1. **Do you offer any coverages for employees residing outside the service area?**

   Our PPO plan, ConnectiCare Network USA, is designed for Connecticut-based employers with employees who cannot access the ConnectiCare network.

   The plan can be offered to employer groups who have no more than thirty percent of their population outside the ConnectiCare service area.

2. **Please describe the structure and design of your PPO plan.**

   ConnectiCare Network USA offers a choice of six plan designs and three prescription drug options. The employer may offer one plan.

   - The in-network benefits are primarily designed with copays that are collected by the participating provider at the time of service.
   - For non-participating providers, the benefits are subject to a calendar year deductible and coinsurance.

   **ConnectiCare Network USA PPO**

   The ConnectiCare Network USA PPO plan is for Connecticut-based employers with employees who do not have access to ConnectiCare’s network. These members can:

   - Receive medical care from providers who are in a national preferred provider organization (PPO) network and will receive a higher level of benefits; or
   - Go out-of-network and receive a lower level of benefits.

   The ConnectiCare Network USA PPO plan has a preferred network of providers in many national locations.

3. **What is your NCQA accreditation status?**

   ConnectiCare’s managed care operations has had an “Excellent” accreditation since 1999. All functions for both the MCO and PPO are centralized in the same office. However, NCQA accreditation is not applicable to ConnectiCare’s PPO plan.

   Private Health Care Systems, Inc. (PHCS), the network that services our PPO members has NCQA certification for credentialing and utilization management.
4. Does your PPO plan have URAC Accreditation?

PHCS, the network that services PPO members, has URAC accreditation for health network and health utilization management.

5. What benefits are covered under your PPO plan?

ConnectiCare’s PPO plan provides the same benefits as our HMO plans. The only differences are reimbursement levels and medical management procedures. Medical management is not applicable to the PPO plans.

Additionally, where required, coverage in the PPO states will comply with each state’s specific mandates.

6. Is your PPO plan offered on a national basis?

ConnectiCare’s out-of-area PPO plan is offered in forty-two states and the District of Columbia. A complete list follows:

- Alabama
- Arizona
- California
- Colorado
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nebraska*
- Nevada
- New Hampshire
- New Jersey
• New Mexico
• New York
• North Carolina
• North Dakota
• Ohio
• Oregon
• Pennsylvania
• Rhode Island
• South Carolina
• Tennessee
• Texas
• Utah
• Vermont
• Virginia
• Washington
• West Virginia*

*Coverage under this plan for residents of Nebraska and West Virginia is subject to regulatory approval.

7. **Do you carve out any part of the PPO program to outside vendors?**

The PPO plan of benefits uses Express Scripts, Inc. (ESI) for our pharmacy program.

ConnectiCare uses Express Scripts, a national pharmacy benefit manager (PBM) with a national network of over 50,000 pharmacies nationwide and 600 in Connecticut. Our network discount and administrative fees are highly competitive with other health care plans. ConnectiCare uses an aggressive MAC list to deliver substantial discounts on generic drugs of AWP-55% or greater, on average, and promotes the use of cost-effective generic drugs.

ConnectiCare offers our members an incentive prescription drug list/formulary, containing over 1,650 drugs. While all covered drugs can be obtained through ConnectiCare, there is an incentive to use drugs that are included on the drug list/formulary. These drugs result in a lower copayment amount for the member. A drug list/formulary is one method used by hospitals and managed care companies to control the rising cost of health care.

One component of ConnectiCare’s pharmacy benefit is a mail order program administered by our pharmacy benefit manager. This program offers a convenient service to members. Any prescription which is required for more than thirty days can be filled through our mail order pharmacy program.
8. **Do you have a conversion policy available for your PPO plan?**

Yes. The PPO Certificate of Coverage contains the following provisions:

**Conversion Privilege**

If a member ceases to be covered by this plan (whether or not the plan has terminated with the employer), he or she may apply for conversion through the Connecticut Health Reinsurance Association (HRA) if eligible, or the conversion plan available in their state of residence. Coverage may also be available through Celtic Life. You should call Celtic Life directly at 1-800-365-2365. The former member must apply for the conversion within 31 days of his or her loss of coverage under this plan, or within 63 days if you are a resident of Florida. The terms of conversion under the HRA or other applicable association or insurer are subject to the rules and regulations of the HRA or other applicable association or insurer at the time of conversion.

9. **Do you require PPO members to chose a primary care physician?**

No. Members enrolled in the PPO plan are not required to choose a primary care physician.

10. **What are the PPO benefits for someone transferring to your plan while receiving treatment with a non-network provider?**

Members enrolled in the PPO plan may continue with an out-of-plan provider, but will receive coverage at the out-of-network benefit level.

11. **How are members covered while traveling internationally?**

ConnectiCare Network USA members traveling internationally are covered for urgent and emergency care.

- Emergency care is defined as the sudden and unexpected onset of an injury or illness with severe symptoms whereby a prudent person, acting reasonably would believe that emergency medical treatment is needed.
- Urgent care is defined as health services for the treatment of a sudden and unexpected onset of an injury or illness requiring care within twenty-four hours that can be provided in a physician’s office or an urgent care center.

The member may be required to pay for services when they are incurred, but, after filing a claim, will receive reimbursement, subject to the terms of their benefit plan for medically necessary services. In some cases, we may require a translated or converted bill.
12. How do you handle the care of a dependent child who lives away from the employee?

Dependents are covered in accordance with the terms of their benefit plan. Medical services are reimbursed at the in-network level when they access providers who participate in the PPO network. For non-network providers, the out-of-network benefit level applies.

13. How will you communicate the PPO network to members?

PHCS, provides printed directories for ConnectiCare’s PPO members. In addition, members may check iSearch, our online provider directory at www.connecticare.com, and choose “ConnectiCare Network USA – PPO” for the most recent changes and additions to the network. Besides offering faster access, iSearch enables members to save and print the results of a provider search in a user-friendly, personalized format.

Additionally, members may call toll-free 1-866-580-7427 for PPO network information.

14. Do you have a Centers of Excellence Network for your PPO plan?

Yes, there is a nationwide Centers of Excellence network for organ transplantation.

ConnectiCare members have access to numerous Centers of Excellence throughout the United States. Three facilities hold direct contracts with ConnectiCare: Hartford Hospital, Yale New Haven Hospital, and John Dempsey Hospital (UCONN), while the remaining providers are accessible through contracts with our reinsurer.

These facilities meet rigid standards of quality and must be willing to offer global fee arrangements for the procedures directed to their facility. All utilization of Centers of Excellence facilities is managed by our ConnectiCare case managers.

15. Please describe how PPO provider inquiries and complaints are handled.

PPO provider inquiries are handled in the same manner as they are for ConnectiCare’s other products and services. All calls are documented and quality monitoring is performed. PPO providers can file a complaint with a provider service associate at ConnectiCare or they may contact PHCS’ Provider Relations department at 1-800-950-7040, or Multiplan at 1-800-546-3887.

16. Do you have a toll-free number for PPO members and providers?

Yes, members can contact us at 1-800-846-8578. They can also contact PHCS’ provider eligibility line at 1-866-580-7427 to locate another PHCS participating provider.

PHCS also provides providers with a provider relations department to assist with other issues, such as contracting questions or fee schedule inquiries. That number is 1-800-950-7040.
17. Please provide a count of your contracted primary care physicians and specialists in your PPO product?

The counts of contracted Private Healthcare Systems network providers as of August 30, 2004 are below:

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care physicians</td>
<td>154,420</td>
</tr>
<tr>
<td>Specialists</td>
<td>168,317</td>
</tr>
</tbody>
</table>

18. Describe your precertification guidelines and medical management procedures.

ConnectiCare Network USA — PPO Plan

No pre-certification requirements apply with the exception of transplants. Solid organ transplants and bone marrow transplants require advanced notification to ConnectiCare not less than ten business days prior to the member being evaluated at a transplant facility in order for the member to receive coverage without a penalty. If the member fails to provide ConnectiCare with this ten business day advance notification, the penalty amount will be equal to the lesser of five-hundred dollars or fifty percent of the covered transplant related charges. It is the member’s responsibility to provide that notification to ConnectiCare. To obtain the in-network level of benefits for solid organ and bone marrow transplants, the member must use a participating provider in the transplant network with which we contract, or a PHCS contracted provider.