## **Town of Manchester, Connecticut**

BENEFIT	High Deductible Health Plan/	BENEFIT	High Deductible Health Plan/
Costshares	Health Savings Account	Inpatient Hospital	Health Savings Account
Costsilares	Deductible - \$2,000/\$4,000	General/Medical/Surgical/	Covered 100% after plan deductible met
	Coinsurance - 100% after plan deductible met	Maternity (Semi-private)	Covered 100% after plan deductible met
	for in network services	iviaterriity (Serii-private)	
	\$4,000/\$8,000 out of pocket maximum	Ancillary Services	Covered 100% after plan deductible met
	Coinsurance - 80% after plan deductible met		Covered 100% after plan deductible met
	for out of network services	Medication, Supplies	
	TOF OUT OF HELWOLK SERVICES	Dovahiatria	Cayarad 100% after plan deductible met
	Francis on Contribution	Psychiatric	Covered 100% after plan deductible met
	Employer Contribution		Unlimited days
	\$1,000 single coverage	0.1.1	0 11000/ 6: 1 1 1 1 1 1 1
	\$2,000 double or family coverage	Substance Abuse/Detox	Covered 100% after plan deductible met
			Unlimited days
	Life-the Mandager In Materials Hallander	Chille d Moneton (Delectilitation	Oncome d 1000/ often plant de destible mant
	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 Pediatric		Hospice	Covered 100% after plan deductible met
	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		·
	ÿ		
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
Wedicar Office Visit	Covered 10070 arter plan deddetible met	Durable Medical Equipment	covered 10070 arter plan deddetible met
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met	Prosthetics	Covered 100% after plan deductible met
Outpatient P1/O1/31/Chiro.		Prostrietics	Covered 100% after plan deductible met
	60 Combined Days		
	per calendar year per member	Harra Harilla Orna	0
Allergy Services	0 14000/ 6 1 1 1 1 111	Home Health Care	Covered 100% after plan deductible met
	Covered 100% after plan deductible met		Unlimited days
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Prior Authorization Required)
	0 14000/ 0 1 1 1 1 1 1 1	Vision	Covered 100% after plan deductible met
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		Covered once every 24 months
		Dracovintions	Dy comply often the deductible is meet
	Covered 1000/ often plan deductible meet	Prescriptions	Rx copays apply after the deductible is met
Inpatient Medical Services	Covered 100% after plan deductible met	(Coverage through Cigna)	\$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		
		* All benefits listed are for In-Network. For Out-of-Network benefits,	
		please refer to your Employee Benefit Summary.	
Office Surgery	Covered 100% after plan deductible met		
		** Plan is Non-Gatekeeper. N	No referrals are required. No primary
		care physician is required.	
Outpatient MH/SA	Covered 100% after plan deductible met		
		INFERTILITY: Coverage is sub	ject to a \$5,000 lifetime maximum
Emergency Care		ELIGIBILITY: Effective July 1, 2010 dependent children covered to age 26	
Emergency Room	Covered 100% after plan deductible met	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		
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