

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	ConnectiCare	ConnectiCare	ConnectiCare	ConnectiCare	ConnectiCare	ConnectiCare
2022 PLAN NAMES	Choice BRONZE POS	Choice BRONZE POS HSA	Choice SILVER A POS	Choice SILVER B POS	Choice SILVER POS HSA	Passage GOLD POS PCP
METALLIC LEVEL	BRONZE	BRONZE	SILVER	SILVER	SILVER	GOLD
Benefit Year	For Plans Effective 2022	For Plans Effective 2022	For Plans Effective 2022	For Plans Effective 2022	For Plans Effective 2022	For Plans Effective 2022
Referrals	Not required	Not required	Not required	Not required	Not required	Required
Adult/Pediatric Preventive Visits	No cost	No cost	No cost	No cost	No cost	No cost
PCP Office/Telemedicine Visit	\$40 copay per visit	50% coins after deductible is met	\$45 copay	\$30 copay	25% coins after deductible is met	\$30 copay
Specialist Office/Telemedicine Visit	\$60 copay after deductible is met	50% coins after deductible is met	\$60 copay	\$75 copay	25% coins after deductible is met	\$50 copay
Prescription Drugs – Retail Pharmacy	Deductible, then 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: \$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 \$300 after deductible; Tier 4: 50% coins up to \$500 after deductible	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	Deductible, then 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: \$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 \$600 after deductible; 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	40% 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	40% 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	\$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	40% 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 facility: \$500; Outpatient hosp: 40% coins	50% coins after deductible is met	35% coins after deductible is met	40% coins after deductible is met	25% coins after deductible is met	\$500 at ambulatory facility; 20% coins after deductible is met at hosp facility
Outpatient Laboratory Services	\$10 copay after deductible is met	50% coins after deductible is met	\$10 copayment per service	40% 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 facility; 40% coins at a hospital facility	50% coins after deductible is met	35% coins after deductible is met	40% coins after deductible is met	25% coins after deductible is met	\$50 copay at freestanding facility; 20% coins after deductible is met at hosp facility
Outpatient Advanced Radiology e.g., MRI, CAT, CT, PET scans, other diagnostics	Deductible, then \$75 copay per service up to five copays per year at freestanding facility, then copay waived; 40% coins at a hospital facility	50% coins after deductible is met	35% coins after deductible is met	40% coins after deductible is met	25% coins after deductible is met	\$75 copay per service up to five copays per year at a freestanding facility, then copay waived; 20% coinsurance per service after INET plan deductible is met at a hospital facility
Mental Health & Substance Abuse Office Visits	\$60 copay	50% coins after deductible is met	\$60 copay	\$30 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	40% coins after deductible is met	25% coins after deductible is met	50% coins
Individual Deductible	\$7,000	\$5,750	\$4,800	\$3,000	\$3,500	\$3,000
Family Deductible	\$14,000	\$11,500	\$9,600	\$6,000	\$7,000	\$6,000
Out-of-Pocket Maximum	\$8,300	\$7,050	\$8,500	\$8,650	\$6,900	\$6,800
Family Out-of-Pocket Maximum	\$16,600	\$14,100	\$17,000	\$17,300	\$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 ConnectiCare plans through AHCT have embedded deductibles.
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.
*Inpatient hospital services include mental health, substance abuse, maternity, hospice, skilled nursing facility and all IP settings. Skilled nursing facility stay is limited to 90 days per contract year.

Connecting small businesses to quality group health insurance plans



Get a Quote:
860-241-8445
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AccessHealthCTSmallBiz.com

Anthem Blue Cross & Blue Shield
Group Dental – Family Enhanced

Carrier	Anthem Blue Cross & Blue Shield
2022 Plan Name	Anthem Dental Family Enhanced
Benefit Year	For Plans Effective 2022
Diagnostic & Preventive	0% coins
Basic Services	20% coins after deductible
Major Services	40% coins after deductible
Orthodontia (medically necessary for covered persons through age 25)	50% coins after deductible (coverage not available for adults)
Plan Maximum (for covered persons age 26 and older)	\$2,000 (combined In-Network and Out-of-Network Services)
Waiting Period (waived for covered persons through age 25)	Basic Services: 6 months Major Services: 12 months (waiting period waived for those with continuous coverage)
Deductible	\$60 per member, up to \$180 for 3 or more family members
Out-of-Pocket Maximum (for covered persons through age 25)	\$350 (for one child) \$700 (for two or more children)

All services listed on this chart reflect in-network cost shares. Refer to plan documents for all cost share details.

Anthem Blue Cross & Blue Shield Plans

Carrier	Anthem
2022 PLAN NAMES	BRONZE Pathway CT PPO
METALLIC LEVEL	BRONZE
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	No cost after deductible is met
Specialist Office/Telemedicine 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 after deductible is met at an independent lab; No cost after deductible is met at an outpatient hosp facility
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	\$8,700
Family Deductible	\$17,400
Out-of-Pocket Maximum	\$8,700
Family Out-of-Pocket Maximum	\$17,400

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 PreventiveRX Plus List.
 To view the Select Drug List, visit anthem.com/CT_SG_Selectdrugtier4

Carrier	Anthem
2022 PLAN NAMES	BRONZE Pathway CT PPO
METALLIC LEVEL	BRONZE
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	No cost after deductible is met
Specialist Office/Telemedicine 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 after deductible is met at an independent lab; No cost after deductible is met at an outpatient hosp facility
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	\$8,700
Family Deductible	\$17,400
Out-of-Pocket Maximum	\$8,700
Family Out-of-Pocket Maximum	\$17,400

Carrier	Anthem
2022 PLAN NAMES	BRONZE Pathway CT PPO w/HSA
METALLIC LEVEL	BRONZE
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	No cost after deductible is met
Specialist Office/Telemedicine 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 after deductible is met at an independent lab; No cost after deductible is met at an outpatient hosp facility
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	\$6,900
Family Deductible	\$13,800
Out-of-Pocket Maximum	\$7,000
Family Out-of-Pocket Maximum	\$14,000

Carrier	Anthem
2022 PLAN NAMES	SILVER Pathway CT PPO w/HSA
METALLIC LEVEL	SILVER
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	\$40 copay after deductible is met
Specialist Office/Telemedicine Visit	\$80 copay after deductible is met
Prescription Drugs – Retail Pharmacy	Deductible, then Tier 1: \$5 copay*; Tier 2: \$50 copay*; Tier 3: 30% coins; Tier 4: 30% coins
Prescription Drugs – Mail Order	Deductible, then Tier 1: \$13 copay; Tier 2: \$150 copay; Tier 3: 30% coins; Tier 4: 30% coins
Inpatient Hospital	20% coins after deductible is met
Emergency Room	20% coins after deductible is met
Walk-in Urgent Care	\$40 copay after deductible is met at walk-in; \$100 copay after deductible is met at urgent care
Ambulance	20% coins after deductible is met
Outpatient Services including surgery, infertility, hospice and diagnostic colonoscopy	20% coins after deductible is met
Outpatient Laboratory Services	No cost after deductible is met at an independent lab; 20% coins after deductible is met at an outpatient hosp facility
Outpatient Non-Advanced Radiology e.g., x-ray, Breast Tomosynthesis, other diagnostics	20% coins after deductible is met
Outpatient Advanced Radiology e.g., MRI, CAT, CT, PET scans, other diagnostics	20% coins after deductible is met
Mental Health & Substance Abuse Office Visits	No cost after deductible is met
Durable Medical Equipment	50% coins after deductible is met
Individual Deductible	\$3,000
Family Deductible	\$6,000
Out-of-Pocket Maximum	\$7,000
Family Out-of-Pocket Maximum	\$14,000

Carrier	Anthem
2022 PLAN NAMES	SILVER Pathway CT PPO
METALLIC LEVEL	SILVER
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	\$40 copay
Specialist Office/Telemedicine Visit	\$80 copay
Prescription Drugs – Retail Pharmacy	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 30% coins up to \$500; Tier 4: 30% coins up to \$1,000
Prescription Drugs – Mail Order	Tier 1: \$13 copay; Tier 2: \$150 copay; Tier 3: 30% coins up to \$1,500; Tier 4: 30% coins up to \$1,000
Inpatient Hospital	25% coins after deductible is met
Emergency Room	25% coins after deductible is met
Walk-in Urgent Care	\$40 copay at a Walk-in; \$100 copay at urgent care
Ambulance	25% coins
Outpatient Services including surgery, infertility, hospice and diagnostic colonoscopy	\$400 copay at surgical center; 25% coins after deductible is met at outpatient hosp facility
Outpatient Laboratory Services	No cost at site-of-service providers; 25% coins after deductible is met at an outpatient hosp facility
Outpatient Non-Advanced Radiology e.g., x-ray, Breast Tomosynthesis, other diagnostics	No cost at site-of-service providers; 25% coins after deductible is met at outpatient hosp facility
Outpatient Advanced Radiology e.g., MRI, CAT, CT, PET scans, other diagnostics	\$75 copay to \$375 max at site-of-service providers; 25% coins after deductible is met at outpatient hosp facility
Mental Health & Substance Abuse Office Visits	\$40 copay
Durable Medical Equipment	50% coins after deductible is met
Individual Deductible	\$5,500
Family Deductible	\$11,000
Out-of-Pocket Maximum	\$8,700
Family Out-of-Pocket Maximum	\$17,400

Carrier	Anthem
2022 PLAN NAMES	GOLD Pathway CT PPO
METALLIC LEVEL	GOLD
Benefit Year	For Plans Effective 2022
Referrals	Not required
Adult/Pediatric Preventive Visits	No cost
PCP Office/Telemedicine Visit	\$25 copay
Specialist Office/Telemedicine Visit	\$50 copay
Prescription Drugs – Retail Pharmacy	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 30% coins up to \$500; Tier 4: 30% coins up to \$1,000
Prescription Drugs – Mail Order	Tier 1: \$13 copay; Tier 2: \$150 copay; Tier 3: 30% coins up to \$1,500; Tier 4: 30% coins up to \$1,000
Inpatient Hospital	No cost after deductible is met
Emergency Room	20% coins after deductible is met
Walk-in Urgent Care	\$25 copay at a walk-in; \$100 copay at urgent care
Ambulance	No cost
Outpatient Services including surgery, infertility, hospice and diagnostic colonoscopy	\$300 copay at surgical center; No cost after deductible is met at outpatient hosp facility
Outpatient Laboratory Services	No cost at site-of-service providers; No cost after deductible is met at an outpatient hosp facility
Outpatient Non-Advanced Radiology e.g., x-ray, Breast Tomosynthesis, other diagnostics	No cost at site-of-service providers; No cost after deductible at outpatient hosp facility
Outpatient Advanced Radiology e.g., MRI, CAT, CT, PET scans, other diagnostics	\$75 copay to \$375 max at site-of-service providers; No cost after deductible is met at outpatient hosp facility
Mental Health & Substance Abuse Office Visits	\$25 copay
Durable Medical Equipment	50% coins after deductible is met
Individual Deductible	\$2,500
Family Deductible	\$5,000
Out-of-Pocket Maximum	\$4,500
Family Out-of-Pocket Maximum	\$9,000

Anthem Blue Cross & Blue Shield
Group Dental – Family

Carrier	Anthem Blue Cross & Blue Shield
2022 Plan Name	Anthem Dental Family
Benefit Year	For Plans Effective 2022
Diagnostic & Preventive	0% coins after deductible
Basic Services	40% coins after deductible
Major Services	50% coins after deductible
Orthodontia (medically necessary for covered persons through age 25)	50% coins after deductible (coverage not available for adults)
Plan Maximum for Adult (for covered persons age 26 and older)	\$1,000 (combined In-Network and Out-of-Network Services)
Waiting Period (waived for covered persons through age 25)	Basic Services: 6 months Major Services: 12 months (waiting period waived for those with continuous coverage)
Deductible	\$50 per member, up to \$150 for 3 or more family members
Out-of-Pocket Maximum (for covered persons through age 25)	\$350 (for one child) \$700 (for two or more children)

All services listed on this chart reflect in-network cost shares. Refer to plan documents for all cost share details.

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