

CarePartners Access (PPO) offered by CarePartners of Connecticut

Annual Notice of Changes for 2024

You are currently enrolled as a member of CarePartners Access PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules, please review the *Evidence of Coverage*, which is located on our website at www.carepartnersct.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in CarePartners Access.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with CarePartners Access.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-866-632-0060 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30. This call is free.
- This information is available in different formats, including large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About CarePartners Access

- CarePartners Access is a Medicare Advantage PPO plan. Enrollment in CarePartners Access depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means CarePartners of Connecticut. When it says “plan” or “our plan,” it means CarePartners Access.

Annual Notice of Changes for 2024

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for CarePartners Access in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	\$1,000	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	From network providers: \$4,900 From network and out-of-network providers combined: \$8,950	From network providers: \$6,350 From network and out-of-network providers combined: \$9,550
Doctor office visits	<u>In-Network:</u> Primary care visits: \$0 per visit Specialist visits: \$45 per visit <u>Out-of-Network:</u> Primary care visits: \$50 per visit after the deductible Specialist visits: \$50 per visit after the deductible	<u>In-Network:</u> Primary care visits: \$0 per visit Specialist visits: \$45 per visit <u>Out-of-Network:</u> Primary care visits: \$50 per visit Specialist visits: \$65 per visit

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p><u>In-Network:</u> \$795 per stay after the deductible for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care hospital.</p> <p>\$1,763 per stay after the deductible for Medicare-covered services received in a psychiatric hospital.</p> <p><u>Out-of-Network:</u> 30% coinsurance per stay after the deductible for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p>	<p><u>In-Network:</u> \$395 per day for days 1-5 and \$0 after day 5 for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care hospital.</p> <p>\$395 per day for days 1-5 and \$0 after day 5 for Medicare-covered services received in a psychiatric hospital.</p> <p><u>Out-of-Network:</u> 40% coinsurance for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care or psychiatric hospital.</p>

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage</p> <p>(See Section 1.5 for details.)</p> <p>In 2024, Tier 1 and Tier 2 drugs will include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.</p>	<p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p>	<p>Deductible: \$0</p> <p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: \$0-\$10 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$20 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Drug Tier 2: \$0-\$15 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$45 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$47 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Drug Tier 2: \$0-\$15 per prescription at a retail pharmacy for a 30-day supply.</p> <p>\$0-\$30 per prescription at a retail pharmacy for up to a 60-day supply.</p> <p>\$0-\$45 per prescription at a retail pharmacy for up to a 90-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for a 30-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 60-day supply.</p> <p>\$0 per prescription at a mail order pharmacy for up to a 90-day supply.</p> <p>Drug Tier 3: \$47 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>	<p>\$94 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$141 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p> <p>\$47 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$94 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p>	<p>\$94 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 per prescription at a retail pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a retail pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$300 per prescription at a retail pharmacy for up to a 90-day supply. You pay \$105 for a 90-day supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
	<p>\$100 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 33% per prescription at a retail or mail order pharmacy for a 30-day supply.</p> <p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6: \$0 per Tier 6 vaccine.</p> <p>Not applicable at Mail Order.</p>	<p>\$100 per prescription at a mail order pharmacy for a 30-day supply. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 60-day supply. You pay \$70 for a 60-day supply of each covered insulin product on this tier.</p> <p>\$200 per prescription at a mail order pharmacy for up to a 90-day supply. You pay \$70 for a 90-day supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: 33% per prescription at a retail or mail order pharmacy for a 30-day supply.</p> <p>60-day and 90-day supplies are not covered for drugs on Tier 5.</p> <p>Drug Tier 6: \$0 per Tier 6 vaccine.</p> <p>Not applicable at Mail Order.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.). You pay \$0 for covered Tier 6 Vaccines and no more than \$35 per month supply of covered insulin drugs. 	<p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Monthly premium</p> <p>There is no change to the plan premium for the upcoming benefit year.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Cost	2023 (this year)	2024 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	\$4,900	<p>\$6,350</p> <p>Once you have paid \$6,350 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>

Cost	2023 (this year)	2024 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	\$8,950	<p>\$9,550</p> <p>Once you have paid \$9,550 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.</p>

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.carepartnersct.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers and pharmacies for next year. **Please review the 2024 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, pharmacies, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Abdominal aortic aneurysm screening	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for this preventive screening.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for this Medicare-covered preventive screening.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for this preventive screening.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for this Medicare-covered preventive screening.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Acupuncture for chronic low back pain	<p><u>In-Network:</u> You pay \$20 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p>	<p><u>In-Network:</u> You pay \$20 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p>	<p><u>Out-of-Network:</u> You pay \$65 per visit for Medicare-covered acupuncture services and services provided by a licensed acupuncturist for chronic low back pain.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Ambulance services	<p><u>In-Network:</u> You pay \$325 per one-way trip for Medicare-covered ambulance services.</p> <p><u>Out-of-Network:</u> You pay \$325 per one-way trip after the deductible for Medicare-covered ambulance services.</p>	<p><u>In-Network:</u> You pay \$325 per one-way trip for Medicare-covered ambulance services.</p> <p><u>Out-of-Network:</u> You pay \$325 per one-way trip for Medicare-covered ambulance services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Annual physical exam	<p><u>In-Network:</u> You pay \$0 for an annual physical exam.</p>	<p><u>In-Network:</u> You pay \$0 for an annual physical exam.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for an annual physical exam.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for an annual physical exam.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Annual wellness visit	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the annual wellness visit.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for the annual wellness visit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the annual wellness visit.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for the annual wellness visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Blood Services	<p><u>In-Network:</u> You pay \$0 for Medicare-covered blood services.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered blood services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered blood services.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered blood services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Bone mass measurement	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for Medicare-covered bone mass measurement.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for Medicare-covered bone mass measurement.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for Medicare-covered bone mass measurement.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered bone mass measurement.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Breast cancer screening (mammograms)	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for covered screening mammograms.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for covered screening mammograms.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for covered screening mammograms.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for covered screening mammograms.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Cardiac rehabilitation services	<p><u>In-Network:</u> You pay \$0 for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Cardiovascular disease testing	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for cardiovascular disease testing that is covered once every 5 years.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for cardiovascular disease testing that is covered once every 5 years.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for cardiovascular disease testing that is covered once every 5 years.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for cardiovascular disease testing that is covered once every 5 years.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the intensive behavioral therapy cardiovascular disease preventive benefit.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for the intensive behavioral therapy cardiovascular disease preventive benefit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the intensive behavioral therapy cardiovascular disease preventive benefit.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for the intensive behavioral therapy cardiovascular disease preventive benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
Cervical and vaginal cancer screening	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for Medicare-covered preventive Pap and pelvic exams.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for Medicare-covered preventive Pap and pelvic exams.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for Medicare-covered preventive Pap and pelvic exams.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered preventive Pap and pelvic exams.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Chiropractic services - Manual Manipulation of the Spine to Correct Subluxation	<p><u>In-Network:</u> You pay \$20 for each Medicare-covered visit.</p>	<p><u>In-Network:</u> You pay \$20 for each Medicare-covered visit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for each Medicare-covered visit.</p>	<p><u>Out-of-Network:</u> You pay \$65 per visit for each Medicare-covered visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Chiropractic services - initial evaluation</p>	<p><u>In-Network:</u> You pay \$20 for the initial chiropractic evaluation covered once a calendar year.</p> <p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for the initial chiropractic evaluation covered once a calendar year.</p>	<p><u>In-Network:</u> You pay \$20 for the initial chiropractic evaluation covered once a calendar year.</p> <p><u>Out-of-Network:</u> You pay \$65 per visit for the initial chiropractic evaluation covered once a calendar year.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p>Colorectal cancer screening</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam.</p> <p>There is no coinsurance, copayment, or deductible for Medicare-covered barium enemas.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for a Medicare-covered colorectal cancer screening exam, including barium enemas. If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and you pay \$0 copayment for your doctor’s services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for a Medicare-covered colorectal cancer screening exam.</p> <p>You pay 30% coinsurance after deductible for Medicare-covered barium enemas.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for a Medicare-covered colorectal cancer screening exam.</p> <p>You pay 40% coinsurance for Medicare-covered barium enemas.</p> <p>If your doctor finds and removes a polyp or other tissue during the colonoscopy or flexible sigmoidoscopy, the screening exam becomes a diagnostic exam and you pay 40% coinsurance for your doctor's services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Dental (Medicare covered)	<p><u>In-Network:</u> You pay \$40 per visit for Medicare-covered dental services.</p>	<p><u>In-Network:</u> You pay \$45 per visit for Medicare-covered dental services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for Medicare-covered dental services.</p>	<p><u>Out-of-Network:</u> You pay \$65 per visit for Medicare-covered dental services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>CarePartners of Connecticut Dental Plan</p>	<p><u>In-Network and Out-of-Network:</u> Your plan automatically includes coverage for supplemental dental services not covered by Original Medicare, including Class 1 Diagnostic and Preventive dental services, Class 2 Basic dental services, and Class 3 Major dental services.</p> <p>Coverage includes:</p> <p>\$1,000 calendar year benefit limit.</p> <p>\$0 Copay for Class 1 services.</p> <p>50% Coinsurance for Class 2 and Class 3 services.</p> <p>The plan is administered by Dominion Dental Services, Inc., which operates under the</p>	<p><u>In-Network and Out-of-Network:</u> CarePartners of Connecticut Dental Plan is not covered.</p> <p>Embedded dental benefit is provided via the Flex Advantage spending card described below.</p>

Cost	2023 (this year)	2024 (next year)
	<p>trade name Dominion National.</p> <p>Services are covered with providers in the Dominion PPO Network. However, a member may choose to receive treatment from a non-participating dentist.</p>	
Depression screening	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for an annual depression screening visit.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for an annual depression screening visit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for an annual depression screening visit.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for an annual depression screening visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Diabetes screening	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare covered diabetes screening tests.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare covered diabetes screening tests.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the Medicare covered diabetes screening tests.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the Medicare covered diabetes screening tests.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Diabetes self-management training	<p><u>In-Network:</u> You pay \$0 for diabetes self-management training.</p>	<p><u>In-Network:</u> You pay \$0 for diabetes self-management training.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for diabetes self-management training.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for diabetes self-management training.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Diabetes self-management training, diabetic services and supplies</p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre products.</p>	<p>Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre and Dexcom and products that are considered Durable Medical Equipment (DME) by Medicare.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>DME - Diabetic supplies and services</p>	<p><u>In-Network:</u> You pay \$0 for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 for Continuous Glucose Monitors (CGMs).</p> <p>You pay 20% coinsurance for other non-OneTouch products.</p>	<p><u>In-Network:</u> You pay \$0 for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 for Continuous Glucose Monitors (CGMs).</p> <p>You pay 20% coinsurance for other non-OneTouch products.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$0 after deductible for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 after deductible for Continuous Glucose Monitors (CGMs).</p> <p>You pay 30% coinsurance after deductible for other non-OneTouch products.</p>	<p><u>Out-of-Network:</u> You pay \$0 for OneTouch products manufactured by LifeScan, Inc.</p> <p>You pay \$0 for Continuous Glucose Monitors (CGMs).</p> <p>You pay 50% coinsurance for other non-OneTouch products.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
DME - Durable medical equipment and related supplies	<p><u>In-Network:</u> You pay 20% coinsurance for covered items and related supplies.</p> <p>Your cost sharing for Medicare oxygen equipment coverage is 20% every month.</p>	<p><u>In-Network:</u> You pay 20% coinsurance for covered items and related supplies.</p> <p>Your cost sharing for Medicare oxygen equipment coverage is 20% every month.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for covered items and related supplies.</p> <p>Your cost sharing for Medicare oxygen equipment coverage is 30% after the deductible every month.</p>	<p><u>Out-of-Network:</u> You pay 50% coinsurance for covered items and related supplies.</p> <p>Your cost sharing for Medicare oxygen equipment coverage is 50% every month.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
DME - Medical supplies	<p><u>In-Network:</u> You pay \$40 for Medicare-covered medical supplies.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered medical supplies.</p>	<p><u>In-Network:</u> You pay \$40 for Medicare-covered medical supplies.</p> <p><u>Out-of-Network:</u> You pay 50% coinsurance for Medicare-covered medical supplies.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
DME - Prosthetic devices and related supplies	<p><u>In-Network:</u> You pay 20% coinsurance upon written prescription from a provider to a network DME or Orthotics and Prosthetics (O&P) supplier.</p>	<p><u>In-Network:</u> You pay 20% coinsurance upon written prescription from a provider to a network DME or Orthotics and Prosthetics (O&P) supplier.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible upon written prescription from a provider to an out-of-network DME or Orthotics and Prosthetics (O&P) supplier.</p> <p>Additional items covered under this benefit include Gradient compression stockings and Mastectomy sleeves.</p>	<p><u>Out-of-Network:</u> You pay 50% coinsurance upon written prescription from a provider to an out-of-network DME or Orthotics and Prosthetics (O&P) supplier.</p> <p>Additional items covered under this benefit include Gradient compression stockings and Mastectomy sleeves.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
DME- Over The Counter Bathroom Safety Items	<p><u>In-Network:</u> You pay 20% coinsurance for bathroom safety equipment upon written prescription from a network provider to a network DME or Orthotics and Prosthetics (O&P) supplier.</p>	<p><u>In-Network:</u> You pay 20% coinsurance for bathroom safety equipment upon written prescription from a network provider to a network DME or Orthotics and Prosthetics (O&P) supplier.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for bathroom safety equipment upon written prescription from a provider to an out-of-network DME or Orthotics and Prosthetics (O&P) supplier.</p>	<p><u>Out-of-Network:</u> You pay 50% coinsurance for bathroom safety equipment upon written prescription from a provider to an out-of-network DME or Orthotics and Prosthetics (O&P) supplier.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Flex Advantage spending card for dental and OTC benefits</p>	<p><u>In-Network and Out-of-Network:</u> Flex Advantage spending card is not offered.</p>	<p><u>In-Network and Out-of-Network:</u> You receive a dual-purpose prepaid Visa® card to pay for covered dental services at any dentist in the country that accepts Visa®, as well as to pay for eligible OTC items at participating retailers and online stores.</p> <p>Your card is called Flex Advantage spending card, and is loaded with your annual benefit of \$1,200 at the beginning of the year to help you pay for covered supplemental dental services at any dentist in the country that accepts Visa.</p>

Cost	2023 (this year)	2024 (next year)
		<p>Unused balance at the end of the calendar year will not carry over to the new year.</p> <p>Your Flex Advantage spending card is also loaded with your quarterly OTC credit to help you pay for Medicare-approved OTC medicines and health-related items at participating retailers and plan-approved online stores.</p> <p>Please refer to SECTION 2 Administrative Changes below for details on how to use your Flex Advantage spending card to access your OTC benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information, including details of your dental and OTC benefits.</p>
<p>Hearing - Diagnostic Hearing Exam</p>	<p><u>In-Network:</u> You pay \$45 per visit for Medicare-covered diagnostic hearing exam.</p>	<p><u>In-Network:</u> You pay \$45 per visit for Medicare-covered diagnostic hearing exam.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for Medicare-covered diagnostic hearing exam.</p>	<p><u>Out-of-Network:</u> You pay \$65 per visit for Medicare-covered diagnostic hearing exam.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Hearing - Routine Hearing Exam	<p><u>In-Network:</u> You pay \$0 for an annual routine hearing test.</p> <p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for an annual routine hearing test.</p>	<p><u>In-Network:</u> You pay \$0 for an annual routine hearing test.</p> <p><u>Out-of-Network:</u> You pay \$65 per visit for an annual routine hearing test.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Hearing Aid Fitting	<p><u>In-Network:</u> You pay \$0 for hearing aid fitting evaluations received through Hearing Care Solutions.</p>	<p><u>In-Network:</u> You pay \$0 for hearing aid fitting evaluations received through Hearing Care Solutions.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for hearing aid fitting evaluations by providers other than Hearing Care Solutions.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for hearing aid fitting evaluations by providers other than Hearing Care Solutions.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
HIV screening	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered preventive HIV screening.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for Medicare-covered preventive HIV screening.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered preventive HIV screening.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered preventive HIV screening.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Home health agency care	<p><u>In-Network:</u> You pay \$0 for Medicare-covered home health care services.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered home health care services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered home health care services.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered home health care services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Home infusion therapy	<p><u>In-Network:</u> You pay \$0 for Medicare-covered home infusion therapy services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered home infusion therapy services.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered home infusion therapy services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered home infusion therapy services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
In-home safety assessment	<p><u>In-Network:</u> You pay \$0 for an in-home safety assessment when obtained from a plan provider.</p>	<p><u>In-Network:</u> You pay \$0 for an in-home safety assessment when obtained from a plan provider.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for an in-home safety assessment when obtained from a non-plan provider.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for an in-home safety assessment when obtained from a non-plan provider.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Inpatient hospital care	<p><u>In-Network:</u> Each time you are admitted to an acute care hospital, you pay \$795 per stay after deductible.</p> <p><u>Out-of-Network:</u> Each time you are admitted to an acute care hospital, you pay 30% coinsurance per stay after the deductible.</p>	<p><u>In-Network:</u> Each time you are admitted to an acute care hospital, you pay \$395 per day for days 1-5 and \$0 after day 5.</p> <p><u>Out-of-Network:</u> Each time you are admitted to an acute care hospital, you pay 40% coinsurance.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Inpatient rehabilitation hospital	<p><u>In-Network:</u> Each time you are admitted to an acute rehabilitation or long-term acute care hospital, you pay \$795 per stay after deductible for up to 90 days in a benefit period for Medicare-covered services.</p>	<p><u>In-Network:</u> Each time you are admitted to an acute rehabilitation or long-term acute care hospital, you pay \$395 per day for days 1-5 and \$0 after day 5 for up to 90 days in a benefit period for Medicare-covered services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> Each time you are admitted to an acute rehabilitation or long-term acute care hospital, you pay 30% coinsurance per stay after the deductible for up to 90 days in a benefit period for Medicare-covered services.</p>	<p><u>Out-of-Network:</u> Each time you are admitted to an acute rehabilitation or long-term acute care hospital, you pay 40% coinsurance for up to 90 days in a benefit period for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Inpatient services in a psychiatric hospital</p>	<p><u>In-Network:</u> Each time you are admitted to a psychiatric hospital for covered services, you pay \$1,763 per stay after deductible.</p>	<p><u>In-Network:</u> Each time you are admitted to a psychiatric hospital for covered services, you pay \$395 per day for days 1-5 and \$0 after day 5.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> Each time you are admitted to a psychiatric hospital for covered services, you pay 30% coinsurance per stay after the deductible.</p>	<p><u>Out-of-Network:</u> Each time you are admitted to a psychiatric hospital for covered services, you pay 40% coinsurance.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Inpatient stay: Covered services during a non-covered inpatient stay</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered services provided in the hospital or skilled nursing facility (SNF).</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services provided in the hospital or skilled nursing facility (SNF).</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered services provided in the hospital or skilled nursing facility (SNF).</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered services provided in the hospital or skilled nursing facility (SNF).</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>MDPP - Medicare Diabetes Prevention Program</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the MDPP benefit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the MDPP benefit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the MDPP benefit.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the MDPP benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Medical nutrition therapy</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered medical nutrition therapy services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance for Medicare-covered medical nutrition therapy services.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for members eligible for Medicare-covered medical nutrition therapy services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered medical nutrition therapy services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Medicare Part B prescription drugs</p>	<p><u>In-Network:</u> You pay 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for Select</p>	<p><u>In-Network:</u> You pay up to 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered</p>

Cost	2023 (this year)	2024 (next year)
	<p>Insulin when used in an insulin pump.</p> <p>You pay 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Out-of-Network: You pay 30% coinsurance after the deductible for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month after the deductible for Select Insulin when used in an insulin pump.</p> <p>You pay 30% coinsurance after the deductible for all other Medicare Part B non-chemotherapy prescription drugs.</p>	<p>insulin when used in an insulin pump.</p> <p>You pay up to 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Your actual coinsurance rate for each quarter will vary based on adjustment for applicable rebates supplied by Medicare. Your coinsurance will not exceed 20% for all non-insulin Medicare Part B prescription drugs.</p> <p>Out-of-Network: You pay 40% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin when used in an insulin pump.</p> <p>You pay 40% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p>

Cost	2023 (this year)	2024 (next year)
	<p>Part B drugs may be subject to Step Therapy requirements.</p>	<p>Part B drugs may be subject to Step Therapy requirements.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Medicare Part B Step Therapy Drug Categories</p>	<p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements 	<p>Part B Step Therapy Drug Categories:</p> <ul style="list-style-type: none"> • Rare Diseases • Autoimmune • Iron preparations, Parenteral • Oncology • Oncology, Supportive • Retinal Disorders • Triamcinolone Acetonide Injection • Viscosupplements • Botulinum Toxins • Endocrine Disorders <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Obesity screening and therapy to promote sustained weight loss</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for preventive obesity screening and therapy.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for preventive obesity screening and therapy.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for preventive obesity screening and therapy.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for preventive obesity screening and therapy.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Office visits	<p><u>In-Network:</u> You pay \$0 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$45 for each covered visit with a Specialist.</p>	<p><u>In-Network:</u> You pay \$0 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$45 for each covered visit with a Specialist.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 after the deductible for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$50 after the deductible for each covered visit with a Specialist.</p>	<p><u>Out-of-Network:</u> You pay \$50 for each covered visit with your PCP or other primary care provider, including follow up visits, INR testing, and palliative care.</p> <p>You pay \$65 for each covered visit with a Specialist.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Office visits - Additional telehealth services not covered by Medicare</p>	<p><u>In-Network:</u> Covered services include:</p> <ul style="list-style-type: none"> • Primary Care Physician Services and Other Health Care Professionals (PAs & NPs) • Physician Specialist Services • Individual or Group Sessions for Mental Health Specialty Services • Individual or Group Sessions for Psychiatric Services • Opioid Treatment Program Services 	<p><u>In-Network:</u> Covered services include:</p> <ul style="list-style-type: none"> • Primary Care Physician Services and Other Health Care Professionals (PAs & NPs) • Physician Specialist Services • Individual or Group Sessions for Mental Health Specialty Services • Individual or Group Sessions for Psychiatric Services • Opioid Treatment Program Services

Cost	2023 (this year)	2024 (next year)
	<ul style="list-style-type: none"> • Observation Services • Individual or Group Sessions for Outpatient Substance Abuse • Kidney Disease Education Services • Diabetes Self-Management Training • Urgently Needed Services <p><u>Out-of-Network:</u> Additional telehealth services not covered.</p>	<ul style="list-style-type: none"> • Observation Services • Individual or Group Sessions for Outpatient Substance Abuse • Kidney Disease Education Services • Diabetes Self-Management Training • Urgently Needed Services • Physical Therapy and Speech-Language Pathology Services <p><u>Out-of-Network:</u> Additional telehealth services not covered.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Opioid treatment program services</p>	<p><u>In-Network:</u> You pay \$20 per encounter for Medicare-covered Opioid treatment program services.</p>	<p><u>In-Network:</u> You pay \$20 per encounter for Medicare-covered Opioid treatment program services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered Opioid treatment program services.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered Opioid treatment program services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient diagnostic labs	<p><u>In-Network:</u> You pay \$0 for Medicare-covered laboratory tests.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered laboratory tests.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered laboratory tests.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered laboratory tests.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient diagnostic radiology services	<p><u>In-Network:</u> You pay \$60 per day for a Medicare-covered Ultrasound.</p> <p>You pay \$250 per day for other Medicare-covered diagnostic radiology services that are not Ultrasounds.</p>	<p><u>In-Network:</u> You pay \$60 per day for a Medicare-covered Ultrasound.</p> <p>You pay \$250 per day for other Medicare-covered diagnostic radiology services that are not Ultrasounds.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered diagnostic radiology services.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered diagnostic radiology services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient diagnostic tests	<p><u>In-Network:</u> You pay \$40 per day for Medicare-covered outpatient diagnostic tests.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered outpatient diagnostic tests.</p>	<p><u>In-Network:</u> You pay \$40 per day for Medicare-covered outpatient diagnostic tests.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered outpatient diagnostic tests.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient therapeutic radiology	<p><u>In-Network:</u> You pay 20% coinsurance after the deductible for Medicare-covered radiation therapy visits.</p>	<p><u>In-Network:</u> You pay 20% coinsurance for Medicare-covered radiation therapy visits.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered radiation therapy visits.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered radiation therapy visits.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient diagnostic X-rays	<p><u>In-Network:</u> You pay \$10 per day for Medicare-covered X-rays.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered X-rays.</p>	<p><u>In-Network:</u> You pay \$10 per day for Medicare-covered X-rays.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered X-rays.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Outpatient hospital observation	<p><u>In-Network:</u> You pay \$0 after the deductible for observation stays.</p>	<p><u>In-Network:</u> You pay \$0 for observation stays.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for observation stays.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for observation stays.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Outpatient hospital services</p>	<p><u>In-Network and Out-of-Network:</u> See the following sections in this chart for applicable details and changes:</p> <p>Observation services, see “Outpatient hospital observation” in this chart.</p> <p>Outpatient surgery, see “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers” in this chart.</p> <p>Laboratory tests, see “Outpatient diagnostic labs” in this chart.</p> <p>Diagnostic tests, see “Outpatient diagnostic tests” in this chart.</p>	<p><u>In-Network and Out-of-Network:</u> See the following sections in this chart for applicable details and changes:</p> <p>Observation services, see “Outpatient hospital observation” in this chart.</p> <p>Outpatient surgery, see “Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers” in this chart.</p> <p>Laboratory tests, see “Outpatient diagnostic labs” in this chart.</p> <p>Diagnostic tests, see “Outpatient diagnostic tests” in this chart.</p>

Cost	2023 (this year)	2024 (next year)
	<p>X-rays, see “Outpatient diagnostic X-rays” in this chart.</p> <p>Radiological services, see “Outpatient diagnostic radiology services” and “Outpatient therapeutic radiology” in this chart.</p> <p>Mental health care and Partial hospitalization, see “Outpatient mental health care” and “Partial hospitalization services” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B prescription drugs” in this chart.</p>	<p>X-rays, see “Outpatient diagnostic X-rays” in this chart.</p> <p>Radiological services, see “Outpatient diagnostic radiology services” and “Outpatient therapeutic radiology” in this chart.</p> <p>Mental health care and Partial hospitalization, see “Outpatient mental health care” and “Partial hospitalization services” in this chart.</p> <p>Chemical dependency care, see “Outpatient substance abuse services” in this chart.</p> <p>Drugs and biologicals that you can’t give yourself, see “Medicare Part B prescription drugs” in this chart.</p>

Cost	2023 (this year)	2024 (next year)
Outpatient mental health care	<p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p>	<p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for each individual or group therapy visit for Medicare-covered outpatient mental health services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
Outpatient rehabilitation services	<p><u>In-Network:</u> You pay \$30 for each Medicare-covered physical therapy visit.</p> <p>You pay \$30 for each Medicare-covered occupational therapy or speech/language therapy visit regardless of the outpatient setting.</p> <p>You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation prior to discharge.</p> <p>You pay \$0 for Medicare-covered cardiac rehabilitative therapy visits.</p> <p>You pay \$20 for a Medicare-covered pulmonary rehabilitative therapy visit.</p>	<p><u>In-Network:</u> You pay \$30 for each Medicare-covered physical therapy visit.</p> <p>You pay \$30 for each Medicare-covered occupational therapy or speech/language therapy visit regardless of the outpatient setting.</p> <p>You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation prior to discharge.</p> <p>You pay \$0 for Medicare-covered cardiac rehabilitative therapy visits.</p> <p>You pay \$15 for a Medicare-covered pulmonary rehabilitative therapy visit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each Medicare-covered physical therapy visit, occupational therapy or speech/language therapy visit regardless of the outpatient setting, a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge, and cardiac and pulmonary rehabilitative therapy visits.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for each Medicare-covered physical therapy visit, occupational therapy or speech/language therapy visit regardless of the outpatient setting, a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge, and cardiac and pulmonary rehabilitative therapy visits.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
Outpatient substance abuse services	<p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p>	<p><u>In-Network:</u> You pay \$20 for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for each individual or group therapy visit for Medicare-covered outpatient substance abuse services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$200 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an ambulatory surgical center.</p> <p>You pay \$300 per day after the deductible for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an outpatient hospital.</p>	<p><u>In-Network:</u> You pay \$0 for Medicare-covered colonoscopies.</p> <p>You pay \$295 per day for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an ambulatory surgical center.</p> <p>You pay \$395 per day for other outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed in an outpatient hospital.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed at hospital outpatient facilities and ambulatory surgical centers.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for outpatient procedures and services, including, but not limited to, diagnostic and therapeutic endoscopy, and outpatient surgery performed at hospital outpatient facilities and ambulatory surgical centers.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Partial hospitalization services</p>	<p><u>In-Network:</u> You pay \$0 for partial hospitalization services if a network provider certifies that inpatient treatment would be necessary without it.</p>	<p><u>In-Network:</u> You pay \$0 for partial hospitalization services if a network provider certifies that inpatient treatment would be necessary without it.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for partial hospitalization services if a provider certifies that inpatient treatment would be necessary without it.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for partial hospitalization services if a provider certifies that inpatient treatment would be necessary without it.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Podiatry services	<p><u>In-Network:</u> You pay \$45 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for Medicare-covered services.</p>	<p><u>In-Network:</u> You pay \$45 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay \$65 per visit for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Prostate cancer screening exams	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for each Medicare-covered digital rectal exam.</p> <p>There is no coinsurance, copayment, or deductible for an annual PSA test.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for each Medicare-covered digital rectal exam.</p> <p>There is no coinsurance, copayment, or deductible for an annual PSA test.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each Medicare-covered digital rectal exam.</p> <p>You pay 30% coinsurance for Medicare-covered Prostate Specific Antigen (PSA) test.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered digital rectal exam.</p> <p>You pay 40% coinsurance for Medicare-covered Prostate Specific Antigen (PSA) test.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Pulmonary rehabilitation services	<p><u>In-Network:</u> You pay \$20 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services.</p>	<p><u>In-Network:</u> You pay \$15 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Remote Patient Monitoring (RPM)	<p><u>In-Network:</u> You pay applicable copay for remote patient monitoring services rendered by your provider.</p>	<p><u>In-Network:</u> You pay \$0 for remote patient monitoring services rendered by your PCP or Specialist.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> Remote patient monitoring is not covered.</p>	<p><u>Out-of-Network:</u> Remote patient monitoring is not covered out-of-network.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Screening and counseling to reduce alcohol misuse</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the Medicare-covered screening and counseling to reduce alcohol misuse preventive benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Screening for lung cancer with low dose computed tomography (LDCT)</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered counseling and shared decision-making visit or for the LDCT.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered counseling and shared decision-making visit or for the LDCT.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the Medicare-covered counseling and shared decision-making visit or for the LDCT.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the Medicare-covered counseling and shared decision-making visit or for the LDCT.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered screening for STIs and counseling for STIs preventive benefit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered screening for STIs and counseling for STIs preventive benefit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the Medicare-covered screening for STIs and counseling for STIs preventive benefit.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the Medicare-covered screening for STIs and counseling for STIs preventive benefit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Services to treat kidney disease - dialysis</p>	<p><u>In-Network:</u> You pay 20% coinsurance after deductible for Medicare-covered dialysis services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered dialysis services.</p>	<p><u>In-Network:</u> You pay 20% coinsurance for Medicare-covered dialysis services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered dialysis services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Services to treat kidney disease - education</p>	<p><u>In-Network:</u> You pay \$0 for kidney disease education services.</p>	<p><u>In-Network:</u> You pay \$0 for kidney disease education services.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for kidney disease education services.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for kidney disease education services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Skilled nursing facility (SNF) care</p>	<p><u>In-Network:</u> For each admission you pay \$0 after the deductible for days 1-20 of a benefit period, and \$178 per day after the deductible for days 21-100 of a benefit period.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for each admission, up to 100 days.</p>	<p><u>In-Network:</u> For each admission you pay \$0 for days 1-20 of a benefit period, and \$178 per day for days 21-100 of a benefit period.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for each admission, up to 100 days.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered smoking and tobacco use cessation preventive benefits.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the Medicare-covered smoking and tobacco use cessation preventive benefits.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the Medicare-covered smoking and tobacco use cessation preventive benefits.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the Medicare-covered smoking and tobacco use cessation preventive benefits.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)</p>	<p><u>In-Network:</u> You pay \$30 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 30% coinsurance after the deductible for Medicare-covered services.</p>	<p><u>In-Network:</u> You pay \$25 per visit for Medicare-covered services.</p> <p><u>Out-of-Network:</u> You pay 40% coinsurance for Medicare-covered services.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Urgently needed care</p>	<p><u>In-Network and Out-of-Network:</u> You pay \$45 for each Medicare-covered urgent care facility visit.</p>	<p><u>In-Network and Out-of-Network:</u> You pay \$45 for each Medicare-covered urgent care visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
Vision - Diabetic retinopathy	<p><u>In-Network:</u> You pay \$0 for an annual diabetic retinopathy screening.</p> <p><u>Out-of-Network:</u> You pay \$50 after the deductible for an annual diabetic retinopathy screening.</p>	<p><u>In-Network:</u> You pay \$0 for an annual diabetic retinopathy screening.</p> <p><u>Out-of-Network:</u> You pay \$65 for an annual diabetic retinopathy screening.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Vision - Diagnostic eye exam	<p><u>In-Network:</u> You pay \$45 for each Medicare-covered outpatient visit to a network provider or an optometrist in the EyeMed Vision Care network for services to diagnose and/or treat a disease or condition of the eye.</p>	<p><u>In-Network:</u> You pay \$45 for each Medicare-covered outpatient visit to a network provider or an optometrist in the EyeMed Vision Care network for services to diagnose and/or treat a disease or condition of the eye.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 after the deductible for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p>	<p><u>Out-of-Network:</u> You pay \$65 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
Vision - Glaucoma screening	<p><u>In-Network:</u> You pay \$0 for an annual glaucoma screening by a provider in the EyeMed Vision Care network if you are at high risk. If you receive this service as part of an office visit that addresses a medical condition, you pay a \$45 specialist office visit copayment.</p>	<p><u>In-Network:</u> You pay \$0 for an annual glaucoma screening by a provider in the EyeMed Vision Care network if you are at high risk. If you receive this service as part of an office visit that addresses a medical condition, you pay a \$45 specialist office visit copayment.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 per visit after the deductible for an annual glaucoma screening if you are at high risk.</p>	<p><u>Out-of-Network:</u> You pay \$65 per visit for an annual glaucoma screening if you are at high risk.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Vision - Routine eye exam</p>	<p><u>In-Network:</u> You pay \$0 for one annual routine eye exam when rendered by a provider in the EyeMed Vision Care network. If you receive services that address a medical condition during the same office visit, you pay a \$45 specialist office visit copayment.</p>	<p><u>In-Network:</u> You pay \$0 for one annual routine eye exam when rendered by a provider in the EyeMed Vision Care network. If you receive services that address a medical condition during the same office visit, you pay a \$45 specialist office visit copayment.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 after the deductible for one annual routine eye exam when rendered by a U.S. provider who is not part of the EyeMed Vision Care network.</p>	<p><u>Out-of-Network:</u> You pay \$65 for one annual routine eye exam when rendered by a U.S. provider who is not part of the EyeMed Vision Care network.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Vision - Therapeutic eyewear (Medicare covered & Supplemental coverage)</p>	<p><u>In-Network:</u> You pay \$0 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a provider in the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p>	<p><u>In-Network:</u> You pay \$0 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a provider in the EyeMed Vision Care network. You will pay any cost over the allowed charge. Coverage includes fitting and follow up after insertion of contact lenses.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay \$50 after the deductible for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a U.S. provider who is not part of the EyeMed Vision Care network. You will pay any cost over the allowed charge.</p>	<p><u>Out-of-Network:</u> You pay \$65 for one pair of standard eyeglasses with standard frames or contact lenses for Keratoconus, Anisometropia, High Myopia, Aphakia, Congenital Aphakia, or Pseudoaphakia when obtained from a U.S. provider who is not part of the EyeMed Vision Care network. You will pay any cost over the allowed charge. Coverage includes fitting and follow up after insertion of contact lenses.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>
<p>Welcome to Medicare preventive visit</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the “Welcome to Medicare” preventive visit.</p> <p>You pay \$40 per day for a one-time Medicare-covered EKG screening ordered as a result of your “Welcome to Medicare” preventive visit.</p>	<p><u>In-Network:</u> There is no coinsurance, copayment, or deductible for the “Welcome to Medicare” preventive visit.</p> <p>You pay \$40 per day for a one-time Medicare-covered EKG screening ordered as a result of your “Welcome to Medicare” preventive visit.</p>

Cost	2023 (this year)	2024 (next year)
	<p><u>Out-of-Network:</u> You pay 30% coinsurance for the “Welcome to Medicare” preventive visit.</p> <p>You pay 30% coinsurance after the deductible for a one-time Medicare-covered EKG screening ordered as a result of your “Welcome to Medicare” preventive visit.</p>	<p><u>Out-of-Network:</u> You pay 40% coinsurance for the “Welcome to Medicare” preventive visit.</p> <p>You pay 40% coinsurance for a one-time Medicare-covered EKG screening ordered as a result of your “Welcome to Medicare” preventive visit.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

In 2024, certain Medicare excluded drugs are covered under our enhanced drug coverage. Covered drugs include select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copays apply depending on the drug.

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a

product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List”. To see if your drugs will be in a different tier, look them up on the “Drug List”.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>In 2024, Tier 1 and Tier 2 drugs will include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 2: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$15 per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$10 per prescription.</p> <p>Tier 2: <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><i>Standard cost-sharing:</i> You pay \$15 per prescription.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Tier 3: <i>Preferred cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: <i>Preferred cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 3: <i>Preferred cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$47 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4: <i>Preferred cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost-sharing:</i> You pay \$100 per prescription. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
	<p>Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 5: <i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p><i>Standard cost-sharing:</i> You pay 33% of the total cost.</p> <p>Tier 6: <i>Preferred cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <p><i>Standard cost-sharing:</i> You pay \$0 for all Tier 6 vaccines.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
<p>Over-the-counter (OTC) access</p>	<p>You have three ways to access your OTC benefit with your OTC card:</p> <p>In stores: Swipe your OTC card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more. The cost of eligible items will automatically be deducted from your available balance.</p> <p>Online: Go to carepartnersct.com/order-otc, log in using the number listed on your OTC card and your nine-digit CarePartners of Connecticut member ID number, select “Locations” at the top of the homepage, then select “Online” on the left panel to see links to Medline and Walmart.com. Click on the link for the site where you will like to shop</p>	<p>You have three ways to access your OTC benefit with your new Flex Advantage spending card:</p> <p>In stores: Swipe your Flex Advantage spending card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more. The cost of eligible items will automatically be deducted from your available balance.</p> <p>Online: Go to carepartnersct.com/mybenefitscenter, log in using the number listed on your Flex Advantage spending card and your nine-digit CarePartners of Connecticut member ID number, select “Locations” at the top of the homepage, then select “Online” on the left panel to see links to Medline and Walmart.com. Click on the link for the site</p>

Description	2023 (this year)	2024 (next year)
	<p>to take you to that site. Additional shipping fees may apply to purchases at Walmart.com.</p> <p>By phone (Medline): Call 1-833-569-2331 Mon–Fri, 8 a.m.–7 p.m., and a Medline representative will take your order. OTC items ordered online or by phone from Medline will be delivered with no additional shipping fees within 2-5 business days after the order is received.</p>	<p>where you will like to shop to take you to that site. Shop at each site as you currently do. Additional shipping fees may apply to purchases at Walmart.com.</p> <p>By phone (Medline): Call 1-833-569-2331 Mon–Fri, 8 a.m.–7 p.m., and a Medline representative will take your order. OTC items ordered online or by phone from Medline will be delivered with no additional shipping fees within 2-5 business days after the order is received.</p> <p>Please refer to your <i>Evidence of Coverage</i> and the Flex Advantage spending card package you will receive from the OTC vendor for more details about your dental and OTC benefits and how to use the Flex Advantage card to access them.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in CarePartners Access

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our CarePartners Access plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, CarePartners of Connecticut offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from CarePartners Access.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CarePartners Access.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Connecticut, the SHIP is called CHOICES.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CHOICES counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CHOICES at 1-800-994-9422. You can learn more about CHOICES by visiting their website (portal.ct.gov/AgingandDisability/Content-Pages/Programs/CHOICES-Connecticuts-program-for-Health-insurance-assistance-Outreach-Information-and-referral-Couns).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Connecticut AIDS Drug Assistance Program (CADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Connecticut AIDS Drug Assistance Program (CADAP) at 1-800-424-3310.

SECTION 7 Questions?

Section 7.1 – Getting Help from CarePartners Access

Questions? We're here to help. Please call Member Services at 1-866-632-0060. (TTY only, call 711). We are available for phone calls from 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for CarePartners Access. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.carepartnersct.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.carepartnersct.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية **1-888-341-1507 (HMO)/1-866-632-0060 (PPO)** ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-341-1507 (HMO)/1-866-632-0060 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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