

Large Group Benefit Plans

Employer Groups beginning on or after 10/1/2020



Benefit Description	Capital Selection		Principal Choice 15/50/100	Quality Choice 15/50/100	Primary Selection 6-Tier Rx	
	15/30/50	15/50/100				
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	
Specialist Visit (All specialists including Chiropractors & OBs)	\$40		\$50	\$75	\$100	
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40		\$50	\$75	\$100	
Imaging (CT/PET Scans, MRIs)	\$100		\$150	\$250	\$350	
ASC	\$100		\$200	\$250	\$250	
Outpatient hospital	\$250		\$350	\$500	\$500	
ER (waived if admitted)	\$300		\$500	\$750	\$100 + 25% Coinsurance	
Ambulance	\$100		\$200	\$250	\$250	
Urgent Care	\$25		\$50	\$50	\$50	
Inpatient hospital (includes medical and MH/SH)	\$250		\$350	\$500	\$750	
Rehabilitative Therapies (PT/OT/ST)	\$40		\$50	\$75	\$100	
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	None	
Tier 1 drugs	\$15	\$15	\$15	\$15	Preferred Generic	\$20
Tier 2 drugs	\$30	\$50	\$50	\$50	Non-Preferred Generic	\$40
Tier 3 drugs	\$50	\$100	\$100	\$100	Preferred Brand	\$80
Tier 4 drugs (specialty)	\$50	\$100	\$100	\$100	Non-Preferred Brand	\$100
					Preferred Specialty	\$150
					Non-Preferred Specialty	\$350
Optional ER copay/coinsurance that can be added to above plans (waived if admitted)	20% Coinsurance		\$100 + 25% Coinsurance	\$100 + 25% Coinsurance	N/A	