

CareAdvantage Preferred (HMO) offered by CarePartners of Connecticut

Annual Notice of Changes for 2024

You are currently enrolled as a member of CarePartners of Connecticut CareAdvantage Preferred. 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 of Connecticut CareAdvantage Preferred.
- 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 of Connecticut CareAdvantage Preferred.
- 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 1-888-341-1507 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 of Connecticut CareAdvantage Preferred

- CarePartners of Connecticut is an HMO plan with a Medicare contract. Enrollment in CarePartners of Connecticut 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 of Connecticut CareAdvantage Preferred.

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Table of Contents

Summary of Important Costs for 2024.....	4
SECTION 1 Changes to Benefits and Costs for Next Year.....	11
Section 1.1 – Changes to the Monthly Premium.....	11
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	11
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	12
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	12
Section 1.5 – Changes to Part D Prescription Drug Coverage.....	22
SECTION 2 Deciding Which Plan to Choose.....	27
Section 2.1 – If you want to stay in CarePartners of Connecticut CareAdvantage Preferred.....	27
Section 2.2 – If you want to change plans.....	27
SECTION 3 Deadline for Changing Plans.....	28
SECTION 4 Programs That Offer Free Counseling about Medicare.....	28
SECTION 5 Programs That Help Pay for Prescription Drugs.....	29
SECTION 6 Questions?.....	29
Section 6.1 – Getting Help from CarePartners of Connecticut CareAdvantage Preferred.....	29
Section 6.2 – Getting Help from Medicare.....	30

Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)</p>	\$4,900	\$4,900
<p>Doctor office visits</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p>	<p>Primary care visits: \$0 per visit</p> <p>Specialist visits: \$45 per visit</p>
<p>Inpatient hospital stays</p>	<p>\$475 per day for days 1-4 and \$0 after day 4 for Medicare-covered services received in a general acute care, rehabilitation, or long-term acute care hospital.</p> <p>\$425 per day for days 1-4 and \$0 after day 4 for Medicare-covered services received in a psychiatric hospital.</p>	<p>\$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 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 for a one-month (30-day) 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 Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p> <p>There is no change to the maximum out-of-pocket amount for the upcoming benefit year.</p>	\$4,900	<p>\$4,900</p> <p>Once you have paid \$4,900 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.</p>

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

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies 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)
Ambulance services	You pay \$300 per day for Medicare-covered ambulance round-trip services.	You pay \$300 per one-way trip for Medicare-covered ambulance services. Please refer to your <i>Evidence of Coverage</i> for more information.
CarePartners of Connecticut Dental Plan	<p>Supplemental dental services are covered at the applicable cost-share up to your plan benefit maximum of \$1,500 for the calendar year.</p> <p>You pay \$0 for diagnostic and preventive services. Fluoride treatments are not covered under preventive services.</p> <p>After the \$100 deductible, you pay a 50% coinsurance for basic dental services.</p> <p>After the \$100 deductible, you pay a 50% coinsurance for major dental services. Surgical implant placements are not covered under major services.</p>	<p>Supplemental dental services are covered at the applicable cost-share up to your plan benefit maximum of \$3,000 for the calendar year.</p> <p>You pay \$0 for diagnostic and preventive services, including fluoride treatments.</p> <p>There is no deductible on basic services. You pay a 20% coinsurance for basic dental services.</p> <p>There is no deductible on major services. You pay a 50% coinsurance for major dental services, including simple extractions, periodontal cleaning, and scaling and root planing. Surgical implant placements are also covered</p>

Cost	2023 (this year)	2024 (next year)
	<p>You are responsible for any amount above the \$1,500 for the calendar year dental maximum.</p> <p>Services are covered with providers in the Dominion PPO Network. Members may choose to receive treatment from licensed dentists outside of the Dominion PPO Network. Actual member cost share for a particular service may vary depending on whether the dentist is in-network or out-of-network.</p>	<p>(only in lieu of a 3-unit bridge) under major services.</p> <p>You are responsible for any amount above the \$3,000 for the calendar year dental maximum.</p> <p>Services are covered with providers in the Dominion PPO Network. Members may choose to receive treatment from licensed dentists outside of the Dominion PPO Network. Actual member cost share for a particular service may vary depending on whether the dentist is in-network or out-of-network.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
DME - Diabetic supplies and services	Covered therapeutic Continuous Glucose Monitors (CGMs) include FreeStyle Libre products.	Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare. Please refer to your <i>Evidence of Coverage</i> for more information.
Inpatient hospital care	Each time you are admitted to an acute care hospital, you pay \$475 per day for days 1-4 and \$0 after day 4.	Each time you are admitted to an acute care hospital, you pay \$395 per day for days 1-5 and \$0 after day 5. Please refer to your <i>Evidence of Coverage</i> for more information.

Cost	2023 (this year)	2024 (next year)
Inpatient rehabilitation hospital	Each time you are admitted to an acute rehabilitation or long-term acute care hospital, you pay \$475 per day for days 1-4 and \$0 after day 4 for up to 90 days in a benefit period for Medicare-covered services.	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. Please refer to your <i>Evidence of Coverage</i> for more information.
Inpatient services in a psychiatric hospital	Each time you are admitted to a psychiatric hospital for covered services, you pay \$425 per day for days 1-4 and \$0 after day 4.	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. Please refer to your <i>Evidence of Coverage</i> for more information.

Cost	2023 (this year)	2024 (next year)
Medicare Part B prescription drugs	<p>You pay 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for Select Insulin drugs when used in an insulin pump.</p> <p>You pay 20% coinsurance for all other Medicare Part B non-chemotherapy prescription drugs.</p> <p>Part B drugs may be subject to Step Therapy requirements.</p>	<p>You pay up to 20% coinsurance for Medicare Part B chemotherapy prescription drugs.</p> <p>You pay \$35 per month for covered insulin drugs 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>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>

Cost	2023 (this year)	2024 (next year)
<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>

Cost	2023 (this year)	2024 (next year)
<p>Office visits - Additional telehealth services not covered by Medicare</p>	<p>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 • Observation Services • Individual or Group Sessions for Outpatient Substance Abuse • Kidney Disease Education Services • Diabetes Self-Management Training • Urgently Needed Services 	<p>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 • 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>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
<p>Over-the-Counter (OTC) for Medicare-approved Items</p>	<p>You receive a credit of \$50 per calendar quarter to use toward Medicare-approved over-the-counter (OTC) items, including but not limited to, first aid supplies, dental care, cold symptoms supplies, sun protection, and OTC hearing aids.</p> <p>Eligible OTC items can be purchased at participating retailers including CVS, Walmart, Walgreens, Rite Aid, Stop & Shop, Dollar General, Star Market, Family Dollar, Shaws, and more. Eligible items can also be purchased at plan approved online stores (Medline and Walmart.com) by logging into carepartnersct.com/order-otc.</p>	<p>You receive a credit of \$67 per calendar quarter to use toward Medicare-approved over-the-counter (OTC) items, including but not limited to, first aid supplies, dental care, cold symptoms supplies, sun protection, OTC hearing aids, OTC naloxone, and at-home COVID test kits.</p> <p>Eligible OTC items can be purchased at participating retailers including CVS, Walmart, Walgreens, Rite Aid, Stop & Shop, Dollar General, Star Market, Family Dollar, Shaws, and more. Eligible items can also be purchased at plan approved online stores (Medline and Walmart.com) by logging into carepartnersct.com/order-otc.</p> <p>Please refer to your <i>Evidence of Coverage</i> for more information.</p>

Cost	2023 (this year)	2024 (next year)
Remote Patient Monitoring (RPM)	You pay applicable copay for remote patient monitoring services rendered by your PCP or Specialist.	You pay \$0 for remote patient monitoring services rendered by your PCP or Specialist. Please refer to your <i>Evidence of Coverage</i> for more information.
Urgently needed care	You pay \$45 for each Medicare-covered urgent care facility visit.	You pay \$45 for each Medicare-covered urgent care visit. Please refer to your <i>Evidence of Coverage</i> for more information.
Vision care	Coverage for contact lenses does not include fitting and follow up after initial insertion.	Coverage for contact lenses includes fitting and follow up after insertion of the contact lenses, subject to some limitations. Please refer to your <i>Evidence of Coverage</i> for more information.

Cost	2023 (this year)	2024 (next year)
Weight Management Programs	The Plan will cover up to \$150 per calendar year in program fees for weight loss programs such as WeightWatchers, Jenny Craig, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.	The Plan will cover up to \$150 per calendar year in program fees for weight loss programs such as WeightWatchers, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies. Please refer to your <i>Evidence of Coverage</i> for more information.

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 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in CarePartners of Connecticut CareAdvantage Preferred

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 of Connecticut CareAdvantage Preferred plan.

Section 2.2 – 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 4), or call Medicare (see Section 6.2).

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 of Connecticut CareAdvantage Preferred.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CarePartners of Connecticut CareAdvantage Preferred.
- 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 3 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 4 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 (<https://portal.ct.gov/AgingandDisability/Content-Pages/Programs/CHOICES-Connecticuts-program-for-Health-insurance-assistance-Outreach-Information-and-referral-Couns>).

SECTION 5 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 CADAP at 1-800-424-3310.

SECTION 6 Questions?

Section 6.1 – Getting Help from CarePartners of Connecticut CareAdvantage Preferred

Questions? We’re here to help. Please call Member Services at 1-888-341-1507. (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 of Connecticut CareAdvantage Preferred. 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 6.2 – 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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