

## 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.

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.