

Benefit Description	Capital Selection 15/30/50	Capital Selection 15/50/100	Principal Choice 15/50/100	Quality Choice 15/50/100	Value Selection 15/50/100	Primary Selection 6-Tier RX	CHP HDHP Plan
Network	ALL	ALL	ALL	ALL	ALL	ALL	ALL
Single Deductible	N/A	N/A	N/A	N/A	\$2,500	N/A	\$1,650
Family Deductible	N/A	N/A	N/A	N/A	\$5,000	N/A	\$3,300
MOOP	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx (Separate)	\$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)	\$4,000/\$8,500 Medical \$2,850/\$5,200 Rx (Separate)	\$6,850/13,700 (Medical & Rx Combined)	\$3,000/6,000 (Medical & Rx Combined)
Primary Care Visit	\$15	\$15	\$15	\$15	\$15	\$15	20% Coinsurance
Specialist Visit (All specialists including Chiropractors & OBs)	\$40	\$40	\$50	\$75	\$75	\$100	20% Coinsurance
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40	\$40	\$50	\$75	\$75	\$100	20% Coinsurance
Imaging (CT/PET Scans, MRIs)	\$100	\$100	\$150	\$250	\$250	\$350	20% Coinsurance
ASC	\$100	\$100	\$200	\$250	\$250	\$250	20% Coinsurance
Outpatient hospital	\$250	\$250	\$350	\$500	\$500	\$500	20% Coinsurance
ER (waived if admitted)	\$300	\$300	\$500	\$750	\$500	\$100 Copay + 25% COINS	20% Coinsurance
ER (waived if admitted) - 2nd OPTION	20% COINS	20% COINS	\$100 Copay + 25% COINS	\$100 Copay + 25% COINS	20% COINS	N/A	N/A
Ambulance	\$100	\$100	\$200	\$250	\$250	\$250	20% Coinsurance
Urgent Care	\$25	\$25	\$50	\$50	\$50	\$50	20% Coinsurance
Inpatient hospital (includes medical and MH/SH)	\$250	\$250	\$350	\$500	\$500	\$750	20% Coinsurance
Rehabilitative Therapies (PT/OT/ST)	\$40	\$40	\$50	\$75	\$75	\$100	20% Coinsurance
Routine Eye Exam (CHP Eye Care centers)	\$15	\$15	\$15	\$15	\$15	\$15	20% Coinsurance
Telehealth	\$15	\$15	\$15	\$15	\$15	\$15	20% Coinsurance
Pharmacy R-Code	R430	R452	R425	R425	R426	R484	R475D/R479D
Internal CHP Plan Name	Cap Sel	Cap Sel	Principal Choice	Quality Choice	Minimum Value Selection HD	Primary Selection 6-Tier RX	CHP HDHP Plan
Pharmacy Network	ALL	ALL	ALL	ALL	ALL	CHP Value Network	N/A
Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 1 - Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$20	30% Coinsurance
Tier 2 - Non-Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$40	30% Coinsurance
Tier 3 - Preferred Brand	\$30	\$50	\$50	\$50	\$50	\$80	30% Coinsurance
Tier 4 - Non-Preferred Brand	\$50	\$100	\$100	\$100	\$100	\$100	50% Coinsurance
Tier 5 - Preferred Specialty	\$50	\$100	\$100	\$100	\$100	\$150	30% Coinsurance
Tier 6 - Non-Preferred Specialty	\$50	\$100	\$100	\$100	\$100	\$350	50% Coinsurance