

State of Florida Retiree Advantage (HMO)

State of Florida Retiree Classic (HMO)

Copayment/Coinsurance Comparison



Covered Service		State of Florida Retiree Advantage (HMO)	State of Florida Retiree Classic (HMO) *
Premium		\$282.62	\$165.00
Physician Services (including maternity care)	Unit	Copayment/Coinsurance	Copayment/Coinsurance
Primary Care: Office visit/telehealth for services provided by your primary care physician during regular office hours	Per Visit	\$20	\$10
Specialty Care: Office visit/telehealth for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40	\$25
Urgent Care: <u>Office Visit/Telehealth</u> – Urgent care services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours. <u>Telehealth</u> – Amwell urgent care services provided by network physicians through remote access technology including the web and other mobile devices.	Per Visit	\$25	\$20
	Per Visit	\$0	\$0
Preventive Services: Preventive services covered under Original Medicare.	Per Visit	\$0	
Acupuncture- For chronic low back pain under certain circumstances	Per Visit	\$40	\$25
Chiropractic Care- if medically necessary under certain circumstances	Per Visit	\$20	\$20
Mental Health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician	Per Visit	\$20	\$25
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	\$0	\$25
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement (includes mental health inpatient hospital care)	Per Admission	\$250	\$150 per day days 1-10
Outpatient procedures performed in a hospital	Per Visit	\$0	\$200
Emergency room visit	Per Visit	\$100 (waived if admitted)	\$120 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$0	\$250

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Other Benefits	Unit	Copayment/ Coinsurance	Copayment/ Coinsurance
Home Health services	Per Occurrence	\$0	
Hospice Care	Per Occurrence	\$0	
Skilled nursing facility services limited to 100 days of confinement per benefit period.	Per Confinement	\$0	\$0/day days 1-20 \$75/day days 21-100
Ambulatory Surgical Center	Per Visit	\$0	\$100
Durable Medical Equipment	Per Device	\$0	20%
Orthotic and Prosthetic Appliances	Per Appliance	\$0	20%
Renal Dialysis	Of the Cost	\$0	20%
Therapeutic Radiology Services	Of the Cost	\$0	20%
Diagnostic Imaging including MRI, PET, CT, Thallium and Nuclear Cardiology scans	Per Visit	\$0	\$100
Routine eye exams (one every 12 months)	Per Visit	\$40	\$10
Visits for cardiac and intensive cardiac rehabilitation services	Per Visit	\$40	\$25
Visits for pulmonary rehabilitation services	Per Visit	\$20	\$20
Part B Drugs	Of the Cost	\$0	\$50
Calendar year Out-of-Pocket Maximum (Medical Only)	Per Member	\$1,500 (\$3,000/family)	\$2,500
<u>Initial Coverage Limit</u>		Tier 1 \$7	Tier 1 \$7
30 day retail supply		Tier 2 \$7	Tier 2 \$7
(Prior to reaching \$4,660 in total yearly drug costs)		Tier 3 \$30	Tier 3 \$45
		Tier 4 \$50	Tier 4 \$95
		Tier 5 \$50	Tier 5 \$95
		Tier 6 \$0	Tier 6 \$0
<u>Coverage Gap</u>		Tier 1 \$7	Tier 1 \$7
(After your total yearly drug costs reach \$4,660)		Tier 2 \$7	Tier 2 \$7
		Tier 3 \$30	Tier 3 \$45
		Tier 4 \$50	Tier 4 \$95
		Tier 5 \$50	Tier 5 \$95
		Tier 6 \$0	Tier 6 \$0
<u>Catastrophic Coverage</u>		\$4.15 or 5% Generic	\$4.15 or 5% Generic
(After your yearly out-of-pocket drug costs reach \$7,400)		\$10.35 or 5% Brand	\$10.35 or 5% Brand

***Retiree Classic (HMO) - is an individual plan option only available for retirees and their spouses who are Medicare eligible.**