

SAW - Open Access Plus Benefit Comparison: OAPS/HDP

Benefit	In-Network services subject to copays Out-of-Network services subject to deductible and coinsurance <i>In Network:</i> \$30 office visit copay \$100 Emergency Room/\$ 50 Urgent Care Facility \$400 Outpat Surg Facility /\$800 Inpat Hosp (maximum per calendar year \$2,400) Out of Pocket Maximum \$4,500/\$8,700/\$8,700 <i>Out of Network:</i> Plan Coinsurance 70% Deductible \$400/\$800/\$1200 Out of Pocket Maximum \$1,600/\$3,200/\$4,800 (includes Deductible) Lifetime Maximum In/Out of Network - Unlimited	In Network In-Network services subject to Deductible Deductible \$2,000/\$4,000 (shared with Out-of-Network) In-Network Preventative Care covered at 100% In-Network Coinsurance 100% Individual/Family Deductible \$2,000/\$4,000 (shared with In-Network) Member's Out of Pocket Max. - In Network \$2,000/\$4,000 Out of Network Coinsurance 70%/30% Member's Out of Pocket Max. - Out of Network \$3,000/\$6,000 Lifetime Maximum In-Network/Out of Network - Unlimited
Preventive Care	No copy No age or frequency based schedule required	No copy or Deductible No age or frequency based schedule required
Primary	No Copy No age or frequency based schedule required	No copy or Deductible No age or frequency based schedule required
Adult	No Copy No age or frequency based schedule required	No copy or Deductible No age or frequency based schedule required
Young	\$0 Preventive PCP \$30 Specialist copay One exam every 24 Months No copy No age or frequency based schedule required	\$0 Preventive PCP Specialist Subject to Deductible-0% Coinsurance One exam every 24 Months No Deductible-0% Coinsurance No age or frequency based schedule required
Elderly	No copy No age or frequency based schedule required	No Deductible-0% Coinsurance No age or frequency based schedule required
Gynecological	No copy No age or frequency based schedule required	No Deductible-0% Coinsurance No age or frequency based schedule required
Medical Services Medical Office Visit	\$30 office visit copay	Subject to Deductible-0% Coinsurance
Specialist (MD/DO/Chiro)	\$30 office visit copay Maximum 50 Days Per Calendar Year	Subject to Deductible-0% Coinsurance Maximum 50 Days Per Calendar Year
Specialist	\$30 office visit copay \$0 copay Unlimited	Subject to Deductible-0% Coinsurance
Allergies/Inj Allergy/Inhalers/Injections	Covered	Subject to Deductible-0% Coinsurance
Diagnostic Lab & X-ray	Covered	Subject to Deductible-0% Coinsurance
Inpatient/Medical Services	Covered	Subject to Deductible-0% Coinsurance
Subsidiary	Covered	Subject to Deductible-0% Coinsurance
Other Services	Covered	Subject to Deductible-0% Coinsurance
Other Services National Network Services	\$30 Specialist copay National Coverage Applies	Subject to Deductible - 0% Coinsurance National Coverage Applies

