

## 2024 benefit changes for CarePartners HMO Members

The following benefit changes apply to CarePartners of Connecticut's HMO members and are effective for dates of service beginning Jan. 1, 2024, upon the plan's effective or renewal date.

### CareAdvantage Prime HMO plan retiring

CarePartners of Connecticut's CareAdvantage Prime HMO plan will be terminated per CMS requirement due to low enrollment. With this change, CarePartners of Connecticut's HMO portfolio will consist of only the CareAdvantage Preferred HMO plan in 2024. Members affected by this plan termination were informed of the change in early October according to CMS guidelines, and the communication included details about the actions they'll need to take to obtain coverage and other Medicare Advantage or Medigap options available to them.

### Changes to CarePartners CareAdvantage Preferred HMO plan:

- Changed copay for ambulance services from \$300 per day to \$300 per one-way trip.
- Enhanced the supplemental dental benefit as follows:
  - Increased annual coverage limit to \$3,000.
  - Expanded Class 1 preventive services to include fluoride treatments.
  - Reduced member cost share for Class 2 basic services to 20% coinsurance.
  - Added implant coverage to Class 3 major services with 50% coinsurance.
  - Removed the \$100 deductible.
- Changed copay for inpatient services from \$475 per day for days 1-4 and \$0 after day 4 to \$395 per day for days 1-5 and \$0 after day 5.
- Changed copay for inpatient services in psychiatric hospitals from \$425 per day for days 1-4 and \$0 after day 4 to \$395 per day for days 1-5 and \$0 after day 5.
- Member cost share for non-insulin Medicare Part B drugs will not exceed 20% coinsurance; actual coinsurance may be lower each quarter after adjustment for rebates supplied by Medicare. Part B insulin copay will be \$35 for a one month supply.
- Increased over the counter (OTC) benefit to \$67 per quarter to purchase eligible OTC items, including non-prescription hearing aids and newly added OTC naloxone and at-home COVID test kits.
- Remote patient monitoring with PCP or specialist will be covered at \$0 copay.
- Expanded additional telehealth coverage to include physical therapy and speech-language pathology services.
- Covered therapeutic continuous glucose monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered durable medical equipment (DME) by Medicare.
- Medicare Part B Step Therapy drugs will include botulinum toxins and endocrine disorder drugs.
- Part D drugs will include enhanced coverage of certain drugs such as select erectile dysfunction drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copay will apply depending on the drug.

Please keep in mind that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost-share amounts using CarePartners of Connecticut's [portal](#) or other self-service tools, even for members seen on a regular basis.

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## 2024 benefit changes for Access PPO Members

The following benefit changes apply to CarePartners of Connecticut's Access PPO members and are effective for dates of service beginning Jan. 1, 2024, upon the plan's effective or renewal date:

- Increased maximum out-of-pocket (MOOP) costs for in-network services to \$6,350 and reduced the combined in- and out-of-network MOOP to \$9,550.
- Removed the \$1,000 medical deductible; so medical deductible will be \$0.
- Removed the structured dental benefit administered by Dominion National and replaced it with the Flex Advantage spending card dental benefit described below.
- Added a new Flex Advantage card dental benefit that allows members freedom to use any dentist of their choice. The Flex Advantage spending card is a pre-paid Visa card and includes the following dental benefit:
  - \$1,200 annual credit loaded at beginning of the year.
  - Can be used at any dentist in the country who accepts Visa.
  - Covered services are limited to non-cosmetic non-Medicare-covered dental procedures.
  - Coverage is up to the annual benefit limit with no cost sharing, and member is responsible for all costs above this amount.
  - Unused balance at the end of the year does not roll over.
- Changes to **in-network** cost sharing include:
  - Increased copay for Medicare-covered dental services to \$45 per visit.
  - Changed copay for inpatient hospital care and rehabilitation services from \$795 per stay after deductible to \$395 per day for days 1-5 and \$0 after day 5.
  - Changed copay for inpatient services in a psychiatric hospital from \$1,763 per stay after deductible to \$395 per day for days 1-5 and \$0 after day 5.
  - Member cost share for non-insulin Medicare Part B drugs will not exceed 20% coinsurance; actual coinsurance may be lower each quarter after adjustment for rebates supplied by Medicare. Part B insulin copay will be \$35 for a one month supply.
  - Increased copay for outpatient hospital services to \$395 per day.
  - Increased copay for outpatient surgery services to \$295 per day at ambulatory surgical centers (ASCs) and \$395 per day at other outpatient locations.
  - Reduced copay for pulmonary rehabilitation services to \$15 per visit.
  - Reduced copay for supervised exercise therapy (SET) for peripheral artery disease (PAD) to \$25 per visit.
  - Remote patient monitoring with PCP or specialist will be covered at \$0 copay.
  - Expanded additional telehealth coverage to include physical therapy and speech-language pathology services.
- Changes to **out-of-network** cost sharing include:
  - Changed copay for specialist services, Medicare-covered acupuncture, chiropractic services, Medicare-covered dental services, hearing exams, specialist office visit, podiatry services, and vision services to \$65 per visit.
  - Changed cost share for DME, prosthetic devices, and related supplies to 50% coinsurance.
  - Changed cost share for inpatient services, barium enemas, and all other covered outpatient services to 40% coinsurance.
  - Increased cost share for Medicare-covered preventive services, annual physical exam, hearing aids fitting, and in-home safety assessment to 40% coinsurance.
- Other changes:
  - The Flex Advantage spending card described above will also be loaded with OTC credit of \$65 per quarter that members can use to purchase eligible OTC items, including non-prescription hearing aids and newly added OTC naloxone and at-home COVID test kits.
  - Covered therapeutic continuous glucose monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare.
  - Medicare Part B Step Therapy drugs will include botulinum toxins and endocrine disorder drugs.
  - Part D drugs will include enhanced coverage of certain drugs such as select erectile dysfunction drugs, vitamins and minerals, and cough/cold products. Tier 1 or Tier 2 copay will apply depending on the drug.



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