2019 Summary of Benefits

Capital Health Plan Advantage Plus (HMO)
Capital Health Plan Preferred Advantage (HMO)

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Capital Health PLAN℠
An Independent Licensee of the Blue Cross and Blue Shield Association

2019 Summary of Benefits
Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage (HMO)

This is a summary of drug and health services covered by Capital Health Plan Advantage Plus (HMO) and Capital Health Plan Preferred Advantage (HMO) January 1, 2019 – December 31, 2019.

Capital Health Plan Advantage Plus and Capital Health Plan Preferred Advantage are HMO plans with a Medicare contract. Enrollment in Capital Health Plan Advantage Plus and Capital Health Plan Preferred Advantage depends on contract renewal.

Capital Health Plan Advantage Plus and Capital Health Plan Preferred Advantage 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 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. Or you can view the Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

To join Capital Health Plan Advantage Plus or Capital Health Plan Preferred Advantage, you

- must be entitled to Medicare Part A;
- must be enrolled in Medicare Part B;
- must live in our service area; and
- cannot have End Stage Renal Disease (ESRD) unless you are a current member.

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

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Premiums and Benefits	Capital Health Plan Advantage Plus (HMO) Copays/Coinsurance	Capital Health Plan Preferred Advantage (HMO) Copays/Coinsurance	What You Should Know
Monthly Plan Premium	$34.00	$96.00	You must continue to pay your Medicare Part B premium.
Deductible	No deductible	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than $3,400 annually	You pay no more than $3,400 annually.	Includes copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage [1, 2]	• You pay $250 per day for days 1 through 5 • You pay nothing per day for days 6 and beyond $1,250 out-of-pocket limit every stay.	• You pay $300 per admission • You pay nothing per day for days 1 through 5 • You pay $100 per day for days 6 through 10 • You pay nothing per day for days 11 and beyond $800 out-of-pocket limit every stay.	Our plan covers an unlimited number of days for an inpatient hospital admission.
Outpatient Hospital coverage [1,2]	You pay $300 each visit	You pay $300 each visit	
Doctor Visits • Primary Care Providers • Specialists [2]	You pay $10 per visit You pay $40 per visit	You pay $10 per visit You pay $25 per visit	
Preventive Care [2] (e.g., flu vaccine, diabetic screenings)	You pay nothing	You pay nothing	Other preventive services are available. There are some covered services that have a cost.
Emergency Care	You pay $120 per visit	You pay $120 per visit	**Worldwide coverage**. If you are admitted to the hospital within 24 hours,

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			then you do not have to pay $120.
Urgently Needed Services	You pay $20 per visit You pay $15 per Telehealth visit	You pay $20 per visit You pay $15 per Telehealth visit	**Worldwide coverage**. Telehealth is services through remote access technology.
Supervised Exercise Therapy for Peripheral Artery Disease	You pay $10 per visit	You pay $10 per visit	
Diagnostic Services/Labs/Imaging (outpatient) [1, 2] • Diagnostic radiology service (MRI, CT, PET, Thallium, Nuclear Cardiology Scans) • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Therapeutic radiology services	 You pay $100 per visit for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures You pay nothing for outpatient x-rays You pay 20% of the cost for therapeutic radiology services	 You pay $100 per visit for outpatient diagnostic radiology services You pay nothing for lab services You pay nothing for diagnostic tests and procedures You pay nothing for outpatient x-rays You pay 20% of the cost for therapeutic radiology services	
Hearing Services	You pay $40 per visit	You pay $25 per visit	One routine hearing exam allowed annually
Dental Services (limited dental services) [1, 2]	You pay $40 per visit	You pay $25 per visit	Does not include services in connection with care, treatment, filling, removal or replacement of teeth.
Vision Services			

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• Exams to diagnose and treat diseases and conditions of the eye • Routine eye exams • Eyeglasses (frames and lenses) or contact lenses • Eyeglasses (frames and lenses) or contact lenses after cataract surgery	You pay $10 or $40 per visit You pay $10 or $40 per visit for routine eye exams Our plan pays up to $150 reimbursement every two years for contact lenses or eyeglasses You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	You pay $10 or $25 per visit You pay $10 or $25 per visit for routine eye exams Our plan pays up to $150 reimbursement every two years for contact lenses or eyeglasses You pay nothing for eyeglasses or contacts after cataract surgery (some limitations apply)	Copays may vary depending on the place of service. Copays may vary depending on the place of service.
Mental Health Services [1, 2] • Outpatient group therapy/individual therapy visit	You pay $40 per visit	You pay $25 per visit	
Skilled Nursing Facility (SNF) [1, 2]	• You pay $20 per day for days 1 through 20 • You pay $100 per day for days 21 through 100	• You pay $20 per day for days 1 through 20 • You pay $75 per day for days 21 through 100	Our plan covers up to 100 days in a SNF each benefit period.
Physical Therapy [1]	You pay $40 per visit	You pay $25 per visit	
Ambulance	You pay $250 per transport	You pay $250 per transport	
Transportation	Not covered	Not covered	
Medicare Part B Drugs [1]	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	You pay 20% of the cost for chemotherapy drugs You pay 20% of the cost for other Part B drugs	
Outpatient Prescription Drugs – Initial Coverage (prior to total cost of drugs reaching $3,820)			
Retail Rx 30-day supply • Tier 1: Preferred Generic	You pay $3	You pay $3	Cost sharing may change when you enter another phase of the Part D benefit.

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• Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty	You pay $7 You pay $45 You pay $95 You pay 25% up to $250	You pay $7 You pay $45 You pay $95 You pay 25% up to $250	For more information on the additional 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.
Mail Order Rx 90-day supply • Tier 1: Preferred Generic • Tier 2: Generic • Tier 3: Preferred Brand • Tier 4: Non-Preferred Brand • Tier 5: Specialty	You pay $7.50 You pay $17.50 You pay $112.50 You pay $237.50 Not available	You pay $7.50 You pay $17.50 You pay $112.50 You pay $237.50 Not available	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.
Outpatient Prescription Drugs – Coverage Gap (After total cost of drugs reach $3,820)			
• Generic Drugs • Brand Drugs	You pay 37% of the cost of generic drugs You pay 25% of the cost of brand drugs	Tier 1: Preferred Generic – You pay $3 Tier 2: Generic – You pay $7 You pay 37% of the cost of all other generic drugs You pay 25% of the cost of brand drugs	
Outpatient Prescription Drugs – Catastrophic Coverage (After yearly total of out-of-pocket costs reach $5,100)			

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• Generic Drugs • Brand Drugs	You pay the greater of 5% of the cost or: $3.40 copay for generic (including brand drugs treated as generic) and $8.50 copay for all other drugs	You pay the greater of 5% of the cost or: $3.40 copay for generic (including brand drugs treated as generic) and $8.50 copay for all other drugs	
Additional Benefits			
Ambulatory Surgical Center [1, 2]	You pay $150 each visit	You pay $100 each visit	
Foot Care (podiatry services)	You pay $40 per visit	You pay $25 per visit	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
Medical Equipment/Supplies [1, 2] • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies	 You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost	 You pay 20% of the cost You pay 20% of the cost You pay 20% of the cost	
Other Rehabilitation Services [1, 2] • Cardiac and Intensive Cardiac rehabilitation services • Pulmonary rehabilitation services • Occupational therapy visit • Speech and language therapy visit	 You pay $40 per visit You pay $20 per visit You pay $40 per visit You pay $40 per visit	 You pay $25 per visit You pay $20 per visit You pay $25 per visit You pay $25 per visit	

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Health and Wellness Education Programs • Health Education • Additional Sessions of Smoking and Tobacco Use Cessation Counseling • Fitness Benefit • Nursing Hotline	Generally there are no copays for health and wellness programs except the fitness benefit. Our plan pays up to a $150 fitness 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 except the fitness benefit. Our plan pays up to a $150 fitness reimbursement each calendar year for exercise programs and memberships at approved health or fitness facilities.	Some restrictions apply.

If you would like to know more about the coverage and costs of Original Medicare, look in your 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, 7 days a week. TTY users should call 1-877-486-2048.

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 customer service representative at 850-523-7441 or 1-877-247-6512 or, for TTY users 850-383-3534 or 1-877-870-8943, 8:00 a.m. to 8:00 p.m., seven days a week, October 1 through March 31; and 8:00 a.m. to 8:00 p.m., Monday through Friday, April 1 through 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 and/or copayments/co-insurance may change on January 1, 2020.

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).

This summary may be available in other formats such as Braille and large print.

You can see our plan's entire provider directory, pharmacy directory, formulary (list of Part D prescription drugs) and Evidence of Coverage on our website at www.capitalhealth.com/Medicare.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

For more information contact Capital Health Plan Member Services at 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. Or visit our website at www.capitalhealth.com/Medicare. State of Florida members call 1-877-392-1532, 7 a.m. - 8:00 p.m.