

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 like 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). It is the member's responsibility to know and follow the specific requirements of the OAP. Benefits are outlined in each plan's Summary Plan Document (SPD), contact the plan administrator (see page 11).

Benefit	Tier I	Tier II	Tier III (Out-of-Network)**
Plan Year Out-of-Pocket Maximum • Per Individual • Per Family	\$3,000 (includes eligible charges from Tier I and Tier II combined) \$6,000 (includes eligible charges from Tier I and Tier II combined)		Not Applicable
Plan Year Deductible (must be satisfied for all services)	\$0	\$300 per enrollee*	\$400 per enrollee*

Hospital Services (Percentages listed represent how much is covered by the plan)

Emergency Room Services	\$275 copayment per visit	\$275 copayment per visit	\$275 copayment per visit
Inpatient Hospitalization	\$425 copayment per admission	90% of network charges after \$475 copayment per admission*	60% of allowable charges after \$575 copayment per admission*
Inpatient Alcohol and Substance Abuse	\$425 copayment per admission	90% of network charges after \$475 copayment per admission*	60% of allowable charges after \$575 copayment per admission*
Inpatient Psychiatric Admission	\$425 copayment per admission	90% of network charges after \$475 copayment per admission*	60% of allowable charges after \$575 copayment per admission*
Outpatient Surgery	\$300 copayment per visit	90% of network charges after \$300 copayment*	60% of allowable charges after \$300 copayment*
Skilled Nursing Facility	100% covered	90% of network charges*	Not covered
Diagnostic Lab and X-ray	100% covered	90% of network charges*	60% of allowable charges*
Complex Imaging (CT/Pet Scans/MRIs)	\$30 copayment	90% of network charges*	60% 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	\$30 copayment	90% of network charges*	60% of allowable charges*
Specialist Office Visits	\$35 copayment	90% of network charges*	60% of allowable charges*
Telemedicine	\$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	\$30 or \$35 copayment	90% of network charges*	60% of allowable charges*
Durable Medical Equipment	80% of network charges	80% of network charges*	60% of allowable charges*
Home Health Care	\$35 copayment	90% of network charges*	Not covered

Prescription Drugs

Plan Year Pharmacy Deductible – \$150 per enrollee Preventive Prescription Drugs – \$0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$16.00	\$33.00	\$57.00
Copayments (90-day supply)***	\$40.00	\$82.50	\$142.50
Maintenance Choice (90-day supply)****	\$16.25	\$38.75	\$68.75

* 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.

*** If a member or dependent elects a higher Tier drug where a lower Tier drug is available, the member or dependent is responsible for the higher copayment plus the difference in cost between the drugs.

**** Medications received at CVS Caremark® Retail Pharmacy or through CVS Caremark® Mail Service Pharmacy.