

## Open Access Plan Description of Coverage (TRIP)

		Tier 1	Tier 2*	Tier 3**,**	
<b>Basic Care</b> (See Provider Directory to select an in-network provider)					
Annual deductible		None	\$300 per enrollee	\$400 per enrollee	
Out-of-pocket maximum					
Tier 1 and Tier 2 cross accumulate. Includes Tier 2 deductible, Tier 1 and Tier 2 copayments/coinsurance.	Individual Family	\$6,600 \$13,200	\$6,600 \$13,200	Not applicable Not applicable	
Lifetime maximum		Unlimited	Unlimited	Unlimited	
Pre-existing condition limitations		None	None	None	
Network				Out of network	
<b>Description of Coverage</b>					
<b>Hospital</b>					
Number of days of inpatient care	Unlimited when authorized	\$250 copay per admission	20% coinsurance after \$300 copay	40% coinsurance of MAC after \$400 copay	
Room and board	Semi-private room, intensive care		20% coinsurance	40% coinsurance of MAC	
Surgeon's fees	Inpatient or outpatient	\$0 copay	20% coinsurance	40% coinsurance of MAC	
Provider's visit		\$0 copay	20% coinsurance	40% coinsurance of MAC	
Medications		\$0 copay	20% coinsurance	40% coinsurance of MAC	
Other miscellaneous charges	Except personal comfort items	\$0 copay	20% coinsurance	40% coinsurance of MAC	
<b>Emergency</b>					
Emergency services (medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part)	Copay waived if admitted as an inpatient for same condition within 48 hours	\$200 copay	\$200 copay	\$200 copay	
Emergency post-stabilization services	Copayment dependent on nature of service				
<b>Provider's Office</b>					
Provider's office visits	Exam, diagnosis, treatment	\$20 copay per office visit	20% coinsurance	40% coinsurance of MAC	
Preventive care	ACA guidelines apply	100% coverage	100% coverage	Covered under Tier 1 and Tier 2 only	
Diagnostic tests and X-rays	May require authorization	\$0 copay	20% coinsurance	40% coinsurance of MAC	
Immunizations		\$0 copay	100% coverage	Covered under Tier 1 and Tier 2 only	
Allergy treatment and testing		\$0 copay	100% coverage	Covered under Tier 1 and Tier 2 only	
<b>Medical Services</b>					
Outpatient surgery	Surgery and observation; may require authorization	\$150 copay	20% coinsurance after \$150 copay	40% coinsurance of MAC after \$150 copay	
Maternity care					
	Hospital care	Room and board, ancillary services, care of child during mother's stay	\$250 copay per admission	20% coinsurance after \$300 copay	40% coinsurance of MAC after \$400 copay
	Provider care	Prenatal, delivery and post-natal care	\$0 copay	20% coinsurance	40% coinsurance of MAC
Infertility services	See benefits certificate for details on coverage		20% coinsurance	40% coinsurance of MAC	
Mental health treatment					
	Inpatient		\$250 copay per admission	20% coinsurance after \$300 copay	40% coinsurance of MAC after \$400 copay
	Outpatient		\$20 copay per office visit	20% coinsurance	40% coinsurance of MAC
Substance abuse treatment					
	Inpatient		\$250 copay per admission	20% coinsurance after \$300 copay	40% coinsurance of MAC after \$400 copay
	Outpatient		\$20 copay per office visit	20% coinsurance	40% coinsurance of MAC
Outpatient rehabilitation services	Up to 60-day treatment period per condition	\$20 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only	
Speech therapy – Pervasive developmental disorders	20 visits per contract year	\$20 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only	
<b>Other Services</b>					
Durable medical equipment	Prosthetic devices included	20% coinsurance	20% coinsurance	40% coinsurance of MAC	
Hospice		\$0 copay	20% coinsurance	40% coinsurance of MAC	
Home health care		\$15 copay per visit	20% coinsurance	Covered under Tier 1 and Tier 2 only	
Prescription drugs		Administered through the state self-insured prescription benefits manager			
Dental services	Not covered	n/a	n/a	n/a	
Vision care	Not covered	n/a	n/a	n/a	
Skilled nursing facility	When authorized	\$0 copay	20% coinsurance	Covered under Tier 1 and Tier 2 only	
Ambulance	When medically necessary	\$0 copay	20% coinsurance	40% coinsurance of MAC	
Chiropractic services		\$20 copay per office visit	20% coinsurance	Covered under Tier 1 and Tier 2 only	
Organ transplants	Out-of-pocket maximum applies	\$0 copay	20% coinsurance	Covered under Tier 1 and Tier 2 only	

\*Annual deductible must be satisfied for all services. \*\*Maximum allowable charges (MAC) apply.

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