

CareAdvantage Preferred (HMO) for 2024

Premium: \$0

Deductible: \$0

Maximum Out of Pocket: \$4,900



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	\$0	Professional Services and Facilities Payment Policy
Vaccines and Immunizations	\$0	Vaccines and Immunizations Payment Policy
Specialty Visits	\$45	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)	\$250 copay per day \$60 copay per day for ultrasound	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.	\$30 per day/per provider	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.	\$0	Laboratory and Pathology Payment Policy

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Physical/Occupational/Speech Therapy	\$30 copay per visit	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	\$20 for each individual or group therapy visit	Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy
Emergency Room Visits	\$90	Emergency Department Services Payment Policy
Ambulatory Surgical Center Services	\$270 copay per day	Ambulatory Surgical Center Payment Policy
Outpatient Surgery <ul style="list-style-type: none">Services provided at hospital outpatient facilities	\$370 copay per day	Outpatient Surgery Facility Payment Policy
Inpatient Hospital Services	\$395 copay per day for days 1-5 \$0 each day for day 6 and beyond	Inpatient Facility Payment Policy
Skilled Nursing Facility (SNF)	\$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	Skilled Nursing Facility Payment Policy

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Durable Medical Equipment	20% coinsurance for Medicare-covered items and related supplies	Durable Medical Equipment Payment Policy
Home Health Care	\$0 for Medicare-covered home health care services, including home infusion therapy services	Home Health Care Payment Policy Home Infusion Payment Policy
Vision Care	\$45 for each Medicare-covered outpatient visit for services to diagnose and/or treat a disease or condition of the eye \$15 for one annual routine eye exam rendered by a provider that participates in the EyeMed Vision Care network Eyewear benefit: <ul style="list-style-type: none">• EyeMed Vision Care participating provider, \$150 per calendar year• Non-participating provider, member reimbursement up to \$90 per calendar year	Vision Services Professional Payment Policy EyeMed Vision Care: eyemed.com/en-us

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Hearing Services	\$0 for annual routine hearing exam \$45 for each exam to diagnose and/or treat hearing and balance issues 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.