CarePartners of Connecticut
MEDICARE ADVANTAGE

Use this benefit chart to easily compare your current coverage to our other plan options. Selecting either our CareAdvantage Preferred HMO plan or our Access PPO plan will save you $468 a year in monthly premiums.

OON refers to services performed by a provider outside of our network. All other costs listed are for services performed by a provider in our network.

Benefit	Your CURRENT 2023 coverage: **CareAdvantage Prime (HMO)**	Maximum savings: **2024 CareAdvantage Preferred (HMO)**	Maximum flexibility: **2024 CarePartners Access (PPO)**
Monthly Premium (all counties[1])	$39	$0	$0
Annual Medical Deductible	$0	$0	$0
Annual Out–of–Pocket Maximum[2]	$4,900	$4,900	$6,350 in–network; $9,550 (in- and out-of-network combined)
Primary Care Provider (PCP) Office Visit	$0/visit	$0/visit	$0/visit (OON: $50)
Annual Physical Exam	$0/visit	$0/visit	$0/visit (OON: 40% coinsurance)
Specialist Office Visit	$40/visit	$45/visit	$45/visit (OON: $65)
Laboratory Services	$0	$0	$0 (OON: 40% coinsurance)
Diagnostic Procedures and Tests	$20/day	$30/day	$40/day (OON: 40% coinsurance)
X–Rays	$20/day	$30/day	$10/day (OON: 40% coinsurance)
Outpatient Services/Surgery (ASC = Ambulatory Surgical Center)	Colonoscopies: $0/day; Other Services (ASCs): $200/day; Other Services (non-ASCs): $300/day	Colonoscopies: $0/day; Other Services (ASCs): $270/day; Other Services (non-ASCs): $370/day	Colonoscopies: $0; Other Services (ASCs): $295/day; Other Services (non-ASCs): $395/day (OON: 40% coinsurance)
Inpatient Hospital Care	$375/day for days 1–4; $0/day after day 4	$395/day for days 1–5; $0/day after day 5	$395/day for days 1–5; $0/day after day 5 (OON: 40% coinsurance)
Inpatient Mental Health Care	$375/day for days 1–4; $0/day after day 4	$395/day for days 1–5; $0/day after day 5	$395/day for days 1–5; $0/day after day 5 (OON: 40% coinsurance)
Skilled Nursing Facility	$0 per day for days 1–20; $160 per day for days 21–52; $0 per day for days 53–100;	$0 for days 1–20; $178 per day for days 21–59; $0 for days 60-100	$0 for days 1–20; $178 per day for days 21–100 (OON: 40% coinsurance)
Durable Medical Equipment—Medical Supplies	$0	$0	$40 (OON: 50% coinsurance)
DME—Durable Medical Equipment and Related Supplies	20% coinsurance	20% coinsurance	20% coinsurance (OON: 50% coinsurance)
DME—Diabetic Supplies and Services	$0 copay	$0	$0 for OneTouch products manufactured by LifeScan, and for Continuous Glucose Monitors (CGMs); 20% for non-OneTouch products. (OON: 50% coinsurance for non-OneTouch items)
Emergency Care	$90 copay per visit; copay waived if admitted for inpatient care within 24 hours.	$90 copay per visit; copay waived if admitted for inpatient care within 24 hours.	$90 copay per visit; copay waived if admitted for inpatient care within 24 hours.
Urgent Care	$40/visit	$45/visit	$45/visit
Telehealth[3]	Medicare–covered services plus additional telehealth services	Medicare–covered services plus additional telehealth services.	Medicare-covered services plus additional telehealth services (in-network).
Ambulance	$250/day	$300/one-way trip	$325/one–way trip
Annual Routine Vision Exam	$15/visit	$15/visit	$0/visit (OON: $65/visit)
Annual Routine Hearing Exam	$0/visit	$0/visit	$0/visit (OON: $65/visit)
Hearing Aid Benefit	Up to 2 hearing aids/year, 1 per ear. $250 Standard, $475 Superior, $650 Advanced, $850 Advanced Plus, $1,150 Premier. Coverage for hearing aids is limited to Hearing Care Solutions. OTC hearing aids covered under over the counter (OTC) benefit.		
Dental Benefit (Embedded)	$750 yearly maximum. $25 copay for preventive services such as cleanings and oral exams, and 50% coinsurance for basic services such as fillings and simple extractions. $100 deductible on basic services. Major services are not covered. No waiting period. Covered INN and OON.[4]	$3,000 yearly maximum. $0 for preventive services such as cleanings, oral exams, fluoride treatments, and bitewing X-rays; 20% coinsurance for basic services such as fillings and X-rays other than bitewing; and 50% coinsurance for major services such as extractions, dentures, bridges, crowns, and implants. No deductible and no waiting period. Covered INN and OON.[4]	Visa® Flex Advantage spending card with $1,200 of dental coverage a year to use at any dentist in the country who accepts Visa—no network and no referrals.[5] Covered services include cleanings, fluoride treatments, x-rays, fillings, extractions, scaling, root planing, dentures, bridges, crowns, root canals, implants, and more.
Over–the–Counter (OTC) Bonus[6]	$50 per calendar quarter ($200 per calendar year) to spend on Medicare-approved health-related items at participating retail and online stores.	$67 per calendar quarter ($268 per calendar year) to spend on Medicare-approved health-related items at participating retail and online stores.	$65 per calendar quarter ($260 per calendar year) on the Visa® Flex Advantage spending card to spend on Medicare-approved health-related items at participating retail and online stores.
Wellness Allowance	Not covered	$175 allowance for membership at a qualified health club or fitness facility, covered instructional fitness classes, participating in wellness programs, fitness tracker purchase, online instructional fitness classes, membership fees for online fitness subscriptions like Peloton, and more.	Not covered

Rx Drug Coverage	CareAdvantage Prime (HMO)		CareAdvantage Preferred (HMO)		CarePartners Access (PPO)	
Annual Prescription Drug Deductible	None		None		None	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic[7]	$0	$0	$0	$0	$0	$0
Tier 2: Generic[7]	$0	$0	$0	$0	$0	$0
Tier 3: Preferred Brand	$47 (Insulin: $35)	$94 (Insulin: $70)	$47 (Insulin: $35)	$94 (Insulin: $70)	$47 (Insulin: $35)	$94 (Insulin: $70)
Tier 4: Non-Preferred Brand	$100 (Insulin: $35)	$200 (Insulin: $70)	$100 (Insulin: $35)	$200 (Insulin: $70)	$100 (Insulin: $35)	$200 (Insulin: $70)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	$0	N/A	$0	N/A	$0	N/A
Coverage Gap Stage	After your total prescription drug costs reach $4,660, and until your payments reach $7,400, you pay: • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee[8] • $0 for Tier 6 Vaccines • $35 per month for Insulin drugs		After your total prescription drug costs reach $5,030, and until your payments reach $8,000, you pay: • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee[8] • $0 for Tier 6 Vaccines • $35 per month for Insulin drugs			
Catastrophic Coverage Stage	After the coverage gap, when your payments for the year are greater than $7,400, • You pay the greater of 5% per prescription, or $4.15 per prescription for Part D generic drugs, and $10.35 per prescription for Part D brand drugs • You pay $0 for Tier 6 Vaccine drugs • You pay no more than $35 per month supply of covered insulin drugs		After the coverage gap, when your payments for the year are greater than $8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.			

[1]CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties. Your actual premium may be more if you pay a late Part D enrollment penalty. You must continue to pay your Medicare Part B premium.

[2]Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

[3]Additional telehealth services include: primary care physician services, specialist services, other health care professional (PA & NP) services, kidney disease education services, diabetes self-management training, individual and group sessions for mental health and psychiatric services, opioid treatment program services, observation services, individual and group sessions for outpatient substance abuse, urgently needed services, and physical therapy and speech-language pathology services. $0 copay for e-visits and virtual check-ins; for all other telehealth visits, copay is the same as corresponding in-person visit copay.

[4]Benefit limits and cost shares apply. Plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National.

[5]Dental services covered under the Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount.

[6]Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit.

[7]On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, and Stop & Shop. Not all locations may participate. In 2024, Tier 1 and Tier 2 also include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.

[8]The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

Out-of-network/noncontracted providers are under no obligation to treat CarePartners of Connecticut members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. CarePartners of Connecticut is an HMO/PPO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711). Y0151_2024_121_M