

Benefit Comparison by Insurance Company

(Reflects benefits for both HC and HC2; does not apply to HSA-Compatible Plans)

		In-Network <i>Applies to HMO and POS plans</i>	Out-of-Network <i>Applies to POS plans only</i>
Routine Physical Exams		Covered in full after applicable copay or deductible. Schedule varies by carrier.	Varies by carrier.
	CIGNA	No schedule. PCP is guided by good medical practice and individual circumstances.	Preventive care is available only to members age 6 and under; covered subject to deductible and coinsurance.
	ConnectiCare	Routine Physical Exam Schedule: One visit annually for ages 11-20; one visit every five years for ages 21-30; one visit every three years for ages 31-40; one visit every two years for ages 41-50; one visit annually for ages 50 and over.	Not covered.
	Oxford	No schedule. PCP is guided by good medical practice and individual circumstances.	Covered subject to deductible and coinsurance.
Well Baby Visits		Covered in full after applicable copay or deductible. Schedule varies by carrier.	Covered subject to applicable out-of-network deductible and coinsurance. Schedule varies by carrier.
	CIGNA	No schedule. PCP is guided by good medical practice and individual circumstances.	Preventive care is available only to members age 6 and under.
	ConnectiCare	Well Baby Schedule: Six exams from birth to 1 yr.; three exams from ages 1 - 2 years; one exam annually for ages 3 - 6 years; one exam annually for ages 8, 10, 11, and 12 - 21 years.	Preventive care is available only to members age 6 and under.
	Oxford	No schedule. PCP is guided by good medical practice and individual circumstances.	No schedule.

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Routine Mammography		Covered in full. Age limitations vary by carrier.	Varies by carrier. Associated well-woman exam not covered.
	CIGNA	Provider is guided by good medical practice and individual circumstances.	Covered subject to applicable out-of-network deductible and coinsurance.
	ConnectiCare	No age limitations.	Not covered.
	Oxford	Age limitations: <ul style="list-style-type: none"> • Ages 35-39, one baseline exam • Ages 40 and over, one exam per year Provider is guided by good medical practice and individual circumstances, and additional services are covered as deemed necessary.	Covered subject to applicable out-of-network deductible and coinsurance.
Routine Vision Exam		Varies by carrier.	Varies by carrier.
	CIGNA	Covered in full after applicable copay or deductible; one exam per 24 months. Routine eye care obtained via a VSP provider is covered, regardless if the doctor is an optometrist or ophthalmologist. Primary eye care (glaucoma, pink eye, etc.) obtained via a VSP provider is covered or covered by a participating CIGNA ophthalmologist. All medical care must be obtained by a participating CIGNA ophthalmologist.	Not covered.
	ConnectiCare	Covered in full after applicable copay or deductible; one exam per 24 months.	Not covered.
	Oxford	One exam per 24 months, covered to a maximum of \$50, on a reimbursement basis.	One exam per 24 months, covered to a maximum of \$50, on a reimbursement basis.
Diagnostic X-Ray and Lab		Refer to individual Plan Summaries for Diagnostic X-Ray and Lab benefits by plan. See definition of Advanced Imaging services for each carrier.	Refer to individual Plan Summaries for Diagnostic X-Ray and Lab benefits by plan.
	CIGNA	CIGNA's Advanced Radiology Imaging services include: MRIs, MRAs, CAT Scans, and PET Scans. Bone Density is exempt from copays.	
	ConnectiCare	ConnectiCare's Advanced Radiology Imaging services include: MRIs, MRAs, CAT Scans, and PET Scans. Bone Density is exempt from copays.	
	Oxford	Oxford's Advanced Radiology Imaging services include: MRI, MRA, CAT Scans, PET, Bone Density screenings, Nuclear Medicine and Surgical Endoscopic procedures.	

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Outpatient Rehab – Physical, Speech and Occupational Therapy		Covered in full after applicable copay or deductible. Allowable number of treatments varies by carrier. Speech therapy is covered only when it is necessary to correct a condition that is the result of a disease or injury. Coverage for speech therapy requires pre-authorization. In-network and out-of-network services are combined for maximum.	Covered subject to applicable out-of-network deductible and coinsurance. Allowable number of treatments varies by carrier. In-network and out-of-network services are combined for maximum.
	CIGNA	Covered up to 30 visits per contract year. Outpatient Rehab benefit includes chiropractic therapy.	Covered up to 30 days per contract year.
	ConnectiCare	Covered up to 30 visits per member per contract year.	Covered up to 30 visits per member per contract year.
	Oxford	Covered up to 30 visits per condition per calendar year.	Covered up to 30 visits per condition per calendar year.
Diabetes, Services		Varies by carrier.	Varies by carrier.
	CIGNA	Services are considered medical. Insulin needles, syringes, test strips, and lancets are provided under the prescription drug benefit. Prescription drug copay or deductible applies. Oral diabetic medication is covered at appropriate pharmacy copay/deductible. Glucometer is covered under DME benefit w/ health plan approval. Insulin pumps are covered with health plan approval.	Covered subject to applicable out-of-network deductible and coinsurance.
	ConnectiCare	Office services including lab and diagnostic tests are considered medical and subject to applicable copay or deductible. Supplies, equipment and prescription drugs when ordered by a physician for the treatment of insulin dependent diabetes, insulin using diabetes, gestational diabetes and non-insulin using diabetes are covered under the prescription drug benefit, subject to the appropriate Rx copay or deductible at participating pharmacies. Insulin pumps require prior approval. Diabetic equipment and supplies are not capped. However, diabetic equipment and supplies will count toward the DME \$1500 Maximum.	Covered subject to applicable out-of-network deductible and coinsurance.
Oxford	Office services are considered medical and are subject to applicable copay or deductible. Diabetic supplies – covered under base medical (which can also be purchased at the pharmacy) and subject to applicable office visit copay or deductible. Oral diabetic medications are covered under the pharmacy plan, at the lowest medical office visit copay/deductible. The charge will not exceed the amount of the item. Insulin pumps require precertification.	Covered subject to applicable out-of-network deductible and coinsurance. Insulin pumps require precertification.	

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Durable Medical Equipment (DME)		Varies by carrier. \$1,500 maximum is combined for in- and out-of-network.	Varies by carrier. \$1,500 maximum is combined for in- and out-of-network.
	CIGNA	Subject to \$100 copay per item (for HMO and POS plans) to a \$1,500 contract year maximum. Hearing aids are covered for children through age 12 to a maximum of \$1,000 per 24 months in compliance with CT state mandate. CIGNA HMO 30/45 2500: Subject to \$100 deductible, then covered in full up to \$1,500 per contract year.	Covered subject to applicable out-of-network deductible and coinsurance. \$1,500 contract year maximum. Hearing aids are covered for children through age 12 to a maximum of \$1,000 per 24 months in compliance with CT state mandate.
	ConnectiCare	80/20 after \$100 deductible to a \$1,500 maximum per contract year. Maximum includes Disposable Medical Supplies and all related diabetic equipment and supplies. (Hearing aids are excluded except CT state mandate.) ConnectiCare HMO 30/45 2500: Subject to \$2,500 plan deductible, then covered in full up to \$1,500 per contract year.	Covered subject to applicable out-of-network deductible and coinsurance. \$1,500 maximum per contract year. (Hearing aids are excluded except CT state mandate.)
	Oxford	Covered in full; no copay. Precertification required over \$500 up to \$1,500 calendar year limit.	Covered subject to deductible and 30% coinsurance. Precertification required over \$500 up to \$1,500 calendar year limit.
Chiropractic Therapy		Covered subject to applicable office visit copay or deductible. Allowable number of visits varies by carrier, and is combined for in- and out-of-network.	Covered subject to applicable out-of-network deductible and coinsurance. Allowable number of visits varies by carrier, and is combined for in- and out-of-network.
	CIGNA	Covered if medically necessary and authorized by PCP. Subject to the terms of the Physical Therapy/Outpatient Rehab benefit: 30 days per contract year.	POS 2000: Subject to the terms of the Physical Therapy/Outpatient Rehab benefit. 30 days per contract year, maximum. All other plans: Not covered.
	ConnectiCare	Covered for up to 10 visits per member per contract year.	Covered for up to 10 visits per member per contract year.
	Oxford	Covered for up to 30 visits per member per calendar year.	Covered for up to 30 visits per member per calendar year.

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Home Health Care		Benefit meets the CT state mandate. Covered in full. Allowable number of visits varies by carrier, and is combined for in- and out-of-network. Precertification is required.	Benefit meets the CT state mandate. Allowable number of visits varies by carrier, and is combined for in- and out-of-network. Precertification is required.
	CIGNA	80 visits per year.	Covered subject to \$50 deductible and 25% coinsurance, up to 80 visits per year
	ConnectiCare	100 visits per year.	Covered subject to \$50 deductible and 20% coinsurance, up to 100 visits per year
	Oxford	80 visits per year.	Covered subject to \$50 deductible and 20% coinsurance, up to 80 visits per year
Skilled Nursing Facility		Allowable number of days varies by carrier, and is combined for in- and out-of-network.	Covered subject to applicable out-of-network deductible and coinsurance. Allowable number of days varies by carrier, and is combined for in- and out-of-network.
	CIGNA	Up to 60 days per contract year when authorized. Applicable hospital copay or deductible applies.	Up to 60 days per contract year when authorized.
	ConnectiCare	Up to 90 days per contract year when authorized. Applicable hospital copay or deductible applies.	Up to 90 days per contract year when authorized.
	Oxford	Up to 60 days per calendar year when authorized. Applicable hospital copay or deductible applies.	Up to 60 days per calendar year when authorized.

Benefits are subject to various limitations, exclusions and conditions as fully described in each health plan company's Certificate of Coverage. The services identified are covered as described only when they are provided based on the guidelines of the program; in other words, when they are provided, prescribed or directed by the health plan company you have selected (except in cases of emergencies).