

Town of Douglas — Network (EPO) Plan QHDHP

Medical Benefits for Group BP2 Effective 7/1/2024

		In-Network Providers
Deductible & Out-of-Pocket		
Plan Year Deductible	<i>Single Family</i>	\$2,000 \$4,000
Plan Year Out-of-Pocket Maximum (includes Deductible, coinsurance and copays)	<i>Single Family</i> <i>Individual within Family</i>	\$4,000 \$8,000 \$4,000
Preventive Care		
Routine Physicals & Gynecological Exams		No Charge
Other Services		
Office Visit – Primary Care		Deductible then 100%
Office Visit – Specialist Care		Deductible then 100%
Chiropractic Visit (20 visits per plan year)		Deductible then 100%
Diagnostic Lab & X-Ray		Deductible then 100%
CT, MRI & PET Scan		Deductible then 100%
Outpatient Surgery		Deductible then 100%
Inpatient Hospital		Deductible then 100%
Behavioral Health Hospital Service		Deductible then 100%
Behavioral Health Office Visit		Deductible then 100%
Occupational and Physical Therapy (60 visits combined per plan year)		Deductible then 100%
Speech Therapy		Deductible then 100%
Ambulance (emergency)		Deductible then 100%
Emergency Room		Deductible then 100%
Urgent Care		Deductible then 100%
Fitness Reimbursement		\$150 per plan year
Prescription Drug Benefits		
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.