

**Capital Health Plan**  
**2018 Large Group Benefit Plans**



| Benefit Description   | Capital Selection                             |           | Principal Choice<br>15/50/100                 | Quality Choice<br>15/50/100                   |
|---|---|-----------|---|---|
|   | 15/30/50                                      | 15/50/100 |   |   |
| Single Deductible   | N/A   |           | N/A   | N/A   |
| Family Deductible   | N/A   |           | N/A   | N/A   |
| MOOP<br>Single/Family<br>Medical & Rx Separate                      | \$2,000/\$4,500 Medical<br>\$4,600/\$8,700 Rx |           | \$2,000/\$4,500 Medical<br>\$4,850/\$9,200 Rx | \$2,000/\$4,500 Medical<br>\$4,850/\$9,200 Rx |
| Primary Care Visit  | \$15  |           | \$15  | \$15  |
| Specialist Visit<br>(All specialists including Chiropractors & OBs) | \$40  |           | \$50  | \$75  |
| Mental/Behavioral Health & Substance Abuse<br>Disorder Visits       | \$40  |           | \$50  | \$75  |
| Imaging (CT/PET Scans, MRIs)  | \$100   |           | \$150   | \$250   |
| Tier 1 drugs  | \$15  | \$15      | \$15  | \$15  |
| Tier 2 drugs  | \$30  | \$50      | \$50  | \$50  |
| Tier 3 drugs  | \$50  | \$100     | \$100   | \$100   |
| Tier 4 drugs (specialty)  | \$50  | \$100     | \$100   | \$100   |
| ASC   | \$100   |           | \$200   | \$250   |
| Outpatient hospital   | \$250   |           | \$350   | \$500   |
| ER (waived if admitted)   | \$250   |           | \$350   | \$500   |
| Ambulance   | \$100   |           | \$200   | \$250   |
| Urgent Care   | \$25  |           | \$50  | \$50  |
| Inpatient hospital (includes medical and MH/SH)                     | \$250   |           | \$350   | \$500   |
| Rehabilitative Therapies (PT/OT/ST)                                 | \$40  |           | \$50  | \$75  |
| Routine Eye Exam (CHP Eye Care centers)                             | \$15  |           | \$15  | \$15  |
| Telehealth  | \$15  |           | \$15  | \$15  |