hpi | Health Plans, Inc.

Summary of Benefits

Gateway Health Group/ Town of Carver — Network Only $500 Deductible

Effective 07/01/2025

	In-Network Providers
Deductible & Out-of-Pocket	
Annual Calendar/Plan Year Deductible *Single* *Family*	 $500 $1,000
Annual Out-of-Pocket Maximum *(includes Deductible)* *Single* *Family*	 $2,000 $4,000
Annual **RX** Out-of-Pocket Maximum *(includes Deductible)* *Single* *Family*	 $2,000 $4,000
Preventive Care	
Routine Physicals & Gynecological Exams	Nothing, no deductible
Other Services	
Office Visit – Primary Care	$20 Copay per visit, no deductible
Office Visit – Specialist Care	$60 Copay per visit, no deductible
Chiropractic Visit	$20 Copay per visit, no deductible
Diagnostic Lab & X-Ray	Nothing after deductible
CT, MRI & PET Scan	$100 per category per service date after deductible
Outpatient Surgery Primary Care Specialist Ambulatory Surgical Facility, Hospital Outpatient, Surgical Day Care Unit	 $20 Copay per visit, no deductible $35 Copay per visit, no deductible $150 per admission after deductible
Inpatient Hospital	$500 per admission after deductible
Behavioral Health Hospital Service	$500 per admission after deductible
Behavioral Health Office Visit	$20 Copay per visit, no deductible
Occupational*, Speech and Physical* Therapy (*up to 60 visits for OT and PT)	$20 Copay per visit, no deductible
Emergency Room *(copay waived if admitted)*	$100 per visit, no deductible (waived if admitted for observation stay)
Prescription Drug Benefits **($100 Individual Deductible/ $200 Family Deductible)**	**CVS/ Caremark**
Retail Pharmacy (*up to a 30-day supply)*	$10 (Generic) / $30 (Preferred Brand) / $65 (Non-Preferred Brand)
Mail Order *(up to a 90-day supply)*	$20 (Generic) / $75 (Preferred Brand) / $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.