Capital Health Plan

Small Group Benefit Plans

Employer Groups beginning on or after 1/1/2026

	ACA					ABP - transitional policies, closed segment (informational purposes only)				
	New Business	New Business	New Business	New Business	New Business	Not Available for New Business				
Benefit Description	**3101 - Platinum**	**3102 - Platinum**	**3104 - Gold**	**3107 - Gold**	**3108 - Silver**	**Basic Option I**	**Basic Option II**	**Essential Selection**	**Standard Option I**	**Tiered PCP Selection**
MOOP Single/Family Medical & Rx May be Combined or Separate	$3,500/$5,600 (Combined)	$5,000/$10,000 (Combined)	$7,500/$15,000 (Combined)	$8,000/$16,000 (Combined)	$10,600/$21,200 (Combined)	$7,500/$15,000 (Medical & Rx Combined)	$5,000/$10,000 (Medical & Rx Combined)	$2,000/$4,500 (Medical & Rx Combined)	$3,000/$6,000 (Medical & Rx Combined)	$3,000/$6,000 (Medical & Rx Combined)
Primary Care Visit	$10	$15	$20	$30	$35	$25	$25	$15	$25	$15 (CHP offices) $25 (affiliate offices)
Specialist Visit (All specialists including Chiropractors & OBs)	$25	$30	$60	$70	$100	$75	$75	$25	$50	$50
Drugs Administered in the Office	$50	$60	$100	$100	$100	$0	$0	$0	$0	$0
Mental/Behavioral Health &Substance Abuse Disorder Visits	$25	$30	$60	$70	$100	$25	$25	$25	$25	$50
Imaging (CT/PET Scans, MRIs)	$100	$200	$350	$350	$500	$200	$200	$100	$100	$100
ASC*	$100	$100	$250	$250	$350	$250	$250	$200	$100	$200
Outpatient hospital*	$200	$200	$500	$750	$750	$500	$500	$200	$200	$200
Outpatient physician / surgeon fees	$25	$30	$60	$70	$100	$75	$75	$25	$50	$50
ER (waived if admitted)	$500	$500	$600	$600	$1,000	$250	$250	$100	$150	$100
Ambulance	$0	$200	$200	$250	$250	$100	$100	$0	$100	$100
Urgent Care	$25	$50	$75	$75	$75	$75	$75	$25	$75	$25
Inpatient hospital (includes medical and MH/SH)	$250	$500	$750/day for first 5 days	$750/day for first 5 days	$1,000/day for first 4 days	$750/day	$750/day	$250	$300/day for first 5 days	$250
Rehabilitative Therapies (PT/OT/ST)	$25	$30	$60	$70	$100	$25	$25	$25	$25	$25
Routine Eye Exam (CHP Eye Care centers)	$15	$15	$35	$35	$100	N/A	N/A	$15	N/A	$15
Telehealth	$15	$15	$15	$15	$15	$15	$15	$15	$15	$15
Pharmacy Network	ALL	ALL	ALL	CHP Value	CHP Value	All	All	All	All	All
Tier 1 drugs (Pref Generic) Tier 2 drugs (Non-Pref Generic)	$10	$10	$20	$20 $40	$40 $40	$10	$10	$15	$10	$15
Tier 3 drugs (Pref Brand) Tier 4 drugs (Non-Pref Brand)	$30 $50	$40 $60	$65 $100	$80 $100	$100 $200	$50 $100	$50 $100	$30 $50	$30 $50	$30 $50
Tier 5 drugs (Pref Specialty) Tier 6 drugs (Non-Pref Specialty)	$100	$100	$100	$150 $350	$300 $500	$100	$100	$50	$50	$50