City of Milford

DVHT HMO $15/$25 Rx $10/$32/$60	
Benefits	**In Network**
Deductible	N/A
Out of Pocket Maximum	$4,500 single / $9,000 family
Primary Care Physician Office Visit	$15 copay
Specialist Office Visit	$25 copay
Teladoc (Virtual Physician, Specialist, Behavioral Health)	$0 copay
Preventive Care*	$0 copay
Routine GYN Exam/PAP*	$0 copay
Pediatric Immunizations*	$0 copay
Mammography*	$0 copay
Hospitalization	$100 copay per day with max of $200 copay per admission
Maternity	$25 copay first visit only; Inpatient hospitalization $100 copay per day with max of $200 copay per admission
Ambulance	$50 copay
Emergency Room*	$200 copay, waived if admitted
Urgent Care Facility**	$15 copay
Walk-In Clinic	$15 copay, except $0 copay at CVS Minute Clinic
Outpatient Surgery	Ambulatory Center: $50 copay; Hospital Facility: $150 copay
Outpatient Routine Radiology/Diagnostic Lab	Radiology: Non-Hospital Affiliated Freestanding Facility (Preferred): $0 copay; Hospital Affiliated Facility: $50 copay Lab: Labcorp and Quest Diagnostics (Preferred): $10 copay; Hospital/Other Lab Facility: $50 copay
Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)	Non-Hospital Affiliated Freestanding Facility (Preferred): $0 copay; Hospital Affiliated Facility: $100 copay
Physical/Speech/Occupational Therapy	20% of the contracted rate, per visit, up to 45 visits per incident or illness. $15 copay or 20% coinsurance (whichever amount is equal to or less than than 25% of the contracted rate) for the treatment of mental health and substance use disorder diagnoses.

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Benefits	**In Network**
Chiropractic Care	Lesser of $15 copay or 25% of allowable charges
Home Health Care	$0 copay
Hospice Care	$0 copay
Skilled Nursing Facility	$0 copay
Mental Health Services	Inpatient hospitalization $100 copay per day with max of $200 copay per admission; Outpatient $15 copay per visit
Substance Abuse Treatment	Inpatient hospitalization $100 copay per day with max of $200 copay per admission; Outpatient $15 copay per visit
Durable Medical Equipment	20% of the cost per item
Orthotics	Not covered
Hearing Aids	20% copay, 3 hearing aids within 36 months, for children to age 24
Prescription Drug Out of Pocket Maximum	$2,100 per Employee, $4,200 per Family
Prescription Drug Retail	$10 Generic/$32 Preferred Brand/$60 Non-Preferred Brand, up to a 30 day supply (Preventive Drugs $0)
Prescription Drug Mail Order	$20 Generic/$64 Preferred Brand/$120 Non-Preferred Brand, up to a 90 day supply
Specialty Drugs	Specialty: No charge if enrolled in PrudentRx program;30% coinsurance if not enrolled in PrudentRx. Specialty drugs must be filled by CVS Specialty Pharmacy.

Preventive services as defined by Federal Mandate and procedure code
****Copay will not be waived if claim is coded as "Observation stay"***
*****Non-urgent services (such as follow-up visits, suture removal, etc.) rendered at urgent care facility are not covered***