

**Your Guide
to Getting
Started**

Welcome!

2025 CareAdvantage Preferred HMO Plan





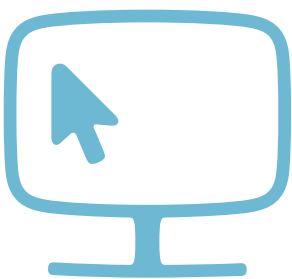
Thank you for choosing us!

You made a great choice. Your CarePartners of Connecticut (HMO) plan brings care and coverage together to make health care simpler and less stressful. Our commitment is to provide you with the best health care coverage possible.

Because nothing is more important than your health.

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Get the answers you need.

Whether you’re looking for information about medical benefits, drug coverage, seeing a specialist, choosing a doctor, or finding the right form or document, you can call Member Services at **1-888-341-1507 (TTY: 711)** or get the answers you need on our website:

carepartnersct.com/members



What to Do First



Tell us about any special situations

We want your transition to your new plan to be easy. If you are currently undergoing treatment for a condition or have any upcoming appointments, call Member Services at **1-888-341-1507 (TTY: 711)** as soon as possible. Special situations to let us know about include if you have a scheduled surgery or hospitalization, need to see a specific specialist or psychiatrist, use a program to help pay for prescription drugs, are currently working with a Care Manager, or live in a nursing home.

Activate your secure online account

Your secure online account is the easiest way to get the most out of your plan:

- 24/7 online access—Check your claims and referrals anytime
- Go paperless—Get documents electronically instead of by mail

Creating a secure account only takes a few minutes. Once you receive your ID card, visit carepartnersct.com/register to set up your account.

To activate your online account, follow these simple steps:

1. Visit carepartnersct.com/register or scan the QR code.
2. On the registration page, enter your member ID number (found on your member ID card), and your date of birth.
3. Answer security questions so we can verify your identity.
4. Enter your email address and password, enter your mobile phone number (optional), choose your three security questions, and choose your site key image and security phrase.
5. Make your selections for eDelivery. If you would like to view your plan documents electronically instead of receiving them by mail, go to "eDelivery Preferences" under "My account" and make sure you select "Electronic" for each option.

Visit
carepartnersct.com/register



Choose your doctor

Your doctor, also referred to as your primary care provider (PCP), oversees your care. If you haven't already notified us of your PCP selection, use the search tool at carepartnersct.com/search-doctors to find a PCP in your area. You can notify us of your selection in your online account or by calling Member Services at **1-888-341-1507 (TTY: 711)**.

Schedule your physical and Annual Wellness Visit

Seeing your doctor each year is one of the most important ways to stay healthy. Your plan makes it easy by covering you for both a physical exam and an Annual Wellness Visit. These checkups are different but are equally important. Having both each year is recommended. And they can be done at the same visit. Just ask to schedule them together when you make your appointment. You pay \$0 for both an annual physical and an Annual Wellness Visit. For complete coverage details, see your Evidence of Coverage (EOC) booklet on our website at carepartnersct.com/documents.

For an easy way to get more from your next appointment, use the Doctor Visit Book to remember your questions, review your medications, and more. Find it on our website at carepartnersct.com/dr-visit.

Give someone permission to talk about your benefits on your behalf

Did you know if your spouse or family member calls us, we will not answer any questions about your coverage in order to follow state and federal privacy laws such as HIPAA (Health Insurance Portability and Accountability Act)? But you can give someone the ability to discuss your benefits on your behalf with the HIPAA Authorization to Disclose Protected Health Information Form or the Designated Representative Form on page 43.

Your completed form and supporting legal documentation (if applicable) can be mailed to:

CarePartners of Connecticut
Attention: Member Services
PO Box 494
Canton, MA 02021-0494

Check your medications

If you take medications, check to see how each medication is covered. Some drugs on our Formulary (drug list) have special requirements. See page 14 for more details. If a drug you take is not covered, you may be able to get a temporary supply until your doctor can determine if another prescription would meet your needs. For more information, use the online Formulary drug search at carepartnersct.com/drug-coverage, or see your Evidence of Coverage (EOC) at carepartnersct.com/documents. You can also call Member Services at **1-888-341-1507 (TTY: 711)**.

Use your ID card

You will receive your CarePartners of Connecticut ID card by mail. Remember to always bring your ID card to your doctor appointments and to the pharmacy. If you haven't already received your ID card, you should receive it soon. You can also print, email, and fax a copy of your ID card from your secure online account.



Fill out and return your Health Survey

We will contact you about completing the CarePartners of Connecticut Health Survey during your first month as a member. This survey takes less than 15 minutes and helps us to understand your health history so we know how our care management or health programs may be able to help you.

\$0 monthly premium

Because you have a \$0 monthly premium, you will not receive a premium bill each month unless you owe a late enrollment penalty.¹

Sign up for MyWire texts

MyWire makes staying informed easier by securely connecting you to plan information, exclusive member discount details, health tips, and more through text messages. There is no cost for you to use MyWire and you'll get more out of your plan. To sign up, visit carepartnersct.com/mywire.





How Your HMO Plan Works

Your plan revolves around you

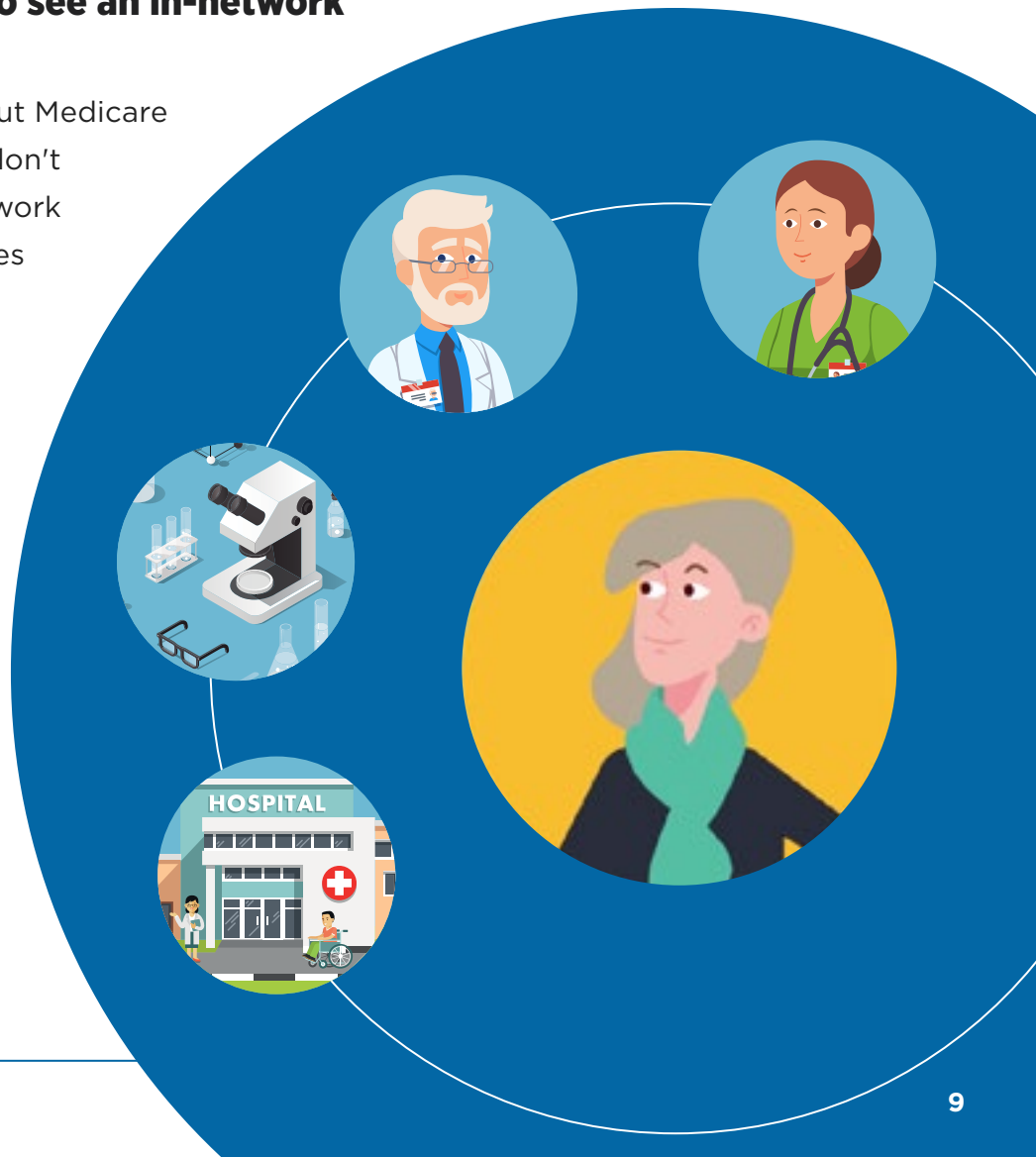
With CarePartners of Connecticut, you, your PCP, and your health plan all work together to provide the best health care possible.

Your primary care provider (PCP) plays the lead role. In addition to providing routine checkups, preventive care, and treatment for common illnesses, your PCP is available to help coordinate the care you need and make informed decisions about your health.

Your PCP makes sure you get the care that is right for you, helps you avoid unnecessary expenses such as duplicate tests, and can identify potential safety concerns such as harmful drug interactions.

You don't need a referral to see an in-network provider or specialist

As a CarePartners of Connecticut Medicare Advantage HMO member, you don't need a referral to see an in-network provider or specialist. This makes it easier for you to see an in-network provider or specialist while still getting the benefits of a doctor who helps you get the care you need. A referral from your PCP would be required to see an out-of-network provider or specialist.





You're protected by an out-of-pocket maximum

Your plan has a \$4,900 out-of-pocket maximum that limits how much you spend on covered medical costs in a year. The amounts you pay for copayments, and coinsurance for in-network covered services count toward the maximum out-of-pocket amount. Having an out-of-pocket maximum is one of the advantages of your HMO plan.

You share the cost of your benefits

In most cases, when you use a medical service (such as a vision exam or a hospital stay) or fill a prescription, you pay a copay. A copay is a set amount that covers a portion of the service or drug cost. For example, you might pay \$5 for lab services or \$10 for a prescription drug. For a list of what you pay for medical services and prescription drugs, see the charts on pages 34–36.

Our Care Management team is available to help you

Our Care Management team, which consists of health experts who assist in coordinating care and managing any health or social concerns, is available to help you navigate the health care system. Our Care Management team works closely with your doctor and can help you if you get sick, have an injury, or are looking for ways to stay healthy. From helping you understand your medications to providing assistance if you have concerns about food, housing, or transportation to medical appointments or the pharmacy, your Care Management team is there to support you. They can also help you prevent return trips to the hospital, and answer any questions or concerns you might have. Our Care Management team may contact you or you can call Member Services at **1-888-341-1507 (TTY: 711)** for more information about working with our Care Management team.

How to Get Care

After regular office hours

For non-emergency situations when your PCP's office is closed, call your PCP and a physician on call will help you.

In an emergency

- **If you believe your health is in serious danger**, call 911 or go to the nearest emergency room or hospital. You do not need to get approval or a referral from your PCP if you have a medical emergency.
- **If your health is not in serious danger** but you need medical care right away, call your PCP. If you are unable to see your PCP, you are covered for urgent care provided by any doctor or at urgent care centers. You do not need a referral from your PCP for urgent care, but whenever possible, you should see your PCP.

When traveling

You are covered anywhere in the world for emergency or urgent care. You can be outside our service area for up to six consecutive months and still be covered for emergency or urgent care. The following Connecticut counties make up our service area: Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham. You do not need a referral from your PCP before getting emergency or urgent care. Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

Routine care, such as a physical, is not covered outside the state of Connecticut so remember to schedule routine care before or after your travel plans. If you receive emergency or urgent care when traveling, you may need to pay out of pocket. Simply save your receipts and call Member Services at **1-888-341-1507 (TTY: 711)** for reimbursement details.²

Using Your Prescription Drug Plan



The Inflation Reduction Act (IRA) and Changes to Medicare Part D

In 2022, Congress passed the Inflation Reduction Act (IRA) that requires all Medicare Advantage Part D plans to make several changes to Medicare drug benefits across multiple years. Beginning in 2025, the Part D maximum out-of-pocket (OOP) will be capped at \$2,000. This means you will never pay more than \$2,000 per year on prescriptions. The reduction in the maximum out-of-pocket limit from \$8,000 to \$2,000 will reduce the overall financial burden of paying for prescription drugs.

In addition to lowering the Part D maximum out-of-pocket, the IRA is introducing a new Medicare prescription drug program. This program is called the Medicare Prescription Payment Plan and it provides you the option to pay for prescription drugs in monthly installments instead of paying the full amount at the pharmacy. The Medicare Prescription Payment Plan is designed to benefit members who experience high drug costs early during the year.

To learn more about the IRA and the Medicare Part D changes, please visit our website at carepartnersct.com/IRA. To sign up for the Medicare Prescription Payment Plan program, call Member Services or visit m3p-form.optumrx.com/?cid=P32Health.

Look up your drugs

It's a good idea to look up your prescription drugs to make sure your drug is covered, find out what tier your drug is on, and see if your drug has any special requirements. The Formulary (drug list) lists all the drugs we cover alphabetically and by medical condition so they're easy to find. You can find the Formulary at carepartnersct.com/drug-coverage.

What if your drug isn't listed?

If your drug is not listed on the Formulary, you may be able to get a temporary supply in certain circumstances. This gives you time to talk to your doctor and see if another prescription would meet your needs. Temporary supplies for new members are generally a 30-day supply, and available one time only during the first 90 days of your membership. For details on receiving a temporary supply, see Chapter 5 of your Evidence of Coverage (EOC) booklet available at carepartnersct.com/documents, or call Member Services at **1-888-341-1507 (TTY: 711)**.



A Care Manager can help answer any questions about your medications. To learn more about Care Managers, see page 10.



What is a tier?

Drugs that your plan covers are grouped in the Formulary by tiers. Every drug in the Formulary has a tier number. The tier number determines the cost of the drug. In general, the lower the tier, the lower your cost for the drug. Plus, if the retail amount for a drug is lower than your copay, you pay the lower amount.

Generic drugs can help you save money

A generic drug has the same active-ingredient formula as a brand name drug and can help save you money. Generic drugs are rated by the Food and Drug Administration to be as safe and effective as brand name drugs. If you take a brand name drug, ask your provider if there is a generic version that is right for you.

Save by using preferred pharmacies

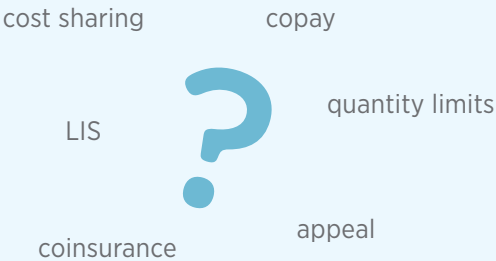
An easy way to save on your prescription drug costs is by using preferred pharmacies. With a preferred pharmacy, you pay as low as \$0 for Tier 1 and \$5 for Tier 2 drugs.³ The chart on page 36 provides more details on copay information. There are over 300 preferred pharmacies in our network, including national chains such as Costco, CVS Pharmacy®, Walmart, Wegmans, and Stop & Shop. Not all locations may participate. To find preferred pharmacies near you, visit carepartnersct.com/pharmacy-search.

	Cost using a non-preferred pharmacy (30-day supply)	Cost using a preferred pharmacy (30-day supply)
Tier 1 drugs	\$10	\$0
Tier 2 drugs	\$15	\$5

If you need to transfer a current prescription to a preferred pharmacy, simply call the preferred pharmacy of your choice and ask them to transfer your prescription.

Medicare plans have their own language. As a new member of a CarePartners of Connecticut Medicare Advantage plan, you might not be familiar with all the terms used with your plan and in this book. This glossary will help make understanding your plan a little easier.

carepartnersct.com/glossary



Does your drug have a special requirement?

The Formulary (drug list) will tell you if a drug has special requirements, such as:

- **Prior Authorization (PA)**

Some drugs require you or your provider to request special permission from CarePartners of Connecticut before you fill your prescription.

- **Step Therapy (STPA)**

Some drugs require you to try a less expensive drug first. Medications with step therapy have at least one comparable medication that you must try first.

- **Quantity Limit (QL)**

For quality and safety reasons, certain drugs have a limit on the amount you can get at one time. For example, a medication may have a limit of 30 pills in 30 days.

Find a complete list of special requirements beginning on page vii of your Formulary, available at carepartnersct.com/2025-formulary-hmo. If your drug has a special requirement, you or your provider may need to take extra steps in order for your drug to be covered. Call Member Services at **1-888-341-1507 (TTY: 711)** for details on what you can do to get coverage for the drug. You can also ask CarePartners of Connecticut to remove a special requirement by requesting an exception. Your Evidence of Coverage (EOC) includes information on how to request an exception. Special requirements are not able to be removed in all cases, but each exception request is considered.

Use mail order and save up to \$140 per year

Mail order service delivers medications that you refill each month right to your home. Depending on the tier your drug is on, you may be able to save up to \$35 by using mail order for a 90-day supply of prescription medications. That's a potential savings of up to \$140 a year!⁴ If you are ready to sign up, you can register online, by mail, or by phone:

- Online: Visit OptumRx.com.
- By mail: Complete the Mail Order Form on page 47 or at carepartnersct.com/rx-mail-form. You should receive your order in approximately two weeks.
- By phone: **1-800-496-7490**.

Have your CarePartners of Connecticut member ID and credit card information ready whenever you call. For more complete information, see Chapter 5 of your EOC booklet at carepartnersct.com/documents.



Exciting Benefits That Help You Save

Make sure to take advantage of these great benefits that offer excellent savings while helping you stay healthy!

Stay fit with SilverSneakers®

You receive a SilverSneakers fitness membership at no additional cost giving you access to 15,000+ gyms nationwide, trained instructors, classes, and health and nutrition tips with exercise videos. At-home exercise kits are available for SilverSneakers members, including those who have a disability, are recovering from a medical procedure or illness, live in a rural area, or experience traffic difficulties and can't make it to a fitness center. For details, visit [SilverSneakers.com](https://www.silversneakers.com), or call SilverSneakers at **1-888-423-4632 (TTY: 711)**.

Get \$150 to reach your weight loss goals

Your Weight Management reimbursement allowance helps you reach your weight loss goals. You can get up to \$150 toward the program fees of Weight Watchers®, or hospital-based weight loss programs.⁵ Find your *Weight Management Reimbursement Form* at carepartnersct.com/forms.

Get up to \$300 toward eyewear

You can get up to \$300 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in or out of the EyeMed Vision Care Network.⁶ Plus, you can now use the allowance to purchase upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear. (Discounts can't be combined.) To find an EyeMed provider, visit carepartnersct.com/search-doctors.



For full details on each benefit, see Chapter 4 of your Evidence of Coverage (EOC) at carepartnersct.com/documents.

Save on over-the-counter (OTC) health items each year

With your Over-the-Counter Bonus benefit, you get a \$140 credit every calendar quarter (in January, April, July, and October) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, OTC hearing aids, at-home COVID test kits, OTC naloxone, and more!⁷ Your OTC card will arrive separately by your effective date. If you do not receive your OTC card by your effective date, please call Member Services and a representative will make sure you receive your card as soon as possible.

Here are the different ways to use your OTC card to purchase eligible items:

- **In stores**—Swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Rite Aid, Stop & Shop, and more. The cost of eligible items will automatically be deducted from your available balance.
- **Online**—Go to carepartnersct.com/mybenefitscenter, log in using the number listed on your OTC card and your nine-digit member ID number from your CarePartners of Connecticut member ID card. You can search for eligible items, including national and store brands, by clicking on “Products” at the top of the homepage. To shop online, select “Locations” at the top of the homepage, then select “Online” on the left panel to see links to CVS Health, Medline, Walmart.com, and Walgreens.com. Click on the link for the site where you will like to shop and follow the instructions below to shop on that site
 - **CVS Health:** Order your items online at the CVS Health site, or call **1-833-875-1816** Mon–Fri, 9 a.m.–11 p.m., and a CVS Health representative will take your order.
 - **Medline:** Order your items online at the Medline site, or call **1-833-569-2331** Mon–Fri, 8 a.m.–7 p.m. ET, and a Medline representative will take your order.
 - **Walmart.com:** Order your items online at Walmart.com. At checkout, select pay with card and enter your OTC card number.
 - **Walgreens.com:** Order your items online at Walgreens.com. At checkout, enter your OTC card number where card number is requested.

Visit carepartnersct.com/order-otc for additional information about your OTC benefit, including fees that may apply to online purchases at Walmart.com and Walgreens.com.



\$500 CarePerks Wellness Allowance

In addition to your \$150 Weight Management reimbursement, you get a Wellness Allowance of up to \$500 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.⁸ For details, visit carepartnersct.com/wellness-allowance. Find your reimbursement forms at carepartnersct.com/forms.

Hearing aid benefit can save you thousands

You're eligible for up to 2 covered hearing aids per calendar year, 1 hearing aid per ear. The best part? There are five technology levels to choose from and pricing is fixed, with copays ranging from \$250 to \$1,150 for each hearing aid. You're also covered for a \$0 hearing aid evaluation once per calendar year. To be covered, the hearing aids must be on the Hearing Care Solutions (HCS) formulary and purchased through HCS, and the hearing aid evaluation must be with an HCS provider. Schedule your evaluation by calling an HCS representative at **1-866-344-7756**. For more details, visit hearingcaresolutions.com/carepartnersct.

You pay \$0 for health screenings

Getting regular screenings is one of the best ways to stay healthy. Screenings help find illness or disease before you feel sick. You pay a \$0 copay for many screenings such as a physical exam, breast cancer screening, cholesterol screening, glaucoma screening, prostate cancer screening, and many more. For details visit carepartnersct.com/screenings.

\$0 to see your PCP

Many services that you see your primary care physician (PCP) for cost \$0, such as an annual physical. But seeing your PCP for a general appointment also has a \$0 copay. This helps make it easier for you to see your PCP when you need to. Most of your other benefits have set copay amounts so that you know exactly what a service will cost you. For a list of copay amounts, see the chart starting on page 34.

Save on insulin

If you use insulin to manage your diabetes, you will be pleased to know that you won't pay more than \$35 for a 30-day supply of covered insulin at a preferred or standard retail pharmacy, no matter what cost sharing tier it's on.

Get Member-Only Discounts With the Extras Program

As a member of a CarePartners of Connecticut Medicare Advantage (HMO) plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle.

The Dinner Daily

• 25%

The Dinner Daily makes healthy, delicious dinners easy and affordable by providing weekly dinner plans customized to your food preferences, dietary needs, and the specials at your local grocery store.

- Get a 25% discount on any Dinner Daily subscription.
- The first two weeks are free to make it easy to try.
- To sign up, or for more information, visit thedinnerdaily.com/carepartners.
- Use code "CP25" when you sign up to receive your discount.



Well-balanced meal delivery program

• 15%

Nutrition plays a critical role in maintaining optimal health.

As one of the nation's largest nutritional meal providers, Independent Living Systems delivers 300,000 medically tailored meals a month. Meals are prepared at USDA-inspected-and-approved facilities, and menus are created by chefs who work with registered, licensed dietitians to provide nutritionally balanced meals that meet the needs of a variety of diets. Home-delivered meals offer a convenient and affordable way to recover from an illness or surgical procedure, or to manage a chronic condition.

- Get a 15% discount on home-delivered meals through Independent Living Systems.
- To place an order, call **1-833-698-5395**

Nutritional counseling

• 25%

Nutritional counseling provided by registered dietitians helps you learn how to stay healthy through nutrition and weight management.⁹

- Save 25% on unlimited visits with registered dietitians or licensed nutritionists.
- No referral is needed from your primary care provider.
- For a list of providers near you, call Member Services at **1-888-341-1507 (TTY: 711)**.
- To get the discount, show your CarePartners of Connecticut ID card at time of payment.





Ompractice

• 40%

With Ompractice, you can access live, online yoga and meditation classes led by an instructor to practice yoga from the comfort and privacy of your own home. Ompractice utilizes two-way video so you can participate in group classes and receive feedback and support from your teacher.

In addition, you may be able to use your annual Wellness Allowance to submit for possible reimbursement of your membership fees. For full details of your annual Wellness Allowance, please see your Evidence of Coverage (EOC) available at carepartnersct.com/documents.

- Sign up for Ompractice for \$14.99/month.
- Or sign up for an annual subscription for \$129.00 (40% off the regular monthly rate).
- For more information or to sign up, go to ompractice.com/carepartnersct.

Massage therapy and acupuncture

• 25%

Reconnect your body, mind, and spirit with massage therapy or acupuncture.

- **Massage therapy**—Save 25% on the provider's usual fee, or pay \$15 per 15 minutes of massage therapy, whichever is less.
- **Acupuncture**—Save 25% on the provider's usual fee.

For a list of providers near you, call ChooseHealthy^{®10} customer service at **1-877-335-2746**. (Monday–Friday 8 a.m.–11 p.m.; Saturday 8 a.m.–5 p.m.)

Laser vision correction

• 15%

Improve your vision without glasses or contact lenses with laser vision correction.

- Get 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction.¹¹
- To find a location near you and to obtain a discount authorization, call **1-877-5LASER6**.

Hartford HealthCare Independence at Home

• \$100

If living independently becomes difficult, caregivers from Hartford HealthCare Independence at Home can help you or your loved ones maintain your life in the comfort of home.

Get \$100 towards Hartford HealthCare Independence at Home services.

- Get a free in-home care plan development session.
- Get a 10% discount on medication dispenser service.¹²
- For details, visit carepartnersct.com/independence-at-home or call **1-860-703-1760**.
- To get your discount, show your member ID at time of purchase.



Be Safer at Home

Be Safer At Home (BSAH) offers members substantially discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS). A PERS unit allows you to live the independent lifestyle you want by providing a resource that is always there to respond to emergency calls.

- Receive a discounted rate on the installation and monthly fees of a Personal Emergency Response System.
- To learn more about BSAH, visit [BeSaferatHome.com](https://www.BeSaferatHome.com). To receive the discounted rates and to schedule a FREE consultation, contact Be Safer At Home at **1-866-513-7377** and let them know you are a CarePartners of Connecticut member.

LifeCycle Transitions



If you have chronic health problems, LifeCycle Transitions can help you stay well at home or transition to a new location.

- Get a 20% discount for services such as relocation and downsizing, help addressing a distressed home, cleaning, hoarding assistance, and more.
- For details on discounts, and to order services, call LifeCycle Transitions at **1-877-273-7810** and let them know you are a CarePartners of Connecticut member.
- For more information on services, go to [LifeCycleTransitions.com](https://www.LifeCycleTransitions.com).



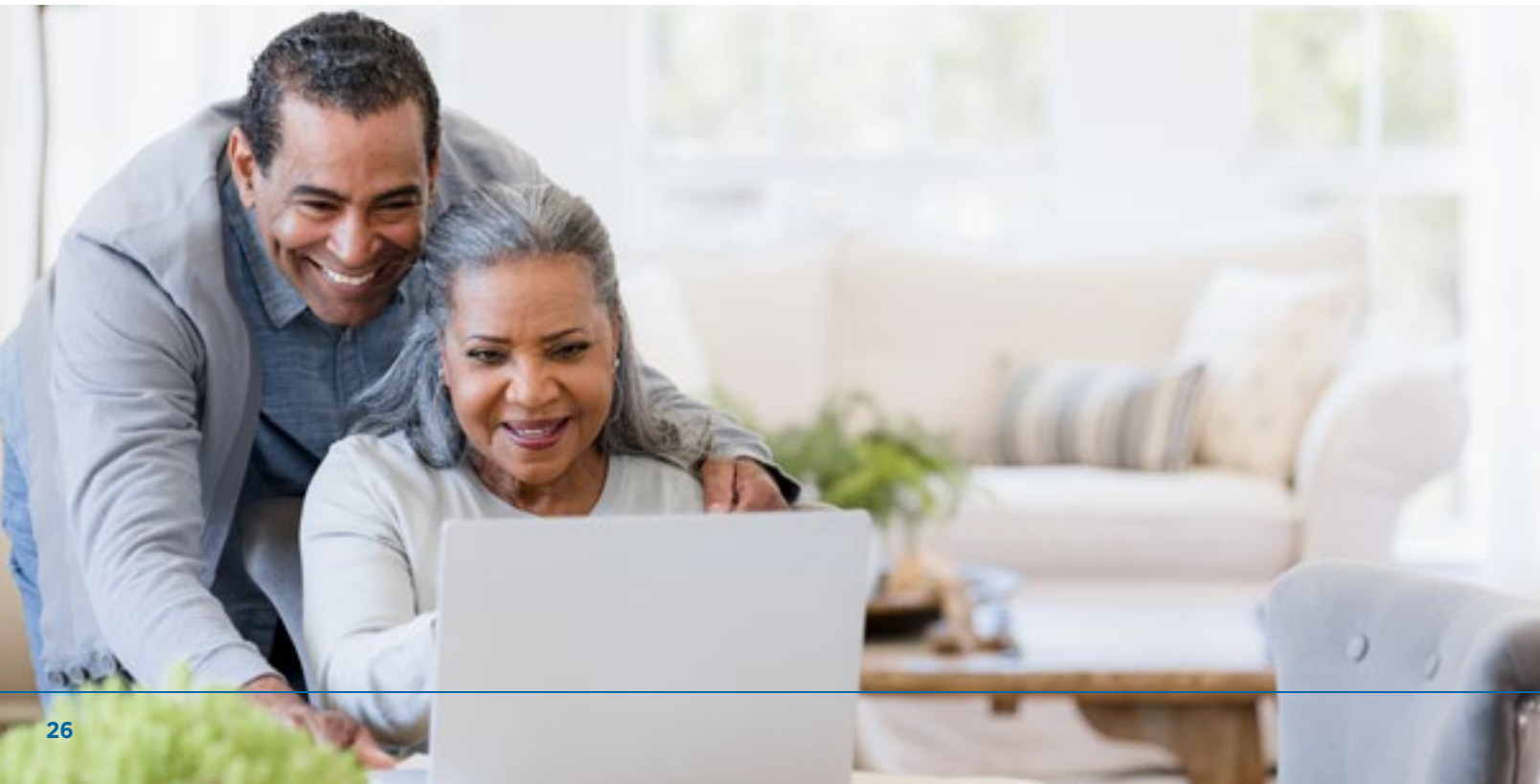
Dental Coverage to Smile About

Your plan makes it easy to get the dental coverage you need by including supplemental dental coverage with your plan:

	CarePartners of Connecticut Preferred HMO plan
Embedded dental coverage ¹³	Includes up to \$3,000 per calendar year of supplemental dental coverage for preventive, basic, and major dental services. \$0 deductible. See any licensed dentist. Benefits apply to both in- and out-of-network providers.

Check out the FAQs and Glossary on pages 30–32 to learn more about your dental coverage.

Benefit		CarePartners of Connecticut Preferred HMO Embedded dental coverage
Dental Benefit Essentials		
Premium		\$0
Annual Deductible		\$0
Calendar Year Maximum		\$3,000



Benefit

Class 1: Preventive and Diagnostic Services		You Pay
Prophylaxis (routine cleaning, scaling, and polishing of teeth) Two per year.		\$0
Periodic oral evaluation Two per year.		\$0
Intra oral bitewing X-ray images (X-rays of the crowns of the teeth) when oral conditions indicate need Two per year.		\$0
Comprehensive oral exam Including the initial dental history and charting of teeth. Once every 36 months.		\$0
Fluoride Treatments Two per year.		\$0
Class 2: Basic Services		You Pay
Emergency oral evaluation problem-focused exams Once every 12 months.		20% coinsurance
Minor treatment for pain relief Only if no services other than exam and X-rays were performed on the same date of service.		20% coinsurance
Intra oral X-ray image of the entire mouth (panoramic image) Once every 60 months.		20% coinsurance
Intra oral X-ray image of the entire mouth (full mouth series) Once every 60 months.		20% coinsurance
Single tooth X-ray images As needed.		20% coinsurance
Silver fillings and white fillings Once every 24 months per surface, per tooth.		20% coinsurance

Class 3: Major Services (A pre-treatment estimate is recommended for all major services, prior to receiving treatment. See page 30 for details on pre-treatment estimates.)		You Pay
Protective restorations & Oral Surgeries		
Protective restorations Once per tooth.		50% coinsurance
Simple extractions Once per tooth.		50% coinsurance
Surgical extractions Once per tooth.		50% coinsurance

Class 3: Major Services (Continued)		You Pay
Periodontics		
Periodontal surgery One surgical procedure per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.		50% coinsurance
Bone grafts and guided tissue regeneration Once per lifetime.		50% coinsurance
Periodontal cleaning Once every 6 months following active periodontal therapy, not to be combined with regular cleanings.		50% coinsurance
Scaling and root planing Once in 24 months, per quadrant.		50% coinsurance
Scaling in presence of generalized moderate/severe gingival inflammation Once per 24 months after oral evaluation and in lieu of a covered prophylaxis.		50% coinsurance
Full mouth debridement Once per lifetime.		50% coinsurance
Endodontics		
Root canal treatment Once per tooth per lifetime.		50% coinsurance
Retreatment root canal therapy Once per tooth per lifetime after 24 months of initial root canal therapy.		50% coinsurance
Apicoectomy Covered as needed.		50% coinsurance
Prosthetic Maintenance		
Bridge or denture repair Once every 24 months per bridge or denture.		50% coinsurance
Tissue conditioning One treatment per denture every 84 months.		50% coinsurance
Adding teeth to existing partial or full dentures Once per tooth, per denture, per 24 months.		50% coinsurance
Rebase or reline of dentures Once per denture every 24 months.		50% coinsurance

Adjunctive Services (Provided in conjunction with the primary treatment.)	
Local Anesthesia and Inhalation of Nitrous Oxide/Analgesia, Anxiolysis Local Anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis are provided in conjunction with covered oral surgery or periodontal surgery and are integral to the primary treatment.	50% coinsurance
Prosthodontics (Fixed and Removable Dentures/Bridges)	
Dentures (Complete or partial dentures) One per arch per 84 months.	50% coinsurance
Fixed bridges Once per 84 months. <i>Note: A back-of-mouth fixed bridge and a removable denture are not covered in the same arch within 84 months; if a denture in the same arch as the fixed bridge was covered within 84 months, there will be no benefit for the fixed bridge.</i>	50% coinsurance
Temporary partial dentures Once per 84 months. <i>Note: To replace any of the six upper or lower front teeth, but only if the temporary partial dentures are installed immediately following the loss of teeth during the period of healing</i>	50% coinsurance
Surgical implant placement (only in lieu of a 3-unit bridge) Implants are limited to 1 per tooth per 5 years. Implant coverage is limited to the surgical placement of an endosteal implant (in lieu of a 3-unit bridge), abutment supported porcelain and cast metal crowns, and implant supported crowns. <i>Exclusions: the following implant related procedures are excluded: implant maintenance, repairs, re-cement/re-bond, removal of implants, implant and abutment supported fixed partial denture retainers, and implant/abutment supported removable dentures.</i>	50% coinsurance
Major Restorative Services (teeth must have good prognosis)	
Inlays Once per tooth per 84 months.	50% coinsurance
Crowns and onlays-initial placement When teeth cannot be restored with regular fillings due to fracture or decay, once per 84 months per tooth. <i>Note: If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures.</i>	50% coinsurance
Recement/reaffix of crowns and onlays Once per tooth per 12 months.	50% coinsurance
Post and core or crown buildup When needed to retain a crown on a tooth with excessive breakdown due to decay and/or fractures. Once per tooth every 84 months.	50% coinsurance



Dental benefit FAQs

Which dentists participate?

Dental services are covered in and out of network —you can see any licensed dentist who accepts Medicare. If you go to an out-of-network dentist, you may need to pay out of pocket and submit a request for reimbursement. A dental claim form is available on our website at carepartnersct.com/forms. Services received from an in-network dentist will be covered at the time of service. The dental network is provided by Dominion National. Dominion National provides you with access to hundreds of participating dentists. To view the list of participating dentists in the Dominion PPO Network, go to carepartnersct.com/search-dentists.

Will I get an ID card in the mail?

You will receive a Dominion National ID card by mail to use for your dental coverage. If you don't receive your card within 3 weeks of joining the plan, call Member Services at **1-888-341-1507 (TTY: 711)**.

Which services are part of a routine checkup?

Services include a cleaning, periodic oral evaluation, and sometimes bitewing X-rays. A comprehensive oral exam only occurs for a new patient or to evaluate an issue.

How can I determine whether a dental service will be covered and what the cost will be?

We recommend asking your dentist to submit a pre-treatment estimate to Dominion National before your treatment begins. The dentist can submit the exact services or procedures they plan to provide in your treatment plan and Dominion National will respond with confirmation of whether the service will be covered and the estimated out-of-pocket cost you will be expected to pay.

- The pre-treatment estimate will be reviewed, and an estimate statement will be issued to you or the provider. The statement will include details of the services that will be covered by your plan along with your estimated responsibility and potential payment to the dental office.
- The pre-treatment estimate is based on eligibility and benefits available at the time it is processed. A pre-treatment estimate is not required to obtain care.
- A pre-treatment estimate is not a guarantee of payment. The claim for services performed will be based on eligibility and available benefits at the time it is submitted for payment. Other procedures performed, especially in the same area/quadrant/tooth, could affect the actual claim determination/payment.

What is the difference between simple extractions and surgical extractions?

A simple dental extraction is the procedure of removing teeth that are visible and easily accessible. In contrast, surgical dental extraction often involves an incision to get access to the tooth to be removed.

What is the difference between an inlay and an onlay?

Inlays and onlays use the same materials as crowns and they both serve the same function, but they cover different areas of the tooth when there is tooth decay. The difference between an onlay and an inlay is that an onlay will treat the cusp, whereas an inlay only restores the area between the cusps.

What is the difference between silver fillings and white fillings?

Fillings can be performed using either composite (tooth-colored/white) or amalgam (metal/silver) restorative materials. Your cost share will be the same for silver and white fillings.

What is bone grafting and guided tissue regeneration?

Bone grafting and guided tissue regeneration are two separate but related procedures that your dentist can use to save natural teeth from failing due to the loss of healthy tissue from gum disease. By regenerating the lost bone and tissues surrounding a tooth, these restored structures will create the protective, strong foundation a tooth needs to remain healthy long term.

How do I know which types of crowns are covered with my plan?

Crowns can be manufactured from a variety of materials, such as high noble metals, base metals, porcelain fused to metal (PFM) and ceramic compounds. Your dental plan covers crowns manufactured with porcelain fused to predominantly base metal. You and your dentist may still choose a crown made from more costly materials, but you will be responsible for the difference in cost between the predominantly base metal crown and the crown of your choosing. If you would like a better estimate of your payment, we urge you to ask your dentist to submit a pre-treatment estimate.



Dental Glossary

Apicoectomy

The removal of inflamed gum tissue and the end of the tooth's root, while leaving the top of the tooth in place.

Bitewing X-rays

Provide details of the upper and lower teeth in one area of the mouth. Each bitewing shows a tooth from its crown (the exposed surface) to the level of the supporting bone. Many dentists include bitewing X-rays as part of routine diagnostic care.

Bone grafting

Bone grafting is a surgical procedure that uses transplanted bone to replace missing or damaged bone in your mouth. If you're getting a dental implant, you may also need a bone graft because it provides additional support. The bone graft is performed first, and you'll need to wait 3 to 4 months for it to heal before getting the implant. Please note that implants are not covered with your dental plan.

Comprehensive oral exam

Performed by a dentist when evaluating a patient. Applies to new patients or established patients who have had a change in health or have been absent from treatment for three or more years.

Front teeth

Includes canines and all teeth in front of canines.

Full mouth debridement

The removal of plaque and tartar that interfere with the ability of the dentist to perform an oral examination. This is the most extensive cleaning procedure.

Guided tissue regeneration

Guided tissue regeneration is a procedure designed to remove infected soft tissue in your mouth, while stimulating the regrowth of healthy gum tissue.

Inlays

A dental inlay is a pre-molded restorative filling fitted into the grooves of your tooth. It restores cavities that are centered in your tooth instead of along the outer edges or "cusps."

Maximum allowable charge/Allowed amount (MAC)

Amount that is negotiated with providers in the Dominion National dental network. This is the maximum allowed amount you can be charged for a service. For services with coinsurance, the amount you pay is calculated by multiplying the coinsurance rate with the MAC.

Onlays

An onlay is a treatment, like an inlay, which restores the cusp(s) of the tooth. The cusp (or cusps) of the tooth refer to the angled topmost surface of the tooth. Canine teeth have a single cusp, while bicuspids have two and molars may have four or five.

Periodic oral exam

Exam performed by a dentist as part of a routine checkup.

Periodontal cleaning

Like a regular teeth cleaning, periodontal maintenance removes tartar buildup from the teeth. Unlike a normal, preventive cleaning, periodontal maintenance is a treatment prescribed to combat periodontal (gum) disease. It involves both scaling and root planing, meaning tartar must be removed from deep between the teeth and gums.

Periodontal surgery

Consists of three different potential surgeries. Your dentist will determine which one is needed. The three different surgeries could be:

- **Gingivectomy**—The surgical removal of gum tissue. A gingivectomy is necessary when the gums have pulled away from the teeth creating deep pockets. The pockets make it hard to clean away plaque and calculus.

- **Gingivoplasty**—The surgical reshaping of gum tissue around the teeth.
- **Osseous surgery**—Removes diseased gum tissue and bone from infected sites within the mouth and stops periodontal disease from getting worse.

Posterior/back teeth

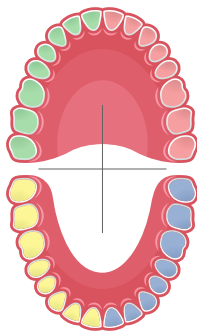
Includes any teeth behind the canines but does not include the canine teeth.

Protective restorations

The placement of a restorative material to protect a tooth and/or surrounding tissue. This procedure may be used to relieve pain, promote healing, and prevent further deterioration.

Quadrants

Quadrants mean the four parts of your mouth. Your dentist sections the interior of your mouth into four parts for reference when providing treatment. The split is between the front teeth, split into upper right, upper left, lower right, lower left.



Rebase denture

Rebasing may be recommended when the teeth of your denture are still in good condition and have not worn out in comparison to the denture base material. Rebasing is the process of replacing the entire acrylic denture base providing a stable denture without replacing the denture teeth.

Reline denture

A denture reline is a simple procedure to reshape the underside of a denture so that it fits more comfortably on the user's gums. Relining is periodically necessary as dentures lose their grip in the mouth.

Retreatment root canal therapy

Root canal retreatment is the removal of the previous crown and packing material left by a prior root canal, the cleansing of the canals, and the re-packing and re-crowning of the tooth.

Root canal

A root canal is performed when the endodontist removes the infected pulp and nerve in the root of the tooth,

cleans the inside of the root canal, then fills and seals the space. After completing a root canal your dentist will place a crown on the tooth to protect and restore it to its original function.

Scaling and root planing

Scaling and root planing is when your dentist removes all the plaque and tartar above and below the gumline, making sure to clean all the way down to the bottom of the tooth.

Scaling in presence of generalized moderate/severe gingival inflammation

The removal of plaque and stains from above and below the gumline when there is generalized gum inflammation. This procedure is for patients who have swollen, inflamed gums and bleeding on probing. This procedure is performed on the entire mouth rather than just one quadrant. It is also a higher degree of cleaning for patients with more advanced periodontal disease.

Single tooth X-rays

Also sometimes referred to as a "periapical X-ray" a single tooth X-ray is one that captures the whole tooth. It shows everything from the crown (chewing surface) to the root (below the gum line).

Tissue conditioning

Tissue conditioning is an effort to restore the health of the tissues of the denture foundation area prior to denture treatment.

For more information

For more information on dental coverage, go to carepartnersct.com/dental, see your 2025 Evidence of Coverage (EOC) at carepartnersct.com/documents, or call Member Services at **1-888-341-1507 (TTY: 711)**. If you have not already received your Dominion National ID card, it should arrive in the mail soon.

2025 Plan Highlights Chart

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

The Basics	CareAdvantage Preferred (HMO)
Monthly Premium (all counties ¹⁴)	\$0
Medical Deductible	None
Annual Out-of-Pocket Maximum ¹⁵ —one of the lowest in Connecticut ¹⁶	\$4,900

Medical Copays	CareAdvantage Preferred (HMO)
Doctor Office Visits	
Primary Care Provider (PCP)	\$0 per visit
Specialist	\$45 per visit
Telehealth/Telemedicine ¹⁷	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.
Preventive Care	
Annual Physical	\$0 per visit
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per visit
Vision and Hearing	
Annual Routine Vision Exam	\$15 per exam
Annual Eyewear Benefit ⁶	\$300 per year towards eyewear purchased from any provider
Annual Routine Hearing Exam	\$0 per exam
Hearing Aid Benefit	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.
Outpatient and Lab Services	
Outpatient Services/Surgery ¹⁸	Colonoscopies: \$0; Ambulatory Surgical Centers: \$210/day; Non-Ambulatory Surgical Centers: \$310/day.
Rehabilitation Therapy ^{18, 19}	\$25 per visit

Medical Copays	CareAdvantage Preferred (HMO)
Laboratory Services ¹⁸	\$0 per day
Diagnostic Procedures and Tests ^{18, 20}	\$30 per day
X-Rays ¹⁸	\$30 per day
Diagnostic Radiology Services ¹⁸	Ultrasounds: \$60/day; Other Medicare-covered: \$150/day
Emergency Services	
Worldwide Emergency Care ²¹	\$125/visit
Urgent Care	\$40 per visit
Ambulance Services	\$300 per one-way trip
Inpatient Care	
Outpatient hospital observation (Observation copay is waived if admitted as inpatient within one day for the same condition.)	\$310 per stay
Inpatient Hospital Coverage ¹⁸	\$395/day for days 1–5; \$0/day after day 5

Dental Coverage	CareAdvantage Preferred (HMO)
Embedded Benefits ¹³	\$3,000 yearly maximum. \$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 bitewing; 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 providers.

Additional Benefits	CareAdvantage Preferred (HMO)
SilverSneakers® Membership	\$0 membership included
Weight Management Programs ⁵	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs
Wellness Allowance ⁸	\$500 per calendar year
Over-the-Counter (OTC) Benefit ⁷	\$140/quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over allowed.
Acupuncture ²²	\$20/visit

Rx Drug Coverage	CareAdvantage Preferred (HMO)	
Deductible	None	
Copays	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic ³	\$0	\$0
Tier 2: Generic ³	\$5	\$10
Tier 3: Preferred Brand	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)
Tier 4: Non-Preferred Drug	50% coinsurance (Insulin: \$35)	50% coinsurance (Insulin: \$70)
Tier 5: Specialty Tier	33%	N/A
Tier 6: Vaccines	\$0	N/A
Catastrophic Coverage Stage	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.	

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

CarePartners of Connecticut values your privacy rights and is committed to safeguarding your demographic, medical, and financial information we may receive or collect when providing services to you. The information we collect includes protected health information (“PHI”) and personal information (“PI”). PHI is information that relates to your physical or behavioral health condition, your health care, or the payment for your health care. PI includes information like your name and Social Security number. PHI and PI are referred to as “information” elsewhere in this notice. We may obtain your information from a number of sources, such as through your enrollment in a plan or from doctors and hospitals who submit claim forms containing your information so that we may pay them for services they provided to you.

We are required by law to maintain the privacy of your information. To support this, CarePartners of Connecticut has privacy and security policies for safeguarding, using, and disclosing information in compliance with applicable state and federal laws. All employees must complete annual privacy and security training, and access to your information is limited to employees who require it to do their job. CarePartners of Connecticut also requires its business partners who assist with administering health care coverage to you on our behalf to protect your information in accordance with applicable laws.

CarePartners of Connecticut is required to provide you with notice of our legal duties and privacy practices with respect to your information, and to follow the duties and practices described in the notice currently in effect. We may change the terms of this notice at any time and apply the new notice to any information we already maintain. If we make an important change to our notice, we will publish the updated notice on our website at www.carepartnersct.com.

How We Use and Disclose Your Information

In order to administer your health care coverage, including paying for your health care services, we need to use and disclose your information in a number of ways. CarePartners of Connecticut maintains and enforces company policies governing the use and disclosure of information, including only using or disclosing the minimum amount of information necessary for the intended purpose. The following are examples of the types of uses and disclosures we are permitted or required by federal law to make without your written authorization. Where state or other federal laws offer you greater privacy protections, we will follow the more stringent requirements.

For Payment

CarePartners of Connecticut may use or disclose your information for payment purposes to administer your health benefits, which may involve obtaining premiums, determination of eligibility, claims payment, and coordination of benefits. Examples include:

- Paying claims that were submitted to us by physicians and hospitals.
- Providing information to a third party to administer an employee- or employer-funded account, such as a Flexible Spending Account (“FSA”) or Health Reimbursement Account (“HRA”), or another benefit plan, such as a dental benefits plan.
- Performing medical necessity reviews.
- Sharing information with third parties for Insurance Liability Recovery (“ILR”) or subrogation purposes.

For Health Care Operations

CarePartners of Connecticut may use or disclose your information for operational purposes, such as care management, customer service, coordination of care, or quality improvement. Examples include:

- Assessing and improving the quality of service, care, and outcomes for our members.
- Learning how to improve our services through internal and external surveys.
- Reviewing the qualifications and performance of physicians.
- Evaluating the performance of our staff, such as reviewing our customer service phone conversations with you.
- Seeking accreditation by independent organizations, such as the National Committee for Quality Assurance.
- Engaging in wellness programs, preventive health, early detection, disease management, health risk assessment participation initiatives, case management, and coordination of care programs, including sending preventive health service reminders.
- Providing you with information about a health-related product or service included in your plan of benefits.
- Using information for underwriting, establishing premium rates and determining cost sharing amounts, as well as administration of reinsurance policies. (CarePartners of Connecticut will not use or disclose any genetic information it might otherwise receive for underwriting purposes.)
- Facilitating transition of care from and to other insurers, health plans, or third-party administrators.
- Communicating with you about your eligibility for public programs, such as Medicare.
- Other general administrative activities, including data and information systems management, risk management, auditing, business planning, and detection of fraud and other unlawful conduct.

For Treatment

CarePartners of Connecticut may use and disclose your information for health care providers (doctors, dentists, pharmacies, hospitals, and other caregivers) to treat you. Examples include:

- Our care managers providing your information to a home health care agency to make sure you get the services you need after discharge from a hospital.
- Quality improvement programs, safety initiatives, and clinical reminders sent to your primary care provider.
- Disclosing a list of medications you've received using your CarePartners of Connecticut coverage to alert your treating providers about any medications prescribed to you by other providers and help minimize potential adverse drug interactions.
- Receiving your test results from labs you use, from your providers, or directly from you, using the results to develop tools to improve your overall health, and sharing the results with providers involved in your care.

For other Permitted or Required Purposes

The following are examples of the additional types of uses and disclosures CarePartners of Connecticut is permitted or required by law to make without your written authorization:

- To **you, your family, and others involved in your care** when you are unavailable to communicate (such as during an emergency), when you are present prior to the disclosure and agree to it, or when the information is clearly relevant to their involvement in your health care or payment for health care.

- Sharing eligibility information and copayment, coinsurance, and deductible information for dependents with the **subscriber of the health plan** in order to facilitate management of health costs and Internal Revenue Service verification.
- To your **Personal Representative** (including parents or guardians of a minor, so long as that information is not further restricted by applicable state or federal laws) or to an individual you have previously indicated is your Designated Representative or is authorized to receive your information. Information related to any care a minor may receive without parental consent remains confidential unless the minor authorizes disclosure.
- To our **business partners and affiliates**. CarePartners of Connecticut may contract with other organizations to provide services on our behalf. In these cases, CarePartners of Connecticut will enter into an agreement with the organization explicitly outlining the requirements associated with the protection, use and disclosure of your information. The following corporate affiliates of CarePartners of Connecticut designate themselves as a single affiliated covered entity and may share your information among themselves: Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., Point32Health Services, Inc. Group Health Plan, Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., and HPHC Insurance Company, Inc.
- To your **plan sponsor**, when sharing information used for enrollment, plan renewal, or plan administration purposes. This is your employer or the employer of your subscriber if you are enrolled through an employer. When sharing detailed information, your plan sponsor must certify that they will protect the privacy and security of your information and that the information will not be used for employment decisions
- To **government entities**, such as the Centers for Medicare & Medicaid Services, the Health Connector, HealthSourceRI, or MassHealth, if you are enrolled in a government-funded plan.
- To provide information for **health research** to improve the health of our members and the community in certain circumstances, such as when an Institutional Review Board or Privacy Board approves a research proposal with protocols to protect your privacy, or for purposes preparatory to research.
- To **comply with laws** and regulations, such as those related to **workers' compensation** programs.
- For **public health activities**, such as assisting public health authorities with disease prevention or control and pandemic response efforts.
- To report suspected cases of **abuse, neglect, or domestic violence**.
- For **health oversight activities**, such as audits, inspections, and licensure or disciplinary actions. For example, CarePartners of Connecticut may submit information to government agencies such as the U.S. Department of Health and Human Services or a state insurance department to demonstrate its compliance with state and federal laws.
- For **judicial and administrative proceedings**, such as responses to court orders, subpoenas, or discovery requests.
- For **law enforcement purposes**, such as to help identify or locate a victim, suspect, or missing person.
- Disclosures to **coroners, medical examiners, and funeral directors** about decedents. CarePartners of Connecticut may also disclose information about a **decedent** to a person who was involved in their care or payment for care, or to the person with legal authority to act on behalf of the decedent's estate.
- To **organ procurement** organizations for cadaveric organ, eye, or tissue donation purposes, only after your prior authorization.
- To **prevent a serious threat** to your health or safety, or that of another person.
- For **specialized government functions**, such as national security and intelligence activities.
- Disclosures by employees for **whistleblower** purposes.

Other than the permitted or required uses and disclosures described above, CarePartners of Connecticut will only use and disclose your information with your written authorization. For example, we require your authorization if we intend to sell your information, use or disclose your information for marketing or fundraising purposes, or, in most cases, use or disclose your psychotherapy notes.

You may give us written authorization to use or disclose your information to any individual or organization for any purpose by submitting a completed authorization form. The form can be found at www.carepartnersct.com, or you may obtain a copy by calling Member Services at the phone number listed on your CarePartners of Connecticut ID card.

You may revoke such an authorization at any time in writing, except to the extent we have already made a use or disclosure based on a previously executed authorization.

Your Rights with Respect to Your Information

The following are examples of your rights under federal law with respect to your information. You may also be entitled to additional rights under state law.

Request a Restriction

You have the right to request we restrict the way we use and disclose your information for treatment, payment, or health care operations, to individuals involved in your care, or for notification purposes, including asking that we not share your information for health research purposes. We are not, however, required by law to agree to your request.

Request Confidential Information

You have the right to request we send communications to you at an address of your choice or that we communicate with you by alternative means. For example, you may ask us to mail your information to an address that is different than your subscriber's address. We will accommodate reasonable requests.

Access Your Information and Receive a Copy

You have the right to access, inspect, and obtain a copy of your information maintained by CarePartners of Connecticut (with certain exceptions). We have the right to charge a reasonable fee for the cost of producing and mailing copies of your information.

Amend Your Information

You have the right to request we amend your information if you believe it is incorrect or incomplete. We may deny your request in certain circumstances, such as when we did not create the information. For example, if a provider submits medical information to CarePartners of Connecticut that you believe is incorrect, the provider will need to amend that information.

Receive an Accounting of Disclosures

You have the right to request an accounting of those instances in which we disclosed your information, except for disclosures made for treatment, payment, or health care operations, or for other permitted or required purposes. Your request must be limited to disclosures in the six years prior to the request. If you request an accounting more than once in a 12-month period, we may charge you a reasonable fee.

Receive a Copy of this Notice of Privacy Practices

You have the right to receive a paper copy of this notice from us at any time upon request.

Be Notified of a Breach

You have the right to be notified if there is a breach of your unsecured information by us or our business partners. We will provide you written notice via mail, unless we do not have up-to-date contact information for you. In these cases we will notify you by a substitute method, such as posting the notice on our public website.

You may exercise any of your privacy rights described above by contacting Member Services at the phone number listed on your CarePartners of Connecticut ID card. In some cases, we may require you to submit a written request. CarePartners of Connecticut will not require you to waive your rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Whom to Contact With Questions or Complaints

If you believe your privacy rights have been violated or you would like more information, you may send a question or complaint to:

Privacy Officer
Point32Health
1 Wellness Way
Canton, MA 02021

Or, you may call our Compliance Hotline at **(877) 824-7123** or Member Services at the phone number listed on your CarePartners of Connecticut ID card.

You also have the right to submit a complaint to the Secretary of the Department of Health and Human Services. You can find more information at www.hhs.gov/ocr.

CarePartners of Connecticut will not take retaliatory action against you for filing a complaint.

THIS NOTICE IS EFFECTIVE SEPTEMBER 1, 2022, AND REPLACES THE VERSION DATED FEBRUARY 8, 2021.

Forms

Authorization to Disclose Protected Health Information Form

This form allows an authorized representative to speak to us about your protected health information. To print this form, visit carepartnersct.com/cpct-authorization-to-disclose-phi.

Designated Representative Form

This form allows a designated representative to receive all information pertaining to your protected health information and make decisions or changes related to your plan (e.g., demographic and plan changes, premium payments, etc.) See page 43 to fill out this form.

Centers for Medicare & Medicaid Services Appointment of Representative Form

This form allows someone to file an appeal or grievance on your behalf. To print this form, visit carepartnersct.com/cms-aor-form.

Electronic Funds Transfer (EFT) Form

Have your monthly premium automatically and securely deducted from your checking or savings account each month by signing up for Electronic Funds Transfer (EFT). See page 45 to fill out this form.

Optum Mail Order Form

Use this form to sign up for mail order and have prescriptions that you refill each month delivered right to your home. See page 47 to fill out this form, and use the enclosed envelope addressed to OptumRx to mail.

Member Reimbursement Form

Use this form to request reimbursement for health care services you have received that were not initially covered by CarePartners of Connecticut (such as out-of-country health care services). To print this form, visit carepartnersct.com/forms.

Medicare Prescription Payment Form

The Medicare Prescription Payment Plan is a new payment program that gives you the option to pay your out-of-pocket Part D drug costs in monthly installments throughout the year instead of all at once. **If you have high drug costs, the Medicare Prescription Payment Plan may help you. You need to be enrolled in a 2025 plan in order to participate in this program.** Use the enclosed participation request form to sign up for the Medicare Prescription Payment Plan program. Or to learn more about this program, visit our website at carepartnersct.com/IRA.

If you have any questions about these forms, call Member Services at **1-888-341-1507 (TTY: 711)**.

This form may be used to designate a representative to act on a member's behalf and authorize CarePartners of Connecticut* to disclose the member's protected health information to the representative.

All fields are required. Incomplete or incorrect forms will be returned to the member's address on file.

Member Information *For individual designating a representative to act on their behalf ("Member")*

Name

Member ID number

Street address

City

State

ZIP code

Birth date (MM/DD/YYYY)

Telephone number

Email address

Designated Representative Information

Member hereby authorizes CarePartners of Connecticut to disclose their information to the following individual and allow the individual to act on their behalf ("Designated Representative")

Name

Relationship to member

Street address

City

State

ZIP code

Birth date (MM/DD/YYYY)

Telephone number

Email address

Terms of This Designation

1. Designated Representative is being appointed to act on Member's behalf with regard to certain matters related to their insurance coverage and benefits provided by CarePartners of Connecticut. This authority includes acting on Member's behalf to receive their health information from CarePartners of Connecticut and/or make changes related to enrollment, premium payments, benefits, claims, address changes, PCP changes, and/or requests for special communications.
2. Member's information disclosed by CarePartners of Connecticut may include, but is not limited to, demographic information, a history of illnesses and treatments, test results, and lists of allergies and medications. Member acknowledges that the disclosure may include information in the following protected categories: abortion, AIDS/

ARC, alcohol and substance abuse (including information about services provided by federally assisted substance use disorder treatment programs), behavioral health, domestic violence, genetic testing, HIV, physical abuse, reproductive health, and sexually transmitted infection testing, treatment, and prevention.

3. CarePartners of Connecticut is accepting this Designation and making associated disclosures for the purpose of fulfilling the request of Member.
4. CarePartners of Connecticut will not condition treatment, payment, enrollment, or eligibility for benefits on whether Member signs this Designation.
5. CarePartners of Connecticut will disclose Member's information in accordance with this Designation. Once the information is disclosed according to this Designation, it is no longer protected by HIPAA and may be redisclosed by the Designated Representative.
6. Member has a right to receive a copy of this Designation.
7. Unless indicated here, this Designation will remain in effect for two (2) years from the date of signature on this form (or, for a minor age 0-11, the day before the minor's 12th birthday, whichever is earlier). If Member desires an alternate end date, please specify a date here:
8. Member may revoke this Designation in writing at any time prior to its termination, except to the extent that

I have read and understand the terms of this Designation and I hereby authorize the disclosure of my information in the manner described above. I represent that the signature below is my own and that I am legally authorized to sign this document.

Signature of member or personal representative**

Date (MM/DD/YYYY)

Printed name

Relationship, if not member**

**This Designation will only be valid if signed by Member, the parent or guardian of Member if Member is age 0-11, or Member's Personal Representative (e.g., power of attorney, health care proxy, etc.). If you are not Member, please indicate your relationship to Member above and submit a copy of the applicable legal documentation if you are a Personal Representative (if not already provided).

Please return completed form and supporting legal documentation (if applicable) to:

Via fax: ATTN: Member Services Department
1-617-972-9405

Via mail: CarePartners of Connecticut Member
Services Department
PO Box 494
Canton, MA 02021-0494

If you have any questions about this form, please contact a Member Services representative at the number listed on the back of your Member ID card.

*For purposes of this Designation, CarePartners of Connecticut includes Harvard Pilgrim Health Care, Inc., Harvard Pilgrim Health Care of New England, Inc., HPHC Insurance Company, Inc., Harvard Pilgrim Group Health Plan, Tufts Associated Health Maintenance Organization, Inc., Tufts Health Public Plans, Inc., Tufts Insurance Company, CarePartners of Connecticut, Inc., and Tufts Associated Health Plans, Inc., and all of their present and future affiliates. This Designation also applies to vendors acting on behalf of the above-named entities.

When you sign up for EFT, your monthly premium payment is automatically deducted from your checking or savings account each month and transferred to CarePartners of Connecticut.

How to Sign Up

Complete this form and mail it to:

CarePartners of Connecticut
Attention: EFT Enrollment
1 Wellness Way, Mail Stop D4
Canton, MA 02021

We will contact you by mail when your application has been approved. Please continue to pay your monthly premium until we notify you of your enrollment in the EFT program.

Member Information

Member name

Member ID number

Member phone number

Street

City/Town

State

ZIP code

Account Information

Reason for EFT authorization

☐ New application ☐ Change bank account

Account number

Name of bank or financial institution

Account type

☐ Checking

☐ Savings

Routing number*

Name of account holder

Phone number of account holder

*You can find your 9-digit routing number in the bottom left corner of your check. If using a savings account, this number can be obtained from your bank.

Please attach a check marked "VOID" with the checking account number you want your CarePartners of Connecticut monthly plan premium withdrawn from.

CarePartners of Connecticut will not disclose your banking information to any third parties unless you authorize us to do so.

Signature needed on back



EFT Withdrawal Information

Your monthly plan premium will be withdrawn from your account on the 9th of every month. The withdrawal will occur on the following business day if the 9th falls on a Saturday, Sunday, or holiday. **Please note that deductions will include any outstanding premiums due on the EFT withdrawal date.**

Checking/Savings Account Authorization Agreement

I hereby authorize the monthly debit to the account referenced above. I understand that I should continue to pay my monthly premium until I receive written confirmation from CarePartners of Connecticut confirming the activation and start date of electronic funds transfer from my account. I understand that my account must have the full dollar amount due in available funds on a monthly basis. I understand that my bank may charge a fee if there are insufficient or uncollected funds in my account. I understand that CarePartners of Connecticut retains the right to revoke or change my participation in the EFT program at any time. I also understand that I have the right to stop automatic payments by notifying CarePartners of Connecticut by phone or in writing before the 8th of the month in order to discontinue for the following month.

Signature

Print name

Date

1. Member and physician information – please use black or blue ink. One form per member.

Member ID number

(Additional coverage, if applicable) Secondary member ID number

Last name

First name

MI

Delivery address

Apt. #

City

State

Zip code

Phone number with area code

Date of birth (mm/dd/yyyy)

Email address

Physician name

Physician phone number with area code

2. Health history

Medication allergies: ☐ Aspirin ☐ Erythromycin ☐ Quinolones ☐ Others: _____

☐ None known ☐ Cephalosporins ☐ NSAIDs ☐ Sulfa _____

☐ Amoxil/Ampicillin ☐ Codeine ☐ Penicillin ☐ Tetracyclines _____

Health conditions: ☐ Asthma ☐ Glaucoma ☐ High cholesterol ☐ Others: _____

☐ None known ☐ Cancer ☐ Heart condition ☐ Osteoporosis _____

☐ Arthritis ☐ Diabetes ☐ High blood pressure ☐ Thyroid disease _____

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

☐ **Expedite shipping.** Add \$20.00 to order amount (subject to change).

☐ **Check enclosed.** All checks must be signed and made payable to: Optum Rx.

☐ **Charge to my credit card on file.**

☐ **Charge to my new credit card.**

New credit card number

Expiration Date (Month/Year)

____/____

Visa, MasterCard, AMEX
and Discover are accepted.

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.



Medicare Prescription Payment Plan participation request form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP). Call your plan for more information.

Complete all fields unless marked optional

FIRST name:	LAST name:	MIDDLE initial (optional):	
Medicare Number: ____ - ____ - ____			
Birth date: (MM/DD/YYYY) (____/____/____)	Phone number: (____) _____		
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):			
City:	County (optional):	State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):			
Address:		City:	State: ZIP code:

Read and sign below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. CarePartners of Connecticut will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form and the terms and conditions listed below.
- **OptumRx (my Plan's Pharmacy Benefit Manager) will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature:

Date:

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:	Address (Street, City, State, ZIP code):
Phone number: ()	Relationship to participant:

Complete your participation request form online at:

<https://m3p-form.optumrx.com/?cid=P32Health>

Mail your completed form to:

Point32Health

1 Wellness Way

MS D3

Canton, MA 02021-9936

Fax your completed form to:

Fax: 1-617-972-9405

Call us to submit your request via telephone:

Phone: 1-888-341-1507 (TTY: 711)

If you have questions or need help completing this form, call us at 1-888-341-1507. Hours are 8:00 am to 8:00 pm, 7 days a week from October 1 to March 31, and Monday through Friday from April 1 to September 30. TTY users can call 711.

Terms and Conditions

The Medicare Prescription Payment Plan (M3P) is a new payment option in the Inflation Reduction Act that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Your drug coverage offers this payment option and participation is voluntary. There's no additional cost to participate in the Medicare Prescription Payment Plan.

By enrolling in the Medicare Prescription Payment Plan (M3P), you agree to the following terms and conditions:

- To enroll in the plan, you must have active Part D coverage.
- You understand that you have the option to leave the Medicare Prescription Payment Plan at any time but will still be responsible for any drug costs already incurred.
- You will be billed monthly. This payment is separate from any plan premiums (if applicable).
- Your payments may change each month if your prescriptions change month over month.
- You are responsible for paying your bill each month, on or before the due date.
- If you miss a payment, you will be sent a reminder to make payment. If you do not pay your bill by the due date listed in that reminder, you will be subject to removal from the Medicare Prescription Payment Plan.
- Removal from the Medicare Prescription Payment Plan does not impact your payment requirements. If terminated from the program, you remain obligated to pay past due amounts and may continue to receive bills for outstanding payments.
- Late payments made pursuant to the Medicare Prescription Payment Plan are not subject to interest or additional fees.
- If you are removed from the Medicare Prescription Payment Plan, this will not impact your current drug coverage.
- Removal from the Medicare Prescription Payment Plan may impact your eligibility to enroll in the program in the future.

Your 2025 plan documents listed below are currently available

- 2025 Evidence of Coverage (EOC)
- 2025 Provider Directory
- 2025 Formulary (List of Covered Drugs)

There are several ways to access these documents.

For the fastest way to access your documents, log in to your secure online account.



If you don't have a secure online account, sign up at [**carepartnersct.com/register**](https://carepartnersct.com/register).

Or,

- Visit [**carepartnersct.com/documents**](https://carepartnersct.com/documents).
- If you would like a printed document mailed to you, you may request one by emailing us at [**CPCTmemberexperience@carepartnersct.com**](mailto:CPCTmemberexperience@carepartnersct.com).
- You can also request a printed copy by calling Member Services at **1-888-341-1507 (TTY: 711)** 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

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). CarePartners of Connecticut does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

CarePartners of Connecticut

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CarePartners of Connecticut at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO)/**TTY: 711**.

If you believe that CarePartners of Connecticut has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, or gender identity), you can file a grievance with:

CarePartners of Connecticut, Attention:

Civil Rights Coordinator, Member Services
1 Wellness Way, Canton, MA 02021
Phone: **1-844-301-4010** ext. 48000 (TTY: 711)
Fax: **1-617-972-9048**
Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the CarePartners of Connecticut Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights; electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

carepartnersct.com | **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO)/**TTY: 711**

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية (PPO) 1-888-341-1507 (HMO)/1-866-632-0060 ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-341-1507 (HMO)/1-866-632-0060 (PPO)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Thank you

for being a member!

¹You must continue to pay your Part B premium. If you enrolled in a \$0 premium plan you do not receive an invoice each month unless you owe a Part D late enrollment penalty (LEP). For details on LEP, see your Evidence of Coverage (EOC).

²Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

³On 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.

⁴Depending on the tier your drug is on.

⁵\$150 is the total reimbursement amount each year (Jan. 1-Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

⁶You can get up to \$300 toward the full retail price (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.

⁷Quarterly 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.

⁸\$500 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.

⁹Discount is separate from covered benefit, see your Evidence of Coverage (EOC) available at carepartnersct.com/documents for details.

¹⁰ChooseHealthy® is a trademark of American Specialty Health and used with permission herein.

¹¹At participating facilities only. Discounts cannot be combined with any other promotion offered by Lasik or the location of service.

¹²\$100 credit can be applied to any service except medication dispenser services. 10% discount applies to medication dispenser services only.

¹³The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. A member may choose to receive treatment from a non-participating dentist. Cost shares for out-of-network benefits, if applicable, are based on procedure classification. Benefits are calculated using a Maximum Allowable Charge (MAC). Members are responsible for any amount charged which exceeds the MAC per procedure. Billing arrangements are between the member and the non-participating dentist. If a member receives treatment from a non-participating dentist, the member may be required to make payment in full at the time of service. The member may then submit a claim to the Plan for benefit payment. Please refer to your Evidence of Coverage for more information.

¹⁴CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties.

¹⁵Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

¹⁶Based on comparison to 2024 competitor plans.

¹⁷Additional 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 services, urgently needed services, Physical Therapy and Speech-Language Pathology Services, and remote patient monitoring services. \$0 copay for e-visits, virtual check-ins, and remote patient monitoring with your PCP or Specialist; for all other telehealth visits, copay is the same as corresponding in-person visit copay.

¹⁸Prior authorization may be required before you receive services.

¹⁹Rehabilitation 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.

²⁰If multiple tests are billed on one claim, copay will only apply once. Tests will not pull a copay on top of an office visit or urgent care copay if rendered the same day, and billed by the same provider on the same claim.

²¹Emergency care copay is waived if admitted to observation or inpatient within one day for the same condition, in which case applicable observation or inpatient copay applies.

²²Medicare 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. Additional acupuncture coverage included as part of Wellness Allowance.

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Benefits eligibility requirements must be met. Not all may qualify. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. 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 (TTY: 711).

Get the answers you need.

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

 **carepartnersct.com**

Or, call Member Services at **1-888-341-1507 (TTY: 711)**.

Share the good news!

Great new benefits, extra savings, a range of plans to meet different needs and budgets—refer your friends to CarePartners of Connecticut. Our **\$0 monthly premium CareAdvantage Preferred Medicare Advantage (HMO)** plan offers:

- Dental coverage included with \$3,000 calendar year maximum¹³
- \$0 monthly premium
- \$0 medical deductible
- \$0 copay for primary care provider visits
- \$0 prescription drug deductible
- \$0 copay for preventive screenings
- \$0 copay for Tier 6 vaccines
- \$500 Wellness Allowance and \$150 Weight Management reimbursement
- SilverSneakers® fitness membership at no additional cost
- Access to thousands of doctors, specialists, and hospitals
- No in-network referrals required

Tell your friends to call

1-844-388-6516 (TTY: 711) for a
FREE Medicare plan consultation.



**PPO plan with freedom
to access any doctor or
hospital. Call for details.**