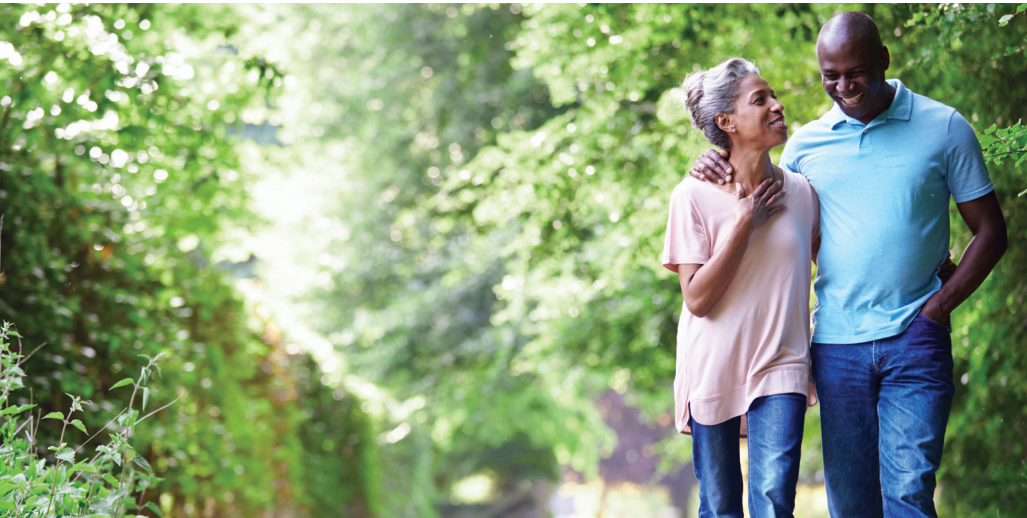


2021 ConnectiCare

Plans through Access Health CT



Powered
by people
for a
healthier you

ConnectiCare

You'll know the difference in customer service with ConnectiCare

Once you're a member, you can reach member services right here in Connecticut by calling 1-800-251-7722 (TTY: 711). Find hours at connecticare.com/contact.

We also have ConnectiCare Centers where you can get help in person. Go to visitconnecticare.com to make an appointment.



For a healthier all of us

Staying well and keeping healthy has, 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 2021 plans sold through Access Health CT, Connecticut's official health insurance marketplace.

New choices and services for 2021

Health care costs are always on people's minds. For 2021, we're pleased to introduce these services and options:

- Our new **Compass** plan. Lower your out-of-pocket costs by visiting "preferred" primary care providers (PCPs) and hospitals in our network.
- **Virtual** plans with \$0 copays for unlimited virtual visits with Teladoc® 24/7/365. Teladoc health professionals can diagnose, treat, and, if medically necessary, prescribe medicines for a wide range of non-emergency conditions. Get help when you or a covered family member is ailing with conditions like colds and flu, rashes and bug bites, stomach distress, sore throats, allergies, and more.*
- **WellSpark Health's** personal wellness evaluation tools and health video library. Take a short health assessment after you sign into the member website. Get a personalized plan for moving your health forward and suggestions for how to do that.

New this year: An easier way to shop and enroll!

- Visit **connecticare.com** to compare plan benefits, out-of-pocket costs, and premiums.
- Enter some basic information to learn if you may qualify for financial help through Access Health CT.**
- Enroll directly through ConnectiCare or visit **accesshealthct.com** to enroll in a plan.

Financial help – where to go

Your income may qualify you to receive help with your premium and out-of-pocket costs. We can help you find out if you qualify. If you do, you will need to enroll in your plan through Access Health CT. More information is also on their website at **accesshealthct.com**.**

*Telemedicine is not appropriate for all covered services, and restrictions apply.

**Access Health CT is the only place you can get financial help to pay for your coverage.

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. Has that ever been more important than today?

With a ConnectiCare plan, you get:

- Free preventive care coverage for services like annual checkups, screenings, flu shots, and other vaccinations.*
- 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 on demand with a mobile app, phone, or computer.
- Mental health care for substance use disorder, anxiety, depression, and other behavioral health conditions.
- Specialist care, diagnostic testing, and hospital treatment.
- Pediatric dental coverage for children through age 19.
- Emergency and urgent care wherever you travel.**

Dental plan options for adults, too

Three plans include preventive dental coverage for adults – **Choice Gold Alternative POS with Dental**, **Choice Catastrophic POS with Dental**, and **Choice Bronze Alternative POS with Dental**. Visit a participating dentist's office for important routine care, including preventive exams and cleanings and periodic x-rays. Visit "Find a doctor" on **connecticare.com** to find dentists in the ConnectiCare dental network.

We're here to help

Your broker is ready to help you enroll in a 2021 plan. If you don't have a broker, we're standing by.

BY PHONE

Call us at **1-800-723-2986**
(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.,
Saturday, 9 a.m. to 3 p.m.

IN PERSON

Meet with us at a
ConnectiCare Center.
Go to **visitconnecticare.com**
or call **1-877-523-6837** to
find locations and make
an appointment.

ONLINE

Visit **chooseconnecticare.com**
or **accesshealthct.com** to
compare plan benefits, features,
and premium rates.

*"Free" 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.

**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

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, and parts of Massachusetts and Rhode Island.
Compass plan	With the Compass plan, you can lower your out-of-pocket costs by visiting “preferred” primary care providers (PCPs) and hospitals in the plan’s network. All others are designated as “participating.” You can visit participating PCPs and hospitals too, but you may pay more.
Virtual plans	Virtual plans have \$0 copays for unlimited virtual visits with Teladoc.* Use the Teladoc mobile app, your phone, or video to visit a Teladoc doctor or licensed nurse 24/7/365. You can visit other doctors and health care professionals when you need to, but you will be responsible for a deductible or copay.
Passage plan	The Passage plan puts your health care right where it belongs: between you and your doctor. You must, however, choose a PCP from those who accept Passage plans and get your PCP to refer you to some types of 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**
Gold	Higher	Lower	80%
Silver	Moderate	Moderate	70%
Bronze	Lowest	Highest	60%

Catastrophic plans are also available for eligible individuals under age 30 and for those with financial hardship.

*Telemedicine is not appropriate for all covered services, and restrictions apply.

**Average amount plan pays for covered services.

More information to help you compare and choose

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

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.

Before you choose: Check the provider directory

Using doctors in your plan’s network can help save you money. Go to **connecticare.com** and use “Find a doctor” to find doctors and facilities in your plan’s network. If you have a Compass or Passage plan, there are some keys to help you:



Compass – This symbol identifies PCPs and hospitals that are “preferred” for Compass plan members. Your member ID card will remind you and your doctors that your plan has preferred health care providers.



Passage – This symbol indicates that a PCP accepts Passage plans (and so can make referrals to specialists for needed care). Your member ID card reminds you and your doctors that your plan requires referrals to some types of specialists.

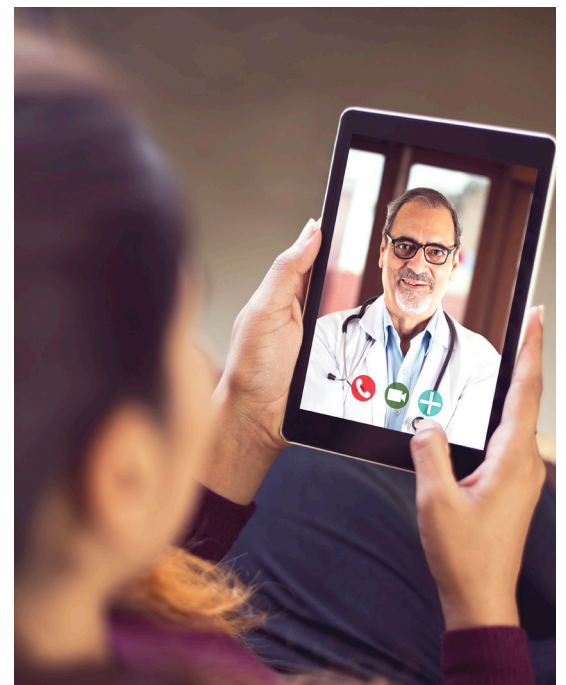
Virtual plans feature \$0 copays for virtual visits

Download the Teladoc mobile app from the app store after your plan’s start date. Create an account so you’re ready for a virtual visit when you need one.

Teladoc health professionals can diagnose, treat, and, if medically necessary, prescribe medicines for a wide range of non-emergency conditions.* Visit **teladoc.com/connecticare**.

Need to see a doctor in person? You can! Look at plan details starting on p. 6 for how much different visits and services will cost. Use “Find a doctor” on **connecticare.com** to locate doctors, urgent care centers, and other facilities in your Virtual plan’s network.

*Telemedicine is not appropriate for all covered services, and restrictions apply.



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. Once you reach your maximum out-of-pocket, ConnectiCare pays 100% of eligible claims.

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. Not all plans have copays.

Medical benefits or **covered services** – the 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.

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.

Advanced premium tax credit (APTC) – financial help to pay for health plan premiums (for those who qualify).

Cost share reductions (CSRs) – lower copays, deductibles, and coinsurance for those who qualify for these extra savings.

Passage PCP POS, Compass and Virtual plans

Plan name/Metal level

Passage Bronze Alternative PCP POS

PLAN/MEDICAL DEDUCTIBLE

Deductible (individual/family)	\$7,000/\$14,000*
Maximum out-of-pocket limit (individual/family)	\$8,550/\$17,100

IN-NETWORK MEDICAL BENEFITS

Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$0 (deductible waived)
Teladoc® virtual visits**	\$0 (deductible waived)
Specialist services (Some specialist services require a PCP's referral.)	\$60 copay after deductible
Mental health and substance abuse office visits	\$0 after deductible
Vision	\$50 copay (deductible waived)
Walk-in/urgent care center	\$100 copay (deductible waived)
Worldwide emergency coverage***	50% coinsurance after deductible
Hospital – inpatient treatment	50% coinsurance after deductible
Hospital – outpatient treatment	50% coinsurance after deductible
Outpatient surgery in freestanding locations	50% coinsurance after deductible
Lab services	50% coinsurance after deductible
X-rays	50% coinsurance after deductible
Advanced imaging (CT scans & MRI)	50% coinsurance after deductible

OUT-OF-NETWORK MEDICAL BENEFITS

Deductible (individual/family)	\$15,000/\$30,000
Coinsurance	50%
Maximum out-of-pocket limit (individual/family)	\$20,000/\$40,000

PRESCRIPTION DRUG BENEFIT

Prescription drug deductible (individual/family)	Plan has integrated deductible with medical (see above)*
Tier 1 – Generic drugs	\$25 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$50 copay after deductible
Tier 3 – Non-preferred brand drugs	50% coinsurance per prescription after deductible
Tier 4 – Specialty drugs	50% coinsurance \$500 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply.

***Subject to limitations.

Compass Gold Alternative POS	Bronze Virtual Alternative POS	Gold Virtual Alternative POS
Preferred Providers: \$2,000/\$4,000* Participating Providers: \$3,500/\$7,000*	\$6,000/\$12,000*	\$2,000/\$4,000
\$8,150/\$16,300	\$8,550/\$17,100	\$8,150/\$16,300
\$0	\$0	\$0
Preferred Providers: \$20 (deductible waived) Participating Providers: 40% after deductible	\$30 copay (deductible waived)	\$40 copay (deductible waived)
\$20 copay (deductible waived)	\$0 (deductible waived)	\$0 (deductible waived)
\$60 copay (deductible waived)	\$60 copay after deductible	\$60 copay (deductible waived)
\$60 copay (deductible waived)	\$0 after deductible	\$60 copay (deductible waived)
\$50 copay (deductible waived)	50% coinsurance (deductible waived)	40% coinsurance (deductible waived)
\$75 copay (deductible waived)	50% coinsurance (deductible waived)	40% coinsurance (deductible waived)
20% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
Preferred Providers: 20% coinsurance after deductible Participating Providers: 40% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
\$300 copay (deductible waived)	50% coinsurance after deductible	\$250 copay (deductible waived)
\$10 copay (deductible waived)	50% coinsurance after deductible	\$10 copay (deductible waived)
Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$10 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	50% coinsurance after deductible	Hospital Facility: 40% coinsurance after deductible Freestanding Facility: \$50 copay (deductible waived)
Preferred Providers: 20% coinsurance after deductible Freestanding Facility: \$75 copay up to \$375 copay (deductible waived) Participating Providers: 40% coinsurance after deductible	50% coinsurance after deductible	40% coinsurance after deductible
\$7,000/\$14,000	\$15,000/\$30,000	\$7,000/\$14,000
50%	50%	50%
\$12,000/\$24,000	\$20,000/\$40,000	\$12,000/\$24,000
Plan has integrated deductible with medical (see above)*	Plan has integrated deductible with medical (see above)*	\$250/\$500
\$10 copay (deductible waived)	\$25 copay (deductible waived)	\$10 copay (deductible waived)
\$50 copay (deductible waived)	\$50 copay after deductible	\$45 copay (deductible waived)
50% coinsurance per prescription after deductible	50% coinsurance per prescription after deductible	\$70 copay after Rx deductible
50% coinsurance \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription after deductible	20% coinsurance \$200 maximum per prescription after Rx deductible

Choice POS plans

	Plan name/Metal level	Choice Catastrophic POS with Dental*
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)		\$8,550/\$17,100**
Maximum out-of-pocket limit (individual/family)		\$8,550/\$17,100
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations		\$0
Primary care provider (PCP) services		\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible
Teladoc® virtual visits***		\$0 after deductible
Specialist services		\$0 after deductible
Mental health and substance abuse office visits		\$30 copay per visit for the first 3 visits deductible applies for additional visits \$0 after deductible
Vision		\$0 after deductible
Walk-in/urgent care center		\$0 after deductible
Worldwide emergency coverage****		\$0 after deductible
Hospital – inpatient treatment		\$0 after deductible
Hospital – outpatient treatment		\$0 after deductible
Outpatient surgery in freestanding locations		\$0 after deductible
Lab services		\$0 after deductible
X-rays		\$0 after deductible
Advanced imaging (CT scans & MRI)		\$0 after deductible
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)		\$15,000/\$30,000
Coinsurance		50%
Maximum out-of-pocket limit (individual/family)		\$20,000/\$40,000
PRESCRIPTION DRUG BENEFIT		
Prescription drug deductible (individual/family)		Plan has integrated deductible with medical (see above)**
Tier 1 – Generic drugs		\$0 after deductible
Tier 2 – Preferred brand drugs		\$0 after deductible
Tier 3 – Non-preferred brand drugs		\$0 after deductible
Tier 4 – Specialty drugs		\$0 after deductible

*Catastrophic plans are available to those under age 30 and those with financial hardship who qualify.

**Integrated medical and prescription drug deductible.

***Telemedicine is not appropriate for all covered services, and restrictions apply.

****Subject to limitations.

Choice Bronze Standard POS	Choice Bronze Alternative POS with Dental	Choice Bronze Standard POS HSA
\$6,550/\$13,100**	\$6,000/\$12,000**	\$6,350/\$12,700**
\$8,550/\$17,100	\$8,300/\$16,600	\$6,900/\$13,800
\$0	\$0	\$0
\$50 copay (deductible waived)	\$40 copay (deductible waived)	20% coinsurance after deductible
\$50 copay (deductible waived)	\$40 copay (deductible waived)	20% coinsurance after deductible
\$70 copay after deductible	\$60 copay after deductible	20% coinsurance after deductible
\$50 copay (deductible waived)	\$60 copay (deductible waived)	20% coinsurance after deductible
\$70 copay after deductible	\$40 copay (deductible waived)	20% coinsurance after deductible
\$75 copay (deductible waived)	\$100 copay after deductible	20% coinsurance after deductible
\$450 copay after deductible	45% coinsurance after deductible	20% coinsurance after deductible
\$500 copay/day \$1,000 maximum per admission after deductible	45% coinsurance after deductible	20% coinsurance after deductible
\$500 copay after deductible	45% coinsurance after deductible	20% coinsurance after deductible
\$300 copay after deductible	45% coinsurance after deductible	20% coinsurance after deductible
\$10 copay after deductible	\$25 copay after deductible	20% coinsurance after deductible
\$40 copay after deductible	\$60 copay after deductible	20% coinsurance after deductible
\$75 copay \$375 maximum after deductible	45% coinsurance after deductible	20% coinsurance after deductible
\$13,100/\$26,200	\$15,000/\$30,000	\$12,700/\$25,400
50%	50%	50%
\$17,100/\$34,200	\$20,000/\$40,000	\$13,800/\$27,600
Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**
\$20 copay (deductible waived)	\$15 copay after deductible	20% coinsurance after deductible
50% coinsurance after deductible	\$60 copay after deductible	25% coinsurance after deductible
50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible
50% coinsurance \$500 maximum per prescription after deductible	50% coinsurance \$500 maximum per prescription after deductible	30% coinsurance \$500 maximum per prescription after deductible

Choice POS plans

Plan name/Metal level

Choice Silver
Standard POS

PLAN/MEDICAL DEDUCTIBLE

Deductible (individual/family)	\$4,300/\$8,600
Maximum out-of-pocket limit (individual/family)	\$8,150/\$16,300

IN-NETWORK MEDICAL BENEFITS

Preventive care/screenings/immunizations	\$0
Primary care provider (PCP) services	\$40 copay (deductible waived)
Teladoc® virtual visits*	\$40 copay (deductible waived)
Specialist services	\$60 copay (deductible waived)
Mental health and substance abuse office visits	\$40 copay (deductible waived)
Vision	\$60 copay (deductible waived)
Walk-in/urgent care center	\$75 copay (deductible waived)
Worldwide emergency coverage**	\$450 copay after deductible
Hospital – inpatient treatment	\$500 copay/day \$2,000 maximum per admission after deductible
Hospital – outpatient treatment	\$500 copay after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible
Lab services	\$10 copay after deductible
X-rays	\$40 copay after deductible
Advanced imaging (CT scans & MRI)	\$75 copay \$375 maximum (deductible waived)

OUT-OF-NETWORK MEDICAL BENEFITS

Deductible (individual/family)	\$8,600/\$17,200
Coinsurance	40%
Maximum out-of-pocket limit (individual/family)	\$16,300/\$32,600

PRESCRIPTION DRUG BENEFIT

Prescription drug deductible (individual/family)	\$250/\$500
Tier 1 – Generic drugs	\$10 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$45 copay after Rx deductible
Tier 3 – Non-preferred brand drugs	\$70 copay after Rx deductible
Tier 4 – Specialty drugs	20% coinsurance \$200 maximum per prescription after Rx deductible

*Telemedicine is not appropriate for all covered services, and restrictions apply.

**Subject to limitations.

Choice Silver Standard POS (CSR 73%)	Choice Silver Standard POS (CSR 87%)	Choice Silver Standard POS (CSR 94%)
Available for individuals and families up to 250% Federal Poverty Level.		
\$3,950/\$7,900	\$650/\$1,300	None
\$6,500/\$13,000	\$2,500/\$5,000	\$900/\$1,800
\$0	\$0	\$0
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$40 copay (deductible waived)	\$20 copay (deductible waived)	\$10 copay
\$60 copay (deductible waived)	\$45 copay (deductible waived)	\$30 copay
\$75 copay (deductible waived)	\$35 copay (deductible waived)	\$25 copay
\$450 copay after deductible	\$150 copay after deductible	\$50 copay
\$500 copay/day \$2,000 maximum per admission after deductible	\$100 copay/day \$400 maximum per admission after deductible	\$75 copay/day \$300 maximum per admission
\$500 copay after deductible	\$100 copay after deductible	\$75 copay
\$300 copay after deductible	\$60 copay after deductible	\$45 copay
\$10 copay after deductible	\$10 copay after deductible	\$10 copay
\$40 copay after deductible	\$30 copay after deductible	\$25 copay
\$75 copay \$375 maximum (deductible waived)	\$60 copay \$360 maximum (deductible waived)	\$50 copay \$350 maximum
\$8,600/\$17,200	\$8,600/\$17,200	\$8,600/\$17,200
40%	40%	40%
\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600
\$250/\$500	\$50/\$100	None
\$10 copay (deductible waived)	\$10 copay (deductible waived)	\$5 copay
\$45 copay after Rx deductible	\$25 copay (deductible waived)	\$10 copay
\$70 copay after Rx deductible	\$40 copay after Rx deductible	\$30 copay
20% coinsurance \$100 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription after Rx deductible	20% coinsurance \$60 maximum per prescription

Choice POS plans

Plan name/Metal level

	Choice Gold Standard POS	Choice Gold Alternative POS with Dental
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)	\$1,300/\$2,600	\$3,500/\$7,000*
Maximum out-of-pocket limit (individual/family)	\$5,250/\$10,500	\$7,800/\$15,600
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations	\$0	\$0
Primary care provider (PCP) services	\$20 copay (deductible waived)	\$30 copay (deductible waived)
Teladoc® virtual visits**	\$20 copay (deductible waived)	\$30 copay (deductible waived)
Specialist services	\$40 copay (deductible waived)	\$50 copay (deductible waived)
Mental health and substance abuse office visits	\$20 copay (deductible waived)	\$50 copay (deductible waived)
Vision	\$40 copay (deductible waived)	\$30 copay (deductible waived)
Walk-in/urgent care center	\$50 copay (deductible waived)	\$50 copay (deductible waived)
Worldwide emergency coverage***	\$400 copay (deductible waived)	20% coinsurance after deductible
Hospital – inpatient treatment	\$500 copay/day \$1,000 maximum per admission after deductible	20% coinsurance after deductible
Hospital – outpatient treatment	\$500 copay after deductible	20% coinsurance after deductible
Outpatient surgery in freestanding locations	\$300 copay after deductible	\$350 copay (deductible waived)
Lab services	\$10 copay after deductible	\$10 copay (deductible waived)
X-rays	\$40 copay after deductible	Freestanding Facility: \$25 copay (deductible waived) Hospital Facility: 20% coinsurance after deductible
Advanced imaging (CT scans & MRI)	\$65 copay \$375 maximum (deductible waived)	Freestanding Facility: \$75 copay up to \$375 maximum (deductible waived) Hospital Setting: 20% coinsurance after deductible
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)	\$3,000/\$6,000	\$7,000/\$14,000
Coinsurance	30%	50%
Maximum out-of-pocket limit (individual/family)	\$10,500/\$21,000	\$12,000/\$24,000
PRESCRIPTION DRUG BENEFIT		
Prescription drug deductible (individual/family)	\$50/\$100	Plan has integrated deductible with medical (see above)*
Tier 1 – Generic drugs	\$5 copay (deductible waived)	\$10 copay (deductible waived)
Tier 2 – Preferred brand drugs	\$35 copay (deductible waived)	\$50 copay (deductible waived)
Tier 3 – Non-preferred brand drugs	\$60 copay (deductible waived)	50% coinsurance after deductible
Tier 4 – Specialty drugs	20% coinsurance \$100 maximum per prescription after Rx deductible	50% coinsurance \$500 maximum per prescription after deductible

*Integrated medical and prescription drug deductible.

**Telemedicine is not appropriate for all covered services, and restrictions apply.

***Subject to limitations.



Ready to enroll?

Your broker can help and answer your questions. Don't have a broker? We're here to help.

BY PHONE

Call us at **1-800-723-2986**
(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.,
Saturday, 9 a.m. to 3 p.m.

IN PERSON

Meet with us at a
ConnectiCare Center.
Go to **visitconnecticare.com**
or call **1-877-523-6837** to
find locations and make
an appointment.

ONLINE

Visit **chooseconnecticare.com**
or **accesshealthct.com** to
compare plan benefits, features,
and premium rates.



ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711). ©2020 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission. Coverage underwritten by ConnectiCare Benefits, Inc. only, not by Access Health CT. ©2020 ConnectiCare, Inc. & Affiliates.

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