

Capital Selection 15/50/100 Retiree Advantage (HMO) Schedule of Copayments

Covered Service Physician Services (including maternity care)	Unit	Your Cost (Copayment)
Primary Care: Office visit/ telehealth for services provided by your primary care physician during regular office hours	Per Visit	\$15
Specialty Care: Office visit/ telehealth for services provided by a participating provider when authorized by your primary care	Per Visit	\$40
Urgent Care: <u>Office Visit/Telehealth</u> – Urgent care services provided by your primary care physician, or other Capital Health Plan personnel or	Per Visit	\$25
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	\$15
Preventive services covered under Original Medicare	Per Visit	\$0
Acupuncture- For chronic low back pain under certain circumstances	Per Visit	\$40
Chiropractic Care- if medically necessary under certain circumstances	Per Visit	\$20
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician	Per Visit	\$40
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	\$40
Hospital Services (including maternity care)		
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	\$250
Mental health inpatient hospital care	Per Admission	\$250
Emergency Services		
Emergency room visit	Per Visit	\$120 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$100
Other Benefits		
Home health services	Per Occurrence	\$0



Per OccurrenceOccurrence\$0Skilled nursing facility services limited to 100 days of confinement per benefit periodPer\$0Outpatient procedures performed in an ambulatory surgical centerPer Visit\$100Durable medical equipmentPer Device\$0Orthotic and Prosthetic medical appliancesPer Appliance\$0Diagnostic Imaging including MRI, PET, CT, and Thallium ScansPer Visit\$15Notite eye exams (one every 12 months)Per Visit\$15Visits for physical therapy, occupational therapy, and speech language therapyPer Visit\$40Visits for pulmonary rehabilitation servicesPer Visit\$20Diabetic testing supplies (Preferred Mail Order J&B Medical Supply)Of the CostPreferred \$0 RetailPart B Drugs01 the cost\$0\$0Outpatient Prescription Drugs30 day supply60 day supply90 day supplyRetailTier 1\$15\$30\$45Tier 2\$15\$30\$45Tier 3\$50\$100\$150Tier 4\$100\$200\$300MailTier 1\$15\$30\$37.50orderTier 2\$15\$30\$37.50Tier 3\$50\$100\$125Tier 4\$100\$200\$250Tier 5N/AN/AN/AN/AN/AN/AN/ASupplyTier 6*\$0\$0Exclusions\$0\$0\$0	Covere	d Service			Unit		Your Cost (Copayment)		
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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.

- Your maximum out-of-pocket amount for medical services in the calendar year is \$3,400 per member, 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 calendar 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.
- See the Capital Health Plan Retiree Advantage Evidence of Coverage or the Capital Health Plan Summary of Benefits for additional information.
- Annual diabetic eye exams for members with diabetes is a \$0 copay at CHP's eye care center.
- Eyewear Benefit \$200 each year/Fitness reimbursement \$150 each year.
- 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).