

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 12).

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	\$40 copayment	90% of network charges*	60% of allowable charges*
Telemedicine	\$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	\$30 or \$40 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	\$40 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)	\$20.00	\$35.00	\$60.00
Copayments (90-day supply)***	\$50.00	\$87.50	\$150.00
Maintenance Choice (90-day supply)****	\$25.00	\$43.75	\$75.00

* 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.