

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 the plan's Summary Plan Document (SPD). For a copy of the 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 Tiers I & II combined) \$6,000 (includes eligible charges from Tiers I & 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)**** | \$20.00 | \$41.25 | \$71.25 |

* 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.