Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/		BENEFIT	High Deductible Health Plan/
Costshares	**Health Savings Account**		**Inpatient Hospital**	**Health Savings Account**
	Deductible - $2,000/$4,000		General/Medical/Surgical/	Covered 100% after plan deductible met
	Coinsurance - 100% after plan deductible met		Maternity (Semi-private)	
	for in network services			
	$4,000/$8,000 out of pocket maximum		Ancillary Services	Covered 100% after plan deductible met
	Coinsurance - 80% after plan deductible met		Medication, Supplies	
	for out of network services			
			Psychiatric	Covered 100% after plan deductible met
	Employer Contribution			Unlimited days
	$1,000 single coverage			
	$2,000 double or family coverage		Substance Abuse/Detox	Covered 100% after plan deductible met
				Unlimited days
	Lifetime Maximum In-Network - Unlimited		Skilled Nursing/Rehabilitation	Covered 100% after plan deductible met
	Lifetime Maximum Out-Of-Network - Unlimited		Facility	Covered up to 180 days per calendar year
Preventive Care			Hospice	Covered 100% after plan deductible met
Pediatric	Covered			
			Outpatient Hospital	
Adult	Covered		Outpatient Surgery	Covered 100% after plan deductible met
			Facility Charges	(Prior Authorization Required)
Hearing	Covered		Diagnostic Lab & X-ray	Covered 100% after plan deductible met
	Screening part of physical exam			
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		Prosthetics	Covered 100% after plan deductible met
	60 Combined Days			
	per calendar year per member			
			Home Health Care	Covered 100% after plan deductible met
Allergy Services	Covered 100% after plan deductible met			Unlimited days
				(Prior Authorization Required)
			Vision	Covered 100% after plan deductible met
Diagnostic Lab & X-ray	Covered 100% after plan deductible met			Covered once every 24 months
			Prescriptions	Rx copays apply after the deductible is met
Inpatient Medical Services	Covered 100% after plan deductible met			$5/$10/$20
				Three Tier Formulary RX Rider
Surgery Fees	Covered 100% after plan deductible met			
			*** All benefits listed aree for In-Network. For Out-of-Network benefits, please refer to your Employee Benefit Summary.**	
			**** Plan is Non- Gatekeeper. No referrals are required. No primary care physician is required.**	
Office Surgery	Covered 100% after plan deductible met		**INFERTILITY: Coverage is subject to a $5,000 lifetime maximum.**	
			ELIGIBILITY: Effective July 1, 2010 dependent children covered to age 26 for medical and prescription plans due to the passing of the Health Care Reform Act of March 30, 2010.	
Outpatient MH/SA	Covered 100% after plan deductible met			
Emergency Care				
Emergency Room	Covered 100% after plan deductible met			
Urgent Care	Covered 100% after plan deductible met			
Ambulance	Covered 100% after plan deductible met			