

## Connecticut Pre-Existing Condition Insurance Plan PPO PLAN BENEFIT DESCRIPTION

### **Annual Deductibles**

(The amount you pay out-of-pocket for covered services before the plan begins to reimburse you.)

<b>In-Network</b>	<b>\$1,250 per Individual</b>	<b>\$2,500per family</b>
<b>Out of Network</b>	<b>\$3,000 per Individual</b>	<b>\$6,000 per family</b>

**Out of Pocket Maximum** Only out-of-pocket expenses for covered services count toward the out-of-pocket maximum.

<b>In-Network</b>	<b>\$4,250 per Individual</b>	<b>\$8,500 per family</b>
<b>Out of Network</b>	<b>\$15,000 per Individual</b>	<b>\$30,000 per family</b>

**Lifetime Maximum**                    **\$ 1,500,000.00**

### **Physicians Services**

	<b><u>In-Network</u></b>	<b><u>Out of Network</u></b>
Office visits	80% after deductible	60% after deductible
Inpatient surgery	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	60% after deductible

### **Hospital Services**

Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible

<b><u>Skilled Nursing Facility</u></b>	80% after deductible 120 day maximum	60% after deductible 120 day maximum
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<b><u>Occupation/Speech Therapy</u></b>	80% after deductible	60% after deductible
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<b><u>X-ray and Lab Exams</u></b>	80% after deductible	60% after deductible
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<b><u>X-ray Therapy</u></b>	80% after deductible	60% after deductible
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<b><u>Prostate Screening (PSA)</u></b>	80% after deductible	60% after deductible
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<b><u>Colorectal Cancer Screening</u></b>	80% after deductible	60% after deductible
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<b><u>Eye Exams</u></b>	80% after deductible Routine eye exams not covered (Except for Children under 17)	60% after deductible Routine eye exams not covered (Except for children under 17)
<b><u>Ambulance</u></b>	80% after deductible	60% after deductible
	Plan will not pay more than the maximum allowable rate established by the Department of Public Health.	
<b><u>Pediatric Well Care</u></b> (Including immunizations)	100% No deductible required	100% No deductible required
<b><u>Other Routine Exams</u></b>	80% after deductible	60% after deductible
<b><u>Immunizations</u></b>	80% after deductible	60% after deductible
<b><u>Lyme Disease Treatment</u></b>	80% after deductible No less than 30 days intravenous antibiotic therapy and/or 60 oral antibiotic therapy and further treatment if recommended by a board certified rheumatologist, infectious disease specialist or neurologist.	60% after deductible
<b><u>Routine Mammograms</u></b>	80% after deductible	60% after deductible
	<ul style="list-style-type: none"> <li>• One Baseline Mammogram for women between the ages of 35-39.</li> <li>• One annual mammogram for women age 40 or over.</li> </ul>	
<b><u>Routine Obstetrics and Gynecological Exams</u></b>	80% after deductible	60% after deductible
<b><u>Maternity including</u></b> (Pre/Postnatal Care)	80% after deductible (Deductible waived for prenatal care)	60% after deductible (Deductible waived for prenatal care)
<b><u>Hospice Care</u></b>	80% after deductible	60% after deductible
<b><u>Home Health Care</u></b>	\$50 Deductible 80% after deductible	\$50 Deductible 75% after deductible
<b><u>Alcohol/Substance Abuse</u></b>	80% after deductible No Limits Same as Any Other Illness	60% after deductible
<b><u>Mental Health</u></b>	80% after deductible No Limits Same as Any Other Illness	60% after deductible

<b><u>Partial Hospitalization</u></b>	80% after deductible No Limits Same as Any Other Illness	60% after deductible
<b><u>Prescriptions</u></b>	\$250 Deductible then 3 Tier co-pay of \$10/\$25/\$40 (Includes psychotropic drugs and prescription contraceptives.) (Diabetic prescriptions are paid at 100% after deductible is met.)	
<b><u>Diabetic Supplies</u></b>	100% after deductible	100% after deductible
<b><u>Diabetes Self-Management Training</u></b>	80% after deductible	60% after deductible
<b><u>Protein Modified Foods</u></b>	80% after deductible	60% after deductible
<b><u>Specialized Formula</u></b> Children up to age 8	80% after deductible	60% after deductible
<b><u>Durable Medical</u></b>	80% after deductible	60% after deductible
<b><u>Hearing Aids</u></b>	80% after deductible	60% after deductible
Children 12 and under	\$1,000 benefit within a 24 month period	
<b><u>Ostomy Supplies</u></b>	\$1,000 annual limit 80% after deductible	\$1,000 annual limit 60% after deductible
<b><u>Prostheses</u></b>	80% after deductible	60% after deductible
<b><u>Pain Management</u></b>	80% after deductible	60% after deductible
<b><u>Cancer Clinical Trials</u></b>	80% after deductible	60% after deductible
<b><u>Infertility Treatment</u></b>	80% after deductible	60% after deductible (Covers the diagnosis of the condition only)