

## Questions?

Call your broker or contact ConnectiCare.  
soloinfo@ConnectiCare.com

**1-800-723-2986**

Monday – Friday 8:00 a.m. to 5:00 p.m.

**ChooseCONNECTICARE.com**

**ConnectiCare®**  
*You know us by .*

175 Scott Swamp Road  
Farmington, CT 06034


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## 2016 ConnectiCare® SOLO Individual Plans



**ConnectiCare®**  
*You know us by .*

# Choosing a health plan is a big decision. We're here to help.

This guide includes information about ConnectiCare® SOLO 2016 Plans. You'll see a range of plan options, each designed to give you the benefits you need at a price that works. Plus, you can count on personal, responsive service. We are a local and caring company that is often recognized for customer service and quality.

Choose ConnectiCare for health insurance made easier.

- No referrals to see your doctors
- Access to thousands of doctors, hospitals and pharmacies – including EVERY hospital in the state.
- Free preventive care for covered services\*
- Telemedicine with MDLIVE® – virtual doctor visits from your home, office or on the go
- Emergency care anywhere in the world
- Prescription drug benefits
- Vision benefits
- Member-only wellness and discount programs

\*Sometimes a preventive check-up leads to other care from your doctor, even in the same appointment. Check with your doctor during your visit to see if additional services are being provided that you may be billed for.

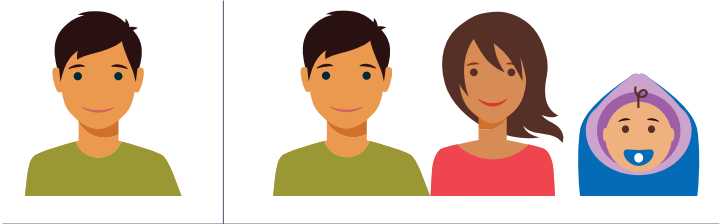
## Top Choice

Join the thousands who have helped make ConnectiCare the **top choice** in Connecticut for individual health plans.\*

\*The Connecticut Mirror, hartfordbusiness.com, and Centers for Medicare & Medicaid Services, 2015.

## Ten things to consider when shopping for health insurance.

### 1 Will you need coverage for yourself or for your entire family?



## 2 What type of health plan is right for you?

### There are two types of SOLO Plans

POS

Point-of-Service (POS)

A POS Plan offers the flexibility to choose a doctor in our network, or you can choose one who is outside our network. You will generally pay more if you use an out-of-network doctor.

HMO

Health Maintenance Organization (HMO)




An HMO Plan covers in-network medical services only, except for emergency care.

You can also choose a plan that can be used with a **Health Savings Account (HSA)**. An HSA is a savings account that you can fund with pre-tax dollars and use to pay for qualified health care expenses, including prescriptions. These plans are identified with **(E)** or **(A)** at the end of their name on the plan charts on the following pages.

See page 5 for more information on Health Savings Accounts.

## 3 What levels of coverage are available?

ConnectiCare SOLO Plans are broken down by “metal” levels. The metal levels differ based on how much of your medical expenses the plan will cover. Listed below are descriptions for typical premiums and out-of-pocket costs for each metal level.

Metal Level	Premiums	Your Out-of-Pocket Costs	Plan Pays*
 Bronze Plans	Lowest	Highest	60%
 Silver Plans	Moderate	Moderate	70%
 Gold Plans	Highest	Lowest	80%

\*Average amount plan pays for covered services



## 4 Are your doctors in the network?

Review ConnectiCare's network for SOLO Plans to see if your doctor is included. Our network includes thousands of doctors and every hospital in the state.

To see if your doctor is in our network, use the *Find a Doctor* tool at [connecticare.com](https://connecticare.com).

Remember, with SOLO POS Plans, you have the flexibility to choose a doctor in our network, or you can choose one who is outside our network. You will generally pay more if you use an out-of-network doctor.

## 5 Do you need coverage for care while you're away from home?

All ConnectiCare Plans cover worldwide emergency and urgent care, PLUS Telemedicine with MDLIVE®, a new benefit available January 1, 2016 that gives you a convenient way to get the care you need, when you need it and at a more affordable cost.

With MDLIVE, you can visit with a doctor 24/7/365 from your home, office or on the go. A network of board certified doctors is available by phone, secure video or through the MDLIVE app to assist with non-emergency medical conditions. Get medical advice, a diagnosis and even a prescription, if needed. You can get a consult in your native language, with 150 languages available, including Spanish. **Best of all, the cost is \$40 or less per visit, depending on your plan type. That's far less than an emergency room or urgent care visit.**



**MDLIVE**

## 6 Are your prescription drugs covered?

All SOLO Plans include prescription drug benefits at different levels. You can view our list of covered prescription drugs, called the Freedom Drug List, by visiting [connecticare.com/solo](https://connecticare.com/solo). Just click on "Helpful Facts & Forms."

## 7 Do you need vision coverage?

ConnectiCare SOLO Plans include vision coverage for adults and children.

## 8 Do you need dental coverage?

You can purchase ConnectiCare SOLO Dental Plans separately for an additional low monthly premium.

## 9 What other programs and services are offered?

With ConnectiCare, you'll get member-only extras that don't cost extra!

- **Healthy Alternatives Discounts** program with savings up to 30% on things like fitness centers, nutritional counseling, weight management and spa services
- **Vision Discount Program** that can save you hundreds of dollars each year on frames, lenses and prescription contacts
- **College Tuition Rewards® Program** that lets you earn money for a family member's education

## 10 What can you afford to pay?

When choosing a plan, consider how much you can afford to pay for your monthly premium. Consider how often you will need to use services, like going to the doctor or getting lab work. **Remember, with all ConnectiCare Plans, preventive care services are free for covered services.**

Here are a few tips to help you decide:

- You will usually pay a lower monthly premium if you choose a plan with a higher deductible and copays.
- You will usually pay a higher monthly premium if you choose a plan with a lower deductible and copays.



**Review our plans on the following pages, and if you have questions:**

**Call your broker or contact ConnectiCare at  
1-800-723-2986**

Monday – Friday 8:00 a.m. to 5:00 p.m.

ConnectiCare SOLO Plans with Health Savings Accounts (HSAs)

For each plan type, there are several HSA-compatible plans. An HSA is a savings account that members can fund with pre-tax dollars and use to pay for qualified health care expenses, including prescriptions. These plans are identified with **HSA** and **(E)** or **(A)** in their name on the plan charts in the following pages.

- **(E)** means that the plan has an “embedded” deductible. When any one family member has expenses equal to the single level deductible, the plan begins to pay for that one family member.
- **(A)** means that the plan has an “aggregate” deductible for all family members together. The plan does not begin to pay until the full family deductible is met.

With both types of plans, the maximum out-of-pocket for any one family member cannot exceed \$6,850.

Example

The Smith Family has a POS Plan with an HSA  
In-Network Deductible: \$5,350 Individual/\$10,700 Family  
In-Network Maximum Out-Of-Pocket: \$6,550 Individual/\$13,100 Family  
In 2016, the Smith family had total in-network medical expenses of **\$6,250**:  
**Mrs. Smith \$5,500, Mr. Smith \$500, Daughter Jamie \$250**

Mrs. Smith Only									
Embedded				Aggregate					
Claims paid to date	Remaining until maximum out-of-pocket is reached		Maximum out-of-pocket Expense	Claims paid to date	Remaining until maximum out-of-pocket is reached		Maximum out-of-pocket expense		
	Deductible	Copay or Coinsurance			Deductible	Copay or Coinsurance			
\$5,500 ✔ Individual deductible met	\$0	+	\$1,050	\$6,550	\$5,500 ⊘ Family deductible not met*	\$1,350	+	\$0	\$6,850 On any single member's claim

\*Individual deductible does not apply.  
Mrs. Smith’s maximum out-of-pocket spend is \$300 higher with an aggregate plan. (\$6,850 - \$6,550 = \$300)

The Smith Family									
Embedded				Aggregate					
Claims paid to date	Remaining until maximum out-of-pocket is reached		Maximum out-of-pocket Expense	Claims paid to date	Remaining until maximum out-of-pocket is reached		Maximum out-of-pocket expense		
	Deductible	Copay or Coinsurance			Deductible	Copay or Coinsurance			
\$6,250 ⊘ Family deductible not met	\$4,450	+	\$2,400	\$13,100	\$6,250 ⊘ Family deductible not met	\$4,450	+	\$2,400	\$13,100

The Smith Family’s maximum out-of-pocket spend is the same for embedded and aggregate plans.

Solo Health Coverage Options		POS Deductible \$2,500/\$5,000 Gold	POS Upfront Deductible \$500/\$1,000 Gold	POS Upfront Deductible \$750/\$1,500 Gold	POS Upfront Deductible \$1,000/\$2,000 Gold
Metal Level					
IN-NETWORK MEDICAL BENEFITS					
Plan/Medical Deductible					
Deductible (Individual/Family)	\$2,500/\$5,000	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	
Maximum Out-of-Pocket (Individual/Family)	\$5,700/\$11,400	\$6,600/\$13,200	\$6,350/\$12,700	\$6,350/\$12,700	
Office Visits					
Preventive Care/Screenings/Immunizations	\$0	\$0	\$0	\$0	
Primary Care Physician/Telemedicine	\$25 copay	\$30 copay after deductible	\$30 copay	\$30 copay	
Specialist	\$45 copay	\$40 copay after deductible	\$45 copay after deductible	\$45 copay after deductible	
Vision	\$45 copay	\$40 copay	\$45 copay	\$45 copay	
Emergency/Urgent Care					
Worldwide Emergency Coverage	\$150 copay	\$100 copay after deductible	\$150 copay after deductible	\$150 copay after deductible	
Walk-In Center	\$75 copay	\$75 copay after deductible	\$75 copay after deductible	\$75 copay after deductible	
Hospital Services					
Inpatient Hospital Coverage	\$0 after deductible	\$500/day \$2,000 maximum per admission after deductible	\$500/day \$2,000 maximum per admission after deductible	\$500/day \$2,000 maximum per admission after deductible	
Hospital Outpatient Facilities	\$0 after deductible	\$500 copay after deductible	\$500 copay after deductible	\$500 copay after deductible	
Outpatient Surgery Free Standing Location	\$0 after deductible	\$250 copay after deductible	\$250 copay after deductible	\$250 copay after deductible	
Outpatient Services					
Lab Services	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	
X-Rays	\$45 copay	\$40 copay after deductible	\$45 copay after deductible	\$45 copay after deductible	
Advanced Imaging (CT Scans & MRI)	\$75 copay	\$75 copay after deductible	\$75 copay after deductible	\$75 copay after deductible	
OUT-OF-NETWORK BENEFITS					
Deductible (Individual/Family)	\$5,000/\$10,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	
Coinsurance	50%	50%	50%	50%	
Maximum Out-of-Pocket (Individual/Family)	\$10,000/\$20,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	
PRESCRIPTION DRUG COVERAGE OPTION					
Prescription Drug Deductible (Individual/Family)	\$200/\$400	\$200/\$400	\$200/\$400	\$200/\$400	
Tier 1 (Generic)	\$5 copay	\$5 copay	\$5 copay	\$5 copay	
Tier 2 (Preferred Brand)	\$30 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	
Tier 3 (Non-Preferred Brand)	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	
Tier 4 (Specialty)	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	

Metal Level	POS Deductible \$5,000/\$10,000 Silver	POS Upfront Deductible \$1,500/\$3,000 - 30PCP - 50% Silver	POS Upfront Deductible \$2,500/\$5,000 Silver	POS Upfront Deductible \$2,500/\$5,000 - 30PCP - 50% Silver	POS Upfront Deductible \$2,500/\$5,000 - 20% Silver	POS Upfront Deductible \$4,500/\$9,000 - 30PCP - 50% Silver	POS Copay and Deductible \$4,500/\$9,000 - 20% Silver	POS HSA \$1,750/\$3,500 Deductible (A)* Silver	POS HSA \$3,000/\$6,000 Deductible (E)* Silver	POS HSA \$5,350/\$10,700 Combined Deductible (E)* Bronze	POS HSA \$6,000/\$12,000 Deductible (E)* Bronze	HMO HSA \$5,350/\$10,700 Deductible (E)* Bronze
IN-NETWORK MEDICAL BENEFITS												
Plan/Medical Deductible												
Deductible (Individual/Family)	\$5,000/\$10,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$4,500/\$9,000	\$4,500/\$9,000	\$1,750/\$3,500**	\$3,000/\$6,000**	\$5,350/\$10,700** In- and Out-of-Network	\$6,000/\$12,000**	\$5,350/\$10,700**
Maximum Out-of-Pocket (Individual/Family)	\$6,600/\$13,200	\$6,500/\$13,000	\$6,600/\$13,200	\$5,500/\$11,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,350/\$12,700	\$6,550/\$13,100	\$4,000/\$8,000	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Office Visits												
Preventive Care/Screenings/Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Physician/Telemedicine	\$30 copay	\$30 copay	\$30 copay after deductible	\$30 copay	20% coinsurance after deductible	\$30 copay	\$25 copay	\$30 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Specialist	\$50 copay	50% coinsurance after deductible	\$45 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	\$40 copay	\$45 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Vision	\$50 copay	50% coinsurance	\$45 copay	50% coinsurance	20% coinsurance	50% coinsurance	\$40 copay	\$45 copay	\$0	\$0	\$0	\$0
Emergency/Urgent Care												
Worldwide Emergency Coverage	\$200 copay	50% coinsurance after deductible	\$150 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$200 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Walk-In Center	\$75 copay	50% coinsurance after deductible	\$75 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$75 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Services												
Inpatient Hospital Coverage	\$0 after deductible	50% coinsurance after deductible	\$500/day \$2,000 maximum per admission after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$500/day \$2,000 maximum per admission after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Hospital Outpatient Facilities	\$0 after deductible	50% coinsurance after deductible	\$500 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$500 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Surgery Free Standing Location	\$0 after deductible	50% coinsurance after deductible	\$250 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$250 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient Services												
Lab Services	\$30 copay	50% coinsurance after deductible	\$0 after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$30 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
X-Rays	\$50 copay	50% coinsurance after deductible	\$45 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$45 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Advanced Imaging (CT Scans & MRI)	\$75 copay after deductible	50% coinsurance after deductible	\$75 copay after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	\$75 copay after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
OUT-OF-NETWORK BENEFITS												
Deductible (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000	\$6,000/\$12,000**	\$6,000/\$12,000**	Combined with In-Network**	\$8,000/\$13,000**	Not covered
Coinsurance	50%	50%	50%	50%	50%	50%	50%	70%	70%	50%	50%	Not covered
Maximum Out-of-Pocket (Individual/Family)	\$10,000/\$20,000	\$15,000/\$30,000	\$10,000/\$20,000	\$15,000/\$30,000	\$10,000/\$20,000	\$20,000/\$40,000	\$12,500/\$25,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$12,500/\$25,000	Not covered
PRESCRIPTION DRUG COVERAGE OPTION												
Prescription Drug Deductible (Individual/Family)	\$200/\$400	\$200/\$400	\$200/\$400	\$200/\$400	\$200/\$400	\$200/\$400	\$200/\$400	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**	Plan has integrated deductible with medical (see above)**
Tier 1 (Generic)	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay after deductible	\$5 copay after deductible	\$5 copay after deductible	\$5 copay after deductible	\$5 copay after deductible
Tier 2 (Preferred Brand)	\$50 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$20 copay after deductible	\$25 copay after deductible	\$50 copay after deductible	\$25 copay after deductible	\$60 copay after deductible	\$25 copay after deductible	\$60 copay after deductible
Tier 3 (Non-Preferred Brand)	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	\$60 copay after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	50% coinsurance \$150 maximum per prescription after deductible	\$60 copay after deductible	50% coinsurance \$150 maximum per prescription after deductible
Tier 4 (Specialty)	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 \$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



Important information about the ConnectiCare® SOLO Plans in this booklet

The benefit descriptions in this booklet are only a brief summary. The Membership Agreement or Certificate of Coverage that you will receive after you enroll will prevail for all benefits, conditions, limitations and exclusions.

Preventive Care and Wellness Services

**In-Network services not subject to cost share**  
In-Network prevention and wellness services as defined by the United States Preventive Service Task Force (listed below) are exempt from all member cost share (deductible, copayment and coinsurance) under the Patient Protection and Affordable Care Act (PPACA). Services that are exempt from cost share must be identified by the specific code(s). The code(s) your health care provider submits must match ConnectiCare's coding list to be exempt from all cost share. Please note that not all preventive services are listed below and that some diagnostic services provided in relation to preventive and wellness services require member cost share. Go to [www.connecticare.com/preventive](http://www.connecticare.com/preventive) for more information on coverage of preventive care or services.

- Routine physical exam and appropriate screening and counseling for adults (including but not limited to cardiovascular disease, depression, obesity and sexually transmitted infections), one per year
- Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration (including but not limited to depression, obesity and sexually transmitted infections)
- Preventive care and screenings for women supported by the Health Resources and Services Administration
  - At least one well-woman preventive care visit annually to obtain the recommended preventive services
  - Screening for diabetes during pregnancy, two per pregnancy
  - Human Papillomavirus (HPV) testing, age 30 or older, one per year
  - Counseling on sexually transmitted infections for all sexually active women, two per year
  - Counseling and screening for human immunodeficiency virus (HIV) for all sexually active women
  - Contraceptive methods approved by the Food and Drug administration, sterilization procedures and contraceptive patient education and counseling
  - Comprehensive lactation support, counseling, a breast pump (either manual or non-hospital grade electric), and breastfeeding supplies
  - Screening and counseling for interpersonal and domestic violence for all women and adolescents
- Bone density screenings, age 60 or older, one every 23 months
- Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, ages 50-75, one per year

- Routine mammography screening, age 40 or older, one per year
- Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC
- Outpatient laboratory services, one per year:
  - Cervical cancer and cervical dysplasia screening – pap smear
  - Lipid cholesterol screening for adults and children at risk
  - Fasting plasma glucose or hemoglobin A1c, age 18 and older for people at risk for diabetes
  - Hematocrit and hemoglobin, for children up to age 21
  - Lead screening, for children up to age 6
  - Tuberculin testing, for children up to age 21
  - Chlamydia, syphilis and gonorrhea screening for females all ages
  - Human immunodeficiency virus screening – HIV testing (no limit)
  - Hypothyroidism screening in newborns, under 3 months of age
  - Screening for phenylketonuria (PKU) in newborns, under 3 months of age
  - Screening for sickle cell disease in newborns, under 3 months of age
  - Hepatitis B screening for adolescents and adults at risk
  - Hepatitis C screening for adults at risk
  - Lung Cancer screening for adults ages 55-80 who have smoked
- Routine vision screening, up to age 21, one per year when services are rendered by a primary care provider
- Routine hearing screening up to age 21 when rendered by a primary care provider
- Dental caries prevention up to age 5 when rendered by a primary care provider
- Developmental, autism, and psychosocial/behavioral assessments up to age 21 when rendered by a primary care provider
- Dietary counseling for adults with cardiovascular disease, hyperlipidemia or obesity
- Alcohol misuse screening and counseling
- Tobacco cessation interventions
- Screening for Hepatitis B, iron deficient anemia, Rh (D) blood typing and asymptomatic bacteriuria in women who are pregnant
- Screening for abdominal aortic aneurysm in men age 65–75 who have ever smoked
- BRCA screening, genetic counseling and if indicated, genetic testing
- Physical therapy to prevent falls in adults age 65 and older

Things to know before applying for a ConnectiCare® SOLO Plan

**ConnectiCare® SOLO is now 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 meet the following criteria:
- Legal resident of Connecticut
  - Be under age 65
  - Not enrolled in Medicare
  - Single or married, or one of the following:
    - Dependent spouse
    - Civil union/domestic partner\*
    - Dependent child to age 26 who is not covered under a group health plan

\* Domestic partners must 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 ConnectiCare agent and your tax advisor before establishing an HSA.

**Renewal Provision**  
We can refuse to renew your active policy only when we refuse to renew all individual plans in this State. Nonrenewal will not affect an existing claim.

**Eligibility Periods:**  
**Open Enrollment**  
For, 2016 the Open Enrollment Period is November 1, 2015 through January 31, 2016

If you enroll:	Your coverage will be effective:
November 1, 2015 – December 15, 2015	January 1, 2016
December 16, 2015 – January 15, 2016	February 1, 2016
January 16, 2016 – January 31, 2016	March 1, 2016

**Limited Open Enrollment:**  
An individual can experience a qualifying event that makes him/her eligible to apply for health care coverage outside the Open Enrollment period. This is called a Special Enrollment Period. If you have experienced a qualifying event, you can apply for coverage within 60 days following the event. Examples of a Qualifying Event include:

- An individual and/or any dependents lose minimum essential coverage not resulting from failure to pay a premium or providing false information on a previous application
- An individual gains or becomes a dependent through birth, adoption, or placement for adoption
- An individual gains or becomes a dependent through marriage
- An individual gained a dependent through court order, including child support
- An individual experiences an error in enrollment
- The divorce or legal separation that results in a loss of group health coverage
- A covered dependent loses group health coverage because of a covered employee's eligibility for Medicare
- A dependent child loses coverage due to loss of dependent status under an employee's group health plan
- New coverage becomes available to an individual or enrollee that has permanently moved into the ConnectiCare service area
- A dependent loses coverage because of the death of a covered employee under a group plan
- The termination (other than for misconduct) or reduction of hours of a covered employee's employment that results in a loss of group health coverage
- The divorce or legal separation that results in a loss of group health coverage
- A covered dependent loses group health coverage because of a covered employee's eligibility for Medicare
- A dependent child loses coverage due to loss of dependent status under an employee's group health plan
- The divorce or legal separation that results in a loss of group health coverage
- A covered dependent loses group health coverage because of a covered employee's eligibility for Medicare.
- A dependent child loses coverage due to loss of dependent status under an employee's group health plan