



Medical Benefit Summary

Administered by UnitedHealthcare

IN NETWORK

CT Partnership Plan w/Health Enhancement Program

Deductible	Not applicable*
Coinsurance	Not applicable
Max Out-of-Pocket Limit	Not applicable
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	\$0 Co-pay
High Cost Radiological & Diagnostic Tests	\$0 Co-pay
MRI, MRA, CAT, CTA, PET and SPECT scans (Prior authorization required)	\$0 Co-pay

PREVENTIVE SERVICES

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

PRESCRIPTION COVERAGE

	Maintenance Drugs	Non-Maintenance Drugs	HEP Chronic Condition Drugs
Generic	\$5.00	\$5.00	\$0.00
Preferred/Listed Brand Name	\$10.00	\$20.00	\$5.00
Non-Preferred/Non-Listed Brand Name	\$25.00	\$35.00	\$12.50
Annual Maximum		Unlimited	

OUT OF NETWORK

Annual Deductible	\$300 individual/\$900 family
Coinsurance	20% of allowable UCR charges
Max Out-of-Pocket Limit	\$2,300 individual/\$4,900 family
Lifetime Maximum	Unlimited

* Waived for enrollees in Health Enhancement Program. Non-HEP Enrollees are subject to \$350 Ind./\$1,400 Family in-network deductible.

Visit www.OXHP.com/stateofct to search the list of network providers.



Dental Benefit Summary

Administered by UnitedHealthcare

	Unlimited Maximum Plan	\$1,000 Annual Maximum Plan	\$750 Annual Maximum Plan
	IN/OUT NETWORK	IN/OUT NETWORK	IN/OUT NETWORK
Annual Deductible	\$0	\$25 Individual/\$75 Family	\$0
Annual Maximum	None	\$1,000	\$750
Lifetime Orthodontia Max	N/A	\$1,500	N/A
Deductible waived			
Preventive	Yes	Yes	Yes
Basic	No	No	N/A
Major	No	No	N/A
PREVENTIVE			
X-Ray	100%	100%	100%
Cleanings	100%	100%	100%
Oral Exam	100%	100%	100%
Fluoride	80%	80%	100%
BASIC			
Fillings	80%	80%	0%
Endodontics	80%	80%	0%
Periodontics	50%	50%	0%
Simple Extractions	80%	80%	100%
MAJOR			
Crown	67%	50%	0%
Inlays	67%	50%	0%
Onlays	67%	50%	0%
Dentures (Repair Only)	80%	80%	0%
Bridges (Repair Only)	80%	80%	0%
Space Maintainers	67%	50%	100%
Oral Surgery	67%	50%	0%
ORTHODONTIA			
Braces (Adult and Child)	N/A	50%	N/A