

BENEFIT	OAP Basic
Costshares	
	In-Network services subject to copays
	OAP Basic plan has no Out-of -Network benefit
	\$15 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	Copay
Outpatient PT/OT/ST/Chiro.	Copay
	60 Combined Days
	per calendar year per member
Allergy Services	office visits and testing; Copay
	No copay for injections
Diagnostic Lab & X-ray	Covered
Inpatient Medical Services	Covered
Surgery Fees	Covered
Office Surgery	Covered
Outpatient MH/SA	Copay based on date of service
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 Effective 7/1/2017
Ancillary Services Medication, Supplies	Covered
Psychiatric	Unlimited days
Substance Abuse/Detox	Unlimited days
Skilled Nursing/Rehabilitation 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
All Benefits listed are for In-Network Only.	
INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum for the OAP Basic plans.	
ELIGIBILITY: Dependent children covered to age 26 for medical and prescription plans.	