

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



Benefit Description	3101 - Platinum	3102 - Platinum	3104 - Gold	3107 - Gold - REVISED
Single Deductible	N/A	N/A	N/A	N/A
Family Deductible	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)
Primary Care Visit (office & telehealth)	\$10	\$15	\$20	\$40
Specialist Visit (office & telehealth)	\$25	\$30	\$60	\$80
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$25	\$30	\$60	\$80
Imaging (CT/PET Scans, MRIs)	\$100	\$200	\$350	\$350
ASC	\$100	\$100	\$250	\$250
Outpatient hospital	\$200	\$200	\$500	\$750
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
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)	\$25	\$30	\$60	\$80
Routine Eye Exam (CHP Eye Care Centers)	\$15	\$15	\$35	\$35
Telehealth - Amwell	\$15	\$15	\$15	\$15
Pharmacy Network	ALL	ALL	ALL	CHP Value
Tier 1 drugs (Pref Generic)	\$10	\$10	\$20	\$20
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.