

# Hartford HealthCare Health Plan Overview



For 2026, Hartford HealthCare will offer the **Orange**, **Blue** and **Green** (new for 2026) plans, as well as the **Magenta** plan for colleagues who live more than a 50-mile radius from any HHC hospital. No matter which option you choose, you'll get the same medical services, medications and a wide choice of hospitals and providers.

## All plans offer:

- ▶ Preventive care like annual check ups and screenings, such as mammograms and colonoscopies, at no cost and no deductible.
- ▶ Protection from catastrophic medical expenses by paying for 100% of your care once your medical expenses reach a certain amount. This safeguard is called an out-of-pocket maximum.
- ▶ Comprehensive prescription drug benefits. Some medications for conditions like asthma, diabetes, depression, hypertension and more, are at no cost to you.
- ▶ Mental health and substance-use disorder coverage.

## Compare 2026 Health Plans

Plan Feature	BLUE	ORANGE	MAGENTA	GREEN
<b>How You Pay</b>	You pay the full bill for care and prescriptions until you reach the deductible.			You pay fixed co-pays of \$15-\$50 for many routine doctor visits and medications.
<b>Health Savings Account (HSA)</b>	HHC puts \$600-\$1,800 in your HSA to help you pay your medical and prescription bills. The amount varies by how much you earn and who you cover. You should put money in to reduce your taxes and save for the future. The money is yours to keep forever.			This plan is not eligible for an HSA or HSA contributions. If you have money in an existing HSA, you can use it to pay for medical and prescription bills.
<b>Deductible</b>	Deductible ranges from \$1,700 to \$6,100 for all but preventive care and some maintenance medication, depending on who you cover and what providers you choose.			Deductible ranges from \$500-\$4,200 but only applies to higher-cost services like emergency and hospital care. Most routine services and prescriptions require only a co-pay. Services in the 3rd network tier have deductibles and co-insurances apply.
<b>Prescription Medication</b>	You pay the full bill for medication out-of-pocket up to the \$1,700-\$6,100 deductibles and then you pay only co-pays of \$5-\$50*.			You pay only co-pays of \$15-\$50* with no deductible.
<b>Health Care Flexible Spending Accounts (FSAs)</b>	In addition to your HSA, you may contribute to a Limited Purpose Flexible Spending Account and use the money to pay for dental and vision care and then medical care once you've met your deductible.			You can contribute to a Health Care Flexible Spending Account (HCFSA) and use the money for any health or medical expenses from Day 1.

\*For every 30-day supply at an HHC Community Pharmacy

## Differences and Considerations

- ▶ **Orange:** You'll pay the least out of your paycheck (premium) and more out-of-pocket (deductible) before your plan starts to pay for care. Your HSA allows you to save for future expenses, while taking home more money when you don't need much care.
- ▶ **Blue:** A middle-ground plan. You pay more than the Orange plan from your paycheck (premium) and less out-of-pocket before you reach your deductible and the plan starts to pay for care. This plan works best when you put aside as much as you can in the HSA.
- ▶ **Green:** You pay the most out of your paycheck (premium) and pay only a predictable co-pay for many routine services and prescriptions. This plan might be best for those with high-cost/chronic conditions who are challenged with significant upfront medical/pharmacy costs at the beginning of the year and want predictable costs.
- ▶ **Magenta:** If there is no HHC acute-care hospital with a 50-mile radius of your home zip code, you can enroll in the Magenta Plan.

# 2026 Plans and Networks

Choose a plan when you enroll.	BLUE			ORANGE			GREEN		
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**↓ NETWORKS** Each time you need care, you can choose providers and facilities from three network tiers. You will get the most coordinated care when you choose a provider in the Tier 1: HHC Preferred.

When you need care, choose a provider in one of our networks.	Tier 1: HHC Preferred	Tier 2: Standard Plus	Tier 3: Standard	Tier 1: HHC Preferred	Tier 2: Standard Plus	Tier 3: Standard	Tier 1: HHC Preferred	Tier 2: Standard Plus	Tier 3: Standard
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**↓ DEDUCTIBLES** This is the amount you must pay before insurance starts to cover your care.

Individual	\$1,700	\$1,700	\$2,100	\$2,550	\$2,550	\$3,050	No deductible for many routine doctor visits and medications.		
							\$500	\$500	\$2,100
Family	\$3,400	\$3,400	\$4,200	\$5,100	\$5,100	\$6,100	\$1,000	\$1,000	\$4,200

**↓ YOUR COST AFTER MEETING THE DEDUCTIBLE** You will pay less out-of-pocket when you choose providers and facilities in the Tier 1: HHC Preferred.

The following services don't require you to meet a deductible. **YOU PAY** only the co-pay regardless of the cost of the service and whether or not you meet the deductible.  
\*These co-pays do not count toward the deductible.

**YOU MUST MEET** the deductible before your plan kicks in. Your cost after deductible:

Primary Care Doctor	0	0	30%	0	0	30%	\$15*	\$15*	30%
Specialist	0	10%	30%	0	10%	30%	\$30*	\$30*	30%
TeleHealth Visit	0	0	0	0	0	0	\$15*	\$15*	0%
Urgent Care	0	0	40%	0	0	40%	\$15*	\$15*	40%

**THE FOLLOWING SERVICES** require you to meet a deductible before the plan starts to pay. Your cost after the deductible:

Emergency Room	15%	15%	15%	15%	15%	15%	15%	15%	15%
Imaging/Labs	0	10%	40%	0	10%	40%	0	10%	40%
Hospital Inpatient	0	10%	40%	0	10%	40%	0	10%	40%
Out-Patient Surgery	0	10%	40%	0	10%	40%	0	10%	40%

**↓ OUT-OF-POCKET MAXIMUMS** Once your medical bills reach this amount, insurance will cover the rest of your care at 100% with no further cost to you for the rest of the year. An individual in a family plan will pay no more than \$9,100.

Individual	\$3,050	\$3,050	\$4,050	\$5,050	\$5,050	\$6,050	\$2,000	\$2,000	\$4,050
Family	\$6,100	\$6,100	\$8,100	\$10,100	\$10,100	\$12,100	\$4,000	\$4,000	\$8,100

**↓ PRESCRIPTION PLAN**

What You Pay	You pay the full bill of your medications up to the \$1,700-\$4,200 deductibles and then the plan starts to pay.			You pay the full bill of your medications up to the \$2,550-\$6,100 deductibles and then the plan starts to pay.			You pay the co-pay only with no deductible: \$15-\$50 for every 30-day supply at an HHC Community Pharmacy.		
	After you meet the deductible you pay: \$5-\$50 for every 30-day supply at an HHC Community Pharmacy.			After you meet the deductible you pay: \$5-\$50 for every 30-day supply at an HHC Community Pharmacy.					

Please Note: For colleagues covered under a collective bargaining agreement (CBA), the benefits or programs described herein may be subject to provisions of your CBA. Please consult your manager or local HR Representative for specific guidance on applicability.