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Medical, Behavioral Health, and Pharmacy Coverage Details

Plan: Open Access Plus with HSA Group ID: 00620594 Coverage is active for: [Patrick](#) [View the main features of your plan](#)

Coverage from 01/01/2020 - Present

View coverage details for: Patrick (Subscriber) In-Network

How Your Plan Works

Patrick is here

1

You pay the deductible

When you visit a provider, you pay all costs for services, until the deductible is met.

[Eligible in-network preventive care is covered 100%](#)

Deductible Remaining:

\$1,046⁸⁹

[See more](#)

2

You and the plan share costs

After the deductible is met, you and the plan share the costs for covered services.

[View covered services and your share of cost.](#)

3

You pay nothing

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

Out-of-Pocket Maximum Remaining:
\$3,046.89

[See more](#)

Covered Services and Your Share of Costs



Your plan requires that some services be approved to be covered.

[Learn about precertifications](#)



Preventive Care

[Wellness Exams](#) | [Vaccinations](#) | [Preventive Screenings](#) | [Preventive Pap Test](#) | [Preventive Mammogram](#) | [Preventive Pros...](#)



Provider Visits

[Primary Care Provider \(PCP\) Office Visit](#) | [Primary Care Provider \(PCP\) Services](#) | [Specialist Office Visit](#) | [Specialist Services](#)



Prescriptions

[See Prescriptions details](#)



Blood Tests and Other Lab Work

[Primary Care Provider \(PCP\) Office Lab](#) | [Specialist Office Lab](#) | [Independent Facility Lab](#) | [Outpatient Hospital Lab](#) | [Inpatie...](#)

Chat closed

- 
Surgeries & Medical Services/Procedures
▼
 - [Primary Care Provider \(PCP\) Office Surgery](#) | [Specialist Office Surgery](#) | [Outpatient Hospital Surgery Facility](#) | [Outpatient Prof...](#)
- 
Immediate Care
▼
 - [Urgent Care Visit](#) | [Emergency Room Visit](#)
- 
Physical Therapies
▼
 - [Physical Therapy](#)
- 
Alternative Medicine
▼
 - [Chiropractic Care](#)
- 
Behavioral Health
▼
 - [Mental Health Office Visit](#) | [Mental Health Outpatient](#) | [Mental Health Inpatient](#) | [Substance Abuse Office Visit](#) | [Substance ...](#)
- 
Maternity
▼
 - [Breast-feeding Equipment](#)

The information on this page provides highlights of coverage only. It is not a contract. Coverage is subject to your plan terms, including exclusions and limitations. If there are any differences between the information on this page and your official plan documents, the terms of the plan documents will control.

Contact Us

Help with benefits & coverage:

1 (866) 494-2111

Help using this website:

1 (800) 853-2713

[Mental Health Crisis Information](#)



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