

6 plans

Capital Health

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SILVER + CSR

Capital Health Plan HMO Silver 2303 (Wellness Program \$\$\$) - HMO

Monthly premium	Deductible (Health + Rx)	Drug deductible	N/A
\$0.00	\$0	Your estimated all-in	\$280
was \$442.33		Out-of-pocket max	\$2,000
		Doctor visits	No charge
		Generic drugs	No charge
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Clinic/Center			
Medical Specialty			
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Prosthetic/Orthotic Supplier			

Capital Health

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EXPANDED BRONZE

Capital Health Plan HMO Bronze 1000 (Wellness Program \$\$\$) - HMO

Monthly premium	Deductible (Health + Rx)	Drug deductible	N/A
\$0.00	\$7,500	Your estimated all-in	\$1,220
was \$374.60		Out-of-pocket max	\$9,200
		Doctor visits	\$50
		Generic drugs	\$25
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Clinic/Center			
Medical Specialty			
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Prosthetic/Orthotic Supplier			

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Capital Health Plan HMO Silver 2103 (Wellness Program \$\$\$) - HMO

Monthly premium	Deductible (Health + Rx)	Drug deductible	N/A
\$8.36	\$0	Your estimated all-in	\$111
was \$451.36		Out-of-pocket max	\$1,400
		Doctor visits	\$5
		Generic drugs	\$3
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Clinic/Center			
Medical Specialty			
Tallahassee Orthopedic Clinic lli Pl ?		Doesn't take this plan	
Prosthetic/Orthotic Supplier			

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GOLD

Capital Health Plan HMO Gold 3100 (Wellness Program \$\$\$) - HMO



Monthly premium \$40.44 was \$403.44	Deductible (Health + Rx) \$1,500	Drug deductible Your estimated all-in Out-of-pocket max Doctor visits Generic drugs Doesn't take this plan	N/A \$1,665 \$7,800 \$30 \$15
Tallahassee Orthopedic Clinic lli Pl ? Clinic/Center Medical Specialty			
Tallahassee Orthopedic Clinic lli Pl ? Prosthetic/Orthotic Supplier		Doesn't take this plan	




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● GOLD

Capital Health Plan HMO Gold 3000 (Wellness Program \$\$\$) - HMO

<div>Monthly premium</div> <div>\$80.92</div> <div>was \$523.92</div>	<div>Deductible (Health + Rx)</div> <div>\$0</div>	<div>Drug deductible</div> <div>N/A</div>
		<div>Your estimated all-in</div> <div>\$1,026</div>
		<div>Out-of-pocket max</div> <div>\$7,900</div>
		<div>Doctor visits</div> <div>\$25</div>
		<div>Generic drugs</div> <div>\$15</div>
<div>Tallahassee Orthopedic Clinic lli Pl ?</div> <div>Clinic/Center</div> <div>Medical Specialty</div>		<div>Doesn't take this plan</div>
<div>Tallahassee Orthopedic Clinic lli Pl ?</div> <div>Prosthetic/Orthotic Supplier</div>		<div>Doesn't take this plan</div>



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● PLATINUM

Capital Health Plan HMO Platinum 4000 (Wellness Program \$\$\$) - HMO

<div>Monthly premium</div> <div>\$261.75</div> <div>was \$704.75</div>	<div>Deductible (Health + Rx)</div> <div>\$0</div>	<div>Drug deductible</div> <div>N/A</div> <div>Your estimated all-in</div> <div>\$3,191</div> <div>Out-of-pocket max</div> <div>\$4,300</div> <div>Doctor visits</div> <div>\$10</div> <div>Generic drugs</div> <div>\$5</div>
<div>Tallahassee Orthopedic Clinic lli Pl ⓘ</div> <div>Clinic/Center</div> <div>Medical Specialty</div>		Doesn't take this plan
<div>Tallahassee Orthopedic Clinic lli Pl ⓘ</div> <div>Prosthetic/Orthotic Supplier</div>		Doesn't take this plan