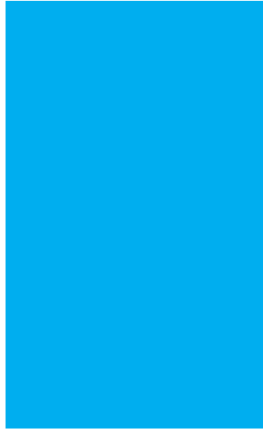


2022 ConnectiCare

Plans through Access Health CT



We Mean Health

ConnectiCare[®]

You'll know the difference in customer service with ConnectiCare

Once you're a member, you can reach member services right here in Connecticut by calling **800-251-7722** (TTY: **711**). Find hours at connecticare.com/contact.

We also have ConnectiCare Centers where you can get help in person. Go to visitconnecticare.com to make an appointment.

A wooden reception desk with a white top edge. The front of the desk features the "ConnectiCare" logo in large, illuminated blue letters with a red heart icon above the 'i'. The desk is set against a background of dark wood paneling and a blue wall. A small vase with yellow flowers sits on the desk. In the background, a glass partition has the text "Let's talk" on it.

ConnectiCare

For a Healthier All of Us

Staying well and keeping healthy has, perhaps, never been so important to us all. Health plans from ConnectiCare can help you get the care you need and provide the peace of mind that comes with the financial protection of health insurance.

This guide has information on 2022 plans sold through Access Health CT, Connecticut's official health insurance marketplace.

More choices and services for 2022

Health care costs are always on people's minds. We're pleased to offer more plan choices and services to give our members coverage that fits their lives:

- **New FlexPOS plans** offer coverage in Connecticut, Massachusetts, New York through EmblemHealth Prime network and nationally through the First Health® network. These plans offer in-network coverage wherever you go in the United States, plus you have emergency coverage worldwide.*
- **Telemedicine visits through Teladoc®** are now included in all individual plans at no cost.** Teladoc health professionals can diagnose, treat, and, if medically necessary, prescribe medicines for a wide range of non-emergency conditions. Get help when you or a covered family member is ailing with conditions like colds and flu, rashes and bug bites, stomach distress, sore throats, allergies, and more.***
- **WellSpark Health's** personal wellness evaluation tools and health video library. Take a short health assessment after you sign into the member website. Get a personalized plan for moving your health forward and suggestions for how to do that.

Financial help is available

The American Rescue Plan Act (ARPA) has made health insurance more affordable for many Americans. The Act removed the income cap that may have previously made you ineligible for financial assistance.

We encourage you to visit **accesshealthct.com** and enter your income information to see if you qualify for financial assistance. If you do, you will need to enroll in a plan through Access Health CT to receive financial assistance.****

*Subject to limitations.

**Telemedicine is no cost after deductible for members in HSA plans.

***Telemedicine is not appropriate for all covered services, and restrictions apply.

****Access Health CT is the only place you can get financial help to pay for your coverage.

Get the Benefits and Services You Need

ConnectiCare plans include many benefits that help you (and your family) stay healthy and get care when you're sick or hurt.

With a ConnectiCare plan, you get:

- Free preventive care coverage for services like annual checkups, screenings, flu shots, and other vaccinations.*
- Prescription drug coverage, including drugs that are available at no cost to you, like birth control and medicine to prevent heart disease.
- Teladoc telemedicine visits on demand with a mobile app, phone, or computer.
- Mental health care for substance use disorder, anxiety, depression, and other behavioral health conditions.
- Specialist care, diagnostic testing, and hospital treatment.
- Pediatric dental and vision coverage for children through age 26.
- Emergency and urgent care wherever you travel.**

Dental plan options for adults, too

Three plans include preventive dental coverage for adults – **Choice Gold Alternative POS with Dental**, **Choice Catastrophic POS with Dental**, and **Choice Bronze Alternative POS with Dental**. Visit a participating dentist's office for important routine care, including preventive exams and cleanings and periodic x-rays. Visit "Find a Doctor" on connecticare.com to find dentists in the ConnectiCare dental network.

We're here to help

Your broker is ready to help you enroll in a 2022 plan. If you don't have a broker, we're standing by.

BY PHONE

Call us at **800-723-2986**
(TTY: 711)
Monday - Friday, 8 a.m. to 5 p.m.
Extended hours Nov. 1 - Jan. 15:
Monday - Friday, 8 a.m. to 7 p.m.,
Saturday, 9 a.m. to 3 p.m.

IN PERSON

Meet with us at a
ConnectiCare Center.
Go to visitconnecticare.com
or call **877-523-6837** to
find locations and make
an appointment.

ONLINE

Visit chooseconnecticare.com
or accesshealthct.com to
compare plan benefits, features,
and premium rates.

*Free preventive care means that you will not have a copay or have to pay money toward your deductible or coinsurance for the services. Sometimes a preventive care visit leads to other medical care or tests, even at the same appointment. You should check with your doctor or doctor's staff during your visit to see if there are services you may be billed for.

**Subject to limitations.

Choosing a Plan?

You want your health care dollars to work hard for you. So, take some time to review your plan options. Plan names have information about the **type** of plan, its **metal** level, and other **features**.

Types of ConnectiCare plans

Choice plans	Choice plans let you manage your health your way. You may use any of the doctors, hospitals, labs, and facilities in our large network covering Connecticut.
Compass plan	With the Compass plan, you can lower your out-of-pocket costs by visiting preferred primary care providers (PCPs) and hospitals in the plan's network. All others are designated as participating. You can visit participating PCPs and hospitals too, but you may pay more.
FlexPOS plans	FlexPOS plans give you the most flexibility with state, regional, and national in-network coverage through First Health.
Passage plan	The Passage plan puts your health care right where it belongs: between you and your doctor. You must, however, choose a PCP from those who accept Passage plans and get your PCP to refer you to some types of specialists.

Metal levels have more information on costs

Metal levels show the range of premiums and out-of-pocket costs for all types of plans.

Metal Level	Premiums	Out-of-pocket costs	Plan pays*
Gold	Higher	Lower	80%
Silver	Moderate	Moderate	70%
Bronze	Lowest	Highest	60%

Catastrophic plans are also available for eligible individuals under age 30 and for those who qualify for certain exemptions through Access Health CT.

*Average amount plan pays for covered services.

More Information to Help you Compare and Choose

Three letters in a plan name tell you some more important detail:

POS – Choosing a plan with POS (point of service) in its name means you'll be able to visit out-of-network doctors, but you'll pay more.

HSA – Stands for health savings account. HSA plans allow you to save money tax-free to use for qualified health care expenses.

EPO/HMO – Plans with EPO (exclusive provider organization) or HMO (health maintenance organization) in its name allows you to see any doctor or other health care provider who participates in the plan's network.

Before you choose: Check the provider directory

Using doctors in your plan's network can help save you money. Go to connecticare.com and use "Find a Doctor" to find doctors and facilities in your plan's network. If you have a Compass or Passage plan, there are some keys to help you:



Compass – This symbol identifies PCPs and hospitals that are preferred for Compass plan members. Your member ID card will remind you and your doctors that your plan has preferred health care providers.



Passage – This symbol indicates that a PCP accepts Passage plans (and so they can make referrals to specialists for needed care). Your member ID card reminds you and your doctors that your plan requires referrals to some types of specialists.

Guide to Important Terms

You pay a premium every month for your health insurance. There are other costs you may pay, too. The plan grids in the next few pages use these terms below. Here's a guide to what they mean.

Deductible – a specific amount that you pay each year before ConnectiCare starts to pay covered expenses.

Maximum out-of-pocket costs – the most you'd have to pay (in addition to premium) in the plan year for covered services. Once you reach your maximum out-of-pocket, ConnectiCare pays 100% of eligible claims.

In-network – refers to doctors, hospitals, pharmacies, facilities, and other health care professionals that have negotiated rates for services with ConnectiCare.

Copayment or copay – a fixed amount you pay for a service covered by your plan. Not all plans have copays.

Medical benefits or **covered services** – the services that your ConnectiCare plan pays some or all of the costs of.

Out-of-network – doctors, hospitals, pharmacies, facilities, and other health care professionals that do not have contracts with ConnectiCare. You'll often pay more or not have any coverage if you visit out-of-network doctors.

Deductible waived – means your deductible does not apply to the service, and you have a copay or coinsurance.

Coinsurance – describes how you and ConnectiCare will share the costs of covered services and prescription medicines.

Prescription drug benefit – describes how much you'll pay for prescriptions for drugs that are on your plan's drug list.

Tiers – a way of categorizing prescription drugs covered by your plan. Generally, drugs in tiers with lower numbers cost you less than drugs in tiers with higher numbers.

Advanced premium tax credit (APTC) – financial help to pay for health plan premiums (for those who qualify).

Cost share reductions (CSRs)* – lower copays, deductibles, and coinsurance for those who qualify for these extra savings.

*Cost share reductions are only available for those who enroll in Silver Level Plans through Access Health CT.

Choice plans

Plan name/Metal level	Choice Gold Standard POS
NETWORK ACCESS	CT only
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$1,300/\$2,600
Maximum out-of-pocket limit (individual/family)	\$5,250/\$10,500
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$20 copay (deductible waived)
Telemedicine visits through Teladoc ^{®***}	\$0 (deductible waived)
Specialist services	\$40 copay (deductible waived)
Mental health and substance abuse office visits	\$20 copay (deductible waived)
Vision	\$40 copay (deductible waived)
Walk-in/urgent care center	\$50 copay (deductible waived)
Worldwide emergency coverage ^{****}	\$400 copay (deductible waived)
Hospital – inpatient treatment	\$500 copay/day \$1,000 maximum per admission after deductible
Hospital – outpatient treatment	\$500 copay after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible
Lab services	\$10 copay after deductible
X-rays	\$40 copay after deductible
Advanced imaging (CT scans & MRI)	\$65 copay \$375 maximum (deductible waived)
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	\$3,000/\$6,000
Coinsurance	30%
Maximum out-of-pocket limit (individual/family)	\$10,500/\$21,000
PRESCRIPTION DRUG BENEFIT	
Prescription drug deductible (individual/family)	\$50/\$100
Tier 1 – Generic drugs	\$5 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$35 copay (deductible waived)
Tier 3 – Non-preferred brand drugs	\$60 copay (deductible waived)
Tier 4 – Specialty drugs	20% coinsurance \$100 maximum per prescription after Rx deductible

*Catastrophic plans are available to those under age 30 and those who qualify for certain exemptions through Access Health CT.

**Integrated medical and prescription drug deductible.

***Telemedicine is not appropriate for all covered services, and restrictions apply.

****Subject to limitations.

Choice Gold Alternative POS with Dental	Choice Gold Alternative POS	Choice Catastrophic POS with Dental*
CT only	CT only	CT only
\$3,500/\$7,000**	\$2,000/\$4,000	\$8,700/\$17,400**
\$7,800/\$15,600	\$8,150/\$16,300	\$8,700/\$17,400
\$0	\$0	\$0
\$30 copay (deductible waived)	\$40 copay (deductible waived)	\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible
\$0 (deductible waived)	\$0 (deductible waived)	\$0 after deductible
\$50 copay (deductible waived)	\$60 copay (deductible waived)	\$0 after deductible
\$50 copay (deductible waived)	\$60 copay (deductible waived)	\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible
\$30 copay (deductible waived)	40% coinsurance (deductible waived)	\$0 after deductible
\$50 copay (deductible waived)	40% coinsurance (deductible waived)	\$0 after deductible
20% coinsurance after deductible	40% coinsurance after deductible	\$0 after deductible
20% coinsurance after deductible	40% coinsurance after deductible	\$0 after deductible
20% coinsurance after deductible	40% coinsurance after deductible	\$0 after deductible
\$350 copay (deductible waived)	\$250 copay (deductible waived)	\$0 after deductible
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$0 after deductible
Freestanding Facility: \$25 copay (deductible waived) Hospital Facility: 20% coinsurance after deductible	Freestanding Facility: \$50 copay (deductible waived) Hospital Facility: 40% coinsurance after deductible	\$0 after deductible
Freestanding Facility: \$75 copay up to \$375 maximum (deductible waived) Hospital Setting: 20% coinsurance after deductible	40% coinsurance after deductible	\$0 after deductible
\$7,000/\$14,000	\$7,000/\$14,000	\$15,000/\$30,000
50%	50%	50%
\$12,000/\$24,000	\$12,000/\$24,000	\$20,000/\$40,000
Plan has integrated deductible with medical (see above)**	\$250/\$500	Plan has integrated deductible with medical (see above)**
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$0 after deductible
\$50 copay (deductible waived)	\$45 copay (deductible waived)	\$0 after deductible
50% coinsurance after deductible	\$70 copay after Rx deductible	\$0 after deductible
50% coinsurance \$500 maximum per prescription after deductible	20% coinsurance \$200 maximum per prescription after Rx deductible	\$0 after deductible

Choice plans

Plan name/Metal level	Choice Bronze Standard POS
NETWORK ACCESS	
CT only	
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$6,550/\$13,100*
Maximum out-of-pocket limit (individual/family)	\$8,700/\$17,400
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$50 copay (deductible waived)
Telemedicine visits through Teladoc®**	\$0 (deductible waived)
Specialist services	\$70 copay after deductible
Mental health and substance abuse office visits	\$50 copay (deductible waived)
Vision	\$70 copay after deductible
Walk-in/urgent care center	\$75 copay (deductible waived)
Worldwide emergency coverage***	\$450 copay after deductible
Hospital – inpatient treatment	\$500 copay/day \$1,000 maximum per admission after deductible
Hospital – outpatient treatment	\$500 copay after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible
Lab services	\$20 copay (deductible waived)
X-rays	\$40 copay after deductible
Advanced imaging (CT scans & MRI)	\$75 copay \$375 maximum after deductible
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	\$13,100/\$26,200
Coinsurance	50%
Maximum out-of-pocket limit (individual/family)	\$17,400/\$34,800
PRESCRIPTION DRUG BENEFIT	
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above)*
Tier 1 – Generic drugs	\$20 copay (deductible waived)
Tier 2 – Preferred brand drugs	50% coinsurance after deductible
Tier 3 – Non-preferred brand drugs	50% coinsurance after deductible
Tier 4 – Specialty drugs	50% coinsurance \$500 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply.

***Subject to limitations.

Choice Bronze Alternative POS with Dental	Choice Bronze Standard POS HSA	Choice Bronze Alternative POS
CT only	CT only	CT only
\$6,000/\$12,000*	\$6,500/\$13,000*	\$6,250/\$12,500*
\$8,700/\$17,400	\$7,000/\$14,000	\$8,700/\$17,400
\$0	\$0	\$0
\$45 copay (deductible waived)	20% coinsurance after deductible	\$30 copay (deductible waived)
\$0 (deductible waived)	0% coinsurance after deductible	\$0 (deductible waived)
\$60 copay after deductible	20% coinsurance after deductible	\$60 copay after deductible
\$60 copay (deductible waived)	20% coinsurance after deductible	\$0 after deductible
\$40 copay (deductible waived)	20% coinsurance after deductible	50% coinsurance (deductible waived)
\$100 copay (deductible waived)	20% coinsurance after deductible	50% coinsurance (deductible waived)
45% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
45% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
45% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
\$500 copay after deductible	20% coinsurance after deductible	50% coinsurance after deductible
\$25 copay after deductible	20% coinsurance after deductible	50% coinsurance after deductible
\$60 copay after deductible	20% coinsurance after deductible	50% coinsurance after deductible
45% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
\$15,000/\$30,000	\$13,000/\$26,000	\$15,000/\$30,000
50%	50%	50%
\$20,000/\$40,000	\$14,000/\$28,000	\$20,000/\$40,000
Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*
\$20 copay (deductible waived)	20% coinsurance after deductible	\$25 copay (deductible waived)
\$60 copay after deductible	25% coinsurance after deductible	\$50 copay after deductible
50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance per prescription after deductible
50% coinsurance \$500 maximum per prescription after deductible	30% coinsurance \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription after deductible

Choice plans

Plan name/Metal level

Choice Silver Standard POS

NETWORK ACCESS	CT only
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$4,300/\$8,600
Maximum out-of-pocket limit (individual/family)	\$8,600/\$17,200
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)
Telemedicine visits through Teladoc ^{®**}	\$0 (deductible waived)
Specialist services	\$60 copay (deductible waived)
Mental health and substance abuse office visits	\$40 copay (deductible waived)
Vision	\$60 copay (deductible waived)
Walk-in/urgent care center	\$75 copay (deductible waived)
Worldwide emergency coverage**	\$450 copay after deductible
Hospital – inpatient treatment	\$500 copay/day \$2,000 maximum per admission after deductible
Hospital – outpatient treatment	\$500 copay after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible
Lab services	\$20 copay (deductible waived)
X-rays	\$40 copay after deductible
Advanced imaging (CT scans & MRI)	\$75 copay \$375 maximum (deductible waived)
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	\$8,600/\$17,200
Coinsurance	40%
Maximum out-of-pocket limit (individual/family)	\$17,200/\$34,400
PRESCRIPTION DRUG BENEFIT	
Prescription drug deductible (individual/family)	\$250/\$500
Tier 1 – Generic drugs	\$10 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$45 copay after Rx deductible
Tier 3 – Non-preferred brand drugs	\$70 copay after Rx deductible
Tier 4 – Specialty drugs	20% coinsurance \$200 maximum per prescription after Rx deductible

*Telemedicine is not appropriate for all covered services, and restrictions apply.

**Subject to limitations.

Choice Silver Standard POS (CSR 73%)	Choice Silver Standard POS (CSR 87%)	Choice Silver Standard POS (CSR 94%)
Available for individuals and families up to 250% Federal Poverty Level.		
CT only	CT only	CT only
\$3,950/\$7,900	\$650/\$1,300	None
\$6,800/\$13,600	\$2,725/\$5,450	\$900/\$1,800
\$0	\$0	\$0
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$0 (deductible waived)	\$0 (deductible waived)	\$0
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$75 copay (deductible waived)	\$35 copay (deductible waived)	\$25 copay
\$450 copay after deductible	\$150 copay after deductible	\$50 copay
\$500 copay/day \$2,000 maximum per admission after deductible	\$100 copay/day \$400 maximum per admission after deductible	\$75 copay/day \$300 maximum per admission
\$500 copay after deductible	\$100 copay after deductible	\$75 copay
\$300 copay after deductible	\$60 copay after deductible	\$45 copay
\$20 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay
\$40 copay after deductible	\$30 copay after deductible	\$25 copay
\$75 copay \$375 maximum (deductible waived)	\$60 copay \$360 maximum (deductible waived)	\$50 copay \$350 maximum
\$8,600/\$17,200	\$8,600/\$17,200	\$8,600/\$17,200
40%	40%	40%
\$17,200/\$34,400	\$17,200/\$34,400	\$17,200/\$34,400
\$250/\$500	\$50/\$100	None
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$5 copay
\$45 copay after Rx deductible	\$25 copay (deductible waived)	\$10 copay
\$70 copay after Rx deductible	\$40 copay after Rx deductible	\$30 copay
20% coinsurance \$100 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription

Passage, Compass and FlexPOS plans

Plan name/Metal level

Passage Bronze Alternative PCP POS

NETWORK ACCESS

CT only

PLAN/MEDICAL DEDUCTIBLE

Deductible (individual/family)

\$7,000/\$14,000*

Maximum out-of-pocket limit (individual/family)

\$8,700/\$17,400

IN-NETWORK MEDICAL BENEFITS

Preventive care/screenings/immunizations

\$0

Primary care provider (PCP) services

\$0 (deductible waived)

Telemedicine visits through Teladoc®**

\$0 (deductible waived)

Specialist services (Some specialist services require a PCP's referral.)

\$60 copay after deductible

Mental health and substance abuse office visits

\$0 after deductible

Vision

\$50 copay (deductible waived)

Walk-in/urgent care center

\$100 copay (deductible waived)

Worldwide emergency coverage***

50% coinsurance after deductible

Hospital – inpatient treatment

50% coinsurance after deductible

Hospital – outpatient treatment

50% coinsurance after deductible

Outpatient surgery in freestanding locations

50% coinsurance after deductible

Lab services

50% coinsurance after deductible

X-rays

50% coinsurance after deductible

Advanced imaging (CT scans & MRI)

50% coinsurance after deductible

OUT-OF-NETWORK MEDICAL BENEFITS

Deductible (individual/family)

\$15,000/\$30,000

Coinsurance

50%

Maximum out-of-pocket limit (individual/family)

\$20,000/\$40,000

PRESCRIPTION DRUG BENEFIT

Prescription drug deductible (individual/family)

Plan has integrated deductible with medical (see above)*

Tier 1 – Generic drugs

\$25 copay (deductible waived)

Tier 2 – Preferred brand drugs

\$50 copay after deductible

Tier 3 – Non-preferred brand drugs

50% coinsurance per prescription after deductible

Tier 4 – Specialty drugs

50% coinsurance
\$500 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply.

***Subject to limitations.

Compass Gold Alternative POS	Compass EPO Gold Alternative	FlexPOS Gold Standard
CT only	CT only	CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network
Preferred Providers: \$2,000/\$4,000* Participating Providers: \$3,500/\$7,000* \$8,150/\$16,300	Preferred Providers: \$2,500/\$5,000* Participating Providers: \$4,000/\$8,000* \$8,500/\$17,000	\$1,300/\$2,600 \$5,250/\$10,500
\$0	\$0	\$0
Preferred Providers: \$20 (deductible waived) Participating Providers: 40% after deductible \$0 (deductible waived)	Preferred Providers: \$20 (deductible waived) Participating Providers: 40% after deductible \$0 (deductible waived)	\$20 copay (deductible waived) \$0 (deductible waived)
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$40 copay (deductible waived)
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$20 copay (deductible waived)
\$50 copay (deductible waived)	\$45 copay (deductible waived)	\$40 copay (deductible waived)
\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$50 copay (deductible waived)
20% coinsurance after deductible	20% coinsurance after deductible	\$400 copay (deductible waived)
Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible	Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible	\$500 copay/day \$1,000 maximum per admission after deductible
Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible \$300 copay (deductible waived) \$10 copay (deductible waived)	Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible \$300 copay (deductible waived) \$10 copay (deductible waived)	\$500 copay after deductible \$300 copay after deductible \$10 copay after deductible
Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$10 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$10 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	\$40 copay after deductible
Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$40 copay up to \$375 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$40 copay up to \$375 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	\$65 copay \$375 maximum (deductible waived)
\$7,000/\$14,000	None	\$3,000/\$6,000
50%	None	30%
\$12,000/\$24,000	None	\$10,500/\$21,000
Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*	\$50/\$100
\$10 copay (deductible waived)	\$5 copay (deductible waived)	\$5 copay (deductible waived)
\$50 copay (deductible waived)	\$40 copay (deductible waived)	\$35 copay (deductible waived)
50% coinsurance per prescription after deductible	50% coinsurance per prescription after deductible	\$60 copay (deductible waived)
50% coinsurance \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription after deductible	20% coinsurance \$100 maximum per prescription after Rx deductible

FlexPOS plans

Plan name/Metal level	FlexPOS Platinum Alternative
NETWORK ACCESS	CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$1,200/\$2,400
Maximum out-of-pocket limit (individual/family)	\$3,000/\$6,000
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$20 copay (deductible waived)
Telemedicine visits through Teladoc®**	\$0 (deductible waived)
Specialist services	\$30 copay (deductible waived)
Mental health and substance abuse office visits	\$20 copay (deductible waived)
Vision	\$40 copay (deductible waived)
Walk-in/urgent care center	\$50 copay (deductible waived)
Worldwide emergency coverage***	\$100 copay after deductible
Hospital – inpatient treatment	10% coinsurance after deductible
Hospital – outpatient treatment	10% coinsurance after deductible
Outpatient surgery in freestanding locations	\$200 copay (deductible waived)
Lab services	\$10 copay (deductible waived)
X-rays	\$40 copay (deductible waived)
Advanced imaging (CT scans & MRI)	<p>Hospital Facility: \$70 copay \$350 maximum after deductible</p> <p>Freestanding Facility: \$70 copay \$350 maximum (deductible waived)</p>
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	\$5,000/\$10,000
Coinsurance	50%
Maximum out-of-pocket limit (individual/family)	\$8,000/\$16,000
PRESCRIPTION DRUG BENEFIT	
Prescription drug deductible (individual/family)	\$200/\$400
Tier 1 – Generic drugs	\$5 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$20 copay (deductible waived)
Tier 3 – Non-preferred brand drugs	\$60 copay after Rx deductible
Tier 4 – Specialty drugs	50% coinsurance \$250 maximum per prescription after Rx deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply.

***Subject to limitations.

FlexPOS Bronze Standard	FlexPOS Bronze Standard HSA
CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network	CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network
\$6,550/\$13,100	\$6,500/\$13,000**
\$8,700/\$17,400	\$7,000/\$14,000
\$0	\$0
\$50 copay (deductible waived)	20% coinsurance after deductible
\$0 (deductible waived)	0% coinsurance after deductible
\$70 copay after deductible	20% coinsurance after deductible
\$50 copay (deductible waived)	20% coinsurance after deductible
\$70 copay after deductible	20% coinsurance after deductible
\$75 copay (deductible waived)	20% coinsurance after deductible
\$450 copay after deductible	20% coinsurance after deductible
\$500 copay/day \$1,000 maximum per admission after deductible	20% coinsurance after deductible
\$500 copay after deductible	20% coinsurance after deductible
\$300 copay after deductible	20% coinsurance after deductible
\$20 copay (deductible waived)	20% coinsurance after deductible
\$40 copay after deductible	20% coinsurance after deductible
\$75 copay \$375 maximum after deductible	20% coinsurance after deductible
\$13,100/\$26,200	\$13,000/\$26,000
50%	50%
\$17,400/\$34,800	\$14,000/\$28,000
Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**
\$20 copay (deductible waived)	20% coinsurance after deductible
50% coinsurance after deductible	25% coinsurance after deductible
50% coinsurance after deductible	30% coinsurance after deductible
50% coinsurance \$500 maximum per prescription after deductible	30% coinsurance \$500 maximum per prescription after deductible

FlexPOS plans

Plan name/Metal level

FlexPOS Silver Standard

NETWORK ACCESS

CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network

PLAN/MEDICAL DEDUCTIBLE

Deductible (individual/family)	\$4,300/\$8,600
Maximum out-of-pocket limit (individual/family)	\$8,600/\$17,200

IN-NETWORK MEDICAL BENEFITS

Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)
Telemedicine visits through Teladoc®**	\$0 (deductible waived)
Specialist services	\$60 copay (deductible waived)
Mental health and substance abuse office visits	\$40 copay (deductible waived)
Vision	\$60 copay (deductible waived)
Walk-in/urgent care center	\$75 copay (deductible waived)
Worldwide emergency coverage**	\$450 copay after deductible
Hospital – inpatient treatment	\$500 copay/day \$2,000 maximum per admission after deductible
Hospital – outpatient treatment	\$500 copay after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible
Lab services	\$20 copay (deductible waived)
X-rays	\$40 copay after deductible
Advanced imaging (CT scans & MRI)	\$75 copay \$375 maximum (deductible waived)

OUT-OF-NETWORK MEDICAL BENEFITS

Deductible (individual/family)	\$8,600/\$17,200
Coinsurance	40%
Maximum out-of-pocket limit (individual/family)	\$17,200/\$34,400

PRESCRIPTION DRUG BENEFIT

Prescription drug deductible (individual/family)	\$250/\$500
Tier 1 – Generic drugs	\$10 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$45 copay after Rx deductible
Tier 3 – Non-preferred brand drugs	\$70 copay after Rx deductible
Tier 4 – Specialty drugs	20% coinsurance \$200 maximum per prescription after Rx deductible

*Telemedicine is not appropriate for all covered services, and restrictions apply.

**Subject to limitations.

FlexPOS Silver Standard (CSR 73%)	FlexPOS Silver Standard (CSR 87%)	FlexPOS Silver Standard (CSR 94%)
Available for individuals and families up to 250% Federal Poverty Level.		
CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network	CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network	CT, MA, RI and NY through EmblemHealth Prime network and nationally through the First Health® network
\$3,950/\$7,900	\$650/\$1,300	None
\$6,800/\$13,600	\$2,725/\$5,450	\$900/\$1,800
\$0	\$0	\$0
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$0 (deductible waived)	\$0 (deductible waived)	\$0
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$75 copay (deductible waived)	\$35 copay (deductible waived)	\$25 copay
\$450 copay after deductible	\$150 copay after deductible	\$50 copay
\$500 copay/day \$2,000 maximum per admission after deductible	\$100 copay/day \$400 maximum per admission after deductible	\$75 copay/day \$300 maximum per admission
\$500 copay after deductible	\$100 copay after deductible	\$75 copay
\$300 copay after deductible	\$60 copay after deductible	\$45 copay
\$20 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay
\$40 copay after deductible	\$30 copay after deductible	\$25 copay
\$75 copay \$375 maximum (deductible waived)	\$60 copay \$360 maximum (deductible waived)	\$50 copay \$350 maximum
\$8,600/\$17,200	\$8,600/\$17,200	\$8,600/\$17,200
40%	40%	40%
\$17,200/\$34,400	\$17,200/\$34,400	\$17,200/\$34,400
\$250/\$500	\$50/\$100	None
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$5 copay
\$45 copay after Rx deductible	\$25 copay (deductible waived)	\$10 copay
\$70 copay after Rx deductible	\$40 copay after Rx deductible	\$30 copay
20% coinsurance \$100 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription



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