Charter Oak Health Plan

Description:

Charter Oak Health Plan is Connecticut’s medical insurance program for individuals age 19 through 64 who are uninsured or are experiencing financial hardship in paying unaffordable, non-group premiums on their own. Connecticut has contracted with three private insurers, Aetna Better Health, AmeriChoice by UnitedHealthcare and Community Health Network of Connecticut, to coordinate health insurance benefits and medical providers. Eligible individuals must choose from one of these three insurers. Affiliated Computer Services, Inc.determines eligibility for the Charter Oak Health Plan. There is a six month period of ineligibility for individuals who drop existing medical coverage in order to qualify for Charter Oak, however there are some exceptions to this policy. Individuals receiving Medicare insurance are not eligible for Charter Oak. Individuals receiving Social Security Disability or State Supplemental Income are referred to the Department of Social Services for Medicaid. Those with very low incomes are referred to the Department for SAGA provided they have limited assets.

Individuals with pre-existing medical conditions can apply for and receive coverage under Charter Oak. There is no asset test or income requirement. The amount of income a person has, however, determines the premium and deductibles for which she/he is responsible. Deductible amounts apply to inpatient hospital care, outpatient surgical care and inpatient rehabilitation and skilled nursing. Where applicable, co-payments will remain the same throughout the eligibility period.

Charter Oak Health Plan benefits include but are not limited to:

- Primary care office visits with $25 co-pay.
- Specialist office visits with $35 co-pay.
- Preventive care visits are covered 100 percent.
- Behavioral health through the Connecticut Behavioral Partnership with $35 co-pay.
- An ambulance is covered 100 percent in emergencies.
- Prescription medication with a three-tiered payment system.
- Durable medical equipment with a $4,000 annual limit.
- Maternity pre-and post-care is covered 100 percent.
- Inpatient hospital care is covered 90 percent after the deductible is met.
- Outpatient surgery is covered 80 percent after the deductible is met.
- Inpatient rehabilitation and skilled nursing is covered 80 percent after the deductible is met.

Eligibility Requirements, Service Areas and Program Year:

Eligibility Requirements:
Must be a Connecticut resident.
Must be between the ages of 19 and 65.
Must not have dropped cost-effective group medical insurance in order to qualify for the Charter Oak Health Plan unless certain criteria are met.
Eligible persons must choose one of the three managed care plans available through the Charter Oak program.
Must pay monthly premiums; when premiums are not paid, recipients are locked out of the program for three months and past-due premiums must be paid prior to re-enrollment.
There is no income requirement or asset test. Family size and income determine premiums and deductibles.
The Charter Oak Health Plan does not provide retroactive coverage.
Self-employment income must be verified.

Service Areas:
Statewide

Program Year:
July – June

Contact Information:
For information or an application call 1-877-CTOAK or 1-877-772-8625. An application can also be downloaded from www.charteroakhealthplan.com

Completed and signed applications should be sent to:
Charter Oak Health Plan
P.O. Box 280747
East Hartford, CT 06128

Related Information:

CHOICES, refer to page XIII – 5.