

[Member Name]

[Address]

[Date]

Dear [Name or Member Representative]:

We are writing to let you know the Skilled Nursing Facility services you received beginning on [Start Date of skilled episode] and ending on [End Date of skilled episode] from [Facility Name / provider] will be covered by your plan.

This means you are only responsible for the cost sharing amount identified under your Skilled Nursing Facility benefit. Any changes above your cost sharing amount will be paid by your plan.

How do you know what your cost sharing amount is?

Your cost sharing amount for Skilled Nursing Facility services depends on the plan you are in. The chart on the back of this letter lists the Skilled Nursing Facility cost sharing amount for each of our plans. (If you receive your benefits from a current or former employer, see your Evidence of Coverage (EOC) booklet, contact your benefits administrator or call Customer Service for benefit information.) You should receive a bill in the mail shortly with the correct cost sharing amount.

What if you already paid for services?

If you already paid for Skilled Nursing Facility services above your cost sharing amount and need a reimbursement, give us a call at the number below. We can help you get a reimbursement for the amount you don't need to pay.

For more information

If you have any questions, please contact Member Services at 1-888-341-1507 (HMO) or 1-866-632-0060 (PPO) (TTY: 711) for more information. Representatives are available Monday through Friday, 8:00am – 8:00pm. From October 1 through March 31, representatives are available 7 days a week, 8:00am – 8:00pm.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Sincerely,

(CarePartners of Connecticut
Or Medical Group and Skilled Nursing Facility)

Skilled Nursing Facility chart on back

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**2022 Skilled Nursing Facility Cost Sharing Amounts
For CarePartners of Connecticut plans***

	CarePartners Access PPO In-network	CarePartners Access PPO Out-of-network	CarePartners CareAdvantage Preferred HMO	CarePartners CareAdvantage Prime HMO
Skilled nursing facility (SNF)	<ul style="list-style-type: none"> • \$0 copay after deductible for days 1 through 20 • \$178 copay per day after deductible for days 21 through 100 	<ul style="list-style-type: none"> • 30% coinsurance after the deductible for each admission, up to 100 days. 	<ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$178 copay per day for days 21 through 59 • \$0 copay per day for days 60 through 100 	<ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$160 copay per day for days 21 through 52 • \$0 copay per day for days 53 through 100
What You Should Know Our plan covers up to 100 days in a SNF per benefit period.				

For more detailed information on this benefit, see your Evidence of Coverage (EOC) booklet or refer to the **For more information** section on the previous page.

Where can you find an EOC booklet?

An EOC booklet is sent to you each year in September. You can also find an EOC booklet for your plan on the Documents page of our website at CarePartnersCT.com.

***What if you receive your benefits from a current or former employer?**

If you receive your benefits from a current or former employer, your cost sharing amount may be different. Please see your Evidence of Coverage (EOC) booklet, contact your benefits administrator or call Customer Service for benefit information.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network and copayments may change on January 1 of each year.