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 (see page 11).

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 Tier I and Tier II combined) $13,200 (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	$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	$200 copayment per visit	80% of network charges after $200 copayment*	60% of allowable charges after $200 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.		
Professional and Other Services			
Preventive Care/Well-Baby /Immunizations	100% covered	100% covered	Not covered
Physician Office Visits	$30 copayment	80% of network charges*	60% of allowable charges*
Specialist Office Visits	$30 copayment	80% of network charges*	60% of allowable charges*
Telemedicine	$10 copayment	Not covered	Not covered
Outpatient Psychiatric and Substance Abuse	$30 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	$30 copayment	80% of network charges*	Not covered

Prescription Drugs

Preventive Prescription Drugs – $0

	Tier I	Tier II	Tier III	Specialty Tier
Copayments (30-day supply)	$12	$24	$48	$96
Copayments (90-day supply)	$24	$48	$96	–
Maintenance Choice (90-day supply)***	$12	$24	$48	–

* 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.