

Coverage	OAP High		OAP Standard		SureFit
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Design Principles	Higher value design, with most flexible network, for highest contribution		Leaner design, with some network restrictions, in return for lower PPO contribution		Rich design, but narrow network, in return for lowest contribution
Medical Network Basis	OAP Network		OAP Network		TriCounty ¹ SureFit Network
PCP Coordination of Medical Care	No		No		Yes
Medical Benefits					
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$750/\$1,500	\$1,500/\$3,000	\$150/\$250
Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$1,500/\$3,000
Coinsurance	30%	50%	30%	50%	30%
Telemedicine	\$0	N/A	\$0	N/A	\$0
Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD	\$30/ \$0 M-DCPS Clinic	50% AD	\$20/ \$0 M-DCPS Clinic
CCN Specialist	\$55	50% AD	\$60	50% AD	\$50
Non-CCN Specialist	\$65	50% AD	\$70	50% AD	N.A.
Outpatient BH (1st 3 visits at \$0)	\$25	50% AD	\$30	50% AD	\$20
Physical, Speech & Occupational Therapies (40 days per year)	\$55 PT, ST, OT	50% AD	\$60 PT, ST, OT	50% AD	\$20 PCP/ \$50 SCP
Pulmonary Cardiac Therapy (40 days per year)	\$55	50% AD	\$70	50% AD	\$45
Chiropractic Care (30 days per year)	\$60	50% AD	\$70	50% AD	\$45
Convenience Care Centers	\$20	50% AD	\$20	50% AD	\$10
Urgent Care	\$60	\$60	\$70	\$70	\$50
Imaging	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based
Inpatient Hospital	30% AD	50% AD	30% AD	50% AD	30% AD
Outpatient Hospital and Major Diagnostics	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$100 at affiliated Non-hospital
Emergency Room	\$350/\$200 preferred facilities	\$350	\$400/\$200 preferred facilities	\$400	\$300/\$150 preferred facilities
Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered	\$70 visit/ 30% AD for devices	Not covered	\$50 visit/ 30% AD for devices

Other - Bariatric Surgery	30% AD	Not covered	Not covered	Not covered	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)					
Prescription Drug Deductible (Ind/Fam)	N/A		N/A		N/A
Formulary	Same as OAP Standard and SureFit		Same as OAP High and SureFit		Same as OAP plans
Other - Insulin Copay Waiver	Yes		Yes		Yes
Retail Drug Network (no coverage for maintenance meds after 3 rd fill)					
Generic Seven Drug Classes ²	\$0	50%	\$0	50%	\$0
Generic	\$20 – no coverage for maintenance meds after 3 rd fill		\$20 – no coverage for maintenance meds after 3 rd fill		\$15 – no coverage for maintenance meds after 3 rd fill
Preferred Brand (Including Specialty Drugs)	\$55 – no coverage for maintenance meds after 3 rd fill		\$65 – no coverage for maintenance meds after 3 rd fill		\$40 – no coverage for maintenance meds after 3 rd fill
Non-Preferred Brand (Including Specialty Drugs)	\$150 – no coverage for maintenance meds after 3 rd fill		\$175 – no coverage for maintenance meds after 3 rd fill		\$125 – no coverage for maintenance meds after 3 rd fill
Mail Order Prescription (90 day supply)		N/A		N/A	
Generic Seven Drug Classes ²	\$0		\$0		\$0
Generic	\$40		\$40		\$30
Preferred Brand (Including Specialty Drugs)	\$140		\$160		\$80
Non-Preferred Brand (Including Specialty Drugs)	\$375		\$435		\$315

¹ Broward, Dade and Palm Beach Counties, FL

² 90-Day supply on Seven Drug Classes related to the following conditions: Asthma, Blood Pressure, Blood Thinner, Cholesterol, Diabetes, Osteoporosis, Prenatal Vitamins

AD = after deductible, OV = office visit