Town of Webster — Network (EPO) Plan QHDP

*Medical Benefits for Group **BP3** Effective 7/1/2022*

Covered Services	In-Network Providers
Deductible & Out-of-Pocket	
Plan Year Deductible *Single* *Family*	 $2,000 $4,000
Out-of-Pocket Maximum *(includes Deductible)* *Single* *Family* *Individual within the Family*	 $4,000 $8,000 $4,000
Preventive Care	
Routine Physicals & Gynecological Exams	100% (deductible waived)
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 20 *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	**Express Scripts**
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