

small business Anthem Plans

Plan Name	2019 Anthem Bronze Pathway X HMO w/HSA		2019 Anthem Bronze Pathway X PPO w/HSA		2019 Anthem Bronze Pathway X PPO		2019 Anthem Silver Pathway X HMO w/HSA		2019 Anthem Silver Pathway X PPO w/ HSA		2019 Anthem Silver Pathway X PPO		2019 Anthem Gold Pathway X HMO	
Metallic Level	Bronze		Bronze		Bronze		Silver		Silver		Silver		Gold	
Benefit Year	Contract		Contract		Contract		Contract		Contract		Contract		Contract	
Benefit Site of Service, FreeStanding or Participating Provider	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET), Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays
Preventive Adult Exams	Not Applicable	No Cost Share	Not Applicable	No Cost Share	Not Applicable	No Cost Share	Not Applicable	No Cost Share	Not Applicable	No Cost Share	Not Applicable	No Cost Share	Not Applicable	No Cost Share
PCP Office Visit	Not Applicable	No Cost Share after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	\$30 Copayment per visit after Deductible is met	Not Applicable	\$30 Copayment per visit after Deductible is met	Not Applicable	\$35 Copayment per visit	Not Applicable	\$25 Copayment per visit
Specialist Office Visit	Not Applicable	No Cost Share after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	\$50 Copayment per visit after Deductible is met	Not Applicable	\$50 Copayment per visit after Deductible is met	Not Applicable	\$50 Copayment per visit	Not Applicable	\$50 Copayment per visit
Preventive Rx Prescription Drugs	Not Applicable	*Applicable Prescription Drug Tiered cost Share, Deductible waived	Not Applicable	*Applicable Prescription Drug Tiered cost Share, Deductible waived	Not Applicable	Not Applicable	Not Applicable	*Applicable Prescription Drug Tiered cost Share, Deductible waived	Not Applicable	*Applicable Prescription Drug Tiered cost Share, Deductible waived	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Prescription Drugs	Not Applicable	No Cost Share after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 30% to \$500 max per Prescription; Tier 4: 30% to \$1000 max per Prescription	Not Applicable	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 30%; Tier 4: 30%	Not Applicable	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 30%; Tier 4: 30%	Not Applicable	Tier 1: \$5; Tier 2: \$50; Tier 3: 30% up to \$500; Tier 4: 30%, up to \$1000	Not Applicable	Tier 1: \$5; Tier 2: \$50; Tier 3: 30% up to \$500; Tier 4: 30%, up to \$1000
Mail Order Drug	Not Applicable	No Cost-Share after Deductible is met 90 Day Supply	Not Applicable	No Cost Share after Deductible is met	Not Applicable	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 30% to \$1500 max per Prescription; Tier 4: 30% to \$1000 max per Prescription, 90-Day Supply	Not Applicable	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 30%; Tier 4: 30%, 90-Day Supply	Not Applicable	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 30%; Tier 4: 30%, 90-Day Supply	Not Applicable	Tier 1: \$13; Tier 2: \$150; Tier 3: 30% up to \$1500; Tier 4: 30% up to \$1000, 90-Day Supply	Not Applicable	Tier 1: \$13; Tier 2: \$150; Tier 3: 30% up to \$1500; Tier 4: 30% up to \$1000, 90-Day Supply
Inpatient Hospital	Not Applicable	No Cost Share after Deductible is met at an acute general Hospital	Not Applicable	No Cost Share after Deductible is met at an acute general Hospital	Not Applicable	No Cost Share after Deductible is met at an acute general Hospital	Not Applicable	20% Coinsurance after Deductible is met at an acute general Hospital	Not Applicable	20% Coinsurance after Deductible is met at an acute general Hospital	Not Applicable	25% Coinsurance after Deductible is met at an acute general Hospital	Not Applicable	No Cost Share after Deductible is met at an acute general Hospital
Emergency Room	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	25% Coinsurance after Deductible is met	25% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met
Walk-in Urgent Care	Not Applicable	No Cost Share after Deductible is met at a Walk in Center. No Cost Share after Deductible is met at an UrgentCare Facility (Urgent Care Center)	Not Applicable	No Cost Share after Deductible is met at a Walk in Center. No Cost Share after Deductible is met at an UrgentCare Facility (Urgent Care Center)	Not Applicable	No Cost Share after Deductible is met at a Walk in Center. No Cost Share after Deductible is met at an UrgentCare Facility (Urgent Care Center)	Not Applicable	\$30 Copayment per visit after Deductible is met at a Walk in Center. \$75 Copayment per visit after Deductible is met at an UrgentCare Facility (Urgent Care Center)	Not Applicable	\$30 Copayment per visit after Deductible is met at a Walk in Center. \$75 Copayment per visit after Deductible is met at an UrgentCare Facility (Urgent Care Center)	Not Applicable	\$35 Copayment per visit at a Walk in Center. \$75 Copayment per visit at an UrgentCare Facility (Urgent Care Center)	Not Applicable	\$25 Copayment per visit at a Walk in Center. \$75 Copayment per visit at an UrgentCare Facility (Urgent Care Center)
Ambulance	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	No Cost Share after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	25% Coinsurance	25% Coinsurance	No Cost Share	No Cost Share
Outpatient Surgery	No Cost Share after Deductible is met at Surgical Center or FreeStanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Surgical Center or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Surgical Center or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Surgical Center or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Surgical Center or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	\$500 Copayment per visit at Surgical Center or Freestanding Providers	25% Coinsurance after Deductible is met at an Outpatient Hospital Facility	\$250 Copayment per visit at Surgical Center or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility
Laboratory Service	No Cost Share after Deductible is met at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at an Independent Lab, Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at an Independent Lab, Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	25% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility
Outpatient Diagnostic Tests (X-rays, diagnostic)	No Cost Share after Deductible is met at Site of Service or FreeStanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	25% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility
Outpatient Diagnostic Imaging (CT/PET/SCAN/MRI)	No Cost Share after Deductible is met at Site of Service or FreeStanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share after Deductible is met at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	20% Coinsurance after Deductible is met at Site of Service or Freestanding Providers	20% Coinsurance after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	25% Coinsurance after Deductible is met at an Outpatient Hospital Facility	\$75 Copayment per service up to an annual maximum of \$375 for MRI, MRA, CAT, PET and SPECT scans at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility
Durable Medical Equipment	Not Applicable	No Cost Share after Deductible is met	Not Applicable	50% Coinsurance after Deductible is met	Not Applicable	No Cost Share after Deductible is met	Not Applicable	20% Coinsurance after Deductible is met	Not Applicable	20% Coinsurance after Deductible is met	Not Applicable	25% Coinsurance after Deductible is met	Not Applicable	50% Coinsurance after Deductible is met
Individual Deductible	\$6,000		\$6,700		\$7,900		\$3,000		\$3,000		\$5,000		\$2,750	
Family Deductible	\$12,000		\$13,400		\$15,800		\$6,000		\$6,000		\$10,000		\$5,500	
Individual Out-of-Pocket Max (inc Ded, Copay + Coins)	\$6,700		\$6,700		\$7,900		\$6,700		\$6,700		\$7,900		\$4,000	
Family Out-of-Pocket Max (inc Ded, Copay + Coins)	\$13,400		\$13,400		\$15,800		\$13,400		\$13,400		\$15,800		\$8,000	
Referrals	Not Required		Not Required		Not Required		Not Required		Not Required		Not Required		Not Required	

Anthem Plans:
 Review your Plan Documents, Prescription Drug Formularies and Provider Directory online for the most up-to-date information at Anthem.com.
 *Deductible is waived for drugs on the preventive Rx drug list.
 All SHOP plans have embedded deductibles.
 Outside of Connecticut coverage - PPO plans have full BlueCard access using the BlueCard PPO network. HMO plans have limited BlueCard access for urgent and emergency coverage only using the Participating Provider Network.
 All discount programs for small groups apply for on- and off-exchange members.

Plan Name	2019 Anthem Gold Pathway X PPO		2019 Anthem Platinum Pathway X PPO		2019 CTCare Choice Bronze POS		2019 CTCare Choice Bronze POS HSA	2019 CTCare Choice Silver POS HSA	2019 CTCare Choice Silver POS	2019 CTCare Passage Gold POS PCP	
Metallic Level	Gold		Platinum		Bronze		Bronze	Silver	Silver	Gold	
Benefit Year	Contract		Contract		Contract		Contract	Contract	Contract	Contract	
Benefit Site of Service, FreeStanding or Participating Provider	In-Network (INET) Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET), Site-of-Service or Freestanding Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Non-Hospital Base Member Pays	In-Network (INET) Hospital Base Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET), Participating Providers, Member Pays	In-Network (INET) Non-Hospital Base Member Pays	In-Network (INET) Hospital Base Member Pays
Preventive Adult Exams	Not Applicable	No Cost Share	Not Applicable	No Cost Share	No Cost	Not available in this setting	No Cost	No Cost	No Cost	No Cost	Not available in this setting
PCP Office Visit	Not Applicable	\$25 Copayment per visit	Not Applicable	\$10 Copayment per visit	At a Sanitas Medical Center: No Cost; All other in-network: \$40 copayment per visit	Not available in this setting	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	\$40 copayment per visit	\$30 copayment per visit	Not available in this setting
Specialist Office Visit	Not Applicable	\$50 Copayment per visit	Not Applicable	\$20 Copayment per visit	\$50 copayment per visit after INET plan deductible is met	Not available in this setting	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	\$50 copayment per visit	\$45 copayment per visit	Not available in this setting
Preventive Rx Prescription Drugs	Not Applicable	Not Applicable	Not Applicable	Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drugs	Not Applicable	Tier 1: \$5; Tier 2: \$50; Tier 3: 30% up to \$500; Tier 4: 30%, up to \$1000	Not Applicable	Tier 1: \$5; Tier 2: \$50; Tier 3: 30% up to \$500; Tier 4: 30%, up to \$1000	Tier 1: \$5; Ded then, Tier 2: \$60; Tier 3: 50% up to \$300; Tier 4: 50% up to \$500	Not available in this setting	Ded then, Tier 1: \$5; Tier 2: \$60; Tier 3: 50% up to \$300; Tier 4: 50% up to \$500	Ded then, Tier 1: \$5; Tier 2: \$60; Tier 3: 50% up to \$300; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$60; Tier 3: 50% up to \$300; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$40; Tier 3: 50% up to \$300; Tier 4: 50% up to \$500	Not available in this setting
Mail Order Drug	Not Applicable	Tier 1: \$13; Tier 2: \$150; Tier 3: 30% up to \$1500; Tier 4: 30% up to \$1000, 90-Day Supply	Not Applicable	Tier 1: \$13; Tier 2: \$150; Tier 3: 30% up to \$1500; Tier 4: 30% up to \$1000, 90-Day Supply	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$600; Tier 4: Not Covered, 90-Day Supply	Not available in this setting	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$600; Tier 4: Not Covered, 90-Day Supply	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$600; Tier 4: Not Covered, 90-Day Supply	Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply	Tier 1: \$10; Tier 2: \$80; Tier 3: 50% up to \$600; Tier 4: Not Covered, 90-Day Supply	Not available in this setting
Inpatient Hospital	Not Applicable	No Cost Share after Deductible is met at an acute general Hospital	Not Applicable	\$300 Copayment per admission at an acute general Hospital	Not available in this setting	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	Not available in this setting	20% coinsurance per visit after INET plan deductible is met
Emergency Room	20% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	\$200 Copayment per visit	\$200 Copayment per visit	Not available in this setting	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	Not available in this setting	20% coinsurance per visit after INET plan deductible is met
Walk-in Urgent Care	Not Applicable	\$25 Copayment per visit at a Walk in Center. \$75 Copayment per visit at an UrgentCare Facility (Urgent Care Center)	Not Applicable	\$10 Copayment per visit after Deductible is met at a Walk in Center. \$50 Copayment per visit after Deductible is met at an UrgentCare Facility (Urgent Care Center)	\$75 copayment per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	\$75 copayment per visit	\$75 copayment per visit	\$75 copayment per visit
Ambulance	No Cost Share	No Cost Share	No Cost Share	No Cost Share	30% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
Outpatient Surgery	\$250 Copayment per visit at Surgical Center or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	\$150 Copayment per visit at Surgical Center or Freestanding Providers	\$200 Copayment per visit at an Outpatient Hospital Facility	\$500 copayment per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	\$500 copayment per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
Laboratory Service	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	\$10 Copayment per service at an Outpatient Hospital Facility	30% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met	20% coinsurance per visit after INET plan deductible is met
Outpatient Diagnostic Tests (X-rays, diagnostic)	No Cost Share at an Independent Lab, Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	Fac: \$0; Hosp Lab: \$10, X-ray: \$40	Fac: \$0; Hosp Lab: \$10, X-ray: \$40	30% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	\$40 copayment per visit	20% coinsurance per visit after INET plan deductible is met
Outpatient Diagnostic Imaging (CT/PET/SCAN/MRI)	\$75 Copayment per service up to an annual maximum of \$375 for MRI, MRA, CAT, PET and SPECT scans at Site of Service or Freestanding Providers	No Cost Share after Deductible is met at an Outpatient Hospital Facility	\$75 Copayment per service up to an annual maximum of \$375 for MRI, MRA, CAT, PET and SPECT scans at Site of Service or Freestanding Providers	\$75 Copayment per service up to an annual maximum of \$375 for MRI, MRA, CAT, PET and SPECT scans at an Outpatient Hospital Facility	\$75 copayment per visit after INET plan deductible is met and up to five copayments per year, then copayment is waived	30% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	30% coinsurance per visit after INET plan deductible is met	\$75 copayment per visit after INET plan deductible is met and up to five copayments per year, then copayment is waived	20% coinsurance per visit after INET plan deductible is met
Durable Medical Equipment	Not Applicable	50% Coinsurance after Deductible is met	Not Applicable	50% Coinsurance after Deductible is met	30% coinsurance per visit after INET plan deductible is met	Not available in this setting	50% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after INET plan deductible is met	Not available in this setting
Individual Deductible	\$2,500		Not Applicable		\$6,500		\$5,500	\$3,500	\$4,000	\$3,000	
Family Deductible	\$5,000		Not Applicable		\$13,000		\$11,000	\$7,000	\$8,000	\$6,000	
Individual Out-of-Pocket Max (inc Ded, Copay + Coins)	\$4,500		\$2,500		\$7,900		\$6,750	\$6,750	\$7,900	\$6,000	
Family Out-of-Pocket Max (inc Ded, Copay + Coins)	\$9,000		\$5,000		\$15,800		\$13,500	\$13,500	\$15,800	\$12,000	
Referrals	Not Required		Not Required		Not Required		Not Required	Not Required	N/A	Required	

Anthem Plans:
 Review your Plan Documents, Prescription Drug Formularies and Provider Directory online for the most up-to-date information at Anthem.com.
 *Deductible is waived for drugs on the preventive Rx drug list.
 All SHOP plans have embedded deductibles.
 Outside of Connecticut coverage - PPO plans have full BlueCard access using the BlueCard PPO network. HMO plans have limited BlueCard access for urgent and emergency coverage only using the Participating Provider Network.
 All discount programs for small groups apply for on- and off-exchange members.

ConnectiCare Plans:
 Review your Plan Documents, Prescription Drug Formularies and Provider Directory online for the most up-to-date information at Connecticare.com.
 All SHOP plans have embedded deductibles.
 All discount programs for small groups apply for on- and off-exchange members.



What makes Access Health CT Small Business different?

- Our plans are built specifically for small businesses, with flexible options that make quality healthcare coverage more affordable and attainable.
- We offer an enhanced customer service experience for brokers and small employers across Connecticut.
- You can give employees the option to pick a plan that fits their needs.
- You can enroll online or use a paper application.
- There are no membership fees.
- All plans include prescription drug coverage.
- Businesses may qualify for tax credits not available outside of Access Health CT Small Business. In some cases, tax credits could equal up to 50% of your contributions to your employee health insurance plans.