



2020 Retiree OAP High Plan Design

Coverage	OAP High Plan	
	In-Network	Out-of-Network
Medical Network Basis	OAP Network	
PCP Coordination of Medical Care	No	
Medical Benefits		
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000
Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	30%	50%
Telemedicine	\$0	N/A
Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD
CCN Specialist	\$55	50% AD
Non-CCN Specialist	\$65	50% AD
Outpatient BH (1st 3 visits at \$0)	\$25	50% AD
Physical, Speech & Occupational Therapies (40 days per year)	\$55 PT, ST, OT	50% AD
Pulmonary Cardiac Therapy (40 days per year)	\$55	50% AD
Chiropractic Care (30 days per year)	\$60	50% AD
Convenience Care Centers	\$20	50% AD
Urgent Care	\$60	\$60
Imaging	30% AD, or \$100 at non-hospital based	50% AD
Inpatient Hospital	30% AD	50% AD
Outpatient Hospital and Major Diagnostics	30% AD or \$150 at affiliated Non-hospital	50% AD
Emergency Room	\$350/\$200 preferred facilities	\$350
Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered
Other - Bariatric Surgery	30% AD	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)		
Prescription Drug Deductible (Ind/Fam)	N/A	
Formulary	Same as OAP Standard and SureFit	
Other - Insulin Copay Waiver	Yes	
Retail Drug Network (no coverage for maintenance meds after 3rd fill)		
Generic Seven Drug Classes ²	\$0	50%
Generic	\$20 - no coverage for maintenance meds after 3rd fill	
Preferred Brand (Including Specialty Drugs)	\$55 - no coverage for maintenance meds after 3rd fill	
Non-Preferred Brand (Including Specialty Drugs)	\$150 - no coverage for maintenance meds after 3rd fill	
Mail Order Prescription (90 day supply)		
Generic Seven Drug Classes ²	\$0	N/A
Generic	\$40	
Preferred Brand (Including Specialty Drugs)	\$140	
Non-Preferred Brand (Including Specialty Drugs)	\$375	

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