

# Medical Benefit Summary

IN NETWORK	CT Partnership Plan 2.0
Medical Office Visit	\$15 co-pay   \$0 for Tier 1
Specialist Office Visit	\$15 co-pay   \$0 for Tier 1
Vision Exams (one per calendar year)	\$15 co-pay
Inpatient Hospital	\$0 co-pay
Outpatient Hospital	\$0 co-pay
Emergency Room	\$250 co-pay (waived if admitted)
Urgent Care	\$15 co-pay
Walk-In	\$15 co-pay
Lab/X-Ray High Cost Radiological and Diagnostic Tests	\$0 co-pay for Tier 1   80%/20% coinsurance for Tier 2
In-Network Deductible	Individual: \$350 Family: \$350 each member (\$1,400 maximum). Waived for HEP-compliant members.
Coinsurance	Not applicable
Max out of pocket	\$2,000 individual \$4,000 family

# Medical Benefit Summary

<b>PREVENTIVE SERVICES</b>	<b>CT Partnership Plan 2.0 with Health Enhancement Program (HEP)</b>
Primary Care (Adult and Child Wellness Exams)	\$0 co-pay
Gynecologist Wellness	\$0 co-pay
Mammogram	\$0 co-pay
Lifetime Maximum	Unlimited

<b>OTHER SERVICES</b>	<b>CT Partnership Plan 2.0 with Health Enhancement Program (HEP)</b>
Deductible	Not applicable
Acupuncture (20 visits/year)	\$15 co-pay
Chiropractic	\$0 co-pay
Nutritional Counseling (3 visits/year)	\$0 co-pay
Physical/Occupational Therapy	\$0 co-pay
Durable Medical Equipment	\$0 co-pay
Routine Hearing Screening (as part of an exam)	\$15 co-pay

# Medical Benefit Summary

OUT-OF-NETWORK	CT Partnership Plan 2.0 with Health Enhancement Program (HEP)
Annual Deductible	\$300 individual / \$900 family
Coinsurance	20% of allowable UCR charges
Max out of Pocket	\$2,300 individual / \$4,900 family
Lifetime Maximum	Unlimited