Town of Oxford —Network Plan

*Medical Benefits for Group **BP4** Effective 7/1/2022*

	In-Network Providers
Deductible & Out-of-Pocket	
Annual Calendar Year Deductible *Single* *Family*	 $500 $1,000
Annual Out-of-Pocket Maximum *(includes Deductible)* *Single* *Family*	 $5,000 $10,000
Preventive Care	
Routine Physicals & Gynecological Exams	100%
Other Services	
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 each per plan year)*	$25 copay
Speech Therapy	$25 copay
Ambulance	100%
Emergency Room *(copay waived if admitted)*	$250 copay
Urgent Care	$25 copay
Prescription Drug Benefits	**Express Scripts**
Retail Pharmacy (*up to a 30-day supply)*	$15 (Generic) / $30 (Preferred Brand) / $50 (Non-Preferred Brand)
Mail Order *(up to a 90-day supply)*	$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.