

Town of Manchester, Connecticut

BENEFIT	High Deductible Health Plan/ Health Savings Account	BENEFIT	High Deductible Health Plan/ Health Savings Account
Costshares		Inpatient Hospital	
	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 Coinsurance - 80% after plan deductible met for out of network services	Ancillary Services Medication, Supplies	Covered 100% after plan deductible met
	Employer Contribution \$1,000 single coverage \$2,000 double or family coverage	Psychiatric	Covered 100% after plan deductible met Unlimited days
	Lifetime Maximum In-Network - Unlimited Lifetime Maximum Out-Of-Network - Unlimited	Substance Abuse/Detox	Covered 100% after plan deductible met Unlimited days
Preventive Care		Outpatient Hospital	
Pediatric	Covered	Skilled Nursing/Rehabilitation Facility	Covered 100% after plan deductible met Covered up to 180 days per calendar year
		Hospice	Covered 100% after plan deductible met
Adult	Covered	Other Services	
		Durable Medical Equipment	Covered 100% after plan deductible met
Hearing	Covered Screening part of physical exam	Prosthetics	Covered 100% after plan deductible met
Gynecological	Covered	Home Health Care	Covered 100% after plan deductible met Unlimited days (Prior Authorization Required)
Medical Services		Vision	Covered 100% after plan deductible met Covered once every 24 months
Medical Office Visit	Covered 100% after plan deductible met	Prescriptions	Rx copays apply after the deductible is met \$5/\$20/\$30 effective 5/16/2017 \$5/\$20/\$35 Effective 7/1/2017 Three Tier Formulary RX Rider
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met 60 Combined Days per calendar year per member		
Allergy Services	Covered 100% after plan deductible met		
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		
Inpatient Medical Services	Covered 100% after plan deductible met		
Surgery Fees	Covered 100% after plan deductible met		
		* All benefits listed are 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.	
		INFERTILITY: Coverage is subject to a \$5,000 lifetime	
		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.	
Urgent Care	Covered 100% after plan deductible met		
Ambulance	Covered 100% after plan deductible met		