

2025 Benefit Changes for CarePartners Members

CarePartners CareAdvantage Preferred HMO

The following benefit changes apply to CarePartners of Connecticut's HMO members and are effective for dates of service on or after **Jan. 1, 2025**, upon the plan's effective or renewal date.

- Coinsurance for medical supplies will increase to 20%; this coinsurance will be waived when the medical supplies are received as part of an office visit in which case only the applicable office visit copay will apply.
- Copay for emergency services will increase to \$125 per visit; if member is admitted to observation or inpatient within one day for the same condition the emergency copay will be waived and the applicable observation or inpatient copay will apply.
- Copay for outpatient diagnostic radiology services will decrease to \$150 per day for services other than ultrasound; ultrasound copay remains at \$60 per day.
- Copay for outpatient hospital observation services will increase to \$310 per stay; copay will be waived if member is admitted inpatient within one day for the same condition.
- Copay for outpatient surgery services will decrease to \$210 per day (ASC) and \$310 per day (non-ASC).
- Copay for outpatient rehabilitation services will decrease to \$25 per visit.
- Over the counter (OTC) benefit will increase to \$140 per quarter for Medicare-approved health-related OTC items.
- Copay for Skilled Nursing facility (SNF) will increase to \$203 per day for days 21 to \$100; copay for first 20 days of covered stay remains at \$0.
- Copay for urgent care will decrease to \$40 per visit.
- For diabetic retinopathy screenings, routine eye exam copay (rather than PCP copay) will apply when billed as part of a routine eye exam; specialist copay will continue to apply when received as part of a service that addresses other medical conditions.
- Eyewear benefit will increase to \$300 per year through EyeMed or non-EyeMed providers; benefit can also be applied toward the purchase of upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.
- Wellness allowance will increase to \$500 per year; covered services have also been expanded to include additional items, activities, and programs such as certain home fitness equipment, alternative therapies, fitness tracking devices and heart rate monitors, massage therapy, and additional types of fitness clubs and classes.
- New fall prevention assessment benefit with PT/OT evaluation and intervention up to four times a year for members who are not homebound; applicable PT/OT copay will apply.
- Please refer to the article titled "New prior authorizations for 2025" in the November issue of [CarePartners of Connecticut's provider newsletter](#) for details regarding services that will newly require prior authorization starting Jan. 1, 2025.
- The following services will require referral for out-of-network providers:
 - Cardiac rehabilitation services
 - Medicare-covered dental services
 - Home health agency care
 - Pulmonary rehabilitation services
 - Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD)

- The following changes to Part D coverage were made due to the Inflation Reduction Act (IRA):
 - Coverage gap (donut hole) has been eliminated.
 - Member liability is now capped at \$2,000 per year; members will have no cost share for covered Part D drugs after they reach this limit.
 - Copay for Tier 2 drugs at preferred pharmacies will increase to \$5 for one-month supply.
 - Tier 3 drugs will now have 25% coinsurance while Tier 4 drugs will have 50% coinsurance (Insulin copay remains capped at \$35 per one-month supply).
 - Medicare Prescription Payment Plan has been introduced to provide members who opt in the option to pay for high-cost prescription drugs in installments over the calendar year instead of paying all at once.

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 [secure Provider portal](#) or other self-service tools, even for members seen on a regular basis.

CarePartners Access PPO

The following benefit changes apply to CarePartners of Connecticut's Access PPO members and are effective for dates of service on or after **Jan. 1, 2025**, upon the plan's effective or renewal date:

- Changes to **in-network** cost sharing include:
 - Cost share for medical supplies has changed to 20% coinsurance (from \$40 copay); this coinsurance will be waived when the medical supplies are received as part of an office visit in which case only the applicable office visit copay will apply.
 - Copay for emergency services will increase to \$125 per visit; if member is admitted to observation or inpatient within one day for the same condition the emergency copay will be waived and the applicable observation or inpatient copay will apply.
 - Copay for outpatient diagnostic radiology services will decrease to \$150 per day for services other than ultrasound; ultrasound copay remains at \$60 per day.
 - Copay for outpatient hospital observation will increase to \$395 per stay; copay will be waived if member is admitted inpatient within one day for the same condition.
 - Over the counter (OTC) benefit will increase to \$102 per quarter for Medicare-approved health-related OTC items.
 - Copay for Skilled Nursing facility (SNF) will increase to \$203 per day for days 21 to \$100; copay for first 20 days of covered stay remains at \$0.
 - Copay for urgent care will decrease to \$40 per visit.
 - For diabetic retinopathy screenings, routine eye exam copay (rather than PCP copay) will apply when billed as part of a routine eye exam; specialist copay will continue to apply when received as part of a service that addresses other medical conditions.
- **Other** changes:
 - The Visa Flex dental benefit amount will increase to \$1,500 per year.
 - Eyewear benefit will increase to \$250 per year through EyeMed or non-EyeMed providers; benefit can also be applied toward the purchase of upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.
 - Wellness allowance of \$250 per year will be added for services such as acupuncture, fees for fitness programs, certain home fitness equipment, alternative therapies, fitness tracking devices and heart rate monitors, and massage therapy.
 - New fall prevention assessment benefit with PT/OT evaluation and intervention up to four times a year for members who are not homebound; applicable PT/OT copay will apply.

- Please refer to the article titled "New prior authorizations for 2025" in the November issue of [CarePartners of Connecticut's provider newsletter](#) for details regarding services that will newly require prior authorization starting Jan. 1, 2025.
- The following changes to **Part D coverage** were made due to the Inflation Reduction Act (IRA):
 - Coverage gap (donut hole) has been eliminated.
 - Member liability is now capped at \$2,000 per year; members will have no cost share for covered Part D drugs after they reach this limit.
 - Copay for Tier 2 drugs at preferred pharmacies will increase to \$5 for one-month supply.
 - Tier 3 drugs will now have 25% coinsurance while Tier 4 drugs will have 50% coinsurance (Insulin copay remains capped at \$35 per one-month supply).
 - Medicare Prescription Payment Plan has been introduced to provide members who opt in the option to pay for high-cost prescription drugs in installments over the calendar year instead of paying all at once.

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 [secure Provider portal](#) or other self-service tools, even for members seen on a regular basis.
