

Capital Health Plan Retiree Advantage (HMO) FOR MEDICARE MEMBERS



Capital Health P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association



2010 Summary of Benefits

P.O. BOX 15349 • Tallahassee, Florida 32317-5349

H5938-RA-100709

SECTION ONE

Introduction to the Summary of Benefits for Capital Health Plan Retiree Advantage (HMO) January 1, 2010 – December 31, 2010 Gadsden, Jefferson, Leon, Wakulla

Thank you for your interest in Capital Health Plan Retiree Advantage (HMO). Our plan is offered by CAPITAL HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Capital Health Plan Retiree Advantage (HMO) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Capital Health Plan Retiree Advantage (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Capital Health Plan Retiree Advantage (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Capital Health Plan Retiree Advantage (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO) AVAILABLE?

The service area for the plan includes: Gadsden, Jefferson, Leon and Wakulla Counties, FL. You must live in one of these areas to join the plan.

**Introduction to the Summary of Benefits for
Capital Health Plan Retiree Advantage (HMO)
January 1, 2010 – December 31, 2010
Gadsden, Jefferson, Leon, Wakulla**

WHO IS ELIGIBLE TO JOIN CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)?

You can join Capital Health Plan Retiree Advantage (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in Capital Health Plan Retiree Advantage (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

Capital Health Plan Retiree Advantage (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at www.capitalhealth.com/Medicare-2010/Physician-Provider-Directory.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO IS NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Capital Health Plan Retiree Advantage (HMO) nor the Original Medicare Plan will pay for these services.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Capital Health Plan Retiree Advantage (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN ONE OF THESE PLANS?

Capital Health Plan Retiree Advantage (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.capitalhealth.com/Medicare. Our customer service number is listed at the end of this introduction.

**Introduction to the Summary of Benefits for
Capital Health Plan Retiree Advantage (HMO)
January 1, 2010 – December 31, 2010
Gadsden, Jefferson, Leon, Wakulla**

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Capital Health Plan Retiree Advantage (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at www.capitalhealth.com/Medicare.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day / 7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TTD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

**Introduction to the Summary of Benefits for
Capital Health Plan Retiree Advantage (HMO)
January 1, 2010 – December 31, 2010
Gadsden, Jefferson, Leon, Wakulla**

As a member of Capital Health Plan Retiree Advantage (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Florida Medical Quality Assurance, Inc., 1-800-844-0795.

As a member of Capital Health Plan Retiree Advantage (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Florida Medical Quality Assurance, Inc., 1-800-844-0795.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Capital Health Plan Retiree Advantage (HMO) for more details.

**Introduction to the Summary of Benefits for
Capital Health Plan Retiree Advantage (HMO)
January 1, 2010 – December 31, 2010
Gadsden, Jefferson, Leon, Wakulla**

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Capital Health Plan Retiree Advantage (HMO) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If they are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

**Introduction to the Summary of Benefits for
Capital Health Plan Retiree Advantage (HMO)
January 1, 2010 – December 31, 2010
Gadsden, Jefferson, Leon, Wakulla**

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at (850) 523-7441 to obtain a copy of the plan ratings for this plan. TTY users call (850) 383-3534.

Please call Capital Health Plan for more information about Capital Health Plan Retiree Advantage (HMO).

Visit us at www.capitalhealth.com/Medicare-2010 or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern

Current and Prospective members should call toll-free (877) 247-6512 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program.
(TTY/TDD (800) 955-8771)

Current and Prospective members should call locally (850) 523-7441 for questions related to the Medicare Advantage Program or the Medicare Part D Prescription Drug Program.
(TTY/TDD (850) 383-3534)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

SECTION TWO

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan’s benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
1	<p>IMPORTANT INFORMATION</p> <p>Premium and Other Important Information</p>	<p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><u>General</u> Your monthly plan premium, allowance, and limitations are determined by your group contract.</p> <p>You also continue to pay the Medicare Part B premium.</p> <p><u>Out-of-Network</u> Unless otherwise noted, out-of-network services are not covered.</p>
2	<p>Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><u>In-Network</u> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
3	<p>SUMMARY OF BENEFITS INPATIENT CARE</p> <p>Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009 the amounts for each benefit period were: Days 1 – 60: \$1068 deductible Days 61 – 90: \$267 per day Days 91 – 150: \$534 per lifetime reserve day</p> <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once. A “benefit period” starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><u>In-Network</u> You pay a group-selected copay for each Medicare-covered stay in a network hospital.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan’s benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
4	Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><u>In-Network</u> You pay a group-selected copay for each Medicare-covered stay at a network hospital.</p> <p>You get up to 190 days in a psychiatric hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
5	<p>Skilled Nursing Facility (SNF)</p> <p>(in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 – 20: \$0 per day Days 21 – 100: \$133.50 per day</p> <p>These amounts will change for 2010.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into the hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> There is no copay for a Medicare-covered stay in a skilled nursing facility.</p> <p>100 days for each benefit period.</p> <p>No prior hospital stay is required.</p>

2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
6	Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered home health visits.
7	Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	<u>General</u> You must get care from a Medicare-certified hospice.
8	OUTPATIENT CARE Doctor Office Visits	20% coinsurance	<u>General</u> See "Physical Exams," for more information. Authorization rules may apply. <u>In-Network</u> You pay a group-selected copay for each primary care doctor office visit for Medicare-covered services. You pay a group-selected copay for each in-area, network urgent care Medicare-covered visit. You pay a group-selected copay for each specialist visit for Medicare-covered services.

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
9	Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	<u>In-Network</u> You pay a group-selected copay for each Medicare-covered visit. Medicare covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10	Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<u>In-Network</u> You pay a group-selected copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11	Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<u>General</u> Authorization rules may apply. <u>In-Network</u> You pay a group-selected copay for each Medicare-covered individual or group therapy visit.
12	Outpatient Substance Abuse Care	20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> You pay a group-selected copay for each Medicare-covered individual or group therapy visit.

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
13	Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility charges	<u>General</u> Authorization rules may apply. <u>In-Network</u> You pay a group-selected copay for each Medicare-covered ambulatory surgical center visit. You pay a group-selected copay for each Medicare-covered outpatient hospital facility visit. <u>Additional facility charges may apply.</u>
14	Ambulance Services (medically necessary ambulance services)	20% coinsurance	<u>General</u> Authorization rules may apply. <u>In-Network</u> You pay a group-selected copay for Medicare-covered ambulance benefits.

2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
15	Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	<u>In-Network</u> \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.
16	Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	<u>General</u> You pay a group-selected copay for Medicare-covered urgently needed care visit. Not covered outside the U.S. except under limited circumstances.

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
17	<p>Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% coinsurance	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> You pay a group-selected copay for Medicare-covered Occupational Therapy visits.</p> <p>You pay a group-selected copay for Physical Therapy and/or Speech/Language Therapy visits.</p> <p>Additional facility charges may apply.</p>
18	<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p> <p>Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	20% coinsurance	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered items.</p>
19	<p>Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered items.</p>

2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
20	<p>Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> You pay a group-selected copay for Diabetes self-monitoring training.</p> <p>You pay a group-selected copay for Nutrition Therapy for Diabetes.</p> <p>You pay a group-selected copay for Diabetes supplies.</p>
21	<p>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> You pay a group-selected copay for the following Medicare-covered services: MRI, CT, PET, Thallium scans.</p> <p>\$0 copay for the following Medicare-covered services: x-rays, radiation therapy, clinical/diagnostic lab services.</p> <p>Additional facility charges may apply.</p>

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
22	<p>PREVENTIVE SERVICES</p> <p>Bone Mass Measurement</p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered bone mass measurement.</p> <p>Additional facility charges may apply.</p>
23	<p>Colorectal Screening Exams</p> <p>(for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered colorectal screenings.</p> <p>You are covered for an unlimited number of colorectal screenings.</p> <p>Additional facility charges may apply.</p>

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
24	<p>Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Flu vaccines, Pneumonia vaccines or Hepatitis B vaccines.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p>
25	<p>Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> \$0 copay for Medicare-covered screening mammograms.</p> <p>No limit on the number of covered screening mammograms.</p> <p>Additional facility charges may apply.</p>

2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
26	Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	<u>General</u> Authorization rules may apply. <u>In-Network</u> There is no copay for Medicare-covered pap smears. You pay a group-selected copay for Medicare-covered pelvic exams. No limit on the number of covered pap smears and pelvic exams. Additional facility charges may apply.
27	Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered prostate cancer screening exams. No limit on the number of covered prostate cancer screenings. Additional facility charges may apply.

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
28	End-Stage Renal Disease	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><u>General</u> Authorization rules may apply.</p> <p>Out-of-area renal dialysis services do not require authorization.</p> <p><u>In-Network</u> \$0 copay for in and out-of-area renal dialysis.</p> <p>You pay a group-selected copay for Nutrition Therapy for End-Stage Renal Disease.</p>
29	Prescription Drugs	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs Covered under Medicare Part B <u>General</u> \$0 copay for Part B-covered drugs</p> <p>Drugs Covered under Medicare Part D <u>General</u> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.capitalhealth.com/Medicare on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
29	Prescription Drugs, continued		<p>Health Service).</p> <p>If the actual cost of the drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>There is no deductible.</p> <p>You pay a group-selected copayment for Tier 1 generic drugs Tier 2 preferred brand name drugs Tier 3 nonpreferred brand name drugs</p> <p>There is no coverage gap.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Certain prescription drugs will have minimum quantity limits.</p> <p>Your provider must get prior authorization from Capital Health Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the</p>

2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
29	Prescription Drugs, continued		plan's service area where there is no network pharmacy. Please contact plan for details.
30	Dental Services	Preventive dental services (such as cleaning) not covered.	<u>General</u> Authorization rules may apply. <u>In-Network</u> \$0 copay for Medicare-covered dental benefits. In general, preventive dental benefits (such as cleaning) not covered.
31	Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<u>General</u> Authorization rules may apply. <u>In-Network</u> Hearing aids are not covered. You pay a group-selected copay for each routine hearing test (up to 1 test per year).

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
32	Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><u>In-Network</u> Non-Medicare-covered eye exams and glasses are not covered.</p> <p>\$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery.</p> <p>You are covered up to \$150 for eye wear every two years.</p> <p>You pay a group-selected copay for each Medicare-covered eye exam (diagnoses and treatment for diseases and conditions of the eye), and for each routine eye exam.</p>
33	Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p><u>General</u> Authorization rules may apply.</p> <p><u>In-Network</u> You pay a group-selected copay for each physical exam. You are covered for up to 1 exam every year with your primary care physician.</p>

**2010 SUMMARY OF BENEFITS
CAPITAL HEALTH PLAN RETIREE ADVANTAGE (HMO)**

If you have any questions about this plan's benefits or costs, please contact Capital Health Plan.

	Benefit Category	Original Medicare	Capital Health Plan Retiree Advantage (HMO)
34	Health / Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking a medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<u>General</u> Authorization rules may apply. <u>In-Network</u> The plan covers health/wellness education benefits. -Written health education materials, including Newsletters -Nutritional Training -Health Club Membership/Fitness Classes -Nursing Hotline Copays may apply for these benefits. \$0 copay for each Medicare-covered smoking cessation counseling session.
	Transportation (Routine)	Not covered.	<u>In-Network</u> This plan does not cover routine transportation.
	Acupuncture	Not covered.	<u>In-Network</u> This plan does not cover Acupuncture.

SECTION THREE

Important Plan Information

- Women have direct access for routine and preventive health care services, which include breast exams, mammograms, Pap tests, and pelvic exams, as long as they are received from a network provider or network specialist such as a gynecologist.
- Many local, office-based, in-network providers do not require an authorization number to see a member. However, we encourage members to work through their primary care physician for all clinical referrals.
- Outpatient Prescription Drugs: Out-of-area pharmacy coverage is limited to prescriptions related to urgent or emergency medical situations (including when an enrollee loses or runs out of necessary prescription drugs), except when obtained at a national participating pharmacy. All other Part D prescription drugs must be obtained at participating pharmacies within the service area.
- Health Club Membership/Fitness classes reimbursement up to \$150 per year at Capital Health Plan approved facilities.
- Referral is required for Outpatient Clinical/Diagnostic/Therapeutic Radiological Lab Services. (See page 15 for additional information about Diagnostic Tests, X-Rays, and Lab Services.)
- Physician office visit copay applies when a physician service is provided in addition to Immunizations.
- Accommodations are available for persons with disabilities.
- Service Mark: The member hereby expressly acknowledges his or her understanding that each of these plans constitutes a contract solely between the member and Capital Health Plan, which is an independent corporation operating under a license from Blue Cross® and Blue Shield® Association, an association of independent Blue Cross and Blue Shield Plans (“the Association”), permitting Capital Health Plan to use the Blue Cross and Blue Shield Service Marks in the State of Florida, and that Capital Health Plan is not contracting as the agent of the Association. The member acknowledges and agrees that he or she has not entered into either of these plans based on representations by any person other than Capital Health Plan, and that no person, entity, or organization other than Capital Health Plan shall be held accountable or liable to the member for any of Capital Health Plan’s obligations to the member created under these plans. This paragraph shall not create any additional obligations whatsoever on the part of Capital Health Plan other than those obligations created under other provisions of either of these plans.