.