

BENEFIT	OAP Basic
Costshares	
	OAP Basic plan has no Out-of-Network benefits
	\$20 Office Visit Copay \$75 Emergency Room Copay
	Lifetime Maximum In-Network - Unlimited
Preventive Care	
Pediatric	No Copay
Adult	No Copay
Vision	No Copay Covered once every 24 months
Hearing	No Copay Screening part of physical exam
Gynecological	No Copay
Medical Services	
Medical Office Visit	\$20 Copay
Outpatient PT/OT/ST/Chiro.	\$20 Copay 60 Combined Days per calendar year per member
Allergy Services	\$20 Copay for office visits and testing No copay for injections
Diagnostic Lab & X-ray	Covered
Inpatient Medical Services	Covered
Surgery Fees	Covered
Office Surgery	Covered
Outpatient MH/SA	\$20 Copay
Emergency Care	
Emergency Room	\$75 Copay (waived if admitted) Sudden & Serious Guidelines
Urgent Care	\$25 Copay
Ambulance	Covered

BENEFIT	OAP Basic
Inpatient Hospital	
General/Medical/Surgical/ Maternity (Semi-private)	\$200 Copay
Ancillary Services Medication, Supplies	Covered
Psychiatric	Unlimited days
Substance Abuse/Detox	Unlimited days
Skilled Nursing/Rehabilitatio Facility	Covered up to 180 days per calendar year
Hospice	Covered
Outpatient Hospital	
Outpatient Surgery Facility Charges	\$100 Copay (Prior Authorization Required)
Diagnostic Lab & X-ray	Covered
Pre-Admission Testing	Covered
Other Services	
Durable Medical Equipment	Covered
Prosthetics	Covered
Home Health Care	Unlimited days (Prior Authorization Required)
Pharmacy Benefits	
Prescriptions	\$5/\$20/\$35 Unlimited maximum Three Tier Formulary RX Rider

No referrals are required. No primary care physician is required.

INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum for OAP Basic plan.

ELIGIBILITY: Effective July 1, 2010 dependent children to age 26 for medical and prescription plans due to the passing of the Health Care Reform Act of March 30, 2010. Dependent children covered to age 25 for dental plans.
