HealthTrust

Town of Lincoln
Medical and Prescription Benefit Options
Monthly Rates for 07/01/2024 - 06/30/2025

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	Open Access PPO	Access Blue New England HMO	Access Blue New England HMO with Deductible		
Plan Name	OA20	AB20	ABSOS20/40/1KDED	ABSOS25/50/3KDED	ABSOS30/60/5KDED
Visit Copay	$20	$20	$20	$25	$30
Specialty Visit Copay	$20	$20	$40	$50	$60
Walk-In Center Copay	$20	$20	$20	$25	$30
Urgent Care Copay	$75	$50	$50	$75	$100
ER Copay	$150	$100	$100	$150	$250
Standard Deductible (per person/per family)	$1,000 / $3,000 (Out-of-Network)	$0	$1,000 / $3,000	$3,000 / $9,000	$5,000 / $12,000
Standard Coinsurance	20% (Out-of-Network)	N/A	N/A	N/A	N/A
Chiropractic Visits/Copay	Unlimited / $20	Unlimited / $20	Unlimited / $20	Unlimited / $25	Unlimited / $30
Therapy Visits (PT/OT/ST)/Copay	Unlimited / $20	60 / $20	60 / $20	60 / $25	60 / $30
Acupuncture Visits/Copay	Unlimited / $20	Unlimited / $20	Unlimited / $20	Unlimited / $25	Unlimited / $30
Durable Medical Equipment	$100 deductible, then you pay 20%	You pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%	$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay $0 (In-Network)	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $125 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay $0 (In-Network)	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $0 at SOS providers. Otherwise, Standard Deductible	You pay $125 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay $0 (In-Network)	You pay $0	You pay $0 at SOS providers. Otherwise, Standard Deductible	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	$3,000 / $6,000	$5,000 / $10,000	$5,000 / $10,000	$7,150 / $14,300

Monthly Medical Rates with Prescription Benefit Option RX10/20/45					
single	$1,308.64	$1,230.68	$991.99	$720.37	$664.67
2-person	$2,617.28	$2,461.36	$1,983.98	$1,440.74	$1,329.33
family	$3,533.32	$3,322.83	$2,678.37	$1,945.00	$1,794.60

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70					
single	$1,265.95	$1,190.59	$959.71	$696.94	$643.06
2-person	$2,531.90	$2,381.19	$1,919.42	$1,393.89	$1,286.12
family	$3,418.06	$3,214.60	$2,591.22	$1,881.74	$1,736.27

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)

Medical Plan Type	High Deductible Health Plan (HSA Qualified)	
Plan Name	LUMENOS2500	OAHD/2.5K/20COIN
Standard Deductible	$2,500 per person / $5,000 per 2-person or family (1)	$2,500 per person / $5,000 per family (In-Network); $4,000 per person / $12,000 per family (Out-of-Network)
Standard Coinsurance	0% (In-Network); 30% (Out-of-Network)	20% (In-Network); 40% (Out-of-Network)
Coinsurance Maximum	N/A (In-Network); $2,500 / $5,000 (Out-of-Network) (1)	$1,500 per person / $3,000 per family (In-Network); $10,000 per person / $16,000 per family (Out-of-Network)
Chiropractic Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance
Therapy Visits (PT/OT/ST)	60 Visits / Standard Deductible and/or Coinsurance	60 Visits / Standard Deductible and/or Coinsurance
Acupuncture Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance
Durable Medical Equipment	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Prescription Drugs	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	$2,500 / $5,000 (In-Network); $5,000 / $10,000 (Out-of-Network) (1)	$4,000 / $8,000 (In-Network), $14,000 / $28,000 (Out-of-Network)
single	$1,003.05	$895.94
2-person	$2,006.10	$1,791.88
family	$2,708.24	$2,419.03

(1) For LUMENOS2500: If you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.

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. Any deductible and benefit limits shown are per plan year (July 1 through June 30). These charts are intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.

Site of Service (SOS), Lumenos and OAHD Plans: The employer may fund up to 50% of the deductible. Employer may fund more than 50% for the Lumenos and OAHD plans if utilizing an HSA.

HealthTrust July 2024 Enrollment Options

ABSOS25/50/3KDED	TOWN CONTRIBUTION (per month)	EMPLOYEE CONTRIBUTION (per month)	EMPLOYEE CONTRIBUTION (per pay period)	TOTAL COST (per month)	TOTAL ANNUAL
single	$ 720.37	$ -	$ -	$ 720.37	$ 8,644.44
2-person	$ 1,440.74	$ -	$ -	$ 1,440.74	$ 17,288.88
family	$ 1,945.00	$ -	$ -	$ 1,945.00	$ 23,340.00

ABSOS20/40/1KDED	TOWN CONTRIBUTION (per month)	EMPLOYEE CONTRIBUTION (per pay month)	EMPLOYEE CONTRIBUTION (per pay period)	TOTAL COST (per month)	TOTAL ANNUAL TOWN	TOTAL ANNUAL EMPLOYEE
single	$ 720.37	$ 271.62	$ 62.68	$ 991.99	$ 8,644.44	$ 3,259.44
2-person	$ 1,440.74	$ 543.24	$ 125.36	$ 1,983.98	$ 17,288.88	$ 6,518.88
family	$ 1,945.00	$ 733.37	$ 169.24	$ 2,678.37	$ 23,340.00	$ 8,800.44

Health Reimbursement Account-Allocations

ABSOS25/50/3KDED	TOTAL DEDUCTIBLE	TOWN CONTRIBUTION (per person/per plan)	EMPLOYEE CONTRIBUTION (per person/ per plan)
single	$ 3,000.00	$ 1,500.00	$ 1,500.00
2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
family	$ 9,000.00	$ 4,500.00	$ 4,500.00

ABSOS20/40/1KDED	TOTAL DEDUCTIBLE	TOWN CONTRIBUTION (per person/per plan)	EMPLOYEE CONTRIBUTION (per person/ per plan)
single	$ 1,000.00	$ 1,000.00	$ -
2-person	$ 2,000.00	$ 2,000.00	$ -
family	$ 3,000.00	$ 3,000.00	$ -

3KDED- Town Pays 100%								
Employee	Optional Plan	Optional Health Insurance Premium-Monthly	Dental Insurance Premium-Monthly	Employee Contribution-Health 0%	Employee Contribution-Dental 0% Dependent	Employee Total	Per Pay Period (4 weeks)	Annual Cost-TOL
Baker, Kara	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Beaudin, David	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Bont, Carole	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Camargo, Teasha	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Clark, Russell	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Fairbrother, Bryanna	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Fairbrother, Ryan	Opt Out	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000.00
Farnsworth, Rebecca	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Hadaway, Nate	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Hart, Daryl	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Jones, Tyler	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Leslie, Jane	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Mackay, John	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
McKinley, Scott	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Morris, Chad	Opt Out	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000.00
Oddis, Hailey	Single	$ 720.37	$ 51.63	$ -	$ -	$ -	$ -	$ 9,264.00
Park, Carina	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Peluso, Lisa	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Riley, Carol	single	$ 720.37	$ 51.63	$ -	$ -	$ -	$ -	$ 9,264.00
Smith, Ryan	2-person	$ 1,440.74	$ 99.15	$ -	$ -	$ -	$ -	$ 18,478.68
Tower, Tara	Family	$ 1,945.00	$ 171.44	$ -	$ -	$ -	$ -	$ 25,397.28
Vance, Larry	single	$ 720.37	$ 51.63	$ -	$ -	$ -	$ -	$ 9,264.00
VACANT	Single	$ 720.37	$ 51.63	$ -	$ -	$ -	$ -	$ 9,264.00
		$ 30,903.88	$ 2,398.10	$ -	$ -	$ -	$ -	$ 407,623.76

1KDED-Town Pays 3k Cost									
Employee	Optional Plan	Optional Health Insurance Premium-Monthly	Dental Insurance Premium-Monthly	Employee Contribution-Health 0%	Employee Contribution-Dental 0% Dependent	Annual Cost-TOL	Employee Total	Per Pay Period	Gross Budget
Baker, Kara	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Beaudin, David	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Bont, Carole	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Camargo, Teasha	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Clark, Russell	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Fairbrother, Bryanna	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Fairbrother, Ryan	Opt Out	$ -	$ -	$ -	$ -	$ 4,000.00	$ -	$ -	$ 4,000.00
Farnsworth, Rebecca	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Hadaway, Nate	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Hart, Daryl	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Jones, Tyler	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Leslie, Jane	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Mackay, John	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
McKinley, Scott	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Morris, Chad	Opt Out	$ -	$ -	$ -	$ -	$ 4,000.00	$ -	$ -	$ 4,000.00
Oddis, Hailey	Single	$ 991.99	$ 51.63	$ 271.62	$ -	$ 9,264.00	$ 3,259.44	$ 62.68	$ 12,523.44
Park, Carina	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Peluso, Lisa	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Riley, Carol	single	$ 991.99	$ 51.63	$ 271.62	$ -	$ 9,264.00	$ 3,259.44	$ 62.68	$ 12,523.44
Smith, Ryan	2-person	$ 1,983.98	$ 99.15	$ 543.24	$ -	$ 18,478.68	$ 6,518.88	$ 125.36	$ 24,997.56
Tower, Tara	Family	$ 2,678.37	$ 171.44	$ 733.37	$ -	$ 25,397.28	$ 8,800.44	$ 169.24	$ 34,197.72
Vance, Larry	single	$ 991.99	$ 51.63	$ 271.62	$ -	$ 9,264.00	$ 3,259.44	$ 62.68	$ 12,523.44
VACANT	Single	$ 991.99	$ 51.63	$ 271.62	$ -	$ 9,264.00	$ 3,259.44	$ 62.68	$ 12,523.44
		$ 42,556.35	$ 2,398.10	$ 11,652.47	$ -	$ 407,623.76	$ 139,829.64	$ 2,689.03	$ 547,453.40

3KDED				
Employee	Optional Plan	Deductible	HRA-TOWN	EMPLOYEE
Baker, Kara	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Beaudin, David	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Bont, Carole	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Camargo, Teasha	Single	$ 3,000.00	$ 1,500.00	$ 1,500.00
Clark, Russell	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Fairbrother, Bryanna	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Fairbrother, Ryan	Opt Out	$ -	$ -	$ -
Farnsworth, Rebecca	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Hadaway, Nate	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Hart, Daryl	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Jones, Tyler	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Leslie, Jane	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Mackay, John	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
McKinley, Scott	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Morris, Chad	Opt Out	$ -	$ -	$ -
Oddis, Hailey	Single	$ 3,000.00	$ 1,500.00	$ 1,500.00
Park, Carina	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Peluso, Lisa	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Riley, Carol	single	$ 3,000.00	$ 1,500.00	$ 1,500.00
Smith, Ryan	2-person	$ 6,000.00	$ 3,000.00	$ 3,000.00
Tower, Tara	Family	$ 9,000.00	$ 4,500.00	$ 4,500.00
Vance, Larry	single	$ 3,000.00	$ 1,500.00	$ 1,500.00
VACANT	Single	$ 3,000.00	$ 1,500.00	$ 1,500.00
		$ 132,000.00	$ 66,000.00	$ 66,000.00

1KDED				
Employee	Optional Plan	Deductible	HRA-TOWN	EMPLOYEE
Baker, Kara	2-person	$ 2,000.00	$ 2,000.00	$ -
Beaudin, David	2-person	$ 2,000.00	$ 2,000.00	$ -
Bont, Carole	Family	$ 3,000.00	$ 3,000.00	$ -
Camargo, Teasha	Single	$ 3,000.00	$ 3,000.00	$ -
Clark, Russell	2-person	$ 2,000.00	$ 2,000.00	$ -
Fairbrother, Bryanna	Family	$ 3,000.00	$ 3,000.00	$ -
Fairbrother, Ryan	Opt Out	$ -	$ -	$ -
Farnsworth, Rebecca	2-person	$ 2,000.00	$ 2,000.00	$ -
Hadaway, Nate	Family	$ 3,000.00	$ 3,000.00	$ -
Hart, Daryl	2-person	$ 2,000.00	$ 2,000.00	$ -
Jones, Tyler	2-person	$ 2,000.00	$ 2,000.00	$ -
Leslie, Jane	Family	$ 3,000.00	$ 3,000.00	$ -
Mackay, John	2-person	$ 2,000.00	$ 2,000.00	$ -
McKinley, Scott	Family	$ 3,000.00	$ 3,000.00	$ -
Morris, Chad	Opt Out	$ -	$ -	$ -
Oddis, Hailey	Single	$ 1,000.00	$ 1,000.00	$ -
Park, Carina	Family	$ 3,000.00	$ 3,000.00	$ -
Peluso, Lisa	2-person	$ 2,000.00	$ 2,000.00	$ -
Riley, Carol	single	$ 1,000.00	$ 1,000.00	$ -
Smith, Ryan	2-person	$ 2,000.00	$ 2,000.00	$ -
Tower, Tara	Family	$ 3,000.00	$ 3,000.00	$ -
Vance, Larry	single	$ 1,000.00	$ 1,000.00	$ -
VACANT	Single	$ 1,000.00	$ 1,000.00	$ -
		$ 46,000.00	$ 46,000.00	$ -

2024 Current Plan Selection									
Employee	Current Plan	Health Insurance Premium-Monthly	Dental Insurance Premium-Monthly	Employee Contribution-Health	Employee Contribution-Dental	Employee Total	Per Pay Period (4 weeks)	Annual Cost-TOL
Baker, Kara	Single	$ 1,230.68	$ 99.15	$ -	$ 47.52	$ 47.52	$ 11.88	$ 15,387.72
Beaudin, David	2-person	$ 2,461.36	$ 51.63	$ -	$ -	$ -	$ -	$ 30,155.88
Bont, Carole	Family	$ 3,322.83	$ 171.44	$ 1,046.08	$ 119.81	$ 1,165.89	$ 291.47	$ 27,940.56
Camargo, Teasha	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Clark, Russell	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Fairbrother, Bryanna	Family	$ 3,322.83	$ 51.63	$ 2,092.15	$ -	$ 2,092.15	$ 523.04	$ 15,387.72
Farnsworth, Rebecca	Opt Out	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000.00
Hadaway, Nate	Family	$ -	$ 171.44	$ -	$ 119.81	$ 119.81	$ 29.95	$ 619.56
Hart, Daryl	2-person	$ 2,461.36	$ 99.15	$ -	$ 47.52	$ 47.52	$ 11.88	$ 30,155.88
Jones, Tyler	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Leslie, Jane	Single	$ 1,230.68	$ 99.15	$ -	$ 47.52	$ 47.52	$ 11.88	$ 15,387.72
Mackay, John	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
McKinley, Scott	Opt Out	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,000.00
Morris, Chad	n/a	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Oddis, Hailey	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Park, Carina	Opt Out	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000.00
Peluso, Lisa	Single	$ 1,230.68	$ 99.15	$ -	$ 47.52	$ 47.52	$ 11.88	$ 15,387.72
Riley, Carol	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Smith, Ryan	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
Tower, Tara	Family	$ 3,322.83	$ 171.44	$ 861.47	$ 119.81	$ 981.28	$ 245.32	$ 30,155.88
Vance, Larry	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
VACANT	Single	$ 1,230.68	$ 51.63	$ -	$ -	$ -	$ -	$ 15,387.72
		$ 29,659.37	$ 1,478.85	$ 3,999.70	$ 549.51	$ 4,549.21	$ 1,137.30	$ 347,068.12