

# ConnectiCare Benefits Inc. (CBI) plans

Plan name/Metal level	Choice Bronze POS HSA	Choice Silver POS HSA	Choice Bronze POS	Choice Silver POS	Passage Gold POS
<b>PLAN/MEDICAL DEDUCTIBLE</b>					
Deductible (individual/family)	\$5,750/\$11,500	\$3,500/\$7,000	\$7,000/\$14,000	\$4,750/\$9,500	\$3,000/\$6,000
Maximum out-of-pocket limit (individual/family)	\$7,000/\$14,000	\$6,900/\$13,800	\$8,300/\$16,600	\$8,400/\$16,800	\$6,800/\$13,600
<b>IN-NETWORK MEDICAL BENEFITS</b>					
Preventive care/screenings/immunizations	\$0	\$0	\$0	\$0	\$0
Primary care services	50% coinsurance after deductible	25% coinsurance after deductible	\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$30 copay (deductible waived)
Specialist services	50% coinsurance after deductible	25% coinsurance after deductible	\$60 copay after deductible	\$60 copay (deductible waived)	\$50 copay (deductible waived)
Mental health and substance abuse office visits	50% coinsurance after deductible	25% coinsurance after deductible	\$60 copay (deductible waived)	\$60 copay (deductible waived)	\$50 copay (deductible waived)
Vision	50% coinsurance (deductible waived)	25% coinsurance (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Walk-in/urgent care center	50% coinsurance after deductible	25% coinsurance after deductible	\$100 copay after plan deductible	\$100 copay (deductible waived)	\$100 copay (deductible waived)
Worldwide emergency coverage*	50% coinsurance after deductible	25% coinsurance after deductible	40% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible
Hospital – inpatient treatment	50% coinsurance after deductible	25% coinsurance after deductible	40% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible
Hospital – outpatient treatment	50% coinsurance after deductible	25% coinsurance after deductible	40% coinsurance after deductible	35% coinsurance after deductible	20% coinsurance after deductible
Outpatient surgery in freestanding locations	50% coinsurance after deductible	25% coinsurance after deductible	\$500 copay after deductible	35% coinsurance after deductible	\$500 copay (deductible waived)
Lab services	50% coinsurance after deductible	25% coinsurance after deductible	\$10 copay after deductible	35% coinsurance after deductible	\$10 copay (deductible waived)
X-rays	50% coinsurance after deductible	25% coinsurance after deductible	<b>Freestanding facility:</b> \$50 copay after deductible <b>Hospital setting:</b> 40% coinsurance after deductible	35% coinsurance after deductible	<b>Freestanding facility:</b> \$50 copay (deductible waived) <b>Hospital setting:</b> 20% coinsurance after deductible
Advanced imaging (CT Scans & MRI)	50% coinsurance after deductible	25% coinsurance after deductible	<b>Freestanding facility:</b> \$75 copay up to \$375 after deductible <b>Hospital setting:</b> 40% coinsurance after deductible	35% coinsurance after deductible	<b>Freestanding facility:</b> \$75 copay up to \$375 (deductible waived) <b>Hospital setting:</b> 20% coinsurance after deductible
<b>OUT-OF-NETWORK MEDICAL BENEFITS</b>					
Deductible (individual/family)	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000
Coinsurance	50%	50%	50%	50%	50%
Maximum out-of-pocket limit (individual/family)	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000	\$30,000/\$60,000
<b>PRESCRIPTION DRUG BENEFIT</b>					
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above)	Plan has integrated deductible with medical (see above)	Plan has integrated deductible with medical (see above)	N/A	N/A
Tier 1 – Generic drugs	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible	\$10 copay	\$10 copay
Tier 2 – Preferred brand drugs	\$60 copay after deductible	\$60 copay after deductible	\$60 copay after deductible	\$60 copay	\$50 copay
Tier 3 – Non-preferred brand drugs	50% coinsurance \$300 maximum per prescription after deductible	50% coinsurance \$300 maximum per prescription after deductible	50% coinsurance \$300 maximum per prescription after deductible	50% coinsurance \$300 maximum per prescription	50% coinsurance \$250 maximum per prescription
Tier 4 – Specialty drugs	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	50% coinsurance \$500 maximum per prescription

All plans are contract-year.

The small business plans above are also sold through Access Health CT.

\*Subject to limitations.