

HARTFORD PUBLIC SCHOOLS SPONSORED HEALTH CARE PLANS

2015-16	Teachers	Administrators	Custodial/Maint Transportation Para-Professionals	Secretaries	Food Service
Medical	Choice of the 4 plans listed below	Choice of the 4 plans listed below	Choice of the 4 plans listed below	Choice of the 4 plans listed below	Choice of the 4 plans listed below
Dental	Delta Dental Exams & Cleanings: 80% X-rays, Restorative, Crown: s 80% Cleanings: 2 per year Orthodontics Max: \$1,200	Delta Dental Exams & Cleanings: 80% X-rays, Restorative, Crown: s 80% Cleanings: 2 per year Orthodontics Max: \$1,200	N/A	Set Fully Insured Dental Plan Exams & Cleanings: 80% X-rays, Restorative, Crown: s 80% Cleanings: 2 per year Bas/Maj Max \$800 Orthodontics Max: \$1,000	Set Fully Insured Dental Plan Exams & Cleanings: 80% X-rays, Restorative, Crown: s 80% Cleanings: 2 per year Bas/Maj Max \$800 Orthodontics Max: \$1,000
Vision	VSP 3	VSP 3	N/A	SET UltraVision Plan 3	N/A
LTD	Maximum benefit level: \$5,000 Benefit level: 66 2/3% of salary Waiting period: 90 days		N/A	N/A	N/A
Life	Life: \$20,000 AD&D: \$20,000				

Eligible employees have the choice of one of the following 4 medical plans

Messa Choices

In-Network Ded: \$200 Single/\$400 Family
 In-Network Copay: \$10 Office Visit/\$25 Urgent Care/\$50 ER
 Out-of-Network Ded: \$400 Single/\$800 Family
 Out-of-Network Coins: 20% of approved amount after deductible
 Out-of-Network OOP Cap: \$2,000 Single/\$4,000 Family
 Prescription Coverage: \$10 Generic/\$20 Brand Name

Messa Choices

In-Network Ded: \$500 Single/\$1,000 Family
 In-Network Copay: \$10 Office Visit/\$25 Urgent Care/\$50 ER
 Out-of-Network Ded: \$1,000 Single/\$2,000 Family
 Out-of-Network Coins: 20% of approved amount after deductible
 Out-of-Network OOP Cap: \$2,000 Single/\$4,000 Family
 Prescription Coverage: MESSA Saver Rx

Messa Choices

In-Network Ded: \$300 Single/\$600 Family
 In-Network Copay: \$10 Office Visit/\$25 Urgent Care/\$50 ER
 Out-of-Network Ded: \$600 Single/\$1,200 Family
 Out-of-Network Coins: 20% of approved amount after deductible
 Out-of-Network OOP Cap: \$2,000 Single/\$4,000 Family
 Prescription Coverage: MESSA Saver Rx

Messa ABC Plan 1

In-Network Ded: \$1,300 Single/\$2,600 2 Person & Family
 In-Network OOP Cap: \$1,000 Single Cov; \$2,000 2-Person & Family Cov
 Out-of-Network Ded: \$2,500 Single/\$5,000 2-Person & Family
 Out-of-Network Coins: 20% of approved amount after deductible
 Out-of-Network OOP Cap: \$2,000 Single/\$4,000 2-Person & Family
 Prescription Coverage: MESSA ABC Rx
 Health Savings Account with Health Equity