Capital Health PLAN℠

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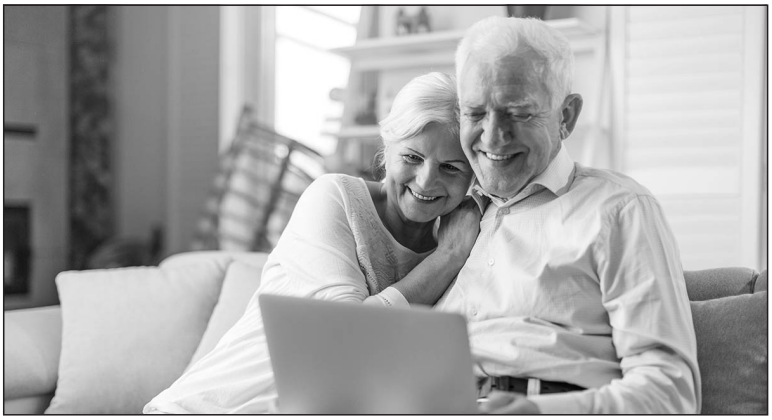

CAPITAL HEALTH PLAN

PREFERRED ADVANTAGE (HMO)

2027 Annual Notice of Change

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

Annual Notice of Change for 2027

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

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, 2026, you'll stay in Capital Health Plan Preferred Advantage.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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 711) to get a copy by mail.

More Resources

- Call Member Services at 1-877-247-6512 (TTY users call 711) 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 Preferred Advantage

- Capital Health Plan is an HMO with a Medicare contract. Enrollment 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 Preferred Advantage.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Capital Health Plan Preferred Advantage.** Starting January 1, 2027, you'll get your medical and drug coverage through Capital Health Plan Preferred Advantage. Go to Section 2 for more information about how to change plans and deadlines for making a change.

OMB Approval 0938-1051 (Expires: July 31, 2029)

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Table of Contents

Summary of Important Costs for 2027 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 12

Section 1.7 Changes to Prescription Drug Benefits & Costs 12

SECTION 2 How to Change Plans 15

Section 2.1 Deadlines for Changing Plans 15

Section 2.2 Are there other times of the year to make a change? 16

SECTION 3 Get Help Paying for Prescription Drugs 16

SECTION 4 Questions? 17

Get Help from Capital Health Plan Preferred Advantage 17

Get Free Counseling about Medicare 18

Get Help from Medicare 18

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1 for details.	$96	**$105**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	$4,500	**$6,000**
Primary care office visit	$0 per visit.	**$0 per visit.**
Specialist office visits	$20 per visit.	**$35 per visit.**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	For Medicare-covered hospital stays: $400 copayment per stay. $400 out-of-pocket maximum every stay. You are covered for unlimited additional days.	**For Medicare-covered hospital stays:** **$200 copayment per stay days 1 - 5.** **$0 copayment per stay days 6 - 90**. **$1,000 out-of-pocket maximum every stay.** **You are covered for up to 2 additional days.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $200 Tiers 3-5 except for covered insulin products and most adult Part D vaccines.	**Part D drug coverage deductible** **$300 Tiers 3-5 except for covered insulin products and most adult Part D vaccines.**

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $7 Drug Tier 3: $45 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: $95 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 6: $0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Copayment/ Coinsurance during the Initial Coverage Stage:** **Drug Tier 1:** **$0** **Drug Tier 2:** **$7** **Drug Tier 3:** **$45** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4:** **25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5:** **25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 6:** **$0** **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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$96	**$105**

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 Part D or 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 3 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 services (and other health services not covered by Medicare) for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayment) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,500	**$6,000** **Once you've paid $6,000 out-of-pocket for covered services, you'll pay nothing for your covered 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 2027 *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 711) 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 711) for help. You may have a special enrollment period if your provider leaves the plan network. 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 2027 *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 711) 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 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture services	$20 copayment for each Medicare-covered Acupuncture visit.	**$0 - $35 copayment for each Medicare-covered Acupuncture visit.** **$0 cost share applies to Practice Nurse and tech**

	2026 (this year)	2027 (next year)
Acupuncture services (continued)		**visits, while standard cost-sharing would apply for all other providers.**
Additonal telehealth benefits	$0 - $20 copayment.	**$0 - $35 copayment.**
CHP Choice Card	You are covered up to a $825 allowance every year to purchase plan-approved items, services, or products through your CHP Choice Card. Benefits include: • Over-the-Counter (OTC) Items • Personal emergency response system (PERS) • Preventive and Comprehensive dental services • Hearing Aids • Transportation • *Food and Produce (SSBCI)	**You are covered up to a $725 allowance every year to purchase plan-approved items, services, or products through your CHP Choice Card. Benefits include:** • **Over-the-Counter (OTC) Items** • **Personal emergency response system (PERS)** • **Preventive and Comprehensive dental services** • **Hearing Aids** • **Transportation** • ***Food and Produce (SSBCI)**
Dental services	$20 copayment for Medicare-covered dental services. $825 annual maximum for covered preventive and comprehensive services administered through your CHP Choice	**$35 copayment for Medicare-covered dental services.** **$725 annual maximum for covered preventive and comprehensive services administered through your CHP**

	2026 (this year)	2027 (next year)
Dental services (continued)	Card, combined with other covered services.	**Choice Card, combined with other covered services.**
Emergency care	$125 copayment for each Medicare-covered emergency care visit.	**$130 copayment for each Medicare-covered emergency care visit.**
Glaucoma screening	$10 - $20 copayment for each Medicare-covered glaucoma screening.	**$10 - $35 copayment for each Medicare-covered glaucoma screening.**
Hearing services	$20 copayment for Medicare-covered hearing exams and routine hearing exams.	**$35 copayment for Medicare-covered hearing exams and routine hearing exams.**
Inpatient hospital care	For Medicare-covered hospital stays: $400 copayment per stay. $400 out-of-pocket maximum every stay. You are covered for unlimited additonal days.	**For Medicare-covered hospital stays:** **$200 copayment per stay days 1 - 5.** **$0 copayment per stay days 6 - 90.** **$1,000 out-of-pocket maximum every stay.** **You are covered for up to 2 additional days.**
Inpatient services in a psychiatric hospital	$400 copayment per stay. $400 out-of-pocket maximum every stay. You are covered for unlimited additional days.	**$200 copayment per stay days 1 - 5.** **$0 copayment per stay days 6 and 90.** **$1,000 out-of-pocket maximum every stay.** **You are covered for up to 2 additional days.**

	2026 (this year)	2027 (next year)
Intensive outpatient program services	$20 copayment for each Medicare-covered intensive outpatient program services. Prior authorization and referrals are not required.	**$35 copayment for each Medicare-covered intensive outpatient program services.** **Prior authorization and referrals may be required.**
Opioid treatment program services	$20 copayment for each Medicare-covered opioid treatment program service.	**$35 copayment for each Medicare-covered opioid treatment program service.**
Other health care professionals	$20 copayment for Medicare-covered other health care professional services.	**$0 - $35 copayment for Medicare-covered other health care professional services.**
Outpatient diagnostic radiological services	$100 copayment for all Medicare-covered diagnostic radiology services.	**$0 copayment for Medicare-covered screening mammograms.** **$150 copayment for all other Medicare-covered diagnostic radiology services.**
Outpatient mental health care	$20 copayment for each Medicare-covered individual or group therapy visit. $20 copayment for each Medicare-covered individual or group therapy visit with a psychiatrist.	**$35 copayment for each Medicare-covered individual or group therapy visit.** **$35 copayment for each Medicare-covered individual or group therapy visit with a psychiatrist.**

	2026 (this year)	2027 (next year)
Outpatient substance abuse services	$20 copayment for Medicare-covered individual and group substance abuse services.	**$35 copayment for Medicare-covered individual and group substance abuse services.**
Outpatient surgery at ambulatory surgical centers	$100 copayment for each Medicare-covered ambulatory surgical center visit.	**$150 copayment for each Medicare-covered ambulatory surgical center visit.**
Physician specialist services excluding psychiatric services	$20 copayment for each Medicare-covered specialist visit.	**$35 copayment for each Medicare-covered specialist visit.**
Podiatry services	$20 copayment for Medicare-covered podiatry services.	**$35 copayment for Medicare-covered podiatry services.**
Urgently Needed Services	$20 copayment for each Medicare-covered urgent care clinic visit.	**$30 copayment for each Medicare-covered urgent care clinic visit.**
Vision care	$10 copayment for Medicare covered eye exams and Non-Medicare covered routine eye exams. $20 copayment for Medicare covered eye exams and Non-Medicare covered routine eye exams when performed by a Specialist.	**$10 copayment for Medicare covered eye exams and Non-Medicare covered routine eye exams.** **$35 copayment for Medicare covered eye exams and Non-Medicare covered routine eye exams when performed by a Specialist.**
Worldwide Emergency/urgent coverage	$125 copayment for each world-wide emergency care visit. $20 copayment for each world-wide urgent care visit.	**$130 copayment for each world-wide emergency care visit.** **$30 copayment for each world-wide urgent care visit.**

***** The food and produce grocery benefit mentioned is part of a special supplemental benefit for the chronically ill. Eligible members must have a documented diagnosis of diabetes. Even if you meet this condition, you will not automatically receive this benefit because other plan coverage and eligibility criteria must also be met.

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 posted online at 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, 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 711) 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, 2026, call Member Services at 1-877-247-6512 (TTY users call 711) 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.

- ***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 out-of-pocket costs reach $2,400.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	$200 During this stage, you pay $0, $0 or $7 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.	**$300** **During this stage, you pay $0, $0 or $7 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 $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (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.	$0	**$0**
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.	$7	**$7**
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.	$45	**$45**
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.	$95 Your cost for a one-month mail-order prescription is $95	**25% of the total cost** **Your cost for a one-month mail-order prescription is 25% of the total cost**
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.	30% of the total cost	**25% of the total cost**

	2026 (this year)	2027 (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.	$0	**$0**

SECTION 2 How to Change Plans

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

If you want to change plans for 2027, 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 Preferred Advantage. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Capital Health Plan Preferred Advantage.
- **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 711) 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 Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 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, 2027, 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, 2027.

Section 2.2 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 3 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. 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 2027. You do not need to submit a new election request to continue participating in 2027. **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. To learn more about this payment option, call us at 1-877-247-6512 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from Capital Health Plan Preferred Advantage

- **Call Member Services at 1-877-247-6512. (TTY users call 711.)**

  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 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Capital Health Plan Preferred Advantage 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 711) to ask us to mail you a copy.

- **Visit www.capitalhealth.com/Medicare**

  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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit 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 2027***

  The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Capital Health PLAN℠

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 fòma 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.

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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.

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German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-247-6512 (TTY: 1-877-870-8943) an oder sprechen Sie mit Ihrem Provider.

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

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 fòma aksesib yo ki disponib gratis tou. Rele nan 1-877-247-6512 (TTY: 1-877-870-8943) oswa pale avèk founisè w la.

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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