

CarePartners Access (PPO) for 2024

Premium: \$0

Deductible: \$0

Maximum Out of Pocket: \$6,350 for in-network services,
\$9,550 for in and out-of-network services combined.



The benefit information provided is a summary and does not list every service that is covered by the plan or list every limitation, exclusion, or authorization requirement. For information and a complete list of services visit the Provider [website](#) or call Provider Services at 888-341-1508.

Service	Copayment	Payment Policy
Routine PCP Visits	In-Network: \$0 Out-of-Network: \$50 copay per visit	Professional Services and Facilities Payment Policy
Vaccines and Immunizations	\$0 copayment	Vaccines and Immunizations Payment Policy
Specialty Visits	In-Network: \$45 Out-of-Network: \$65 copay per visit	Professional Services and Facilities Payment Policy
Diagnostic Radiology Services <ul style="list-style-type: none"> Examples include, but are not limited to: MRI/MRA, CT/CTA and PET scan 	In-Network: \$250 copay per day \$60 copay per day for ultrasound Out-of-Network: 40% of the cost	Imaging Services Professional Payment Policy
Diagnostic Tests and Procedures <ul style="list-style-type: none"> No copay for diagnostic tests and procedures if the services are performed as part of an office visit. 	In-Network: \$40 Out-of-Network: 40% of the cost	Outpatient Payment Policy
Lab Services <ul style="list-style-type: none"> No copay for lab services if the services are performed as part of an office visit. 	In-Network: \$0 per day Out-of-Network: 40% of the cost	Laboratory and Pathology Payment Policy

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Physical/Occupational/Speech Therapy	In-Network: \$30 Out-of-Network: 40% of the cost	Physical, Occupational and Speech Therapy Professional Payment Policy
Outpatient Behavioral Health <ul style="list-style-type: none"> Services need to be provided by Medicare-qualified mental health care professionals 	In-Network: \$20 Out-of-Network: 40% of the cost	Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy
Emergency Room Visits	\$90 copay per visit	Emergency Department Services Payment Policy
Ambulatory Surgical Center Services	In-Network: \$295 copay per day Out-of-Network: 40% of the cost	Ambulatory Surgical Center Payment Policy
Outpatient Surgery <ul style="list-style-type: none"> Services provided at hospital outpatient facilities 	In-Network: \$395 copay per day Out-of-Network: 40% of the cost	Outpatient Surgery Facility Payment Policy
Inpatient Hospital Services	In-Network: \$395 copay per day for days 1 through 5 \$0 copay for day 6 and beyond Out-of-Network: 40% of the cost	Inpatient Facility Payment Policy
Skilled Nursing Facility (SNF)	In-Network: \$0 copay for days 1 through 20 \$178 copay per day for days 21 through 100 Out-of-Network: 40% of the cost	Skilled Nursing Facility Payment Policy

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Durable Medical Equipment	In-Network: 20% of the cost Out-of-Network: 50% of the cost	Durable Medical Equipment Payment Policy
Home Health Care	In-Network: \$0 Out-of-Network: 40% of the cost	Home Health Care Payment Policy Home Infusion Payment Policy
Vision Care	Annual routine eye exam: Rendered by a provider that participates in the EyeMed Vision Care network: \$0 copayment Out-of-Network: \$65 copayment per visit Services to diagnose and/or treat a disease or condition of the eye: In-Network: \$45 copay per visit Out-of-Network: \$65 copayment per visit Eyewear benefit: Up to \$150 allowance per calendar year	Vision Services Professional Payment Policy EyeMed Vision Care: eyemed.com/en-us

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Hearing Services	Routine hearing exam: In-Network: \$0 copay per visit Out-of-Network: \$65 copay per visit Exam to diagnose and treat hearing and balance issues: In-Network: \$45 copay per visit Out-of-Network: \$65 copay per visit Coverage for hearing aids is limited to Hearing Care Solutions providers. Up to two aids per year, one aid per ear: \$250 - Standard level hearing aid \$475 - Superior level hearing aid \$650 - Advanced level hearing aid \$850 - Advanced Plus level hearing aid \$1,150 - Premier level hearing aid	Audiology Professional Payment Policy Hearing Care Solutions: hearingcaresolutions.com
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Contact Information

Public Provider website: carepartnersct.com/for-providers

Provider Services: 888-341-1508

Provider Manual: [CarePartners of Connecticut Provider Manual](#)

Provider Education

Please email Provider_Training@carepartnersct.com or visit the [Training section of the provider website](#) to learn more about educational opportunities for providers.