

CONNECTICARE SOLO PRODUCT OPTIONS - Effective April 1, 2012 - June 30, 2012

This chart of pricing relativities will allow you to compare plans and prices with your clients. This is a brief overview of the plan designs. Membership Agreements, Certificates of Coverage and Benefit Summaries prevail for all benefits, conditions, limitations and exclusions.

PRODUCT NAME	IN-NETWORK							OUT-OF-NETWORK			RELATIVITY	
	UPFRONT DEDUCTIBLE	PCP COST SHARE	SPECIALIST COST SHARE	WALK-IN COST SHARE	EMERGENCY ROOM COST SHARE	OUTPATIENT FACILITY COST SHARE	INPATIENT COST SHARE	DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET (includes Deductible)		
HOSPITAL DEDUCTIBLE OPTIONS - our plans offer a deductible that is applied to both inpatient and outpatient hospital charges.												
POS Hospital Deductible (Contract Year Plans)												
\$2,500 / \$5,000	N/A	\$30	\$45	\$75	\$150	\$2,500 Deductible per Member per Contract Year		\$5,000 / \$10,000	50%	\$10,000 / \$20,000	0.9971	
\$5,000 / \$10,000	N/A	\$30	\$45	\$75	\$150	\$5,000 Deductible per Member per Contract Year		\$5,000 / \$10,000	50%	\$10,000 / \$20,000	0.9300	
UPFRONT DEDUCTIBLE OPTIONS - our plans have deductibles that must be satisfied prior to copays for "most" services												
POS Upfront Deductible (Contract Year Plans)												
\$500/\$1,000	\$500 / \$1,000	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$2,000 / \$4,000	50/50	\$5,000 / \$10,000	1.0000	
After Contract Year Plan Deductible												
\$750 / \$1,500	\$750 / \$1,500	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$2,000 / \$4,000	50/50	\$5,000 / \$10,000	0.9313	
After Contract Year Plan Deductible												
\$1,000/\$2,000	\$1,000 / \$2,000	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$3,000 / \$6,000	50/50	\$7,000 / \$14,000	0.9240	
After Contract Year Plan Deductible												
\$2,000/\$4,000	\$2,000 / \$4,000	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$4,000 / \$8,000	50/50	\$10,000 / \$20,000	0.7372	
After Contract Year Plan Deductible												
\$2,500/\$5,000	\$2,500 / \$5,000	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$5,000 / \$10,000	50/50	\$10,000 / \$20,000	0.6841	
After Contract Year Plan Deductible												
\$10,000 Combined	\$10,000 / \$20,000	No Member cost after Plan Deductible							Combined with In-Network	50/50	\$20,000 / \$40,000	0.3755
POS Copay and Deductible (Contract Year Plan)												
\$5,000/\$10,000	\$5,000 / \$10,000	\$30	\$45	\$50	20%	20%	20%	\$10,000 / \$20,000	50/50	\$12,500 / \$25,000	0.8347	
Services DO NOT apply to the Plan Deductible				After Contract Year Plan Deductible								
PRESCRIPTION DRUG OPTIONS - the relativity of these options are compared to the other prescription plans - % of total premium varies based on the plan they are coupled with.												
	IN-NETWORK							OUT-OF-NETWORK				
	Tier 1 / Tier 2 / Tier 3											
Option 1	\$15 / %50% / 50% after a \$200 Calendar or Contract Year Deductible for Tier 2 / Tier 3 only with a \$100 Coinsurance Maximum per script							50/50				

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	UPFRONT DEDUCTIBLE	PCP COST SHARE	SPECIALIST COST SHARE	WALK-IN COST SHARE	EMERGENCY ROOM COST SHARE	OUTPATIENT FACILITY COST SHARE	INPATIENT COST SHARE	DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET	
POS UPFRONT DEDUCTIBLE WITH COINSURANCE PLANS											
POS Upfront Deductible (Contract Year Plans)											
\$1,000 / \$2,000 - 30PCP - 50%	\$1,000 / \$2,000	\$30	50/50 after Contract Year Plan Deductible with a \$3,000 / \$6,000 Coinsurance Maximum					\$5,000 / \$10,000	50/50	\$15,000 / \$30,000	0.5918
\$1,500 / \$3,000 - 20%	\$1,500 / \$3,000	80/20 after Contract Year Plan Deductible with a \$2,000 / \$4,000 Coinsurance Maximum					\$4,000 / \$8,000	50/50	\$10,000 / \$20,000	0.7535	
\$2,500 / \$5,000 - 30PCP - 50%	\$2,500 / \$5,000	\$30	50/50 after Contract Year Plan Deductible with a \$3,000 / \$6,000 Coinsurance Maximum					\$5,000 / \$10,000	50/50	\$15,000 / \$30,000	0.5542
\$2,500 / \$5,000 - 20%	\$2,500 / \$5,000	80/20 after Contract Year Plan Deductible with a \$2,000 / \$4,000 Coinsurance Maximum					\$5,000 / \$10,000	50/50	\$10,000 / \$20,000	0.6680	
\$5,000 / \$10,000 - 30PCP - 50%	\$5,000 / \$10,000	\$30	50/50 after Contract Year Plan Deductible with a \$3,000 / \$6,000 Coinsurance Maximum					\$10,000 / \$20,000	50/50	\$20,000 / \$40,000	0.3979
PRESCRIPTION DRUG OPTIONS (POS Coinsurance Plans Only)											
	IN-NETWORK Tier 1 / Tier 2 / Tier 3							OUT-OF-NETWORK			
Option 1	\$15 / %50% / 50% after a \$200 Contract Year Deductible for Tier 2 / Tier 3 only with a \$100 Coinsurance Maximum per script							50/50			

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CONNECTICARE'S HIGH DEDUCTIBLE HEALTH PLANS for use with a Health Savings Account (HSA)											
POS HDHP (Contract Year Plans)											
\$1,500 / \$3,000	\$1,500 / \$3,000	\$30	\$45	\$75	\$150	\$500	\$500 day / \$2,000 per Contract Year	\$3,000 / \$6,000	70/30	\$7,000 / \$14,000	0.7559
		after Contract Year Plan Deductible									
		RX included - 20% after Plan Deductible									
		20% after Contract Year Plan Deductible									
\$2,000 / \$4,000	\$2,000 / \$4,000	RX included - 20% after Plan Deductible						\$4,000 / \$8,000	70/30	\$8,000 / \$16,000	0.6772
\$3,000 / \$6,000	\$3,000 / \$6,000	No Member cost after Plan Deductible						\$6,000 / \$12,000	70/30	\$10,000 / \$20,000	0.6642
		RX included - No Member cost after Plan Deductible									
\$5,000 / \$10,000	\$5,000 / \$10,000	No Member cost after Contract Year Plan Deductible						Combined with In-Network	50/50	\$10,000 / \$20,000	0.4971
		\$15 / \$25 / \$40 after Plan Deductible									

