access health CT
small business

2020

A quick look at group health insurance plans

Protect the health of your employees, while improving the health of your business, with affordable group health insurance from Access Health CT Small Business.

We offer many unique benefits:

- Tax credits to protect your bottom line
- Flexible eligibility
- Ease of plan comparison
- Choice of plan strategies
- Dedicated customer support

ConnectiCare Plans

Carrier	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT
2020 PLAN NAMES	CTCare Choice BRONZE POS	CTCare Choice BRONZE POS HSA	CTCare Choice SILVER POS	CTCare Choice SILVER POS HSA	CTCare Passage GOLD POS PCP
METALLIC LEVEL	BRONZE	BRONZE	SILVER	SILVER	GOLD
Benefit Year	Contract	Contract	Contract	Contract	Contract
Referrals	Not required	Not required	Not required	Not required	Required
Preventative Adult Exams	No cost	No cost	No cost	No cost	No cost
PCP Office Visit	Sanitas: $0; other: $40 Copay	50% after deductible is met	$40 Copay	25% after deductible is met	$30 Copay
Specialist Office Visit	$60 Copay after deductible is met	50% after deductible is met	$60 Copay	25% after deductible is met	$50 Copay
Prescription Drugs	Tier 1: $10 Copay; deductible then, Tier 2: $60 Copay; Tier 3: 50% up to $300; Tier 4: 50% up to $500	Deductible then, Tier 1: $10 Copay; Tier 2: $60 Copay; Tier 3: 50% up to $300; Tier 4: 50% up to $500	Tier 1: $10 Copay; Tier 2: $60 Copay; Tier 3: 50% up to $300; Tier 4: 50% up to $500	Deductible then, Tier 1: $10 Copay; Tier 2: $60 Copay; Tier 3: 50% up to $300; Tier 4: 50% up to $500	Tier 1: $10 Copay; Tier 2: $50 Copay; Tier 3: 50% up to $250; Tier 4: 50% up to $500
Mail Order Drug	Tier 1: $20 Copay; deductible then, Tier 2: $120 Copay; Tier 3: 50% up to $600; Tier 4: N/A	Deductible then, Tier 1: $20 Copay; Tier 2: $120 Copay; Tier 3: 50% up to $600; Tier 4: N/A	Tier 1: $20 Copay; Tier 2: $120 Copay; Tier 3: 50% up to $600; Tier 4: N/A	Deductible then, Tier 1: $20 Copay; Tier 2: $120 Copay; Tier 3: 50% up to $600; Tier 4: N/A	Tier 1: $20 Copay; Tier 2: $100 Copay; Tier 3: 50% up to $500; Tier 4: N/A
Inpatient Hospital	40% after deductible is met	50% after deductible is met	30% after deductible is met	25% after deductible is met	20% after deductible is met
Emergency Room	40% after deductible is met	50% after deductible is met	30% after deductible is met	25% after deductible is met	20% after deductible is met
Walk-in Urgent Care	$100 Copay after deductible is met	50% after deductible is met	$100 Copay	25% after deductible is met	$100 Copay
Ambulance	40% after deductible is met	50% after deductible is met	30% after deductible is met	25% after deductible is met	20% after deductible is met
Outpatient Surgery	Deductible then, Fac: $500; Hosp: 40%	50% after deductible is met	30% after deductible is met	25% after deductible is met	Fac: $500; Hosp: 20% after deductible is met
Laboratory Service	$10 Copay after deductible is met	50% after deductible is met	30% after deductible is met	25% after deductible is met	Laboratory: $10 Copay
Outpatient Diagnostic Tests	Deductible then, $10 Copay; X-ray: Fac: $50; Hosp: 40%	50% after deductible is met	30% after deductible is met	25% after deductible is met	X-ray: Fac: $50; Hosp: 20% after deductible is met
Outpatient Diagnostic Imaging	Deductible then, Fac: $75; Hosp: 40%	50% after deductible is met	30% after deductible is met	25% after deductible is met	Fac: $75; Hosp: 20% after deductible is met
Outpatient Mental Health	$60 Copay	50% after deductible is met	$60 Copay	25% after deductible is met	$50 Copay
Durable Medical Equipment	40% after deductible is met	50% after deductible is met	50% after deductible is met	25% after deductible is met	50%
Individual Deductible	$6,750	$5,500	$4,250	$3,500	$3,000
Family Deductible	$13,500	$11,000	$8,500	$7,000	$6,000
Out-of-Pocket Maximum	$8,150	$6,900	$8,150	$6,900	$6,800
Family Out-of-Pocket Maximum	$16,300	$13,800	$16,300	$13,800	$13,600

ConnectiCare Plans:

Review your plan documents, prescription drug formularies and provider directory online for the most up-to-date information at Connecticare.com.

All Access Health CT Small Business plans have embedded deductibles.

All discount programs for small groups apply for on-and off-exchange members.

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Connecting small businesses to quality group health insurance plans

Get a Quote:
860-241-8445
SHOP.AHCT@ct.gov
AccessHealthCTSmallBiz.com

General Questions and Administrative Help:
855-762-4928
SHOP.AHCT@ct.gov

Anthem Plans

Carrier	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT	Access Health CT
2020 PLAN NAMES	ANTHEM BRONZE Pathway X HMO w/HSA	ANTHEM BRONZE Pathway X PPO	ANTHEM BRONZE Pathway X PPO w/HSA	ANTHEM SILVER Pathway X PPO w/HSA	ANTHEM SILVER Pathway X HMO w/HSA	ANTHEM SILVER Pathway X PPO	ANTHEM GOLD Pathway X HMO	ANTHEM GOLD Pathway X PPO	Anthem PLATINUM Pathway X PPO
METALLIC LEVEL	BRONZE	BRONZE	BRONZE	SILVER	SILVER	SILVER	GOLD	GOLD	PLATINUM
Benefit Year	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract
Referrals	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
Preventative Adult Exams	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost
PCP Office Visit	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	$40 Copay after deductible is met	$40 Copay after deductible is met	$40 Copay	$25 Copay	$25 Copay	$10 Copay
Specialist Office Visit	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	$80 Copay after deductible is met	$80 Copay after deductible is met	$80 Copay after deductible is met	$50 Copay	$50 Copay	$30 Copay
Prescription Drugs	Deductible then, Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30%; Tier 4: 30%	No cost after deductible is met	No cost after deductible is met	Deductible then, Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30%; Tier 4: 30%	Deductible then, Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30%; Tier 4: 30%	Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30% up to $500; Tier 4: 30% up to $1,000	Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30% up to $500; Tier 4: 30% up to $1,000	Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30% up to $500; Tier 4: 30% up to $1,000	Tier 1: $5 Copay; Tier 2: $50 Copay; Tier 3: 30% up to $500; Tier 4: 30% up to $1,000
Mail Order Drug	Deductible then, Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30%; Tier 4: 30%	No cost after deductible is met	No cost after deductible is met	Deductible then, Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30%; Tier 4: 30%	Deductible then, Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30%; Tier 4: 30%	Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30% up to $1,500; Tier 4: 30% up to $1,000	Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30% up to $1,500; Tier 4: 30% up to $1,000	Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30% up to $1,500; Tier 4: 30% up to $1,000	Tier 1: $13 Copay; Tier 2: $150 Copay; Tier 3: 30% up to $1,500; Tier 4: 30% up to $1,000
Inpatient Hospital	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	20% after deductible is met	20% after deductible is met	25% after deductible is met	No cost after deductible is met	No cost after deductible is met	$500/Day up to $1,000
Emergency Room	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	20% after deductible is met	20% after deductible is met	25% after deductible is met	20% after deductible is met	20% after deductible is met	$250 Copay per visit
Walk-in Urgent Care	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	Deductible then, Walk-In: $40 Copay; Urgent Care: $100 Copay	Deductible then, Walk-In: $40 Copay; Urgent Care: $100 Copay	Walk-In: $40 Copay; Urgent Care: $100 Copay	Walk-In: $25 Copay; Urgent Care: $100 Copay	Walk-In: $25 Copay; Urgent Care: $100 Copay	Walk-In: $10 Copay; Urgent Care: $100 Copay
Ambulance	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	20% after deductible is met	20% after deductible is met	25% Coinsurance	No cost-share	No cost-share	No cost-share
Outpatient Surgery	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	20% after deductible is met	20% after deductible is met	Fac: $400; Hosp: 25% after deductible is met	$300 Copay per visit at a surgical center. No cost after deductible is met	Hosp: No cost after deductible is met	Fac: $300; Hosp: $400
Laboratory Service	No cost-share after deductible is met at an independent lab No cost after deductible is met at an outpatient hospital facility	No cost-share after deductible is met at an independent lab No cost after deductible is met at an outpatient hospital facility	No cost-share after deductible is met at an independent lab No cost after deductible is met at an outpatient hospital facility	No cost-share after deductible is met at an independent lab 25% coinsurance after deductible is met at an outpatient hospital facility	No cost-share after deductible is met at an independent lab 20% coinsurance after deductible is met at an outpatient hospital facility	No cost-share at site-of-service providers 25% coinsurance after deductible is met at an outpatient hospital facility	No cost-share at site-of-service providers No cost-share after deductible is met at an outpatient hospital facility	No cost-share at site-of-service providers No cost-share after deductible is met at an outpatient hospital facility	No cost-share at site-of-service providers $10 Copay per service at an outpatient hospital facility
Outpatient Diagnostic Tests	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	Deductible then, Fac: $0; Hosp: 20%; X-ray: 20%	Deductible then, Fac: $0; Hosp: 20%; X-ray: 20%	Fac: $0; Hosp: 25% after deductible is met	Fac: $0; Hosp: No cost after deductible is met	Fac: $0; Hosp: No cost after deductible is met	Fac: $0; Hosp: Lab: $10; X-ray: $40
Outpatient Diagnostic Imaging	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	20% after deductible is met	20% after deductible is met	Fac: $75; Hosp: 25% after deductible is met	Fac: $75; Hosp: No cost after deductible is met	Fac: $75; Hosp: No cost after deductible is met	$75 Copay
Outpatient Mental Health	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	No cost after deductible is met	$40 Copay	$25 Copay	$25 Copay	$10 Copay
Durable Medical Equipment	50% after deductible is met	No cost after deductible is met	No cost after deductible is met	50% after deductible is met	50% after deductible is met	50% after deductible is met	50% after deductible is met	50% after deductible is met	50% Coinsurance
Individual Deductible	$6,500	$8,150	$6,850	$3,000	$3,000	$5,500	$2,750	$2,500	$0
Family Deductible	$13,000	$16,300	$13,700	$6,000	$6,000	$11,000	$5,500	$5,000	$0
Out-of-Pocket Maximum	$6,850	$8,150	$6,850	$6,850	$6,850	$8,150	$4,000	$4,500	$2,500
Family Out-of-Pocket Maximum	$13,700	$16,300	$13,700	$13,700	$13,700	$16,300	$8,000	$9,000	$5,000

Anthem Plans:

Review your plan documents, prescription drug formularies and provider directory online for the most up-to-date information at Anthem.com.

*Deductible is waived for drugs on the preventative Rx drug list.

All Access Health CT Small Business plans have embedded deductibles. Outside of Connecticut coverage – PPO plans have full BlueCard access using the BlueCard PPO network. HMO plans have limited BlueCard access for urgent and emergency coverage only using the Participating Provider Network.

All discount programs for small groups apply for on- and off-exchange members.