access health CT®

Connecticut's Official Health Insurance Marketplace

Your access to coverage starts here.

Welcome

Congratulations, you've just completed a major step toward living a healthier life by enrolling in health insurance — and we're here to help you make the most of it. If you have questions now or in the future, just contact us online, over the phone or in person. We're here to guide and support you.

So, what happens next?

Expect to receive communications from us and your insurance company.

Watch your mailbox and email inbox for information from your insurance company about:

- **Paying your first premium bill**
- **Getting your ID card**
- **Choosing a primary care doctor**

Sign up for emails and text alerts from us in your Access Health CT account. It's the best way to stay connected.

An important note:
Be vigilant for scams.

Protect yourself from scams. Access Health CT and your insurance company will never ask for payment through gift cards or cryptocurrency, or send you unsolicited text messages. If you receive any messages or requests that feel suspicious in any way, do not reply to them. Contact Access Health CT immediately.

Access Health CT and your insurance company have different roles.

Both Access Health CT and your insurance company play an important role in helping you maintain your health and your insurance coverage. We will always do our best to help you and to answer your questions, but please know that for certain issues we will refer you to your insurance company.

Get to know Access Health CT

At Access Health CT, we provide year-round support for your health and dental insurance. We can help you:

- **Connect with a Certified Broker who can find the plan that's best for you**
- **See if you're eligible for financial help to pay for your insurance**
- **Set up and manage your account**
- **Complete your document verification**
- **Cancel or change your insurance**
- **Enroll again next year**

After you enroll, you may be asked to provide documentation to verify certain information included in your application. If we need more information from you, you will be notified via letter after you submit your application. The letter will tell you what information we need (like proof of income, identity, citizenship or immigration status) and give instructions for how to submit documents. It's important to send them as soon as possible. **Learn more about submitting documents.**

Important Tip:

We recommend you check your household details every few months. Notify us of any changes to your income, household size, address and contact information — because all that information can affect your eligibility for coverage and financial help. There are also potential tax consequences if you don't keep your household information updated.

All the help we offer is free and available year-round

ONLINE | IN PERSON | OVER THE PHONE

AccessHealthCT.com | 1-855-805-4325

You can also work with our Certified Brokers, Navigators and Enrollment Specialists.

Schedule an appointment on our website.

Your insurance company's role

Your insurance company provides you with your insurance plan. No matter which company you choose, it's very important that you get to know your benefits and how to get in touch with your insurance company when you need help. Your insurance company can help you:

- **Get your ID card**
- **Pay your monthly payments (also called your premium)**
- **Find in-network doctors and pharmacies**
- **Understand what is covered by your plan**
- **Check for prescription drug coverage**
- **Estimate your costs for services**

Set up an account with your insurance company to access and manage these tools and resources.

***Reminder:** it's very important that you make your first premium payment by the due date your insurance company gives you. If you don't, you may lose your coverage.*

You have a plan with one of these insurance companies: Anthem, ConnectiCare or Guardian. Here's how you can contact the one you selected:

Anthem	anthem.com 1-855-738-6644
ConnectiCare	ConnectiCare.com 1-800-251-7722
Guardian	guardianlife.com 1-844-561-5600

Great benefits — and **great** value.

Your insurance plan includes ten Essential Health Benefits:

- **Doctor visits**
- **Emergency room visits**
- **Hospitalizations, including an overnight stay and surgery**
- **Care before, during and after having a baby**
- **Mental healthcare and support for substance use**
- **Prescriptions drugs and vaccines**
- **Physical therapy and devices like wheelchairs, crutches or hearing aids that help people with disabilities or injuries**
- **Lab tests and screenings**
- **Wellness visits or tests and check-ups**
- **Medical, dental and vision care for kids**

Preventive services (like annual checkups; health screenings for cancer, diabetes, and other conditions; vaccines; and more) are important because they can detect health issues in their early stages. You can use your preventive services without having to pay your deductible, and they are free when you see a doctor in your plan's network— so make sure you use them.

These terms will help you understand your coverage.

As you learn about your insurance, you might see some words you don't fully understand. Understanding the following terms will help you build your knowledge and feel confident when discussing and using your plan.

Premium:

The monthly cost of having health or dental insurance. You have to pay your bill every month to keep your insurance. Reminder: your first premium must be paid before your coverage can start.

Copayment (also known as copay):

A set amount you pay each time you visit the doctor or get a healthcare service. For example, you might pay $20 every time you visit your doctor, and your insurance will pay the rest.

Deductible:

The dollar amount you have to pay for healthcare services before your insurance will start to pay. For example, if your deductible is $500, you pay the first $500 of your healthcare bills. After that, your insurance pays the rest. Your insurance company can help you understand exactly what is covered.

Coinsurance:

Your share of the cost of care after you have met your deductible. For example, your insurance might pay 80% of the bill and you pay the other 20%.

In/Out of network:

A network is a list of providers and healthcare facilities that work with your insurance company. Services from providers not on the list are out-of-network. They may not be covered by your insurance or may cost you more to use. Check a plan's network when choosing a plan or contact your insurance company for the latest information.

Out-of-pocket maximum:

The most you will have to pay for covered, in-network healthcare services in a year, not including your monthly premium. Once you reach this amount, your insurance will pay 100% of costs for covered services for the rest of the year.

Have questions? We're here for you — all year.

Figuring out how to use and make the most of your new health insurance isn't always simple. That's why we offer year-round support — for free — in person, online and over the phone. We make it easy to schedule in-person appointments with an Enrollment Specialist.

If you get married, have a child, lose your job or experience another life event, you might need to make changes to your coverage or financial help. Let us know right away of any life events…we're here to help you navigate the process. Changes to your insurance due to certain life events can be made any time of year, while Open Enrollment only happens in the fall.

The next Open Enrollment period is when you renew your coverage or shop for a new plan.

Please, always feel free to reach out to us for help. And stay connected to our social media feeds, where we often share useful tips and supportive resources.

AccessHealthCT.com | 1-855-805-4325

Follow us on:

Help is available in other languages.

You have the right to receive help and information in your language, free of charge. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.

Call 1-855-805-4325 (including with a relay operator) or **TTY: 1-855-789-2428**

Ayuda en otro idioma.

Usted tiene el derecho de recibir ayuda e información en su propio idioma sin cargo. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

Llame al 1-855-805-4325 (TTY: 1-855-789-2428)