

Changes to Your Plan — Effective January 1, 2024

Here is a list of changes for ConnectiCare's Connecticut Large Group commercial health plans.

Please note that individual coverage refers to plans for one individual, while family coverage refers to plans for two or more individuals. For more details on benefit changes, please refer to the benefit summaries and/or plan documents.

Service	Current Commercial Plans	New as of Jan. 1, 2024
Newborn natural child enrollment	Must apply for coverage within 61 days of birth.	Must apply for coverage within 91 days of birth.
Legal guardian enrollment	Must apply for coverage within 61 days of legal guardianship or adoption.	Must apply for coverage within 31 days of legal guardianship or adoption.
Health Savings Account (HSA) contribution limits	Max HSA contribution limit: <ul style="list-style-type: none">• Individual: \$3,850.• Family: \$7,750.	Max HSA contribution limit: <ul style="list-style-type: none">• Individual: \$4,150.• Family: \$8,300.
Minimum embedded deductible, for plans compatible with HSAs	In-network deductible must be at least: <ul style="list-style-type: none">• Individual: \$3,000.• Family: \$6,000.	In-network deductible must be at least: <ul style="list-style-type: none">• Individual: \$3,200.• Family: \$6,400.
Minimum deductible HSA	In-network deductible must be at least: <ul style="list-style-type: none">• Individual: \$1,500.• Family: \$3,000.	In-network deductible must be at least: <ul style="list-style-type: none">• Individual: \$1,600.• Family: \$3,200.
Maximum out-of-pocket (MOOP) HSA compatible plan designs	In-network MOOP cannot exceed: <ul style="list-style-type: none">• Individual: \$7,500.• Family: \$15,000.	In-network MOOP cannot exceed: <ul style="list-style-type: none">• Individual: \$8,050.• Family: \$16,100.
Maximum out-of-pocket (MOOP) non-HSA compatible plan designs	In-network MOOP cannot exceed: <ul style="list-style-type: none">• Individual: \$9,100.• Family: \$18,200.	In-network MOOP cannot exceed: <ul style="list-style-type: none">• Individual: \$9,450.• Family: \$18,900.

Questions? Please contact your Broker or ConnectiCare Sales at **800-723-2986**.



Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.: Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc. or ConnectiCare, Inc.