

## Open Access Plan (OAP) Benefits

The benefits described below represent the minimum level of coverage available in an OAP. 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 plan. Contact the plan administrator for a copy of the SPD.

Open Access Plan (OAP) Benefits			
Benefit	Tier I 100% Benefit	Tier II 90% Benefit	Tier III (Out-of-Network)** 80% Benefit
<b>Plan Year Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Lifetime Maximum Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Annual Out-of-Pocket Maximum Per Individual Enrollee Per Family</b>	\$6,250 (includes eligible charges from Tier I and Tier II combined) \$12,750 (includes eligible charges from Tier I and Tier II combined)		Not applicable
<b>Annual Plan Deductible (must be satisfied for all services)</b>	\$0	\$300 per enrollee*	\$500 per enrollee*
<b>Hospital Services</b>			
<b>Inpatient</b>	100% after \$250 copayment per admission	90% of network charges after \$300 copayment per admission	80% of allowable charges after \$400 copayment per admission
<b>Inpatient Psychiatric</b>	100% after \$250 copayment per admission	90% of network charges after \$300 copayment per admission	80% of allowable charges after \$400 copayment per admission
<b>Inpatient Alcohol and Substance Abuse</b>	100% after \$250 copayment per admission	90% of network charges after \$300 copayment per admission	80% of allowable charges after \$400 copayment per admission
<b>Emergency Room</b>	100% after \$200 copayment per visit	100% after \$200 copayment per visit	100% after \$200 copayment per visit
<b>Outpatient Surgery</b>	100% after \$200 copayment per visit	90% of network charges after \$200 copayment	80% of allowable charges after \$200 copayment
<b>Diagnostic Lab and X-ray</b>	100%	90% of network charges	80% of allowable charges
<b>Physician and Other Professional Services (copayment not required for preventive services)</b>			
<b>Physician Office Visits</b>	100% after \$30 copayment	90% of network charges	80% of allowable charges
<b>Specialist Office Visits</b>	100% after \$30 copayment	90% of network charges	80% of allowable charges
<b>Preventive Services, including Immunizations</b>	100%	100%	Covered under Tier I and Tier II only
<b>Well Baby Care (first year of life)</b>	100%	100%	Covered under Tier I and Tier II only
<b>Outpatient Psychiatric and Substance Abuse</b>	100% after \$30 copayment	90% of network charges	80% of allowable charges
<b>Other Services</b>			
<b>Prescription Drugs (30-day supply)</b> Generic \$12   Preferred Brand \$24   Nonpreferred Brand \$48   Specialty \$96			
<b>Durable Medical Equipment</b>	80% of network charges	80% of network charges	80% of allowable charges
<b>Skilled Nursing Facility</b>	80%	80% of network charges	Covered under Tier I and Tier II only
<b>Transplant Coverage</b>	100%	80% of network charges	Covered under Tier I and Tier II only
<b>Home Health Care</b>	100% after \$30 copayment	80% of network charges	Covered under Tier I and Tier II only

\*An annual plan deductible must be met before Tier II and Tier III plan benefits apply. Benefit limits are measured on a plan year basis.

\*\*Utilizing out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your annual out-of-pocket maximum; this varies by plan and geographic region. Members who use out-of-network providers should contact their health plan administrator for information regarding out-of-network charges before obtaining services.