Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

2017 Small Group Benefit Plan Comparison

Service	3101 - Platinum	3102 - Platinum	3104 - Gold
If you visit a health care provider's office or clinic…			
Primary care visit to treat an injury or illness	$15 / visit	$15 / visit (CHP offices) $25 / visit (affiliate offices)	$50 / visit
Specialist visit	$40 / visit	$50 / visit	$100 / visit
Other practitioner office visit *	$40 / visit for chiropractor	$50 / visit for chiropractor	$100 / visit for chiropractor
Preventive care/screening/immunization	No charge	No charge	No charge
If you have a test…			
Diagnostic test (x-ray, blood work)	No charge	No charge	No charge
Imaging (CT/PET scans, MRIs)	$100 / visit	$100 / visit	$350 / visit
If you need drugs to treat your illness or condition… **More information about prescription drug coverage is available at www.capitalhealth.com**			
Tier 1 drugs	$15/30-day supply $30/60-day supply $45/90-day supply (retail & mail order)	$15/30-day supply $30/60-day supply $45/90-day supply (retail & mail order)	$15/30-day supply $30/60-day supply $45/90-day supply (retail & mail order)
Tier 2 Preferred drugs	$30/30-day supply $60/60-day supply $90/90-day supply (retail & mail order)	$30/30-day supply $60/60-day supply $90/90-day supply (retail & mail order)	$50/30-day supply $100/60-day supply $150/90-day supply (retail & mail order)
Tier 3 Non-preferred drugs (Specialty drugs are limited to a 30-day supply)	$50/30-day supply $100/60-day supply $150/90-day supply (retail & mail order)	$50/30-day supply $100/60-day supply $150/90-day supply (retail & mail order)	$100/30-day supply $200/60-day supply $300/90-day supply (retail & mail order)
If you have outpatient services…			
Facility fee (ambulatory surgery center)	$200 / visit	$200 / visit	$250 / visit
Facility fee (hospital)	$200 / visit	$200 / visit	$500 / visit
Physician/surgeon fees	$40 / provider	$50 / provider	$100 / provider
If you need immediate medical attention…			
Emergency room services (copayment is waived if admission occurs)	$250 / visit	$350 / visit	$750 / visit
Emergency medical transportation	No charge	$100 / transport	$100 / transport
Urgent care	$25 / visit	$25 / visit	$75 / visit
If you have a hospital stay…			
Facility fee (e.g., hospital room)	$250 / admission	$350 / admission	$750 / day for first 5 days
Physician/surgeon fee	No charge	No charge	No charge

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If you have mental health, behavioral health, or substance abuse needs…			
Mental/Behavioral health outpatient services	$40 / visit	$50 / visit	$100 / visit
Mental/Behavioral health inpatient services	$250 / admission	$350 / admission	$750 / day for first 5 days
Substance use disorder outpatient services	$40 / visit	$50 / visit	$100 / visit
Substance use disorder inpatient services	$250 / admission	$350 / admission	$750 / day for first 5 days
If you are pregnant…			
Prenatal and postnatal care	$40 / visit	$50 / visit	$100 / visit
Delivery and all inpatient services	$250 / admission	$350 / admission	$750 / day for first 5 days
If you need help recovering or have other special health needs…			
Home health care *	No charge	No charge	$35 / visit
Rehabilitation services - Limited to 35 visits per year	$40 / visit	$50 / visit	$100 / visit
Habilitation services - Limited to 35 visits per year	$40 / visit	$50 / visit	$100 / visit
Skilled nursing care *	No charge	No charge	No charge
Durable medical equipment	No charge	No charge	No charge
Hospice service	No charge	No charge	No charge
If your child needs dental or eye care…			
Eye exam (Adults & children covered)*	$15 / visit	$15 / visit	$35 / visit
Glasses (Children < age 19 covered when provided at Capital Health Plan's Eye Care Centers)*	Covered*	Covered*	Covered*
Dental check-up (Children < age 19 covered through separate dental plan)**	Covered**	Covered**	Covered**
Deductible (applies to pediatric dental services only, if purchased through our alliance dental plan)	$60 per child for pediatric dental services	$60 per child for pediatric dental services	$60 per child for pediatric dental services
Is there an out–of–pocket limit on my expenses?			
Maximum out-of-pocket limits	$3,000 Single $6,000 Family (Combined)	$3,500 Single $7,000 Family (Combined)	Medical: $3,250 single $6,500 family Pharmacy: $3,250 single $6,500 family (Separate)
Maximum out-of-pocket limits (Pediatric dental, if purchased through our alliance dental plan)	$350 Single $700 Family	$350 Single $700 Family	$350 Single $700 Family

*** Limitations apply**

**** Covered through our alliance dental plan or through the insurance marketplace (for an additional premium, billed directly by the dental carrier).**

For full benefit details, please reference your Small Employer Group Member Handbook and the Summary of Benefits and Coverage.