

Capital Health Plan
Large Group Benefit Plans
Employer Groups beginning on or after 10/1/2022



Benefit Description	Capital Selection		Principal Choice 15/50/100	Quality Choice 15/50/100	Primary Selection 6-Tier RX	CHP HDHP Plan (HSA Qualified) NEW
	15/30/50	15/50/100				
Network	ALL		ALL	ALL	ALL	ALL
Single Deductible	N/A	N/A	N/A	N/A	N/A	\$1,500
Family Deductible	N/A	N/A	N/A	N/A	N/A	\$3,000
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)	\$3,000/6,000 (Medical & Rx Combined)
Primary Care Visit (office or telehealth)	\$15		\$15	\$15	\$15	20% Coinsurance
Specialist Visit (office or telehealth)	\$40		\$50	\$75	\$100	20% Coinsurance
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40		\$50	\$75	\$100	20% Coinsurance
Imaging (CT/PET Scans, MRIs)	\$100		\$150	\$250	\$350	20% Coinsurance
ASC	\$100		\$200	\$250	\$250	20% Coinsurance
Outpatient hospital	\$250		\$350	\$500	\$500	20% Coinsurance
ER (waived if admitted)	\$300		\$500	\$750	N/A	20% Coinsurance
ER (waived if admitted) - 2nd OPTION	20% COINS		\$100 Copay + 25% COINS	\$100 Copay + 25% COINS	\$100 Copay + 25% COINS	N/A
Ambulance	\$100		\$200	\$250	\$250	20% Coinsurance
Urgent Care	\$25		\$50	\$50	\$50	20% Coinsurance
Inpatient hospital (includes medical and MH/SH)	\$250		\$350	\$500	\$750	20% Coinsurance
Rehabilitative Therapies (PT/OT/ST)	\$40		\$50	\$75	\$100	20% Coinsurance
Routine Eye Exam (CHP Eye Care centers)	\$15		\$15	\$15	\$15	20% Coinsurance
Telehealth - Amwell	\$15		\$15	\$15	\$15	20% Coinsurance
Pharmacy Network	ALL	ALL	ALL	ALL	CHP Value Network	ALL
Tier 1 - Preferred Generic	\$15	\$15	\$15	\$15	\$20	30% Coinsurance
Tier 2 - Non-Preferred Generic	\$15	\$15	\$15	\$15	\$40	30% Coinsurance
Tier 3 - Preferred Brand	\$30	\$50	\$50	\$50	\$80	30% Coinsurance
Tier 4 - Non-Preferred Brand	\$50	\$100	\$100	\$100	\$100	50% Coinsurance
Tier 5 - Preferred Specialty	\$50	\$100	\$100	\$100	\$150	30% Coinsurance
Tier 6 - Non-Preferred Specialty	\$50	\$100	\$100	\$100	\$350	50% Coinsurance

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