Open Access Plan (OAP) Benefits

Open Access Plan (OAP) members will have three tiers of providers from which to choose to obtain services.

- **Tier I** offers a managed care network which provides enhanced benefits and operates similar to an HMO.
- **Tier II** offers an expanded network of providers and is a hybrid plan operating similar to an HMO and PPO.
- **Tier III** covers all providers which are not in the managed care networks of Tiers I or II (out-of-network providers). Benefits are outlined in the plan's Summary Plan Document (SPD). It is the member's responsibility to know and follow the specific requirements of the OAP. For a copy of the SPD, contact the plan administrator (see page 10).

Benefit	Tier I	Tier II	Tier III (Out-of-Network)**
Plan Year Out-of-Pocket Maximum • Per Individual • Per Family	$7,250 (includes eligible charges from Tiers I & II combined)**** $13,750 (includes eligible charges from Tiers I & II combined)****		Not Applicable
Plan Year Deductible (must be satisfied for all services)	$0	$400 per enrollee*	$600 per enrollee*
Hospital Services *(Percentages listed represent how much is covered by the plan)*			
Emergency Room Services	$300 copayment per visit	$300 copayment per visit	$300 copayment per visit
Inpatient Hospitalization	$350 copayment per admission	80% of network charges after $400 copayment per admission*	50% or allowable charges after $500 copayment per admission*
Inpatient Alcohol and Substance Abuse	$350 copayment per admission	80% of network charges after $400 copayment per admission*	50% of allowable charges after $500 copayment per admission*
Inpatient Psychiatric Admission	$350 copayment per admission	80% of network charges after $400 copayment per admission*	50% of allowable charges after $500 copayment per admission*
Outpatient Surgery	$300 copayment per visit	80% of network charges after $300 copayment*	50% of allowable charges after $300 copayment*
Skilled Nursing Facility	85% of network charges	85% of network charges*	Not covered
Diagnostic Lab and X-ray	100% covered	80% of network charges *	50% of allowable charges*
Transplant Services			
Organ and Tissue Transplants	**Tier I:** 100% covered. **Tier II:** 90% of network charges. **Tier III:** Not covered. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.		
Professional and Other Services			
Preventive Care/Well-Baby /Immunizations	100% covered	100% covered	Not covered
Physician Office Visits	$40 copayment	80% of network charges*	50% of allowable charges*
Specialist Office Visits	$45 copayment	80% of network charges*	50% of allowable charges*
Telemedicine	$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	$40 or $45 copayment	80% of network charges*	50% of allowable charges*
Durable Medical Equipment	70% of network charges	60% of network charges*	50% of allowable charges*
Home Health Care	$45 copayment	75% of network charges*	Not covered

Prescription Drugs

Plan Year Pharmacy Deductible – $175 per enrollee Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	$15	$30	$60	$120
Copayments (90-day supply)	$30	$60	$120	–
Maintenance Choice (90-day supply)***	$15	$30	$60	–

* A plan year deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.
** Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region.
*** Medications received at CVS Caremark® Pharmacy or through CVS Caremark® Mail Service Pharmacy.
**** For an explanation of Out of Pocket Maximums, please see page 8.