



2019 Benefit Summary

for State of Florida



www.capitalhealth.com/state

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Capital Health Plan State of Florida

2019 Benefits Summary

Capital Health Plan has proudly served our community for over 35 years. We are committed to total community health by promoting activities that foster healthy living and active lifestyles. We are a **LOCAL** and **TRUSTED** plan providing comprehensive and affordable health care through our large stable network of providers.

This guide will help you find the plan that is right for you and what services are covered under each plan option: Standard (HMO) plan, High Deductible (HMO) plan, and Retiree Advantage (HMO) plan.

This Summary of Benefits includes everything you need to select your plan including:

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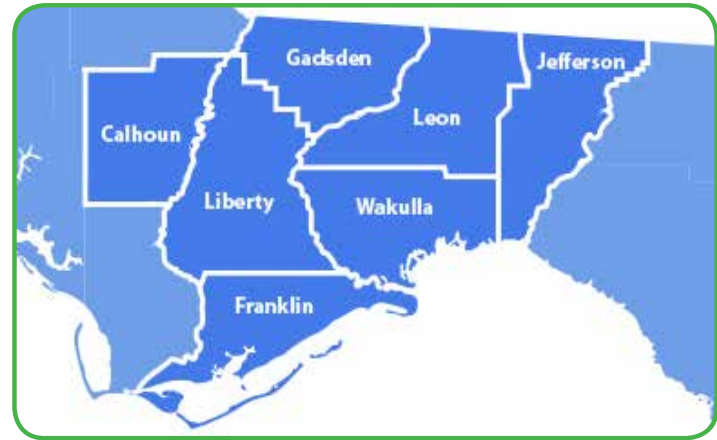


About Capital Health Plan

Becoming a member of Capital Health Plan (CHP) helps protect you against the high cost of health care. We offer comprehensive care through our network of physicians, hospitals and other service providers, with competitive premiums and robust plan designs.

Eligibility & Service Area

CHP proudly serves Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla counties in Florida. We offer employer-based coverage for State of Florida employees and Medicare Retiree Advantage (HMO) to eligible individuals living in our service area.



State of Florida Retirees

As a State of Florida retiree living in the CHP service area, you and your eligible dependents may be able to continue your Capital Health Plan coverage after you retire.

Capital Health Plan Retiree Advantage (HMO) allows Medicare eligible members and their eligible dependents to continue their employer-sponsored coverage with limited changes and added benefits. Your State of Florida Retiree Advantage plan offers all the benefits of Medicare plus more. To be eligible for the State of Florida Retiree Advantage plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in the CHP service area.

State of Florida Medicare Retiree Advantage members and their dependents will begin receiving their prescription drug benefit including mail order through Capital Health Plan. You may see some differences in the formulary and how drugs are covered. The formulary is the list of covered drugs. It lists restrictions and cost sharing tiers. Some drugs and high risk medications may no longer be covered. Your drugs may be in different cost sharing tiers and new restrictions may apply. We recommend that review the updated formulary by visiting our website at www.capitalhealth.com/Medicare. You and your dependents will receive a new ID card, which must be presented to the pharmacy to receive your drugs through Capital Health Plan. Please also note the following for Medicare Retiree Advantage members:

- The fitness benefit you are currently eligible for becomes an individual benefit and not a per household benefit. This means that you and your dependents can now each enjoy this benefit.
- A unique benefit for our Medicare Advantage members is the eye wear benefit. You can receive up to \$150 reimbursement every two years for the cost of eyeglasses or contacts. If you go to one of our Eye Care Centers at Centerville or Governor's Square, they will deduct this from the cost, otherwise you must submit receipts for reimbursement.

Physician Group of Capital Health Plan

The Physician Group of Capital Health Plan (PGCHP) is dedicated to providing care exclusively for our members at the Governor's Square and Centerville health centers. The PGCHP promotes evidence-based, patient centered medical care and encompasses services such as primary care, eye care, colon screening, lab services, imaging, and chronic care. For more information please visit www.physiciangroupchp.org.



Capital Health Plan Urgent Care

CHP provides patient friendly Urgent Care Services at our Centerville location. Staffed by nurses and physicians, the office provides care for non-emergency conditions. Medical conditions appropriate for treatment include upper respiratory infections; minor trauma such as ankle sprains and cuts; bronchitis; urinary tract infections; and other relatively minor problems.

Capital Health Plan Urgent Care is located at 2140 Centerville Place, and is open weekdays, 11:00 a.m. - 10:00 p.m., and weekends, 9:00 a.m. - 8:00 p.m.; holiday hours may vary. Call for an appointment at (850) 383-3382.

Choosing a Primary Care Physician

One of the most important health care decisions you will make is selecting your primary care physician (PCP) - your health care partner and coordinator for everything pertaining to your health. You can select a PCP from our large, stable network of providers.

CHP's provider directory is located at capitalhealth.com and is available in print from Member Services. This directory lists the Physician Group of Capital Health Plan, affiliated primary care physicians, and their locations so that you may take into consideration those who are convenient to your home or work.

Accessing Specialty Care

To receive the most appropriate and efficient care, talk with your PCP before seeing a specialist. Your PCP can help coordinate specialty care with your unique needs and medical history in mind. As a CHP member, you can access specialty care through direct appointment, with a referral from your PCP, or with pre-authorization for certain services. CHP has a large, stable network of affiliated specialists which can be found at capitalhealth.com or by calling Member Services.

Worry Free Travel

CHP members are covered for urgently needed care anywhere and anytime in the United States, and for emergencies anywhere in the world. We also participate in Away From Home Care® and The BlueCard Program®, which provides coverage to our members who are outside of the service area for an extended period of time in participating areas of the country. Visit capitalhealth.com/members for more information.

Health and Fitness Reimbursement

Reward yourself for working hard! CHP members can receive up to \$150 per calendar year, per household, to put toward health and fitness expenses. Visit capitalhealth.com/members to review the requirements.



Online Tools

No matter what you want to know, we'll help you find the answer.



Healthwise® Knowledgebase

The Healthwise Knowledgebase is a searchable medical encyclopedia providing descriptions of symptoms, pictures, and treatment options. Covering more than 8,000 topics on health conditions, medical tests and procedures, medications, and everyday health and wellness issues, this tool helps members learn more about their health and become active partners with their doctors.

Video Library

The Healthwise® Video Library is a searchable database of educational videos on a range of health topics. These videos will show members things that might be difficult to grasp with just words - “how-to” medical instructions, explanations of complex concepts, even illustrations of medical procedures that members may be facing. Videos that explain what will happen, and why, can help reduce anxiety.

Symptom Checker

Symptom-based interactive topics can help members assess health concerns and determine when to seek care from a health professional. Members will receive treatment recommendations based on individual responses to triage questions. Topics also include significant self-care information so members can learn how to treat conditions at home when appropriate and prevent a future occurrence. The information will also help members prepare for appointments.

Shared Decision Making Tools

Decision Points help members determine the right course of action when making critical health treatment decisions. Members can even “try on a decision” to see what works best for them. Decision Points provide the framework and information necessary for members and their doctors to make wise health care decisions together.



State of Florida

2019 Schedule of Copayments Standard (HMO) Plan

BENEFITS	UNIT	YOUR COST (COPAYMENT)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	\$20
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	\$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act	Covered in full	
Chiropractic Care	Per Visit	\$40
Dermatology Care	Per Visit	\$40
Podiatry Care	Per Visit	\$40
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	\$20
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$0
Routine eye exams (one every 12 months)	Per Visit	\$40
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$40

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State of Florida

2019 Schedule of Copayments Standard (HMO) Plan

BENEFITS	UNIT	YOUR COST (COPAYMENT)
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	\$0
Mental health inpatient hospital care	Per Admission	\$250
Emergency Services		
Emergency Room Visit	Per Visit	\$100 <i>(waived if admitted)</i>
Medically necessary ambulance service	Per Transport	\$0
Prescriptions (BENEFIT ADMINISTERED BY CVS/CAREMARK 1-888-766-5490)		
Prescription Drugs (30-day supply)	Generic Drugs	\$7
	Preferred Brand Name	\$30
	Non-Preferred Brand Name	\$50
Mail Order Prescription Drugs (90-Day Supply)	Generic Drugs	\$14
	Preferred Brand Name	\$60
	Non-Preferred Brand Name	\$100
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice Care	Per Occurrence	\$0
Skilled nursing facility following discharge from the hospital <i>(limited to 60 days of confinement per calendar year)</i>	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$0

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State of Florida

2019 Schedule of Copayments Standard (HMO) Plan

BENEFITS	UNIT	YOUR COST (COPAYMENT)
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$0

Exclusions

- Services not specifically listed in the Covered Services section of Member Handbook
 - Service, which in our opinion was, or is, not Medically Necessary
 - Hearing Aids and devices
 - Nonprescription drugs and vitamins
 - Cosmetic surgery
 - Custodial care
-
- You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Summary of Plan Benefits.
 - The maximum amount of copayment required in any calendar year is limited to \$1,500 for single coverage (subscriber only, no dependents) and \$3,000 for family coverage (subscriber plus one or more additional dependents), excluding copayments for prescription drugs.
 - This plan does not have a deductible or coinsurance. Applicable copayments apply.



State of Florida

2019 Schedule of Copayments High Deductible Health (HMO) Plan

BENEFITS	UNIT	YOUR COST* (COINSURANCE)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	20% of allowed amount
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	20% of allowed amount
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	20% of allowed amount
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act	No coinsurance. Not subject to deductible.	
Chiropractic Care	Per Visit	20% of allowed amount
Dermatology Care	Per Visit	20% of allowed amount
Podiatry Care	Per Visit	20% of allowed amount
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	20% of allowed amount
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	20% of allowed amount
Routine eye exams (one every 12 months)	Per Visit	20% of allowed amount
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	20% of allowed amount
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	20% of allowed amount

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2019 Schedule of Copayments
High Deductible Health (HMO) Plan

BENEFITS	UNIT	YOUR COST* (COINSURANCE)
Outpatient procedures performed in a hospital	Per Visit	20% of allowed amount
Mental health inpatient hospital care	Per Admission	20% of allowed amount
Emergency Services		
Emergency Room Visit	Per Visit	20% of allowed amount
Medically necessary ambulance service	Per Transport	20% of allowed amount
Prescriptions (BENEFIT ADMINISTERED BY CVS/CAREMARK 1-888-766-5490)		
Prescription Drugs (30-day supply)	Generic Drugs	30% of allowed Amount
	Preferred Brand Name	30% of allowed Amount
	Non-Preferred Brand Name	50% of allowed Amount
Mail Order Prescription Drugs (90-Day Supply)	Tier 1	30% of allowed Amount
	Tier 2	30% of allowed Amount
	Tier 3	50% of allowed Amount
Other Health Services		
Home health services	Per Occurrence	20% of allowed amount
Hospice Care	Per Occurrence	20% of allowed amount
Skilled nursing facility following discharge from the hospital <i>(limited to 60 days of confinement per calendar year)</i>	Per Confinement	20% of allowed amount
Outpatient procedures performed in an ambulatory surgical center	Per Visit	20% of allowed amount
Durable medical equipment	Per Device	20% of allowed amount
Orthotic and Prosthetic medical appliances	Per Appliance	20% of allowed amount
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	20% of allowed amount

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2019 Schedule of Copayments High Deductible Health (HMO) Plan

Exclusions

- Services not specifically listed in the Covered Services section of Member Handbook
- Service, which in our opinion was, or is, not Medically Necessary
- Hearing Aids and devices
- Nonprescription drugs and vitamins
- Cosmetic surgery
- Custodial care

*Your cost after deductible has been met.

The deductible is \$1,350 per member and \$2,700 per family. Annual deductibles apply per calendar year to all covered services, excluding the Preventive Services. The Deductible must be satisfied before benefits begin for any Member.

- You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Summary of Plan Benefits.
- The maximum amount of copayment required in any calendar year is limited to \$3,000 for single coverage (subscriber only, no dependents) and \$6,000 for family coverage (subscriber plus one or more additional dependents), including coinsurance for prescription drugs. The out-of-pocket maximum includes the plan deductible.



State of Florida

2019 Schedule of Copayments Retiree Advantage (HMO) Plan

BENEFITS	UNIT	YOUR COST (COPAYMENT)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours.	Per Visit	\$20
Specialty Care: Office visit for services provided by a participating provider. Your primary care physician and/or Capital Health Plan may require authorizations for certain office visits, consultation, diagnosis and treatment.	Per visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours.	Per Visit	\$25
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	\$0
Chiropractic Care	Per Visit	\$20
Mental health and Substance Abuse Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention.	Per Visit	\$20
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$0
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	\$0
Mental health inpatient hospital care	Per Admission	\$250
Emergency Services		
Emergency Room Visit	Per Visit	\$100 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$0

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State of Florida

2019 Schedule of Copayments Retiree Advantage (HMO) Plan

BENEFITS	UNIT	YOUR COST (COPAYMENT)
Other Benefits		
Home health services	Per Occurrence	\$0
Hospice Care	Per Occurrence	\$0
Skilled nursing services <i>(limited to 100 days of confinement per benefit period)</i>	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$0
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, CT, and Thallium Scans	Per Scan	\$0
Routine eye exams (one every 12 months)	Per Visit	\$40
Visits for physical therapy, occupational therapy, and speech language therapy	Per Visit	\$40
Visits for cardiac rehabilitation services	Per Visit	\$40
Visits for pulmonary rehabilitation services	Per Visit	\$25
Part B drugs	Of the Cost	\$0

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2019 Schedule of Copayments Retiree Advantage (HMO) Plan

BENEFITS		UNIT	YOUR COST (COPAYMENT)	
Outpatient Prescription Drugs				
		30-day supply	60-day supply	90-day supply
Retail	Tier 1	\$7	\$14	\$21
	Tier 2	\$7	\$14	\$21
	Tier 3	\$30	\$60	\$90
	Tier 4	\$50	\$100	\$150
	Tier 5	\$50	N/A	N/A
Mail Order	Tier 1	\$7	\$14	\$14
	Tier 2	\$7	\$14	\$14
	Tier 3	\$30	\$60	\$60
	Tier 4	\$50	\$100	\$100
	Tier 5	N/A	N/A	N/A

Exclusions

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.

- You are responsible for the payment of charges for health care services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Evidence of Coverage or Schedule of Copayments.
- The maximum amount of copayment required in any calendar year is limited to \$1,500 per member and \$3,000 per family, excluding 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 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. Supplies other than 30, 60, or 90 days are available.
- See the Capital Health Plan Retiree Advantage (HMO) Evidence of Coverage or the Capital Health Plan Retiree Advantage (HMO) Summary of Benefits for additional information.





www.capitalhealth.com/state



Questions?
1.877.392.1532
7:00 a.m. - 7:00 p.m.,
Monday - Friday

Tiffany Strunk
Member Services
Coordinator

Medicare members please call:
850.523.7441 or 1.877.247.6512

October 1 - March 31:
7:00am-8:00pm, seven days a week.

April 1 - September 30:
7:00am-8:00pm, Monday-Friday.

TTY 850.383.3534 or 1.877.870.8943

Capital Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-247-6512 (TTY: 1-877-870-8943). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-247-6512 (TTY: 1-877-870-8943). Capital Health Plan Retiree Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in Capital Health Plan Retiree Advantage depends on contract renewal. 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 pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

