

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/	Covered 100% after plan deductible met
	Coinsurance - 100% after plan deductible met for in network services	Maternity (Semi-private)	
	\$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	
	Employer Contribution	Psychiatric	Covered 100% after plan deductible met Unlimited days
	\$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	Hospice	Covered 100% after plan deductible met
	Lifetime Maximum Out-Of-Network - Unlimited		
Preventive Care		Outpatient Hospital	
Pediatric	Covered	Outpatient Surgery	Covered 100% after plan deductible met (Prior Authorization Required)
		Facility Charges	
Adult	Covered	Diagnostic Lab & X-ray	Covered 100% after plan deductible met
		Pre-Admission Testing	Covered 100% after plan deductible met
Hearing	Covered Screening part of physical exam		
Gynecological	Covered		
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	* All benefits listed are for In-Network. For Out-of-Network benefits, please refer to your Employee Benefit Summary.	
Outpatient MH/SA	Covered 100% after plan deductible met	** Plan is Non-Gatekeeper. No referrals are required. No primary care physician is required.	
		INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum	
Emergency Care		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 Room	Covered 100% after plan deductible met		
Urgent Care	Covered 100% after plan deductible met		
Ambulance	Covered 100% after plan deductible met		