

Town of Douglas — PPO Plan QHDHP

Medical Benefits for Group BP2 Effective 7/1/2024

		In Network Providers	Out of Network Providers
Deductible & Out-of-Pocket			
Plan Year Deductible	<i>Single Family</i>	\$2,000 \$4,000	\$2,000 \$4,000
Plan Year Out-of-Pocket Maximum (<i>includes Deductible, Coinsurance and copays</i>)	<i>Single Family</i> <i>Individual within the family</i>	\$4,000 \$8,000 \$4,000	\$4,000 \$8,000 \$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 (20 visits per plan year)		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 (60 visits combined per plan year)		Deductible then 100%	Deductible then 80%
Speech Therapy		Deductible then 100%	Deductible then 80%
Ambulance (emergency)		Deductible then 100%	Deductible then 100%
Emergency Room		Deductible then 100%	Deductible then 100%
Urgent Care		Deductible then 100%	Deductible then 80%
Fitness Reimbursement		\$150 per plan year	
Prescription Drug Benefits		Express Scripts	
Retail Pharmacy (up to a 30-day supply)		Deductible then \$10 (Generic) / Deductible then \$25 (Preferred Brand) / Deductible then \$40 (Non-Preferred Brand)	
Mail Order (up to a 90-day supply)		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.