

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

Employer Groups beginning on or after 10/1/2023



Benefit Description	Capital Selection		Principal Choice 15/50/100	Quality Choice 15/50/100	Value Selection 15/50/100	Primary Selection 6-Tier RX
	15/30/50	15/50/100				
Single Deductible	N/A	N/A	N/A	N/A	\$2,500	N/A
Family Deductible	N/A	N/A	N/A	N/A	\$5,000	N/A
MOOP	\$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)
Primary Care Visit (office or telehealth)	\$15		\$15	\$15	\$15	\$15
Specialist Visit (office or telehealth)	\$40		\$50	\$75	\$75	\$100
Mental/Behavioral Health & Substance Abuse Disorder Visits	\$40		\$50	\$75	\$75	\$100
Imaging (CT/PET Scans, MRIs)	\$100		\$150	\$250	\$250	\$350
ASC	\$100		\$200	\$250	\$250	\$250
Outpatient hospital	\$250		\$350	\$500	\$500	\$500
ER (waived if admitted)	\$300		\$500	\$750	\$500	\$100 Copay + 25% COINS
ER (waived if admitted) - 2nd OPTION	20% COINS	20% COINS	\$100 Copay + 25% COINS	\$100 Copay + 25% COINS	20% COINS	N/A
Ambulance	\$100		\$200	\$250	\$250	\$250
Urgent Care	\$25		\$50	\$50	\$50	\$50
Inpatient hospital (includes medical and MH/SH)	\$250		\$350	\$500	\$500	\$750
Rehabilitative Therapies (PT/OT/ST)	\$40		\$50	\$75	\$75	\$100
Routine Eye Exam (CHP Eye Care centers)	\$15		\$15	\$15	\$15	\$15
Telehealth - Amwell	\$15		\$15	\$15	\$15	\$15
Pharmacy Network	ALL	ALL	ALL	ALL	ALL	CHP Value Network
Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Tier 1 - Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$20
Tier 2 - Non-Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$40
Tier 3 - Preferred Brand	\$30	\$50	\$50	\$50	\$50	\$80
Tier 4 - Non-Preferred Brand	\$50	\$100	\$100	\$100	\$100	\$100
Tier 5 - Preferred Specialty	\$50	\$100	\$100	\$100	\$100	\$150
Tier 6 - Non-Preferred Specialty	\$50	\$100	\$100	\$100	\$100	\$350