



Medical, Behavioral Health, and Pharmacy Coverage Details

Plan: Open Access Plus Group ID: ##### Coverage is active for [View the main features of your plan](#)

Coverage from 01/01/2023 - Present

View coverage details for: _____(Spouse) In-Network

How Your Plan Works

Name is here

1

You and the plan share costs

When you visit a provider, you and the plan share costs for covered services.
[View covered services and your share of cost.](#)

2

You pay nothing

When you or your family reach the [out-of-pocket maximum](#), the plan pays 100% for covered services.

Out-of-Pocket Maximum Remaining:

Close X

Who's Covered

____ Name _____

Spouse/Partner

DOB: 11/14/1977

Covered from 01/01/2023 - Present



Your plan requires that some services, or where you have the service, be approved to be covered.
[Learn about authorizations](#) | [View common services that require authorization](#)



Preventive Care

Wellness Exams | Vaccinations | Preventive Screenings



Provider Visits

Virtual Visits Available

Primary Care Provider (PCP) Virtual Visit | Primary Care Provider (PCP) In-Person Visit | Specialist Virtual Visit | Specialist In-Person Visit



Pharmacy - Drugs Covered by Your Prescription Plan

[See Pharmacy - Drugs Covered by Your Prescription Plan details](#)



Pharmacy - Drugs Covered by Your Medical Plan

Specialty Drugs



Blood Tests/Other Lab Work and Dialysis Treatment

Lab Services | Outpatient Dialysis



X-ray and Radiology

X-ray and Radiology | Advanced Radiology

