

Effective Date: 1/1/2024

What's Changing

Option Name	Current SM		UHC LG	
Plan Name	CT G FRDM NG 25/60/3000/80 PPO 23		CT Direct Freedom \$3000	
Carrier Network	United HealthCare - Oxford Freedom		United HealthCare - Oxford Freedom	
	IN	OUT	IN	OUT
Deductible - Individual	\$3,000	\$7,500	\$3,000	\$10,000
Deductible - Family	\$6,000	\$15,000	\$6,000	\$20,000
OOPM - Individual	\$7,000	\$15,000	\$7,000	\$20,000
OOPM - Family	\$14,000	\$30,000	\$14,000	\$40,000
Co-insurance	20%	50%	20%	50%
PCP	\$25	50% after deductible	\$30	50% after deductible
Specialist	\$60	50% after deductible	\$70	50% after deductible
X-Ray	\$50 per procedure	50% after deductible	\$50	50% after deductible
Lab	\$10 per procedure	50% after deductible	\$25	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	\$150	\$150
Urgent Care	\$60	50% after deductible	\$70	50% after deductible
Rx				
Rx Individual Deductible		\$0		\$0
Rx Family Deductible		\$0		\$0
Member Copay Tier 1/2		\$5 / Not Applicable		\$5
Member Copay Tier 3		\$60		\$50
Member Copay Tier 4		50%, up to \$500		30% up to \$500
Member Copay Tier 5/6		50%, up to \$750 / Not Applicable		50% up to \$750
Mail Order		2.5x		2.0x

Effective Date: 1/1/2024

What's Changing

Option Name	Current SM		UHC LG	
Plan Name	CT G FRDM NG 25/70/2500/100 PPO 23		CT Direct Freedom \$2,500	
Carrier Network	United HealthCare - Oxford Freedom		United HealthCare - Oxford Freedom	
	IN	OUT	IN	OUT
Deductible - Individual	\$2,500	\$7,500	\$2,500	\$5,000
Deductible - Family	\$5,000	\$15,000	\$5,000	\$10,000
OOPM - Individual	\$8,700	\$15,000	\$5,000	\$10,000
OOPM - Family	\$17,400	\$30,000	\$10,000	\$20,000
Co-insurance	0%	50%	0%	20%
PCP	\$25	50% after deductible	\$30	20% after deductible
Specialist	\$70	50% after deductible	\$50	20% after deductible
X-Ray	\$70 per procedure	50% after deductible	\$40	20% after deductible
Lab	\$20 per procedure	50% after deductible	\$10	20% after deductible
Inpatient Hospital	\$0 after deductible	50% after deductible	\$0 after deductible	20% after deductible
Outpatient Surgery	\$0 after deductible	50% after deductible	Ded + \$500	20% after deductible
Emergency Room	\$400 after deductible	\$400 after deductible	\$150	\$150
Urgent Care	\$70	50% after deductible	\$75	20% after deductible
Rx				
Rx Individual Deductible		\$0		\$0
Rx Family Deductible		\$0		\$0
Member Copay Tier 1/2		\$5 / Not Applicable		\$5
Member Copay Tier 3		\$60		\$50
Member Copay Tier 4		50%, up to \$500		30% up to \$500
Member Copay Tier 5/6		50%, up to \$750 / Not Applicable		50% up to \$750
Mail Order		2.5x		2.0x

Effective Date: 1/1/2024

What's Changing

Option Name	Current SM	UHC LG
Plan Name	CT G LBTY GT 45/2500/80 HMO PRO 23	CT Liberty HMO \$2500
Carrier	United HealthCare - Oxford	United HealthCare - Oxford
Network	Liberty	Liberty
	IN	IN
Deductible - Individual	\$2,500	\$2,500
Deductible - Family	\$5,000	\$5,000
OOPM - Individual	\$7,500	\$5,500
OOPM - Family	\$15,000	\$11,000
Co-insurance	20%	10%
PCP	\$0/\$25	\$0/\$25
Specialist	\$45/\$70	\$40/\$65
X-Ray	20% after deductible	10% after deductible
Lab	20% after deductible	10% after deductible
Inpatient Hospital	20% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	10% after deductible
Emergency Room	50% after deductible	Ded + \$300
Urgent Care	\$70	\$75
Rx		
Rx Individual Deductible	\$250	\$0
Rx Family Deductible	\$250 per person	\$0
Member Copay Tier 1/2	\$5 / Not Applicable	\$5
Member Copay Tier 3	\$60	\$50
Member Copay Tier 4	50% after deductible, up to \$500	30% up to \$500
Member Copay Tier 5/6	50% after deductible, up to \$750	50% up to \$750
Mail Order	/ Not Applicable 2.5x	2.0x

Effective Date: 1/1/2024

What's Changing

Option Name	Current SM	UHC LG
Plan Name	CT G LBTY GT 45/3000/90 HMO 23	CT Liberty HMO \$3000
Carrier Network	United HealthCare - Oxford Liberty	United HealthCare - Oxford Liberty
	IN	IN
Deductible - Individual	\$3,000	\$3,000
Deductible - Family	\$6,000	\$6,000
OOPM - Individual	\$7,000	\$6,000
OOPM - Family	\$14,000	\$12,000
Co-insurance	10%	0%
PCP	\$0	\$0
Specialist	\$45	\$40
X-Ray	10% after deductible	0% after deductible
Lab	10% after deductible	\$20
Inpatient Hospital	10% after deductible	0% after deductible
Outpatient Surgery	10% after deductible	0% after deductible
Emergency Room	10% after deductible	Ded + \$300
Urgent Care	\$70	\$75
Rx		
Rx Individual Deductible	\$250	-
Rx Family Deductible	\$250 per person	-
Member Copay Tier 1/2	\$5 / Not Applicable	\$5
Member Copay Tier 3	\$60	\$50
Member Copay Tier 4	50% after deductible, up to \$500	30% up to \$500
Member Copay Tier 5/6	50% after deductible, up to \$750	50% up to \$750
	/ Not Applicable	
Mail Order	2.5x	2.0x