



Solo Individual Plans

2024

ConnectiCare[®]

We Mean Health

Your health is your greatest strength. Helping you maintain it is ours. That's why at ConnectiCare, when we say we mean health, we mean we go beyond coverage to connect you to conveniently located doctors and health and wellness resources that can help keep you healthy.

This guide has information on 2024 SOLO health plans for individuals and families.

Plans and Benefits

- **New! Member Choice**, a pharmacy benefit, requires members on maintenance medicines (drugs you take every day, month after month) to get convenient, 90-day supplies with a choice of filling these prescriptions at either CVS or Walgreens, or through Express Scripts mail order. Each family member can choose.* Other prescriptions can be filled at any in-network pharmacy. You have the option to switch your pharmacy chain once per plan year.
- **Teladoc® Primary360** offers virtual primary care, behavioral health, dermatology, and 24/7 on-demand, non-emergency care through phone, video, or mobile app messaging.*** Members can virtually see the same primary care provider (PCP) with no limit on the number of visits. Teladoc providers can also write prescriptions for medically necessary drugs.
- **WellSpark Health** can help you create healthy habits, feel happier, and reduce your risk of preventable chronic diseases. Members can use habit-tracking tools, connect an activity tracker and device, and view a robust health resource library.

Service Without Compromise – Our Trademark

ConnectiCare customer service has been internationally recognized for quality for the past four years straight.** Our representatives are ready to help and answer your calls from their base right here in the state. And the friendly associates at ConnectiCare Centers are available to meet with and help you in person.

*Please note, if you choose to fill maintenance medicines at CVS, Walgreens will become out-of-network for you. If you select Walgreens, CVS will become out-of-network.

** 2019, 2020, 2021, and 2022 Stevie Awards winners.

*** Restrictions apply. For primary care, members must be age 18 or older; for mental health services, you must be age 13 or older. Not all services are available 24/7.



Get the Benefits and Services You Need

ConnectiCare plans include many benefits that help you (and your family) stay healthy and get care when you're sick or hurt.

With a ConnectiCare plan, you get:

- Preventive care coverage for services like annual checkups, screenings, flu shots, and other vaccinations without copays or deductibles.[†]
- Prescription drug coverage, including drugs that are available at no cost to you, like birth control and medicine to prevent heart disease.
- Teladoc telemedicine visits with 24/7 access to providers who can write prescriptions when medically necessary through a mobile app, phone, or computer.^{††}
- Mental health care for substance use disorder, anxiety, depression, and other behavioral health conditions.
- Specialist care, diagnostic testing, and hospital treatment.
- Pediatric dental and vision coverage for members through age 26.
- Emergency and urgent care wherever you travel.^{†††}

Optional Preventive Dental Coverage

We offer optional adult dental coverage for preventive services — cleanings and checkups — and some comprehensive services, such as fillings. Orthodontic treatment is not included. Plans cover both in- and out-of-network services, although you may pay less by using in-network dentists. Look up dentists in our network at “Find a Doctor” on connecticare.com.

You can purchase preventive dental coverage with your SOLO medical plan or look for our new dental plans available on Access Health CT with or without the purchase of an on-exchange medical plan.

We're Here To Help

Your broker is ready to help you enroll in a 2024 plan. If you don't have a broker, please contact us.

By Phone

Call us at **800-723-2986** (TTY: **711**)
Monday - Friday, 8 a.m. to 5 p.m.
Extended hours Nov. 1 - Dec. 15:
Monday - Friday, 8 a.m. to 7 p.m.

In Person

Meet with us at a
ConnectiCare Center.
Go to visitconnecticare.com
or call **877-523-6837** (TTY: **711**)
to find locations and make
an appointment.

Online

Visit chooseconnecticare.com
to shop for and enroll in a
ConnectiCare individual plan.
Compare plan benefits,
out-of-pocket costs, and
premiums. Then, fill out and
submit an application.

[†]Preventive care means that you will not have a copay or have to pay toward your deductible or coinsurance for the services. Sometimes, a preventive care visit leads to other medical care or tests, even at the same appointment. You should check with your doctor or doctor's staff during your visit to see if there are services you may be billed for.

^{††}Telemedicine provided by Teladoc. Not all services available 24/7.

^{†††}Subject to limitations.

Choosing Your Plan

You want your health care dollars to work hard for you. So, take some time to review your plan options and choose the one that meets your needs and budget.

Types of ConnectiCare Plans

We offer two SOLO plan types.

Choice	Choice plans let you manage your health your way. You may use any of the doctors, hospitals, labs, and facilities in our large network covering Connecticut, 28 counties of New York, and parts of Massachusetts and Rhode Island.
Passage	Passage plans put your health care right where it belongs: between you and your doctor. You must, however, choose a primary care provider (PCP) from those who accept Passage plans and get your PCP to refer you to specialists.

Metal Levels Have More Information on Costs

Metal levels show the range of premiums and out-of-pocket costs for all types of plans.

Metal Level	Premiums	Out-of-pocket costs	Plan pays*
Silver	Moderate	Moderate	70%
Bronze	Lowest	Highest	60%

*Average amount plan pays for covered services.

Health Plan ABCs

Three letters that can explain a lot about your health plan.

HMO – Select a plan with “HMO” (health maintenance organization) in the name, and you must visit in-network doctors to have those services covered.

POS – Choosing a plan with “POS” (point of service) in its name means you’ll be able to visit out-of-network doctors, but you’ll pay more.

HSA – Stands for “health savings account.” HSA plans allow you to save money tax-free to use for qualified health care expenses. HSA plans may have higher deductibles than others.

Guide to Important Terms

You pay a premium every month for your health insurance. There are other costs you may pay, too. The plan grids on the next few pages use the terms defined below.

Deductible – a specific amount that you pay each year before ConnectiCare starts to pay covered expenses.

Maximum out-of-pocket costs – the most you’d have to pay (in addition to premium) in the plan year for covered services.

In-network – refers to doctors, hospitals, pharmacies, facilities, and other health care professionals that have negotiated rates for services with ConnectiCare.

Copayment or copay – a fixed amount you pay for a service covered by your plan.

Medical benefits or covered services – the benefits or services that your ConnectiCare plan pays some or all of the costs of.

Out-of-network – doctors, hospitals, pharmacies, facilities, and other health care professionals that do not have contracts with ConnectiCare. You’ll often pay more or not have any coverage if you visit out-of-network doctors, hospitals, pharmacies, facilities, or other health care professionals.

Deductible waived – means your deductible does not apply to the service, and you have a copay or coinsurance.

Coinsurance – describes how you and ConnectiCare will share the costs of covered services and prescription medicines.

Prescription drug benefit – describes how much you’ll pay for prescription drugs that are on your plan’s drug list.

Primary care provider (PCP) – a health care professional that gets to know you and your medical history to help keep you healthy. You visit a PCP to help manage chronic conditions and receive preventive care such as annual checkups, screenings, and vaccinations.

Tiers – a way of categorizing prescription drugs covered by your plan. Generally, drugs in tiers with lower numbers cost you less than drugs in tiers with higher numbers.

Compare plans and enroll

Visit [chooseconnecticare.com](https://www.chooseconnecticare.com) to compare plan features, premiums, and out-of-pocket costs. Then enroll right online.

Passage and Choice SOLO Plans

Plan name/Metal level

Passage SOLO HMO
Copay/Coins. \$7,500 ded.
Bronze

Plan name/Metal level	Passage SOLO HMO Copay/Coins. \$7,500 ded. Bronze
NETWORK ACCESS	Passage PCPs are located in CT only. There are participating specialists and facilities in CT and bordering parts of MA and RI. Passage members may also use specialists and facilities in NY through the EmblemHealth Prime Network.
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$7,500/\$15,000*
Maximum out-of-pocket limit (individual/family)	\$9,450/\$18,900
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)
Telemedicine visits through Teladoc**	Primary care, mental health, and general medical services: \$0 (deductible waived) Dermatologist: \$60 copay after deductible
Specialist services	\$60 copay after deductible
Mental health and substance use office visits	\$60 copay (deductible waived)
Vision	\$50 copay (deductible waived)
Walk-in/urgent care center	\$100 copay (deductible waived)
Worldwide emergency coverage***	50% coinsurance after deductible
Hospital – inpatient treatment	50% coinsurance after deductible
Hospital – outpatient treatment	50% coinsurance after deductible
Outpatient surgery in independent locations	\$500 copay after deductible
Lab services	Independent facility: \$20 copay after deductible Hospital setting: 50% coinsurance after deductible
X-rays	Independent facility: \$60 copay after deductible Hospital setting: 50% coinsurance after deductible
Advanced imaging (CT scans & MRI)	50% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	N/A
Coinsurance	N/A
Maximum out-of-pocket limit (individual/family)	N/A
PRESCRIPTION DRUG BENEFITS	
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above)*
Tier 1 – Preferred generic drugs	\$15 copay (deductible waived)
Tier 2 – Non-preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible
Tier 3 – Preferred brand drugs	\$60 copay after plan deductible
Tier 4 – Non-preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible
Tier 5 – Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible
Tier 6 – Non-preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply. Primary care — members must be age 18 or older.

***Subject to limitations.

Choice SOLO POS Coins. \$4,000 ded. Silver	Choice SOLO POS Copay/Coins. \$5,500 30% ded. Silver	Choice SOLO POS Copay/Coins. \$6,000 ded. Silver
CT, parts of MA, RI, and NY through EmblemHealth Prime Network	CT, parts of MA, RI, and NY through EmblemHealth Prime Network	CT, parts of MA, RI, and NY through EmblemHealth Prime Network
\$4,000/\$8,000*	\$5,500/\$11,000*	\$6,000/\$12,000
\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
\$0	\$0	\$0
\$50 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)
Primary care, mental health and general medical services: \$0 (deductible waived) Dermatologist: 50% coinsurance after deductible	Primary care, mental health, and general medical services: \$0 (deductible waived) Dermatologist: \$70 copay after deductible	Primary care, mental health, and general medical services: \$0 (deductible waived) Dermatologist: \$70 copay (deductible waived)
50% coinsurance after deductible	\$70 copay after deductible	\$70 copay (deductible waived)
50% coinsurance after deductible	\$70 copay (deductible waived)	\$70 copay (deductible waived)
50% coinsurance after deductible	\$50 copay (deductible waived)	\$50 copay (deductible waived)
50% coinsurance after deductible	\$100 copay (deductible waived)	\$100 copay (deductible waived)
50% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
50% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
50% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
50% coinsurance after deductible	\$500 copay after deductible	\$500 copay after deductible
50% coinsurance after deductible	Independent facility: \$10 copay after deductible Hospital setting: 30% coinsurance after deductible	Independent facility: \$10 copay after deductible Hospital setting: 30% coinsurance after deductible
50% coinsurance after deductible	Independent facility: \$35 copay after deductible Hospital setting: 30% coinsurance after deductible	Independent facility: \$35 copay (deductible waived) Hospital setting: 30% coinsurance after deductible
50% coinsurance after deductible	Independent facility: \$75 copay up to \$375 after deductible Hospital setting: 30% coinsurance after deductible	Independent facility: \$75 copay up to \$375 after deductible Hospital setting: 30% coinsurance after deductible
\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000
50%	50%	50%
\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000
Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay (deductible waived)
50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible
\$50 copay (deductible waived)	\$60 copay (deductible waived)	\$60 copay (deductible waived)
50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible

Choice SOLO plans

Plan name/Metal level

Choice SOLO HMO
Copay/Coins. \$8,000 ded.
Silver

NETWORK ACCESS	CT, parts of MA, RI, and NY through EmblemHealth Prime Network
PLAN/MEDICAL DEDUCTIBLE	
Deductible (individual/family)	\$8,000/\$16,000*
Maximum out-of-pocket limit (individual/family)	\$9,450/\$18,900
IN-NETWORK MEDICAL BENEFITS	
Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)
Telemedicine visit through Teladoc**	Primary care, mental health, and general medical services: \$0 (deductible waived) Dermatologist: \$60 copay (deductible waived)
Specialist services	\$60 copay (deductible waived)
Mental health and substance use office visits	\$60 copay (deductible waived)
Vision	\$25 copay (deductible waived)
Walk-in/urgent care center	\$100 copay (deductible waived)
Worldwide emergency coverage***	35% coinsurance after deductible
Hospital – inpatient treatment	35% coinsurance after deductible
Hospital – outpatient treatment	35% coinsurance after deductible
Outpatient surgery in independent locations	\$500 copay (deductible waived)
Lab services	Independent facility: \$20 copay after deductible Hospital setting: 35% coinsurance after deductible
X-rays	Independent facility: \$50 copay (deductible waived) Hospital setting: 35% coinsurance after deductible
Advanced imaging (CT scans & MRI)	Independent facility: 35% coinsurance (deductible waived) Hospital setting: 35% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS	
Deductible (individual/family)	N/A
Coinsurance	N/A
Maximum out-of-pocket limit (individual/family)	N/A
PRESCRIPTION DRUG BENEFITS	
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above)*
Tier 1 – Preferred generic drugs	\$15 copay (deductible waived)
Tier 2 – Non-preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible
Tier 3 – Preferred brand drugs	\$50 copay (deductible waived)
Tier 4 – Non-preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible
Tier 5 – Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible
Tier 6 – Non-preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply. Primary care — members must be age 18 or older.

***Subject to limitations.

Choice SOLO POS HSA Coins. \$3,500 ded. Silver	Choice SOLO HMO HSA \$6,500 ded. Bronze	Choice SOLO POS HSA Coins. \$6,000 ded. Bronze
CT, parts of MA, RI, and NY through EmblemHealth Prime Network	CT, parts of MA, RI, and NY through EmblemHealth Prime Network	CT, parts of MA, RI, and NY through EmblemHealth Prime Network
\$3,500/\$7,000*	\$6,500/\$13,000*	\$6,000/\$12,000*
\$7,200/\$14,400	\$7,800/\$15,600	\$7,500/\$15,000
\$0	\$0	\$0
30% coinsurance after deductible	\$40 copay after deductible	25% coinsurance after deductible
Primary care, mental health, and general medical services: 0% coinsurance after deductible Dermatologist: 30% coinsurance after deductible	Primary care, mental health and general medical services: 0% coinsurance after deductible Dermatologist: \$50 copay after deductible	Primary care, mental health and general medical services: 0% coinsurance after deductible Dermatologist: 25% coinsurance after deductible
30% coinsurance after deductible	\$50 copay after deductible	25% coinsurance after deductible
30% coinsurance after deductible	\$50 copay after deductible	25% coinsurance after deductible
25% coinsurance (deductible waived)	\$50 copay (deductible waived)	25% coinsurance (deductible waived)
30% coinsurance after deductible	\$100 copay after deductible	25% coinsurance after deductible
30% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
30% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
30% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
30% coinsurance after deductible	\$500 copay after deductible	25% coinsurance after deductible
30% coinsurance after deductible	Independent facility: \$10 copay after deductible Hospital setting: 30% coinsurance after deductible	25% coinsurance after deductible
30% coinsurance after deductible	Independent facility: \$35 copay after deductible Hospital setting: 30% coinsurance after deductible	25% coinsurance after deductible
30% coinsurance after deductible	Independent facility: \$75 copay up to \$375 after deductible Hospital setting: 30% coinsurance after deductible	25% coinsurance after deductible
\$15,000/\$30,000	N/A	\$15,000/\$30,000
50%	N/A	50%
\$30,000/\$60,000	N/A	\$30,000/\$60,000
Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*
\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible
50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible
\$60 copay after deductible	\$60 copay after deductible	\$60 copay after deductible
50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible

Important Information About ConnectiCare SOLO Plans

ConnectiCare SOLO Is Guaranteed Issue

Guaranteed issue means that your SOLO health insurance policy will be issued regardless of your health status. There is no underwriting, and there are no medical questions on the application.

Eligibility

You may apply for ConnectiCare SOLO if you are:

- A legal resident of Connecticut;
- Under age 65;
- Not eligible to enroll in Medicare; and
- Single or married, or one of the following:
 - Dependent spouse;
 - Civil union/domestic partner*; or
 - Dependent child up to age 26 who is not covered under a group health plan.

*Domestic partners must meet eligibility criteria and submit the Domestic Partner Verification Form or other satisfactory certification as we determine. CAUTION: Domestic partners are not recognized by the IRS as legal dependents for HSA funding. You should consult with your broker and your tax advisor before establishing an HSA.

Guaranteed Renewal

You have the right to renew your plan each year. Your decision to renew your policy has no impact on claims for services you had before your current plan's end date.





ConnectiCare complies with applicable Federal civil rights laws and does not discriminate the basis of race, color, national origin, age, disability, or sex. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **800-251-7722** (TTY: **711**). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **800-251-7722** (TTY: **711**). Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by ConnectiCare with permission. 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.