

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), & Capital Health Plan Preferred Advantage (HMO) Copayment/Coinsurance Comparison

Covered Service		Capital Health Plan Silver Advantage	Capital Health Plan Advantage Plus	Capital Health Plan Preferred Advantage
Premium		\$0	\$29	\$90
Part B Give Back – Capital Health Plan will reduce your Medicare Part B premium		\$35		
Physician Services (including maternity care)	Unit	Copayment/Coinsurance	Copayment/Coinsurance	Copayment/Coinsurance
Primary Care: Office visit/telehealth for services provided by your primary care physician during regular office hours	Per Visit	\$10	\$10	\$10
Specialty Care: Office visit/telehealth for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$50	\$40	\$25
Urgent Care: <u>Office Visit/Telehealth</u> – Urgent care services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours. <u>Telehealth</u> – Amwell urgent care services provided by network physicians through remote access technology including the web	Per Visit	\$20	\$20	\$20
	Per Visit	\$15	\$15	\$15
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	\$0		
Acupuncture- For chronic low back pain under certain circumstances	Per Visit	\$50	\$40	\$25
Chiropractic Care- if medically necessary under certain circumstances	Per Visit	\$20	\$20	\$20
Mental Health and Substance Use Disorder-outpatient care when medically necessary and authorized by the primary care physician	Per Visit	\$40	\$40	\$25
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by the primary care physician	Per Visit	\$50	\$40	\$25
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement (includes mental health inpatient hospital care)	Per Admission	\$300/day days 1-6 \$1800 Max	\$250/day days 1-5 \$1,250 Max	\$300 copay \$300 Max
Outpatient procedures performed in a hospital	Per Visit	\$350	\$300	\$200
Emergency room visit	Per Visit	\$120 (waived if admitted)	\$120 (waived if admitted)	\$120 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$250 or 20% (air)	\$250	\$250
Home Health Services	Per Occurrence	\$0		

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Covered Service		Capital Health Plan Silver Advantage	Capital Health Plan Advantage Plus	Capital Health Plan Preferred Advantage
Other Benefits	Unit	Copayment/Coinsurance	Copayment/Coinsurance	Copayment/Coinsurance
Hospice Care	Per Occurrence	\$0		
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	\$20/day days 1-20 \$100/day days 21-100	\$20/day days 1-20 \$75/day days 21-100
Ambulatory Surgical Center	Per Visit	\$250	\$150	\$100
Durable Medical Equipment	Per Device	20%	20%	20%
Orthotic and Prosthetic Appliances	Per Appliance	20%	20%	20%
Renal Dialysis	Of the Cost	20%	20%	20%
Therapeutic Radiology Services	Of the Cost	20%	20%	20%
Diagnostic Imaging including MRI, PET, CT, Thallium and Nuclear Cardiology scans	Per Visit	\$100	\$100	\$100
Routine eye exams (one every 12 months)	Per Visit	\$10	\$10	\$10
Visits for cardiac and intensive cardiac rehabilitation services	Per Visit	\$40	\$40	\$25
Visits for pulmonary rehabilitation services	Per Visit	\$20	\$20	\$20
Part B Drugs	Of the Cost	20%	20%	20%
Calendar year Out-of-Pocket Maximum (Medical Only)	Per Member	\$3,650	\$3,650	\$3,650
Part D Drugs (mail order and supplies other than 30 days are available)				
<u>Initial Coverage Limit</u> 30 day retail supply (Prior to reaching \$4,660 in total yearly drug costs) *Silver Advantage has separate formulary and Preferred/Non-Preferred Pharmacy cost share		Tier 1 \$0/\$10 Tier 2 \$7/\$14 Tier 3 \$40/\$47 Tier 4 \$93/\$100 Tier 5 33% Select Care \$0	Tier 1 \$0 Tier 2 \$7 Tier 3 \$45 Tier 4 \$95 Tier 5 33% Select Care \$0	Tier 1 \$0 Tier 2 \$7 Tier 3 \$45 Tier 4 \$95 Tier 5 33% Select Care \$0
<u>Coverage Gap</u> (After your total yearly drug costs reach \$4,660)		Select Care \$0 25% for all brand name and generic tiers	Tier 1 \$0 Tier 2 \$7 Select Care \$0 25% for all other tiers	Tier 1 \$0 Tier 2 \$7 Select Care \$0 25% for all other tiers
<u>Catastrophic Coverage</u> (After your yearly out-of-pocket drug costs reach \$7,400)		\$4.15 or 5% Generic \$10.35 or 5% Brand	\$4.15 or 5% Generic \$10.35 or 5% Brand	\$4.15 or %5 Generic \$10.35 or 5% Brand

Exclusions & General Information

- See your plan's Evidence of Coverage for limitations and exclusions and a complete description of benefits.
- Contact your plan for more information. Benefits, premiums, and/or copayments/coinsurance may change January 1 of each year. Limitations, copayments, and restrictions may apply. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Advantage Plus and Preferred Advantage offer a Spend Card of \$400 or \$600 for Dental, Hearing and OTC items.