

**Town of Glastonbury - Plan Option changes effective 7-1-2018**

Medical Plan Comparison (Non-Affiliate)

**PLAN DESIGN CHANGES EFFECTIVE 7-1-2018 ARE IN RED**

HDHP deductible - change from \$1500/\$3000 to \$2000/\$4000

TOWN FUNDING OF THE HDHP REMAINS THE SAME AT \$1125/2250 (56%)

**FOCUS GROUP DECISIONS**

No Changes to Benchmarking Methodology

Employee co-share change from 15% to 16% for all hires before 7-1-2009 and those hired between 7-1-2009 and 7-1-2014

Type of plan  
Referrals required  
Dependent Eligibility  
**In Network**  
Deductible  
Coinsurance  
Out of Pocket Maximum  
  
Preventive care  
Office visit copay  
Specialist visit copay  
Vision Exam  
Outpatient Rehab  
Chiropractic  
Therapy Services  
Emergency Room copay  
Urgent Care copay  
Outpatient surg copay  
Inpatient copay  
Durable Medical Equipment  
Lifetime Maximum  
**Out of Network**  
Deductible  
Coinsurance  
Out of Pocket Maximum  
Lifetime Maximum  
**Prescription Drugs**  
Generic  
Listed Brand  
Non Listed Brand  
Retail Dose Limit  
Mail Order Copay  
Mail Order Dose Limit  
Policy Year Maximum

	Hired BEFORE 7/1/2009 <b>16%</b>			Hired between 7/1/09 and 7/1/14 <b>16%</b>			Hired AFTER 7/1/2014		
	Anthem			ConnectiCare			ConnectiCare		
	7/1/18 - 6/30/19 PPO National	7/1/18 - 6/30/19 HMO Local	7/1/18 - 6/30/19 HDHP POS Flex (Nat'l)	7/1/18 - 6/30/19 HMO Local	7/1/18 - 6/30/19 HDHP POS Flex (Nat'l)	7/1/18 - 6/30/19 HMO Local	7/1/18 - 6/30/19 HDHP POS Flex (Nat'l)	7/1/18 - 6/30/19 HMO Local	7/1/18 - 6/30/19 HDHP POS Flex (Nat'l)
Type of plan	PPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
Referrals required	No	No	No	No	No	No	No	No	
Dependent Eligibility	26	26	26	26	26	26	26	26	
<b>In Network</b>									
Deductible	n/a	n/a	\$2,000/\$4,000	n/a	\$2,000/\$4,000	n/a	\$2,000/\$4,000	n/a	
Coinsurance	n/a	n/a	0%	n/a	0%	n/a	0%	n/a	
Out of Pocket Maximum	n/a	\$6,350/\$12,700	\$3,000/\$6,000	\$6,350/\$12,700	\$3,000/\$6,000	\$6,350/\$12,700	\$3,000/\$6,000	\$3,000/\$6,000	
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Office visit copay	\$20	\$30	Deduct then 0%	\$30	Deduct then 0%	\$30	Deduct then 0%	\$30	
Specialist visit copay	\$25	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	
Vision Exam	\$0	\$10	\$0	\$10	\$0	\$10	\$0	\$10	
Outpatient Rehab	\$0	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	
Chiropractic	\$0	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	
Therapy Services	\$0	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	
Emergency Room copay	\$100	\$250	Deduct then 0%	\$250	Deduct then 0%	\$250	Deduct then 0%	\$250	
Urgent Care copay	\$25	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	Deduct then 0%	\$40	
Outpatient surg copay	\$100	\$100	Deduct then 0%	\$100	Deduct then 0%	\$100	Deduct then 0%	\$100	
Inpatient copay	\$100/day to \$500/yr	\$250/day to \$1,000/yr	Deduct then 0%	\$250/day to \$1,000/yr	Deduct then 0%	\$250/day to \$1,000/yr	Deduct then 0%	\$250/day to \$1,000/yr	
Durable Medical Equipment	\$0	20%	Deduct then 20%	20%	Deduct then 20%	20%	Deduct then 20%	20%	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
<b>Out of Network</b>									
Deductible	\$200/400/500	n/a	\$2,000/\$4,000	n/a	\$2,000/\$4,000	n/a	\$2,000/\$4,000	n/a	
Coinsurance	20%	n/a	20%	n/a	20%	n/a	20%	n/a	
Out of Pocket Maximum	\$1,200/2,000/2,500	n/a	\$3,000/\$6,000	n/a	\$3,000/\$6,000	n/a	\$3,000/\$6,000	n/a	
Lifetime Maximum	Unlimited	n/a	Unlimited	n/a	Unlimited	n/a	Unlimited	n/a	
<b>Prescription Drugs</b>									
Generic	\$15	\$20	Deduct then 0%	\$20	Deduct then 0%	\$20	Deduct then 0%	\$20	
Listed Brand	\$25	\$30	Deduct then 0%	\$30	Deduct then 0%	\$30	Deduct then 0%	\$30	
Non Listed Brand	\$40	\$45	Deduct then 0%	\$45	Deduct then 0%	\$45	Deduct then 0%	\$45	
Retail Dose Limit	30-days	30-days	30-days	30-days	30-days	30-days	30-days	30-days	
Mail Order Copay	2x retail	2x retail	2x retail	2x retail	2x retail	2x retail	2x retail	2x retail	
Mail Order Dose Limit	90-days	90-days	90-days	90-days	90-days	90-days	90-days	90-days	
Policy Year Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	