

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



Benefit Description	3101 - Platinum	3102 - Platinum	3104 - Gold	3106 - Gold	
Service Area	Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Calhoun, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	Leon	
Network	All	All	All	PCP: CHP Only	
MOOP	Med: \$3,500/\$7,000 Rx: \$3,500/\$7,000 (Separate)	Med: \$3,500/\$7,000 Rx: \$3,500/\$7,000 (Separate)	\$7,900/\$15,800 (Combined)	\$7,900/\$15,800 (Combined)	
Primary Care Visit	\$15	\$15 (CHP offices) \$25 (affiliate offices)	\$50	\$50 (CHP offices)	
Specialist Visit (All specialists including Chiropractors & OBs)	\$40	\$50	\$100	\$100	
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40	\$50	\$100	\$100	
Imaging (CT/PET Scans, MRIs)	\$100	\$200	\$350	\$350	
ASC	\$200	\$200	\$250	\$250	
Outpatient hospital	\$200	\$200	\$500	\$500	
ER (waived if admitted)	\$100 Copay + 25% Coinsurance	\$100 Copay + 25% Coinsurance	\$100 Copay + 25% Coinsurance	\$100 Copay + 25% Coinsurance	
Ambulance	\$0	\$200	\$200	\$200	
Urgent Care	\$25	\$50	\$75	\$75	
Inpatient hospital (includes medical and MH/SH)	\$250	\$500	\$750/day for first 5 days	\$750/day for first 5 days	
Rehabilitative Therapies (PT/OT/ST)	\$40	\$50	\$100	\$100	
Routine Eye Exam (CHP Eye Care centers)	\$15	\$15	\$35	\$35	
Telehealth/Amwell	\$15	\$15	\$15	\$15	
Pharmacy Network	All	All	All	Walgreen's Only	
Pharmacy Deductible	None	None	None	\$250	
Tier 1 drugs	\$15	\$20	\$20	Preferred Generic	\$15
Tier 2 drugs	\$30	\$40	\$65	Non-Preferred Generic	\$30
Tier 3 drugs	\$50	\$60	\$100	Preferred Brand	\$60
Tier 4 drugs (specialty)	\$50	\$60	\$100	Non-Preferred Brand	\$80
				Preferred Specialty	\$100
				Non-Preferred Specialty	\$250