

**Capital Health Plan**  
**Large Group Benefit Plans**

Employer Groups beginning on or after 10/01/2018



Benefit Description	Capital Selection		Principal Choice	Quality Choice
	15/30/50	15/50/100	15/50/100	15/50/100
Single Deductible	None		None	None
Family Deductible	None		None	None
MOOP Single/Family Medical & Rx Separate	\$2,000/\$4,500 Medical \$4,600/\$8,700 Rx		\$2,000/\$4,500 Medical \$4,850/\$9,200 Rx	\$2,000/\$4,500 Medical \$4,850/\$9,200 Rx
Primary Care Visit	\$15		\$15	\$15
Specialist Visit (All specialists including Chiropractors & OBs)	\$40		\$50	\$75
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40		\$50	\$75
Imaging (CT/PET Scans, MRIs)	\$100		\$150	\$250
Tier 1 drugs	\$15	\$15	\$15	\$15
Tier 2 drugs	\$30	\$50	\$50	\$50
Tier 3 drugs	\$50	\$100	\$100	\$100
Tier 4 drugs (specialty)	\$50	\$100	\$100	\$100
ASC	\$100		\$200	\$250
Outpatient hospital	\$250		\$350	\$500
ER (waived if admitted)	\$300		\$500	\$750
Ambulance	\$100		\$200	\$250
Urgent Care	\$25		\$50	\$50
Inpatient hospital (includes medical and MH/SH)	\$250		\$350	\$500
Rehabilitative Therapies (PT/OT/ST)	\$40		\$50	\$75
Routine Eye Exam (CHP Eye Care centers)	\$15		\$15	\$15
Telehealth	\$15		\$15	\$15