



# 2024 Member Guidebook

For members of Fixed Funding Solutions  
(5-50 employees)

ConnectiCare<sup>®</sup>

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# We're Here for You

Your employer offers health benefits administered by ConnectiCare. Your coverage is designed to help you (and any covered family members) stay healthy and ensure you can get the care you need if you're hurt or sick. To get the most out of your health plan, it's important to know how it works, what it pays for, and where to go for help when you need it.

## How to reach us

BY PHONE	IN PERSON	ONLINE
Call us at <b>800-251-7722</b> (TTY: <b>711</b> ), 8 a.m. to 6 p.m., Monday through Friday	For hours, locations, and to make an appointment at a ConnectiCare Center, go to <b>visitconnecticare.com</b> or call <b>877-523-6837</b> (TTY: <b>711</b> ).	Visit <b>my.connecticare.com</b> to see what your plan covers, view claims activity, and compare costs of treatment or services you may need.

## Frequently asked questions

Visit our **FAQ** page to find answers to common questions.

# Terms To Know

Health insurance has its own language. Here are some commonly used terms and definitions to help you better understand your coverage. You'll also find some of these terms on your member ID card. Find our full glossary at [connecticare.com/glossary](https://connecticare.com/glossary).

## Primary care provider (PCP)

The doctor you choose for your annual checkups, routine sick visits, and health screenings.

## Benefit summary

Lists some of the medical services covered by your plan and how much you'll have to pay.

## Covered services

Care your plan will pay for. Keep in mind you may still pay some or all of the cost of a "covered service" if your plan has a deductible, copayment, or coinsurance.

## Coinsurance

Your share of the cost of a covered expense. Coinsurance will be listed in your benefit summary as a percentage of a doctor, facility, or drug cost that you pay after your deductible (if your plan has a deductible).

## Copayment (or copay)

The fixed amount you pay for a health care service or prescription drug.

## Deductible

A specific dollar amount that you have to pay for certain covered services in each plan year before your health plan starts to pay.

## In-network

Doctors, hospitals, and other health care providers who have contracts with ConnectiCare and agree to accept our negotiated rate for covered services.

## Maximum-out-of-pocket (MOOP)

This is the most you'll have to pay in deductibles, copayments, or coinsurance toward covered medical costs in any plan year.

## Type of plans

**FlexPOS:** Flex is the name of your network. Flex plans offer in-network providers in Connecticut and nationwide. Your plan is a POS plan. These plans cover services for both in-network and out-of-network doctors and hospitals. You will generally pay less using in-network providers.



# How To Find Doctors in Your Network

## DON'T HAVE A PCP?

The first step toward staying healthy is to pick a PCP for your annual checkups and routine visits. Sign in at **my.connecticare.com** to look up in-network PCPs near you who are accepting new patients. Or call us at **800-251-7722** (TTY: **711**) for help.



All Fixed Funding Solutions plans include Teladoc® Primary360, so you can also choose a virtual PCP. Learn more by visiting **teladoc.com/connecticare**.

No matter where you or your covered dependents live, work, or travel, you can find doctors and facilities in your plan's network. Your plan includes access to in-network providers in the state of Connecticut through ConnectiCare's Flex network; in New York through EmblemHealth's Prime network; and nationally through the First Health Network. You can easily locate in-network providers by going to **connecticare.com** and selecting:

- "Find A Doctor" in the top navigation.
- "Through My Employer."
- "FlexPOS."

First Health® is a national network that you can use when you are outside the service areas of ConnectiCare and its parent company, EmblemHealth. Sign in to **my.connecticare.com** for the best experience finding a doctor based on your specific plan.

When getting care outside of Connecticut and New York, be sure to share with your doctor that you have coverage through the First Health Network and provide a copy of your ID card.

## Tips for visiting a First Health provider

Some providers outside of Connecticut may not be familiar with ConnectiCare and say that they do not belong to your plan's network. Explain that you found them in the provider directory for First Health, an Aetna subsidiary.

They can verify their participation with First Health by calling **866-945-0306** (TTY: **711**).

# Stay Healthy With Preventive Care and Your Rewards Program

Some of the most important things you can do for your health include getting your preventive care, making smart lifestyle changes, and staying active. The good news is your plan includes many preventive care services and a rewards program to encourage healthy activities.

## Earn your rewards!

Your employer's wellness program can help you live healthier with rewards for making good choices.

Earn up to \$100 in rewards by doing one, two, or three healthy activities:

- Take an online health assessment: Earn a \$25 reward.\*
- Complete recommended preventive care: Earn a \$25 reward.\*
- Take an online activity challenge and meet a physical activity goal: Earn a \$50 reward.\*

Rewards can be redeemed as e-gift cards to one of hundreds of popular online and retail locations. Your wellness program is powered by WellSpark Health, a ConnectiCare affiliate. To get started, sign in at **my.connecticare.com** and click "Care Dashboard" and then "My Health." You can also download the WellSpark app. Use registration code "WELLSPARK" the first time you sign in.



## Virtual Care For Your Busy Lifestyle

With our enhanced telemedicine through **Teladoc® Primary360**, you can also see providers virtually by video, phone, or text messaging for:

- Primary care.\*\*
- Non-emergency general medical care.
- Mental health services.\*\*
- Dermatology.

And for primary care, you can see the same doctor every time and with no limit on the number of covered visits. Schedule an annual physical exam, checkups to manage ongoing conditions, and more! Teladoc is in-network care, but it doesn't have to replace the in-person care of a non-virtual primary care provider (PCP).



\*Wellness rewards are available for subscribers (employees), eligible spouses, and dependents age 18 and older enrolled in a ConnectiCare Fixed Funding Solutions plan. Members redeem rewards as e-gift cards through the WellSpark website. The maximum reward for each plan member is \$100 per plan year. You have 11 months from the date your plan begins to finish all three steps to be eligible to redeem your rewards.

\*\*Not all Teladoc services are available 24/7. For primary care, members must be 18 or older. For Teladoc mental health services, you must be 13 or older.





## Your Pharmacy Benefits

Many people take medicines to stay healthy. Or, sometimes you need to fill a prescription because you are sick or hurt. Your plan's drug list (also called a formulary) includes all the prescription drugs that are covered and assigns each to a tier. Your plan's benefit summary has information about what you'll pay for prescription medicines in each tier.

Express Scripts is the company that manages your plan's pharmacy benefit. Use its handy mobile app or website, **express-scripts.com**, to look up drug prices, order prescriptions and refills, and find in-network pharmacies.

### Member Choice

Member Choice is a pharmacy benefit that allows members on maintenance medicines (drugs you take every day, month after month) to choose where to get convenient, 90-day supplies. You can fill these prescriptions at either CVS, Walgreens, or through Express Scripts mail order. Other prescriptions can be filled at any in-network pharmacy.\* Each member of the household can choose which of the two pharmacy chains they want to use and can switch their pharmacy once per plan year. Short-term prescriptions like antibiotics can be filled at any in-network pharmacy.

**ValueRX** — Our ValueRX program for health savings account (HSA) compatible plans offers coverage with no cost-sharing for certain common generic prescription drugs.

**ACA Drug List** — Certain medicines that are considered preventive under the Affordable Care Act (ACA) will be covered at no cost. These are labeled as Tier 0 on the plan's drug list.

\*If members choose to fill maintenance medicines at CVS, Walgreens will become out-of-network. If they choose Walgreens, CVS will become out-of-network. Express Scripts mail order for maintenance drugs will continue to be an option at any time, even after a member chooses a retail network. Copays for 90-day supplies of maintenance medicines will be the same whether filled through home delivery or the participating pharmacy.

# Take Care of Your Mental Health

Your plan includes confidential support, information, treatment, and resources to help you with:

- Stressful or challenging situations.
- Depression, anxiety, or other mental illness.
- Substance use disorder.

These benefits are available through Optum® to anyone covered by your plan, even dependents living away from home. Information on your plan's mental health deductible, copays, and coinsurance are in your plan's benefit summary. You may view your benefit summary at any time in the "My Documents" section of **my.connecticare.com**.

## How to get help

- Go to "Find Care" at **my.connecticare.com** to search for mental health facilities and professionals, including counselors, psychiatrists, and social workers.
- Visit **liveandworkwell.com**, hosted by Optum. Use your ConnectiCare member ID to sign up.

You can search for mental health professionals and facilities.

- Call **888-946-4658** (TTY: **711**) 24 hours a day for confidential support and help understanding your options.
- Call Optum's Substance Use Disorder Helpline at **855-780-5955** (TTY: **711**).  
In an emergency, or if you think you may harm yourself, call **911**.

## Virtual mental health care through the ConnectiCare network

You can also schedule virtual visits with mental health professionals in your ConnectiCare plan's network. Visit **liveandworkwell.com** to find counselors and make appointments. You'll need to register with your ConnectiCare ID member number.

# Healthy Is Within Your Reach

WellSpark Health, a ConnectiCare affiliate, empowers people to lead healthier lives.

Sign in at **my.connecticare.com** and click the Health and Wellness tab for WellSpark digital tools to:

- **Take a health assessment** to find out where you're doing well and how you can improve.
- **Get a personalized action plan** to improve your health and lower your risk for serious illness.
- **Set goals to improve your health** and get tips for how to meet them.
- **Look up topics important to you** by browsing the health library.





# After You Join

## Register for an account on the member portal

At ConnectiCare, we've invested in the latest technology so you can make the most of your health plan. Sign up for an account at **my.connecticare.com** as soon as you have your member ID card and number. Then you'll be ready to:

- View in-network doctors and locations.
- Select or change your primary care provider (PCP).
- Use our treatment cost calculator so you can make the best decisions on where to get care.
- Understand your pharmacy benefits, including drug pricing information and home delivery benefits.
- View your plan documents, including your benefit summary and health plan description.
- Print or reorder your ID card.
- Download claims summaries and Explanations of Benefits (EOBs).
- View your benefit use, spending details, and history.
- Check referrals and preauthorization status.
- Use secure messaging, to contact Member Services without having to call.
- Watch personalized videos for tips to support a healthy lifestyle.

You can also find information on how to use your plan, stay healthy, save money on health care, and more at **my.connecticare.com**.

## How We Protect Your Personal Information

Protecting the privacy and confidentiality of your personal information is a responsibility ConnectiCare takes very seriously. Find our Privacy Policy at **connecticare.com/legal/privacy-policy** to learn more.

### We are here to help

When a claim isn't covered by your health plan, you'll receive a claim denial from us with an explanation. We'll also tell you if you're responsible for the bill. If you disagree, contact Member Services at **800-251-7722** (TTY: **711**), or you can send us a secure message in your member portal at **my.connecticare.com**. If you're still not happy, send us a written statement (letter) telling us why you disagree with our decision. Include your name and phone number and mail it to: **ConnectiCare Member Appeals, P.O. Box 4061, Farmington, CT 06034-4061**. We'll carefully review your information, talk to any doctors and case managers involved, and make a decision based on their input and yours.



### USE THE EXTRAS THAT DON'T COST EXTRA

ConnectiCare members get exclusive discounts on eyeglasses and contacts, gym memberships, and health and wellness services like acupuncture and massage. You can also buy pet insurance and get discounts on everyday items like groceries as well as major purchases like cars and vacations. Learn more at **connecticare.com/discountprograms**.

# Eligibility Requirements

In addition to your employer's insurance benefit rules, here's who is eligible for coverage under Fixed Funding Solutions plans in Connecticut.

## Employees

With a FlexPOS plan, you do not have to live or work in the service area.

## Spouses or domestic partners

- The spouse of an employee is eligible for coverage if the employee and spouse are in a legally valid, existing marriage and the spouse lives with the employee or in the service area.
- A partner under a legally valid civil union recognized by the state of residence who lives with the employee or in the service area.

## Children

Children under age 26 are eligible if they meet one of the conditions below.

Some plans may end dependent child eligibility if a child age 26 or younger has their own employer-sponsored coverage.

- Biological children.
- Children who are legally adopted by the employee and meet the requirements for biological children once the adoption is final. Before the adoption is final, the children are eligible for coverage when the employee or spouse becomes legally responsible for at least partial support.
- Stepchildren who are biological or adopted children of your spouse.
- Children for whom the employee or spouse is appointed legal guardian.

Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns age 26.

For example, if a dependent child turns age 26 in July and the parent's policy renews on Jan. 1, the dependent child is covered until the policy renewal date. The dependent child's coverage will end on Dec. 31.

Coverage for handicapped children may be extended beyond age 26 if they meet the following conditions:

- Live in the service area or with the employee.
- Are unable to support themselves by working because of a mental or physical disability as certified by a doctor.
- Are mostly dependent on the employee or spouse for support and maintenance due to the mental or physical disability.

Note: For children covered by Qualified Medical Child Support Orders (QMCSO), there is no requirement that the child must live in the service area. If a court of law has given you a QMCSO ordering you to provide health insurance for your child, let your employer know. If your employer decides to enroll your child in the plan, we'll follow the decision. If your child receives care outside the service area and is in an HMO plan, however, benefits will be considered out-of-network.











# Services or Treatment With Your Employer's Plan

Services or treatment	With a Fixed Funding Solutions plan
Medically necessary psychological, neuropsychological, or neurobehavioral testing to assess the extent of any cognitive or developmental delays due to chemotherapy or radiation treatment in a child diagnosed with cancer	Not covered
Medically necessary anesthesia for the treatment of dental conditions in an outpatient setting	Not covered
Ostomy equipment and supplies	Not covered
Craniofacial disorder treatment	Not covered
Birth to age 3 (early intervention) services	Not covered
Hearing aids	Not covered
Infertility services, including prescription drugs for diagnosis or treatment	Not covered
Infant formulas, food supplements, nutritional supplements, and enteral nutritional therapy	Not covered
Testing for bone marrow	Not covered
Pediatric dental services	Not covered
Pediatric vision services	Not covered
Gender reassignment surgery and all related services	Not covered
Routine foot care and treatment	Not covered
Temporomandibular joint (TMJ) disorders	Not covered

This list is for informational purposes only. It contains only a partial, general description of certain plan benefits and does not constitute a contract. It is not intended to be a complete list of the benefits covered under your plan. This information is subject to change without notice.



# Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-251-7722 (TTY: 711)។

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 711).

## Notes

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



ConnectiCare provides only health plan coverage, stop loss, and administration. HealthEquity provides HSA accounts and administration. The accounts are separate from your health plans. ConnectiCare is not responsible for the administration of any HSA accounts or other financial accounts used in connection with its health coverage products in connection with your employer's health plan.

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ConnectiCare is the brand name used for products and services provided by one or more ConnectiCare group of subsidiary companies. In Connecticut, individual and family health coverage is underwritten by ConnectiCare, Inc. (CCI), a licensed health care center, or by ConnectiCare Benefits, Inc. (CBI) or ConnectiCare Insurance Company, Inc. (CICI), licensed insurers. Individual, family and group dental coverage is underwritten by CICI. Group health coverage is insured by CCI or insured or administered by CICI. In Massachusetts, group health insurance is underwritten by ConnectiCare of Massachusetts, Inc. (CMI), a licensed HMO. All insurance contracts, policies, and group benefit plans contain exclusions and limitations. Not all coverage is available in all markets. For costs and details of coverage, call or write your insurance broker or the company.