



City of Tallahassee Selection \$15/ \$30/ \$50 Rx Schedule of Copayments

Benefits	Unit	Your Cost (Copayment)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$10
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours	Per Visit	\$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.	Covered in full	
Chiropractic Care	Per Visit	\$40
Dermatology Care	Per Visit	\$40
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$40
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$40
Podiatry Care	Per Visit	\$40
Routine eye exams	Per Visit	\$10
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$40
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250
Outpatient procedures performed in a hospital	Per Visit	\$250
Mental health inpatient hospital care	Per Admission	\$250
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	Tier 1 Tier 2 Tier 3	\$15 \$30 \$50



Benefits	Unit	Your Cost
(Copayment)		
Emergency Services		
Emergency room visit	Per Visit	\$250
Medically necessary ambulance service	Per Transport	\$100
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice care	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$100
Outpatient prescription drugs	Covered by endorsement only	
Value Added Features		
CHP Health Coaching, a 24/7 health information and decision support line	Included	
Health Crossroads web modules offering decision support, treatment options and prevention tips about back pain, depression, diabetes, smoking cessation, weight loss, and much more	Included	
Diabetes prevention and weight management program	Included	
CHPConnect: Online resource to help you manage your care	Included	
Fitness Reimbursement - Up to \$150 per year per household for membership at qualified health and fitness centers	Included	
Local fitness center discounts	Included	
Exclusions		
<ul style="list-style-type: none"> • Services not specifically listed in the Covered Services section of Member Handbook • Service, which in our opinion was, or is, not Medically Necessary • Hearing aids and devices • Nonprescription drugs and vitamins • Cosmetic surgery • Custodial care <ul style="list-style-type: none"> • You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments. • The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs. • It is the member's responsibility to retain receipts and to notify and document to the satisfaction of Capital Health Plan that the copayment limit has been reached. After notification, services will be provided with no copayment charge for the remainder of the calendar year. 		