Town of Merrimac — Network Plan

*Medical Benefits for Group **CD1** Effective 7/1/2023*

	In-Network Providers
Deductible & Out-of-Pocket	
Plan Year Deductible	
Single	$250
Family	$750
Individual within Family	$250
Plan Year Out-of-Pocket Maximum *(includes Deductible, coinsurance and copays)*	
Single	$2,500
Family	$5,000
Individual within Family	$2,500
Prescription Plan Year Out of Pocket Maximum	
Single	$1,000
Family	$2,000
Individual within Family	$1,000
Preventive Care	
Routine Physicals & Gynecological Exams	100%
Other Services	
Office Visit – Primary Care	$20 copay
Office Visit – Specialist Care	$35 copay
Chiropractic Visit *(12 visits per plan year)*	$20 copay
Diagnostic Lab & X-Ray	100% after deductible
CT, MRI & PET Scan	$100 copay after deductible
Outpatient Surgery	$150 copay after deductible
Inpatient Hospital	$300 copay after deductible
Behavioral Health Hospital Service	$200 copay after deductible
Behavioral Health Office Visit	$15 copay
Occupational and Physical Therapy (*30 visits each per plan year)*	$20 copay
Speech Therapy	$20 copay
Ambulance *(In and Out of Network)*	100% after deductible
Emergency Room *(In and Out of Network)* *(copay waived if admitted)*	$100 copay after deductible
Urgent Care	$35 copay
Prescription Drug Benefits	**Express Scripts**
Retail Pharmacy (*up to a 30-day supply)*	$10 (Generic) / $25 (Preferred Brand) / $50 (Non-Preferred Brand)
Mail Order *(up to a 90-day supply)*	$20 (Generic) / $50 (Preferred Brand) / $110 (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.