

State of Florida Retiree Advantage (HMO)

State of Florida Retiree Classic (HMO)

Copayment/Coinsurance Comparison



Covered Service		State of Florida Retiree Advantage (HMO)	State of Florida Retiree Classic (HMO) *
Premium		\$290.66	\$180.00
Physician Services (including maternity care)	Unit	Copayment/Coinsurance	Copayment/Coinsurance
Primary Care: Office visit/telehealth for services provided by your primary care physician during regular office hours	Per Visit	\$20	\$10
Specialty Care: Office visit/telehealth for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$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 and other mobile devices.	Per Visit	\$25	\$20
	Per Visit	\$0	\$0
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	\$0	
Acupuncture- For chronic low back pain under certain circumstances	Per Visit	\$40	\$25
Chiropractic Care- if medically necessary under certain circumstances	Per Visit	\$20	\$20
Mental Health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician	Per Visit	\$20	\$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	\$0	\$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	\$250	\$150 per day days 1-10
Outpatient procedures performed in a hospital	Per Visit	\$0	\$200
Emergency room visit	Per Visit	\$100 (waived if admitted)	\$120 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$0	\$250

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Other Benefits	Unit	Copayment/ Coinsurance	Copayment/ Coinsurance
Home Health services	Per Occurrence	\$0	\$0
Hospice Care	Per Occurrence	\$0	\$0
Skilled nursing facility services limited to 100 days of confinement per benefit period.	Per Confinement	\$0	\$0/day days 1-20 \$75/day days 21-100
Ambulatory Surgical Center	Per Visit	\$0	\$100
Durable Medical Equipment	Per Device	\$0	20%
Orthotic and Prosthetic Appliances	Per Appliance	\$0	20%
Renal Dialysis	Of the Cost	\$0	20%
Therapeutic Radiology Services	Of the Cost	\$0	20%
Diagnostic Imaging including MRI, PET, CT, Thallium and Nuclear Cardiology scans	Per Visit	\$0	\$100
Vision/routine eye exams (one every 12 months)	Per Visit	\$10 or \$40	\$10 or \$25
Visits for cardiac and intensive cardiac rehabilitation services	Per Visit	\$40	\$25
Visits for pulmonary rehabilitation services	Per Visit	\$20	\$20
Part B Drugs	Of the Cost	\$0	\$50
Calendar year Out-of-Pocket Maximum (Medical Only)	Per Member	\$1,500 (\$3,000/family)	\$2,500
<u>Initial Coverage Limit</u>		Tier 1 \$7	Tier 1 \$7
		Tier 2 \$7	Tier 2 \$7
30-day retail supply		Tier 3 \$30	Tier 3 \$45
		Tier 4 \$50	Tier 4 \$95
(Prior to reaching \$2,000 in total yearly drug costs)		Tier 5 \$50	Tier 5 \$95
		Tier 6 \$0	Tier 6 \$0
<u>Catastrophic Coverage</u>		Share of Cost \$0	Share of Cost \$0
(After your yearly out-of-pocket drug costs reach \$2,000)			

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

***The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).**