

## Dudley Charlton School District

Medical Benefits for Group ### Effective 7/1/2019

Primary Care Referrals Not Needed for ALL Plans	PPO In Network Only	EPO Network Only	\$1,000 Deductible EPO
<b>Deductible &amp; Out-of-Pocket</b>			
Annual Calendar/Plan Year Deductible	Single Family	\$150 \$300	\$150 \$300
Annual Out-of-Pocket Maximum (includes Deductible)	Single Family	\$3,000 \$6,000	\$3,000 \$6,000
<b>Preventive Care</b>			
Routine Physicals & Gynecological Exams	No Charge	No Charge	No Charge
<b>Other Services</b>			
Office Visit – Primary Care	\$35 copay	\$25 copay	\$20 copay
Office Visit – Specialist Care	\$35 copay	\$35 copay	\$35 copay
Chiropractic Visit and Urgent Care	\$35 copay	\$35 copay	\$35 copay
Diagnostic Lab & X-Ray	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
CT, MRI & PET Scan	\$100 copay after Deductible	\$100 copay after Deductible	\$100 copay after Deductible
Outpatient Surgery	\$150 copay after Deductible	\$150 copay after Deductible	\$150 copay after Deductible
Inpatient Hospital	\$150 copay after Deductible (max \$600/year)	\$150 copay after Deductible (max \$600/year)	\$150 copay after Deductible (max \$600/year)
Generic Rx	\$10 Retail \$20 Mail	\$10 Retail \$20 Mail	\$15 Retail \$30 Mail
Preferred Rx	\$30 Retail \$60 Mail	\$30 Retail \$60 Mail	\$30 Retail \$60 Mail
Non Preferred Rx	\$65 Retail \$130 Mail	\$65 Retail \$130 Mail	\$50 Retail \$150 Mail
Ambulance	No Charge after Deductible	No Charge	No Charge
Emergency Room (copay waived if admitted)	\$150 copay	\$150 copay	\$150 copay
Physician/Surgeon Inpatient and Outpatient Fees	No Charge after Deductible	No Charge after Deductible	No Charge after Deductible
<b>Wellness</b>			
Health Club/Fitness		\$150 per year	
Weight Loss		\$150 per year	

SHOWING IN NETWORK COVERAGE. HPI is matching all out of network benefits.

**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.

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