

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
2021 PLAN NAMES	Choice BRONZE POS	Choice BRONZE POS HSA	Choice SILVER POS	Choice SILVER POS HSA	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
Adult/Pediatric Preventive Visits	No cost	No cost	No cost	No cost	No cost
PCP Office Visit	\$40 copay per visit (deductible waived)	50% coins after deductible is met	\$40 copay	25% coins after deductible is met	\$30 copay
Specialist Office Visit	\$60 copay after deductible is met	50% coins after deductible is met	\$60 copay	25% coins after deductible is met	\$50 copay
Prescription Drugs – Retail Pharmacy	Tier 1: \$10 copay; deductible then, Tier 2: \$60 copay; Tier 3: 50% coins up to \$300; Tier 4: 50% coins up to \$500	Deductible then, Tier 1: \$10 copay; Tier 2: \$60 copay; Tier 3: 50% coins up to \$300; Tier 4: 50% coins up to \$500	Tier 1: \$10 copay; Tier 2: \$60 copay; Tier 3: 50% coins up to \$300; Tier 4: 50% coins up to \$500	Deductible then, Tier 1: \$10 copay; Tier 2: \$60 copay; Tier 3: 50% coins up to \$300; Tier 4: 50% coins up to \$500	Tier 1: \$10 copay; Tier 2: \$50 copay; Tier 3: 50% coins up to \$250; Tier 4: 50% coins up to \$500
Prescription Drugs – Mail Order	Tier 1: \$20 copay; deductible then, Tier 2: \$120 copay; Tier 3: 50% coins up to \$600; Tier 4: N/A	Deductible then, Tier 1: \$20 copay; Tier 2: \$120 copay; Tier 3: 50% coins up to \$600; Tier 4: N/A	Tier 1: \$20 copay; Tier 2: \$120 copay; Tier 3: 50% coins up to \$600; Tier 4: N/A	Deductible then, Tier 1: \$20 copay; Tier 2: \$120 copay; Tier 3: 50% coins up to \$600; Tier 4: N/A	Tier 1: \$20 copay; Tier 2: \$100 copay; Tier 3: 50% coins up to \$500; Tier 4: N/A
Inpatient Hospital	40% coins after deductible is met	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	20% coins after deductible is met
Emergency Room	40% coins after deductible is met	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	20% coins after deductible is met
Walk-in Urgent Care	\$100 copay after deductible is met	50% coins after deductible is met	\$100 copay	25% coins after deductible is met	\$100 copay per visit
Ambulance	40% coins after deductible is met	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	20% coins after deductible is met
Outpatient Services including surgery, infertility, hospice and diagnostic colonoscopy	Deductible then, ambulatory fac: \$500; Outpatient hosp: 40% coins	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	\$500 at ambulatory facility; 20% coins after deductible is met at hosp fac
Outpatient Laboratory Services	\$10 copay after deductible is met	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	Laboratory: \$10 copay
Outpatient Non-Advanced Radiology e.g., x-ray, Breast Tomosynthesis, other diagnostics	Deductible then, \$50 copay freestanding fac; 40% coins hosp fac	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	\$50 copay at freestanding fac; 20% coins after deductible is met at hosp fac
Outpatient Advanced Radiology e.g., MRI, CAT, CT, PET scans, other diagnostics	Deductible then, \$75 copay to \$375 max freestanding fac; 40% coins hosp fac	50% coins after deductible is met	35% coins after deductible is met	25% coins after deductible is met	\$75 copay up to \$375 max at freestanding fac; 20% coins after deductible is met at hosp fac
Mental Health & Substance Abuse Office Visits	\$60 copay	50% coins after deductible is met	\$60 copay	25% coins after deductible is met	\$50 copay
Durable Medical Equipment	40% coins after plan deductible is met	50% coins after deductible is met	50% coins after deductible is met	25% coins after deductible is met	50% coins
Individual Deductible	\$7,000	\$5,750	\$4,750	\$3,500	\$3,000
Family Deductible	\$14,000	\$11,500	\$9,500	\$7,000	\$6,000
Out-of-Pocket Maximum	\$8,300	\$7,000	\$8,400	\$6,900	\$6,800
Family Out-of-Pocket Maximum	\$16,600	\$14,000	\$16,800	\$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.  
ConnectiCare Network for all SHOP plans is the Choice Network.  
All services listed on this chart reflect in-network cost shares. These POS plans offer both in-network and out-of-network coverage. Refer to plan documents for all cost share details.

Connecting small businesses to quality group health insurance plans



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

Anthem Blue Cross & Blue Shield Group Dental – Family Enhanced

Carrier	Anthem Blue Cross & Blue Shield
2021 Plan Name	Anthem Dental Family Enhanced
Benefit Year	Contract
Diagnostic & Preventive	0% coins
Basic Services	20% coins after deductible
Major Services	40% coins after deductible
Orthodontia (Medically necessary for children under 19 only)	50% coins after deductible for children under age 19 only (Coverage not available for adults)
Plan Maximum for Adult (Age 19+)	\$2,000 (Combined In-Network and Out-of-Network Services)
Waiting Period (Does not apply to children under 19)	Basic Services: 6 months Major Services: 12 months
Deductible	\$60 per member, up to \$180 for 3 or more family members
Out-of-Pocket Maximum (For children under age 19 only)	\$350 (for one child) \$700 (for two or more children)

Anthem Blue Cross & Blue Shield Plans

Carrier	Access Health CT
2021 PLAN NAMES	ANTHEM BRONZE Pathway CT PPO
METALLIC LEVEL	BRONZE
Benefit Year	Contract
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office Visit	No cost after deductible is met
Specialist Office Visit	No cost after deductible is met
Prescription Drugs – Retail Pharmacy	No cost after deductible is met
Prescription Drugs – Mail Order	No cost after deductible is met
Inpatient Hospital	No cost after deductible is met
Emergency Room	No cost after deductible is met
Walk-in Urgent Care	No cost after deductible is met
Ambulance	No cost after deductible is met
Outpatient Services including surgery, infertility, hospice and diagnostic colonoscopy	No cost after deductible is met
Outpatient Laboratory Services	No cost-share after deductible is met at an independent lab No cost after deductible is met at an outpatient hosp fac
Outpatient Non-Advanced Radiology e.g., x-ray, Breast Tomosynthesis, other diagnostics	No cost after deductible is met
Outpatient Advanced Radiology e.g., MRI, CAT, CT PET scans, other diagnostics	No cost after deductible is met
Mental Health & Substance Abuse Office Visits	No cost after deductible is met
Durable Medical Equipment	No cost after deductible is met
Individual Deductible	\$8,500
Family Deductible	\$17,000
Out-of-Pocket Maximum	\$8,500
Family Out-of-Pocket Maximum	\$17,000

**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.

Access Health CT	Access Health CT
ANTHEM SILVER Pathway CT PPO w/HSA	ANTHEM BRONZE Pathway CT PPO w/HSA
SILVER	BRONZE
Contract	Contract
Not required	Not required
No cost	No cost
\$40 copay after deductible is met	No cost after deductible is met
\$80 copay	No cost after deductible is met
Deductible then, Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 30% coins; Tier 4: 30% coins	Deductible, then Tier 1: \$25 copay; Tier 2: \$75 copay; Tier 3: 40% coins; Tier 4: 40% coins
Deductible then, Tier 1: \$13 copay; Tier 2: \$150 copay; Tier 3: 30% coins; Tier 4: 30% coins	Deductible, then Tier 1: \$63 copay, Tire 2: \$225 copay; Tire 3: 40% coins; Tier 4: 40% coins
20% coins after deductible is met	No cost after deductible is met
20% coins after deductible is met	No cost after deductible is met
Deductible then, Walk-In: \$40 copay; Urgent Care: \$100 copay	No cost after deductible is met
20% coins after deductible is met	No cost after deductible is met
20% coins after deductible is met	No cost after deductible is met
No cost-share after deductible is met at an independent lab 20% coins after deductible is met at an outpatient hosp fac	No cost-share after deductible is met at an independent lab No cost after deductible is met at an outpatient hosp fac
20% coins after deductible is met	No cost after deductible is met
20% coins after deductible is met	No cost after deductible is met
No cost after deductible is met	No cost after deductible is met
50% coins after deductible is met	No cost after deductible is met
\$3,000	\$6,900
\$6,000	\$13,800
\$7,000	\$7,000
\$14,000	\$14,000

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.  
All discount programs for small groups apply for on- and off-exchange members.  
All services listed on this chart reflect in-network cost shares. These PPO plans offer both in-network and out-of-network coverage. Refer to plan documents for all cost share details.

Anthem Blue Cross & Blue Shield Group Dental – Family

Carrier	Anthem Blue Cross & Blue Shield
2021 Plan Name	Anthem Dental Family
Benefit Year	Contract
Diagnostic & Preventive	0% coins after deductible
Basic Services	40% coins after deductible
Major Services	50% coins after deductible
Orthodontia (Medically necessary for children under 19 only)	50% coins after deductible for children under age 19 only (Coverage not available for adults)
Plan Maximum for Adult (Age 19+)	\$1,000 (Combined In-Network and Out-of-Network Services)
Waiting Period (Does not apply to children under 19)	Basic Services: 6 months Major Services: 12 months
Deductible	\$50 per member, up to \$180 for 3 or more family members
Out-of-Pocket Maximum (For children under age 19 only)	\$350 (for one child) \$700 (for two or more children)

**Contact Us:**  
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