

**Town of Oxford — Focus Network**Medical Benefits for Group **BP4** Effective 7/1/2022

		In-Network Providers
<b>Deductible &amp; Out-of-Pocket</b>		
Annual Calendar Year Deductible	Single Family	\$500 \$1,000
Annual Out-of-Pocket Maximum ( <i>includes Deductible</i> )	Single Family	\$5,000 \$10,000
<b>Preventive Care</b>		
Routine Physicals & Gynecological Exams		100%
<b>Other Services</b>		
Office Visit – Primary Care		\$25 copay
Office Visit – Specialist Care		\$35 copay
Chiropractic Visit (12 visits per plan year)		\$25 copay
Diagnostic Lab & X-Ray		100%
CT, MRI & PET Scan		100% after deductible
Outpatient Surgery		100% after deductible
Inpatient Hospital		100% after deductible
Behavioral Health Hospital Service		100% after deductible
Behavioral Health Office Visit		\$25 copay
Occupational and Physical Therapy (60 visits per plan year)		\$25 copay
Speech Therapy		\$25 copay
Ambulance		100%
Emergency Room (copay waived if admitted)		\$250 copay
Urgent Care		\$25 copay
<b>Prescription Drug Benefits</b>		<b>Express Scripts</b>
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.