

Capital Health Plan
Small Group Benefit Plans
Employer Groups beginning on or after 1/1/2025



Benefit Description	ACA					ABP - transitional policies, closed segment (informational purposes only)				
	New Business	New Business	New Business	New Business	New Business	Not Available for New Business				
	3101 - Platinum	3102 - Platinum	3104 - Gold	3107 - Gold	3108 - Silver NEW	Basic Option I	Basic Option II	Essential Selection	Standard Option I	Tiered PCP Selection
MOOP Single/Family Medical & Rx May be Combined or Separate	\$3,500/\$5,600 (Combined)	\$5,000/\$10,000 (Combined)	\$7,500/\$15,000 (Combined)	\$8,000/\$16,000 (Combined)	New Business	\$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	\$10	\$15	\$20	\$30	\$35	\$25	\$25	\$15	\$25	\$15 (CHP offices) \$25 (affiliate offices)
Specialist Visit (All specialists including Chiropractors & OBs)	\$25	\$30	\$60	\$70	\$100	\$75	\$75	\$25	\$50	\$50
Drugs Administered in the Office	\$50	\$60	\$100	\$100	\$100	\$0	\$0	\$0	\$0	\$0
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$25	\$30	\$60	\$70	\$100	\$25	\$25	\$25	\$25	\$50
Imaging (CT/PET Scans, MRIs)	\$100	\$200	\$350	\$350	\$500	\$200	\$200	\$100	\$100	\$100
ASC*	\$100	\$100	\$250	\$250	\$350	\$250	\$250	\$200	\$100	\$200
Outpatient hospital*	\$200	\$200	\$500	\$750	\$750	\$500	\$500	\$200	\$200	\$200
Outpatient physician / surgeon fees	\$25	\$30	\$60	\$70	\$100	\$75	\$75	\$25	\$50	\$50
ER (waived if admitted)	\$500	\$500	\$600	\$600	\$1,000	\$250	\$250	\$100	\$150	\$100
Ambulance	\$0	\$200	\$200	\$250	\$250	\$100	\$100	\$0	\$100	\$100
Urgent Care	\$25	\$50	\$75	\$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	\$1,000/day for first 4 days	\$750/day	\$750/day	\$250	\$300/day for first 5 days	\$250
Rehabilitative Therapies (PT/OT/ST)	\$25	\$30	\$60	\$70	\$100	\$25	\$25	\$25	\$25	\$25
Routine Eye Exam (CHP Eye Care centers)	\$15	\$15	\$35	\$35	\$100	N/A	N/A	\$15	N/A	\$15
Telehealth	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Pharmacy Network	ALL	ALL	ALL	CHP Value	CHP Value	All	All	All	All	All
Tier 1 drugs (Pref Generic)	\$10	\$10	\$20	\$20	\$30	\$10	\$10	\$15	\$10	\$15
Tier 2 drugs (Non-Pref Generic)				\$40	\$30					
Tier 3 drugs (Pref Brand)	\$30	\$40	\$65	\$80	\$100	\$50	\$50	\$30	\$30	\$30
Tier 4 drugs (Non-Pref Brand)	\$50	\$60	\$100	\$100	\$150	\$100	\$100	\$50	\$50	\$50
Tier 5 drugs (Pref Specialty)	\$100	\$100	\$100	\$150	\$200	\$100	\$100	\$50	\$50	\$50
Tier 6 drugs (Non-Pref Specialty)				\$350	\$400					