

Please note that the information contained in this table is summary only. For more detailed information, please contact the Plan at the contact provided. This may also cover your total health coverage provided. In the event that the information in this table differs from that contained in the Summary Plan Document (SPD), or otherwise provided by the Plan, the information in the SPD and/or provided by the Plan shall prevail.

Highlighted Areas Reflect Changes for 2022

| | Active Open Choice PPO Plan 1-800-307-4275 | Active Open Choice PPO Plan 1-800-307-4275 | Active Open Choice PPO Plan 1-800-307-4275 | Active Open Choice PPO Plan 1-800-307-4275 |
|---|---|---|---|---|
| Plan | Active Open Choice PPO Plan | Active Open Choice PPO Plan | Active Open Choice PPO Plan | Active Open Choice PPO Plan |
| General | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Primary Care Physician Required | No | No | No | No |
| Out-of-Pocket Maximum (Plan Year with applicable expenses after you reach \$0) | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| Out-of-Pocket Maximum - Family | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| Prevention Care | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine and Well-Child Care: Immunizations | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine Gynecological exam | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine Mammogram | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Prostate Screening | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine Eye Exam | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine, Frames & Contact Lenses | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Routine Hearing Exam | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Hearing Aid | 100% coverage up to \$1,000 (lifetime maximum per person) | 100% coverage up to \$1,000 (lifetime maximum per person) | 100% coverage up to \$1,000 (lifetime maximum per person) | 100% coverage up to \$1,000 (lifetime maximum per person) |
| Physician Office Services | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Maternity | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| In-Office Surgeries, X-Ray, and Lab Work | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Ally: Treatment and Testing | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Specialty | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Second Surgical Opinion | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Imaging & X-ray | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Pre-Admission Testing | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Lab & X-ray | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Surgery | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Physician Visits (in Hospital) | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Anesthesia | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Outpatient Services | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Surgery | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Lab & X-ray | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay | 100% coverage, no copay |
| Emergency Room Care | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Emergency Room (Emergency Care) | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Hospital Emergency Room (Non-emergency Care) | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Ambulance | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Alternative Care | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Companion Facility | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Home Health Care | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Private Duty Nursing | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Hospice | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Other Services | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Family Counseling (Behavioral Services) | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Short-term Rehabilitation | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Durable Medical Equipment | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Chiropractic Care | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Behavioral Health | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Behavioral Health - Inpatient | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient Psychiatric | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Partial Hospitalization | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Substance Abuse | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Prescription Drug Coverage | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Pharmacy - Generic | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Pharmacy - Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Non-Formulary Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Smoking Cessation Aids | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Mail Order - Generic | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Mail Order - Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Non-Formulary Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Smoking Cessation Aids | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient Prescriptions - Generic | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient Prescriptions - Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |
| Outpatient Prescriptions - Non-Formulary Brand Name | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible | 100% coverage after deductible |