



Health Plan Enrollment Guide

2025 ConnectiCare Plans

ConnectiCare.



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We're Here for You

At ConnectiCare, we've made it our purpose to be there for you, to advocate for you, and to come through for you when you need us most. Why? Because we don't just mean coverage. We mean health.

Have questions? We are standing by to help.

How To Reach Us

BY PHONE

Call us at **800-251-7722**
(TTY: **711**) 8 a.m. to 6 p.m.,
Monday through Friday

IN PERSON

For hours and locations, and to make an appointment at a ConnectiCare Center, go to **visitconnecticare.com** or call **877-523-6837** (TTY: **711**).

ONLINE

Visit **my.connecticare.com** to look up what your plan covers, view claims activity, and compare costs of treatment or services you may need.

Frequently Asked Questions

Visit our **FAQ page** to find answers to common questions.

Terms to Know

Health insurance has its own language. We've included some commonly used terms and definitions to help you better understand your coverage. You'll also find these on your member ID card. Find our full glossary of terms at connecticare.com/glossary.

Benefit summary

Lists some medical services covered by your plan and how much you'll pay toward them.

Covered services

Health plans like ConnectiCare define what medical services they will pay for. You may still pay some or all of the cost of a covered service if your plan has a deductible, copayment, or coinsurance.

Coinsurance

Sharing of health care costs between you and ConnectiCare. Coinsurance will be listed in your benefit summary as a percentage of a doctor's or drug's cost you pay after your deductible (if your plan has a deductible).

Copayment (or copay)

The fixed amount that you pay for a health care service or prescription drug.

Deductible

A specific dollar amount that you have to pay for covered services in each plan year before ConnectiCare starts to pay.

In-network

Doctors, hospitals, and other health care providers who have contracts with ConnectiCare agree to accept our negotiated rate for services. Some plans limit you to using in-network providers in order for us to pay any costs.

Maximum-out-of-pocket (MOOP)

This is the most you'll have to pay in deductibles, copayments, or coinsurance toward covered medical costs in any plan year.

Types of Plans

- Health maintenance organization (**HMO**) and exclusive provider organization (**EPO**) plans only cover services by in-network doctors and hospitals.
- Point of service (**POS**) plans cover services by in-network doctors and hospitals as well as services by out-of-network doctors and hospitals, although you generally pay more for them.
- **High-deductible health plans (HDHP)** require you to pay more out-of-pocket before your plan starts covering services. High-deductible health plans that meet certain federal requirements let you open and save money tax-free in a health savings account (HSA) to help pay for qualified medical expenses.

Your ConnectiCare Plan

ConnectiCare offers a range of health plans. It's important for you to read your benefit summary to find out what type of plan you have. Your benefit summary shows what your plan covers and what you may pay for medical care and prescription drugs through deductibles, copayments (or copays), and coinsurance. If your plan is a high deductible health plan, you will see HDHP in the name of the plan.

Find your benefit summary and other important health plan documents by signing in to **my.connecticare.com**. If you don't have an account, it's easy to create one. Your member ID card will show your plan's name. Your plan name is also the name of the network that goes with the plan. Here's what your plan name means:

CHOICE PLANS

Let you visit a broad network of doctors and hospitals in Connecticut and parts of New York, Massachusetts, and Rhode Island.

FLEXPOS PLANS

Include a broad network of doctors and hospitals in Connecticut, New York, Massachusetts, and Rhode Island, plus additional geographic coverage nationally through First Health network.

VALUE PLANS

Our Value plans feature a tailored network, which is a subset of our commercial Choice network. It may be the right solution for members who can choose care options within a more localized area.

All plans cover urgent and emergency care anywhere in the United States. (Some limitations and restrictions may apply.)

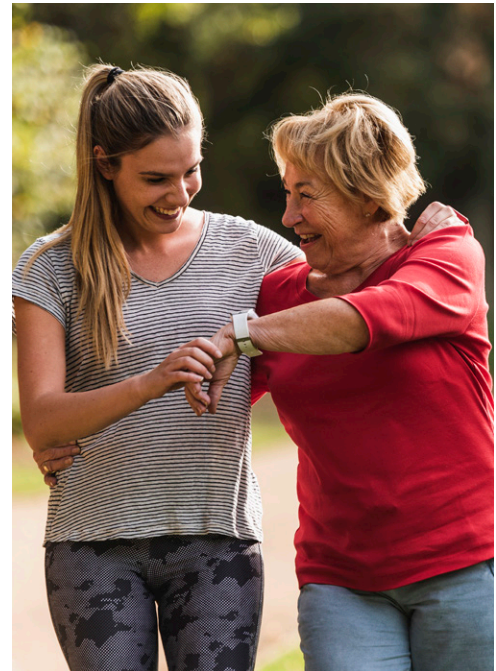
Get Your Preventive Care

One of the most important things you can do for your health is to stay up to date with preventive care. Preventive care includes screenings, tests, and vaccines that can help you avoid getting sick or detect an illness early, when it's easier to treat.

Your primary care provider (PCP) will recommend the preventive care you need based on your age, gender, and medical history. Some examples of preventive care include:

- Annual physical exam and some types of bloodwork.
- Mammogram.
- Colon cancer screening.
- Cervical cancer screening.
- Depression screening.
- Flu, COVID-19, and other vaccines.

Many preventive services are covered by your ConnectiCare plan at no cost to you — no deductible, copay, or coinsurance — when you see an in-network, participating PCP.*



Don't Have a PCP?

Sign in to my.connecticare.com to look up in-network PCPs near you who are accepting new patients. Or call us at **800-251-7722** (TTY: **711**) for help.

If your plan includes Teladoc® Primary360, you can also choose a virtual PCP.** Learn more by visiting teladoc.com/connecticare.



Find Doctors in Your Plan's Network

Sign in to my.connecticare.com to get the best experience for provider selection based on your specific plan.

Some ConnectiCare plans let you visit doctors in the **EmblemHealth Prime Network** with health professionals, facilities, and hospitals in **New York state**.

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

Teladoc[®] Primary360

Enhanced Telemedicine

With Teladoc Primary360, members can see providers virtually for nonemergency general medical care, primary care, mental health services, and dermatology.*

- Offers easy access to high-quality care that fits the lifestyle and health needs of our members with the convenience of not having to wait to book appointments, travel to see doctors, and miss work.
- Receive trusted medical care through an award-winning mobile application on a smartphone or tablet. Members can virtually see the same primary care provider (PCP) throughout their care with no limit on the number of visits covered.
- It starts with selecting a PCP and includes a dedicated Care Team that gets to know the person as not just another patient.
- Schedule an annual physical exam and checkups to manage ongoing conditions and other nonemergency health care needs.
- Teladoc is supplemental in-network care; in-person visits to local providers are still available.
- Welcome letters will be mailed to each household notifying members that this benefit is available to them.



Four Areas of Care

1. Virtual General Medical Care: Access to 24/7 non-emergency virtual care, including prescriptions when medically necessary.
2. Virtual Primary Care: Choose a PCP to schedule virtual visits and get a personalized care plan.
3. Virtual Mental Health: Schedule a virtual appointment to talk to a therapist or psychiatrist seven days a week (7 a.m. to 9 p.m. E) from wherever you are.
4. Virtual Dermatology: Upload images online or on the app and get a custom treatment plan within one day.

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

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Your Pharmacy Benefits

Many people take medicines to stay healthy. Or, sometimes you need to fill a prescription because you are sick or hurt.

Your plan's drug list (also called a formulary) has all the prescription drugs that are covered and assigns each to a "tier." Your plan's benefit summary has information about what you'll pay for prescription medicines in each tier.

Filling Prescriptions

You can use your ConnectiCare member ID card to fill prescriptions at participating retail pharmacies around the United States, including most major chains. Find in-network pharmacies in the "Pharmacy" section of connecticare.com. Or visit express-scripts.com.

Express Scripts is the company that manages our pharmacy benefit program. With Express Scripts, you also get free home delivery and 90-day supplies of medicines you take regularly.

Take Care of Your Mental Health



Your plan includes confidential support, information, treatment, and resources to help you with:

- Stressful or challenging situations.
- Depression, anxiety, or other mental illness.
- Substance use disorder.

These benefits are available through Optum to anyone covered by your ConnectiCare plan, even dependents living away from home. Information on your plan's mental health deductible, copays, and coinsurance are in your ConnectiCare benefit summary.

Virtual Mental Health Visits

You can schedule virtual visits with mental health professionals in your ConnectiCare plan's network. Visit liveandworkwell.com to find counselors and make appointments. You'll need to register with your ConnectiCare ID member number.

Use the Extras That Don't Cost Extra

ConnectiCare members get exclusive discounts on eyeglasses and contacts, gym memberships, and health and wellness services, such as acupuncture and massage. They can also buy pet insurance and get discounts on everyday items, like groceries, as well as major purchases, like cars and vacations. Learn more at connecticare.com/discountprograms.

After You Join

Register for an Account on the Member Portal

At ConnectiCare, we've invested in the latest technology so you can make the most of your health plan. Sign up for an account on my.connecticare.com as soon as you have your member ID card and number. Then you'll be ready to:

- Check referrals and preauthorization status.
- Find a pharmacy.
- View your prescriptions, drug pricing information, and home delivery benefits.
- Change your primary care provider (PCP).
- View in-network providers and locations.
- Print your ID card.
- Explore support features such as secure messaging and personalized member videos.
- View your benefits use and spending details/history.
- Download claims summaries and Explanations of Benefits (EOBs).
- And much more!

You can also find information on how to use your plan, stay healthy, save money on health care, and more on my.connecticare.com.



How We Protect Your Personal Information

Protecting the privacy and confidentiality of your personal information is a responsibility ConnectiCare takes very seriously. Find our Privacy Policy at connecticare.com/legal/privacy-policy to learn more.

Eligibility Requirements

Subject to your employer's rules, here is a brief summary of who is eligible for membership under plans issued in Connecticut.

Employees

If enrolling in a group plan through your employer, you do not have to live or work in the service area. For lower cost-sharing and covered services to be paid at the in-network level of benefits, please refer to your plan documents.

Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid, existing marriage and the spouse resides with the employee or in the service area.
- A partner is also eligible for coverage if the employee and partner are in a legally valid civil union recognized by the State of Connecticut and the partner resides with the employee or in the service area.

Children

Children under age 26 are eligible if they meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child under age 26 has their own employer-sponsored coverage.

- Biological children.
- Adopted children who are legally adopted by the employee and meet the requirements for biological children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are biological or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns age 26.

For example, if a dependent turns age 26 in July and the parent's policy renews on Jan. 1, the dependent child is covered until the policy renewal date. The dependent child's coverage will end on Dec. 31.

Coverage for children with disabilities may be extended if the children:

- Reside in the service area or with the employee.
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's doctor.
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap.
- Have become and continuously remain handicapped, while they would have been eligible for dependent children coverage if they were not disabled.

Grandchildren

If your child is covered under this plan, their newborn child can receive coverage ONLY for the first 91 days after the child's birth, unless you or your covered spouse/partner becomes the child's legal guardian and you are signed up under this plan.

Note: For children covered by Qualified Medical Child Support Orders (QMCSOs), there is no requirement that the child must live in the service area. If a court of law has given you a QMCSO ordering you to provide health insurance for your child, let your employer know. If your employer decides to enroll your child in the plan, we'll follow the decision. If your child receives care outside the service area and is in an HMO plan, however, benefits will be considered out-of-network.





How To Reach Us:



Call us at **800-251-7722** (TTY: **711**).



Visit us online at **connecticare.com**.

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.