

# BENEFIT SUMMARY

CAPITAL HEALTH PLAN  
STATE OF FLORIDA  
MEMBERS & RETIREES  
2022

Department of  
**MANAGEMENT  
SERVICES**



▶ State Group Insurance



**LOCAL. TRUSTED.**



**Capital Health**  
P L A N<sup>SM</sup>



An Independent Licensee of the Blue Cross and Blue Shield Association

[CAPITALHEALTH.COM/STATE](https://capitalhealth.com/state)

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Questions?

**850.383.3311**

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:  
7:00am – 7:00pm, seven days a week

April 1 – September 30:  
7:00am – 7:00pm, Monday – Friday

TTY 850.383.3534 or 1.877.870.8943

<sup>1</sup>The National Committee for Quality Assurance (NCQA) has consistently recognized CHP as one of the top plans in Florida and amongst the highest rated plans in the nation, since 2005. According to NCQA's Private Health Insurance Plan Ratings 2019-2020, CHP's private Commercial plan is rated 4.5 out of 5. According to its Medicare Health Insurance Plan Ratings 2019-2020, CHP's Medicare plan is rated 4.5 out of 5. No other health plan in Florida achieved ratings that high for either their Commercial or Medicare plans.







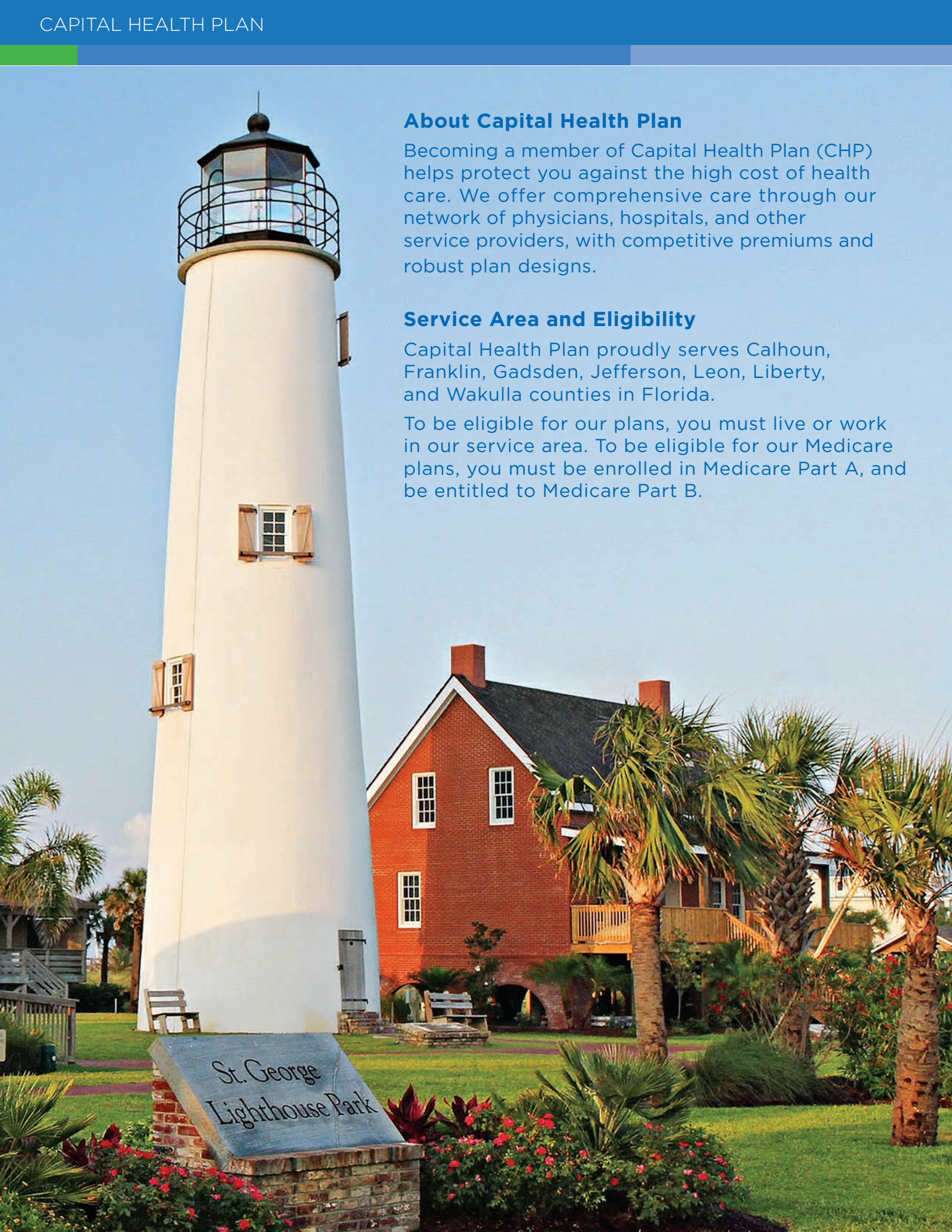
## About Capital Health Plan

Becoming a 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

Our third health center includes 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.

## State of Florida Retiree Benefits

Capital Health Plan State of Florida Retiree Advantage (HMO) and the Capital Health Plan Retiree Classic (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, 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](http://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 reimbursement benefit for Medicare Retirees is available for each Medicare Retiree Advantage member per calendar year. For non-Medicare retirees the fitness reimbursement is still one reimbursement per household per calendar year.
- A unique benefit for our Medicare Advantage members is the eye wear benefit. You can receive up to \$150 reimbursement every two years from the date of service 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.

## Telehealth

Capital Health Plan members have access to Amwell a telehealth service with a \$0 copay. Amwell can be used when you need to see a doctor but they are not available, office is closed, too sick to leave the house, care for children, while traveling and need a doctor for common health issues such as colds, flu, fever, rash, ear infections, bronchitis, sinusitis, pink eye, UTI, strep throat.

## BlueCard BlueShield Global Core® Program

When you travel outside CHP's service area, your coverage travels with you. The BlueCard BlueShield Global Core® Program, gives you access to participating providers and the independent BlueCross® and/or BlueShield® organizations throughout the world for both emergency and urgent care services. As with your CHP membership, you won't have to fill out any claim forms or pay up front when receiving services - as long as you use a participating provider.

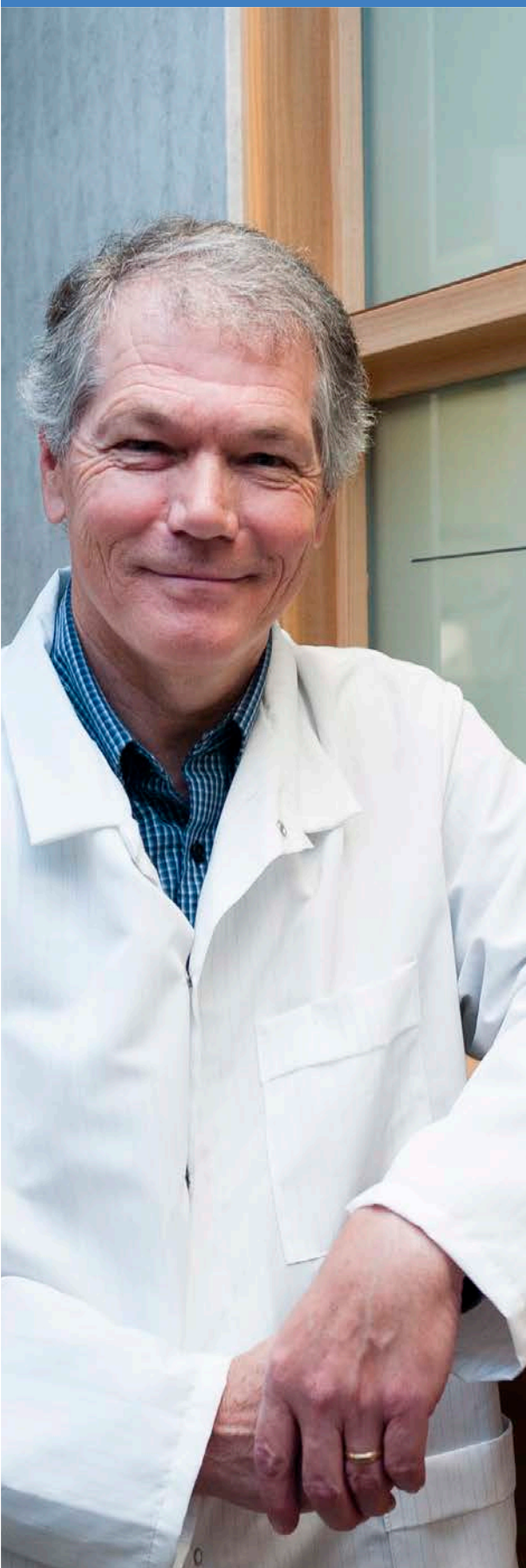
## Medicare Retiree Advantage Select Care

Effective 1-1-2022 Medicare Retiree Advantage members have a Select Care (Tier 6) with a \$0 copay available. Drugs that are listed in the Select Care Tier have a \$0 copay for up to a 100-day supply. This includes a select number of medications used to treat high blood pressure, diabetes and high cholesterol. Your Primary Care Physician (PCP) might prescribe them to help manage your long-term health conditions.

## 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.

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**

The Metropolitan Health Center includes physician offices, an urgent care center, imaging, lab services, wound care, and the 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 in our Provider Directory at [capitalhealth.com/directories/provider-directory](http://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 in our Provider Directory at [capitalhealth.com/directories/provider-directory](http://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](https://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)	RETIREE CLASSIC (HMO)*	
Deductible		\$0	\$1,400/Single \$2,800/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	\$100	
Emergency Room Visit (waived if admitted)	Per Visit	\$100	20%	\$100	\$120	
Diagnostic Imaging including MRI, PET and CT Scan	Per Visit	\$0	20%	\$0	\$100	
Retail Pharmacy	Tier 1	\$7	30%	\$7	\$7	
	Tier 2	\$7	30%	\$7	\$7	
	Tier 3	\$30	30%	\$30	\$45	
	Tier 4	\$50	50%	\$50	\$95	
	Tier 5	\$60	50%	\$50	\$95	
	Tier 6	N/A	N/A	\$0	\$0	
Mail Order Pharmacy	Tier 1	\$14	30%	\$14	\$14	
	Tier 2	\$14	30%	\$14	\$14	
	Tier 3	\$60	30%	\$60	\$90	
	Tier 4	\$100	50%	\$100	\$190	
	*100-day supply	Tier 5	\$60	50%	N/A	N/A
		Tier 6*	N/A	N/A	\$0	\$0

\* Retiree Classic (HMO) is an individual plan option available for retirees and their spouses who are Medicare eligible.

BENEFITS	UNIT	YOUR COST* (COPAYMENT)
<b>Office Visits (including maternity care)</b>		
<b>Primary Care:</b> Office visit/telehealth for services provided by your primary care physician during regular office hours.	Per Visit	\$20
<b>Specialty Care:</b> Office visit/telehealth 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
<b>Urgent Care:</b> Office visit/telehealth for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	\$25
<b>Amwell:</b> Telehealth urgent care services provided by network physicians through remote access technology including the web and other mobile devices.		\$0
<b>Preventive Services:</b> 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
<b>Hospital Services (including maternity care)</b>		
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
<b>Emergency Services</b>		
Emergency Room Visit	Per Visit	\$100 <i>(waived if admitted)</i>
Medically necessary ambulance service	Per Transport	\$0



**Prescriptions (BENEFIT ADMINISTERED BY CVS/CAREMARK 1-888-766-5490)**

Prescription Drugs (30-day supply)	Generic Drugs	\$7
	Preferred Brand Name	\$30
	Non-Preferred Brand Name	\$50
Mail Order Prescription Drugs (90-Day Supply)	Generic Drugs	\$14
	Preferred Brand Name	\$60
	Non-Preferred Brand Name	\$100

**Other Health Services**

Home health services	Per Occurrence	\$0
Hospice Care	Per Occurrence	\$0
Skilled nursing facility following discharge from the hospital <i>(limited to 60 days of confinement per calendar year)</i>	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 Imaging 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.

BENEFITS	UNIT	YOUR COST* (COINSURANCE)
<b>Office Visits (including maternity care)</b>		
<b>Primary Care:</b> Office visit/telehealth for services provided by your primary care physician during regular office hours.	Per Visit	20% of allowed amount
<b>Specialty Care:</b> Office visit/telehealth 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
<b>Urgent Care:</b> Office visit/telehealth for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.  <b>Amwell:</b> Telehealth urgent care services provided by network physicians through remote access technology including the web and other mobile devices.	Per Visit	20% of allowed amount
<b>Preventive Services:</b> 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
<b>Hospital Services (including maternity care)</b>		
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
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	30% of allowed Amount
	Preferred Brand Name	30% of allowed Amount
	Non-Preferred Brand Name	50% of allowed Amount
Mail Order Prescription Drugs (90-Day Supply)	Generic Drugs	30% of allowed Amount
	Preferred Brand Name	30% of allowed Amount
	Non-Preferred Brand Name	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 <i>(limited to 60 days of confinement per calendar year)</i>	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 Imaging including MRI, PET, and CT Scan	Per Scan	20% of allowed amount

## 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 individual and \$2,800 per family. Annual deductibles apply per calendar year to all covered services, excluding the Preventive Services. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.

• 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 coinsurance required in any calendar year is limited to \$3,000 per individual for single coverage (subscriber only, no dependents) and \$6,000 per family for family coverage (subscriber plus one or more additional dependents), excluding coinsurance for prescription drugs. If you have other family members in this plan, the overall family out-of-pocket limit must be met.

BENEFITS	UNIT	YOUR COST* (COPAYMENT)
<b>Hospital Services (including maternity care)</b>		
<b>Primary Care:</b> Office visit/telehealth for services provided by your primary care physician during regular office hours.	Per Visit	\$20
<b>Specialty Care:</b> Office visit/telehealth 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
<b>Urgent Care:</b> Office visit/telehealth for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	\$25
<b>Amwell:</b> Telehealth urgent care services provided by network physicians through remote access technology including the web and other mobile devices.		\$0
<b>Preventive Services:</b> 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
<b>Hospital Services (including maternity care)</b>		
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
<b>Emergency Services</b>		
Emergency Room Visit	Per Visit	\$100 <i>(waived if admitted)</i>
Medically necessary ambulance service	Per Transport	\$0
<b>Other Benefits</b>		
Home health services	Per Occurrence	\$0
Hospice Care	Per Occurrence	\$0
Skilled nursing services <i>(limited to 100 days of confinement per benefit period)</i>	Per Confinement	\$0
Durable medical equipment	Per Device	\$0



Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging 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 and intensive cardiac rehabilitation services	Per Visit	\$40
Visits for pulmonary rehabilitation services	Per Visit	\$25
Part B drugs	Of the Cost	\$0
Diabetic Testing Supplies ( <i>preferred mail order J&amp;B Supplies</i> )	Of the Cost	\$0 <i>Preferred</i> \$7 <i>Retail</i>

### 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
	Tier 6	\$0	\$0	\$0
Mail Order	Tier 1	\$7	\$14	\$14
	Tier 2	\$7	\$14	\$14
	Tier 3	\$30	\$60	\$60
	Tier 4	\$50	\$100	\$100
	*100-day supply	N/A	N/A	N/A
	Tier 6*	\$0	\$0	\$0

### 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.

BENEFITS	UNIT	YOUR COST* (COPAYMENT)
<b>Hospital Services (including maternity care)</b>		
<b>Primary Care:</b> Office visit for services provided by your primary care physician during regular office hours.	Per Visit	\$10
<b>Specialty Care:</b> 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
<b>Urgent Care:</b> Urgent care visits/telehealth services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	\$20
<b>Amwell:</b> Telehealth urgent care services provided by network physicians through remote access technology including the web and other mobile devices.		\$0
<b>Preventive Services:</b> 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
<b>Hospital Services (including maternity care)</b>		
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)
<b>Emergency Services</b>		
Emergency Room Visit	Per Visit	\$120 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$250
<b>Other Benefits</b>		
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)
Durable medical equipment	Per Device	20%



Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Orthotic and Prosthetic medical appliances	Per Appliance	20%
Diagnostic Imaging 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 and intensive cardiac rehabilitation services	Per Visit	\$25
Visits for pulmonary rehabilitation services	Per Visit	\$20
Diabetic testing supplies ( <i>preferred mail order J&amp;B Supplies</i> )	Of the Cost	20%
Part B drugs	Of the Cost	\$50

### 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
	Tier 6	\$0	\$0	\$0
Mail Order *100-day supply	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
	Tier 6*	\$0	\$0	\$0

### 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 Classic (HMO) is an individual plan option available for retirees and their spouses who are Medicare eligible.

# \$0 **NEW!**

## copay for Select Care prescription drugs

Capital Health Plan Retiree Advantage (HMO) Member,

### **New for 2022 - Medicare Select Care Drugs (Tier 6)**

Drugs in the Select Care tier (Tier 6) have a \$0 copay for up to a 100-day supply. This includes a select number of medications used to treat high blood pressure, diabetes and high cholesterol. Your Primary Care Physician (PCP) might prescribe them to help manage your long-term health conditions.

You can order up to a 100-day supply via mail order to be delivered to your home or by visiting a preferred network pharmacy of your choice. Some of the most commonly prescribed medications are listed below. Please see our Formulary for the complete list.

High Blood Pressure	High Cholesterol	Diabetes
<ul style="list-style-type: none"> <li>• Benazepril</li> <li>• Enalapril</li> <li>• Fosinopril</li> <li>• Lisinopril</li> <li>• Ramipril</li> </ul>	<ul style="list-style-type: none"> <li>• Atorvastatin</li> <li>• Lovastatin</li> <li>• Pravastatin</li> <li>• Rosuvastatin</li> <li>• Simvastatin</li> </ul>	<ul style="list-style-type: none"> <li>• Glimepiride</li> <li>• Gilpizide</li> <li>• Gilpizide/ metformin</li> <li>• Metformin</li> <li>• Pioglitazone</li> </ul>

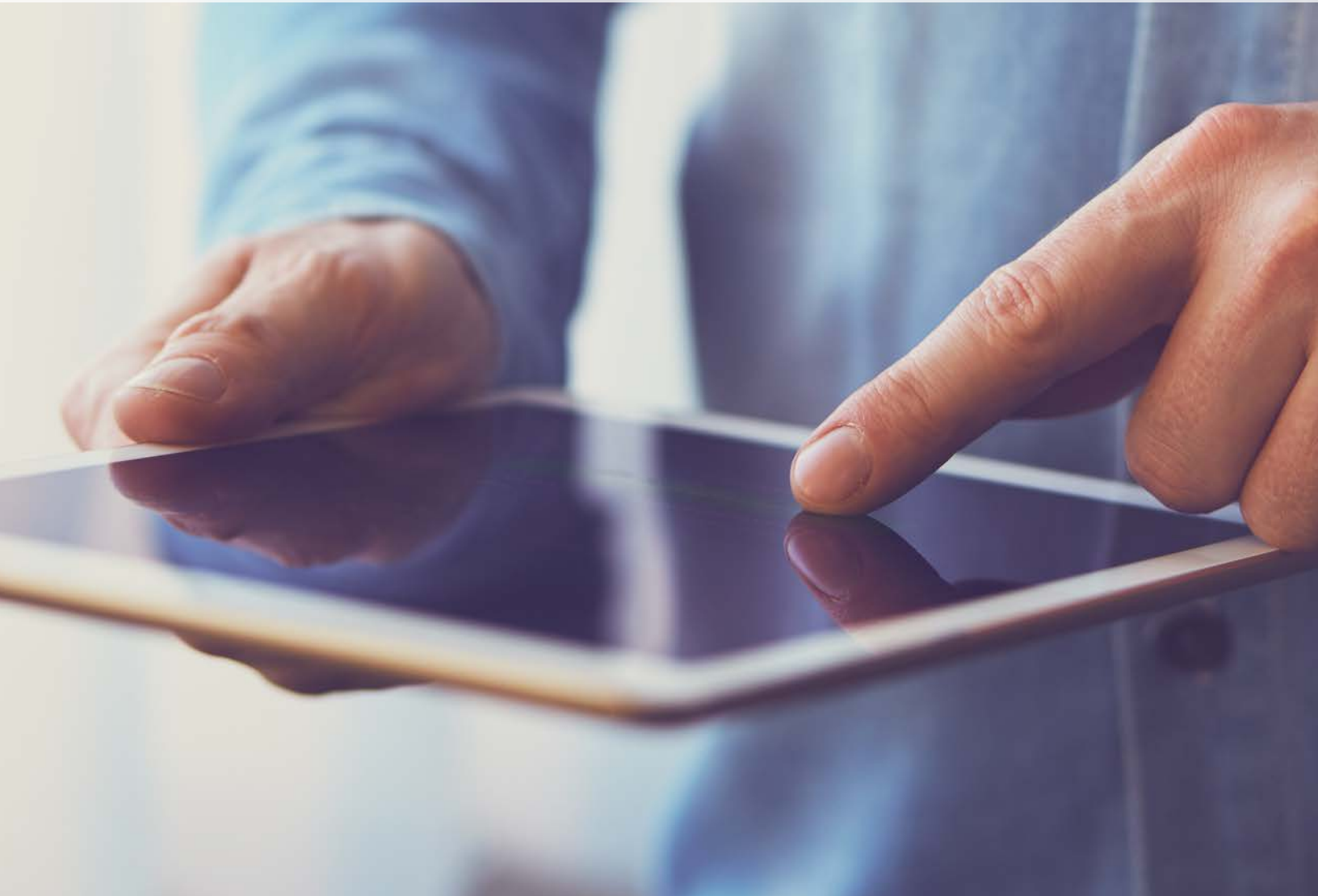




# Connect to your benefit documents and important information



You can now elect to receive your Explanation of Benefits (EOB) electronically via CHPConnect! To register, visit [capitalhealth.com/state](http://capitalhealth.com/state)



Your benefit documents are available to you 24/7 via our website at [capitalhealth.com/state](http://capitalhealth.com/state).



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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.



**Capital Health**  
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