

Help is here



By phone: **1-800-723-2986 (TTY: 711)**
Monday - Friday, 8 a.m. to 5 p.m.
Extended hours Nov. 1 - Dec. 15:
Monday - Friday, 8 a.m. to 8 p.m., Saturday, 9 a.m. to 3 p.m.



In person: At a ConnectiCare center
For hours and locations or to make an appointment,
go to **visitconnecticare.com**.
Check out the events calendar, too.



Online: **chooseconnecticare.com** or **accesshealthct.com**

Keep in touch



ConnectiCare

¹“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.

²“Free” means that you will not have a copay or have to pay money toward your deductible or coinsurance for the medication. Other rules may apply, including age and gender requirements and frequency limitation rules. Review your plan documents for a list of covered preventive services and medications. The “ACA” designation in the formulary, or drug list, for your plan refers to the Affordable Care Act, also known as Obamacare or health care reform. The ACA requires health plans to cover many preventive care services and drugs without making members pay anything toward their costs. This list is subject to change. For the most up-to-date list of covered drugs, visit the Pharmacy Center on connecticare.com.

³MDLIVE does not replace the primary care physician and is not an insurance product. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not prescribe DEA controlled substances and may not prescribe non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://welcome.mdlive.com/terms-of-use/>.

⁴Subject to limitations.

⁵Deductible may apply. Check summary of benefits for plan details. Sanitas is an independent medical center. Other providers are available in the ConnectiCare networks.

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

Coverage is underwritten by ConnectiCare Benefits, Inc. only, not by Access Health CT.

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2020 ConnectiCare plans through Access Health CT

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Welcome to ConnectiCare

Choose ConnectiCare and you'll discover that we're more than just a health insurance company. We're people driven to support your health every step of the way.

This guide has information on ConnectiCare plans sold through Access Health CT, Connecticut's official health insurance marketplace. Behind every plan is our commitment to deliver personal, caring service and to support your relationships with your doctors and hospital.

Did you know?

- ▶ Member calls are answered right here in the state – and our call center has won international recognition for service quality.
- ▶ You can meet with us in person and attend events at ConnectiCare centers around the state.
- ▶ We're the top choice for individual health insurance plans among Connecticut residents.

Where to go for help

Your broker is ready to help you understand your options, answer questions, and help you enroll in a 2020 plan. If you don't have a broker, don't worry: our team is standing by to help.



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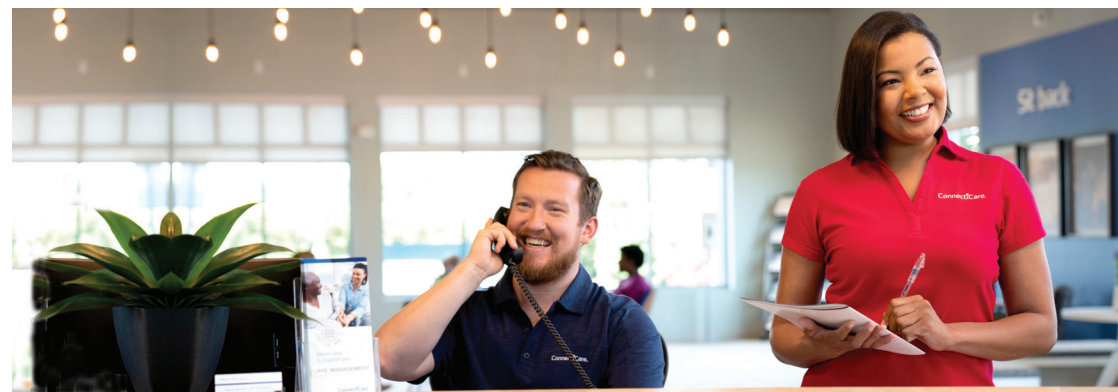


Online: **chooseconnecticare.com**

You can also contact Access Health CT for help in person or by phone.

Find out more at **accesshealthct.com**

Thank you for considering ConnectiCare!



Get the benefits and services you need

ConnectiCare plans through Access Health CT include many benefits that help you (and your family) stay healthy. Our network includes thousands of health care providers and every hospital in Connecticut.

With a ConnectiCare plan, you get:

- Free preventive care coverage for services like annual checkups, screenings, flu shots, and other vaccinations¹
- Prescription drug coverage, including drugs that are free, like birth control and medicine to prevent heart disease.²
- Telemedicine – Need to talk to a doctor – fast? Call MDLIVE or use the MDLIVE mobile app to visit a doctor when you're home, at work, or on the road.³
- Mental health and substance abuse coverage
- Emergency and urgent care coverage anywhere in the world⁴
- Pediatric dental coverage for children through age 19
- Some plans include \$0 copays for primary care visits at Sanitas Medical Centers in Bridgeport, Manchester, and Newington.⁵

New for 2020: Plans with adult dental coverage

Three 2020 plans include preventive dental coverage for adults – Choice Catastrophic POS, Choice Bronze Alternative POS, and Choice Gold Alternative POS plans. With these plans, the following routine dental care is covered when provided in a participating dentist's office:

- ▶ Preventive examinations that help prevent oral disease from occurring. Coverage includes two routine cleanings and exams per calendar year.
- ▶ X-rays, including:
 - Full mouth x-rays or panoramic x-rays: one every 36 months
 - Bitewing x-rays: one every 6 months
 - Other x-rays if medically necessary: refer to your plan documents for more detail

Other perks you get with ConnectiCare

- ▶ **Support when you need it**
ConnectiCare nurses, social workers, pharmacists, and health care guides help our members when they're sick or don't know where to turn.
- ▶ **Personalized health tips**
Take a short online health assessment, presented by our affiliate company, WellSpark Health, and immediately get personalized tips on how to live healthier and lower any potential health risks.
- ▶ **Discounts on everyday items**
Do you wear glasses or contacts? Use "Find a Doctor" on our website to find optometrists and ophthalmologists who offer eyewear discounts to ConnectiCare members. Visit **connecticare.com/discountprograms** to learn about more discount programs offered exclusively for ConnectiCare members.

Choosing a plan that's right for you

Here's some information that will help you decide which ConnectiCare plan best suits your needs.

There are two types of 2020 ConnectiCare plans through Access Health CT. Each plan description includes a "metal level" that helps you know how much of your medical expenses are covered.

▶ 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 statewide network. You can also use doctors outside our network, but you will pay more.

There are several Choice plans that make everyday care more affordable with no deductibles for primary care office visits, specialist office visits, and urgent care.

For 2020, ConnectiCare offers gold, silver and bronze Choice plans. There is also a Choice Catastrophic plan for those who qualify.

▶ PASSAGE PLAN

The Passage plan puts your health care right where it belongs: between you and your doctor. This plan may give you more value with no deductibles and low copays for primary and urgent care visits.

With a Passage plan, you must choose a primary care provider (PCP) from those who accept the plan (many, but not all, do). Search for Passage PCPs at "Find a Doctor" on connecticare.com. You need your PCP to refer you to some types of specialists.

For 2020, ConnectiCare offers a bronze Passage plan.

Key to metal levels

The chart below describes ranges of premium and out-of-pocket costs for plans in each level.

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

*Average amount plan pays for covered services

Financial help

You may be eligible for a premium tax credit or subsidy. To find out, visit accesshealthct.com. Access Health CT is the only place you can get financial help to pay for your coverage.

Terms to know

- ▶ **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** – This stands for "health savings account." HSA-compatible plans allow you to save money tax-free to use for qualified health care expenses.

Passage PCP POS plan

Plan name/Metal level	Passage Bronze Alternative PCP POS
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$6,500/\$13,000*
Maximum out-of-pocket limit (individual/family)	\$8,150/\$16,300
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$0 (deductible waived)
Specialist services (Some specialist services require a PCP's referral.)	\$50 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	\$15 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$50 copay after deductible
Tier 3 – Non-preferred brand drugs	50% coinsurance \$500 maximum per prescription after deductible
Tier 4 – Specialty drugs	50% coinsurance \$500 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.
**Subject to limitations.

Choice POS plans	Plan name/Metal level	Choice Catastrophic POS with Dental*	Choice Bronze Standard POS	Choice Bronze Alternative POS with Dental	Choice Bronze Standard POS HSA
PLAN/MEDICAL DEDUCTIBLE					
Deductible (individual/family)		\$8,150/\$16,300**	\$6,200/\$12,400**	\$5,400/\$10,800**	\$5,685/\$11,370**
Maximum out-of-pocket limit (individual/family)		\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$6,550/\$13,100
IN-NETWORK MEDICAL BENEFITS					
Preventive care/screenings/immunizations		\$0	\$0	\$0	\$0
Primary care provider (PCP) services		\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible	\$40 copay (deductible waived)	At a Sanitas Medical Center: \$0 For all other primary care: \$40 copay (deductible waived)	10% coinsurance after deductible
Specialist services		\$0 after deductible	\$60 copay after deductible	\$60 copay after deductible	10% coinsurance after deductible
Mental health and substance abuse office visits		\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible	\$40 copay (deductible waived)	\$60 copay (deductible waived)	10% coinsurance after deductible
Vision		\$0 after deductible	\$60 copay after deductible	\$50 copay (deductible waived)	10% coinsurance after deductible
Walk-in/urgent care center		\$0 after deductible	\$75 copay (deductible waived)	\$100 copay after deductible	10% coinsurance after deductible
Worldwide emergency coverage***		\$0 after deductible	\$450 copay after deductible	45% coinsurance after deductible	10% coinsurance after deductible
Hospital – inpatient treatment		\$0 after deductible	\$500 copay/day \$1,000 maximum per admission after deductible	45% coinsurance after deductible	10% coinsurance after deductible
Hospital – outpatient treatment		\$0 after deductible	\$500 copay after deductible	45% coinsurance after deductible	10% coinsurance after deductible
Outpatient surgery in freestanding locations		\$0 after deductible	\$300 copay after deductible	45% coinsurance after deductible	10% coinsurance after deductible
Lab services		\$0 after deductible	\$10 copay after deductible	\$20 copay after deductible	10% coinsurance after deductible
X-rays		\$0 after deductible	\$40 copay after deductible	\$50 copay after deductible	10% coinsurance after deductible
Advanced imaging (CT scans & MRI)		\$0 after deductible	\$75 copay \$375 maximum after deductible	45% coinsurance after deductible	10% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS					
Deductible (individual/family)		\$15,000/\$30,000	\$12,400/\$24,800	\$15,000/\$30,000	\$9,200/\$18,400
Coinsurance		50%	50%	50%	50%
Maximum out-of-pocket limit (individual/family)		\$20,000/\$40,000	\$16,300/\$32,600	\$20,000/\$40,000	\$12,900/\$25,800
PRESCRIPTION DRUG BENEFIT					
Prescription drug deductible (individual/family)		Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**
Tier 1 – Generic drugs		\$0 after deductible	\$10 copay (deductible waived)	\$15 copay (deductible waived)	10% coinsurance after deductible
Tier 2 – Preferred brand drugs		\$0 after deductible	50% coinsurance after deductible	\$50 copay after deductible	15% coinsurance after deductible
Tier 3 – Non-preferred brand drugs		\$0 after deductible	50% coinsurance after deductible	50% coinsurance after deductible	25% coinsurance after deductible
Tier 4 – Specialty drugs		\$0 after deductible	50% coinsurance \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription after deductible	30% coinsurance \$500 maximum per prescription after deductible

*Catastrophic plans are available to those under age 30 and those with financial hardship who qualify.
 **Integrated medical and prescription drug deductible.
 ***Subject to limitations.
 Standard plans are the same for all carriers to easily compare options across carriers.

Choice POS plans

Plan name/Metal level	Choice Silver Standard POS	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.			
PLAN/MEDICAL DEDUCTIBLE				
Deductible (individual/family)	\$4,300/\$8,600	\$3,950/\$7,900	\$650/\$1,300	None
Maximum out-of-pocket limit (individual/family)	\$8,150/\$16,300	\$6,500/\$13,000	\$2,500/\$5,000	\$900/\$1,800
IN-NETWORK MEDICAL BENEFITS				
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
Specialist services	\$60 copay (deductible waived)	\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
Mental health and substance abuse office visits	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
Vision	\$60 copay (deductible waived)	\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
Walk-in/urgent care center	\$75 copay (deductible waived)	\$75 copay (deductible waived)	\$35 copay (deductible waived)	\$25 copay
Worldwide emergency coverage*	\$450 copay after deductible	\$450 copay after deductible	\$150 copay after deductible	\$50 copay
Hospital – inpatient treatment	\$500 copay/day \$2,000 maximum per admission after deductible	\$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
Hospital – outpatient treatment	\$500 copay after deductible	\$500 copay after deductible	\$100 copay after deductible	\$75 copay
Outpatient surgery in freestanding locations	\$300 copay after deductible	\$300 copay after deductible	\$60 copay after deductible	\$45 copay
Lab services	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible	\$10 copay
X-rays	\$40 copay after deductible	\$40 copay after deductible	\$30 copay after deductible	\$25 copay
Advanced imaging (CT scans & MRI)	\$75 copay \$375 maximum (deductible waived)	\$75 copay \$375 maximum (deductible waived)	\$60 copay \$360 maximum (deductible waived)	\$50 copay \$350 maximum
OUT-OF-NETWORK MEDICAL BENEFITS				
Deductible (individual/family)	\$8,600/\$17,200	\$8,600/\$17,200	\$8,600/\$17,200	\$8,600/\$17,200
Coinsurance	40%	40%	40%	40%
Maximum out-of-pocket limit (individual/family)	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600
PRESCRIPTION DRUG BENEFIT				
Prescription drug deductible (individual/family)	\$250/\$500	\$250/\$500	\$50/\$100	None
Tier 1 – Generic drugs	\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$5 copay
Tier 2 – Preferred brand drugs	\$45 copay after Rx deductible	\$45 copay after Rx deductible	\$25 copay (deductible waived)	\$10 copay
Tier 3 – Non-preferred brand drugs	\$70 copay after Rx deductible	\$70 copay after Rx deductible	\$40 copay after Rx deductible	\$30 copay
Tier 4 – Specialty drugs	20% coinsurance \$200 maximum per prescription after Rx deductible	20% coinsurance \$100 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription

Choice POS plans Plan name/Metal level	Choice Gold Standard POS	Choice Gold Alternative POS with Dental
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)	\$1,300/\$2,600	\$3,750/\$7,500
Maximum out-of-pocket limit (individual/family)	\$5,250/\$10,500	\$6,200/\$12,400
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations	\$0	\$0
Primary care provider (PCP) services	\$20 copay (deductible waived)	At a Sanitas Medical Center: \$0 For all other primary care: \$40 copay (deductible waived)
Specialist services	\$40 copay (deductible waived)	\$60 copay (deductible waived)
Mental health and substance abuse office visits	\$20 copay (deductible waived)	\$60 copay (deductible waived)
Vision	\$40 copay (deductible waived)	\$40 copay (deductible waived)
Walk-in/urgent care center	\$50 copay (deductible waived)	\$100 copay (deductible waived)
Worldwide emergency coverage*	\$400 copay (deductible waived)	20% coinsurance after deductible
Hospital – inpatient treatment	\$500 copay/day \$1,000 maximum per admission after deductible	20% coinsurance after deductible
Hospital – outpatient treatment	\$500 copay after deductible	20% coinsurance after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible	\$500 copay (deductible waived)
Lab services	\$10 copay after deductible	\$15 copay (deductible waived)
X-rays	\$40 copay after deductible	\$50 copay (deductible waived)
Advanced imaging (CT scans & MRI)	\$65 copay \$375 maximum (deductible waived)	Freestanding facility: \$75 copay up to \$375 maximum (deductible waived) Hospital setting: 20% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)	\$3,000/\$6,000	\$7,000/\$14,000
Coinsurance	30%	50%
Maximum out-of-pocket limit (individual/family)	\$10,500/\$21,000	\$12,000/\$24,000
PRESCRIPTION DRUG BENEFIT		
Prescription drug deductible (individual/family)	\$50/\$100	None
Tier 1 – Generic drugs	\$5 copay (deductible waived)	\$10 copay
Tier 2 – Preferred brand drugs	\$35 copay (deductible waived)	\$50 copay
Tier 3 – Non-preferred brand drugs	\$60 copay (deductible waived)	50% coinsurance
Tier 4 – Specialty drugs	20% coinsurance \$100 maximum per prescription after Rx deductible	50% coinsurance \$500 maximum per prescription

