



CAPITAL HEALTH PLAN
ADVANTAGE PLUS (HMO)

2026 Annual Notice of Changes

Capital Health Plan Advantage Plus (HMO) offered by Capital Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of Capital Health Plan Advantage Plus.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Capital Health Plan Advantage Plus.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.capitalhealth.com/Medicare or call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) to get a copy by mail.

More Resources

- Call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) for more information. Hours are Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. 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.

About Capital Health Plan Advantage Plus

- Capital Health Plan Advantage Plus is an HMO plan with a Medicare contract. Enrollment in Capital Health Plan Advantage Plus, depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Capital Health Plan. When it says “plan” or “our plan,” it means Capital Health Plan Advantage Plus.
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Capital Health Plan Advantage Plus.** Starting January 1, 2026, you’ll get your medical and drug coverage through Capital Health Plan Advantage Plus. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Table of Contents

Summary of Important Costs for 2026	4
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to Your Maximum Out-of-Pocket Amount	6
Section 1.3 Changes to the Provider Network	7
Section 1.4 Changes to the Pharmacy Network	7
Section 1.5 Changes to Benefits & Costs for Medical Services	7
Section 1.6 Changes to Part D Drug Coverage	9
Section 1.7 Changes to Prescription Drug Benefits & Costs	10
SECTION 2 Administrative Changes	13
SECTION 3 How to Change Plans	13
Section 3.1 Deadlines for Changing Plans	14
Section 3.2 Are there other times of the year to make a change?	14
SECTION 4 Get Help Paying for Prescription Drugs	15
SECTION 5 Questions?	16
Get Help from Capital Health Plan Advantage Plus	16
Get Free Counseling about Medicare	16
Get Help from Medicare	16

Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	\$26	\$34
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	\$5,500	\$4,500
Primary care office visit	\$0 per visit.	\$0 per visit.
Specialist office visits	\$30 per visit.	\$30 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	For Medicare-covered hospital stays: \$250 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90. \$1,250 out-of-pocket limit every stay.	For Medicare-covered hospital stays: \$250 copay per day for days 1 through 5. \$0 copay per day for days 6 through 90. \$1,250 out-of-pocket limit every stay.
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$250 Tiers 3-5 except for covered insulin products and most adult Part D vaccines	\$250 Tiers 3-5 except for covered insulin products and most adult Part D vaccines

	2025 (this year)	2026 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 per prescription. Drug Tier 2: \$7 per prescription. Drug Tier 3: \$45 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% of the total cost. Drug Tier 6: \$0 per prescription. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs. You can have cost sharing for drugs that are covered under our enhanced benefit.	Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 per prescription. Drug Tier 2: \$7 per prescription. Drug Tier 3: \$45 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$95 per prescription. You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% coinsurance per prescription. Drug Tier 6: \$0 per prescription. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$26	\$34

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,500	\$4,500 Once you've paid \$4,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at www.capitalhealth.com/provider-directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.capitalhealth.com/Medicare.
- Call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at www.capitalhealth.com/pharmacy-benefits to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.capitalhealth.com/Medicare.
- Call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
CHP Choice Card	You will receive up to a \$600 allowance to spend through your Benefits Mastercard® Prepaid Card every year.	You will receive up to a \$725 allowance every year to spend through your Benefits Mastercard® Prepaid

	2025 (this year)	2026 (next year)
CHP Choice Card (continued)		Card for the following benefits: Personal emergency response system (PERS): You may use your PERS benefits to subscribe to receive a device and accessory through your Benefits Mastercard® Prepaid Card. Transportation: You may use your Transportation benefits to request rides to plan-approved locations through your Benefits Mastercard® Prepaid Card.
Diabetes self-management training, diabetic services and supplies	Lifescan/Ascensia copREFERRED: Diabetic testing supplies (meters, strips AND LANCETS) obtained through the pharmacy are limited to Ascensia branded products (Contour) and LifeScan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, OneTouch Verio, One Touch Verio IQ, OneTouch Ultra Mini and OneTouch Ultra 2). Prior approval will be required for all other diabetic testing supplies. All test strips will also be subject to a quantity limit of 204 per 30 days.	Abbott/Ascensia copREFERRED: Diabetic testing supplies (meters and strips) obtained through the pharmacy are limited to Ascensia branded products (Contour) and Abbott (Freestyle) branded products. All test strips will also be subject to a quantity limit of 204 per 30 days. Non-Preferred Brands will require a coverage exception and, if approved, will have a 20% coinsurance. Continuous Glucose Monitoring (CGM) products obtained

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies (continued)	Continuous Glucose Monitoring (CGM) products obtained through the pharmacy [are subject to Prior Authorization/Quantity Limits, and coverage.] Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver”	through the pharmacy may be subject to prior authorization, quantity limits and coverage. Non-Preferred products will require a prior authorization. Preferred products are Dexcom and Abbott Freestyle.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you’re taking, we’ll send you a notice about the change.

If you’re affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or

working to find a new drug. Call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) for more information.

Starting in 2026, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a different cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	The deductible is \$250. During this stage, you pay either a \$0 or \$7 copay cost sharing for drugs on Tier 1, 2 and 6 and the full cost of drugs on Tier 3, 4 and 5 until you've reached the yearly deductible.	The deductible is \$250. During this stage, you pay either a \$0 or \$7 copay cost sharing for drugs on Tier 1, 2 and 6 and the full cost of drugs on Tier 3, 4 and 5 until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 (Preferred Generic): 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.	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 2 (Generic): 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.	You pay \$7 per prescription.	You pay \$7 per prescription.
Tier 3 (Preferred Brand): 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.	You pay \$45 per prescription for other drugs.	You pay \$45 per prescription for other drugs. You pay \$35 per month supply of each covered insulin product on this tier.
Tier 4 (Non-Preferred Drug): 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.	You pay \$95 per prescription for other drugs.	You pay \$95 per prescription for other drugs. You pay \$35 per month supply of each covered insulin product on this tier.
Tier 5 (Specialty Tier): 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.	You pay 30% of the total cost.	You pay 30% of the total cost.

	2025 (this year)	2026 (next year)
Tier 6 (Select Care Drugs): 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.	You pay \$0 per prescription.	You pay \$0 per prescription.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-877-247-6512 or visit www.Medicare.gov.

SECTION 3 How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Capital Health Plan Advantage Plus.

- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Capital Health Plan Advantage Plus.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 **Get Help Paying for Prescription Drugs**

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Florida Department of Health AIDS Drugs Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, visit the website at <https://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-enrollment.html> or call 1-800-352-2437 (TTY 1-888-503-7118). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-877-247-6512 (TTY users call 877 870 8943) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Capital Health Plan Advantage Plus

- **Call Member Services at 1-877-247-6512. (TTY users call 1-877-870-8943.)**

We're available for phone calls Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Capital Health Plan Advantage Plus Plan. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.capitalhealth.com/Medicare or call Member Services at 1-877-247-6512 (TTY users call 1-877-870-8943) to ask us to mail you a copy.

- **Visit www.capitalhealth.com/provider-directory**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get 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 SHINE.

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-963-5337 (TTY 1-800-955-8770). Learn more about SHINE by visiting www.floridashine.org.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Capital Health

P L A NSM



An Independent Licensee of the Blue Cross and Blue Shield Association

Notice of Availability

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-247-6512 (TTY: 1-877-870-8943) o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm akse sib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

Portuguese: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-247-6512 (TTY: 1-877-870-8943) ou fale com seu provedor.

Simplified Chinese: 如果您说中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-877-247-6512 (文本电话: 1-877-870-8943) 或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-247-6512 (TTY: 1-877-870-8943) ou parlez à votre fournisseur.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-247-6512 (TTY: 1-877-870-8943) o makipag-usap sa iyong provider.

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Nondiscrimination and Accessibility Notice (ACA §1557)

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability. We do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability. We provide:

Free auxiliary aids, reasonable modifications, 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, and accessible electronic formats)

Free language assistance 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 we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with Capital Health Plan's Section 1557 Coordinator at: 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 850-518-6679 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) Oct-Mar: seven days a week, 8am-8pm. Apr-Sept: Monday-Friday, 8am-8pm. State of Florida members call 1-877-392-1532, 7am-7pm.

You can file a grievance in person or by mail, fax or email.

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

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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201

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

English: If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-850-383-3311 or 1-877-247-6512 (TTY: 850-383-3534 or 1-877-870-8943) or speak to your provider.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-247-6512 (TTY: 1-877-870-8943)

o hable con su proveedor.

Haitian Creole: Si w pale kreyòl ayisyen, gen sèvis èd ki disponib pou ou gratis pou lang ou pale a. Gen èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

Vietnamese: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ trợ giúp ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Xin vui lòng gọi theo số 1-877-247-6512 (TTY: 1-877-870-8943) hoặc trao đổi với người cung cấp dịch vụ của quý vị.

Portuguese: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-247-6512 (TTY: 1-877-870-8943) ou fale com seu provedor.

Simplified Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-247-6512 (文本电话: 1-877-870-8943) 或咨询您的服务提供商。

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Approved by Compliance Committee: 8/23/2016; Revised 5/3/17; Revised 11/14/17; Revised 8/21/18; Revised 7/17/19; Revised 7/1/2025