

Prescription Drugs

Prescription Drugs (retail) (MAC-A: mandatory generic) Generic substitution is required when available. If member purchases a brand drug when a generic is available, the member pays the co-pay plus the difference in cost between the brand and generic. The prescription costs listed below apply when a prescription is filled at a participating pharmacy. Prescription tiers and drug classifications vary by carrier. Be sure to check each carrier's drug list to determine your cost-share. Go to our prescription drug page at cbia.com/insurance to access our carrier links.

HSA benefit for preventive drugs

All HSA-compatible plans include a pharmacy benefit that encourages the use of certain preventive medications to manage chronic conditions. This means that many covered preventive drugs are not subject to the plan deductible. Copays and coinsurance still apply. To find out which conditions and drugs this benefit applies to for participating carriers, visit cbia.com/ieb/rx.

ConnectiCare

	TIER DEFINITION	COST-SHARE*
Tier 1	Preferred generic	\$5
Tier 2	Non-preferred generic	50% up to \$250/script
Tier 3	Preferred brand	\$50
Tier 4	Non-preferred brand	50% up to \$250/script
Tier 5	Preferred specialty drugs	50% up to \$500/script
Tier 6	Non-preferred specialty drugs	50% up to \$750/script

Harvard Pilgrim

	TIER DEFINITION	COST-SHARE*
Tier 1	Lowest copayment tier: low-cost generics	\$5
Tier 2	Higher cost generics and some brand-name drugs	30% up to \$50/script
Tier 3	Mostly brand-name drugs without generic equivalents	40% up to \$250/script
Tier 4	Drugs that are not included in Tiers 1-3	40% up to \$500/script

*For HSA plans, deductible must be met first, excluding certain preventive drugs. For HSA \$6,500, cost-share for all tiers is 0% after deductible.

Mail Order Prescriptions

Mail order drugs are dispensed at 2x the retail prescription co-pay or cost share.

Mail order availability and cost-share for specialty drugs vary by carrier. See specific carrier documents for more information.



For more information, please talk to your benefits administrator or your agent.

CBIA Service Corp.

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All plans are offered by ConnectiCare and Harvard Pilgrim Health Care. All plans are open access and contract year. Harvard Pilgrim offers PPO plans. ConnectiCare offers POS plans.

In-Network Services

Medical Office Visits
Routine/preventive visits covered in full.

General X-Ray

Advanced Imaging

Laboratory

Hospital Inpatient

Outpatient Surgery

Urgent Care

Emergency Room Services

Prescription Drugs

Deductible

Coinsurance

Max Out-of-Pocket
Includes deductible, coinsurance, and copays for all covered services.

Out-of-Network Services

DEDUCTIBLE

COINSURANCE

MAXIMUM OUT-OF-POCKET

ACA Metal
Reflects actuarial value certified by insurance carrier.

	HSA \$6,500	HSA \$5,000/50%	HSA \$2,800/20%	POS \$35/\$50-\$4,000/50%	POS \$35/\$50-\$2,500/50%	POS \$35/\$50-\$5,000/25%	POS \$35/\$50-\$3,750/25%	POS \$30/\$50-\$3,000/25%	POS \$25/\$40-\$2,000	POS \$30/\$45-\$1,500
Medical Office Visits	PCP 0% after deductible; Specialist 0% after deductible	PCP 50% after deductible; Specialist 50% after deductible	PCP 20% after deductible; Specialist 20% after deductible	PCP \$35; Specialist \$50	PCP \$35; Specialist \$50	PCP \$35; Specialist \$50	PCP \$35; Specialist \$50	PCP \$30; Specialist \$50	PCP \$25; Specialist \$40	PCP \$30; Specialist \$45
General X-Ray	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	\$40	\$40	25% after deductible	\$40	\$40
Advanced Imaging	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	Hospital Setting: 25% after deductible. Preferred Facility:* \$75 copay	Hospital Setting: 25% after deductible. Preferred Facility:* \$75 copay	Hospital Setting: 25% after deductible. Preferred Facility:* \$75 copay	\$75	Hospital Setting: \$75 after deductible. Preferred Facility:* \$75 copay
Laboratory	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	\$10	\$10	25% after deductible	\$10	\$10
Hospital Inpatient	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	\$500 copay per day after deductible
Outpatient Surgery	0% after deductible	50% after deductible	20% after deductible	Hospital Setting: 50% after deductible; Preferred Facility:* \$500 copay	50% after deductible	Hospital Setting: 25% after deductible. Preferred Facility:* \$500 copay	Hospital Setting: 25% after deductible; Preferred Facility:* \$500 copay	Hospital Setting: 25% after deductible; Preferred Facility:* \$500 copay	0% after deductible	Hospital Setting: \$500 copay after deductible; Preferred Facility:* \$500 copay
Urgent Care	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	ConnectiCare: \$75 copay; Harvard Pilgrim: 25% coinsurance to \$175 max	ConnectiCare: \$75 copay; Harvard Pilgrim: 25% coinsurance to \$175 max.	ConnectiCare: \$75 copay; Harvard Pilgrim: 25% coinsurance to \$175 max.	\$75	\$75
Emergency Room Services	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	25% coinsurance to \$350 max.	25% coinsurance to \$350 max.	25% coinsurance to \$350 max.	\$150	\$150
Prescription Drugs	Subject to deductible, excluding certain preventive drugs; see reverse for details.	Subject to deductible, excluding certain preventive drugs; see reverse for details.	Subject to deductible, excluding certain preventive drugs; see reverse for details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.	See reverse side for pharmacy details.
Deductible	\$6,500 individual; \$13,000 family	\$5,000 individual; \$10,000 family	\$2,800 individual; \$5,600 family	\$4,000 individual; \$8,000 family	\$2,500 individual; \$5,000 family	\$5,000 individual; \$10,000 family	\$3,750 individual; \$7,500 family	\$3,000 individual; \$6,000 family	\$2,000 individual; \$4,000 family	\$1,500 individual; \$3,000 family
Coinsurance	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible
Max Out-of-Pocket	\$6,500 individual; \$13,000 family	\$6,550 individual; \$13,100 family	\$4,000 individual; \$8,000 family	\$7,150 individual; \$14,300 family	\$6,850 individual; \$13,700 family	\$7,150 individual; \$14,300 family	\$6,950 individual; \$13,900 family	\$6,950 individual; \$13,900 family	\$3,000 individual; \$6,000 family	\$3,100 individual; \$6,200 family
DEDUCTIBLE	\$13,000 individual; \$26,000 family	\$10,000 individual; \$20,000 family	\$5,600 individual; \$11,200 family	\$8,000 individual; \$16,000 family	\$5,000 individual; \$10,000 family	\$10,000 individual; \$20,000 family	\$7,500 individual; \$15,000 family	\$6,000 individual; \$12,000 family	\$4,000 individual; \$8,000 family	\$3,000 individual; \$6,000 family
COINSURANCE	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
MAXIMUM OUT-OF-POCKET	\$26,000 individual; \$52,000 family	\$13,100 individual; \$26,200 family	\$8,000 individual; \$16,000 family	\$14,300 individual; \$28,600 family	\$13,700 individual; \$27,400 family	\$14,300 individual; \$28,600 family	\$13,900 individual; \$27,800 family	\$13,900 individual; \$27,800 family	\$6,000 individual; \$12,000 family	\$6,200 individual; \$12,400 family
ACA Metal	BRONZE	BRONZE	SILVER	SILVER	SILVER	SILVER	SILVER	SILVER	GOLD	GOLD

* See our website for Preferred Facility sites by carrier.

All plans subject to CT Ins. Dept. approval. The services described in this brochure are only an overview of the entire benefit package. Cost-share is determined by the carrier at the time of claim processing. For a more detailed description of benefits and terms, including any limitations and exclusions, refer to the carrier documents that will be provided to the member upon enrollment.