

# Information About Your Fixed Funding Solutions Large Group Plan

**For new business effective January 1, 2023 and forward, and upon renewal for January 2023 and forward.**

Your employer’s plan may be different from plans you have had in the past. It is what’s called a “self-insured” plan. That means your employer is paying the costs of claims for covered services. ConnectiCare processes claims for payment but is not responsible for costs. Your employer has stop-loss insurance to protect against high-cost claims.

The plan does not cover all the same services as plans where the insurance company is responsible for the costs (called “fully-insured plans”). Here are some examples of differences between your plan and fully-insured plans in the state of Connecticut.

| Services or Treatment   | With A Fixed Funding Solutions Plan |
|---|-------------------------------------|
| Birth to 3 (early intervention services)  | Covered*                            |
| Infertility services, including prescription drugs for diagnosis or treatment   | Covered*                            |
| Routine foot care and treatment   | Covered*                            |
| <b>Autism services:</b> behavioral therapy; direct or consultative psychiatric and psychological services; physical and occupational therapies; speech and language pathology services; drugs prescribed for treatment of symptoms and comorbidities, even when the drugs may be covered for other diseases and conditions. | Covered*                            |
| 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  | 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                         |
| Hearing aids  | Not covered                         |
| Infant formulas, food supplements, nutritional supplements and enteral nutritional therapy  | Not covered                         |
| Testing for bone marrow   | Not covered                         |
| Pediatric dental  | Not covered                         |
| Pediatric vision  | Not covered                         |
| Gender reassignment surgery and all related services  | Not covered                         |
| TMJ disorders   | Not covered                         |

## For more information

Your employer can provide you with a health plan description. In it you’ll find more details about services that aren’t covered.

\*Not covered for Fixed Funding Solutions groups with fewer than 51 employees



Check plan documents for details. The above listing in this section is for informational purposes only and is not an offer of coverage or medical advice. It contains only a partial, general description of certain plan benefits and does not constitute a contract. It is not intended to be an exhaustive comparison of the benefits covered under the plans. While the information presented above was thought to be true at the time the final proposal was presented, it is subject to change without notice. We reserve the right to modify the standard plan designs to respond to the market.