

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 like 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	\$6,600 (includes eligible charges from Tiers I & II combined) \$13,200 (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	\$200 copayment per visit	\$200 copayment per visit	\$200 copayment per visit
Inpatient Hospitalization	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Inpatient Alcohol and Substance Abuse	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Inpatient Psychiatric Admission	\$250 copayment per admission	80% of network charges after \$300 copayment per admission*	60% of allowable charges after \$400 copayment per admission*
Outpatient Surgery	\$150 copayment per visit	80% of network charges after \$150 copayment*	60% of allowable charges after \$150 copayment*
Skilled Nursing Facility	100% covered	80% of network charges*	Not covered
Diagnostic Lab and X-ray	100% covered	80% of network charges*	60% of allowable charges*

Transplant Services

Organ and Tissue Transplants	Tier I: 100% covered. Tier II: 80% of network charges. Tier III: Not covered. To assure coverage, the transplant candidate must contact your plan provider prior to beginning evaluation services.		
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Professional and Other Services

Preventive Care/Well-Baby /Immunizations	100% covered	100% covered	Not covered
Physician Office Visits	\$20 copayment	80% of network charges*	60% of allowable charges*
Specialist Office Visits	\$20 copayment	80% of network charges*	60% of allowable charges*
Telemedicine	\$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	\$20 copayment	80% 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	\$15 copayment	80% of network charges*	Not covered

Prescription Drugs

Preventive Prescription Drugs – \$0

	Tier I	Tier II	Tier III
Copayments (30-day supply)	\$10	\$20	\$40
Copayments (90-day supply)	\$20	\$40	\$80
Maintenance Choice (90-day supply)***	\$10	\$20	\$40

* 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.