



## City of Milford

DVHT PPO \$1,500/\$3,000 Rx \$10/\$32/\$60

Benefits	In Network	Out-of-Network
<b>Deductible</b>	\$1,500 single / \$3,000 family****	\$1,500 single / \$3,000 family****
<b>Employer Deductible Funding</b>	\$1,250 single / \$2,500 family	\$1,250 single / \$2,500 family
<b>Out of Pocket Maximum</b>	\$4,500 single / \$9,000 family	\$7,500 single / \$15,000 family
<b>Primary Care Physician Office Visit</b>	90%, after deductible	70%, after deductible
<b>Specialist Office Visit</b>	90%, after deductible	70%, after deductible
<b>Teladoc (Virtual Physician, Specialist, Behavioral Health)</b>	90%, after deductible	Not covered
<b>Preventive Care*</b>	100%, no deductible	70%, after deductible
<b>Routine GYN Exam/PAP*</b>	100%, no deductible	70%, after deductible
<b>Pediatric Immunizations*</b>	100%, no deductible	70%, after deductible
<b>Mammography*</b>	100%, no deductible	70%, after deductible
<b>Hospitalization</b>	90%, after deductible	70%, after deductible
<b>Maternity</b>	100% per exam, no deductible; Inpatient hospitalization 90%, after deductible	70%, after deductible
<b>Ambulance</b>	90%, after deductible	70%, after deductible
<b>Emergency Room**</b>	Emergency 90%, after deductible. Non-emergency not covered.	Emergency 90%, after deductible. Non-emergency not covered.
<b>Urgent Care Facility***</b>	90%, after deductible	70%, after deductible
<b>Walk-In Clinic</b>	90%, after deductible. Except 100%, after deductible at CVS Minute Clinic.	70%, after deductible
<b>Outpatient Surgery</b>	90%, after deductible	70%, after deductible
<b>Outpatient Routine Radiology/Diagnostic Lab</b>	90%, after deductible	70%, after deductible
<b>Complex Imaging (MRI/MRA, CT/CTA Scan, PET Scan)</b>	90%, after deductible	70%, after deductible
<b>Physical/Speech/Occupational Therapy</b>	90% per visit, after deductible, subject to medical necessity review at 25 visits	70% per visit, after deductible, subject to medical necessity review at 25 visits



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Benefits	In Network	Out-of-Network
<b>Chiropractic Care</b>	Lesser of 90% per visit after Plan Year deductible or 25% of allowable charges. Up to 30 visits.	Lesser of 75% per visit after Plan Year deductible or 25% of allowable charges. Up to 30 visits.
<b>Home Health Care</b>	90%, after deductible, up to 240 visits	70%, after deductible, up to 240 visits
<b>Hospice Care</b>	90%, after deductible	70%, after deductible
<b>Skilled Nursing Facility</b>	90%, after deductible	70%, after deductible
<b>Mental Health Services</b>	Inpatient 90%, after deductible. Outpatient 90% per visit, after deductible.	Inpatient 70%, after deductible. Outpatient 70% per visit, after deductible.
<b>Substance Abuse Treatment</b>	Inpatient 90%, after deductible. Outpatient 90% per visit, after deductible.	Inpatient 70%, after deductible. Outpatient 70% per visit, after deductible.
<b>Durable Medical Equipment</b>	90% per item, after deductible	70% per item, after deductible
<b>Orthotics</b>	Not covered	Not covered
<b>Hearing Aids</b>	90%, after deductible. Covers 1 hearing aid per ear every 3 years for child to age 24	70%, after deductible. Covers 1 hearing aid per ear every 3 years for child to age 24
<b>Prescription Drug Out of Pocket Maximum</b>	\$2,100 per Employee, \$4,200 per Family	N/A
<b>Prescription Drug Retail</b>	\$10 Generic/\$32 Preferred Brand/\$60 Non-Preferred Brand, up to a 30 day supply (Preventive Drugs \$0)	Reimbursement limited to in-network allowable amount minus applicable copay
<b>Prescription Drug Mail Order</b>	\$20 Generic/\$64 Preferred Brand/\$120 Non-Preferred Brand, up to a 90 day supply	Not covered
<b>Specialty Drugs</b>	Specialty: No charge if enrolled in PrudentRx program; 30% coinsurance if not enrolled in PrudentRx. Specialty drugs must be filled by CVS Specialty Pharmacy.	Not covered

*\*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*

*\*\*\*\*Once the family deductible limit is met, all family members will be considered as having met their deductible*