Town of Manchester, Connecticut

BENEETT			PENEETT	11' 1 m 1 1'11 11 11 m1 1	
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		Asseille van Coursians	C	
	\$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		Do vehistri e	Cayarad 1000/ after plan deductible met	
	Complex on Contribution		Psychiatric	Covered 100% after plan deductible met	
	Employer Contribution \$1,000 single coverage			Unlimited days	
	\$2,000 double or family coverage		Substance Abuse/Detox	Covered 100% after plan deductible met	
	\$2,000 double of fairlily coverage		Substance Abuse/Detox	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		riospice	Covered 100 % after plan deductible met	
	Covered				
			Outpatient Hospital		
Adult	Covered		Outpatient Surgery	Covered 100% after plan deductible met	
	0010100		Facility Charges	(Prior Authorization Required)	
			radiity charges	(The Nationzation 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	
Tiedical Office Visit	covered 100 % diter plan deddeable met		Durable Fledical Equipment	covered 100 % diter plan deddelible 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	
			Drocerintions	Dy consus apply after the deductible is met	
Inpatient Medical Services	Covered 100% after plan deductible met		Prescriptions	Rx copays apply after the deductible is met \$5/\$20/\$30 effective 5/16/2017	
	Covered 100% after plan deductible met			\$5/\$20/\$30 effective 5/16/2017 \$5/\$20/\$35 Effective 7/1/2017	
				Three Tier Formulary RX Rider	
Surgery Fees	Covered 100% after plan deductible met			Three their officially to Rider	
Surgery rees	covered 100 % after plan deductible met		* All henefits listed are for In-I	Network. For Out-of-Network benefits,	
				please refer to your Employee Benefit Summary.	
			picase refer to your Employee B	Chefic Summary:	
			** Plan is Non-Gatekeeper. No	referrals are required. No primary care	
			physician is required.		
			INFERTILITY: Coverage is subje	INFERTILITY: Coverage is subject to a \$5,000 lifetime	
			ELICIDIUTY, Effective 3-1-4 3	ELICIPILITY, Effective July 1, 2010 dependent children severed to 20 fee	
				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	
Urgent Care	Covered 100% after plan deductible met		of March 30, 2010.	are to the passing of the nearth Care Reform Act	
	covered 100 % diter plan deductible met		or Figure 30, 2010.		
Ambulance	Covered 100% after plan deductible met				
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Matrix CIGNA HDHP-HSA PW eff. 7-01-20 07-01/2020