

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	Pre-cert only for Out-of-Network
	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
	Coinsurance - 80% after plan deductible met for out of network services	Medication, Supplies	
		Psychiatric	Covered 100% after plan deductible met Unlimited days
		Skilled Nursing/Rehabilitation Facility	Covered 100% after plan deductible met Covered up to 180 days per calendar year
	Lifetime Maximum In-Network - Unlimited	Hospice	Covered 100% after plan deductible met
	Lifetime Maximum Out-Of-Network - Unlimited		
Preventive Care		Outpatient Hospital	
Pediatric	Covered	Outpatient Surgery Facility Charges	Covered 100% after plan deductible met (Prior Authorization Required)
Adult	Covered	Diagnostic Lab & X-ray	Covered 100% after plan deductible met
Hearing	Covered Screening part of physical exam	Pre-Admission Testing	Covered 100% after plan deductible met
Gynecological	Covered	Other Services	
		Durable Medical Equipment	Covered 100% after plan deductible met
Medical Services			
Medical Office Visit	Covered 100% after plan deductible met	Prosthetics	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	Home Health Care	Covered 100% after plan deductible met Unlimited days (Prior Authorization Required)
Allergy Services	Covered 100% after plan deductible met	Vision	Covered 100% after plan deductible met Covered once every 24 months
Diagnostic Lab & X-ray	Covered 100% after plan deductible met	Prescriptions	After plan deductible is met applicable Rx copays \$5/\$10/\$20
			Three Tier Formulary RX Rider
Inpatient Medical Services	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.	
Surgery Fees	Covered 100% after plan deductible met		
		** Plan is Non-Gatekeeper. No referrals are required. No primary care physician is required.	
Office Surgery	Covered 100% after plan deductible met		
		STATE MANDATES enacted prior to 1/1/15 are included.	
Outpatient MH/SA	Covered 100% after plan deductible met		
		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.	
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		