

# well!

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CarePartners of Connecticut  
Medicare Advantage  
HMO and PPO plans  
**Fall 2024**

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## Did you know?

- CarePartners of Connecticut is the only local, not-for-profit Medicare Advantage plan in the state.
- Our expansive network with over 15,000 local providers continues to grow
- Your plan includes a \$0 medical deductible AND a \$0 Rx deductible.

## Recommend us to a friend!

Don't keep it a secret! Tell your friends to call today to learn more about joining.



**1-844-360-6466**  
**(TTY: 711)**

## Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.



**carepartnersct.com**



Email us:

**CPCTmemberexperience@carepartnersct.com**



Or call Member Services

HMO members: **1-888-341-1507 (TTY: 711)**

PPO members: **1-866-623-0060 (TTY: 711)**

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## Get even **more** from your membership!

Get the most out of your plan with a secure online account on our website:

**24/7 online access**—Check your claims and referrals anytime

**Secure payments**—Easily pay your monthly premium

**Sign up for eDelivery**—Get certain documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

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## Common Questions:

# How quickly will I receive a reimbursement?

Your Member Services team responds to common questions from members.



## Several of your 2024 plan benefits offer a reimbursement for qualified items and services.

You pay out-of-pocket for these services, then your plan reimburses you.

- Weight Management: \$150 per calendar year (CareAdvantage Preferred HMO members only)<sup>1</sup>
- Wellness Allowance: \$175 per calendar year (2024 benefit applies to CareAdvantage Preferred HMO members only)
- Eyewear benefit: \$150 per calendar year in-network, or \$90 per calendar year out-of-network (only out-of-network services need to be paid out-of-pocket and submitted for reimbursement)

### **Q:** How do I request a reimbursement?

**A:** Each benefit has its own reimbursement request form with instructions for submitting. Forms can be found at [carepartnersct.com/forms](https://carepartnersct.com/forms). Remember requests for 2024 must include proof of payment in the form of paid, itemized receipts and be submitted no later than March 31, 2025. Proof of payment must be in the member's name or, alternatively, in the name of the member's representative on record.

### **Q:** How long does it take to receive my reimbursement?

**A:** Once received, your reimbursement request(s) will be processed within:

- 60 calendar days for Weight Management and Wellness Allowance reimbursements
- Up to 30 days for Out-of-Network Eyewear Benefit reimbursements



**Q: I need to request a reimbursement for something else. How can I do this?**

**A:** If you need to request a reimbursement for another purpose, such as a prescription or a dental service, you can find additional requests forms at [carepartnersct.com/forms](https://carepartnersct.com/forms):

- **Part D Prescription Reimbursement Form**—Submit along with the original pharmacy receipt. Reimbursements take up to 14 days to be processed.
- **HMO Dental Claim Form**—Submit along with proof of services and proof of payment. Reimbursements take up to 30 days to be processed.

**Q: What 2024 expenses are reimbursable?**

**A:**

- **Weight Management**—Program fees for weight loss programs such as Weight Watchers, or hospital-based weight loss programs (CareAdvantage Preferred HMO members only).<sup>1</sup>
- **Wellness Allowance**—(2024 benefit applies to CareAdvantage Preferred HMO members only) Costs of qualified fitness, nutritional, or wellness programs. Examples include gym memberships, in-person and online fitness classes, nutritional counseling, chronic disease self-management programs, diabetes workshops, licensed acupuncture visits, and more.
- **Eyewear Benefit**—HMO members get up to \$150 toward the full retail price of a pair of prescription eyeglasses and/or contact lenses from any provider in the EyeMed network. The discount will be applied at the time of service and a reimbursement request is not required. If you use an out-of-network provider, you are covered for up to \$90, and you pay out of pocket and submit for a reimbursement.

Access PPO members get up to \$150 toward the full retail price of a pair of prescription eyeglasses and/or contact lenses. The discount will be applied at the time of service if you use a provider in the EyeMed network. If you use a provider outside of the EyeMed network, you pay out of pocket and submit for a reimbursement.

For a complete list of covered services, see your Evidence of Coverage, available at [carepartnersct.com/documents](https://carepartnersct.com/documents).



**You don't have to take any action to continue your plan in 2025**

We're thrilled to have you as a member of CarePartners of Connecticut. Your coverage will automatically continue in 2025. You don't have to do anything or notify us to continue your plan—we've got you covered in 2025!

If your health care needs have changed and you want to review our other plan options, just give us a call at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO) **(TTY: 711)**.

# Take advantage of **GREAT SAVINGS** in 2025

Make sure to take advantage of all the great benefits, savings, and discounts your plan offers in 2025.



ENHANCED

## Increased OTC benefit

Use your increased Over-the-Counter (OTC) amount to purchase health-related items such as first aid items, toothbrushes, and more.<sup>2</sup>

- **Access PPO:** \$102 per calendar quarter (\$408 per calendar year)
- **Preferred HMO:** \$140 per calendar quarter (\$560 per calendar year)

ENHANCED

## Increased eyewear benefit includes upgrades.

You can get up to \$250 for Access PPO, and \$300 for Preferred HMO, each calendar year toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in the EyeMed Vision Care Network (includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical) or other providers not in the EyeMed network.<sup>3</sup> Plus, use your eyewear allowance to purchase upgrades (i.e., non-standard frames and/or lenses) for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear.

ENHANCED

## Enhanced Wellness Allowance

You can get up to \$250 for Access PPO, and \$500 for Preferred HMO, each calendar year toward membership fees in instructor-led exercise classes and personal training sessions at a gym or fitness center (Includes fitness studios, health clubs, year round pool facilities or community/senior centers), fitness tracker purchase (one per year), subscription to online fitness classes such as Peloton, alternative therapies, massage therapy, home fitness equipment, and more.<sup>4</sup> See Chapter 4 of your Evidence of Coverage for details.

## \$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 in-network copay for many screenings including cancer, cholesterol, glaucoma, and many more.

## Use your member-only discounts

Save on a variety of programs and services that help you lead a healthy lifestyle, including discounts on yoga classes from home, massage therapy, acupuncture, and more.<sup>5</sup> For a complete list of discounts, go to [carepartnersct.com/extras](https://carepartnersct.com/extras).



## Save up to \$140 on prescription drug costs with home delivery

With your prescription drug coverage, you can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to \$35 for a 90-day supply of prescription medications (depending on the tier your drug is on). That's a potential savings of up to \$140 a year!<sup>6</sup> With home delivery, your medications are conveniently mailed to your home. To sign up, call OptumRx at **1-800-496-7490** (HMO)/**1-800-506-3703** (PPO).



## Access PPO Dental—Freedom to see any dentist

With the PPO Visa® Flex Advantage spending card, you get a \$1,500 built-in dental benefit that can be used for any non-cosmetic dental procedure. You can see any dentist in the country who accepts Visa®—no network to worry about. Plus, no deductible, no claims to process, no cost sharing, no balance billing, and no referrals.<sup>7</sup>

## Preferred HMO—\$3,000 dental benefit

Your \$3,000 built-in dental benefit allows you to see any licensed dentist and includes savings on implants, bridges, dentures, crowns, and more. Preventive visits, including routine cleanings and bitewing X-rays, as low as \$0. No waiting period!<sup>8</sup> To find a dentist, go to [carepartnersct.com/dentists](https://carepartnersct.com/dentists).

## SilverSneakers® fitness membership

Whether you play tennis, swim laps, do yoga, or lift weights, SilverSneakers® has you covered. Your plan includes a SilverSneakers® fitness membership at no additional cost.<sup>9</sup>

## \$0 Annual physical and Annual Wellness Visit

One of the easiest ways to stay healthy is to see your health care provider each year. You pay \$0 for both an Annual Wellness Visit and an annual physical with your health care provider once every calendar year. (Access PPO members pay 40% coinsurance out of network.)



## Do you need a health plan checkup?

Each year at this time, we want to make sure you are in the plan that's right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, give us a call. We can help you determine which of our plans—HMO or PPO—is the best fit for you. Call Member Services at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO) (**TTY: 711**) for your plan checkup—we can help you review your options and answer any questions you have.

### Preferred HMO dental network reminder



**For medical coverage**—use the HMO network of providers. To view the list of participating providers in our HMO network, go to [carepartnersct.com](https://carepartnersct.com).



**For dental coverage**—use the Dominion PPO network of providers. To view the list of participating dentists in the Dominion PPO Network, go to [carepartnersct.com/dentists](https://carepartnersct.com/dentists).

What does the

# INFLATION REDUCTION ACT

mean for you in 2025?

The Inflation Reduction Act (passed by Congress in 2022) requires all Medicare Advantage plans (not just CarePartners of Connecticut) to make changes to Medicare drug benefits across multiple years. In 2025, these changes include the removal of the coverage gap (or "Donut Hole"), a lower maximum out of pocket limit, and a new program that allows you to pay large drug costs in monthly installments during the year.

**These changes will not impact all members in the same way, as it depends on which drugs you currently take.** We know changes to your plan can be stressful, and we are here to answer any questions you have and provide the information you need to get the most out of your prescription drug coverage.





# WHAT ARE THE PRESCRIPTION DRUG PLAN CHANGES?

The prescription drug changes listed below will begin on January 1, 2025.

## Lower maximum out-of-pocket

This is good news. The 2025 maximum out of pocket amount will be lowered to \$2,000. This means \$2,000 is the most you will pay for all of your prescription drugs in 2025 before entering the Catastrophic Stage, where CarePartners of Connecticut pays your prescription drug costs and you pay \$0 for prescription drugs.

## Option to pay in monthly installments

This is also good news for members who use very high cost medications early in the year and find it difficult to afford the high out-of-pocket expense all at once. The Medicare Prescription Payment Plan gives you the ability to pay for prescription drugs in installments during the year instead of paying all at once. For example, if you go to the pharmacy in January and your prescription has a \$600 copayment, you can enroll in the Medicare Prescription Payment Plan to pay nothing at pickup and instead receive a bill from CarePartners of Connecticut each month (Jan-Dec) for a smaller amount to pay for it over time. There is no interest or financing charges for participating in this program. The Medicare Prescription Payment Plan can help by breaking a large prescription drug cost into monthly payments, but it does not lower the total cost of the drug.

## No Coverage Gap (Donut Hole)

In 2025, there will be no Coverage Gap Stage in your prescription drug coverage. If your prescription drug costs reach \$2,000, you move to the Catastrophic Coverage Stage where CarePartners of Connecticut pays your prescription drug costs and you pay \$0 for prescription drugs for the remainder of the year.

## Cost changes on higher-cost drugs

Some higher-cost drugs that have a fixed copay will be changing to a coinsurance payment, which means you pay a percentage of the actual cost of the drug instead of a fixed copayment. The percentage you pay depends on what type of drug it is. For some members, the coinsurance amount will be a similar or lower cost to the current copay amount. But the change to a coinsurance payment will mean some members' costs at the pharmacy counter will be higher than the current copay amount. In addition, since the actual cost of a drug that the pharmacy buys from the manufacturer can change from month to month, the cost to you at the pharmacy counter may change slightly from one fill to the next, as opposed to copays where the cost is fixed.

- Most generic drugs will continue to have low copays that range from \$0-\$5 per 30-day fill at a preferred retail pharmacy depending on the drug.
- If your drugs have high costs next year under the new cost share structure, the \$2,000 maximum out of pocket and the Medicare Prescription Payment Plan may help make your drugs more affordable. The lower maximum out of pocket will protect you from spending more than \$2,000 during the year, and the Medicare Prescription Payment Plan can be used to spread payments across multiple months during the year.

## Formulary changes

Our formulary is the list of drugs we cover. Several changes will be made to the formulary in 2025. These changes will cause some drugs to move to a lower tier and have a lower cost share, some drugs to have higher cost shares, and some drugs to no longer be covered. For drugs that will no longer be covered, the federal government requires that an alternative medication is available.

## If you have questions, we're here to help

See our website for additional details on these changes at [carepartnersct.com/IRA](https://carepartnersct.com/IRA), including our new formulary and drug pricing tools to estimate the costs of your specific drugs next year. We recommend reviewing your medication list and your anticipated costs for 2025. We want to make sure you understand the changes that are coming so there are no surprises when you go to the pharmacy next year.

Our Member Services team is here to help answer any questions you have about the prescription drug changes.

# 2025 Benefits Overview

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, see your Evidence of Coverage (EOC), available at [carepartnersct.com/documents](https://carepartnersct.com/documents).

The Basics	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
<b>Monthly Premium (all counties<sup>10</sup>)</b>	\$0	\$0
<b>Medical Deductible</b>	\$0	\$0
<b>Annual Out-of-Pocket Maximum<sup>11</sup>—one of the lowest in Connecticut<sup>12</sup></b>	\$4,900	\$6,350 in-network (\$9,550 combined in- and out-of-network)

Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
<b>Doctor Office Visits</b>		
<b>Primary Care Provider (PCP)</b>	\$0/visit	\$0/visit (OON: \$50/visit)
<b>Specialist</b>	\$45/visit	\$45/visit (OON: \$65/visit)
<b>Telehealth Services<sup>13</sup></b>	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring services. For all other telehealth visits, copay is the same as corresponding in-person visit copay.	Medicare-covered services plus additional telehealth services. \$0 copay for e-visits, virtual check-in, and remote patient monitoring services. For all other telehealth visits, copay is the same as corresponding in-person visit copay. (OON: Medicare-covered services only. Additional telehealth services not covered. Cost share is the same as corresponding in-person visit cost share.)
<b>Preventive Care</b>		
<b>Annual Physical</b>	\$0/visit	\$0/visit (OON: 40% coinsurance)
<b>Cancer Screening (Colorectal, Prostate, Breast)</b>	\$0/visit	\$0/visit (OON: 40% coinsurance)



Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
<b>Vision and Hearing</b>		
<b>Annual Routine Vision Exam</b>	\$15/exam	\$0/exam (\$65 OON)
<b>Annual Eyewear Benefit<sup>3</sup></b>	\$300 per year towards eyewear purchased from any provider	\$250 per year towards eyewear purchased from any provider
<b>Annual Routine Hearing Exam</b>	\$0/exam	\$0/exam (OON: \$65/exam)
<b>Hearing Aid Benefit</b>	Through Hearing Care Solutions. Up to 2 hearing aids/year, 1 per ear. Copays: \$250 Standard, \$475 Superior, \$650 Advanced, \$850 Advanced Plus, \$1,150 Premier.	Through Hearing Care Solutions. Up to 2 hearing aids/year, 1 per ear. Copays: \$250 Standard, \$475 Superior, \$650 Advanced, \$850 Advanced Plus, \$1,150 Premier. (OON: Hearing aid must be ordered only through Hearing Care Solutions.)
<b>Outpatient and Lab Services</b>		
<b>Outpatient Services/Surgery</b>	Colonoscopies: \$0; Ambulatory Surgical Centers: \$210/day; Non-Ambulatory Surgical Centers: \$310/day	Colonoscopies: \$0; Ambulatory Surgical Centers: \$295/day; Non-Ambulatory Surgical Centers: \$395/day (OON: 40% coinsurance)
<b>Rehabilitation Therapy<sup>14</sup></b>	\$25/visit	\$30/visit (OON: 40% coinsurance)
<b>Laboratory Services</b>	\$0/day	\$0/day (OON: 40% coinsurance)
<b>Diagnostic Procedures and Tests<sup>15</sup></b>	\$30/day	\$40/day (OON: 40% coinsurance)
<b>X-Rays</b>	\$30/day	\$10/day (OON: 40% coinsurance)
<b>Diagnostic Radiology Services</b>	Ultrasounds: \$60/day; Other Medicare-covered: \$150/day	Ultrasounds: \$60/day; Other Medicare-covered: \$150/day (OON: 40% coinsurance)
<b>Emergency Services</b>		
<b>Worldwide Emergency Care</b>	\$125/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.	\$125/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.
<b>Urgent Care</b>	\$40/visit	\$40/visit
<b>Ambulance Services</b>	\$300/one-way trip	\$325/one-way trip
<b>Inpatient Care</b>		
<b>Inpatient Hospital Coverage</b>	\$395/day for days 1-5; \$0/day after day 5	\$395/day for days 1-5 (OON: 40% coinsurance)
<b>Outpatient Hospital Observation</b> (Note: Copay is waived if admitted inpatient within one day for the same condition.)	\$310 per stay	\$395 per stay (OON: 40% coinsurance)

Dental Coverage	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
<b>Embedded Benefits</b>	\$3,000 yearly maximum. <sup>8</sup> \$0 deductible, \$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 bite-wing; and 50% coinsurance for major services such as extractions, dentures, bridges, crowns, and implants. No waiting period. See any licensed dentist. Benefits apply to both in- and out-of-network.	Visa® Flex Advantage spending card <sup>7</sup> with \$1,500 of dental coverage a year to use at any dentist nationwide who accepts Visa—no network or restrictions and no referrals. Just present your PPO Visa® Flex Advantage spending card to pay for any non-cosmetic dental procedure, including implants, dentures, bridges, crowns, composite fillings, and more.

Additional Benefits	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
<b>SilverSneakers® Membership</b>	\$0 membership included	\$0 membership included (INN). \$0 at-home exercise kits (OON).
<b>Weight Management Programs</b>	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs <sup>1</sup>	Not covered
<b>Wellness Allowance<sup>4</sup></b>	\$500 per calendar year for reimbursement of fees at a qualified health club or facility (includes fitness studios, health clubs, year round pool facilities or community/senior centers), participation in instructional fitness classes, nutritional counseling, memory fitness activities, activity tracker (every 3 years), alternative therapies, home fitness equipment, massage therapy, online instructional fitness classes and subscriptions like Peloton, and more.	\$250 per calendar year for reimbursement of fees at a qualified health club or facility (includes fitness studios, health clubs, year round pool facilities or community/senior centers), participation in instructional fitness classes, nutritional counseling, memory fitness activities, activity tracker (every 3 years), alternative therapies, home fitness equipment, massage therapy, online instructional fitness classes and subscriptions like Peloton, and more.
<b>Over-the-Counter (OTC) Bonus<sup>2</sup></b>	\$140/quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly rollover allowed.	\$102/quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly rollover allowed.
<b>Acupuncture<sup>16</sup></b>	\$20/visit	\$20/visit (OON: \$65/visit)

Rx Drug Coverage	CareAdvantage Preferred (HMO)		CarePartners Access (PPO)	
Deductible	None		None	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
<b>Tier 1: Preferred Generic<sup>17</sup></b> (Preferred pharmacies)	\$0	\$0	\$0	\$0
<b>Tier 2: Generic<sup>17</sup></b> (Preferred pharmacies)	\$5	\$10	\$5	\$10
<b>Tier 3: Preferred Brand</b>	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)
<b>Tier 4: Non-Preferred Drug</b>	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$70)	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$70)
<b>Tier 5: Specialty Tier</b>	33%	N/A	33%	N/A
<b>Tier 6: Vaccines</b>	\$0	N/A	\$0	N/A
<b>Catastrophic Threshold</b>	When your payments for the year are greater than \$2,000, 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.			





## Which vaccines do you need this fall?

### COVID-19 vaccine

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COVID-19 cases and hospitalizations are again on the rise, and there are new variants not covered by older vaccines. If you are over 65 or are immunocompromised, and you have not received the booster for new strains in the past 4 months, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

### Flu shot

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Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses.

### Where can you get your vaccines?

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You have a \$0 copay for a flu shot and COVID-19 vaccine. Call your doctor to schedule an appointment (an office visit copay may apply if you receive other services). If your doctor is unable to schedule your vaccines before the end of the year, we will cover vaccines given at certain retail clinics including:

- MinuteClinics within CVS Pharmacy locations in Connecticut.
- Town or school clinics—confirm the location accepts CarePartners of Connecticut.
- If you receive home health services, you can receive the flu or COVID-19 vaccine in your home.
- If you get a vaccine anywhere other than your primary care physician's (PCP's) office, remember to let your PCP know.





# Thank you for being a member!

<sup>1</sup>\$150 is the total reimbursement amount each year (Jan. 1-Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, scales, or other items or supplies.

<sup>2</sup>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.

<sup>3</sup>You can get up to \$300 (HMO) or \$250 (PPO) toward the full retail prices (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses including upgrades. You can purchase from Providers in the EyeMed Vision Care Network or from a provider not in the EyeMed network. If you use a non-EyeMed provider, you would need to pay out of pocket and submit for reimbursement. Discounts can't be combined. Please refer to your Evidence of Coverage for more details.

<sup>4</sup>\$250 (PPO)/\$500 (HMO) is the total reimbursement amount each year (Jan. 1-Dec. 31) whether used for nutritional counseling, wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness and health clubs, and classes.

<sup>5</sup>Discounts and services included in the Extras program are not plan benefits and are not subject to the Medicare appeals process.

<sup>6</sup>Depending on the tier your drug is on.

<sup>7</sup>Dental services covered under the Flex Advantage spending care 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. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information.

<sup>8</sup>The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits and cost-shares apply. Members may choose to receive treatment from a non-participating dentist, but may pay higher costs for services and are responsible for any cost above the Maximum Allowable Charge (MAC) charged by the non-participating dentist. Please refer to your Evidence of Coverage for more information.

<sup>9</sup>SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved.

<sup>10</sup>CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties.

<sup>11</sup>Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

<sup>12</sup>Based on comparison to 2023 competitor plans.

<sup>13</sup>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 use disorder, urgently needed services, and physical therapy and speech-language pathology services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring services; for all other telehealth visits, copay is the same as corresponding in-person visit copay.

<sup>14</sup>Rehabilitation therapy includes physical therapy, occupational therapy, and speech therapy. You pay \$0 for in-network post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

<sup>15</sup>You will only pay one copayment per day even if multiple services are performed. There is no copay for services performed and billed as part of an office or urgent care visit.

<sup>16</sup>Medicare Services: Covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Plan will reimburse services rendered and billed directly by a licensed acupuncturist when there is a referral from the member's PCP (HMO only). Additional acupuncture coverage included as part of Wellness Allowance.

<sup>17</sup>On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, Stop & Shop, Costco, and Wegman's. Not all locations may participate. 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.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Benefits eligibility requirements must be met. Not all may qualify. Out-of-network/noncontracted providers are under no obligation to treat CarePartners of Connecticut members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. Benefit information described in this issue is for CarePartners of Connecticut Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. Call 1-800-888-341-1507 (HMO)/ 1-866-632-0060 (PPO) (TTY: 711) for more information. CarePartners of Connecticut is an HMO and 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).



**Quality coverage, low costs, and great savings**

With a CarePartners of Connecticut Medicare Advantage PPO or HMO plan, you get great benefits and services that help you stay healthy. From your Wellness Allowance, to your eyewear benefit, to discounts on hearing aids, and much more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.

**Make sure your friends don't miss out.**

Refer your friends to CarePartners of Connecticut. Tell your friends to call today to learn more about joining.



**1-844-360-6466**  
**(TTY: 711)**

