



CAPITAL HEALTH PLAN  
**PREFERRED ADVANTAGE (HMO)**

**2024 Annual Notice of Changes**

***Capital Health Plan Preferred Advantage (HMO)  
offered by Capital Health Plan***

**Annual Notice of Changes for 2024**

You are currently enrolled as a member of Capital Health Plan Preferred Advantage. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.capitalhealth.com/Medicare](http://www.capitalhealth.com/Medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

## What to do now

### 1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Capital Health Plan Preferred Advantage.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Capital Health Plan Preferred Advantage.

- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **Additional Resources**

- Please contact our Member Services number at 1-877-247-6512 for additional information. (TTY users should call 1-877-870-8943.) Hours are 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. This call is free.
- This document may be available in other formats such as braille and large print. If you need plan information in another format please contact Member Services at the numbers above.

- Member Services has free language interpreter services available for non-English speakers.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Capital Health Plan Preferred Advantage**

- Capital Health Plan Preferred Advantage is an HMO plan with a Medicare contract. Enrollment in Capital Health Plan Preferred Advantage, depends on contract renewal.

- When this document says “we,” “us,” or “our,” it means Capital Health Plan. When it says “plan” or “our plan,” it means Capital Health Plan Preferred Advantage.
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## ***Annual Notice of Changes for 2024***

### **Table of Contents**

<b>Summary of Important Costs for 2024.....</b>	<b>9</b>
<b>SECTION 1            Changes to Benefits and Costs for                                  Next Year .....</b>	<b>16</b>
Section 1.1 – Changes to the Monthly Premium .....	16
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	17
Section 1.3 – Changes to the Provider and Pharmacy Networks .....	19
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	20
Section 1.5 – Changes to Part D Prescription Drug Coverage.....	23
<b>SECTION 2            Deciding Which Plan to Choose ....</b>	<b>31</b>
Section 2.1 – If you want to stay in Capital Health Plan Preferred Advantage .....	31
Section 2.2 – If you want to change plans .....	32



<b>SECTION 3</b>	<b>Deadline for Changing Plans .....</b>	<b>34</b>
<b>SECTION 4</b>	<b>Programs That Offer Free Counseling about Medicare .....</b>	<b>36</b>
<b>SECTION 5</b>	<b>Programs That Help Pay for Prescription Drugs .....</b>	<b>37</b>
<b>SECTION 6</b>	<b>Questions? .....</b>	<b>39</b>
	Section 6.1 – Getting Help from Capital Health Plan Preferred Advantage .....	39
	Section 6.2 – Getting Help from Medicare.....	40

## Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Capital Health Plan Preferred Advantage in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b>	\$90	\$86
* Your premium may be higher or lower than this amount. See Section 1.1 for details.		

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17;  
Revised 11/14/17; Revised 4/4/19

Cost	2023 (this year)	2024 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>\$3,650</p>	<p>\$3,850</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$10 copay per visit.</p> <p>Specialist visits: \$25 copay per visit.</p>	<p>Primary care visits: \$10 copay per visit.</p> <p>Specialist visits: \$25 copay per visit.</p>

Cost	2023 (this year)	2024 (next year)
<b>Inpatient hospital stays</b>	You pay a \$300 copay per admission.  \$300 out-of-pocket limit every stay.	You pay a \$300 copay per admission.  \$300 out-of-pocket limit every stay.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: There is no deductible Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay per prescription for a one month (30-day) supply</li> </ul>	Deductible: There is no deductible Copay/Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0 copay per prescription for a one month (30-day) supply</li> </ul>

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
	<ul style="list-style-type: none"> <li>• Drug Tier 2: \$7 copay per prescription for a one month (30-day) supply</li> <li>• Drug Tier 3: \$45 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier.</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Tier 2: \$7 copay per prescription for a one month (30-day) supply</li> <li>• Drug Tier 3: \$45 copay per prescription for a one month (30-day) supply You pay \$35 per one month supply of each covered insulin product on this tier.</li> </ul>

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Drug Tier 4:<br/>\$95 copay per prescription for a one month (30-day) supply<br/>You pay \$35 per one month supply of each covered insulin product on this tier.</li><li>• Drug Tier 5:<br/>33% coinsurance per prescription for a one month (30-day) supply</li></ul> | <ul style="list-style-type: none"><li>• Drug Tier 4:<br/>\$95 copay per prescription for a one month (30-day) supply<br/>You pay \$35 per one month supply of each covered insulin product on this tier.</li><li>• Drug Tier 5:<br/>33% coinsurance per prescription for a one month (30-day) supply</li></ul> |
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- Drug Tier 6:  
\$0 copay per  
prescription for a  
one month  
(30-day) supply

- Drug Tier 6:  
\$0 copay per  
prescription for a  
one month  
(30-day) supply

Catastrophic  
Coverage:

- During this  
payment stage,  
the plan pays  
most of the cost  
for your covered  
drugs.
- For each  
prescription, you  
pay whichever of  
these is larger: a  
payment equal to

Catastrophic  
Coverage:

- During this  
payment stage,  
the plan pays the  
full cost for your  
covered Part D  
drugs. You pay  
nothing.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
	<p>5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).</p>	



## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b>	\$90	\$86
(You must also continue to pay your Medicare Part B premium.)		

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

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## **Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

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Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$3,650</p>	<p>\$3,850</p> <p>Once you have paid \$3,850 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

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## Section 1.3 – Changes to the Provider and Pharmacy Networks

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Updated directories are located on our website at [www.capitalhealth.com/Medicare](http://www.capitalhealth.com/Medicare). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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## Section 1.4 – Changes to Benefits and Costs for Medical Services

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We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<b>CHP Choice Card</b>	The CHP Choice Card is a debit card that may be used to reduce up to <b>\$600</b> of your	The CHP Choice Card is a debit card that may be used to reduce up to <b>\$800</b> of your

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
	<p>out-of-pocket expenses for over the counter items (OTC), dental services or hearing aids.</p> <p>Over the counter items (OTC), dental expenses, and hearing aids are covered through Wex Health Inc.</p>	<p>out-of-pocket expenses for over the counter items (OTC), dental services, or hearing aids.</p> <p>Over the counter items (OTC), dental expenses, and hearing aids are covered through Nations Benefit.</p>
<b>Emergency care</b>	<p>You pay a \$120 copay for each Medicare-covered</p>	<p>You pay a \$135 copay for each Medicare-covered</p>

Cost	2023 (this year)	2024 (next year)
	emergency care visit.  You pay a \$120 copay for each world-wide emergency care visit.	emergency care visit.  You pay a \$135 copay for each world-wide emergency care visit.
<b>Value-Based Insurance Design Flexibilities (VBID)</b>	Plan currently does not participate in the Value-Based Insurance Design (VBID).	You pay a \$0 copay for Medicare-covered diabetic eye exams at Capital Health Plans eye care located in center for members

Cost	2023 (this year)	2024 (next year)
		diagnosed with diabetes.
<b>Vision care</b>	Up to \$150 reimbursement for eyeglasses (lenses and frames) or contact lenses every two years based on date of service.	Up to \$200 reimbursement for eyeglasses (lenses and frames) or contact lenses every year.

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## Section 1.5 – Changes to Part D Prescription Drug Coverage

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### Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” You can get the “Drug List” by calling Member



Services or visiting our website  
([www.capitalhealth.com/Medicare](http://www.capitalhealth.com/Medicare)).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

### Changes to the Deductible Stage

<b>Stage</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

## Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic Drugs):</b> You pay \$7 per prescription.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic Drugs):</b> You pay \$7 per prescription.</p>

<p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p><b>Tier 3 (Preferred Brand Drugs):</b></p> <p>You pay \$45 per prescription for other drugs.</p> <p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drugs):</b></p> <p>You pay \$95 per prescription for other drugs.</p>	<p><b>Tier 3 (Preferred Brand Drugs):</b></p> <p>You pay \$45 per prescription for other drugs.</p> <p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drugs):</b></p> <p>You pay \$95 per prescription for other drugs.</p>
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Stage	2023 (this year)	2024 (next year)
<p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p>	<p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Drugs):</b> You pay 33% of the total cost.</p> <p><b>Tier 6 (Select Care Drugs):</b></p> <p>You pay \$0 per prescription.</p>	<p>You pay \$35 per one month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Drugs):</b> You pay 33% of the total cost.</p> <p><b>Tier 6 (Select Care Drugs):</b></p> <p>You pay \$0 per prescription.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

### Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

## **SECTION 2 Deciding Which Plan to Choose**

### **Section 2.1 – you want to stay in If Capital Health Plan Preferred Advantage**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Capital Health Plan Preferred Advantage.



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## Section 2.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- *OR* -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Capital Health Plan offers other Medicare health plans and Medicare

prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

## **Step 2: Change your coverage**

- **To change to a different Medicare health plan,** enroll in the new plan. You will automatically be disenrolled from Capital Health Plan Preferred Advantage.
- **To change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Capital Health Plan Preferred Advantage.
- **To change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### **SECTION 3 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## **SECTION 4 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 (TTY 1-800-955-8770). You can learn more about SHINE by visiting their website ([www.floridashine.org](http://www.floridashine.org)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida Department of Health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-352-2437 (TTY 1-888-503-7118).

## SECTION 6 Questions?

### Section 6.1 – Getting Help from Capital Health Plan Preferred Advantage

Questions? We're here to help. Please call Member Services at 1-877-247-6512. (TTY only, call 1-877-870-8943.) We are available for phone calls 8:00 a.m. to 8:00 p.m., seven days a week between October 1 and March 31, and 8:00 a.m. to 8:00 p.m., Monday through Friday, between April 1 and September 30.

**Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 Evidence of Coverage for Capital Health Plan Preferred Advantage. The Evidence of Coverage is



the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at [www.capitalhealth.com/Medicare](http://www.capitalhealth.com/Medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage.

### **Visit our Website**

You can also visit our website at [www.capitalhealth.com/Medicare](http://www.capitalhealth.com/Medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

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## **Section 6.2 – Getting Help from Medicare**

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To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### ***Read Medicare & You 2024***

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.



## **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 or sex. Capital Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. 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](mailto: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 - February 14; 8:00 a.m. - 8:00 p.m., Monday - Friday, February 15 - 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 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, Téléscripateur/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

على للحصول اتصل الإنجليزية؟ اللغة غير لغة تتحدث هل إعاقة؟ من تعاني هل  
المجانية المساعدة.

النصي الهاتف/للصم الهاتفي الاتصال جهاز، 1-877-247-6512،  
أو 1-877-870-8943، 850-383-3534 (TTY/TDD)

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

ناتوانی خاصی دارید؟ به زبانی بجز انگلیسی صحبت می کنید؟ برای دریافت کمکا

دایکان با این شماره ها تماس بگیرید

DDT/YTT به شماره 850-383-3534 یا 1-877-870-8943

یا 1-877-247-6512

અપંગતા છે? ઇંગલિશ કરતાં અન્ય ભાષા બોલો છો? નિ શુલ્ક 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

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17;

Revised 11/14/17; Revised 4/4/19



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

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17;

Revised 11/14/17; Revised 4/4/19

您是残障人士吗？您不会说英语吗？请拨打电话以免费获取帮助。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

พิการหรือเปล่า? พูดภาษาอื่น ไ้ ไม่ใช่ภาษาอังกฤษหรือเปล่า? โทรเพื่อขอความช่วยเหลือฟรี 1-877-247-6512, TTY/TDD 850-383-3534 หรือ 1-877-870-8943

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 4/4/19

Qu. vị có khuyết tật? Qu. vị nói ngôn ngữ khác mà không phải tiếng Anh? Vui l.ng gọi để được trợ giúp miễn phí.

1-877-247-6512, TTY/TDD 850-383-3534 hoặc

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 - February 14; 8:00 a.m. - 8:00 p.m.,

Monday - Friday, February 15 - 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: <http://www.capitalhealth.com/>

[Capital-Health-Plan/Contact-Us](http://www.capitalhealth.com/Capital-Health-Plan/Contact-Us)

Approved by Compliance Committee: 8/23/2016; Revised 5/3/17;

Revised 11/14/17; Revised 4/4/19

## **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 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 panggagamot. 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 답해 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:**

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

**Hindi:** हमारे स्वास्थ्य या दवा क योजना के बारे म आपके कसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषया सेवाएँ उपलब्ध ह एक दुभाषया प्राप्त करने के लिए, बस हम 1-877-247-6512 पर फोन कर. कोई व्यक्ति जो हन्द बोलता है आपक 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.

**Português:** 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