

Changes to your plan — effective January 1, 2022

Here is a list of changes for **ConnectiCare's Connecticut Small Group health plans**.

Please note, 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.

Covered Service	Current Commercial Plans	New as of 1/1/2022
Diabetic Insulin	Covered at the applicable pharmacy tier cost-share.	Covered at the applicable pharmacy tier cost-share up to \$25 for each 30 day supply of a medically necessary covered insulin drug.
Medically necessary Diabetic Devices and Diabetic Ketoacidosis Devices	Covered at the applicable pharmacy tier cost-share or DME/DMS diabetic medical benefit.	Covered at the applicable pharmacy tier cost-share or DME/DMS diabetic medical benefit up to a cost-share maximum \$100 per 30-day supply.
Telemedicine Services provided by Teladoc	Covered at the applicable PCP or specialist cost-share.	Covered at No Member cost. Plan deductible applies to HSA compatible plans only.
Pediatric Dental and Vision	Covered up to age 20	Covered up to age 26
Dental	ConnectiCare dental plans administered by DentaQuest.	ConnectiCare dental plans administered by Healthplex.
Colorectal Cancer Screening	One annual screening is covered at no member cost for members age 50 – 75 years of age.	One annual screening is covered at no member cost for members age 45 – 75 years of age.
Other	Current Commercial Plans	New as of 1/1/2022
Health Savings Account (HSA) Contribution Limits	Max HSA contribution limit: <ul style="list-style-type: none"> Individual: \$3,600 Family: \$7,200 	Max HSA contribution limit: <ul style="list-style-type: none"> Individual: \$3,650 Family: \$7,300
Maximum Out-of-Pocket (MOOP) HSA Compatible Plan Designs	In-network MOOP cannot exceed: <ul style="list-style-type: none"> Individual: \$7,000 Family: \$8,550 individual/\$14,000 family 	In-network MOOP cannot exceed: <ul style="list-style-type: none"> Individual: \$7,050 Family: \$8,700 individual/\$14,100 family
Maximum Out-of-Pocket (MOOP) Non-HSA Compatible Plan Designs	In-network MOOP cannot exceed: <ul style="list-style-type: none"> Individual: \$8,550 Family: \$17,100 	In-network MOOP cannot exceed: <ul style="list-style-type: none"> Individual: \$8,700 Family: \$17,400

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



For ConnectiCare's Connecticut Small Group plans, coverage is provided by and services are administered as follows: HMO coverage is underwritten by ConnectiCare, Inc.; POS coverage is underwritten by ConnectiCare Insurance Company, Inc. or ConnectiCare, Inc. Certain administrative services may be provided by CBIA Service Corporation.