

Changes to your plan – effective January 1, 2016

Here is a list of changes for ConnectiCare's **Connecticut Small Group and Non-grandfathered SOLO plans**.

Covered Service	Current Commercial Plans	New as of 1/1/2016
Allergy injections	Cost share was \$0 or applicable in-network deductible and coinsurance	Primary Care or Specialist cost share applies
Hearing Aid	Hearing aids are covered for a member age 12 and under up to one hearing aid per ear every 24 months	Hearing aids are covered up to one aid per ear every 24 months
Infertility Services	Covered up to age 40 when medically necessary	Covered when medically necessary
Maximum Out-of-Pocket (MOOP) HSA Compatible Plan Designs	MOOP cannot exceed \$6,450 Member/\$12,900 Family	MOOP cannot exceed \$6,550 Member/\$13,100 Family – for family plans, individual MOOP capped at \$6,850
Maximum Out-of-Pocket (MOOP) Non-HSA Compatible Plan Designs	MOOP cannot exceed \$6,600 Member/\$13,200 Family	MOOP cannot exceed \$6,850 Member/\$13,700 Family
Modified Food Products and other Specialized Formulas	Covered at 100% or 100% after plan deductible for HDHP/HSA compatible plan designs	Covered at applicable Retail Pharmacy Tier 3 cost share
Pediatric Dental	Coverage provided for children under age 19	Coverage provided for children under age 20
Pediatric Vision	Coverage provided for children under age 19	Coverage provided for children under age 20
Pharmacy for HSA compatible Plans	All drugs that are not identified as preventive under HCR are subject to the plan copayments and deductible	Additional drugs that are preventive in nature will be exempt from the plan deductible - copayments will still apply
Telemedicine	Not a covered benefit	New covered benefit – Primary Care cost share applies
Routine Vision Exam	Copayment range was from \$5-\$45 per visit	Applicable Specialist copayment applies

Questions? Please contact your ConnectiCare Sales Representative or Broker.

For more details on benefit changes, please refer to the benefit summaries and/or plan documents.



Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc; coverage for plans offered on Access Health CT is underwritten by ConnectiCare Benefits, Inc.

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