

SUMMARY OF BENEFITS



a Point32Health company

Town of Medway – HPHC - CHOICE NET PPO \$300 Plan

ID: MD0000026949_A9 Effective 7/1/2025

	In-Network	Out-of-Network
Deductible & Out-of-Pocket		
Annual Plan Year Deductible		
Single	\$300	\$400
Family	\$900	\$800
Annual Out-of-Pocket Maximum (includes Deductible, coinsurance, and copays)		
Single	\$3,000	\$3,000
Family	\$6,000	\$6,000
Individual within Family	\$3,000	
Preventive Care		
Routine Physicals & Gynecological Exams	100%	80% allowed amount after deductible
Other Services		
Office Visit – Primary Care	\$30 copay	80% allowed amount after deductible
Office Visit – Specialist Care	\$45 copay	80% allowed amount after deductible
Chiropractic Visit (20 visits per plan year)	\$30 copay	80% allowed amount after deductible
Diagnostic Lab & X-Ray	100%	80% allowed amount after deductible
CT, MRI & PET Scan	\$100 copay after deductible	80% allowed amount after deductible
Outpatient Surgery	\$250 copay after deductible	80% allowed amount after deductible
Inpatient Hospital – Tier 1 and Tier 2	\$300 copay after deductible	80% allowed amount after deductible
Inpatient Hospital – Tier 3	\$1,500 copay after deductible	80% allowed amount after deductible
Behavioral Health Hospital Service	\$300 copay after deductible	80% allowed amount after deductible
Behavioral Health Office Visit	\$30 copay	80% allowed amount after deductible
Occupational and Physical Therapy (30 visits per plan year)	\$45 copay	80% allowed amount after deductible
Speech Therapy	\$45 copay	80% allowed amount after deductible
Ambulance	100%	100% allowed amount after In-Network Deductible
Emergency Room (copay waived if admitted)	\$100 copay after deductible	\$100 copay after In-Network deductible
Urgent Care – Convenience Care	\$30 copay	80% allowed amount after deductible
Urgent Care Center	\$45 copay	80% allowed amount after deductible
Urgent Care – Hospital Based	\$45 copay	80% allowed amount after deductible
Prescription Drug Benefits		
Express Scripts		
Retail Pharmacy (up to a 30-day supply)	\$10 (Generic) / \$30 (Preferred Brand) / \$65 (Non-Preferred Brand)	
Mail Order (up to a 90-day supply)	\$25 (Generic) / \$75 (Preferred Brand) / \$165 (Non-Preferred Brand)	