

Town of Douglas — PPO Plan QHDP

Medical Benefits for Group BP2 Effective 7/1/2019

Covered Services	In Network Providers	Out of Network Providers
Deductible & Out-of-Pocket		
Plan Year Deductible		
<i>Single</i>	\$2,000	\$2,000
<i>Family</i>	\$4,000	\$4,000
Out-of-Pocket Maximum (<i>includes Deductible and Coinsurance</i>)		
<i>Single</i>	\$4,000	\$4,000
<i>Family</i>	\$8,000	\$8,000
<i>Individual within the family</i>	\$4,000	\$4,000
Preventive Care		
Routine Physicals & Gynecological Exams	100% (deductible waived)	80% (deductible waived)
Other Services		
Office Visit – Primary Care	Deductible then 100%	Deductible then 80%
Office Visit – Specialist Care	Deductible then 100%	Deductible then 80%
Chiropractic Visit <i>20 visits per plan year</i>	Deductible then 100%	Deductible then 80%
Diagnostic Lab & X-Ray	Deductible then 100%	Deductible then 80%
CT, MRI & PET Scan	Deductible then 100%	Deductible then 80%
Outpatient Surgery	Deductible then 100%	Deductible then 80%
Inpatient Hospital	Deductible then 100%	Deductible then 80%
Behavioral Health Hospital Service	Deductible then 100%	Deductible then 80%
Behavioral Health Office Visit	Deductible then 100%	Deductible then 80%
Occupational and Physical Therapy <i>60 visits per plan year per benefit type</i>	Deductible then 100%	Deductible then 80%
Speech Therapy	Deductible then 100%	Deductible then 80%
Ambulance (emergency)	Deductible then 100%	Deductible then 100%
Emergency Room <i>(copay waived if admitted)</i>	Deductible then 100%	Deductible then 100%
Urgent Care	Deductible then 100%	Deductible then 80%
Fitness Reimbursement	\$150 per plan year	
Prescription Drug Benefits		
	MaxorPlus	
Retail Pharmacy (<i>up to a 30-day supply</i>)	Deductible then \$10 (Generic) / Deductible then \$25 (Preferred Brand) / Deductible then \$40 (Non-Preferred Brand)	
Mail Order (<i>up to a 90-day supply</i>)	Deductible then \$20 (Generic) / Deductible then \$50 (Preferred Brand) / Deductible then \$120 (Non-Preferred Brand)	

NOTE: This Summary provides you with an overview of your Plan benefits and is not a complete statement of all Plan provisions, limitations and exclusions. Please refer to your Summary Plan Description and amendments for complete details. In the event of any inconsistency between this Summary and your Plan Document, the Plan Document and any applicable amendments will govern. Please refer to your Plan Document and Amendments for complete details as well as the services that require prior authorization.

