

Capital Health Plan
2018 Small Group Benefit Plans



Benefit Description	3101 - Platinum	3102 - Platinum	3104 - Gold
Single Deductible	N/A	N/A	N/A
Family Deductible	N/A	N/A	N/A
MOOP Single/Family Medical & Rx Separate	\$3,500/\$7,000 Medical \$3,500/\$7,000 Rx	\$3,500/\$7,000 Medical \$3,500/\$7,000 Rx	\$3,500/\$7,000 Medical \$3,500/\$7,000 Rx
Primary Care Visit	\$15	\$15 (CHP offices) \$25 (affiliate offices)	\$50
Specialist Visit (All specialists including Chiropractors & OBs)	\$40	\$50	\$100
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40	\$50	\$100
Imaging (CT/PET Scans, MRIs)	\$100	\$100	\$100
Tier 1 drugs	\$15	\$15	\$15
Tier 2 drugs	\$30	\$30	\$50
Tier 3 drugs	\$50	\$50	\$100
Tier 4 drugs (specialty)	\$50	\$50	\$100
ASC	\$200	\$200	\$250
Outpatient hospital	\$200	\$200	\$500
ER (waived if admitted)	\$250	\$350	\$750
Ambulance	\$0	\$100	\$100
Urgent Care	\$25	\$25	\$75
Inpatient hospital (includes medical and MH/SH)	\$250	\$350	\$750/day for first 5 days
Rehabilitative Therapies (PT/OT/ST)	\$40	\$50	\$100
Routine Eye Exam (CHP Eye Care centers)	\$15	\$15	\$35
Telehealth	\$15	\$15	\$15