Medical Plans

NON MEDICARE RETIREES 2025-2026

Quality First Select Access (State BlueCare Prime Tiered POS): All Groups

Your costs in this plan vary based on where you receive care. Use the chart below to compare coverage and out-of-pocket costs. **Note: You and your covered dependents must live in Connecticut to enroll in this plan.**

Benefit Features		Quality First Select Access		
		In-Network Value Tier 1	In-Network Tier 2	Out-of-Network[1]
Office/PCP telemedicine visit		You pay $0	PCP: You pay $50 Specialist: You pay $100	You pay 20%, plus deductible
LiveHealth Online (telemedicine)		You pay $0	N/A	N/A
Preventive care		You pay $0	You pay $0	You pay 20%, plus deductible
Walk-In Clinic/Urgent Care Center		You pay $35	You pay $35	You pay 20%, plus deductible
Emergency care (waived if admitted)		You pay $250	You pay $250	You pay $250
Diagnostic lab	Site of Service[3]	You pay $0	You pay $0	N/A
	Non-Site of Service	You pay 20%	You pay 20%	You pay 40%, plus deductible
Diagnostic x-ray (prior authorization required for diagnostic imaging)		You pay $0	You pay $0	You pay 20%, plus deductible
Inpatient physician/hospital (prior authorization required)		You pay $0	You pay $0	You pay 20%, plus deductible
Outpatient surgical facility (prior authorization required)		You pay $0	You pay $0	You pay 20%, plus deductible
Ambulance (if emergency)		You pay $0	You pay $0	You pay $0
Short-term rehabilitation and physical therapy (prior authorization may be required)		You pay $0	You pay $0	You pay 20%, plus deductible
Routine eye exam (one exam per year)		You pay $0	You pay $50	You pay 50%, plus deductible
Audiology screening (one exam per year)		You pay $0	You pay $50	You pay 20%, plus deductible
Inpatient Mental Health/Substance Abuse (prior authorization required)		You pay $0	You pay $0	You pay 20%, plus deductible
Outpatient Mental Health/ Substance Abuse		You pay $0	You pay $0	You pay 20%, plus deductible
Family planning: vasectomy or tubal ligation (prior authorization may be required)		You pay $0	You pay $0	You pay 20%, plus deductible
Durable medical equipment (prior authorization may be required)		You pay $0	You pay $0	You pay 20%, plus deductible
Skilled nursing facility (prior authorization required)		You pay $0	You pay $0	You pay 20%, plus deductible
Home health care (up to 200 visits per year; prior authorization required)		You pay $0	You pay $0	You pay 20%, plus deductible
Annual deductible		$0[2]		Individual: $500[2] Family: $1,500[2]
Annual out-of-pocket maximum		Individual: $3,000 Family: $6,000		Individual: $6,000 Family: $12,000

[1]You pay coinsurance plus 100% of any amount your provider bills over the allowable charge (balance billing).

[2]Non-HEP Compliant: Additional $350 per individual; $1,400 maximum per family

[3]Site of Service doesn't apply to Groups 1-4

Medical Plans

All Other Medical Plans: In-Network

- Expanded Access
- Primary Care Access
- Standard Access
- State Preferred Point of Service (POS) Closed to new enrollments
- Out-of-Area

[1] *You may be eligible for a $0 copay by using a Tier 1 PCP or specialist.*

[2] *Emergency room copay waived if admitted; waiver form available for certain circumstances:* **carecompass.ct.gov/forms**.

[3] *Prior authorization may be required.*

[4] *Subject to medical necessity review.*

[5] *PCP telemedicine visits are covered the same as office visits*

[6] *Waived for HEP-compliant members.*

Benefit Features	Group 1	Group 2	Group 3	Group 4	Group 5-9
Outpatient physician visit (PCP or specialist)					
Tier 1 provider[1,5]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Tier 2 provider[5]	You pay $5	You pay $15	You pay $15	You pay $15	You pay $15
Preventive care	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Emergency care	You pay $0	You pay $0	You pay $0	You pay $35[2]	You pay $250[2]
Diagnostic x-ray	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Diagnostic lab	You pay $0	You pay $0	You pay $0	You pay $0	Site of Service provider: You pay $0 Non-Site of Service provider: You pay 20%, plus deductible
Inpatient hospital care[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Outpatient surgery[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Ambulance (if emergency)	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Short-term rehabilitation and physical therapy[4]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Routine vision exam (1 exam per year)	You pay $15	You pay $15	You pay $15	You pay $15	You pay $15
Routine hearing exam (1 exam per year)	You pay $15	You pay $15	You pay $15	You pay $15	You pay $15

Benefit Features	Group 1	Group 2	Group 3	Group 4	Group 5-9
Outpatient physician visit (PCP or specialist)					
Hearing aids[3] (1 set within a 36-month period)	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Inpatient Mental Health/Substance Abuse[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Outpatient Mental Health/Substance Abuse	You pay $15	You pay $15	You pay $15	You pay $15	You pay $15
Skilled nursing facility (SNF)[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Durable medical equipment[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Home health care[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Hospice[3]	You pay $0	You pay $0	You pay $0	You pay $0	You pay $0
Annual deductible	None	None	None	Individual: $350[6] Family: $350 per individual; $1,400 maximum per family[6]	Individual: $350[6] Family: $350 per individual; $1,400 maximum per family[6]
Annual medical out-of-pocket maximum	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000

Medical Plans

Out-of-Network

NON MEDICARE RETIREES 2025-2026

- State Preferred Point of Service (POS) **(Closed to new enrollments)**
- Out-of-Area

Benefit Features	*All Groups*[1]
Primary care physician office visit[2]	You pay 20%, plus deductible
Specialist office visit[2]	You pay 20%, plus deductible
Preventive services	You pay 20%, plus deductible
Emergency care[3]	Same copay as in-network
Diagnostic x-ray and lab	Groups 1 – 4: You pay 20%, plus deductible Group 5-7: You pay 0%, plus deductible
Inpatient hospital care[4]	You pay 20%, plus deductible
Outpatient surgery[4]	You pay 20%, plus deductible
Ambulance (if emergency)	You pay $0
Short-term rehabilitation and physical therapy[5]	You pay 20%, plus deductible (up to 60 inpatient days per condition per year; 30 outpatient days per condition per year)
Routine vision exam (1 exam per year)	You pay 50%, plus deductible
Routine hearing exam (1 exam per year)	You pay 20%, plus deductible
Hearing aids[4] (1 set within a 36-month period)	You pay 20%, plus deductible
Mental health and substance abuse treatment (inpatient and outpatient)[4]	You pay 20%, plus deductible
Durable medical equipment[4]	You pay 20%, plus deductible
Skilled nursing facility (SNF)[4]	You pay 20%, plus deductible (up to 60 days per year)
Home health care[4]	You pay 20%, plus deductible (up to 200 visits per year)
Hospice[4]	You pay 20%, plus deductible (up to 60 days per lifetime)
Annual deductible	Individual: $300 Family: $300 per individual; $900 maximum per family
Annual medical out-of-pocket maximum	Individual: $2,300 Family: $4,900

[1] *You pay 20% of the allowable charge after the annual deductible, plus 100% of any amount your provider bills over the allowable charge (balance billing).*

[2] *You may be eligible for a $0 copay by using a Tier 1 PCP or specialist.*

[3] *Emergency room copay waived if admitted; waiver form available for certain circumstances:* **carecompass.ct.gov/forms**.

[4] *Prior authorization may be required.*

[5] *Subject to medical necessity review.*

Dental Coverage

2025
2026

You'll pay for the cost of dental coverage through deductions from your monthly pension check. Your premium contribution depends on the dental plan you choose, your retirement date and the number of covered individuals.

Closed to new enrollments; the Total Care DHMO Plan offers better coverage and lower costs

	Total Care DHMO Plan	Enhanced Plan	Basic Plan	Dental Care DHMO Plan
Primary Care Dentist	Required	Not Required	Not Required	Required
Referred from Primary Care Dentist	Required	Not Required	Not Required	Required
In- and Out-of-Network Coverage*	No	Yes	Yes	No
What you pay when you get care	Coinsurance	Coinsurance	Coinsurance	Copays
Here's what you'll pay for covered dental services, depending on the plan you elect.				
Annual deductible	None	$0 in-network, $25 & $75 out-of-network	None	None
Annual maximum	None	$5,000; $2,500 out-of-network (excluding orthodontia)	None	None
Exams, cleanings and x-rays	You pay $0	You pay $0, deductible does not apply[1]	You pay $0	You pay $0
Periodontal maintenance[2]	You pay 15%	You pay $0 in-network and out-of-network[1]	You pay 20% in-network and out-of-network, $0 for HEP enrollees	Copay[3]
Periodontal root scaling and planing[2]	You pay 15%	You pay $0 in-network, 50% out-of-network	You pay 40% in-network, 50% out-of-network	Copay[3]
Other periodontal services	You pay 15%	You pay 20% in-network, 50% out-of-network	You pay 50% in-network and out-of-network	Copay[3]
Simple Restoration				
Fillings	You pay 15%	You pay 20% in-network, 30% out-of-network	You pay 20% in-network, 30% out-of-network	Copay[3]
Oral surgery	You pay 15%	You pay 20% in-network, 50% out-of-network	You pay 30% in-network, 50% out-of-network	Copay[3]
Major Restorations				
Crowns	You pay 30%	You pay 33% in-network, 50% out-of-network	You pay 33% in-network, 50% out-of-network	Copay[3]
Dentures, fixed bridges	You pay 45%	You pay 50% in-network and out-of-network	Not covered[4]	Copay[3]
Implants	You pay 45% (one per year)	You pay 50% in-network and out-of-network (up to $500)	Not covered[4]	Copay[3]
Orthodontia	45% (24 month course of treatment — lifetime maximum)	You pay 50% (plan pays maximum of $2,000, $1,000 out-of-network, per person per lifetime)[5]	Not covered[4]	Copay[3]

** When you visit an out-of-network dentist, you are responsible for all charges above the maximum allowable charge—the amount the plan would have paid if you had visited an in-network dentist.*

[1] In the Enhanced plan, use an in-network dentist to ensure your care is covered 100%; with out-of-network dentists, you will be subject to balance billing if your dentist charges more than the maximum allowable charge.

[2] If you're enrolled in the Health Enhancement Program (HEP), frequency limits and cost share are applicable.

[3] Contact Cigna at 800-244-6224 for patient copay amounts.

[4] While not covered, you will get the discounted rate on these services if you visit a network dentist, unless prohibited by state law (see page 13 for details).

[5] Benefits are prorated over the course of treatment.