

**An important message regarding Capital Health Plan's response to the COVID-19 Public Health Emergency ending May 11, 2023 and changes to your benefits.**

Dear Member:

In March 2020, the federal government declared a Public Health Emergency (PHE) under Section 319 of the Public Health Service (PHS) Act to help Americans during the COVID-19 pandemic. Based on downward COVID-19 trends, the PHE is set to expire on May 11, 2023. With the PHE ending, members may no longer receive certain COVID-19 related services for \$0 cost share (the amount a member pays out of pocket). Beginning May 12, 2023, Here's what this means for you.

### **Your cost share may change**

During the PHE, certain services were available to members at \$0 cost share. May 11, 2023 (when the federal PHE expires), members will be charged their normal cost share for services rendered. Those services include, but may not be limited to:

- COVID-19 office visits and related services, including telehealth visits
- Substance Abuse and Behavioral health office visits and outpatient services

### **Preventative Vaccines will continue to be covered at \$0 cost to you**

Most vaccines, including the COVID-19 vaccine and booster, are covered at no extra cost because they are part of your wellness benefits. We encourage our members to stay up to date on all their vaccines.

### **Pharmacy (Medicare only)**

If you are new to our plan, or a continuing member, and are taking a drug that is not on our formulary or your ability to get your medication is limited (for example, a new medication for which prior authorization is required), a transition fill of your medication will be limited to a 30-31 day supply (unless you have a prescription for fewer days).

### **You will need to see in-network providers for COVID-19 related care**

Capital Health Plan members are required to see providers in their HMO network ("in-network") when accessing health care services. If a member chooses to seek routine care outside their network ("out-of-network"), they may have to pay for the entire cost of that visit.

We have a large network of doctors and health care providers in the Capital Health Plan network who are near you.

You can find a list of network providers by:

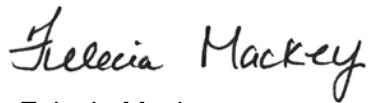
- Visiting [www.capitalhealthplan.com](http://www.capitalhealthplan.com) to check our searchable provider directory.
- Calling us at 1-877-247-6512 (TTY 1-877-870-8943)

Please remember: Members are covered outside the Capital Health Plan HMO network for emergency services, urgently needed services, out of area dialysis, or cases in which Capital Health Plan has given prior authorization. Please refer to your Capital Health Plan, Evidence of Coverage or Summary of Benefits and Coverage document for more information.

### **Additional Resources to Help**

Please contact our Member Services department at 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) October 1 – March 31: 8:00 a.m. – 8:00 p.m., seven days a week, and April 1 – September 30: 8:00 a.m. – 8:00 p.m., Monday – Friday. State of Florida members call 1-877-392-1532, 7:00 a.m. – 7:00 p.m.

Sincerely,

A handwritten signature in cursive script that reads "Felecia Mackey".

Felecia Mackey

Director, Member Services