

2019 - Connecticut Small Group Self-funded Plan Options

HPHC Insurance Company and its affiliate, Health Plans, Inc., have designed plans with strong choice and flexibility to meet varying needs. Our Connecticut small group self-funded HMO and PPO plans feature savings opportunities, predictability and simplicity.



Exclusions for all plans shown: acupuncture, alternative/complementary care benefit, applied behavior analysis, autism, bariatric surgery, early intervention, EHB pediatric dental, EHB pediatric vision, gender dysphoria treatment and related services, hearing aids, hypnosis/hypnotherapy, infertility treatment, learning deficiencies, behavioral problems/developmental delays, massage therapy, orthotics, pain clinic, podiatry care, private duty nursing, qualified clinical trials, routine eyewear, TMJ, weight loss reimbursement benefit. Additional exclusions apply, see the Schedule of Benefits for complete details.

PRODUCT NAME	HMO 2000 WITH COINSURANCE		HMO HSA 4000 WITH COINSURANCE		PPO HSA 5000		PPO HSA 6500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$35	NOT COVERED	Deductible then \$35/\$45	N/A	Deductible then 50%	Deductible then 50%	90% after deductible	Deductible then 50%
DEDUCTIBLE	\$2,000/\$4,000	N/A	\$4,000/\$8,000	N/A	\$5,000/\$10,000	\$10,000/\$20,000	\$6,500/\$13,000	\$13,000/\$26,000
ANNUAL OUT OF POCKET MAXIMUM	\$4,500/\$9,000	N/A	\$6,000/\$12,000	N/A	\$6,550/\$13,100	\$13,100/\$26,200	\$6,650/\$13,300	\$26,600/\$53,200
COINSURANCE	50%	N/A	70%	N/A	50%	50%	90%	50%
MEDICAL EMERGENCY SERVICES IN THE ER	50% (after deductible)	50% allowed amount (after in-network deductible) for emergency care defined by the plan	70% (after deductible)	70% allowed amount (after in-network deductible) for emergency care defined by the plan	50% (after deductible)	50% allowed amount (after in-network deductible)	90% (after deductible)	90% allowed amount (after in-network deductible) for emergency care defined by the plan
HOSPITAL-BASED URGENT CARE	\$75	Covered at in-network level, subject to allowed amount, only when urgent care services are obtained outside of a covered person's primary network	Deductible then \$75	Covered at in-network level, subject to allowed amount, only when urgent care services are obtained outside of a covered person's primary network	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
FREESTANDING URGENT CARE	\$75	Covered at in-network level, subject to allowed amount, only when urgent care services are obtained outside of a covered person's primary network	Deductible then \$75	Covered at in-network level, subject to allowed amount, only when urgent care services are obtained outside of a covered person's primary network	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
INPATIENT	50% (after deductible)	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
DAY SURGERY	50% (after deductible)	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
LABS	50% coinsurance	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
X-RAYS	50% coinsurance	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
SCANS: CT, MRI, PET	50% (after deductible)	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
CHIROPRACTIC/PT/OT/ST	50% (after deductible)	NOT COVERED	70% (after deductible)	NOT COVERED	50% (after deductible)	50% allowed amount (after deductible)	90% (after deductible)	50% allowed amount (after deductible)
RX COST SHARING (VALUE FORMULARY)	Retail: \$5/30%/40%/40% (T2 \$50/script max, T3 \$250/script max, T4 \$500/script max) Mail: \$10/30%/40%/40% (T2 \$100/script max, T3 \$500/script max, T4 \$1,000/script max)		Retail: Deductible then \$5/30%/40%/50% (T2 \$50/script max, T3 \$250/script max, T4 \$500/script max) Mail: Deductible then \$10/30%/40%/50% (T2 \$100/script max, T3 \$500/script max, T4 \$1,000/script max)		Retail: Deductible then \$5/30%/40%/50% (T2 \$50/script max, T3 \$250/script max, T4 \$500/script max) Mail: Deductible then \$10/30%/40%/50% (T2 \$100/script max, T3 \$500/script max, T4 \$1,500/script max)		Retail: Deductible then \$5/30%/40%/50% (T2 \$50/script max, T3 \$250/script max, T4 \$500/script max) Mail: Deductible then \$10/30%/40%/50% (T2 \$100/script max, T3 \$500/script max, T4 \$1,500/script max)	