Town of Conway

Medical and Prescription Benefit Options

Monthly Rates for 01/01/2024 - 12/31/2024

Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group. One prescription plan may be chosen per medical plan. Please consult with your Benefits Advisor if you are considering plan changes.

Medical Plan Type	Access Blue New England HMO with Deductible		
Plan Name	**AB15IPDED**	**ABSOS20/40/1KDED**	**ABSOS25/50/3KDED**
Visit Copay	$15	$20	$25
Specialty Visit Copay	$15	$40	$50
Walk-In Center Copay	$15	$20	$25
Urgent Care Copay	$50	$50	$75
ER Copay	$100	$100	$150
Standard Deductible (per person/per family)	$500 / $1,500	$1,000 / $3,000	$3,000 / $9,000
Standard Coinsurance	N/A	N/A	N/A
Chiropractic Visits/Copay	Unlimited / $15	Unlimited / $20	Unlimited / $25
Therapy Visits (PT/OT/ST)/Copay	60 / $15	60 / $20	60 / $25
Acupuncture Visits/Copay	Unlimited / $15	Unlimited / $20	Unlimited / $25
Durable Medical Equipment	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	$3,000 / $6,000	$5,000 / $10,000	$5,000 / $10,000

Monthly Medical Rates with Prescription Benefit Option RX10/20/45			
single	$ 1,132.29	$ 928.69	$ 674.40
2-person	$ 2,264.57	$ 1,857.37	$ 1,348.80
family	$ 3,057.17	$ 2,507.46	$ 1,820.88

RX = Copays for both retail and mail order R= Copays for retail (up to 34 day supply) M = Copays for Maintenance Choice (up to 90 day supply)

DISCLAIMER: Monthly rates are based on a minimum of 75% participation of all eligible employees who do not otherwise have group medical coverage. Active employees and retirees must be offered the same prescription drug coverage. HealthTrust reserves the right to change these rates if there is a +/- 10% in enrollment. All deductibles and benefit limits shown are per plan year (January 1 through December 31). These charts are intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans. HealthTrust will discontinue all BlueChoice, BlueChoice New England and HMO Blue New England benefit options as of December 31, 2024.