

IN NETWORK	CT Partnership Plan
Medical Office Visit	\$15 Co-pay
Specialist Office Visit	\$15 Co-pay
Vision Exams (one per calendar year)	\$15 Co-pay
Inpatient Hospital	\$0 Co-pay
Outpatient Surgical	\$0 Co-pay
Emergency Room	\$35 Co-pay (waived if admitted)
Urgent Care	\$15 Co-pay
Walk In	\$15 Co-pay
Lab/ X-Ray High Cost Radiological & Diagnostic Tests	\$0 Co-pay
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
Deductible	Not applicable
Coinsurance	Not applicable
Max out of pocket	\$2,000 individual / \$4,000 family

OUT OF NETWORK	CT Partnership Plan		
Annual Deductible	\$300 individual/\$900 family 20%		
Coinsurance	of allowable UCR charges		
Max Out-of-Pocket	\$2,300 individual / \$4,900 family		
Lifetime Maximum	Unlimited		
PRESCRIPTION COVERAGE	MAINTENANCE DRUGS*	NON-MAINTENANCE DRUGS	HEP CHRONIC CONDITION DRUGS
Generic	\$5 / \$10	\$5 / \$10	\$0
Preferred/Listed Brand Name	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name	\$40	\$40	\$12.50
Annual Maximum	Unlimited		
Max out of pocket	\$4,600 individual / \$9,200 family		

*For maintenance drugs, you are required to get 90-day fills at the Maintenance Drug Network

PREVENTIVE SERVICES	CT Partnership Plan
Primary Care (Adult and Child Wellness Exams)	\$0 Co-pay
Gynecologist Wellness	\$0 Co-pay
Mammogram	\$0 Co-pay
Lifetime Maximum	Unlimited