

# ConnectiCare Overview of Products

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

● CONNECTICUT GROUP    ▲ MASSACHUSETTS GROUP    ■ VIP MEDICARE PLANS    ★ CONNECTICUT INDIVIDUAL

### CONSUMER-DRIVEN HEALTH PLANS (CDHPs)

These plans can be combined with Health Reimbursement Arrangements (HRAs) or Health Savings Accounts (HSAs) in accordance with Department of the Treasury regulations.

- **High-Deductible Health Plans (HDHPs)**

These are plans in which the plan deductible is applied on a combined basis for Medical and Pharmacy expenses. Also, some types of preventive care are exempt from the plan deductible. These plans can be used with Health Savings Accounts (HSAs).

- **Hospital Deductible Plans**

A plan in which, 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**

A plan in which, after the plan deductible is met, benefits will be paid subject to the member’s payment of their cost-share amount. Also, some types of preventive care are exempt from the plan deductible.

### CONNECTICARE® VIP MEDICARE ADVANTAGE PLANS

ConnectiCare VIP Medicare Advantage Plans offer a variety of options that include Medicare Part A and Part B benefits along with extra features such as vision, dental, hearing and preventive services including annual physicals. Our VIP Medicare Advantage Plans include ConnectiCare VIP Prime Plans (Coordinated Care Plans) and ConnectiCare VIP Option Plans.

Our plans provide a range of product and pricing options. None of the plans require a referral for specialist visits and most of the plans are available with Medicare Part D prescription drug coverage.

### CONNECTICARE® FlexPOS PLANS

A series of POS Plans that offer In-Network benefits to a Connecticut-based employer group who wants the higher level of benefits when using ConnectiCare’s participating providers or network providers. The In-Network level of benefits will be paid when any member uses a ConnectiCare participating provider when 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 any member uses a PHCS Healthy Directions participating provider when receiving services outside of the State of Connecticut or the counties of Hampden, Hampshire and Franklin Massachusetts.

### HMO PLAN

A plan that requires 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. Members are encouraged to choose a Primary Care Physician (PCP).

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

A plan that allows 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 PLAN

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.

# Product Portfolio

## *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 two 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.

ConnectiCare Dental Plans are also available for small groups with five 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 five 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 Dental Plans has created a new line of cost-effective plan designs specifically targeted to meet the demands of small-group employers. The Basic plans are available for small-groups with 10-50 employees and provide a \$0 deductible with a \$1,000 annual maximum. 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 our four plan options (\$1,000 annual maximum, \$1,000 annual maximum with orthodontia, \$1,500 annual maximum, and \$1,500 annual maximum with orthodontia) to provide a level of benefits and coverage to fit employers' needs.

# The ConnectiCare ID 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.

### 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

**ConnectiCare**  
www.connecticare.com

EXPRESS SCRIPTS®  
HMO

**A** Member Name: SUE B. JONES  
**B** I.D.#: 94234567801  
**C** GROUP#: 000000  
**D** RX GRP#: CN3A  
Effective Date: 01/01/2005

**E** SOME COPAYS:  
PCP.....\$10  
OB/Gyn.....\$10  
Specialist.....\$15  
Walk-in.....\$25  
ER.....\$50  
Radiology.....\$10/\$200

Copays, deductibles & coinsurance may apply. Refer to Plan documents.  
No Referral Required

### HMO Open Access Plan

Please present this card when seeking covered medical, behavioral health, and pharmacy services administered by ConnectiCare.

**F** **Important Phone Numbers:**  
Member Services: (860) 674-5757 or 1-800-251-7722  
Mental Health & Substance Abuse: 1-888-946-4658  
Urgent/Emergency Admissions/Services: 1-888-261-2273

**G** **Mailing Address:**  
ConnectiCare  
P.O. Box 546  
Farmington, CT 06034-0546

This card is for identification purposes only and does not guarantee eligibility. Refer to the applicable Benefit Summary, Membership Agreement, or other Plan documents for benefit details. This card is void upon termination of membership in the plan.

A discount may apply when obtaining out-of-network covered services from a PHCS provider. To locate a PHCS provider call 1-866-669-7427.

### Reverse side of HMO Open Access Plan Card



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 Web site 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 (PCP)



*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 proximity of the PCP to their home address.



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

## **CHANGING A PCP**

**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 Web site 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 and 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.

## *Physicians' Orders*

Certain services or supplies require a written physicians' 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, physicians' orders, and pre-authorization and pre-certification guidelines.

## *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.*

### 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.