

**Town of Franklin — ChoiceNet Network Plan***Medical Benefits for Group BP8 Effective 07/01/2023*

		In-Network Providers
Deductible & Out-of-Pocket		
Plan Year Deductible	Single Family	\$1,000 \$2,000
Plan Year RX Deductible	Single Family	\$100 \$200
Plan Year Out-of-Pocket Maximum (<i>includes Deductible</i>)	Single Family	\$4,000 \$8,000
Preventive Care		
Routine Physicals & Gynecological Exams		100%
Other Services		
Office Visit – Primary Care		\$30
Office Visit – Specialist Care		\$45
Chiropractic Visit (20 visits per plan year)		\$30
Diagnostic Lab & X-Ray		100% (After Deductible)
CT, MRI & PET Scan		100% (After Deductible)
Outpatient Surgery		100% (After Deductible)
Inpatient Hospital		100% (After Deductible)
Behavioral Health Hospital Service		100% (After Deductible)
Behavioral Health Office Visit		\$30
Occupational and Physical Therapy (60 visits each per plan year)		\$45
Speech Therapy		\$45
Ambulance		100% (After Deductible)
Emergency Room (copay waived if admitted)		\$150
Urgent Care		\$30
Prescription Drug Benefits		Express Scripts
Retail Pharmacy (<i>up to a 30-day supply</i>)	Deductible then \$10 (Generic) / Deductible then \$30 (Preferred Brand) / Deductible then \$65 (Non-Preferred Brand)	
Mail Order (<i>up to a 90-day supply</i>)	Deductible then \$25 (Generic) / Deductible then \$75 (Preferred Brand) / Deductible then \$165 (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.