

Town of Manchester, Connecticut

BENEFIT	OAP Plus \$5	OAP \$5/10	OAP Basic
Costshares			
	In-Network services subject to copays	In-Network services subject to copays	In-Network services subject to copays
	Out-of-Network services subject to deductible and coinsurance	Out-of-Network services subject to deductible and coinsurance	
	\$5 Office Visit Copay	\$5 Office Visit Copay - PCP	\$5 Office Visit Copay - PCP
	\$50 Emergency Room Copay;	\$10 Office Visit Copay - Specialist	\$5 Office Visit Copay - Specialist
		\$50 Emergency Room Copay;	\$50 Emergency Room Copay;
	Deductible - \$250/\$750	Deductible - \$250/\$750	
	Coinsurance - 80% to \$6,250/\$18.750	Coinsurance - 80% to \$6,250/\$18.750	
	\$1,500/ \$4,500 OOP Max	\$1,500/ \$4,500 OOP Max	
	Lifetime Maximum In-Network - Unlimited	Lifetime Maximum In-Network - Unlimited	Lifetime Maximum In-Network - Unlimited
	Lifetime Maximum Out-Of-Network -\$1,000,000	Lifetime Maximum Out-Of-Network -\$1,000,000	
Preventive Care			
Pediatric	No Copay	No Copay	No Copay
Adult	No Copay	No Copay	No Copay
Vision	No Copay Covered once every 24 months	No Copay Covered once every 24 months	No Copay Covered once every 24 months
Hearing	No Copay Screening part of physical exam	No Copay Screening part of physical exam	No Copay Screening part of physical exam
Gynecological	No Copay	No Copay	No Copay
Medical Services			
Medical Office Visit	\$5 Copay	\$5 Copay - PCP \$10 Copay - Specialist	\$5 Copay
Outpatient PT/OT/ST Chiro.	\$5 Copay	\$10 Copay	\$5 Copay
Allergy Services	\$5 Copay for office visits and testing No copay for injections	\$10 Copay for office visits and testing No copay for injections	\$5 Copay for office visits and testing No copay for injections
Diagnostic Lab & X-ray	Covered	Covered	Covered
Inpatient Medical Services	Covered	Covered	Covered
Surgery Fees	Covered	Covered	Covered
Office Surgery	Covered	Covered	Covered
Outpatient MH/SA	\$5 copay per visit	\$10 copay per visit	\$5 copay
Emergency Care			
Emergency Room	\$50 Copay (waived if admitted) Sudden & Serious Guidelines	\$50 Copay (waived if admitted) Sudden & Serious Guidelines	\$50 Copay (waived if admitted) Sudden & Serious Guidelines
Urgent Care	\$25 Copay	\$25 Copay	\$25 Copay
Ambulance	Covered	Covered	Covered

