



**ChoiceNet HMO**  
**Town of Winchester**  
**Effective 07/01/2020-06/30/2021**

<b>BENEFIT</b>	<b><u>ChoiceNet HMO</u></b>
• Deductible	\$300/Individual \$900/Family (Per Plan Year)
• Out-of-Pocket Maximum (Includes Medical & RX)	\$5,000/Individual \$10,000/Family (Per Plan Year)
• Routine Preventive Dr. Office Visits	Covered 100%
• Primary Care Visits (non- preventive)	\$20
• Specialist Office Visits	Tier 1: \$30/ Tier 2: \$60 / Tier 3: \$75
• Emergency Room	\$100 Copay after Deductible Waived if admitted to hospital
• Inpatient Hospitalization	Tier 1: \$275 after Deductible/ Tier 2: \$500 after Deductible / Tier 3: \$1,000 after Deductible
• Outpatient Surgery	\$250 Copay after Deductible
• Lab tests & X rays	Covered 100% after Deductible (The Deductible does not apply to select preventive services)
• Prescription Drugs	30 Day Retail: \$10/\$30/\$65 90 Day Mail Order Copay : \$25/\$75/\$165
• Physical and Occupational Therapies	\$20 Copay (30 visits each)
• Maternity	Routine Prenatal & Postpartum: Covered 100% Inpatient Hospital: Tier 1: \$275 after Deductible/ Tier 2: \$500 after Deductible / Tier 3: \$1,000 after Deductible
• Durable Medical	Covered 100% after Deductible
• Outpatient Mental Health	Individual visits: \$20 Copay Group visits: \$10 Copay
• Inpatient Mental Health	\$200 Copay after Deductible
• Chiropractic Care	\$20 Copay (20 visits)
• Acupuncture	\$60 Copay (20 visits)

\*This document is a high level overview of benefits. Please refer to the Schedule of Benefits for more details.