

Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/ Health Savings Account	BENEFIT	High Deductible Health Plan/ Health Savings Account
Costshares	Health Savings Account	Inpatient Hospital	Health Savings Account
	Deductible - \$2,000/\$4,000	General/Medical/Surgical/ Maternity (Semi-private)	Covered 100% after plan deductible met
	Coinsurance - 100% after plan deductible met for in network services		
	\$4,000/\$8,000 out of pocket maximum	Ancillary Services	Covered 100% after plan deductible met
	*\$3,000/\$6,000 out of pocket maximum eff. 7/1/21		
	Coinsurance - 80% after plan deductible met for out of network services	Medication, Supplies	
		Psychiatric	Covered 100% after plan deductible met Unlimited days
	Employer Contribution		
	\$1,000 single coverage	Substance Abuse/Detox	Covered 100% after plan deductible met Unlimited days
	\$2,000 double or family coverage		
		Skilled Nursing/Rehabilitation Facility	Covered 100% after plan deductible met Covered up to 180 days per calendar year
	Lifetime Maximum In-Network - Unlimited		
	Lifetime Maximum Out-Of-Network - Unlimited		
Preventive Care		Hospice	Covered 100% after plan deductible met
Pediatric	Covered		
		Outpatient Hospital	
Adult	Covered	Outpatient Surgery	Covered 100% after plan deductible met (Prior Authorization Required)
		Facility Charges	
Hearing	Covered Screening part of physical exam	Diagnostic Lab & X-ray	Covered 100% after plan deductible met
Gynecological	Covered	Pre-Admission Testing	Covered 100% after plan deductible met
Medical Services		Other Services	
Medical Office Visit	Covered 100% after plan deductible met	Durable Medical Equipment	Covered 100% after plan deductible met
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met 60 Combined Days per calendar year per member	Prosthetics	Covered 100% after plan deductible met
Allergy Services	Covered 100% after plan deductible met	Home Health Care	Covered 100% after plan deductible met Unlimited days (Prior Authorization Required)
Diagnostic Lab & X-ray	Covered 100% after plan deductible met	Vision	Covered 100% after plan deductible met Covered once every 24 months
Inpatient Medical Services	Covered 100% after plan deductible met	Prescriptions	Rx copays apply after the deductible is met \$5/\$20/\$30 effective 7/1/2016 \$5/\$20/\$35 Effective 7/1/2017 Three Tier Formulary RX Rider
Surgery Fees	Covered 100% after plan deductible met		
Office Surgery	Covered 100% after plan deductible met		
Emergency Care		For Out-of-Network benefits, please refer to your Employee Benefit Summary.	
Emergency Room	Covered 100% after plan deductible met		
		INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum.	
Urgent Care	Covered 100% after plan deductible met	ELIGIBILITY: Dependent children covered to age 26 for medical and prescription plans.	
Ambulance	Covered 100% after plan deductible met		