

You have more control over your health care

Tips for using your ConnectiCare POS Upfront Deductible Plan

We've all heard about the problem of rising health care costs, but what can be done about it? Your ConnectiCare plan is one part of the solution. It's a "consumer-directed" plan, which gives you more control over your health-care spending and more incentives to maintain a healthy lifestyle. This new approach helps curb costs by making you a more engaged, active participant in the health care process.

One way your ConnectiCare plan emphasizes a healthy lifestyle is by providing benefits for wellness and preventive care. These services, such as routine checkups, screenings and immunizations, are covered 100%. Preventive care helps detect health problems early, which can protect you from serious conditions and higher costs later on. As one of our members, you also have access to ConnectiCare Touchpoints, an assortment of online tools that help you live a healthier life.

Using your health plan should be easy if you follow the steps below. But please note: if you don't follow these steps, your benefits may be reduced or even denied. A complete description of your plan's rules can be found in your Membership Agreement.

We're glad you're a member. And we always have time for your questions and concerns. Simply tell us what they are.

1. Choose a primary care physician (PCP). You can locate one using "Find a Doctor," our online participating provider directory at www.connecticare.com. If you'd like a printed copy of our directory, just call Member Services at 1-800-251-7722. Remember, your enrollment form needs to include your doctor's name and ID number.

Who qualifies as a PCP? Generally it includes family/general practitioners, internists, pediatricians and nurse practitioners. (Pediatricians can only serve as PCPs for children, from birth through adolescence.)

2. Don't leave home without your ConnectiCare ID card. It should live in your wallet. Show it whenever you visit a provider and, if your plan includes prescription drug benefits, whenever you fill a prescription.

3. Your plan has a "deductible," which is the amount you must pay for health care expenses before ConnectiCare covers the costs. Your employer may have chosen to set up a Health Reimbursement Arrangement (HRA) to reimburse you for some of your deductible expenses throughout the year. The reimbursements from an HRA are tax-free, which helps the funds go further. Check with your group benefits administrator to find out if an HRA has been set up, and if so, the rules for using the HRA.

4. Take advantage of your preventive care benefits, which help you stay healthy. Your plan deductible is waived for preventive care. These services are covered at 100% after the copayment, if applicable. For a complete list of preventive care benefits, see your Membership Agreement. It is available online in the secure Member section of www.connecticare.com. (Click on "Managing Your Account," followed by "Get Information about Your Plan," and "Benefit Plan Documents.") Or call Member Services at 1-800-251-7722.

5. Get to know ConnectiCare Touchpoints. This comprehensive program of discounts, services and information is designed to empower you to take an active role in your health. From making healthy choices to tracking your checkups, Touchpoints provides a variety of useful online tools. Just go to www.connecticare.com and click on the Touchpoints logo at the bottom of your screen to get started.

6. Because you have an "Open Access" plan, you do not need a referral from your PCP to obtain covered services. However, you may need ConnectiCare's approval or "pre-authorization" before you go ahead with certain procedures and prescription drugs. You can find the complete list of procedures and drugs in your Membership Agreement.

7. Use participating providers to receive the highest level of benefits under your plan. Since physician and hospital participation changes from time to time, be sure to check "Find a Doctor" at www.connecticare.com for the most up-to-date information. Or call Member Services at 1-800-251-7722. Your POS plan also gives you the freedom to use non-participating providers from outside our network. However, you will receive a lower level of benefits when you choose non-participating providers for your care.

8. For quick facts, take out your Benefit Summary. This is also available on the Member section of our website or by calling Member Services. While it isn't the last word on your plan (see your Membership Agreement for that), your Benefit Summary is a great overview of nitty-gritties like copays and benefit maximums.

9. When in doubt, call Member Services: 1-800-251-7722.

We can save you guesswork, trouble and money.



Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc.; Individual POS is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.

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