

Capital Health Plan
Large Group Benefit Plans
Employer Groups beginning on or after 1/1/2020



| Benefit Description | Capital Selection | | Principal Choice 15/50/100 | Quality Choice 15/50/100 | Quality Choice Exclusive 6-Tier Rx | |
|---|---|-----------|---|---|---|-------|
| | 15/30/50 | 15/50/100 | | | | |
| Service Area | Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, | | Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla | Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla | Leon | |
| Network | ALL | | ALL | ALL | PCP: CHP Only | |
| MOOP | \$2,000/\$4,500 Medical \$4,600/\$8,700 Rx (Separate) | | \$2,000/\$4,500 Medical \$4,850/\$9,200 Rx (Separate) | \$2,000/\$4,500 Medical \$4,850/\$9,200 Rx (Separate) | \$6,850/13,700 (Medical & Rx Combined) | |
| Primary Care Visit | \$15 | | \$15 | \$15 | \$15 (CHP offices) | |
| Specialist Visit (All specialists including Chiropractors & OBs) | \$40 | | \$50 | \$75 | \$75 | |
| Mental/Behavioral Health & Substance Abuse Disorder Visits | \$40 | | \$50 | \$75 | \$75 | |
| Imaging (CT/PET Scans, MRIs) | \$100 | | \$150 | \$250 | \$250 | |
| ASC | \$100 | | \$200 | \$250 | \$250 | |
| Outpatient hospital | \$250 | | \$350 | \$500 | \$500 | |
| ER (waived if admitted) | \$300 | | \$500 | \$750 | \$750 | |
| Ambulance | \$100 | | \$200 | \$250 | \$250 | |
| Urgent Care | \$25 | | \$50 | \$50 | \$50 | |
| Inpatient hospital (includes medical and MH/SH) | \$250 | | \$350 | \$500 | \$500 | |
| Rehabilitative Therapies (PT/OT/ST) | \$40 | | \$50 | \$75 | \$75 | |
| Routine Eye Exam (CHP Eye Care centers) | \$15 | | \$15 | \$15 | \$15 | |
| Telehealth | \$15 | | \$15 | \$15 | \$15 | |
| Pharmacy Network | ALL | ALL | ALL | ALL | Walgreen's Only | |
| Pharmacy Deductible | None | None | None | None | \$250 | |
| Tier 1 drugs | \$15 | \$15 | \$15 | \$15 | Preferred Generic | \$15 |
| Tier 2 drugs | \$30 | \$50 | \$50 | \$50 | Non-Preferred Generic | \$30 |
| Tier 3 drugs | \$50 | \$100 | \$100 | \$100 | Preferred Brand | \$60 |
| Tier 4 drugs (specialty) | \$50 | \$100 | \$100 | \$100 | Non-Preferred Brand | \$80 |
| | | | | | Preferred Specialty | \$100 |
| | | | | | Non-Preferred Specialty | \$250 |
| Optional ER copay/coinsurance that can be added to above plans (waived if admitted) | 20% Coinsurance | | \$100 Copay + 25% Coinsurance | \$100 Copay + 25% Coinsurance | \$100 Copay + 25% Coinsurance | |