

MEMBER GUIDEBOOK

FOR CONNECTICARE® SOLO INDIVIDUAL HEALTH PLANS



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TABLE OF CONTENTS

Top Reasons To Join ConnectiCare 2-3

ConnectiCare's Value-Added Resources

Healthy Alternatives 4-6

Health Management Programs 7

Web Site Resources 7-10

Health Plan Information

Pharmacy Benefits and Management 11

Vision Care Benefit 11

Coverage for Urgent and Emergency Care 12

Practitioner and Provider Availability 13

No Referrals Needed 13

Pre-Authorization Required for Some Services 13

What Is Utilization Management? 14

Members' Rights and Responsibilities 15

Applying for Coverage

Eligibility Requirements 16

Steps To Apply 17

Renewability of Coverage 18

Electronic Funds Transfer (EFT) 18

How To Contact Us 19

ConnectiCare SOLO Plan Designs

HMO Outlines of Coverage 20-25

Point-of-Service (POS) Outlines of Coverage 26-27

Prescription Drug Options 28

Plan Deductible Information 29

HMO/POS Exclusions and Limitations 30-31

Important Information 32

HMO/POS Plan Rates 33-39

Enrollment Materials

Applying Is Easy 41

Individual Application/Change Form 43

Individual Health Statement 45

Underwriting Authorization Form 47

Broker Authorization Form 49

EFT Form 51

Business Reply Envelope

ConnectiCare®



Individual health plans
the **ConnectiCare** way.

TOP REASONS TO JOIN CONNECTICARE

Thank you for your interest in ConnectiCare® SOLO individual health plans. We're pleased to offer our individual customers the same award-winning personal service that we offer to our employer group customers.

Plan Options as Individual as You

We believe that you should have a full range of options to choose from. That's why we offer different ConnectiCare SOLO plan designs, each featuring a broad range of benefits and convenient access to the more than 16,000 participating providers in our network. Working with your agent or broker, you simply pick the option that best fits your personal needs.

ConnectiCare SOLO plan options include:

- **HMO Open Access:** Allows you to see any specialist provider who participates in our network without first obtaining a referral from your primary care physician (PCP).
- **HMO Open Access — Up-Front Deductible:** The same plan as above, but with a calendar year individual deductible and family deductible that must be met before the plan begins to provide benefits. (Deductible does not apply to preventive care or prescription drugs.)

- **Point-of-Service Open Access — Up-Front**

Deductible: This option provides you with the greatest freedom of choice in-network and out-of-network. You can use our participating providers to receive the highest level of benefits, or you may choose to go out-of-network to visit a doctor of your choice and receive a lower level of benefits.

This option has an up-front, in-network plan deductible for individual and family, and a separate out-of-network plan deductible for individual and family. These calendar-year deductibles must be met before the plan begins to provide benefits. (In-network plan

deductible does not apply to preventive care or prescription drugs.)

Besides our choice of plan options, ConnectiCare is your health benefits solution for these other key reasons as well:

Nationally Recognized Quality

ConnectiCare is ranked "One of America's Best Health Plans" for 2005 (No. 6 nationally), by *U.S. News & World Report*.

ConnectiCare is the *only* Connecticut health plan in the magazine's Top Ten. We've also maintained "Excellent Accreditation" from the National Committee for Quality Assurance (NCQA) since this standard was established in 1999.



"Best Health Plans 2005" is a trademark of U.S. News & World Report.

Superior Service

We received the highest member satisfaction score for customer service and claim payments of any health plan in Connecticut, and well above the national average, according to the 2005 Consumer Assessment of Health Plans Survey (CAHPS).

We also had the second lowest member-complaint ratio among Connecticut HMOs in 2004 (reported in 2005), according to the Connecticut Insurance Department. The ratio is based on the number of complaints compared to total premiums collected.

Distinguished Health Management

We are one of the first health plans in the nation to receive NCQA accreditation for disease management programs, which help members with asthma, diabetes, heart problems and high-risk pregnancy (only applies to plans with maternity coverage).

Health-Related Discounts

As a ConnectiCare member you'll enjoy discounts on a host of products and services that help you stay healthy, including LASIK eye surgery, fitness center memberships, massage therapy, weight management programs, and much more. (See the following section on Healthy Alternatives.)

Bottom line: we'll take your needs personally, with a combination of nationally recognized quality, award-winning service and personal attention that you won't find anywhere else.



HEALTHY ALTERNATIVES

For many people, good health means more than a regular doctor's exam. It means actively seeking out a wide range of sources to enhance their well being—from alternative therapies and nutritional supplements to weight management programs and fitness centers. If this describes your outlook, you'll value and enjoy all the member discounts you can receive through Healthy Alternatives.

Discounts for all Healthy Alternatives products and services are **up to 30%** of the provider's usual and customary fee. (This is the fee that an individual provider most frequently charges for the specific product or service.)

American WholeHealth Participating Providers

*To receive discounts on the following services, you must use an American WholeHealth provider from the Healthy Alternatives Provider List. American WholeHealth Networks, Inc. administers the Healthy Alternatives provider network for ConnectiCare members. For the most recent changes to the list, visit **www.connecticare.com** (go to the "Member" page and click on the "Healthy Alternatives" link). Or, call **1-877-243-2998**.*

Fitness Centers

Exercise is easier when it's convenient. That's why, with American WholeHealth's extensive network of participating fitness centers, you can find locations throughout New England and across the country—an added convenience if you're traveling for business or pleasure. Pick any participating facility you want and check it out. If you choose to sign up, present your ConnectiCare ID card and receive a discounted rate for yourself and covered family members. (Special restrictions apply so check with the fitness center.)

Exercise/Movement/Fitness (including Yoga, Pilates, Qi Gong and Tai Chi)

Led by an experienced instructor, you can relieve stress and feel great by moving your body through a gentle series of exercises that increase flexibility and strength. Studies show that Yoga, Pilates, Qi Gong and Tai Chi may have certain healing qualities, besides their contribution to overall wellness and good health. Please consult with your doctor before starting an exercise/movement/fitness program. To receive the discount from a participating American WholeHealth provider, present your ConnectiCare ID card at the exercise facility.



Massage/Bodywork

Who hasn't felt the need for a good massage every now and then? A licensed massage therapist can skillfully manipulate your body to help improve blood flow and even stimulate natural painkillers. Even people who exercise regularly need to give their bodies a break, and massage/bodywork is an excellent way to help recover from the muscle-tightening effects of stress. To receive the discount from a participating American WholeHealth provider, present your ConnectiCare ID card at your appointment.

Relaxation/Mind-Body Techniques

The power of the mind has been shown to influence the body in many ways. Relaxation and Mind-Body Techniques are two forms of holistic activities that may complement your overall health and wellness program. Through the visualization central to these programs many individuals find comfort and relief in dealing with specific health concerns. As always consult your doctor to see if these services might be beneficial for you. To receive the discount from a participating American WholeHealth provider, present your ConnectiCare ID card at your appointment.

Nutritional Counseling

With your full schedule, finding the time to eat a well balanced diet can be a challenge. A trained nutritional expert can help you identify ways to modify your diet, and offer nutritional support for general health and well being. To receive the discount on nutritional counseling from a participating American WholeHealth provider, just present your ConnectiCare ID card at your appointment.

Please note: Your ConnectiCare health plan also provides limited coverage for nutritional counseling services (two visits per member, per calendar year). However, the nutritional counseling services must be for illnesses requiring therapeutic dietary monitoring, and must be rendered by a dietician in a physician's office in order to be covered.

Spa Services

Members are offered a variety of spa services at discounted rates through participating American WholeHealth locations. For more information, and to arrange a complement of services, call the participating spa directly.

Acupuncture

A centuries-old Chinese healing method, acupuncture is used to treat disorders like migraines, muscle spasms, asthma, arthritis and certain skin diseases. Very fine, sterile needles are inserted into zones throughout the body called "meridians," triggering your brain to respond with its own natural therapy. To receive the discount from a participating American WholeHealth provider, present your ConnectiCare ID card at your appointment.

WholeHealthMD.com

Healthy Alternatives gives you access at **no additional member cost** to American WholeHealth's award-winning, online education tools via **www.wholehealthMD.com**. Here you'll find a wealth of health-related resources, including:

- *The Healing Kitchen*, a collection of healthy recipes specifically designed to meet the dietary needs of common medical conditions.
- A comprehensive *Reference Library* containing nutritional information on foods, supplements, prescriptions and over-the-counter medications, as well as discussions on traditional and alternative health and wellness therapies.
- A *News & Perspectives* section that features articles on fitness, exercise, and complementary medicine, as well as reviews of popular wellness books and products.
- An *online search* feature for finding a health or wellness facility, or a doctor who specializes in services for seniors.

Discounts on Other Well Known Products and Services

LASIK Eye Surgery

LASIK is a surgical procedure intended to reduce a person's dependency on glasses or contact lenses. Using a laser, the procedure permanently changes the shape of the cornea and has shown positive results for many individuals over the past several years. ConnectiCare members are eligible to receive a discount at all providers affiliated with Davis LASIK: 25% off usual and customary fees or an extra 5% off any advertised special, whichever is lower. To find the nearest Davis LASIK provider, call **1-800-584-2866** or go to **www.davisvision.com** and choose "Laser Vision Correction." Check with your doctor to determine if LASIK may be right for you. Please note that LASIK eye surgery is not a covered benefit under your ConnectiCare plan. Davis LASIK providers may not be ConnectiCare participating providers, and ConnectiCare does not credential Davis LASIK providers.

Weight Management

The Rob Nevins Plan

This customized healthy eating plan helps you lose weight and keep it off through education about sound nutritional eating. There are no pills, powders or prepackaged foods to buy — you learn to control your weight using everyday foods. First, you'll receive a complementary 45-minute initial, no-obligation consultation with a trained nutritional counselor from Rob Nevins. If you decide to sign up, you'll receive a 15-percent discount for being a ConnectiCare member. To enroll, call **1-800-Y-FAT-LOSS** or go to The Rob Nevins Program Web site at **www.robnevins.com**.

Weight Watchers®

Providing information, knowledge, tools and motivation, Weight Watchers helps you make the right decisions about nutrition and exercise. The registration fee to attend Weight Watchers meetings is waived for ConnectiCare members. To find the nearest meeting location, call **1-800-651-6000** or visit **www.weightwatchers.com**.

FamilyMeds.com

It's never been easier to save on your over-the-counter purchases. At FamilyMeds.com you'll find over-the-counter meds for everything from pain management to coughs and colds, plus round-the-clock access to a registered pharmacist. Enjoy free shipping on non-prescription orders of more than \$35. For a link to FamilyMeds.com, go to the member section of our website at **www.connecticare.com** and click on the link for "Healthy Alternatives."

Seniorlink

Answers don't come easily when you are caring for an aging parent or relative. That's why ConnectiCare offers you discounts on eldercare management services from Seniorlink, a provider of eldercare solutions for aging adults and their families. Through a national network of eldercare specialists (nurses, social workers and other professionals), Seniorlink provides families with the information they need to make appropriate eldercare decisions. For more information, visit **www.seniorlink.com** or call Seniorlink toll-free at **1-866-797-2334**.

HEALTH MANAGEMENT PROGRAMS

If you're coping with a chronic illness, our award-winning health management programs can help. They can provide education and support to help you understand and participate more confidently in the management of your condition. Our programs focus on conditions such as asthma, diabetes, heart failure, coronary artery disease, and high-risk pregnancy (only applies to plans with maternity coverage). Each program is available free of charge to members who have one or more of these conditions. To learn more, call **1-800-390-3522** or go to the member page at **www.connecticare.com**. Click on "Health Information," and "Managing Your Health."

We were one of the first health plans in the nation to receive a full, three-year accreditation from the NCQA for all of our health management programs.



WEB SITE RESOURCES

Pull up a keyboard and type in www.connecticare.com.

You'll find more than a boldly designed, easy-to-navigate Web site. You'll find interactive tools to help you manage your health care benefits.

Our expanded ConnectiCare member site lets you do what used to require a phone call, a letter, or a visit—all from the convenience of a personal computer. To take advantage of the interactive tools below, simply register online. It takes only a minute. Then you can start using our registered member site for all that it's worth.

Health News — Mining the Internet for health information is time-consuming — unless you make this your first stop. Here, members may receive daily health information as well as access to an online health library provided by Health Ink & Vitality.

Health Trackers — Take advantage of a variety of tools for healthy living. Track your cholesterol or your child's immunizations. You can even find a calorie counter to help you maintain proper nutrition.

Learn Online — Link to webcasts on a wide range of health and medical topics from Healthology, a leading producer of physician-generated information on the Internet.

Live and Work Well — Through this link you'll be connected with the Web site for United Behavioral Health, the administrator of our mental health and substance abuse benefits.

Managing Your Health — Link to ConnectiCare's health management programs, such as BREATHE, DiabetiCare, HeartCare and Birth Expectations, and find out what each program has to offer. Record important health indicators like weight and blood sugar online. Review your progress over time. Download information from our site to yours. And take part in quality-of-life surveys.

My Health Resources — Gain access to information, contacts and tools to help you with important health issues such as smoking cessation, proper nutrition, depression awareness and much more.

My Profile — This link provides a snapshot of your insurance plan basics. It tells you who's covered by your plan, copays for services, your primary care physician, plan name and other basics. From here you can perform simple transactions such as ordering an ID card or notifying us that you changed your PCP or OB/GYN.

Staying Healthy — Through this resource you'll be linked to a variety of health information such as a Path to Healthy Living, Preventive Health Guidelines, and ConnectiCare's Healthy Alternatives.

You can set personal health goals and schedule reminders. Female members, don't leave My Health without visiting our women's health module. You'll learn about women's health — from reproductive issues to menopause to the "health of your heart."

Your Online Benefits Summary — Now you can find basic cost-share information about your plan easier than ever. In response to member feedback, we've made benefit summaries available online, so you can check on copayments, deductibles, coinsurance and other information whenever you need to. Through our Web site, you also gain quick access to the following ConnectiCare resources:

- **Healthy Happenings** — a calendar of ConnectiCare's educational programs.
- A link to **Pharmacy Central**, where you can track mail-order prescriptions and get information on prescription drugs.
- Updates on benefit changes.
- The tools to change your address, switch to a new PCP and order additional ConnectiCare ID cards.

iSearch® — Our online directory of participating providers at www.connecticare.com helps you find a doctor more easily than ever. **iSearch** saves you time and offers frequent updates with fewer clicks to get the information needed. You can save and print the results of your search in a more user-friendly, personalized format. **iSearch** also links you to more information about participating practitioners and their practices, including:

- customized provider lists that compare doctors side-by-side
- extended office hours that may be available
- handicap accessibility
- maps and driving directions
- where the doctor attended medical school
- certification for providing quality diabetes care by the Diabetes Physician Recognition Program.

Plus, in many cases, you can connect directly to a physician's own Web site, where you'll find still more information.

Tools To Help You Make Informed Decisions

We've enhanced our existing set of online health information and decision-support tools so you can take a more active role in making health decisions and managing your health benefits.

Subimo Healthcare Advisor™ and **PharmaAdvisor™** are for anybody facing an important health care decision or needing to learn how to manage a particular condition. Available at no additional charge to members at **www.connecticare.com**, this combined suite of tools offers the following:

- *Decision guide* — Helps you address and act on key health-related decisions. You can obtain information to help you actively participate in health care decisions and prepare for a health care event.
- *Hospitals* — You can compare hospitals based on factors that are important to you, including experience with the type of treatment you need. You also can do a hospital search, or get an information profile on a particular hospital.
- *Drugs* — Provides access to information about drug options. You can compare drug treatment options, research drugs used to treat common conditions, profile a specific drug, and check common drug interactions.
- *Other resources* — Provides a variety of information including questions to ask the doctor, an online medical encyclopedia, community discussions, and links to useful Web sites, organized by health care topic.



Many other Web-based products limit their content to explanations of procedures and conditions. The Subimo knowledge base, however, combines all these basic explanations with quantitative data gathered from dozens of different databases.

Although the Healthcare Advisor and PharmaAdvisor provide information about medical treatments, any messages, advice, opinions or other information contained in the Web site(s) should not be construed as professional medical advice or instruction. Members should always contact their doctor for medical advice and treatment.

All information on our Web site is available in hard copy by calling Member Services at **(860) 674-5757** or **1-800-251-7722**.

Your privacy and the security of information are a high priority. Be sure to read our privacy policy on www.connecticare.com to get the facts on privacy and security and to understand the steps we take to keep your information private.



PHARMACY BENEFITS AND MANAGEMENT

Prescription drugs and supplies are covered under the ConnectiCare SOLO HMO plans. They're optional under the ConnectiCare SOLO POS plans.

If your plan includes benefits for prescription drugs, the drugs are placed in a tiered system that indicates what your cost share amount will be. Tier-one drugs have the lowest cost share level, tier-two drugs have an intermediate cost share level, and tier-three drugs have the highest cost share level. To find out whether a particular medication is on ConnectiCare's drug list, and what tier it is, call **1-800-251-7722** or go to "Pharmacy Central" at **www.connecticare.com**. Please note that the drug list can change during the year, so call the number above or check the Web site for the latest information.

If you're a member of one of the HMO plans, you'll be required to use a participating pharmacy. (And if you're a member of one of the POS plans, you'll make the most of your benefits if you use a participating pharmacy.) To locate one near you, call the phone number above or visit the Web site above.

A limited number of medications covered by ConnectiCare need prior approval. Also, a few select medications have quantity limits. This information is available in your policy.

POS plan members, please note: If you have declined the option for prescription drug coverage, you are still eligible for discounts on your out-of-pocket drug costs through Express Scripts, our prescription drug vendor. For more information, visit "Pharmacy Central" at **www.connecticare.com** and click on "Express Scripts."

VISION CARE BENEFIT

ConnectiCare's Vision Care benefit extends from medical and surgical care to routine preventive care. Covered services at participating practitioners and provider facilities include:

- One routine eye exam per member, per calendar year.
Plan covers: 100% after applicable cost-share.
- Frames and lenses*
Lens options include:
Polycarbonate
Scratch-resistant coating
Ultra-violet coating
Anti-reflective coating
Solid tint
Gradient tint
Photochromic

Plan covers: 25% discount on frames and lenses at or below \$250; 30% discount over \$250

- Prescription contact lenses* (discounts available only if associated professional services are also obtained)
 - Hard or soft lenses: 25% discount at or below \$250
 - Initial disposable lens package for a member who has never worn disposable contact lenses: 30% discount over \$250; 25% discount on associated professional services (i.e., fittings)
- Additional coverage*
Sunglasses: 25% discount
 - Prescription
 - Non-prescription
 Replacement lenses/frames
- Medical eye exam: medically necessary medical and surgical diagnosis and the treatment of diseases or other abnormal conditions of the eye and adjacent structures. 100% after the applicable cost-share. The cost-share depends on where services are rendered.

** All discounts apply to eyewear purchased from examining participating practitioner within 90 days of exam. Specific benefits available are subject to change.*

COVERAGE FOR URGENT AND EMERGENCY CARE

If an emergency ever occurs, don't wait. Go to the closest emergency room right away. Call 911 if you need help getting there. If possible, let your doctor know what's happening.

Please notify us within 24 hours of your hospital admission at 860-674-5870. (A friend or family member can call on your behalf. If you can't act that quickly, notify us as soon as you or someone else is able.)



PRACTITIONER AND PROVIDER AVAILABILITY

As a member, you'll be free to choose from more than 16,000 participating practitioner and provider facilities in our tri-state network. Every Connecticut hospital participates, and our Massachusetts and New York participating provider networks are growing daily. To locate a participating physician, specialist or other health care practitioner, consult our printed provider directory. Or, for the most recent updates, visit **iSearch®**, our online participating provider directory, at **www.connecticare.com**.

If you're a member of our Individual Point-of-Service (POS) plan, you also have the freedom to go outside the ConnectiCare participating provider network for covered services. However, keep in mind that benefits are paid at a lower level when you use non-participating providers, and they may bill you for any outstanding balance.

NO REFERRALS NEEDED

No referrals are needed to see a specialist — no matter which ConnectiCare SOLO Open Access plan you have! However, to help manage your care, you and your covered dependents do need to select a Primary Care Physician (PCP) as your regular doctor. PCPs include: doctors who maintain a general practice, pediatricians, family practitioners, and practitioners of internal medicine. Note: you and your covered dependents do not need to have the same PCP. Each of you can choose a different doctor.

PRE-AUTHORIZATION REQUIRED FOR SOME SERVICES

Some services require our prior approval. Please check your policy and any updates in our *Housecall* newsletter, mailed twice a year to members.

WHAT IS UTILIZATION MANAGEMENT?

We use utilization management programs and procedures to evaluate the quality, medical necessity and efficiency of covered services. Decisions about whether ConnectiCare will pay for care are based on national standards, with local physician input. We do not reward or offer financial incentives to physicians or other individuals making decisions about whether we will pay for health care treatments, drugs or supplies.

For example, ConnectiCare requires pre-authorization or pre-certification of selected services. Your physician may seek this authorization, but it is your responsibility to make sure it has been approved before you get the care or service. If you are a member in one of the HMO plans, all health care services and supplies must be ordered, rendered and supplied by a participating practitioner or provider facility—or the service or supply may not be covered.

When a new treatment or supply becomes available for use, or a new use of an existing treatment becomes available, we will review the treatment or supply to determine whether it should be covered under the plan.

When you or your dependents are admitted to the hospital or a skilled nursing facility, a ConnectiCare nurse case manager reviews the care you receive and may speak with your caregivers during your stay. This is called concurrent review, which promotes an appropriate level of services, and ensures that your discharge home is coordinated and planned. Concurrent review also is conducted if you receive home care services.

We may use outside companies to manage and administer certain categories of benefits or services under this plan. For example, mental health and substance abuse care services are managed by United Behavioral Health.



MEMBERS' RIGHTS AND RESPONSIBILITIES

You have the biggest stake in your own health. Shouldn't you be involved in making decisions for care? We think so. To make the best choices, you need the facts. Knowing your rights is important, so be sure to read about them:

Your Rights

You are encouraged to actively participate in decision-making with regard to managing your health care. As a member of ConnectiCare SOLO, you will enjoy certain rights and benefits. You have a right to:

- Receive information about us, our services, our Participating Practitioners and Provider Facilities, and Members' Rights And Responsibilities.
- Be treated with respect and recognition of your dignity and right to privacy.
- Participate with practitioners in decision-making regarding your health care.
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Refuse treatment and to receive information regarding the consequences of such action.
- Voice complaints or appeals about us or the care you are provided.

- Refuse to authorize the transfer of records, understanding that such action may terminate the physician/patient relationship, result in the denial of benefits and cause any associated Appeal Process to be terminated, and may require you to disenroll from this Plan.

Your Responsibilities

While enjoying specific rights of membership, you will also assume the following responsibilities. You will have a responsibility to:

- Select a Primary Care Physician (PCP).
- Provide, to the extent possible, information we need to help coordinate care and make benefit determinations.
- Follow the treatment plans and instructions that you and your provider have agreed upon.
- Keep scheduled appointments or give sufficient advance notice of cancellation.
- Pay established premiums, copayments, deductibles or applicable coinsurance.
- Follow the rules of the Plan, and assume financial responsibility for not following the rules.
- Be considerate of our Participating Practitioner and Provider Facilities' staff and property, and respect the rights of other patients.
- Read your policy, which describes the Plan's benefits and rules.



ELIGIBILITY REQUIREMENTS

Individuals who meet the following requirements are eligible to apply for ConnectiCare SOLO:

- Legal resident of Connecticut
- Under age 65
- Not enrolled in or entitled to Medicare benefits
- Single; or
- Married couples, civil unions and domestic partners; or
- Families with unmarried, dependent children under age 19 (or under age 26 if a full-time student)

STEPS TO APPLY

- 1.** Complete and sign the Individual Application/Change Form—**PART 1**. (Be sure to select a Primary Care Physician (PCP) for each family member applying for coverage.)
- 2.** Complete all questions on Individual Health Statement—**PART 2**—for each family member applying for coverage, and sign the document.
- 3.** Complete and sign the Underwriting Authorization Form—**PART 3**.
- 4. Sign the application.** Applicants under age 18 must have a parent/guardian's signature—and the parent/guardian's full name must be printed on the application.
- 5.** Enclose a check for the first month's premium, payable to ConnectiCare, with the application.
- 6.** Complete and sign the Electronic Funds Transfer Form, if applicable. Be sure to include a check marked "void".
- 7.** Complete the following forms, if applicable:
 - Student Verification Form (for full-time students age 19-26)
 - Domestic Partner Verification Form
 - Verification of Dependent Disability Form
- 8. Optional:** Broker Authorization Form—must be completed and received prior to the release of any status information to the broker that includes the applicant's personal health information.
- 9.** All completed forms should be signed, dated and received by the 15th of the month.
Mail to: ConnectiCare, P.O. Box 4058, Farmington, CT 06034-4058.

Acceptance into the plan is based on our review of the Individual Health Statement(s) and the applicant meeting the eligibility requirements and underwriting criteria. As part of our medical underwriting, ConnectiCare may need access to medical records and other medical information. If we do not have complete medical information, your application will be incomplete, and may be denied if you do not arrange to have the medical records provided to us within 60 days.

For additional copies of ConnectiCare SOLO forms, contact your agent or broker, or call Member Services at **1-800-251-7722**.

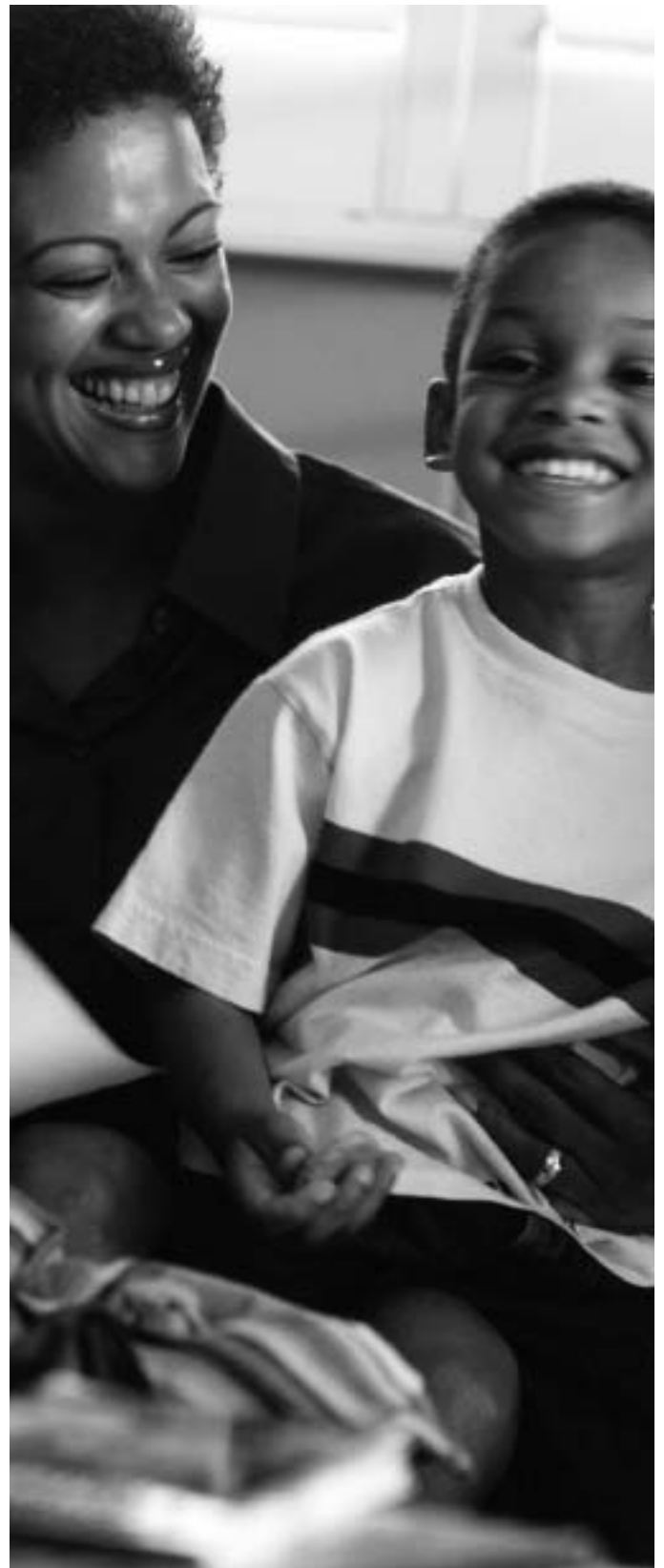
RENEWABILITY OF COVERAGE

Each time you send us the premium that is due, we will renew your policy. You are required to make the payment on or before the 1st of each month, or before expiration of the grace period. Your policy remains in force during this period. Premium payments should be mailed to:

ConnectiCare, Inc.
P.O. Box 30726
Hartford, CT 06150

ELECTRONIC FUNDS TRANSFER (EFT)

You can arrange to have your monthly premium payment automatically withdrawn from your bank account. All you have to do is complete the EFT form and attach a voided check or statement savings deposit slip with your application. We'll complete the rest.



HOW TO CONTACT US

Prospective Members: call your insurance agent or broker.

Member Services

ConnectiCare

(860) 674-5757 or 1-800-251-7722

Behavioral Health Program

1-888-946-4658

Pre-Authorization or Pre-Certification

ConnectiCare

1-800-562-6833

Behavioral Health Program

1-888-946-4658

Home Health Care Program

1-888-946-4658

Radiological Services Program (Outpatient diagnostic x-rays and therapeutic procedures)

1-877-607-2363

Submitting Claims to Us from Non-Participating Practitioners and Provider Facilities

ConnectiCare

(all claims except Behavioral Health Program)

ConnectiCare Claims

P.O. Box 546

Farmington, CT 06034-0546

Behavioral Health Program

ConnectiCare Claims

UBH

P.O. Box 30757

Salt Lake City, UT 84130-0757

Submitting Premium Payments

ConnectiCare, Inc.

P.O. Box 30726

Hartford, CT 06150

Questions And Complaints

ConnectiCare Member Services

175 Scott Swamp Road

Farmington, CT 06034 or

www.connecticare.com



INDIVIDUAL HMO OUTLINE OF COVERAGE

HMO Hospital Copayment \$500

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Upon enrollment, it is therefore important that you **read your policy carefully!**

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations, which may be set forth in the policy.

	MEMBER COST:
DAILY HOSPITAL ROOM AND BOARD	
■ Hospitalization for Maternity, Illness or Injury (includes semi-private room and board)	\$500 copayment per day up to \$2,000 per calendar year
■ Skilled Nursing and Rehabilitation Facilities (up to 90 days)	No member cost
MISCELLANEOUS HOSPITAL SERVICES	
■ Emergency Room (copayment waived if admitted)	\$150 copayment per visit
■ Walk-In/Urgent Care Centers	\$50 copayment per visit
SURGICAL SERVICES	
■ Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility, including colonoscopy)	\$500 copayment per visit
ANESTHESIA SERVICES	
■ Anesthesia and oxygen services	Included in Hospital Services
IN-HOSPITAL MEDICAL SERVICES	
■ Inpatient medical services	Included in Hospital Services
OUT-OF-HOSPITAL CARE	
■ Primary Care Physician Office Services (includes services for preventive care, illness, injury, sickness, follow-up care and consultations)	\$25 copayment per visit
■ Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$35 copayment per visit
■ Gynecological Preventive Exam Office Services	\$35 copayment per visit
■ Maternity Care Office Services	\$35 copayment per visit for initial visit only

continued on page 21

HMO Hospital Copayment \$500, cont.

	MEMBER COST:
OTHER BENEFITS	
■ Ambulance Services	No member cost
■ Home Health Services (up to 100 visits)	No member cost
■ Laboratory Services (includes services performed in a Hospital or laboratory facility)	No member cost
■ Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No member cost
■ Advanced Radiology (includes services for MRI, PET and CAT Scan, and Nuclear Cardiology performed in a Hospital or radiology facility)	No member cost
■ Chiropractic Services (up to 10 visits)	\$35 copayment per visit
■ Outpatient Rehabilitative Therapy (up to 20 visits combined for physical, speech, and occupational therapy)	\$35 copayment per visit
■ Routine Vision Exam (one per year)	\$35 copayment
■ Disposable Medical Supplies (up to \$300)	20%
■ Durable Medical Equipment Including Prosthetics (up to \$1,500)	20%
■ Ostomy Supplies and Equipment (up to \$1,000)	20%
LIFETIME MAXIMUM	Unlimited

HMO Hospital Deductible \$2,000 Individual/\$4,000 Family

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Upon enrollment, it is therefore important that you **read your policy carefully!**

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations, which may be set forth in the policy.

	MEMBER COST:
BENEFIT DEDUCTIBLE	\$2,000 per Individual/\$4,000 per Family This benefit deductible is combined for Ambulatory Services (Outpatient) and Inpatient Services including mental health and alcohol and substance abuse
DAILY HOSPITAL ROOM AND BOARD	
■ Hospitalization for Maternity, Illness or Injury (includes semi-private room and board)	\$2,000 per Individual/\$4,000 per Family This benefit deductible is combined for Ambulatory Services (Outpatient) and Inpatient Services including mental health and alcohol and substance abuse
■ Skilled Nursing and Rehabilitation Facilities (up to 90 days)	No member cost
MISCELLANEOUS HOSPITAL SERVICES	
■ Emergency Room (copayment waived if admitted)	\$150 copayment per visit
■ Walk-In/Urgent Care Centers	\$50 copayment per visit
SURGICAL SERVICES	
■ Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility, including colonoscopy)	\$2,000 per Individual/\$4,000 per Family This benefit deductible is combined for Ambulatory Services (Outpatient) and Inpatient Services including mental health and alcohol and substance abuse
ANESTHESIA SERVICES	
■ Anesthesia and oxygen services	Included in Hospital Services
IN-HOSPITAL MEDICAL SERVICES	
■ Inpatient medical services	Included in Hospital Services

continued on page 23

HMO Hospital Deductible \$2,000 Individual/\$4,000 Family, cont.

	MEMBER COST:
OUT-OF-HOSPITAL CARE	
■ Primary Care Physician Office Services (includes services for preventive care, illness, injury, sickness, follow-up care and consultations)	\$25 copayment per visit
■ Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$35 copayment per visit
■ Gynecological Preventive Exam Office Services	\$35 copayment per visit
■ Maternity Care Office Services	\$35 copayment per visit for initial visit only
OTHER BENEFITS	
■ Ambulance Services	No member cost
■ Home Health Services (up to 100 visits)	No member cost
■ Laboratory Services (includes services performed in a Hospital or laboratory facility)	No member cost
■ Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No member cost
■ Advanced Radiology (includes services for MRI, PET and CAT Scan, and Nuclear Cardiology performed in a Hospital or radiology facility)	No member cost
■ Chiropractic Services (up to 10 visits)	\$35 copayment per visit
■ Outpatient Rehabilitative Therapy (up to 20 visits combined for physical, speech, and occupational therapy)	\$35 copayment per visit
■ Routine Vision Exam (one per year)	\$35 copayment
■ Disposable Medical Supplies (up to \$300)	20%
■ Durable Medical Equipment Including Prosthetics (up to \$1,500)	20%
■ Ostomy Supplies and Equipment (up to \$1,000)	20%
LIFETIME MAXIMUM	Unlimited

HMO Upfront Plan Deductibles

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Upon enrollment, it is therefore important that you **read your policy carefully!**

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations, which may be set forth in the policy.

		MEMBER COST:
CALENDAR YEAR COST SHARE		
■ Individual Plan Deductible		\$1,500
■ Family Plan Deductible		\$2,500
		\$3,000
		\$5,000
DAILY HOSPITAL ROOM AND BOARD		
■ Hospitalization for Maternity, Illness or Injury (includes semi-private room and board)		\$100 copayment per day up to \$500 per calendar year after Plan Deductible
■ Skilled Nursing and Rehabilitation Facilities (up to 90 days)		No member cost after Plan Deductible
MISCELLANEOUS HOSPITAL SERVICES		
■ Emergency Room (copayment waived if admitted)		\$150 copayment per visit after Plan deductible
■ Walk-In/Urgent Care Centers		\$50 copayment per visit after Plan deductible
SURGICAL SERVICES		
■ Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)		\$100 copayment per visit after Plan Deductible
ANESTHESIA SERVICES		
■ Anesthesia and oxygen services		Included in Hospital Services
IN-HOSPITAL MEDICAL SERVICES		
■ Inpatient medical services		Included in Hospital Services
OUT-OF-HOSPITAL CARE		
■ Primary Care Physician Office Services (includes services for illness, injury, sickness, follow-up care and consultations) (The Plan Deductible does not apply to some preventive care services. Refer to Plan Deductible Information for details.)		\$25 copayment per visit after Plan Deductible

continued on page 25

HMO Upfront Plan Deductibles, cont.

	MEMBER COST:
OUT-OF-HOSPITAL CARE, CONT.	
■ Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$35 copayment per visit after Plan Deductible
■ Gynecological Preventive Exam Office Services	\$35 copayment per visit
■ Maternity Care Office Services	\$35 copayment per visit for initial visit only after Plan Deductible
OTHER BENEFITS	
■ Ambulance Services	No member cost after Plan Deductible
■ Home Health Services (up to 100 visits)	No member cost
■ Laboratory Services (includes services performed in a Hospital or laboratory facility)	No member cost after Plan Deductible
■ Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No member cost after Plan Deductible
■ Advanced Radiology (includes services for MRI, PET and CAT Scan, and Nuclear Cardiology performed in a Hospital or radiology facility)	No member cost after Plan Deductible
■ Chiropractic Services (up to 10 visits)	\$35 copayment per visit after Plan Deductible
■ Outpatient Rehabilitative Therapy (up to 20 visits combined for physical, speech, and occupational therapy)	\$35 copayment per visit after Plan Deductible
■ Routine Vision Exam (one per year)	\$35 copayment
■ Disposable Medical Supplies (up to \$300)	20% after Plan Deductible
■ Durable Medical Equipment Including Prosthetics (up to \$1,500)	20% after Plan Deductible
■ Ostomy Supplies and Equipment (up to \$1,000)	20% after Plan Deductible
LIFETIME MAXIMUM	Unlimited

POINT-OF-SERVICE UPFRONT PLAN DEDUCTIBLES

Read Your Policy Carefully – This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Upon enrollment, it is therefore important that you **read your policy carefully!**

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations, which may be set forth in the policy.

	IN-NETWORK/OUT-OF-NETWORK		
CALENDAR YEAR COST SHARE			
■ Individual Plan Deductible	\$500/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000
■ Family Plan Deductible	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$6,000
■ Individual Out-of-Pocket Maximum (includes Plan Deductible and Coinsurance)	None/\$3,000	None/\$5,000	None/\$10,000
■ Family Out-of-Pocket Maximum (includes Plan Deductible and Coinsurance)	None/\$6,000	None/\$10,000	None/\$15,000
■ Out-of-Network Reimbursement	Plan will reimburse up to the Maximum Allowable Amount		
	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER COST	
DAILY HOSPITAL ROOM AND BOARD			
■ Hospitalization for Illness or Injury (includes semi-private room and board; <u>excludes all maternity-related services</u>)	\$500 copayment per admission after Plan Deductible	30% after Plan Deductible	
■ Skilled Nursing and Rehabilitation Facilities (up to 90 days)	No member cost after Plan Deductible	30% after Plan Deductible	
MISCELLANEOUS HOSPITAL SERVICES			
■ Emergency Room (copayment waived if admitted)	\$150 copayment per visit after Plan Deductible	\$150 copayment per visit after Plan Deductible	
■ Walk-In/Urgent Care Centers	\$50 copayment per visit after Plan Deductible	\$50 copayment per visit after Plan Deductible	
SURGICAL SERVICES			
■ Ambulatory Services (Outpatient) (includes services performed in a Hospital or ambulatory facility)	\$250 copayment per visit after Plan Deductible	30% after Plan Deductible	
ANESTHESIA SERVICES			
■ Anesthesia and oxygen services	Included in Hospital Services	Included in Hospital Services	

continued on page 27

Point-of-Service Upfront Plan Deductibles, cont.

	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER COST
IN-HOSPITAL MEDICAL SERVICES		
■ Inpatient medical services	Included in Hospital Services	Included in Hospital Services
OUT-OF-HOSPITAL CARE		
■ Primary Care Physician Office Services (includes services for illness, injury, sickness, follow-up care and consultations) (The Plan Deductible does not apply to some in-network preventive care services. Refer to Plan Deductible Information for details.)	\$25 copayment per visit after Plan Deductible	30% after Plan Deductible
■ Specialist Office Services (includes services for illness, injury, sickness, follow-up care and consultations)	\$35 copayment per visit after Plan Deductible	30% after Plan Deductible
■ Gynecological Preventive Exam Office Services	\$35 copayment per visit	30% after Plan Deductible
■ Maternity Care Office Services	Not a covered benefit	Not a covered benefit
OTHER BENEFITS		
■ Ambulance Services	No member cost after Plan Deductible	No member cost after Plan Deductible
■ Home Health Services (up to 100 visits)	No member cost	25%
■ Laboratory Services (includes services performed in a Hospital or laboratory facility)	No member cost after Plan Deductible	30% after Plan Deductible
■ Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)	No member cost after Plan Deductible	30% after Plan Deductible
■ Advanced Radiology (includes services for MRI, PET and CAT Scan, and Nuclear Cardiology performed in a Hospital or radiology facility)	No member cost after Plan Deductible	30% after Plan Deductible
■ Chiropractic Services (up to 10 visits)	\$35 copayment per visit after Plan Deductible	30% after Plan Deductible
■ Outpatient Rehabilitative Therapy (up to 20 visits combined for physical, speech, and occupational therapy)	\$35 copayment per visit after Plan Deductible	30% after Plan Deductible
■ Routine Vision Exam (one per year)	\$35 copayment	30% after Plan Deductible
■ Disposable Medical Supplies (up to \$300)	20% after Plan Deductible	30% after Plan Deductible
■ Durable Medical Equipment Including Prosthetics (up to \$1,500)	20% after Plan Deductible	30% after Plan Deductible
■ Ostomy Supplies and Equipment (up to \$1,000)	20% after Plan Deductible	30% after Plan Deductible
LIFETIME MAXIMUM	Unlimited	\$1,000,000

PRESCRIPTION DRUG OPTIONS

HMO Plans: Benefits for prescription drugs are provided through participating retail pharmacies or through our mail-order program. There is a three tier benefit design for covered prescription drugs: tier one drugs have the lowest member cost share level; tier two drugs have an intermediate member cost share level; and tier three drugs have the highest member cost share level.

POS Plans: Prescription drug coverage is optional under the Point of Service plans. If selected, in-network benefits are provided for covered prescription drugs purchased through participating retail pharmacies, or through our mail-order program. There is a three-tier benefit design for covered prescription drugs: tier one drugs have the lowest member cost share level; tier two drugs have an intermediate member cost share level; and tier three drugs have the highest member cost share level.

In-Network Prescription Drug Options

Option I	Tier One	Tier Two	Tier Three	Benefit Limit
30-Day supply through participating retail pharmacies	\$10	\$20	\$35	\$1,000 \$2,000 \$3,000
90-Day supply through participating Mail Order Vendor	\$20	\$40	\$70	

Option II	Tier One	Tier Two	Tier Three	Benefit Limit
30-Day supply through participating retail pharmacies	\$15	\$25	\$40	\$1,000 \$2,000 \$3,000
90-Day supply through participating Mail Order Vendor	\$30	\$50	\$80	

The Benefit Limit is the limit to which ConnectiCare will provide coverage in a calendar year. The member is responsible for prescription drug costs that exceed the Benefit Limit.

Benefit Limits are per member per calendar year limits.

POS Plans only: The Benefit Limit is a combined in-network and out-of-network limit. Out-of-network pharmacy costs are a 30% member cost share.

PLAN DEDUCTIBLE INFORMATION

(This section only applies to plans with a calendar year Plan Deductible.)

The Plan Deductible **does not** apply to the following covered health services when they are rendered by a participating provider. Please note that the limitation provisions detailed below only show you when those services do not apply to the Plan Deductible for the identified in-network services.

- Colorectal cancer screenings, fecal occult blood test, sigmoidoscopy or colonoscopy (including an associated biopsy performed during a colonoscopy), age 50 or older, one per year
- Gynecological preventive exam, one per year
- Home Health Services
- Immunizations for:
 - Children* - Chickenpox, Diphtheria, Hemophilus Influenza B, Hepatitis B, Measles, Mumps, Pertussis, Pneumococcus, Polio, Rubella, and Tetanus
 - Adults* - Chickenpox, Influenza, Pneumococcus, and Tetanus
- Mammography screenings, age 40 or older, one per year
- Newborn well baby visits
- Outpatient laboratory services (one per year) associated with preventive exams including but not limited to:
 - Cervical cancer screening - Pap tests
 - Cholesterol screening
 - Fasting plasma glucose
 - Hematocrit or hemoglobin
 - Lead screening
 - Urinalysis
- Prescription drugs covered under our **Prescription Drug Rider**
- Preventive exams for adult (one per year) and pediatric exams as coded by the most current edition of the American Medical Association's Current Procedural Terminology Coding Manual, including an electrocardiogram
- Prostate cancer screening and associated laboratory tests, age 50 and older, one per year
- Routine vision exam, one per year

EXCLUSIONS AND LIMITATIONS

The following is a list of services, supplies, etc., that are excluded under the policy unless otherwise noted.

- Abdominoplasty
- All assistive communication devices
- Any treatments or services related to the provision of a non-covered benefit, as well as evaluations and medical complications resulting from receiving services that are not covered ("Related Services"), unless **both** of these conditions are met: the Related Services are Medically Necessary acute inpatient care services needed by the Member to treat complications resulting from the non-covered benefit when such complications are life threatening at the time the Related Services are rendered, as determined by us; and the Related Services would be a Health Service if the non-covered benefit were covered by the Plan
- Attorney fees
- Benefits for services rendered before the Member's effective date under this Plan and after the Plan has been rescinded, suspended, canceled, or interrupted or terminated
- Blood donation expenses incurred by the Member's relatives or friends for their blood donated for use by the Member. Also, whole blood, blood plasma, and other blood derivatives and donor services, which are provided by the Red Cross
- Cardiac rehabilitation for Phase III, unless the Member meets the criteria for enrollment into our HeartCare health management program, is being actively case managed and the rehabilitation is approved by us. Phase IV cardiac rehabilitation is always excluded
- Care provided by home health aides that is not patient care of a medical or therapeutic nature or care provided by non-licensed professionals
- Care, treatment, services or supplies to the extent the Member has obtained benefits under any applicable law, government program, public or private grant, or for which there would be no charge to the Member in the absence of this Plan
- Conditions with the following diagnoses: caffeine-related disorders; communication disorders; learning disorders; mental retardation; motor skills disorders; relational disorders; sexual deviation; and other conditions that may be a focus of clinical attention not defined as mental disorders in the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders
- Contraceptive drugs and devices, except to the extent applicable insurance law requires coverage for these items
- Cord blood retrieval and storage
- Cosmetic Treatments and procedures, including, but not limited to: any medical or Hospital services related to Cosmetic Treatments or procedures; benign nevi or any benign skin lesion not causing a significant mechanical problem, except for the treatment of warts; benign seborrhic keratosis; blepharoplasty, unless the upper eye lid obstructs the pupil, and blepharoplasty would result in significant improvement of the upper field of vision; breast augmentation (except or as described in the "Reconstructive Surgery" and "Durable Medical Equipment (DME) Including Prosthetics" subsections of the "Benefits" section of the policy or as otherwise required by applicable law); dermabrasion; excision of loose or redundant skin and/or fat after the Member has had a substantial weight loss; hemangioma; liposuction; otoplasty; scar revision following surgery or injury (except when the scar causes a significant mechanical deficit); septoplasties, septorhinoplasties, and rhinoplasties, unless necessary to alleviate a significant nasal obstruction; skin tag removal; spider veins (including sclerotherapy); and treatment of craniofacial disorders
- Custodial Care, convalescent care, domiciliary care, and rest home care
- Dental services, including: anesthesia, except as otherwise required by applicable law; bite appliances or night guards; bone grafts; correction of congenital malformation, including osteotomies; correction of oral malocclusion; dental implants; prosthetic devices, except as otherwise provided herein; and repair, restoration or re-implantation of teeth following an injury
- Experimental or investigational medical, surgical and other health care treatments and procedures
- Eyeglasses and contact lenses
- Eye surgeries and procedures primarily for the purpose of correcting refractive defects of the eyes
- Health and behavior assessments that are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment, or management of physical health problems

- Hearing aids except as otherwise required by applicable law
 - Infant formulas, food supplements, nutritional supplements and enteral nutritional therapy, except as provided in the “Nutritional Supplements And Food Products” subsection of the “Benefits” section of the policy
 - Massage, except when part of a prescribed physical or occupational therapy program if that program is a covered benefit
 - Maternity care and treatment (pre-natal and post-natal) including home births, except that care related to complications of pregnancy is covered.
- POS Plans only.**
- Medical supplies or equipment that are not considered to be durable medical equipment or disposable medical supplies or that are not on our covered list of such equipment or supplies
 - New technology: services or supplies that are new or recently emerged and new or recently emerged uses of existing services and supplies, unless and until we determine to cover them
 - Non-durable equipment such as orthopedic or prosthetic shoes, foot orthotics, and prophylactic anti-embolism stockings, (such as jobst stockings except when the Member has a history of deep vein thrombosis)
 - Peak flow meters, unless the Member is enrolled in our asthma health management program, is being actively case managed and the use of a peak flow meter is approved by us as part of a health management program, value-added service or benefit
 - Personal convenience or comfort items of any kind
 - Private room accommodations and private duty nursing in a facility
 - Reversal of surgical sterilization
 - Routine foot care and treatment, unless Medically Necessary for neuro-circulatory conditions
 - Routine physical exams and immunizations and follow-up care at an Urgent Care Center or an emergency room, except for suture removal at the same facility that applied the sutures
 - Services and supplies exceeding the applicable benefit maximums
 - Services or supplies rendered by a physician or provider to himself or herself, or rendered to his or her family members, such as parents, grandparents, spouse, children, step-children, grandchildren or siblings
 - Sex change services
 - Smoking cessation products, except as otherwise required by applicable law and when the product is obtained with a prescription and Pre-Authorized by us
 - Solid organ transplants and bone marrow that are Experimental or Investigational
 - Speech therapy for stuttering, lisp correction, or any speech impediment not related to illness or injury, except as required by applicable law
 - Surgical treatment for morbid obesity
 - Temporomandibular joint (TMJ) dysfunction or temporomandibular disease (TMD) syndrome: any non-surgical treatment, including but not limited to appliances, behavior modification, physical therapy, and prosthodontic therapy
 - Third party coverage, such as other primary insurance, workers’ compensation and Medicare will not be duplicated
 - Transportation, accommodation costs, and other non-medical expenses related to Health Services (whether they are recommended by a physician or not)
 - Treatment services and supplies in a Veteran’s Hospital or any Federal Hospital, except as required by applicable law
 - Vision and hearing examinations, except as set forth in the “Eye Care” and “Hearing Screenings” subsections of the policy
 - Vision therapy and vision training
 - War related treatment or supplies, whether the war is declared or undeclared
 - Web visits, e-visits, and other on-line consultations, health evaluations using internet resources and telephone consultations
 - Wigs, hair prosthetics, scalp hair prosthetics and cranial prosthetics, except for a wig as prescribed by an oncologist when the wig is required in connection with hair loss suffered as a result of chemotherapy
 - Services, supplies, vaccinations and medications required by third parties or obtained for foreign or domestic travel (e.g., employment, school, camp, licensing, insurance and travel)
 - Services and supplies not specifically included in the policy. These include but are not limited to: non-medical supportive counseling services (individual or group); education services, including testing, training, rehabilitation for educational purposes and screening and treatment associated with learning disabilities; health club membership, exercise equipment; hypnosis (except as an integral part of psychotherapy), biofeedback (except when ordered by a physician to treat urinary incontinence), acupuncture, and certain holistic practices; weight loss/control treatment, programs and medications

IMPORTANT INFORMATION

Eligibility

To become eligible for benefits under this Benefit Program, the applicant must:

- Be a resident of the State of Connecticut
- Be under age 65

Renewal Provision

We will renew your policy each time you send us the premium. Payment must be made on or before the due date or by the end of the calendar month the premium is due. Your policy stays in force during this time. We can refuse to renew your policy only when we refuse to renew all individual plans in this State. Nonrenewal will not affect an existing claim.

Premium Rates

The amount, time and manner of payment of premium shall be determined by ConnectiCare and shall be subject to the approval of the State of Connecticut Insurance Department.

In the event of any change in premium, the subscriber will be given notice at least 30 days prior to such change. Payment of the premium by the subscriber shall serve as notice of the subscriber's acceptance of the change.

If you have questions regarding this plan, please contact your insurance agent or call us at (860) 674-5757 or 1-800-251-7722.

ConnectiCare, Inc. & Affiliates

Applying Is Easy

1. Complete and sign the Individual Application/Change Form — **PART 1**.
(Be sure to select a Primary Care Physician (PCP) for each family member applying for the coverage.)
2. Complete all questions on the Individual Health Statement — **PART 2** — for each family member applying for coverage, and sign the document.
3. Complete and sign the Underwriting Authorization Form — **PART 3**.
4. **Sign the application.** Applicants under age 18 must have a parent/guardian's signature — and the parent/guardian's full name must be printed on the application.
5. Enclose a check for the first month's premium, payable to ConnectiCare, with the application.
6. Complete and sign the Electronic Funds Transfer Form, if applicable. Be sure to include a check marked "Void".
7. Complete the following forms, if applicable:
 - 1) Student Verification Form (for full-time students age 19-26).
 - 2) Domestic Partner Verification Form.
 - 3) Verification of Dependent Disability Form.
8. **Optional:** Broker Authorization Form — must be completed and received prior to the release of any status information to broker that includes the applicant's personal health information.

Acceptance into the plan is based on our review of the Individual Health Statement(s) and the applicant meeting the eligibility requirements and underwriting criteria.

PART 1

REQUIRED

PART 2

REQUIRED

PART 3

REQUIRED

FORM 4



175 Scott Swamp Road, Farmington, CT 06034
www.connecticare.com

HMO coverage is underwritten by ConnectiCare, Inc.; POS coverage is underwritten by ConnectiCare Insurance Company, Inc.
This plan is issued on an individual basis and is regulated as an individual health insurance plan.