

Dudley Charlton Regional School District — Network Plan

Medical Benefits for Group BPI Effective 7/1/2019

Primary Care Referrals Not Needed for ALL Plans		In-Network Providers ONLY
Deductible & Out-of-Pocket		
Plan Year Deductible	Single Family	\$150 \$300
Out-of-Pocket Maximum (includes Deductible, and copays)	Single Family	\$3,000 \$6,000
Preventive Care		
Routine Physicals & Gynecological Exams		No Charge
Other Services		
Office Visit – Primary Care		\$25 copay
Office Visit – Specialist Care		\$35 copay
Chiropractic Visit		\$35 copay
Diagnostic Lab & X-Ray		Deductible then No Charge
CT, MRI & PET Scan		Deductible then \$100 copay (max \$375/year)
Outpatient Surgery		Deductible then \$150 copay
Inpatient Hospital		Deductible then \$150 copay (max \$600/year)
Ambulance		No Charge
Emergency Room (copay waived if admitted)		\$150 copay
Physician/Surgeon Inpatient and Outpatient Fees		Deductible then No Charge
Fitness Reimbursement		\$150 per year
Weight Loss Reimbursement		\$150 per year
Prescription Drug Benefits		
		MaxorPlus
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)		\$20 (Generic) / \$60 (Preferred Brand) / \$130 (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.

Dudley Charlton Regional School District — PPO Plan

Medical Benefits for Group BP1 Effective 7/1/2019

	In-Network Providers	Out-of-Network Providers
Deductible & Out-of-Pocket		
Plan Year Deductible		
<i>Single</i>	\$150	\$300
<i>Family</i>	\$300	\$600
Annual Out-of-Pocket Maximum <i>(includes Deductible and copays)</i>		
<i>Single</i>	\$3,000	\$3,000
<i>Family</i>	\$6,000	\$6,000
Preventive Care		
Routine Physicals & Gynecological Exams	No Charge	Deductible then 20%
Other Services		
Office Visit – Primary Care	\$35 copay	Deductible then 20%
Office Visit – Specialist Care	\$35 copay	Deductible then 20%
Chiropractic Visit	\$35 copay	Deductible then 20%
Diagnostic Lab & X-Ray	Deductible then No Charge	Deductible then 20%
CT, MRI & PET Scans	Deductible then \$100 copay (max \$400/year)	Deductible then 20%
Outpatient Surgery	Deductible then \$150 copay	Deductible then 20%
Inpatient Hospital	Deductible then \$150 copay (max \$600/year)	Deductible then 20%
Ambulance	Deductible then No Charge	Deductible then No Charge
Emergency Room <i>(copay waived if admitted)</i>	\$150 copay	\$150 copay
Physician/Surgeon Inpatient and Outpatient Fees	Deductible then No Charge	Deductible then 20%
Fitness Reimbursement	\$150 per year	
Weight Loss Reimbursement	\$150 per year	
Prescription Drug Benefits		
Retail Pharmacy <i>(up to a 30-day supply)</i>	\$10 (Generic) / \$30 (Preferred Brand) / \$65 (Non-Preferred Brand)	
Mail Order <i>(up to a 90-day supply)</i>	\$20 (Generic) / \$60 (Preferred Brand) / \$130 (Non-Preferred Brand)	

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Dudley Charlton Regional School District — \$1,000 Deductible Network Plan

Medical Benefits for Group BP1 Effective 7/1/2019

Primary Care Referrals Not Needed for ALL Plans		In-Network Providers ONLY
Deductible & Out-of-Pocket		
Plan Year Deductible	Single Family	\$1,000 \$2,000
Out-of-Pocket Maximum (includes Deductible and copays)	Single Family	\$5,000 \$10,000
Preventive Care		
Routine Physicals & Gynecological Exams		No Charge
Other Services		
Office Visit – Primary Care		\$20 copay
Office Visit – Specialist Care		\$35 copay
Chiropractic Visit		\$35 copay
Diagnostic Lab & X-Ray		Deductible then No Charge
CT, MRI & PET Scan		Deductible then \$100 copay (max \$375/year)
Outpatient Surgery		Deductible then \$150 copay
Inpatient Hospital		Deductible then \$150 copay (max \$600/year)
Ambulance		No Charge
Emergency Room (copay waived if admitted)		\$150 copay
Physician/Surgeon Inpatient and Outpatient Fees		Deductible then No Charge
Fitness Reimbursement		\$150 per year
Weight Loss Reimbursement		\$150 per year
Prescription Drug Benefits		MaxorPlus
Retail Pharmacy (up to a 30-day supply)		\$15 (Generic) / \$30 (Preferred Brand) / \$50 (Non-Preferred Brand)
Mail Order (up to a 90-day supply)		\$30 (Generic) / \$60 (Preferred Brand) / \$150 (Non-Preferred Brand)

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