Balance by CCHP

For your review, this chart shows you a side-by-side comparison of your benefits from 2023 to 2024.

Benefit Comparison Chart	Opal 50 HMO Silver 2023 Employer Group	Opal 50 HMO Silver 2024 Employer Group
Deductibles		
Annual Medical Deductible	Individual $3,800 Family $7,600	Individual $3,800 Family $7,600
Annual Drug Deductible	Individual $700 / Family $1,400	Individual $700 / Family $1,400
Maximum Out of Pocket	Individual $9,100 Family $18,200	Individual $9,100 Family $18,200
Professional Services		
Provider's Office or Clinic Visit		
Preventive Care / Screening / Immunization	$0 Copay	$0 Copay
Family Planning (Consultation and Contraceptive Services)	$0 Copay	$0 Copay
Preconception and Prenatal Visits	$0 Copay	$0 Copay
Diabetes Care Management	$0 Copay	$0 Copay
Diabetes Education	$0 Copay	$0 Copay
Primary Care Visit to Treat an Injury or Illness	$50 Copay	$50 Copay
Specialist Visit	$95 Copay	$100 Copay
Acupuncture	$50 Copay	$50 Copay
Allergy Visit (Testing and Treatment)	$95 Copay	$100 Copay
Other Practitioner Office Visit	$50 Copay	$50 Copay
Outpatient Services		
Tests		
Laboratory Tests	$50 Copay	$50 Copay
X-Rays	$95 Copay	$100 Copay
Imaging (CT/PET Scans, MRIs)	$285 Copay	$285 Copay

Benefit Comparison Chart	Opal 50 HMO Silver 2023 Employer Group	Opal 50 HMO Silver 2024 Employer Group
Outpatient Surgery		
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	After Medical Deductible, $300 (Chinese Hospital) $750 (Other Facilities)	After Medical Deductible, $300 (Chinese Hospital) $750 (Other Facilities)
Outpatient Physician/Surgeon Fees	30% Coinsurance	30% Coinsurance
Outpatient Visit	30% Coinsurance	30% Coinsurance
Hospitalization Services		
Facility Fee (e.g., Hospital Room)	After Medical Deductible, $250 Copay per Day (Chinese Hospital) $750 Copay per Day (Other Facilities) (Up to the First 5 Days)	After Medical Deductible, $250 Copay per Day (Chinese Hospital) $750 Copay per Day (Other Facilities) (Up to the First 5 Days)
Inpatient Physician/Surgeon Fees	$0 Copay	$0 Copay
Delivery and All Inpatient Services (Hospital Services)	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)
Delivery and All Inpatient Services (Professional Services)	$0 Copay	$0 Copay
Emergency Health Coverage		
Emergency Room Services	After Medical Deductible, $300 Copay	After Medical Deductible, $300 Copay
Emergency Room Physician Fee	$0 Copay	$0 Copay
Urgent Care	$50 Copay	$50 Copay
Ambulance Services		
Medical Transportation (Including Emergency and Non-emergency)	After Medical Deductible, $100 Copay	After Medical Deductible, $100 Copay
Prescription Drug Coverage		
Tier 1: Generic Drugs (30-Day Supply)	After Drug Deductible, $30 Copay	After Drug Deductible, $30 Copay
Tier 1: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	$60 Copay	$60 Copay
Tier 2: Preferred Brand Drugs (30-Day Supply)	After Drug Deductible, $80 Copay	After Drug Deductible, $80 Copay

Benefit Comparison Chart	Opal 50 HMO Silver 2023 Employer Group	Opal 50 HMO Silver 2024 Employer Group
Tier 2: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, $160 Copay	After Drug Deductible, $160 Copay
Tier 3: Non-Preferred Brand Drugs (30-Day Supply)	After Drug Deductible, $95 Copay	After Drug Deductible, $95 Copay
Tier 3: Generic Drugs (90-Day Supply) Chinese Hospital Pharmacy, or Mail Order	After Drug Deductible, $190 Copay	After Drug Deductible, $190 Copay
Tier 4: Specialty Drugs (30-Day Supply)	After Drug Deductible, 20% Coinsurance, Up to $250 per Prescription	After Drug Deductible, 20% Coinsurance, Up to $250 per Prescription
Medical Supplies / Durable Medical Equipment		
Medical Supplies	After Drug Deductible, 50% Coinsurance	After Drug Deductible, 50% Coinsurance
Prosthetic Devices	After Drug Deductible, 50% Coinsurance	After Drug Deductible, 50% Coinsurance
Durable Medical Equipment	After Drug Deductible, 50% Coinsurance	After Drug Deductible, 50% Coinsurance
Mental Health Services		
Mental/Behavioral Health Outpatient Office Visits	$50 Copay	$50 Copay
Mental/Behavioral Health Other Outpatient Items and Services	$50 Copay	$50 Copay
Mental/Behavioral Health Inpatient Facility Fee	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)
Mental/Behavioral Health Inpatient Professional Fee	$0 Copay	$0 Copay
Chemical Dependency Services		
Substance Use Disorder Outpatient Office Visits	$50 Copay	$50 Copay
Substance Use Disorder Other Outpatient items and Services	$50 Copay	$50 Copay
Substance Use Disorder Inpatient Facility Services	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)	After Medical Deductible, $250 Copay per Day (Up to the First 5 Days)
Substance Use Disorder Inpatient Professional Fee	$0 Copay	$0 Copay

Benefit Comparison Chart	Opal 50 HMO Silver 2023 Employer Group	Opal 50 HMO Silver 2024 Employer Group
Home Health Services		
Home Health Care	After Medical Deductible, $0 Copay	After Medical Deductible, $0 Copay
Rehabilitation Services	$50 Copay	$50 Copay
Habilitation Services	$50 Copay	$50 Copay
Skilled Nursing Care	After Medical Deductible, First 10 Days at No Charge, then $100 Copay per Day	After Medical Deductible, First 10 Days at No Charge, then $100 Copay per Day
Hospice Services	After Medical Deductible, $0 Copay	After Medical Deductible, $0 Copay
Pediatric (Ages 0-18) Vision and Dental, Included in Plan		
Pediatric Vision - Administered by VSP		
Annual Eye Exam	$0 Copay	$0 Copay
Contact Lenses in Lieu of Glasses	$0 Copay	$0 Copay
Pediatric Dental - Administered by Delta Dental		
See Delta Dental Evidence of Coverage (EOC)		