



## Employer Administrative Guide

Highlights of your health plans provisions, rules  
and procedures.

# Important Telephone Numbers and Addresses

## Telephone Numbers

### Member Services Department

For information about eligibility, ID Cards, benefits, claims, coverage, referrals and provider participation:

- Fully Insured members call:  
**(860) 674-5757** or  
**1-800-251-7722.**
- Self-funded members call:  
**(860) 674-2075** or  
**1-800-846-8578.**

### Group Premium Billing

For information regarding premium billing: **1-800-333-1733**. Fax: **1-860-678-5255**.

### Enrollment Representative

For information about member/dependent eligibility and membership verification: **1-800-333-1733**

### Emergency Hospital Admissions

To notify ConnectiCare about emergency treatment within 24 hours of an emergency admission, if possible:  
**(860) 674-5870** or **1-888-261-2273**

### Pharmacy Services Department

For information about prescription drug benefits or our drug list: **(860) 674-5757** or **1-800-251-7722**

### Behavioral Health Program

To arrange treatment for mental health or alcohol and substance abuse: **1-888-946-4658**  
(Note: this number may vary for employer groups who choose to carve out coverage for behavioral health services.)

### Corporate Wellness

For information about our employer-based wellness programs:  
**(860) 674-7015** or **1-800-666-1731**.

### Baby Line

To arrange home care services for member mothers and newborns: **1-888-935-2229**

### Small-Group Sales

For information about small-group and individual products available and for information on renewals call  
**1-800-723-2986**.

### Large-Group Sales

**1-800-923-2822**



## Addresses

### **General Correspondence:**

ConnectiCare, Inc.  
175 Scott Swamp Road  
P.O. Box 4050  
Farmington, CT 06034-4050

### **Premium Payments:**

ConnectiCare, Inc. & Affiliates  
P.O. Box 416191  
Boston, MA 02241-6191

### **Enrollment Forms/**

#### **Correspondence:**

ConnectiCare, Inc. & Affiliates  
175 Scott Swamp Road  
P.O. Box 4058  
Farmington, CT 06034-4058

### **Medical Claims**

#### *Connecticut:*

ConnectiCare, Inc.  
175 Scott Swamp Road  
P.O. Box 546  
Farmington, CT 06034-0546

#### *Massachusetts:*

ConnectiCare of Massachusetts, Inc.  
175 Scott Swamp Road  
P.O. Box 522  
Farmington, CT 06034-0522

### **Utilization Review Appeals**

#### *Connecticut:*

ConnectiCare, Inc. & Affiliates  
Member Appeals  
175 Scott Swamp Road  
P.O. Box 4061  
Farmington, CT 06034-4061

#### *Massachusetts:*

ConnectiCare of Massachusetts, Inc.  
Member Appeals  
175 Scott Swamp Road  
P.O. Box 4061  
Farmington, CT 06034-4061

### **ConnectiCare of Massachusetts, Inc.**

175 Scott Swamp Road  
P.O. Box 522  
Farmington, CT 06034-0522

### **ConnectiCare, Inc. Sales & Marketing**

ConnectiCare, Inc.  
175 Scott Swamp Road  
P.O. Box 4050  
Farmington, CT 06034-4050

### **Questions & Complaints**

ConnectiCare, Inc.  
Member & Provider Services  
175 Scott Swamp Road  
P.O. Box 4050  
Farmington, CT 06034-4050

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## ➤ **Caring About What's Important**

ConnectiCare has built a reputation as a leader in health care benefit services by providing exceptional quality and service to employers and their employees. We've received high marks when it comes to assuring access to routine office visits, immunizations, preventive cancer and cholesterol screenings, prenatal care, mental health benefits and wellness programs to help keep employees healthy.

So why is ConnectiCare the best choice for you and your employees?

**Because we have industry-leading service capabilities, we specialize in high-quality care management, and we're responsive and accessible.**

# In This Guide/Registration

Welcome to the ConnectiCare Employer Administrative Guide! Be sure to keep this Guide handy and refer to it when you have questions about your ConnectiCare health plans, plan provisions, requirements and procedures. While the Guide is not intended to be an all-inclusive reference, it does provide basic information on important administrative topics. Updates to the Employer Administrative Guide are made available online at [www.connecticare.com/Employer/](http://www.connecticare.com/Employer/).

If you need additional information:

- Check the contact list on the opening pages. You'll find addresses and phone numbers that can connect you with the information you need.
- Look it up in the Plan documents. The Membership Agreement, Evidence of Coverage or other Plan documents have more details on many of the topics covered in this Guide.
- Visit our website, [www.connecticare.com](http://www.connecticare.com) to process certain member transactions, view your group's Subscriber Roster, premium information and general information about ConnectiCare.



## Employer Registration

Once you complete the online registration request form, as a registered employer you'll be able to use the secure features of the ConnectiCare website:

**My Account** — An up-to-date utility that provides you with detailed information about your employees. My Account provides you with the ability to:

- add subscribers and dependents quickly and easily online;
- check on eligibility;
- view benefit summaries;
- review rate tables and billing status;
- delete a subscriber and/or dependent(s);
- enter a new Primary Care Physician (PCP) for a subscriber or dependent;
- change a subscriber's name and address;
- order new ID cards;
- print temporary ID cards;
- verify rates and account balances;
- view invoices and payment history;
- download member rosters to an Excel spreadsheet;
- download a variety of forms;
- search our provider directory;
- look up a specific drug on our drug list; and
- access a "how to" guide on electronic data interchange (EDI).

If your company has more than 50 eligible employees, access will be reviewed with the Account Management team in order to ensure that only appropriate access is provided for your account information.

If your company has less than 50 eligible employees ConnectiCare only allows the primary contact of the group to register to use the ConnectiCare Employer website.

To register using our easy online process:

- Log onto [www.connecticare.com](http://www.connecticare.com) and click on the Employer button.



## In This Guide/Registration

### Member Registration

Once your employees become active members with ConnectiCare, they may register to access the Managing Your Account section of our website. As a registered member he/she will be able to:

- print a temporary ID card;
- view benefit summary;
- view his/her claim history;
- change his/her address;
- change his/her PCP;
- change her OB/GYN;
- order an ID card;
- download member forms;
- track and view a personal health record;
- view and/or download Health Care Financial Summaries — great for balancing HSA/HRA accounts;
- view Plan Deductible or Coinsurance information;
- complete a Health Risk Assessment; and
- access Pharmacy Central.

To register using our easy online process: Log onto **www.connecticare.com** and click on the Member button: Fill in the requested fields with your information. (Make sure to have your 11-digit member ID number and your 6- or 10-digit group number as displayed on your ID card handy.)

# ConnectiCare Overview of Products

PLAN TYPE	PLAN COST SHARE							
	COPAY	HOSPITAL DEDUCTIBLE	UPFRONT DEDUCTIBLE (COPAY)	UPFRONT DEDUCTIBLE (COPAY) COINSURANCE)	UPFRONT DEDUCTIBLE (COINSURANCE)	HDHP	MEDICARE ADVANTAGE PLANS	
POS Coinsurance					✓			▲ LOWEST
HMO CDHP		● ▲	● ▲			● ★ ▲		
POS CDHP		● ▲	●			● ★		
CONNECTICARE® FlexPOS	●	●	●	●	●	●		■ PREMIUM
HMO	● ▲	● ▲	● ▲				■	
POS	● ▲	● ▲ ★	★	★	★		■	▲ HIGHEST
PPO	●							

● CONNECTICUT GROUP   ▲ MASSACHUSETTS GROUP   ■ VIP MEDICARE PLANS (CT only)   ★ CONNECTICARE® SOLO PLANS (CT only)   ✓ COINSURANCE PLANS

## Plan Descriptions

### HEALTH SAVINGS ACCOUNTS (HSAs)

ConnectiCare has partnered with its preferred Health Savings Account (HSA) Administrator, First HSA, as the fiduciary option for our employer groups. When combined with a compatible High-Deductible Health Plan (HDHP), HSAs provide a funding vehicle that allows both employers and employees to make contributions to an employee-owned savings account. It can be used to cover out-of-pocket medical expenses for the employee or member, and his or her family.

### HEALTH REIMBURSEMENT ARRANGEMENTS (HRAs)

ConnectiCare has also partnered with Optum Health Financial Services to provide complete Health Reimbursement Arrangement (HRA) administration. From initial account set-up and employee materials to financial account administration, Optum Health Financial Services brings experience as a leading administrator of HRA plans.

HRA plans can be combined with an HDHP to allow employers to fund out-of-pocket expenses for their employees. The following types of plans can be used with an HRA:

- Hospital Deductible Plans**

After the hospital deductible is met, benefits will be paid subject to the Member's payment of his or her cost-share amount for ambulatory services (outpatient) and inpatient hospitalization services. For most other covered health services, members have a copayment cost-share.

- Upfront Deductible Plan**

After the plan deductible is met, benefits will be paid subject to the member's payment of their cost-share amount.

### CONNECTICARE® FlexPOS PLANS

A series of POS Plans that offer in-network benefits to Connecticut-based employer groups who want the higher level of benefits when using ConnectiCare's participating providers or network providers. The in-network level of benefits will be paid when members use a ConnectiCare participating provider and services are rendered in the State of Connecticut or Hampden, Hampshire and Franklin counties in Massachusetts. The in-network level of benefits will also be paid when members use a PHCS Healthy Directions participating provider for services provided outside of the State of Connecticut or the counties of Hampden, Hampshire and Franklin in Massachusetts. FlexPOS Plans are also offered in a variety of CDHP options.

### HMO PLANS

These plans require members to seek care from a participating practitioner and facility. Authorization is required before seeking care when services are being rendered outside of the network, which is only available under limited circumstances. Members are encouraged to choose a Primary Care Physician (PCP).

### POINT-OF-SERVICE (POS) PLANS

These plans allow members the choice of utilizing any health care provider. Members who choose a ConnectiCare participating practitioner or facility will receive the highest level of benefits. Members are encouraged to choose a PCP.

### PPO PLANS

ConnectiCare also offers a group PPO plan that provides a ConnectiCare coverage option beyond our borders. The ConnectiCare Network USA — PPO plan is available to Connecticut-based large-group employers. Members have the option to choose any doctor from the PPO participating provider network, without a referral, and receive the highest level of benefits. Members will also have access to out-of-network providers; however, they receive a lower, out-of-network level of benefits.

### CONNECTICARE® VIP MEDICARE ADVANTAGE PLANS

ConnectiCare offers Medicare Advantage plans for Individuals and Employer Groups. These plans provide all of the Medicare Part A and Part B benefits and generally offer extra benefits such as preventive care and wellness programs.

Our portfolio includes HMO and Point-of-Service (POS) plans which provide a range of product and pricing options. Most of these plans include Medicare Prescription Drug coverage (known as Part D). Our Medicare Advantage Plans can also be enhanced with our optional supplemental dental plan.

### CONNECTICARE® SOLO PLANS

ConnectiCare SOLO offers a wide selection of plans for individuals and their families. Designed to meet different budgets and levels of coverage, our portfolio includes Point-of-Service (POS) plans and Consumer-Driven Health Plans.

### POS COINSURANCE PRODUCTS

These new plans offer an upfront deductible with a higher coinsurance level that helps reduce the monthly premium.

## ConnectiCare® SOLO

ConnectiCare® SOLO, our individual product, offers the same award-winning personal service and choice of doctors as do our group plans. Our individual products are available for sole proprietors and small business owners, part-time and seasonal employees, even those seeking an alternative to COBRA. We have a choice of HMO and POS open access plans as well as high-deductible products compatible with HSAs.

## ConnectiCare Dental Plans

ConnectiCare offers familiar PPO-style dental plans with open access to broad participating provider networks. Whether seeking dental benefits for employees of large- or small-groups, ConnectiCare Dental Plans provide comprehensive plan designs, including out-of-network benefits and competitive rates. We also offer three cost effective network options.

For large groups of more than 50 eligible employees, ConnectiCare can customize dental plan designs. ConnectiCare Dental Plans also offers the option of self-funded dental plans for large-group sponsors.

## Voluntary Plans

ConnectiCare has now published voluntary rates available for the 10-50 employee market. This option provides your clients with a viable alternative to introduce quality dental benefits into their benefit portfolios.

Note: All dental plans are administered on a contract-year basis.

ConnectiCare Dental Plans are also available for small groups with three to nine and 10-50 full-time, eligible employees. Small-group members will enjoy the same level of benefits as large groups with our comprehensive coverage and competitive pricing. Groups with three to nine employees must purchase a ConnectiCare medical plan along with the dental plan to be eligible for dental benefits. These plans are available to Connecticut groups only.

## ConnectiCare Dental Plans – Basic Plans

ConnectiCare has a convenient, effective way for small employers to introduce a dental plan into their benefits package. ConnectiCare Dental Plans — Basic Plans. Our Basic Plans provide cost-effective plan designs specifically targeted to meet the demands of small employers.

The Basic plans are available for small groups with 3-9 and 10-50 employees and provide a \$0 deductible with a \$1,000 annual maximum and coverage for preventive and basic services. There are plan designs available for all three networks — Value, Plus and Premium.

**ConnectiCare Dental Value Network** — our most economical network

**ConnectiCare Dental Plus Network** — the mid-level plan that adds improved provider access

**ConnectiCare Dental Premium Network** — the plan for those who want the broadest access and coverage

Any of the three network options can be matched with any plan to provide a level of benefits and coverage to fit employers' needs.

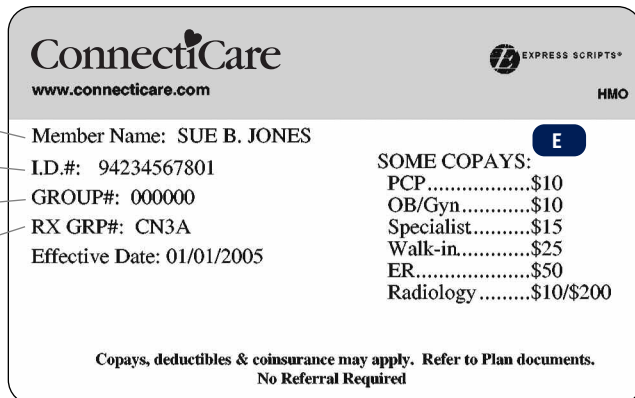


# ➤ The ConnectiCare I.D. Card

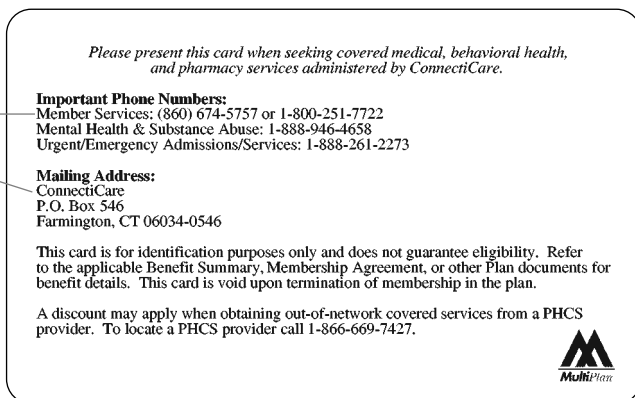
## Members Shouldn't Leave Home Without It!

Members should carry their ConnectiCare ID card with them at all times. They'll need to show it whenever they receive health care services — at the doctor's office, in an emergency room, at the pharmacy or at any other health care facility. Members also will need to provide their ConnectiCare ID number — shown on the card — whenever they call our Member Services Department.

The member must destroy his/her ID card if coverage is terminated. If any claims are incurred once a member is no longer eligible for coverage, the member will be responsible for paying the charges in full.



### HMO Open Access Plan



### Reverse side of HMO Open Access Plan Card

### Sample ID Card

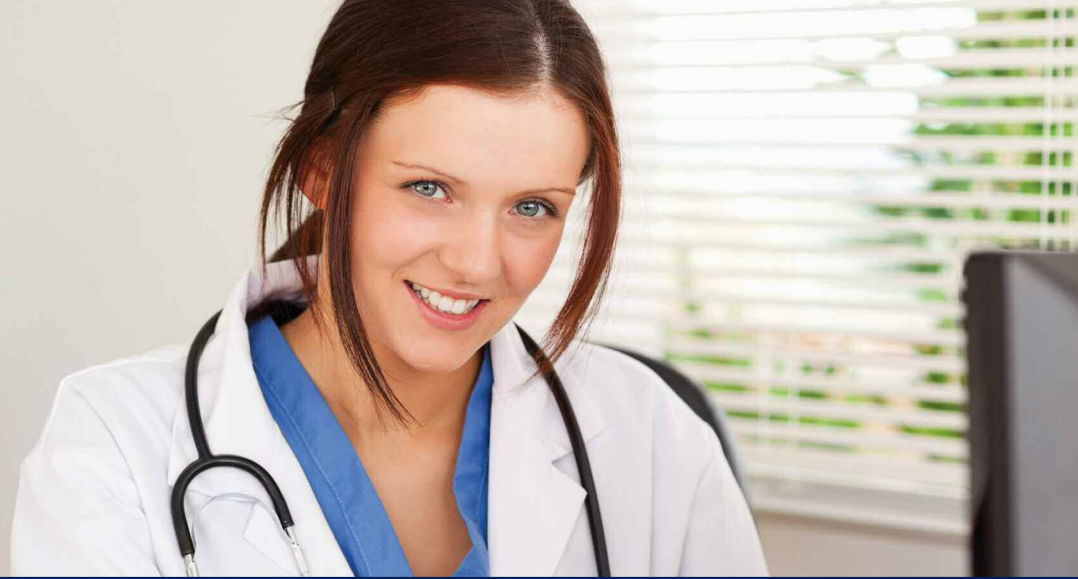
- A** Member name
- B** Member ID number
- C** Group number
- D** Pharmacy group number
- E** Copayment amounts
- F** Important phone numbers
- G** Mailing address



www.connecticare.com

## REQUESTING ADDITIONAL ID CARDS

Members can go online to request additional cards or to print a temporary copy of their ID card for themselves or their dependents. The member will need to register at our website if he/she hasn't already done so. These services are available to members upon the effective date of their coverage with ConnectiCare.



## ➤ The Primary Care Physician

The Primary Care Physician serves as a member's "health care manager," providing basic care.

### Selecting a PCP

ConnectiCare requires that all members select a participating PCP at enrollment time. The PCP maintains the member's medical records and works with other health care providers to coordinate services, order X-rays, lab tests and other services.

While members who enroll in any ConnectiCare plan are required to select a participating PCP, members enrolled in the HMO Open Access and Point-of-Service Open Access plans aren't required to obtain a PCP referral to visit participating specialists or other providers. In the Open Access plans, a referral from the PCP is recommended, but not required. Members may choose and visit a participating specialist or other provider on their own.

### PCP Assignment

Members who fail to select a PCP will have one assigned to them, usually based on the PCP they visited most in the last 6 to 24 months.

#### CHANGING A PCP



[www.connecticare.com](http://www.connecticare.com)

In addition to calling Member Services, a member with Internet access may also choose a new PCP on *Find a Doctor*, our online Provider Directory, and verify the PCP's network participation.

The online directory includes a feature that allows members to find the most conveniently located PCPs. The member will need to register at our website if he/she hasn't already done so. These online services are available to members upon the effective date of their coverage with ConnectiCare.

# ➤ Rules & Guidelines for Receiving Benefits

## Mental Health/Substance Abuse

In the HMO Open Access and Point-of-Service Open Access plans, a referral from the PCP is recommended but not required. However, members covered under all plan types must call the Behavioral Health Program at **1-888-946-4658** to request a referral before receiving mental health/substance abuse care.

## Physician's Orders

Certain services or supplies require a written physician's order from a participating provider before they are received. These services and supplies are listed in the Membership Agreement, Evidence of Coverage or other Plan document, for your plan.

## Pre-authorization & Pre-certification

Certain services require pre-authorization or pre-certification before they are received.

- Pre-authorization is the advance authorization required for certain types of medical services or supplies.
- Pre-certification is the advance review and approval of certain health care facility admissions.

Refer to the Membership Agreement, Evidence of Coverage, or other applicable Plan document for more details about referral requirements, physician's orders, and pre-authorization and pre-certification guidelines.



### MEMBER AND PROVIDER SERVICES

ConnectiCare's Member and Provider Services Department is dedicated to helping members and administrators with information and answers about eligibility, benefits, claims, ID cards and provider participation. They should be the first point of contact when information is needed.

For help and information, call **(860) 674-5757** or **1-800-251-7722**.  
For members covered under self-funded plans, call **(860) 674-2075** or **1-800-846-8578**.



## ➤ Rules & Guidelines for Receiving Benefits

### Emergency Care

ConnectiCare covers emergency services at 100% after the emergency room copay or applicable plan deductible, whether treatment is provided at a participating or nonparticipating hospital.

An emergency is generally defined as “the sudden and unexpected onset of an illness or injury with severe symptoms whereby a prudent person, acting reasonably, would believe that emergency medical treatment is needed.” In the case of mental health care, an emergency also exists when a member risks suffering serious physical impairment or death, or becoming a threat to himself/herself or others, or significantly decreasing his/her functional capability if treatment is withheld for more than 24 hours.

In the event of an emergency, we advise members to seek care as soon as possible. If possible, we urge members to seek care from:

- a participating hospital emergency room. As soon as reasonably possible, the member should contact his/her PCP or the Behavioral Health Program (as appropriate);
- the closest emergency room; or
- by calling 911, where available.

If the member is admitted to a nonparticipating hospital from the emergency room, he/she must notify ConnectiCare or the Behavioral Health Program (as appropriate). If the member is unable to make this call and there is no one who can make the call for him/her, notification must be given as soon as possible, but no later than one business day after discharge.

### Urgent Care

Sometimes an illness or injury isn't quite an emergency, but does require urgent care. Urgent care is generally defined as “services for the treatment of a sudden and unexpected onset of illness or injury requiring care within 24 hours that can be treated in a physician's office or in an Urgent Care Center. Urgent care is covered; however, we recommend that members call their PCP before using an Urgent Care Center.

Note: These are general definitions of “Emergency Care” and “Urgent Care”. For specific definitions, please refer to the specific Membership Agreement, Evidence of Coverage, or other Plan document.