

**Town of Grafton — ChoiceNet Network Plan**

Medical Benefits for Group CD2 Effective 7/1/2023

	<b>In-Network Providers</b>
<b>Deductible &amp; Out-of-Pocket</b>	
Plan Year Deductible	Single \$500 Family \$1,000 Individual within Family \$500
Plan Year Out-of-Pocket Maximum ( <i>includes Deductible, coinsurance, and copays</i> )	Single \$5,000 Family \$10,000 Individual within Family \$5,000
<b>Preventive Care</b>	
Routine Physicals & Gynecological Exams	100%
<b>Other Services</b>	
Office Visit – Primary Care	Tier 1 \$10 copay Tier 2 \$20 copay Tier 3 \$40 copay
Office Visit – Specialist Care	Tier 1 \$30 copay Tier 2 \$60 copay Tier 3 \$75 copay
Chiropractic Visit (20 visits per plan year)	\$20 copay
Diagnostic Lab & X-Ray	100% after deductible
CT, MRI & PET Scan	\$100 after deductible
Outpatient Surgery	\$250 after deductible
Inpatient Hospital	Tier 1 \$275 copay after deductible Tier 2 \$500 copay after deductible Tier 3 \$1,000 copay after deductible
Behavioral Health Hospital Service	\$200 copay
Behavioral Health Office Visit	\$10 copay
Occupational and Physical Therapy (30 visits each per plan year)	\$20 copay
Speech Therapy	\$20 copay
Ambulance	100%
Emergency Room ( <i>In and Out of Network</i> ) ( <i>copay waived if admitted</i> )	\$100 copay
Urgent Care- Urgent Care Center & Hospital Urgent Care Center	\$20 copay
Urgent Care – Convenience Care Clinic	Tier 1 \$10 copay Tier 2 \$20 copay Tier 3 \$40 copay
<b>Prescription Drug Benefits</b>	
	<b>Express Scripts</b>
Retail Pharmacy ( <i>up to a 30-day supply</i> )	\$10 (Generic) / \$30 (Preferred Brand) / \$65 (Non-Preferred Brand)
Mail Order ( <i>up to a 90-day supply</i> )	\$25 (Generic) / \$75 (Preferred Brand) / \$165 (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.