



2027 OAP Extended Network Plan Design

Coverage	In-Network	Out-of-Network
Medical Network Basis	OAP Network	
PCP Coordination of Medical Care	No	
Medical Benefits		
» Deductible (Individual/Family)	\$650/\$1,300	\$1,300/\$2,600
» Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$3,300/\$6,600	\$6,600/\$13,200
» Coinsurance	30%	50%
» Telemedicine	\$0	N/A
» Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD
» Tier 1 Specialist	\$50	50% AD
» Non-Tier 1 Specialist	\$70	50% AD
» Behavioral Health OV	\$0	50% AD
» Physical Therapy	\$35	
» Speech & Occupational Therapies (40 days per year)	\$55 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	\$10	50% AD
» Urgent Care	\$45	
» 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	\$375/\$225 preferred facilities	
» Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)		
» Prescription Drug Deductible (Ind/Fam)	N/A	
» Formulary	Same across all plans	
» Other - Insulin Copay Waiver	Yes	
Retail & Mail Prescription (30 Day Supply)		
» Generic Seven Drug Classes ₂	\$0	50%
» Generic	\$20	
» Generic ADD & ADHD	\$15	
» Preferred Brand	\$55	
» Non-Preferred Brand	\$150	
» Specialty	\$150 Min/\$250 Max, 30% Coinsurance	
Retail & Mail Prescription (90 Day Supply)		
» Generic Seven Drug Classes ₂	\$0	N/A
» Generic	\$40	
» Generic ADD & ADHD	\$30	
» Preferred Brand	\$140	
» Non-Preferred Brand	\$375	
» Specialty	N/A	

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