



Capital Health

P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

SCHEDULE OF RETIREE ADVANTAGE (HMO) COPAYMENTS FOR MEDICARE CITY OF TALLAHASSEE SELECTION

COVERED SERVICE	UNIT	COPAYMENT
Physician Office Services		
Office visit for services provided by member's primary care physician or other CHP personnel during regular office hours	Per visit	\$15
Office visit for services provided by primary care physician or other CHP personnel after regular office hours (including evenings and weekends)	Per visit	\$20
Office visit for services provided by participating provider when authorized by the primary care physician	Per visit	\$25
Outpatient procedures, surgical service, and other medical care provided by the primary care physician or a participating provider when authorized by the primary care physician	Per service	\$25
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician	Per visit	\$25
Hospital Services		
All hospital benefits covered under this agreement	Per admission	\$250 (\$750 maximum per year)
Outpatient procedures performed in a hospital	Per visit	\$100
Mental health inpatient care	Per admission	\$250 (\$750 maximum per year)
Maternity Services		
Office visit for services provided by member's primary care physician	Per visit	\$15
Office visit for services provided by a participating provider when authorized by the primary care physician or by a non-plan provider when authorized by the CHP Medical Director	Per visit	\$25
Hospital Services: All maternity inpatient care	Per admission	\$250 (\$750 maximum per year)

COVERED SERVICE	UNIT	COPAYMENT
Emergency Services		
Emergency room visit	Per visit	\$50 (waived if admitted)
Emergency services outside the service area	Per visit	\$50 (waived if admitted)
Medically necessary ambulance services	Per occurrence	\$0
Other Benefits		
Outpatient procedures performed in an ambulatory surgical center	Per procedure	\$100
Home health service	Per occurrence	\$0
Hospice home care	Per occurrence	\$0
Hospice outpatient care	Per occurrence	\$0
Hospice inpatient care	Per occurrence	\$0
Skilled nursing facility services limited to 100 days of confinement per benefit period	Per confinement	\$0
Durable medical equipment	Per device	\$0
Orthotic and Prosthetic medical appliances	Per appliance	\$0
Diagnostic MRI, PET, CT, and Thallium imaging scans	Per scan	\$25
Outpatient prescription drugs (30 day supply)	\$15 for Tier 1 Drugs \$30 for Tier 2 Drugs \$50 for Tier 3 Drugs	
Visits for short-term physical/speech or other rehabilitation therapies	Per visit	\$25
Routine eye exam	Per visit	\$15

www.capitalhealth.com/medicare

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Seven days a week, 8 a.m. to 8 p.m.**