

Capital Health Plan (HMO) Benefit Comparison at a Glance

Covered Service		Silver Advantage	Advantage Plus	Preferred Advantage	Giveback Advantage
Premium		\$0	\$39	\$105	\$0
Part B Give Back - Capital Health Plan will reduce your Medicare Part B premium		\$25	-	-	\$100
Physician Services (including maternity care)	Unit	Copayment/ Coinsurance	Copayment/ Coinsurance	Copayment/ Coinsurance	Copayment/ Coinsurance
Primary Care: Office visit/telehealth for services provided by your primary care physician during regular office hours	Per Visit	\$0	\$0	\$0	\$0
Specialty Care: Office visit/telehealth for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$50	\$45	\$35	\$60
Urgent Care: Office Visit/Telehealth - Urgent care services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours.	Per Visit	\$30	\$30	\$30	\$30
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	\$0	\$0	\$0	\$0
Silver Advantage, Advantage Plus and Preferred Advantage offer a Flex Card for Dental, Hearing and OTC items.		\$525	\$625	\$725	N/A
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by the primary care physician	Per Visit	\$40	\$40	\$30	\$40
Inpatient Hospital (includes mental health inpatient hospital care)	Per Admission	\$300/day (days 1-7) \$2,100 Max	\$275/day (days 1-7) \$1,925Max	\$200/day (days 1-5) \$1,000 Max	\$400/day (days 1-7) \$2,800 Max
Outpatient procedures performed in a hospital	Per Visit	\$350	\$300	\$200	\$350
Emergency room visit	Per Visit	\$130 (waived if admitted)	\$130 (waived if admitted)	\$130 (waived if admitted)	\$130 (waived if admitted)
Ambulance service	Per Transport	\$290 or \$290 (air)	\$290 or \$290 (air)	\$290 or \$290 (air)	\$290 or \$290 (air)
Ambulatory Surgical Center	Per Visit	\$275	\$200	\$150	\$275
Diagnostic Imaging including MRI, PET, CT, Thallium and Nuclear Cardiology scans	Per Visit	\$150	\$150	\$150	\$150
Routine eye exams (one every 12 months)	Per Visit	\$10 or \$40	\$10 or \$40	\$10 or \$20	\$10 or \$40
Visits for cardiac and intensive cardiac rehabilitation services	Per Visit	\$40	\$40	\$25	\$40
Visits for pulmonary rehabilitation services	Per Visit	\$20	\$20	\$20	\$20
Calendar year Out-of-Pocket Maximum (Medical Only)	Per Member	\$6,500	\$6,000	\$6,000	\$7,000

Part D Drugs (mail order and supplies other than 30 days are available)

Deductible and Initial Coverage Limit \$550 Deductible for Silver and Giveback Advantage Tiers 3-5, \$400 Deductible for Advantage Plus Tiers 3-5, \$300 Deductible for Preferred Advantage Tiers 3-5 *Silver Advantage and Giveback Advantage have a separate formulary with Preferred/ Non-Preferred Pharmacy cost share	Tier 1 \$0/\$10 Tier 2 \$0/\$14 Tier 3 25% Tier 4 25% Tier 5 25% Select Care \$0	Tier1 \$0 Tier 2 \$7 Tier 3 \$45 Tier 4 25% Tier 5 25% Select Care \$0	Tier1 \$0 Tier 2 \$7 Tier 3 \$45 Tier 4 25% Tier 5 25% Select Care \$0	Tier 1 \$0/\$10 Tier 2 \$0/\$14 Tier 3 25% Tier 4 25% Tier 5 25% Select Care \$0
Catastrophic Coverage (After your yearly out-of-pocket drug costs reach \$2,400) During this payment stage, the plan pays the full cost for your covered Part D drugs.	\$0 You pay nothing	\$0 You pay nothing	\$0 You pay nothing	\$0 You pay nothing

Exclusions & General Information

- See your plan’s Evidence of Coverage for limitations and exclusions and a complete description of benefits.
- Contact your plan for more information. Benefits, premiums, and/or copayments/coinsurance may change January 1 of each year. Limitations, copayments, and restrictions may apply. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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