

Small Group Benefit Plans
Effective 1-1-2021



Benefit Description	3101 - Platinum	3102 - Platinum	3104 - Gold	3107 - Gold NEW	
MOOP Single/Family	3,500/7,000 Med 3,500/7,000 Rx	3,500/7,000 Med 3,500/7,000 Rx	7,900/15,800 (Combined)	8,550/17,100 (Combined)	
Primary Care Visit	\$15 (office & telehealth)	\$15/\$25 (office & telehealth)	\$50 (office & telehealth)	\$50 (office & telehealth)	
Specialist Visit (All specialists including Chiropractors & OBs)	\$40 (office & telehealth)	\$50 (office & telehealth)	\$100 (office & telehealth)	\$100 (office & telehealth)	
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	\$750	
ER (waived if admitted)*	\$100 + 25% Co.	\$100 + 25% Co.	\$100 + 25% Co.	\$100 + 25% Co.	
Ambulance	\$0	\$200	\$200	\$250	
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	\$15	\$15	\$15	15	
Pharmacy Network	ALL	ALL	ALL	Walgreens Only	
Pharmacy Deductible	None	None	None	Pharmacy Deductible	\$250
Tier 1 drugs	\$15	\$20	\$20	Preferred Generic	\$20
Tier 2 drugs	\$30	\$40	\$65	Non-Preferred Generic	\$40
Tier 3 drugs	\$50	\$60	\$100	Preferred Brand	\$80
Tier 4 drugs (specialty)	\$50	\$60	\$100	Non-Preferred Brand	\$100
				Preferred Specialty	\$150
				Non-Preferred Specialty	\$350