

**Capital Health Plan**  
**2023 Small Group Benefit Plans**  
 Effective: 1/1/2023



Benefit Description	ACA - Small Group (new business)				ABP - transitional policies, closed segment (informational purposes only)				
	3101 - Platinum	3102 - Platinum	3104 - Gold	3107 - Gold	Basic Option I	Basic Option II	Essential Selection	Standard Option I	Tiered PCP Selection
Single Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MOOP Single/Family Medical & Rx May be Combined or Separate	Med: \$2,800/\$5,600 Rx: \$2,800/\$5,600 (Separate)	Med: \$2,800/\$5,600 Rx: \$2,800/\$5,600 (Separate)	\$7,500/\$15,000 (Combined)	\$7,500/\$15,000 (Combined)	\$7,500/\$15,000 (Medical & Rx Combined)	\$5,000/\$10,000 (Medical & Rx Combined)	\$2,000/\$4,500 (Medical & Rx Combined)	\$3,000/\$6,000 (Medical & Rx Combined)	\$3,000/\$6,000 (Medical & Rx Combined)
Primary Care Visit (office & telehealth)	\$10	\$15	\$20	\$40	\$25	\$25	\$15	\$25	\$15 (CHP offices) \$25 (affiliate offices)
Specialist Visit (office & telehealth)	\$25	\$30	\$60	\$80	\$75	\$75	\$25	\$50	\$50
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$25	\$30	\$60	\$80	\$25	\$25	\$25	\$25	\$50
Imaging (CT/PET Scans, MRIs)	\$100	\$200	\$350	\$350	\$200	\$200	\$100	\$100	\$100
ASC	\$100	\$100	\$250	\$250	\$250	\$250	\$200	\$100	\$200
Outpatient hospital	\$200	\$200	\$500	\$750	\$500	\$500	\$200	\$200	\$200
Outpatient physician / surgeon fees	\$25	\$30	\$60	\$80					
ER (waived if admitted)	\$100 Copay & 25% Coinsurance	\$100 Copay & 25% Coinsurance	\$100 Copay & 25% Coinsurance	\$100 Copay & 25% Coinsurance	\$250	\$250	\$100	\$150	\$100
Ambulance	\$0	\$200	\$200	\$250	\$100	\$100	\$0	\$100	\$100
Urgent Care	\$25	\$50	\$75	\$75	\$75	\$75	\$25	\$75	\$25
Inpatient hospital (includes medical and MH/SH)	\$250	\$500	\$750/day for first 5 days	\$750/day for first 5 days	\$750/day	\$750/day	\$250	\$300/day for first 5 days	\$250
Rehabilitative Therapies (PT/OT/ST)	\$25	\$30	\$60	\$80	\$25	\$25	\$25	\$25	\$25
Routine Eye Exam (CHP Eye Care Centers)	\$15	\$15	\$35	\$35	N/A	N/A	\$15	N/A	\$15
Telehealth - Amwell	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Pharmacy Network	ALL	ALL	ALL	CHP Value	All	All	All	All	All
Tier 1 drugs (Pref Generic)	\$10	\$10	\$20	\$20	\$10	\$10	\$15	\$10	\$15
Tier 2 drugs (Non-Pref Generic)	\$10	\$10	\$20	\$40					
Tier 3 drugs (Pref Brand)	\$30	\$40	\$65	\$80					
Tier 4 drugs (Non-Pref Brand)	\$50	\$60	\$100	\$100					
Tier 5 drugs (Pref Specialty)	\$100	\$100	\$100	\$150					
Tier 6 drugs (Non-Pref Specialty)	\$100	\$100	\$100	\$350					

**NOTE: This is a summary only. Please review the Member Handbook and Summary of Benefits and Coverage for full Benefit Details.**