SUMMARY OF BENEFITS



Town of Medway — HPHC HMO \$300 ChoiceNet OpenAccess Plan

ID: MD0000026951_A7 Effective 7/1/2025

	In-Network Providers
Deductible & Out-of-Pocket	
Annual Plan Year Deductible Single Family	\$300 \$900
Annual Out-of-Pocket Maximum (includes Deductible and copays) Single Family Individual within Family	\$3,000 \$6,000 \$3,000
Preventive Care	
Routine Physicals & Gynecological Exams	100%
Other Services	
Office Visit – Primary Care	\$30 copay
Office Visit – Specialist Care	\$45 copay
Chiropractic Visit (20 visits per plan year)	\$30 copay
Diagnostic Lab & X-Ray	100%
CT, MRI & PET Scan	\$100 copay after deductible
Outpatient Surgery	\$250 copay after deductible
Inpatient Hospital Tier 1 and Tier 2	\$300 copay after deductible
Inpatient Hospital Tier 3	\$1,500 copay after deductible
Behavioral Health Hospital Service	\$300 copay after deductible
Behavioral Health Office Visit	\$30 copay
Occupational and Physical Therapy (30 visits each per plan year)	\$45 copay
Speech Therapy	\$45 copay
Ambulance	100%
Emergency Room (copay waived if admitted)	\$100 copay after deductible
Urgent Care – Convenience Care	\$30 copay
Urgent Care Center	\$45 copay
Urgent Care – Hospital Based	\$45 copay
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)