

We're focused on the health of our state and the people who live and work here. When you choose CBIA Health Connections, you're choosing to work with a company that's dedicated to providing the best health insurance to Connecticut residents.

cbia.com/insurance



Elevate Your Offerings with CBIA Health Connections

Revolutionize Your Employee Benefits







At CBIA Health Connections, our mission is to empower small businesses by providing comprehensive and affordable health insurance options. As Connecticut's leading private insurance exchange for over 20 years, we understand that each employee has unique healthcare needs.

That's why we offer a diverse range of health plans, ensuring your team can choose the coverage that best suits them. Our commitment to competitive pricing and exceptional service helps small businesses thrive by making quality healthcare accessible and manageable.

Innovative Group Medical Insurance

Take control of your employees' health insurance with our unique insurance option. Experience unparalleled service, reduced costs, and the potential for surplus returns with Health Connections—your premier choice.

Financial Benefits

Our cost-efficient model is designed to reduce your expenses. It also offers the potential for employers to receive 100% of any surplus funds at the end of the plan year.





Offer your employees a full spectrum of employee benefits. From medical and dental to vision, life, and disability insurance, we provide a complete package to safeguard employee well-being both in and out of the workplace.



Extensive Provider Network

Leverage the CIGNA network to provide your employees access to top healthcare providers across Connecticut and beyond.



Concierge-Level Service

Offer your employees access to top-tier service with our concierge-level care coordination. Employees benefit from personalized assistance in navigating their healthcare needs.

Comprehensive Benefits from Trusted Vendors

We understand the importance of providing high-quality, cost-effective healthcare solutions for your business. That's why we've partnered with industry-leading vendors to offer an exceptional medical group insurance product. Each of our partners brings unique strengths and innovative approaches to healthcare, ensuring your employees receive the best possible care. Explore the benefits provided by our trusted vendors below:



Enjoy Added Value

For nearly three decades, CBIA Health Connections has provided Connecticut businesses comprehensive,

cost-effective solutions for their employee benefits needs. And we give you even more value:

- Access to a statewide preferred Advanced Imaging network
- One number to call, one bill to pay, with superior service
- Comprehensive benefits including dental, vision, life, and disability insurance
- No cost virtual care for PCP, urgent care, and behavioral health
- COBRA administration and continuation of coverage
- Additional CBIA member benefits including HR Hotline, advocacy, energy solutions, events, and business resources



CBIA Health Connections Medical Plan Options



	HSA \$5,500 / 30%	HSA \$4,750 / 30%	HSA \$3500 / 30%	PPO \$35/\$50 \$4,000 30%	PPO \$30/\$45 \$3,000 10%	PPO \$30/\$45 \$1,500
	In-network	In-network	In-network	In-network	In-network	In-network
Annual Deductible (indiv/family)	\$5,500 / \$11,000	\$4,750 / \$9,500	\$3,500 / \$7,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Coinsurance	30%	30%	30%	30%	10%	n/a
Maximum Out-of-Pocket (indiv/family)	\$7,500 / \$15,000	\$6,500 / \$13,000	\$6,750 / \$13,500	\$7,900 / \$15,800	\$6,000 / \$12,000	\$4,000 / \$8,000
Primary Care Services - Preventive care/Screenings/ Immunizations	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Services - Other / Ongoing Care	\$30 copay after deductible	\$30 copay after deductible	30% after deductible	\$35 copay	\$30 copay	\$30 copay
*Virtual Primary Care Services - Preventive care/Screenings - Adults 18 yrs +	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
*Virtual Primary Care Services - Other / Ongoing Care	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay	\$0 copay	\$0 copay
Specialist services	\$50 copay after deductible	\$50 copay after deductible	30% after deductible	\$50 copay	\$45 copay	\$45 copay
Hospital - Inpatient (includes doctor's charges, surgeon fees, anesthesiologist fees, and other services)	30% after deductible	30% after deductible	30% after deductible	30% after deductible	10% after deductible	\$500 copay/day; \$2,500 max. per admission after deductible
Urgent Care	\$75 copay after deductible	\$75 copay after deductible	\$75 copay after deductible	\$75 copay	\$75 copay	\$75 copay
*Virtual Urgent Care	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay (deductible waived)	\$0 copay (deductible waived)	\$0 copay (deductible waived)
Emergency Services	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$350 copay	\$350 copay
Ambulance Service	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$200 copay	\$200 copay
Outpatient Surgery - Office setting	\$50 copay after deductible	\$50 copay after deductible	30% after deductible	30% after deductible	\$500 copay (deductible waived)	\$500 copay (deductible waived)
Outpatient Surgery - Independent facility	20% after deductible	20% after deductible	20% after deductible	30% after deductible	\$500 copay (deductible waived)	\$500 copay (deductible waived)
Outpatient Surgery - Hospital setting	30% after deductible	30% after deductible	30% after deductible	30% after deductible	10% after deductible	\$500 copay after deductible
*Advanced Imaging - Preferred Network (CT Scan, Pet Scan, MRI)	\$0 copay after deductible	\$0 copay after deductible	\$0 copay after deductible	\$0 copay	\$0 copay	\$0 copay
Advanced Imaging - all other locations	30% after deductible	30% after deductible	30% after deductible	30% after deductible	10% after deductible	Independent facility: \$100 copay up to 5 copayments per year (deductible waived) Hospital setting: \$100 copay after deductible
Non-Advanced Imaging (General X-Ray)	\$40 copay after deductible	\$40 copay after deductible	30% after deductible	\$40 copay	\$40 copay	\$10 copay
Lab	\$10 copay after deductible	\$10 copay after deductible	30% after deductible	\$10 copay	\$10 copay	No charge
Routine Vision Exam	\$50 after deductible (one exam per contract year)	\$50 after deductible (one exam per contract year)	30% after deductible (one exam per contract year)	\$50 copay (one exam per contract year)	\$45 copay (one exam per contract year)	\$45 copay (one exam per contract year)
Outpatient Behavioral Health	\$50 copay after deductible	\$50 copay after deductible	30% after deductible	\$50 copay	\$45 copay	\$45 copay
*Virtual Outpatient Behavioral Health	Counseling/Therapist: \$0 copay after deductible; Psychiatrist: \$50 copay after deductible	Counseling/Therapist: \$0 copay after deductible; Psychiatrist: \$50 copay after deductible	Counseling/Therapist: \$0 copay after deductible; Psychiatrist: 30% after deductible	Counseling/Therapist: \$0 copay, deductible waived; Psychiatrist: \$50 copay, deductible waived	Counseling/Therapist: \$0 copay, deductible waived; Psychiatrist: \$45 copay, deductible waived	Counseling/Therapist: \$0 copay, deductible waived; Psychiatrist: \$45 copay, deductible waived
Inpatient Behavioral Health	30% after deductible	30% after deductible	30% after deductible	30% after deductible	10% after deductible	\$500 copay/day; \$2,500 max. per admission after deductible
Prescription Drug Benefits- Retail						
Prescription drug deductible (indiv/family)	Plan has integrated deductible with medical	Plan has integrated deductible with medical	Plan has integrated deductible with medical	N/A	N/A	N/A
Tier1-Generic	\$10 copay after deductible	\$10 copay after deductible	\$10 copay after deductible	\$10 copay	\$10 copay	\$10 copay
Tier 2 - Preferred Brand & High Cost Generic	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	\$40 copay	\$40 copay	\$40 copay
Tier 3 - Non-Preferred Brand	30% up to \$500/script after deductible	30% up to \$500/script after deductible	30% up to \$500/script after deductible	30% up to \$500/script	30% up to \$500/script	30% up to \$500/script
Tier 4 - Specialty	30% up to \$750/script after deductible	30% up to \$750/script after deductible	30% up to \$750/script after deductible	30% up to \$750/script	30% up to \$750/script	30% up to \$750/script

^{*}Members must contact Concierge Services for assistance with network facilities.

MAC A - Mandatory Generic: Generic substitution is required when available. If a member chooses a brand-name drug when a generic equivalent is available, the member will pay the copay plus the cost difference between the brand-name and generic drug. See plan documents for benefit details, exclusions and out-of-network coverage. All plans operate on a contract-year basis. Referrals are not required for any plan.