

# 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.

| Benefit   | Tier I  | Tier II            | Tier III (Out-of-Network)** |
|---|---|--------------------|-----------------------------|
| Plan Year Out-of-Pocket Maximum                           |   |                    |                             |
| • Per Individual  | \$6,600 (includes eligible charges from Tier I and Tier II combined)  |                    | Not Applicable              |
| • Per Family  | \$13,200 (includes eligible charges from Tier I and Tier II combined) |                    |                             |
| 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 | <b>Tier I:</b> 100% covered. <b>Tier II:</b> 80% of network charges. <b>Tier III:</b> 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                    | \$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.