

SUMMARY OF BENEFITS

CAPITAL HEALTH PLAN

Retiree Advantage (HMO)
2022

LOCAL. TRUSTED.



H5938_RA577_M2021

2022 Summary of Benefits Capital Health Plan Retiree Advantage (HMO)

This is a summary of drug and health services covered by Capital Health Plan Retiree Advantage (HMO) for plan years that begin in 2022.

Capital Health Plan Retiree Advantage is a Medicare Advantage HMO plan (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 this plan. 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 850-523-7441 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. Or you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

To join Capital Health Plan Retiree Advantage 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, Jefferson, Gadsden, Leon, Liberty, 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.

**2022 Summary of Benefits
Capital Health Plan Retiree Advantage (HMO)**

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
Monthly Plan Premium	Your monthly plan premium is determined by your group contract.	You must continue to pay your Medicare Part B premium.
Deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit in this plan is determined by your group contract.	Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage ^{1, 2}	You pay a group selected copay for each hospital admission.	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient Hospital Coverage ²	You pay a group selected copay	

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care Providers/ Telehealth • Specialists²/Telehealth 	<p>You pay a group selected copay</p> <p>You pay a group selected copay</p>	
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing</p>	<p>Other preventive services are available.</p> <p>There are some covered services that have a cost.</p>
<p>Emergency Care</p>	<p>You pay a group selected copay</p>	<p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours, then you do not have to pay your share of the cost for emergency care.</p>
<p>Urgently Needed Services</p>	<p>You pay a group selected copay</p>	<p>Worldwide coverage.</p>

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
<p>Diagnostic Services/Labs/Imaging (outpatient)</p> <ul style="list-style-type: none"> • Diagnostic radiology service (MRI, CT, PET, Thallium, Nuclear Cardiology Scans) ^{1, 2} • Lab services • Diagnostic tests and procedures² • Outpatient x-rays 	<p>You pay a group selected copay for outpatient diagnostic radiology services</p> <p>You pay nothing for lab services</p> <p>You pay nothing for diagnostic tests and procedures</p> <p>You pay nothing for outpatient x-rays</p>	
<p>Therapeutic radiology services²</p>	<p>You pay a group selected copay for therapeutic radiology services</p>	
<p>Hearing Services</p>	<p>You pay a group selected copay</p>	<p>One routine hearing exam allowed annually.</p>

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
Dental Services (limited dental services) <small>1, 2</small>	You pay a group selected copay	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision Services <ul style="list-style-type: none"> • Exams to diagnose and treat diseases and conditions of the eye • Routine eye exams • Eyeglasses (frames and lenses) or contact lenses 	<p>You pay a group selected copay for exams to diagnose and treat diseases and conditions of the eye</p> <p>You pay a group selected copay for routine eye exams</p> <p>Our plan pays up to a \$150 reimbursement every two years for contact lenses or eyeglasses based on date of service</p>	<p>Copays vary depending on the place of service.</p> <p>Copays vary depending on the place of service.</p>

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
<ul style="list-style-type: none"> • Eyeglasses (frames and lenses) or contact lenses after cataract surgery 	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Outpatient group or individual therapy visit 	You pay a group selected copay	
Skilled Nursing Facility (SNF) ^{1, 2}	You pay a group selected copay	Our plan covers up to 100 days in a SNF each benefit period.
Physical Therapy ²	You pay a group selected copay	
Ambulance	You pay a group selected copay	
Transportation	Not covered	

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
Ambulatory Surgical Center ²	You pay a group selected copay	
Medicare Part B Drugs ^{1,2}	You pay a group selected copay	
Outpatient Prescription Drugs		
Initial Coverage	<p>You pay a group selected copay until your total yearly drug costs reach \$4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the</p>	<p>Cost-sharing may change when you enter another phase of the Part D benefit. For more information on the 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.</p>

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
	<p>same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>	
<p>Coverage Gap</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). Under your group plan you continue to pay the initial coverage stage copays during the coverage gap unless the cost is less due to manufacturer or plan discounts.</p>	

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 you will pay the lowest amount of the following two options:</p> <ol style="list-style-type: none"> 1. The copay or coinsurance listed on your group's Schedule of Copayments 2. The following coinsurance or copay, whichever is larger <ul style="list-style-type: none"> • <i>either</i> – coinsurance of 5% of the cost of the drug 	

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
	<ul style="list-style-type: none"> • –or – \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs. <p>Our plan pays the rest of the cost.</p> <p>Some Medicare excluded Part D drugs are covered by your plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug cost or yearly out-of-pocket costs.</p>	

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
Additional Benefits		
Foot Care (podiatry services)	You pay a group selected copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions
<p>Health and Wellness Education Programs</p> <ul style="list-style-type: none"> • Health Education • Additional Sessions of Smoking and Tobacco Use Cessation Counseling • Fitness Benefit • Nursing Hotline 	<p>Generally there are no copays for health and wellness programs except the fitness benefit.</p> <p>Our plan pays up to a \$150 fitness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.</p>	Some restrictions apply.

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) ^{1, 2} • Prosthetics (e.g., braces, artificial limbs) ^{1, 2} • Diabetes supplies² 	<p>You pay a group selected copay</p> <p>You pay a group selected copay</p> <p>You pay a group selected copay</p>	
<p>Supervised Exercise Therapy for Peripheral Artery Disease</p>	<p>You pay \$10 per visit</p>	<p>You pay \$10 per visit</p>

Premiums and Benefits	Capital Health Plan Retiree Advantage (HMO)	What You Should Know
<p>Other Rehabilitation Services</p> <ul style="list-style-type: none"> • Cardiac and Intensive Cardiac rehabilitation services^{1, 2} • Pulmonary rehabilitation services^{1, 2} 	<p>You pay a group selected copay</p> <p>You pay a group selected copay</p>	
<ul style="list-style-type: none"> • Occupational therapy visit² • Speech and language therapy visit² 	<p>You pay a group selected copay</p> <p>You pay a group selected copay</p>	

If you would like to know more about the coverage and costs of Original Medicare, look in your 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, 7 days a week. TTY users should call 1-877-486-2048.

Pre-Enrollment Checklist

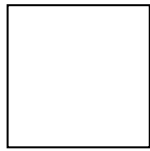
Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 850-523-7441 or 1-877-247-6512 or, for TTY users 850-383-3534 or 1-877-870-8943, 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 through September 30.

Understanding the Benefits

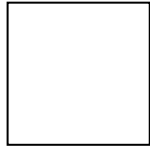
- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.capitalhealth.com/Medicare or call 850-523-7441 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors 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 and/or copayments/co-insurance may change on January 1, 2023.



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).

This summary may be available in other formats such as Braille and large print.

You can see our plan's entire provider directory, pharmacy directory, formulary (list of Part D prescription drugs) and Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

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.

For more information contact Capital Health Plan Member Services at 850-523-7441 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. Or visit our website at www.capitalhealth.com/Medicare. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.