

Capital Health Plan
2017 Large Group Benefit Plans



Benefit Recommendation	Premier Selection 15/30/50	Capital Selection		Principal Choice 15/50/100/100	Quality Choice 15/50/100/100
		15/30/50	15/50/100		
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 Separate	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx		\$2,000/\$4,500 Medical \$4,850 /\$9,200 Rx	\$2,000/\$4,500Medical \$4,850 /\$9,200 Rx
Primary Care Visit	\$15	\$15		\$15	\$15
Specialist Visit (All specialists including Chiropractors & OBs)	\$30	\$40		\$50	\$75
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$30	\$40		\$50	\$75
Imaging (CT/PET Scans, MRIs)	\$100	\$100		\$150	\$250
Tier 1 drugs	\$15	\$15	\$15	\$15	\$15
Tier 2 drugs	\$30	\$30	\$50	\$50	\$50
Tier 3 drugs	\$50	\$50	\$100	\$100	\$100
Tier 4 drugs (specialty)	\$50	\$50	\$100	\$100	\$100
ASC	\$100	\$100		\$200	\$250
Outpatient hospital	\$100	\$250		\$350	\$500
ER (waived if admitted)	\$100	\$250		\$350	\$500
Ambulance	\$100	\$100		\$200	\$250
Urgent Care	\$25	\$25		\$50	\$50
Inpatient hospital (includes medical and MH/SH)	\$200/day x 5	\$250		\$350	\$500
Rehabilitative Therapies (PT/OT/ST)	\$30	\$40		\$50	\$75
Routine Eye Exam (CHP Eye Care centers)	\$15	\$15		\$15	\$15
Telehealth	\$15	\$15		\$15	\$15