PPO PORTABILITY PLAN

For Connecticut Residents

Health Reinsurance Association
100 Great Meadow Road, Suite 704
Wethersfield, CT 06109
1-800-842-0004
www.hract.org

Who is Health Reinsurance Association (HRA)?

The Connecticut Health Care Act of 1975 created the Health Reinsurance Association (HRA) to make available to eligible individuals in Connecticut a comprehensive health care plan designed to help meet medical costs of non-occupational injuries and diseases.

HRA is a non-profit association comprised of all private insurance companies and HMOs that provide health insurance in Connecticut.

Effective January 1, 1998, HRA offers Portability Plan options based on the Health Insurance Portability and Accountability Act (HIPAA) to qualified individuals.

TABLE OF CONTENTS

Who Is Eligible……………………………………………………..Page 1

Definitions………………………………………………………..Page 1

Eligible Dependents

Pre-existing Conditions

Effective Date of Policy

How to Choose a Plan…………………………………………Page 2

How a PPO Plan Works………………………………………..Page 2

Benefit Description……………………………………….....Pages 3-5

Managed Care Terms…………………………………………Page 6

Health Reinsurance Association Contact Information….Page 6

PPO Portability Plan Rate Sheet……………………………Page 7

PPO Portability Plan Application…………………………..Page 8-9

Who is Eligible?

- All Connecticut residents under the age of 65. Connecticut residents over the age of 65 who are not covered under Medicare Part A & Part B
- You have had continuous creditable coverage for at least 18 months.
- Last day of coverage is at least one day of group coverage.
- You are not eligible for or have exhausted other group health insurance coverage including COBRA, if it was offered to you.
- Your application and premium are received in our office within 120 days of the end of your prior health insurance plan due to voluntary loss of coverage or 150 days of the end of your prior health insurance due to involuntary loss of coverage. The HRA plan will begin coverage the 1st of the month following receipt of a completed application.

Eligible Dependents Are:

- Your Spouse
- Your unmarried children (biological or adoptive) under nineteen years of age (twenty-three if a full time student attending an accredited institution of higher learning) who depends on you for support.
- Your disabled dependent children, regardless of age with proper documentation.
- Any other unmarried child (biological or adoptive) under nineteen years of age (twenty-three if a full time student attending an accredited institution of higher learning) who depends on you for support and lives with you in a regular parent child relationship.

Pre-existing Conditions
A pre-existing condition is a medical condition for which medical advice or treatment was recommended or given within 6 months prior to coverage under this plan. Under the Health Reinsurance Association Portability plans, pregnancy is not considered a pre-existing condition.

Portability Plans: If you are eligible for the Portability Plan, there is no waiting period for pre-existing medical conditions.

If you don't qualify for the Portability Plan, you may still be eligible for a Conversion or Individual policy through HRA. The Conversion policies are guarantee issue and would still cover pre-existing conditions immediately. The Individual policies are guarantee issue with a 12-month waiting period for pre-existing medical conditions. Please contact HRA for more information.

Effective Date: The effective date will be the 1st of the month following receipt of a completed application.

Health Benefits – HRA's medical plan provides up to $1,000,000 in benefits during each covered person's lifetime.

Plan Options and How to Choose

Options: If you are eligible for a portability plan you may choose any of the plans offered through HRA: PPO, HMO or CT Special Health Care Plan.

If you are not eligible under the portability plan, contact HRA for other options that may be available to you.

How to Choose: This brochure gives you general information about managed care plans, and how the plan works and what it covers.

A directory of the providers for the plan may be obtained through HRA. See the Connecticut Special Health Care Portability Plan or the HMO Portability Plan brochures for details on those plans.

Managed care plans all have a network of providers (doctors, hospitals and other medical services). These networks only admit providers that meet the plan's quality standards. Network providers also agree to work with the network medical team to provide the most appropriate care.

As a member, you can take advantage of the resulting low costs and reduce your out-of-pocket costs by always seeking care from these network providers.

How PPO Plans Work

PPO managed care plans give you access to quality care at a lower cost, plus the ability to make your own health care decisions. In general, here is how a PPO works:

1. Low Cost Care and No Claim Forms - When you need care, you are free to visit any network provider listed in your PPO directory. You pay lower out-of-pocket costs when you get service because of negotiated discounts with network providers. The plan reimburses your other costs at the highest level and your provider fills out the claim forms for you.
2. Freedom to See Other Providers- You have the option of visiting providers that are not listed in your directory. In this case, the plan reimburses your costs at a lower level, and you pay more out-of-pocket towards the cost of care. You also must fill out the claim forms.
3. Approval Required in Special Cases – When your doctor recommends certain types of treatment, you must call the medical advisors at Patient Advocate for approval. If you do not call, or your treatment is not approved, you benefits will be paid at a lower level.

PLAN BENEFIT DESCRIPTION

PPO THROUGH UNITED Health Care

A listing of providers can be found at www.unitedhealthcare.com

HRA's medical plan provides up to $1,000,000.00 in benefits during each covered person's lifetime.

Annual Deductibles- The amount you pay out-of-pocket for covered services before the plan begins to reimburse you.

In-Network	**$1,500 per Individual**	**$3,000 per family**
Out of Network	**$3,000 per Individual**	**$6,000 per family**

Out of Pocket Maximum- Only out-of-pocket expenses for covered services count towards the out-of-pocket maximum.

In-Network	**$7,500 per Individual**	**$15,000 per family**
Out of Network	**$15,000 per Individual**	**$30,000 per family**

Physicians Services	**In-Network**	**Out of Network**
Office visits	80% after deductible	60% after deductible
Inpatient surgery	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	60% after deductible
Hospital Services		
Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible
Skilled Nursing Facility	80% after deductible 120 day maximum	60% after deductible 120 day maximum
Occupation/Speech Therapy	80% after deductible	60% after deductible
X-ray and Lab Exams	80% after deductible	60% after deductible
X-ray Therapy	80% after deductible	60% after deductible
Prostate Screening (PSA)	80% after deductible	60% after deductible
Colorectal Cancer Screening	80% after deductible	60% after deductible
Eye Exams	80% after deductible Routine eye exams not covered (Except for Children under 17)	60% after deductible Routine eye exams not covered (Except for children under 17)

Ambulance	80% after deductible	60% after deductible
	Plan will not pay more than the maximum allowable rate established by the Department of Public Health.	
Pediatric Well Care Including immunizations	100% No deductible required	100% No deductible required
Other Routine Exams	80% after deductible	60% after deductible
Immunizations	80% after deductible	60% after deductible
Lyme Disease Treatment	80% after deductible	60% after deductible
	No less than 30 days intravenous antibiotic therapy and/or 60 oral antibiotic therapy and further treatment if recommended by a board certified rheumatologist, infectious disease specialist or neurologist.	
Routine Mammograms	80% after deductible	60% after deductible
	• One Baseline Mammogram for women between the ages of 35-39. • One annual mammogram for women age 40 or over.	
Routine Obstetrics and Gynecological Exams	80% after deductible	60% after deductible
Maternity including Pre/Postnatal Care	80% after deductible (Deductible waived for prenatal care)	60% after deductible (Deductible waived for prenatal care)
Hospice Care	80% after deductible	60% after deductible
Home Health Care	$50 Deductible 80% after deductible	$50 Deductible 75% after deductible
Alcohol/Substance Abuse	80% after deductible	60% after deductible
	No Limits Same as Any Other Illness	
Mental Health	80% after deductible	60% after deductible
	No Limits Same as Any Other Illness	
Partial Hospitalization	80% after deductible	60% after deductible
	No Limits Same as Any Other Illness	

Prescriptions $250 Deductible then 3 Tier co-pay of 10/25/40
Including Psychotropic drugs and prescription Contraceptives. Diabetic prescriptions are paid at 100% after deductible is met.

Diabetic Supplies	100% after deductible	100% after deductible
Diabetes Self-Management Training	80% after deductible	60% after deductible

Protein Modified Foods	80% after deductible	60% after deductible
Specialized Formula Children up to age 8	80% after deductible	60% after deductible
Durable Medical	80% after deductible	60% after deductible
Hearing Aids	80% after deductible	60% after deductible
Children 12 and under	$1,000 benefit within a 24 month period	
Ostomy Supplies	$1,000 annual limit 80% after deductible	$1,000 annual limit 60% after deductible
Prostheses	80% after deductible	60% after deductible
Pain Management	80% after deductible	60% after deductible
Cancer Clinical Trials	80% after deductible	60% after deductible
Infertility Treatment	80% after deductible	60% after deductible
Non-notification Penalty	The amount you pay if you do not receive pre-approval for certain services. See Contract.	

Managed Care Terms

Deductible: The amount you pay before the PPO plan benefits can begin.

Network: A group of managed care providers that agrees to treat plan members.
Out-of-Network: Providers that are not in the managed care network. The level of benefits you receive when you visit providers that are not in the PPO network.

Patient Advocate: Trained nurses and doctors who offer treatment options to PPO members facing certain kinds of procedures. To avoid penalty costs, you must call them and follow their advice.

Pre-existing Condition: A pre-existing condition is a medical condition for which medical advice or treatment was recommended or given within 6 months prior to coverage under this plan. Under the Health Reinsurance Association Portability plans, pregnancy is not considered a pre-existing condition.

Preferred Provider Organization: A type of managed care plan that offers care through a network of medical providers. It allows you to seek care from out-of-network providers if you pay a greater portion of the cost of care out of your pocket.

Primary Care Physician: A physician the majority of whose practice is devoted to internal medicine, family/general practice and pediatrics.

Provider: A doctor, hospital or other medical service that delivers care.

Referral: The recommendation by a physician and/or health plan for a member to receive care from a different physician or facility.

QUESTIONS?
PLEASE CALL 1-800-842-0004 MONDAY – FRIDAY 9:00AM TO 4:00PM

Please send completed applications, Certificate of Group Coverage, and applicable premium to:

Health Reinsurance Association (CT)
100 Great Meadow Road, Suite 704
Wethersfield, CT 06109

2008 HRA PLAN RATES

Monthly Premium Rates per Individual
PPO Portability Plan

Attained Age		Male		Female		Child(ren)
<30		$313.20		$609.55		$458.19
30-34		$378.90		$640.76		
35-39		$416.78		$631.06		
40-44		$500.11		$660.63		
45-49		$618.14		$719.32		
50-54		$814.56		$826.34		
55-59		$1,066.03		$965.45		
60-64		$1,360.38		$1,152.40		
65+ Medicare Primary		$938.66		$795.16		

Please note: When you or any covered family member has a birthday that moves you to the next age bracket, the rate will change the month after the birthday occurs.

How to figure out your cost of coverage

1. Go to the above rate chart and get a rate for your coverage based on you age and gender.
2. Get rates for other family members to be covered based on their ages and genders. (The rate shown for “child(ren)” is a flat rate for all your children, no matter how many are covered.)
3. Add together all the rates for your family members. This is your monthly cost of coverage.

PPO Portability Plan Application
Health Reinsurance Association (CT)
United Health Care

Applicant's Name		Social Security Number	Date of Birth	Marital Status
Home Address (Street)		Town	State & Zip Code	Connecticut Resident ☐ Yes ☐ No
Billing Address (if different from Home Address)		Town	State & Zip Code	
Applicant's Gender ☐ Male ☐ Female	Home Phone Number	Work Phone Number	Email Address	

List Names of All Eligible Family Members

Spouse's Name	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	Connecticut Resident ☐ Yes ☐ No

For dependent child(ren) between the ages of 19 & 23, full time student verification must accompany application. For disabled dependent child(ren) over age 19, a letter from Social Security or court papers verifying disability must accompany application.

Child's Name	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	Full Time Student ☐ Yes ☐ No	CT Resident ☐ Yes ☐ No
Child's Name	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	Full Time Student ☐ Yes ☐ No	CT Resident ☐ Yes ☐ No
Child's Name	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	Full Time Student ☐ Yes ☐ No	CT Resident ☐ Yes ☐ No
Child's Name	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	Full Time Student ☐ Yes ☐ No	CT Resident ☐ Yes ☐ No

Section II Please answer the following questions.

1. Have you had at least 18 months of continuous coverage with at least the last day being group coverage? ☐ Yes ☐ No
2. Have you exhausted all group insurance options including COBRA, if it was offered to you? ☐ Yes ☐ No **If yes, please attach verification of coverage.**
3. Are you submitting this application within 120 days (due to voluntary loss of coverage) of the termination date of your previous plan? ☐ Yes ☐ No
4. If you answered "No" to #3, are you submitting this application within 150 days (due to involuntary loss of coverage) of the termination of your previous plan? ☐ Yes ☐ No
5. Are you eligible for coverage under a group health plan, Medicaid or Medicare Part A and/or Part B? ☐ Yes ☐ No

If you have answered "No" to questions 1, 2 and/or 4, you do not qualify for our Portability plans. If you have answered "Yes" to question 5, you are not eligible for our Portability plans. Please contact our office for our Conversion and/or Individual plan options.

Over

I hereby represent that all of the above answers are true and correct to the best of my knowledge and belief and shall form the basis upon which an individual policy may be issued.

Applicant's Signature	Date

If application is being signed by an Executor or Power of Attorney, please provide appropriate documentation

Please Note: Policy will be made effective the first day of the month following receipt of the completed application and the first monthly premium.

Effective Date of Coverage	By	Date

Endorsed By Health Reinsurance Association (Connecticut)

Please provide us with the following information, if a licensed insurance agent assisted in the completion of this application

Agency or Agent's Name	License Number
Address	Tax Id Number

Please send completed application, applicable monthly premium, Certificate of Coverage to:

Health Reinsurance Association
100 Great Meadow Road, Suite 704
Wethersfield, CT 06109

Check or money order should be made payable to "Health Reinsurance Association"

Check List for Submitting Application

In order for an application to be processed, you must include all of the required documentation. It is your responsibility to submit a completed application and obtain all necessary documentation. If two or more of the items are missing, your application will be returned.

A complete application consists of the following three items:

1. APPLICATION FOR COVERAGE

    - Complete entire application. Do not leave any areas blank. If section does not apply, write “NA” in that section.
    - Information will not be transferred from supporting documentation to application
    - Original signature of applicant is required.

2. PREMIUM PAYMENT

    - You must include premium for the first month with your application.
    - Make checks payable to “Health Reinsurance Association”

3. PROOF OF PRIOR COVERAGE: Applicants must provide a Certificate of Creditable Coverage or other proof of coverage if they have lost insurance within the last 120 days if health insurance was voluntarily terminated or 150 days if health insurance was involuntarily terminated.

    - Certificate of Creditable Coverage which documents an effective date and a termination date.
    - If you do not have a Certificate, you can provide a letter from the following to verify coverage.
        1. Former Employer if coverage was group insurance, or
        2. COBRA Administrator

    Please note with the alternative methods for verification of coverage effective **and** termination dates must be included.

Mail this application and all required documentation to: Health Reinsurance Association
100 Great Meadow Road, Suite 704
Wethersfield, CT 06109