Capital Health Plan

Large Group Benefit Plans

Employer Groups beginning on or after 1/1/2026

Capital Health PLAN℠
An Independent Licensee of the Blue Cross and Blue Shield Association

Benefit Description	Capital Selection 15/30/50	Quality Choice 15/50/100	Value Selection 15/50/100	Primary Selection 6-Tier RX	CHP HDHP Plan
Single Deductible	N/A	N/A	$2,500	N/A	$1,700
Family Deductible	N/A	N/A	$5,000	N/A	$3,400
MOOP	$2,000/$4,500 Medical $4,600/$8,700 Rx (Separate)	$2,000/$4,500 Medical $4,850/$9,200 Rx (Separate)	$4,000/$8,500 Medical $2,850/$5,200 Rx (Separate)	$6,850/13,700 (Medical & Rx Combined)	$3,000/6,000 (Medical & Rx Combined)
Primary Care Visit	$15	$15	$15	$15	20% Coinsurance
Specialist Visit (All specialists including Chiropractors & OBs)	$40	$75	$75	$100	20% Coinsurance
Mental/Behavioral Health &Substance Abuse Disorder Visits	$40	$75	$75	$100	20% Coinsurance
Imaging (CT/PET Scans, MRIs)	$100	$250	$250	$350	20% Coinsurance
ASC	$100	$250	$250	$250	20% Coinsurance
Outpatient hospital	$250	$500	$500	$500	20% Coinsurance
ER (waived if admitted)	$300	$750	$500	$100 Copay + 25% COINS	20% Coinsurance
ER (waived if admitted) - 2nd OPTION	20% COINS	$100 Copay + 25% COINS	20% COINS	N/A	N/A
Ambulance	$100	$250	$250	$250	20% Coinsurance
Urgent Care	$25	$50	$50	$50	20% Coinsurance
Inpatient hospital (inlcudes medical and MH/SH)	$250	$500	$500	$750	20% Coinsurance
Rehabilitative Therapies (PT/OT/ST)	$40	$75	$75	$100	20% Coinsurance
Routine Eye Exam (CHP Eye Care centers)	$15	$15	$15	$15	20% Coinsurance
Telehealth	$15	$15	$15	$15	20% Coinsurance
Pharmacy Network	ALL	ALL	ALL	CHP Value Network	N/A
Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A
Tier 1 - Preferred Generic	$15	$15	$15	$20	30% Coinsurance
Tier 2 - Non-Preferred Generic	$15	$15	$15	$40	30% Coinsurance
Tier 3 - Preferred Brand	$30	$50	$50	$80	30% Coinsurance
Tier 4 - Non-Preferred Brand	$50	$100	$100	$100	50% Coinsurance
Tier 5 - Preferred Specialty	$50	$100	$100	$150	30% Coinsurance
Tier 6 - Non-Preferred Specialty	$50	$100	$100	$350	50% Coinsurance