

**Town of Franklin — ChoiceNet PPO Plan***Medical Benefits for Group BP8 Effective 7/1/2023*

Covered Services	In-Network Providers	Out-of-Network Providers
<b>Deductible &amp; Out-of-Pocket</b>		
Plan Year Deductible		
Single Family	\$1,000 \$2,000	\$1,000 \$2,000
Plan Year RX Deductible		\$100 \$200
Plan Year Out-of-Pocket Maximum <i>(includes Deductible)</i>		\$4,000 \$8,000
<b>Preventive Care</b>		
Routine Physicals, Gynecological Exams	No Charge	Deductible then 20%
<b>Other Services</b>		
Office Visit – Primary Care	\$30	Deductible then 20%
Office Visit – Specialist Care	\$45	Deductible then 20%
Chiropractic Visit <i>(20 visits per plan year)</i>	\$30	Deductible then 20%
Diagnostic Lab & X-Ray	100% (After Deductible)	Deductible then 20%
CT, MRI, PET Scan	100% (After Deductible)	Deductible then 20%
Outpatient Surgery	100% (After Deductible)	Deductible then 20%
Inpatient Hospital	100% (After Deductible)	Deductible then 20%
Behavioral Health Hospital Service	100% (After Deductible)	Deductible then 20%
Behavioral Health Office Visit	\$30	Deductible then 20%
Occupational and Physical Therapy <i>(60 visits each per plan year)</i>	\$45	Deductible then 20%
Speech Therapy	\$45	Deductible then 20%
Ambulance	100% (After Deductible)	
Emergency Room <i>(copay waived if admitted)</i>	\$150 Per Visit	
Urgent Care	\$30	Deductible then 20%
<b>Prescription Drug Benefits</b>		
<b>Express Scripts</b>		
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.