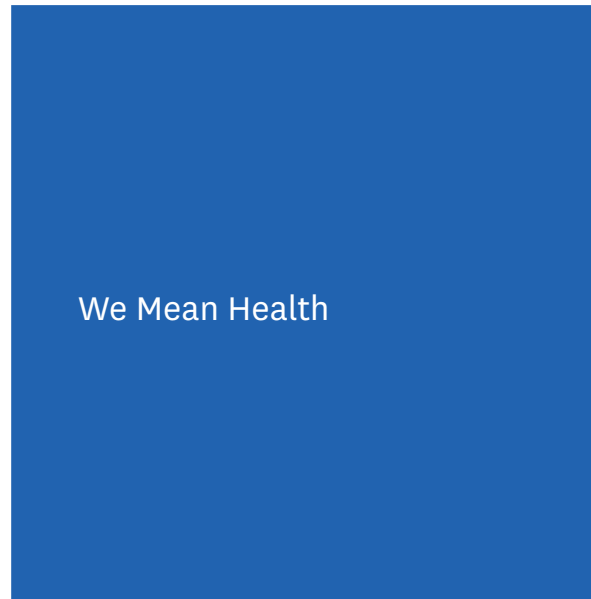
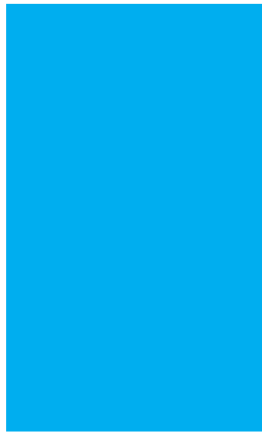


2023 ConnectiCare

SOLO Individual Plans



ConnectiCare[®]

For a Healthier All of Us

Staying well and keeping safe from sickness have, perhaps, never been so important to us all. Health plans from ConnectiCare can help you get the care you need and provide the peace of mind that comes with the financial protection of health insurance.

This guide has information on 2023 SOLO health plans for individuals and families.

New Plans and Benefits To Care for the Whole You:

- **Teladoc® Primary360** offers primary care, behavioral health, and dermatology services through phone, video, or messaging through a mobile app¹. Members can virtually see the same provider throughout their care with no limitation on the number of visits.

Teladoc also provides help for non-emergency conditions 24/7 and prescription medicines when medically necessary through on-demand general medical physician services.

- **Dental plans** offer coverage for basic services like exams, cleanings, x-rays, and fillings to major services like root canals, crowns, and dentures. These plans offer coverage to adults and children and can be purchased through Access Health CT even if you don't have ConnectiCare medical coverage.
- **WellSpark Health** can help you create healthy habits, feel happier, and reduce your risk of preventable chronic diseases. Members have access to multiple tools from syncing a device to record their physical activity to an educational health video library.

Service Without Compromise – Our Trademark

ConnectiCare customer service has been internationally recognized for quality for the past four years straight.² Our Member Services representatives answer your calls from their base right here in the state. And the friendly associates at ConnectiCare Centers around Connecticut are available to meet with and help you in person.

¹ Telemedicine is not appropriate for all covered services, and restrictions apply. Not all services available 24/7.

² 2019, 2020, 2021, and 2022 Stevie Award winners.



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.¹
- 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.²
- 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.³

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 2023 plan. If you don't have a broker, we're standing by.

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**
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.

¹ Preventive care means that you will not have a copay or have to pay money 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.

² Telemedicine provided by Teladoc. Not all services available 24/7.

³ Subject to limitations.

Choosing a Plan?

You want your health care dollars to work hard for you. So, take some time to review your plan options. Plan names have information about the type of plan, its metal level, and other features.

Types of ConnectiCare Plans

We offer two SOLO plan types and within each, plans of different “metal levels.”

Choice plans	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 plans	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 ¹
Gold	Higher	Lower	80%
Silver	Moderate	Moderate	70%
Bronze	Lowest	Highest	60%

¹ Average amount plan pays for covered services.

Health Plan ABCs

Three letters in a plan name tell you some more important detail:

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 in the next few pages use these terms below. Here’s a guide to what they mean.

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.

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 prescriptions for drugs that are on your plan’s drug list.

Primary care provider – 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 everyday care, such as annual checkups, preventive 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 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
Copoly/Coins. \$7,500 ded.
Bronze

Choice SOLO POS
Coins. \$4,000 ded.
Silver

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.	CT, parts of MA, RI and NY through EmblemHealth Prime Network
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PLAN/MEDICAL DEDUCTIBLE

Deductible (individual/family)	\$7,500/\$15,000 ¹	\$4,000/\$8,000 ¹
Maximum out-of-pocket limit (individual/family)	\$9,000/\$18,000	\$9,100/\$18,200

IN-NETWORK MEDICAL BENEFITS

Preventive care/screenings/immunizations	\$0	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)	\$50 copay (deductible waived)
Telemedicine visits through Teladoc ^{®2}	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)/ Dermatologist: \$60 copay (deductible waived)	Primary Care, Mental Health and General Medical Services: \$0 (deductible waived)/ Dermatologist: 50% coinsurance after deductible
Specialist services	\$60 copay after deductible	50% coinsurance after deductible
Mental health and substance abuse office visits	\$60 copay (deductible waived)	50% coinsurance after deductible
Vision	\$50 copay (deductible waived)	50% coinsurance after deductible
Walk-in/urgent care center	\$100 copay (deductible waived)	50% coinsurance after deductible
Worldwide emergency coverage ³	50% coinsurance after deductible	50% coinsurance after deductible
Hospital - inpatient treatment	50% coinsurance after deductible	50% coinsurance after deductible
Hospital - outpatient treatment	50% coinsurance after deductible	50% coinsurance after deductible
Outpatient surgery in freestanding locations	\$500 copay after deductible	50% coinsurance after deductible
Lab services	\$20 copay after deductible	50% coinsurance after deductible
X-rays	Freestanding facility: \$60 copay after deductible Hospital setting: 50% coinsurance after deductible	50% coinsurance after deductible
Advanced imaging (CT scans & MRI)	50% coinsurance after deductible	50% coinsurance after deductible

OUT-OF-NETWORK MEDICAL BENEFITS

Deductible (individual/family)	N/A	\$15,000/\$30,000
Coinsurance	N/A	50%
Maximum out-of-pocket limit (individual/family)	N/A	\$30,000/\$60,000

PRESCRIPTION DRUG BENEFITS

Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above) ¹	Plan has integrated deductible with medical (see above) ¹
Tier 1 - Preferred generic drugs	\$15 copay (deductible waived)	\$10 copay (deductible waived)
Tier 2 - Non-preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible
Tier 3 - Preferred brand drugs	\$60 copay after plan deductible	\$50 copay (deductible waived)
Tier 4 - Non-preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
Tier 5 - Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
Tier 6 - Non-preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible

¹ Integrated medical and prescription drug deductible.

² Telemedicine is not appropriate for all covered services, and restrictions apply. Primary Care - members must be 18 or older.

³ Subject to limitations.

Choice SOLO POS Copay/Coins. \$5,500 30% ded. Silver	Choice SOLO POS Copay/Coins. \$4,750 40% 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
\$5,500/\$11,000 ¹	\$4,750/\$9,500 ¹	\$6,000/\$12,000
\$9,000/\$18,000	\$8,800/\$17,600	\$9,000/\$18,000
\$0	\$0	\$0
\$40 copay (deductible waived)	\$40 copay (deductible waived)	\$40 copay (deductible waived)
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: \$60 copay (deductible waived)	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)/ Dermatologist: \$70 copay (deductible waived)
\$70 copay after deductible	\$60 copay (deductible waived)	\$70 copay (deductible waived)
\$70 copay (deductible waived)	\$60 copay (deductible waived)	\$70 copay (deductible waived)
\$50 copay (deductible waived)	\$50 copay (deductible waived)	\$50 copay (deductible waived)
\$100 copay (deductible waived)	\$100 copay (deductible waived)	\$100 copay (deductible waived)
30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
30% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible
30% coinsurance after deductible	\$20 copay (deductible waived)	30% coinsurance after deductible
Freestanding facility: \$35 copay after deductible Hospital setting: 30% coinsurance after deductible	Freestanding facility: \$50 copay after deductible Hospital setting: 40% coinsurance after deductible	Freestanding facility: \$35 copay (deductible waived) Hospital setting: 30% coinsurance after deductible
Freestanding facility: \$75 copay up to \$375 after deductible Hospital setting: 30% coinsurance after deductible	Freestanding facility: \$75 copay up to \$375 after deductible Hospital setting: 40% coinsurance after deductible	Freestanding 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) ¹	Plan has integrated deductible with medical (see above) ¹	Plan has integrated deductible with medical (see above) ¹
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$10 copay (deductible waived)
50% coinsurance; \$250 maximum per prescription after deductible	\$60 copay (deductible waived)	50% coinsurance; \$250 maximum per prescription after deductible
\$60 copay (deductible waived)	\$60 copay (deductible waived)	\$60 copay (deductible waived)
50% coinsurance; \$500 maximum per prescription after deductible	\$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$500 maximum per prescription after deductible	\$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
50% coinsurance; \$750 maximum per prescription after deductible	\$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	Choice SOLO POS HSA Coins. \$3,500 ded. Silver
NETWORK ACCESS	CT, parts of MA, RI and NY through EmblemHealth Prime Network	CT, parts of MA, RI and NY through EmblemHealth Prime Network
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)	\$8,000/\$16,000 ¹	\$3,500/\$7,000 ¹
Maximum out-of-pocket limit (individual/family)	\$9,000/\$18,000	\$7,000/\$14,000
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations	\$0	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)	30% coinsurance after deductible
Telemedicine visit through Teladoc ^{®2}	Primary Care, Mental Health, and General Medical Services: \$0 (deductible waived)/ Dermatologist: \$60 copay (deductible waived)	Primary Care, Mental Health, and General Medical Services: 0% coinsurance after deductible/ Dermatologist: 30% coinsurance after deductible
Specialist services	\$60 copay (deductible waived)	30% coinsurance after deductible
Mental health and substance abuse office visits	\$60 copay (deductible waived)	30% coinsurance after deductible
Vision	\$25 copay (deductible waived)	25% coinsurance (deductible waived)
Walk-in/urgent care center	\$100 copay (deductible waived)	30% coinsurance after deductible
Worldwide emergency coverage ³	35% coinsurance after deductible	30% coinsurance after deductible
Hospital – inpatient treatment	35% coinsurance after deductible	30% coinsurance after deductible
Hospital – outpatient treatment	35% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery in freestanding locations	\$500 copay (deductible waived)	30% coinsurance after deductible
Lab services	35% coinsurance after deductible	30% coinsurance after deductible
X-rays	Freestanding facility: \$50 copay (deductible waived) Hospital setting: 35% coinsurance after deductible	30% coinsurance after deductible
Advanced imaging (CT scans & MRI)	Freestanding facility: 35% coinsurance (deductible waived) Hospital setting: 35% coinsurance after deductible	30% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)	N/A	\$15,000/\$30,000
Coinsurance	N/A	50%
Maximum out-of-pocket limit (individual/family)	N/A	\$30,000/\$60,000
PRESCRIPTION DRUG BENEFITS		
Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above) ¹	Plan has integrated deductible with medical (see above) ¹
Tier 1 – Preferred generic drugs	\$15 copay (deductible waived)	\$10 copay after deductible
Tier 2 – Non-preferred generic drugs	50% coinsurance; \$250 maximum per prescription after deductible	50% coinsurance; \$250 maximum per prescription after deductible
Tier 3 – Preferred brand drugs	\$50 copay (deductible waived)	\$60 copay after deductible
Tier 4 – Non-preferred brand drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
Tier 5 – Preferred specialty drugs	50% coinsurance; \$500 maximum per prescription after deductible	50% coinsurance; \$500 maximum per prescription after deductible
Tier 6 – Non-preferred specialty drugs	50% coinsurance; \$750 maximum per prescription after deductible	50% coinsurance; \$750 maximum per prescription after deductible

1 Integrated medical and prescription drug deductible.

2 Telemedicine is not appropriate for all covered services, and restrictions apply. Primary Care - members must be 18 or older.

3 Subject to limitations.

Choice SOLO HMO Copay/Coins. \$2,500 ded. Gold	Choice SOLO HMO HSA \$6,500 ded. Bronze	Choice SOLO POS HSA \$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
\$2,500/\$5,000 ¹	\$6,500/\$13,000 ¹	\$6,000/\$12,000 ¹
\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000
\$0	\$0	\$0
\$25 copay (deductible waived)	\$40 copay after deductible	25% coinsurance after deductible
Primary Care, Mental Health and General Medical Services: \$0 (deductible waived)/ Dermatologist: \$60 copay (deductible waived)	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
\$60 copay (deductible waived)	\$50 copay after deductible	25% coinsurance after deductible
\$60 copay (deductible waived)	\$50 copay after deductible	25% coinsurance after deductible
\$25 copay (deductible waived)	\$50 copay (deductible waived)	25% coinsurance (deductible waived)
\$75 copay (deductible waived)	\$100 copay after deductible	25% coinsurance after deductible
20% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
20% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
20% coinsurance after deductible	30% coinsurance after deductible	25% coinsurance after deductible
\$350 copay (deductible waived)	\$500 copay after deductible	25% coinsurance after deductible
20% coinsurance after deductible	\$10 copay after deductible	25% coinsurance after deductible
Freestanding facility: \$25 copay (deductible waived) Hospital setting: 20% coinsurance after deductible	Freestanding facility: \$35 copay after deductible Hospital setting: 30% coinsurance after deductible	25% coinsurance after deductible
Freestanding facility: \$75 copay up to \$375 after deductible Hospital setting: 20% coinsurance after deductible	Freestanding facility: \$75 copay up to \$375 after deductible Hospital setting: 30% coinsurance after deductible	25% coinsurance after deductible
N/A	N/A	\$15,000/\$30,000
N/A	N/A	50%
N/A	N/A	\$30,000/\$60,000
Plan has integrated deductible with medical (see above) ¹	Plan has integrated deductible with medical (see above) ¹	Plan has integrated deductible with medical (see above) ¹
\$10 copay (deductible waived)	\$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
\$40 copay (deductible waived)	\$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 simply 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

In order for us to not renew your active policy is for us to choose to not renew all individual policies in this state. 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.