

Town of Oxford – PPO Plan

Medical Benefits for Group BP4 Effective 7/1/2022

	In-Network	Out-of-Network
Deductible & Out-of-Pocket		
Annual Plan Year Deductible	<i>Single Family</i> \$500 \$1,000	\$500 \$1,000
Annual Out-of-Pocket Maximum <i>(includes Deductible)</i>	<i>Single Family</i> \$5,000 \$10,000	\$5,000 \$10,000
Preventive Care		
Routine Physicals & Gynecological Exams	100%	80% allowed amount after deductible
Other Services		
Office Visit – Primary Care	\$25 copay	80% allowed amount after deductible
Office Visit – Specialist Care	\$35 copay	80% allowed amount after deductible
Chiropractic Visit <i>(12 visits per plan year)</i>	100%	80% allowed amount after deductible
Diagnostic Lab & X-Ray	100%	80% allowed amount after deductible
CT, MRI & PET Scan	100% after deductible	80% allowed amount after deductible
Outpatient Surgery	100% after deductible	80% allowed amount after deductible
Inpatient Hospital	100% after deductible	80% allowed amount after deductible
Behavioral Health Hospital Service	100% after deductible	80% allowed amount after deductible
Behavioral Health Office Visit	100% after deductible	80% allowed amount after deductible
Occupational and Physical Therapy <i>(60 visits per plan year)</i>	\$25 copay	80% allowed amount after deductible
Speech Therapy	\$25 copay	80% allowed amount after deductible
Ambulance	100%	100%
Emergency Room <i>(copay waived if admitted)</i>	\$250 copay	\$250 copay
Urgent Care	\$25 copay	80% allowed amount after deductible
Prescription Drug Benefits		
Retail Pharmacy <i>(up to a 30-day supply)</i>	\$15 (Generic) / \$30 (Preferred Brand) / \$50 (Non-Preferred Brand)	
Mail Order <i>(up to a 90-day supply)</i>	\$45 (Generic) / \$90 (Preferred Brand) / \$150 (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.