

APPENDIX C

Town of Manchester, Connecticut

<b>BENEFIT</b>	<b>High Deductible Health Plan/ Health Savings Account</b>	<b>BENEFIT</b>	<b>High Deductible Health Plan/ Health Savings Account</b>
<b>Costshares</b>		<b>Inpatient Hospital</b>	
	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
	Employer Contribution		
	\$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		
	Lifetime Maximum Out-Of-Network - Unlimited	Hospice	Covered 100% after plan deductible met
<b>Preventive Care</b>			
Pediatric	Covered	<b>Outpatient Hospital</b>	
		Outpatient Surgery	Covered 100% after plan deductible met
Adult	Covered	Facility Charges	(Prior Authorization Required)
		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		
		<b>Other Services</b>	
<b>Medical Services</b>		Durable Medical Equipment	Covered 100% after plan deductible met
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)
		Vision	Covered 100% after plan deductible met Covered once every 24 months
Allergy Services	Covered 100% after plan deductible met	Prescriptions	Rx copays apply after the deductible is met \$5/\$20/\$35 Three Tier Formulary RX Rider
Diagnostic Lab & X-ray	Covered 100% after plan deductible met		
Surgery Fees	Covered 100% after plan deductible met		
		<b>All benefits listed are for In-Network. For Out-of-Network benefits, please refer to your Employee Benefit Summary.</b>	
		<b>INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum.</b>	
		<b>ELIGIBILITY: Dependent children covered to age 26 for medical and prescription plans.</b>	
<b>Emergency Care</b>			
Emergency Room	Covered 100% after plan deductible met		
Urgent Care	Covered 100% after plan deductible met		
Ambulance	Covered 100% after plan deductible met		