SUMMARY OF BENEFITS

CAPITAL HEALTH PLAN

Silver Advantage (HMO), Advantage Plus (HMO) & Preferred Advantage (HMO) 2022

LOCAL. TRUSTED.

Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICARE ADVANTAGE (HMO)

H5938_DP1722_M2021

2022 Summary of Benefits
Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage (HMO)

This is a summary of drug and health services covered by Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage (HMO) January 1, 2022 – December 31, 2022.

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

Capital Health Plan Silver Advantage, Capital Health Plan Advantage Plus, and Capital Health Plan Preferred Advantage 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 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 you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

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

Premiums and Benefits	Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance	Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance	Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance	What You Should Know
Monthly Plan Premium Part B Give Back	$0 Capital Health Plan will reduce your Medicare Part B premium by $33	$31.00	$92.00	You must continue to pay your Medicare Part B premium.
Deductible	No deductible	No deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than $3,400 annually	You pay no more than $3,400 annually	You pay no more than $3,400 annually.	Includes copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage [1, 2]	• You pay $300 per day for days 1 through 6 $1,800 out-of-pocket limit every stay.	• You pay $250 per day for days 1 through 5 • You pay nothing per day for days 6 and beyond $1,250 out-of-pocket limit every stay.	• You pay $300 per admission $300 out-of-pocket limit every stay.	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient Hospital coverage [2]	You pay $350 each visit	You pay $300 each visit	You pay $200 each visit	
Doctor Visits • Primary Care Providers • Specialists [2]	You pay $10 per visit. You pay $50 per visit	You pay $10 per visit You pay $40 per visit	You pay $10 per visit You pay $25 per visit	You pay same copay for PCP or select Specialist visits via Telehealth
Preventive Care (e.g., flu vaccine, diabetic screenings)	You pay nothing	You pay nothing	You pay nothing	Other preventive services are available. There are some covered services that have a cost.

Emergency Care	You pay $120 per visit	You pay $120 per visit	You pay $120 per visit	**Worldwide coverage**. If you are admitted to the hospital within 24 hours, then you do not have to pay $120.

Premiums and Benefits	**Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance**	**Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance**	**Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance**	**What You Should Know**
Urgently Needed Services	You pay $20 per visit You pay $15 for Amwell Telehealth visit	You pay $20 per visit You pay $15 for Amwell Telehealth visit	You pay $20 per visit You pay $15 for Amwell Telehealth visit	**Worldwide overage**. Urgent Care Telehealth visit $20 Urgent Care for Amwell Telehealth visit $15
Diagnostic Services/Labs/Imaging (outpatient) • Diagnostic radiology service [1, 2] (MRI, CT, PET, Thallium, Nuclear Cardiology Scans) • Lab Services • Diagnostic tests and procedures [2] • Outpatient x-rays [2] • Therapeutic [2] radiology services	You pay $100 per visit for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures. You pay nothing for outpatient x-rays You pay 20% of the cost for therapeutic radiology services	You pay $100 per visit for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures You pay nothing for outpatient x-rays You pay 20% of the cost for therapeutic radiology services	You pay $100 per visit for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures You pay nothing for outpatient x-rays You pay 20% of the cost for therapeutic radiology services	
Hearing Services	You pay $50 per visit	You pay $40 per visit	You pay $25 per visit	One routine hearing exam allowed annually

Dental Services (limited dental services) [1, 2]	You pay $50 per visit	You pay $40 per visit	You pay $25 per visit	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.

Premiums and Benefits	**Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance**	**Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance**	**Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance**	**What you should know**
Vision Services				
• Exams to diagnose and treat diseases and conditions of the eye • Routine eye exams • Eyeglasses (frames and lenses) or contact lenses • Eyeglasses (frames and lenses) or contact lenses after cataract surgery	You pay $10 or $50 per visit You pay $10 or $50 per visit for routine eye exams Our plan pays up to $150 reimbursement every two years for contact lenses or eyeglasses based on the date of service. You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay $10 or $40 per visit You pay $10 or $40 per visit for routine eye exams Our plan pays up to $150 reimbursement every two years for contact lenses or eyeglasses based on the date of service. You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay $10 or $25 per visit You pay $10 or $25 per visit for routine eye exams Our plan pays up to $150 reimbursement every two years for contact lenses or eyeglasses based on the date of service. You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	Copays may vary depending on the place of service. Copays may vary depending on the place of service.
Mental Health Services Outpatient group therapy/individual therapy visit	You pay $40 per visit	You pay $40 per visit	You pay $25 per visit	

Skilled Nursing Facility (SNF) [1, 2]	You pay $20 per day for days 1 through 20 You pay $150 per day for days 21 through 100	You pay $20 per day for days 1 through 20 You pay $100 per day for days 21 through 100	You pay $20 per day for days 1 through 20 You pay $75 per day for days 21 through 100	Our plan covers up to 100 days in a SNF each
Physical Therapy [2]	You pay $40 per visit	You pay $40 per visit	You pay $25 per visit	
Ambulance	You pay $250 per transport or You pay 20% per transport (air)	You pay $250 per transport	You pay $250 per transport	
Transportation	Not covered	Not covered	Not covered	
Ambulatory Surgical Center [2]	You pay $250	You pay $150 each visit	You pay $100 each visit	
Medicare Part B Drugs[1, 2]	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	

Outpatient Prescription Drugs – Initial Coverage (prior to total cost of drugs reaching $4,430)				
Premiums and Benefits	**Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance**	**Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance**	**Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance**	**What You Should Know**
Retail Rx 30-day supply	**Preferred Cost Share/ Standard Cost Share**			Cost sharing may change when you enter another phase of the Part D
• Tier 1: Preferred Generic	You pay $3/$10	You pay $3	You pay $3	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.
• Tier 2: Generic	You pay $7/$14	You pay $7	You pay $7	
• Tier 3: Preferred Brand	You pay $40/$47	You pay $45	You pay $45	
• Tier 4: Non-Preferred Brand	You pay $93/$100	You pay $95	You pay $95	
• Tier 5: Specialty	You pay 33%	You pay 33%	You pay 33%	
• Select Care Drugs	You pay $0	You pay $0	You pay $0	
	**Silver Advantage has a Preferred Pharmacies and a Non Preferred Pharmacies			

Mail Order Rx 90-day supply				
• Tier 1: Preferred Generic	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 $17.50	You pay $17.50	You pay $17.50	
• Tier 3: Preferred Brand	You pay $100.00	You pay $112.50	You pay $112.50	
• Tier 4: Non-Preferred Brand	You pay $232.50	You pay $237.50	You pay $237.50	
• Tier 5: Specialty	Not available	Not available	Not available	
Mail Order Rx 100day supply				
• Select Care Drugs	You pay $0 **Silver Advantage has a separate formulary.	You pay $0	You pay $0	

Outpatient Prescription Drugs – Coverage Gap (After total cost of drugs reach $4,430)				
• Generic Drugs	Select Care Drugs - You pay $0 You pay 25% of the cost of all other generic drugs	Tier 1: Preferred Generic – You pay $3 Tier 2: Generic – You pay $7 Select Care Drugs- You pay $0 You pay 25% of the cost of all other generic drugs	Tier 1: Preferred Generic – You pay $3 Tier 2: Generic – You pay $7 Select Care Drugs- You pay $0 You pay 25% of the cost of all other generic drugs	
• Brand Drugs	You pay 25% of the cost of brand drugs	You pay 25% of the cost of brand drugs	You pay 25% of the cost of brand drugs	
Prescription Drugs – Catastrophic Coverage (After yearly total of out-of-pocket costs reach $7,050)				
Premiums and Benefits	**Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance**	**Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance**	**Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance**	**What You Should Know**
• Generic Drugs • Brand Drugs	You pay the greater of 5% of the cost or: $3.95 copay for generic (including brand drugs treated as generic) and $9.85 copay for all other drugs	You pay the greater of 5% of the cost or: $3.95 copay for generic (including brand drugs treated as generic) and $9.85 copay for all other drugs	You pay the greater of 5% of the cost or: $3.95 copay for generic (including brand drugs treated as generic) and $9.85 copay for all other drugs	

Additional Benefits				
Foot Care (Podiatry services)	You pay $50 per visit	You pay $40 per visit	You pay $25 per visit	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions.
Medical Equipment/Supplies • Durable Medical [1, 2] Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., [1, 2] braces, artificial limbs) • Diabetes supplies [2]	You pay 20% of the cost You pay 20% of the cost You pay $0 for Preferred Brand You pay 20% for Non-Preferred Brand	You pay 20% of the cost You pay 20% of the cost You pay $0 for Preferred Brand You pay 20% for Non-Preferred Brand	You pay 20% of the cost You pay 20% of the cost You pay $0 for Preferred Brand You pay 20% for Non-Preferred Brand	Preferred Brand Diabetic Supplies include Ascensia and Lifescan.
Supervised Exercise Therapy for Peripheral Artery Disease	You pay $10 per visit	You pay $10 per visit	You pay $10 per visit	

Premiums and Benefits	Capital Health Plan Silver Advantage (HMO) Copays/Coinsurance	Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance	Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance	What You Should Know
Other Rehabilitation Services [1, 2] • Cardiac and Intensive Cardiac rehabilitation services • Pulmonary [1, 2] rehabilitation services • Occupational [2] therapy visit • Speech and language therapy visit [2]	You pay $50 per visit You pay $30 per visit You pay $40 per visit You pay $40 per visit	You pay $40 per visit You pay $20 per visit You pay $40 per visit You pay $40 per visit	You pay $25 per visit You pay $20 per visit You pay $25 per visit You pay $25 per visit	
Health and Wellness Education Programs • Health Education • Additional Sessions of Smoking and Tobacco Use Cessation Counseling • Fitness Benefit • Nursing Hotline	Generally there are no copays for health and wellness programs except the fitness benefit. Our plan pays up to a $150 fitness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Generally there are no copays for health and wellness programs except the fitness benefit. Our plan pays up to a $150 fitness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Generally there are no copays for health and wellness programs except the fitness benefit. Our plan pays up to a $150 fitness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Some restrictions apply.

Your Choice Card	Not Applicable	A supplemental spend debit card in the amount of $400 per year to help pay towards Dental Expenses, Over the Counter Items, and Hearing Aids For over the counter items you can use Wal-Mart, CVS, Walgreens, and Crawfordville Pharmacy.	A supplemental spend debit card in the amount of $600 per year to help pay towards Dental Expenses, Over the Counter Items, and Hearing Aids For over the counter items you can use Wal-Mart, CVS, Walgreens, and Crawfordville Pharmacy.	Some restrictions apply.

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.

2022 Summary of Benefits
Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage

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.capitalhealthplan/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 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.

2022 Summary of Benefits

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage

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.

Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.
Capital Health Plan provides free aids 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, accessible electronic formats, other formats)
- Provides free language 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 that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Capital Health Plan's 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 850-523-7441 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.

You can file a grievance in person or by mail, fax or email. 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 Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800–368–1019, 800–537–7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

2022 Summary of Benefits

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage

Have a disability? Speak a language other than English? Call to get help for free.
1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Téléscripteur/ATME 850 383 3534 ou 1 877 870 8943

Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita: 1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943

هل تعاني من إعاقة؟ هل تتحدث لغة غير اللغة الإنجليزية؟ اتصل للحصول على المساعدة المجانية. أو 1-877-870-8943، 850-383-3534 (TDD/TTY) جهاز الاتصال الهاتفي للصم/الهاتف النصي، 1-877-247-6512

Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos
Unterstützung zu erhalten. 1-877-247-6512,
TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis. 1-877-247-6512, TTY/TDD 850-3833534 o al 1-877-870-8943

ناتوانی خاصی دارید؟ به زبانی بجز انگلیسی صحبت می کنید؟ برای دریافت کمک رایگان با این شماره ها تماس بگیرید.
1-877-247-6512 یا DDT/YTT به شماره 850-383-3534 یا 1-877-870-8943

અપંગતા છે? ઇંગલિશ કરતાં અન્ય ભાષા બોિોલે છો? લનશુલ્ક મદદ મેળવવા કોિ કરો.
1-877-247-6512, TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis? 1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다.

1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD
850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-
3534 ou 1-877-870-8943

Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону: 1-877-
247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

您是残障人士吗？您不会说英语吗？请拨打电话以免费获取帮助。电话号码：1-877-247-6512；

TTY/TDD（听障人士）：850-383-3534 或 1-877-870-8943

Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong.
1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士? 您是否不會講英語? 請撥打電話以取得免費協助。1-877-247-6512，聽障者請使用

TTY/TDD 850-383-3534 或 1-877-870-8943

พกิ ารหรอื เปลา่ ? พดู ภาษาอนื่ ทไี่ มใ่ ชภาษาองั กฤษหรอื เปลา่ ? โทรเพอื่ ขอความช่ วยเหลอื ฟร ี 1-877-247-6512, TTY/TDD 850-383-3534 หรอื 1-877-870-8943

Quý vị có khuyết tật? Quý vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui lòng gọi để được trợ giúp miễn phí. 1-877-247-6512, TTY/TDD 850-3833534 hoặc 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8:00 am – 5:00 pm at 850-383-3311 or 1-877-247-6512. Medicare members or prospective members call 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. Capital Health Plan contact information is located on our website: https://capitalhealth.com/contact

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19