

SUMMARY OF BENEFITS

CAPITAL HEALTH PLAN

Silver Advantage (HMO),
Advantage Plus (HMO) &
Preferred Advantage (HMO)
2025



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An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICARE ADVANTAGE (HMO)

2025 Summary of Benefits

Capital Health Plan Silver Advantage (008) (HMO)

Capital Health Plan Advantage Plus (001) (HMO)

Capital Health Plan Preferred Advantage (006) (HMO)

This is a summary of drug and health services covered by Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), and Capital Health Plan Preferred Advantage (HMO) January 1, 2025 – December 31, 2025.

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), and Capital Health Plan Preferred Advantage (HMO) are HMO plans with a Medicare contract.

Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), and Capital Health Plan Preferred Advantage (HMO) are Medicare Advantage HMO plans (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.

The benefit information provided is a summary of what we cover and what you pay when enrolled in one of these plans. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request an “Evidence of Coverage” by calling Member Services at 1-877-247-6512 (TTY 1-877-870-8943) 8:00 a.m. to 8:00 p.m., seven days a week, between October 1 - March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday between April 1 and September 30. Or you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

To join Capital Health Plan Silver Advantage (HMO), Capital Health Plan Advantage Plus (HMO), and Capital Health Plan Preferred Advantage (HMO), you

- must be entitled to Medicare Part A;
- must be enrolled in Medicare Part B; and
- must live in our service area

Our service area includes the following counties in Florida: Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla.

Capital Health Plan has a large stable network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for those services unless you receive prior authorization.

Urgently needed care and emergencies are covered anywhere in the world. You are not required to use Capital Health Plan providers or receive prior authorization in these circumstances.

Covered medical and hospital benefits may require prior authorization or a referral from your doctor. Services with a ¹ may require prior authorization and services with a ² may require a referral from your doctor.

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	What You Should Know
Monthly Premium, Deductible and Limits				
Monthly Plan Premium	\$0	\$26	\$86	
Part B Give Back	Capital Health Plan will reduce your Medicare Part B premium by \$23			You must continue to pay your Medicare Part B premium.
Deductible	No deductible	No deductible	No deductible	
Maximum Out-of-Pocket Amount <i>(does not include prescription drugs)</i>	\$5,500	\$5,500	\$5,500	Includes copays, coinsurance and other costs for medical services for the year.
Hospital				
Inpatient hospital coverage ^{1,2}	\$275 copay per day for days 1 through 6 \$1,650 out-of-pocket limit every stay	\$250 copay per day for days 1 through 5 \$1,250 out-of-pocket limit every stay	\$400 copay per stay \$400 out-of-pocket limit every stay	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient hospital coverage ²	\$350 copay	\$300 copay	\$200 copay	
Ambulatory surgery center ²	\$250 copay	\$150 copay	\$100 copay	
Doctor Visits and Preventive Care				
Doctor visits				
Primary care provider	\$0 copay	\$0 copay	\$0 copay	You pay same copay for PCP or select Specialist visits via Telehealth
Specialists ²	\$30 copay	\$30 copay	\$20 copay	

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	What You Should Know
Preventive care (<i>e.g., flu vaccine, diabetic screenings</i>)	There is no coinsurance, copayment, or deductible for preventative care.	There is no coinsurance, copayment, or deductible for preventative care.	There is no coinsurance, copayment, or deductible for preventative care.	Other preventive services are available. There are some covered services that have a cost.
Emergency and Urgent Care				
Emergency care	\$125 copay	\$125 copay	\$125 copay	Worldwide coverage. If you are admitted to the hospital within 24 hours, then you do not have to pay \$125.
Urgently needed services	\$20 copay \$15 copay for Amwell Telehealth visit	\$20 copay \$15 copay for Amwell Telehealth visit	\$20 copay \$15 copay for Amwell Telehealth visit	Worldwide coverage. Urgent Care Telehealth visit \$20 Urgent Care for Amwell Telehealth visit \$15
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs				
Diagnostic services/labs/imaging				
Diagnostic radiology services ^{1,2} (e.g. MRI, CT, PET, thallium, nuclear cardiology scans)	\$100 copay	\$100 copay	\$100 copay	
Lab services	You pay nothing for lab services	You pay nothing for lab services	You pay nothing for lab services	
Diagnostic tests and procedures ²	You pay nothing for diagnostic tests and procedures	You pay nothing for diagnostic tests and procedures	You pay nothing for diagnostic tests and procedures	

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Outpatient X-rays ²	You pay nothing for outpatient x-rays	You pay nothing for outpatient x-rays	You pay nothing for outpatient x-rays	
Therapeutic radiology ²	20% coinsurance	20% coinsurance	20% coinsurance	
Hearing / Dental / Vision				
Hearing services	\$30 copay	\$30 copay	\$20 copay	One routine hearing exam allowed annually
Dental services (limited dental services) ^{1,2}	\$30 copay	\$30 copay	\$20 copay	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision services				
Diagnostic exam	\$10 or \$30 copay	\$10 or \$30 copay	\$10 or \$20 copay	Copays may vary depending on the place of service.
Eyewear after cataract surgery	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	
Routine eye exam	\$10 or \$30 copay	\$10 or \$30 copay	\$10 or \$20 copay	
Routine eyewear	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	Our plan pays up to \$200 reimbursement every year for contact lenses or eyeglasses	
Mental Health Services				
Outpatient group therapy/ individual therapy visit	\$30 copay	\$30 copay	\$20 copay	

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	What You Should Know
Skilled Nursing Facility (SNF)				
Skilled nursing facility (SNF) ^{1,2}	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	\$10 copay per day for days 1 through 20 \$200 copay per day for days 21 through 100 Your plan covers up to 100 days in a SNF	Our plan covers up to 100 days in a SNF each benefit period.
Outpatient Rehabilitation Services				
Physical therapy ²	\$30 copay	\$20 copay	\$20 copay	
Medical Transportation				
Ambulance ¹	\$290 copay	\$290 copay	\$290 copay	
Transportation	Not covered	Not covered	Not covered	
Medicare Part B Drugs				
Chemotherapy drugs ^{1,2}	20% coinsurance	20% coinsurance	20% coinsurance	
Other Part B drugs ^{1,2}	20% coinsurance	20% coinsurance	20% coinsurance	
Insulin	\$35 copay	\$35 copay	\$35 copay	

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

	Capital Health Plan Silver Advantage (HMO) (008)*		Capital Health Plan Advantage Plus (HMO) (001)		Capital Health Plan Preferred Advantage (HMO) (006)		What You Should Know
Stage 1: Deductible	\$0		You will pay a yearly deductible of \$250 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		You will pay a yearly deductible of \$200 on Tier 3, 4 and 5 drugs. You must pay the full cost of your Tier 3, 4 and 5 drugs until you reach the plan's deductible amount.		
Stage 2: Initial coverage – Prior to total cost of drugs reaching \$2,000.							
Retail	30-day supply		90-day supply		30-day supply		90-day supply
Tier 1: Preferred Generic							*Silver Advantage has non-preferred and preferred pharmacies.
Preferred cost-share	You pay \$0	You pay \$0					
Standard cost-share	You pay \$10	You pay \$30	You pay \$0	You pay \$0	You pay \$0	You pay \$0	
Tier 2: Generic							Cost sharing may change when you enter another phase of the Part D. For more information on the additional
Preferred cost-share	You pay \$7	You pay \$21					
Standard cost-share	You pay \$14	You pay \$42	You pay \$7	You pay \$21	You pay \$7	You pay \$21	

	Capital Health Plan Silver Advantage (HMO) (008)*		Capital Health Plan Advantage Plus (HMO) (001)		Capital Health Plan Preferred Advantage (HMO) (006)		What You Should Know
Tier 3: Preferred Brand							pharmacy specific cost-sharing and the phases of the benefit, please call us or see the Evidence of Coverage. Your cost sharing may differ for mail order, Long Term Care (LTC) or home infusion, and 60 or 90-day supplies.
Preferred cost-share	You pay \$40	You pay \$120					
Standard cost-share	You pay \$47	You pay \$141	You pay \$45	You pay \$135	You pay \$45	You pay \$135	
Tier 4: Non-Preferred Drug							
Preferred cost-share	You pay \$93	You pay \$279					
Standard cost-share	You pay \$100	You pay \$300	You pay \$95	You pay \$285	You pay \$95	You pay \$285	
Tier 5: Specialty Tier	You pay 33%	Not available	You pay 30%	Not available	You pay 30%	Not available	
Tier 6: Select Care Drugs	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	
Mail Order	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1: Preferred Generic	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	30-day and 60-day mail order supplies are available for all but Tier 5 drugs. A cost savings applies to a 90-day supply.
Tier 2: Generic	You pay \$7	You pay \$17.50	You pay \$7	You pay \$17.50	You pay \$7	You pay \$17.50	
Tier 3: Preferred Brand	You pay \$40	You pay \$100	You pay \$45	You pay \$112.50	You pay \$45	You pay \$112.50	
Tier 4: Non-Preferred Drug	\$93 copay	You pay \$232.50	You pay \$95	You pay \$237.50	You pay \$95	You pay \$237.50	
Tier 5: Specialty Tier	Not available	Not available	Not available	Not available	Not available	Not available	

Capital Health Plan Silver Advantage (HMO) (008)*		Capital Health Plan Advantage Plus (HMO) (001)		Capital Health Plan Preferred Advantage (HMO) (006)		What You Should Know	
	30-day supply	100-day supply	30-day supply	100-day supply	30-day supply	100-day supply	
Tier 6: Select Care Drugs	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	
Stage 3: Catastrophic Coverage – After yearly total of out-of-pocket costs reach \$2,000.							
	30-day supply		30-day supply		30-day supply		
All Tiers	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.		During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.		During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.		

	Capital Health Plan Silver Advantage (HMO) (008)	Capital Health Plan Advantage Plus (HMO) (001)	Capital Health Plan Preferred Advantage (HMO) (006)	What You Should Know
Additional Benefits				
CHP Choice Card	<p>A supplemental spend debit card in the amount of \$200 per year to help pay towards Dental Expenses, Over the Counter Items, and Hearing Aids.</p> <p>For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is subject to change, please call 1-877-210-6729 for a full list of participating retailers.</p>	<p>A supplemental spend debit card in the amount of \$600 per year to help pay towards Dental Expenses, Over the Counter Items, and Hearing Aids.</p> <p>For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is subject to change, please call 1-877-210-6729 for a full list of participating retailers.</p>	<p>A supplemental spend debit card in the amount of \$800 per year to help pay towards Dental Expenses, Over the Counter Items, and Hearing Aids.</p> <p>For over-the-counter items you can use your CHP Choice Card at Wal-Mart, CVS, Walgreens, Kroger, Rite Aid, Publix, and Albertson's. Participation is subject to change, please call 1-877-210-6729 for a full list of participating retailers.</p>	Some restrictions apply.
Durable medical equipment, prosthetic devices and medical supplies				
Durable medical equipment (e.g., wheelchairs, oxygen) ^{1,2}	20% coinsurance	20% coinsurance	20% coinsurance	
Medical supplies ^{1,2}	20% coinsurance	20% coinsurance	20% coinsurance	
Prosthetic devices (e.g., braces, artificial limbs) ^{1,2}	20% coinsurance	20% coinsurance	20% coinsurance	

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Diabetic supplies and services ²	\$0 copay for preferred brand 20% coinsurance for non-preferred brand	\$0 copay for preferred brand 20% coinsurance for non-preferred brand	\$0 copay for preferred brand 20% coinsurance for non-preferred brand	Preferred brand diabetic supplies include Ascensia and Lifescan.
Health and Wellness Education Programs Health Education Additional Sessions of Smoking and Tobacco Use Cessation Counseling Wellness Benefit Nursing Hotline	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Generally there are no copays for health and wellness programs. Our plan pays up to a \$150 Health and Wellness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Some restrictions apply.
Home health care ²	\$0 copay	\$0 copay	\$0 copay	
Hospice	\$0 copay	\$0 copay	\$0 copay	
Other rehabilitation services ^{1,2} Cardiac and Intensive Cardiac rehabilitation services Pulmonary rehabilitation services ^{1,2} Occupational therapy visit ² Speech and language therapy visit ²	\$40 copay \$20 copay \$30 copay \$30 copay	\$40 copay \$20 copay \$20 copay \$20 copay	\$25 copay \$20 copay \$20 copay \$20 copay	

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Foot Care (Podiatry services)	\$30 copay	\$30 copay	\$20 copay	Foot exams and treatment if you have diabetes related nerve damage and/or meet certain conditions.
Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)	\$10 copay	\$10 copay	\$10 copay	

2025 Summary of Benefits

Capital Health Plan is offering a new online enrollment tool for our Medicare Advantage (HMO) plans! You will now be able to research our plans and enroll online. Visit www.capitalhealth.com/Medicare for more information.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Service representative at 850-523-7441 or 1-877-247-6512 (TTY 1-877-870-8943) 8:00 a.m. to 8:00 p.m., seven days a week, between October 1 - March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday between April 1 and September 30.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.capitalhealth.com/Medicare or call 850-523-7441 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, deductibles and/or copayments/co-insurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory) unless prior authorization by the plan.
- If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

CONTACT US

We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week, between October 1 - March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday between April 1 and September 30.

Call toll-free **1-877-247-6512**. TTY users should call **1-877-870-8943**.

This is a summary of what we cover. It doesn't list every service that we cover or list every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at www.capitalhealth.com/Medicare or call us at the number above.

This document is available in a non-English language. For additional information call us at the number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Capital Health Plan Silver Advantage (008), Capital Health Plan Advantage Plus (001), and Capital Health Plan Preferred Advantage (006) plan members, except in emergency situations. Please call Member Services or see the Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

To find out more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.



Nondiscrimination and Accessibility Notice (ACA §1557)

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes).

Capital Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at one of the numbers listed below. If you believe that Capital Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Capital Health Plan's Compliance and Privacy Officer:

2140 Centerville Place
Tallahassee, FL 32308

Phone: Member Services 850-383-3311, 1-877-247-6512, TTY 850-383-3534 or 1-877-870-8943, Fax: 850-523-7419, Email: memberservices@chp.org. Medicare members or prospective members call 850-523-7441 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Member Services Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights select electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Have a disability? Speak a language other than English? Call to get help for free. 1-877-247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

Vous souffrez d'un handicap ? Vous parlez une autre langue que l'anglais ? Appelez pour obtenir une aide gratuite. 1 877 247 6512, Télécopieur/ATME 850 383 3534 ou 1 877 870 8943

Hai una disabilità? Non parli inglese? Chiama uno di questi numeri per chiedere assistenza gratuita:
1-877-247-6512, TTY/TDD 850-383-3534 o 1-877-870-8943

هل تعاني من إعاقة؟ هل تتحدث لغة غير اللغة الإنجليزية؟ اتصل للحصول على المساعدة المجانية.
أو 1-877-870-8943، 850-383-3534 (TDD/TTY) جهاز الاتصال الهاتفي للصم/الهاتف النصي، 1-877-247-6512

Haben Sie eine Behinderung? Möchten Sie mit uns in einer anderen Sprache als Englisch kommunizieren? Rufen Sie an, um kostenlos Unterstützung zu erhalten. 1-877-247-6512, TTY/TDD 850-383-3534 oder 1-877-870-8943

¿Tiene una discapacidad? ¿Habla algún otro idioma que no sea inglés? Llame para obtener ayuda gratis.
1-877-247-6512, TTY/TDD 850-383-3534 o al 1-877-870-8943

ها تماس بگيريد. ناتوانی خاصی دارید؟ به زبانی بجز انگلیسی صحبت می کنید؟ برای دریافت کمک رایگان با این شماره
1-877-870-8943 یا 850-383-3534 به شماره DDT/YTT یا 1-877-247-6512

અવગત છે? ઇંગલિશ કરતાં અન્ય ભાષા બોલો છો? કૃપા કરીને અમને મદદ મેળવવા કોલ કરો. 1-877-247-6512,
TTY/TDD 850-383-3534 અથવા 1-877-870-8943 પર

Ou gen yon andikap? Ou pale yon lang ki pa Anglè? Rele pou jwenn èd pou gratis? 1-877-247-6512, TTY/TDD 850-383-3534 oswa 1-877-870-8943

장애가 있으십니까? 영어가 아닌 다른 언어를 사용하십니까? 전화하십시오. 무료로 도와드립니다.
1-877-247-6512, TTY/TDD 850-383-3534 또는 1-877-870-8943

Jesteś osobą niepełnosprawną? Mówisz w języku innym niż j. angielski? Zadzwoń, aby uzyskać bezpłatną pomoc. 1-877-247-6512, TTY/TDD 850-383-3534 lub 1-877-870-8943

Tem algum tipo de incapacidade? Fala outra língua que não o inglês? Ligue para obter ajuda gratuitamente. 1-877-247-6512, TTY/TDD 850-383-3534 ou 1-877-870-8943

Ваши возможности ограничены по состоянию здоровья? Вы не говорите по-английски? Обратитесь за бесплатной помощью по телефону:
1-877- 247-6512, TTY/TDD 850-383-3534 or 1-877-870-8943

您是残障人士吗？您不会说英语吗？请拨打电话以免免费获取帮助。电话号码：1-877-247-6512；
TTY/TDD（听障人士）：850-383-3534 或 1-877-870-8943

Ikaw ba ay may kapansanan? Ikaw ba ay nakakapagsalita ng ibang wika maliban sa Ingles? Tumawag upang makakuha ng libreng tulong.
1-877-247-6512, TTY/TTD 850-383-3534 o sa 1-877-870-8943.

您是否是障礙人士? 您是否不會講英語? 請撥打電話以取得免費協助。1-877-247-6512, 聽障者請使用 TTY/TDD 850-383-3534 或 1-877-870-8943

พการหรือเปลลา? พดภาษาอนทไมไซภาษาองกฤษหรือเปลลา? โทรเพอขอความชวยเหลือฟรี 1-877-247-6512, TTY/TDD 850-383-3534 หรือ 1-877-870-8943

Quý vớ có khuyếtt? Quý vớ nói ngôn ngữ mà không phấg Anh? Vui lòng gọi đầt trợ giúp miễn phí. 1-877-247-6512, TTY/TDD 850-383- 3534 hoặ 1-877-870-8943

If you have any questions or concerns related to this, please call our Member Services Department, Monday through Friday 8:00 am – 5:00 pm at 850-383-3311 or 1-877-247-6512. Medicare members or prospective members call 850-523-7441 or 1-877-247- 6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. - 8:00 p.m., seven days a week, October 1 - March 31; 8:00 a.m. - 8:00 p.m., Monday - Friday, April 1 - September 30. State of Florida members call 1-877-392-1532, 7:00 a.m. - 7:00 p.m.

Capital Health Plan contact information is located on our website: <https://capitalhealth.com/contact>

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19; Revised 2/22/23; Revised 8/22/24

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-247-6512. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-247-6512. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-247-6512。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-247-6512。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-247-6512. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-247-6512. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-247-6512 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-247-6512. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-247-6512 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-247-6512. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-247-6512 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-247-6512 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-247-6512. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-247-6512. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-247-6512. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-247-6512. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-247-6512 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。