

Welcome!

2025 CarePartners Access PPO Plan





Thank you for choosing us!

You made a great choice. Your CarePartners Access PPO 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 **1-866-632-0060 (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 **1-866-632-0060 (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 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



Select a PCP to support your health (optional)

A primary care provider (PCP) makes sure you get the care that is right for you and can help you avoid unnecessary expenses such as duplicate tests or higher out-of-network costs. This is especially helpful if you see multiple specialists. As a member of the Access PPO plan, you do not have to choose a network PCP, however, we strongly encourage you to choose a PCP and let us know who you chose. To select a network PCP, log in to your secure online member account or call Member Services at **1-866-632-0060 (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 in-network annual physical and an in-network 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 35.

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 13 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 **1-866-632-0060 (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. Find the name of your plan in the upper left of your ID card.



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 PPO Plan Works



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

Your plan has an out-of-pocket maximum that limits how much you spend on covered medical services in a year. Your in-network maximum out-of-pocket amount is \$6,350. This is the most you would have to pay for covered medical services received in-network in 2025. Your plan pays 100% of the in-network costs of covered medical services after you reach the maximum out-of-pocket amount.

Note: Services received out-of-network do not apply towards your \$6,350 in-network maximum out-of-pocket amount. See page 26 for the maximum out-of-pocket amount that applies to combined in- and out-of-network services.

Access any doctor or hospital

With your CarePartners Access PPO plan, you have the freedom to access any doctor or hospital in- or out-of-network within the United States and its territories—and you don't need referrals. In-network doctors and services have a lower cost sharing than out-of-network doctors. Seeing doctors inside the PPO network will help you to save on health care costs. For details on which doctors are in-network, visit carepartnersct.com/search-doctors.

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 \$10 for X-rays or \$10 for a prescription drug. For a list of what you pay for medical services and prescription drugs, see the charts on pages 26–28.

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 **1-866-632-0060 (TTY: 711)** for more information about working with our Care Management team.

How to Get Care

During regular office hours

Call your primary care provider (PCP) or health care provider to get a checkup, make an appointment, and ask general questions about your health.

After regular office hours

For non-emergency situations when your PCP's or health care provider's office is closed, call your PCP or health care provider 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 from your PCP or health care provider if you have a medical emergency.
- **If your health is not in serious danger** but you need medical care right away, call your PCP or health care provider. If you are unable to see your PCP or health care provider, you are covered for urgent care provided by any doctor or at urgent care centers. But whenever possible, you should see your PCP or health care provider.

When traveling

You are covered anywhere in the world for emergency or urgent care.² 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. Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

You can see any doctor, but seeing a doctor in our network will help you to save on costs. 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 **1-866-632-0060 (TTY: 711)** for reimbursement details.³

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 for 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 **1-866-632-0060 (TTY: 711)**.



A Care Manager can help answer any questions about your medications. To learn more about Care Managers, see page 9.



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

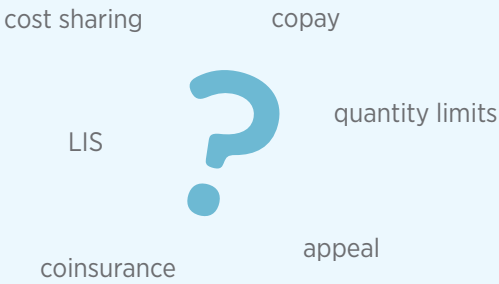
An easy way to save on your prescription drug costs is by using preferred pharmacies. With a preferred pharmacy, you pay as low as \$0 for Tier 1 and \$5 for Tier 2 drugs.⁴ The chart on page 34 provides more details on copay information. There are over 300 preferred pharmacies in our network, including 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-ppo. 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 **1-866-632-0060 (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!⁵ 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 41 or at carepartnersct.com/rx-mail-form. You should receive your order in approximately two weeks.
- By phone: **1-800-506-3703**.

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.



One card, two great ways to save!

Your supplemental dental benefit and over-the-counter (OTC) benefit are easy to use. With just one card you can take advantage of both of these great benefits.



For complete coverage details, go to carepartnersct.com/FlexAdvantage.



\$102 each calendar quarter to spend on health items⁶

The Visa® Flex Advantage spending card includes your over-the-counter (OTC) benefit that provides you with \$102 each calendar quarter to spend on health-related items such as:

Toothbrushes	Calcium with vitamin D3 supplement	Multivitamins	OTC hearing aids
Toothpaste		Allergy relief items	At-home COVID test kits
Aspirin	Omega 3 fish oil supplement	Adhesive bandages	OTC naloxone
		Sunscreen	...And more!

Use your Visa® Flex Advantage spending card to pay for eligible OTC items at participating retailers or plan-approved online stores. Unused balance at the end of the quarter does not carry over.



\$1,500 of dental coverage that goes where you go

With the Visa® Flex Advantage spending card, you get \$1,500 a year to spend on covered supplemental dental services—anywhere in the country.⁷



See any dentist

You can see any dentist in the country who accepts Visa—no network or restrictions to worry about.



Comprehensive services

You can use your Visa® Flex Advantage spending card to pay for non-cosmetic dental procedures, including implants and composite fillings.



No hassles

Not only are there no network restrictions, but there is also no deductible, no claims, no cost sharing, no balance billing, and no referrals.



Payment is easy

Just present your Visa® Flex Advantage spending card when you go to the dentist to pay for your procedure, up to the annual limit—no cost shares or bills to worry about.

Your Visa® Flex Advantage spending card makes it easy to get the dental services you need

You can use your Visa® Flex Advantage spending card for non-cosmetic dental procedures, such as:

Cleanings

Simple extractions

Dentures

Implants

X-rays

Scaling

Bridges

Composite fillings

Fillings

Root planing

Crowns

Fluoride treatment

Root canals

To check your dental and OTC balances at any time, find participating stores near you for OTC items, or to shop online for OTC items, go to carepartnersct.com/mybenefitscenter. You can also check your balances at any time by calling **1-833-684-8472**. Please refer to your Evidence of Coverage or the Visa® Flex Advantage spending card package you will receive from the OTC vendor for more details on how your Visa® Flex Advantage spending card works.



Check your mailbox in December for your Visa® Flex Advantage spending card. If you do not receive your card by December 31, 2024, please call Member Services for assistance.

Dental Coverage to Smile About

\$1,500 of dental coverage that goes wherever you go.

With your PPO Visa® Flex Advantage spending card,⁷ you get \$1,500 a year to spend on covered supplemental dental services—anywhere in the country.



- Your Visa Flex Advantage spending card is loaded with the full \$1,500 amount at the beginning of the year.
- Your balance does not carry over, so try to spend the full amount before the end of the year.
- You can see any dentist in the country who accepts Visa®—no network or other restrictions to worry about.
- You can use your Flex Advantage spending card to pay for any non-cosmetic dental procedure.
- Just present your Flex Advantage spending card when you go to the dentist to pay for your procedure—no cost shares or bills to worry about.
- You are covered up to the \$1,500 annual limit, and are responsible for costs above this amount.

Examples of dental services NOT ELIGIBLE with your Flex Advantage spending card:

- Reconstructive, plastic, cosmetic, elective, or aesthetic dentistry.
- Replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars.
- Services which are not necessary for the patient's dental health as determined by the plan.
- Dental services covered by your inpatient and outpatient medical benefits, including services by a dentist or oral surgeon that are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.





More Exciting Benefits That Help You Save

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

\$250 Wellness Allowance

You get a Wellness Allowance of up to \$250 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.

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, or call SilverSneakers at [1-888-423-4632](tel:1-888-423-4632) (TTY: 711).

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 in-network 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](tel:1-866-344-7756). For more details, visit hearingcaresolutions.com/carepartnersct.

Get up to \$250 toward eyewear

You can get up to a \$250 allowance toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses—including upgrades (i.e., non-standard frames and/or lenses) for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear—from a provider in the EyeMed Vision Care Network (includes national chains such as LensCrafters®, Pearle Vision®, and Target® Optical) or from a provider not in the EyeMed network.⁹ If you choose an EyeMed Vision Care participating provider, your coverage will apply at the time of service. If the cost of eyewear is above \$250, you will be responsible to pay for any remaining balance.

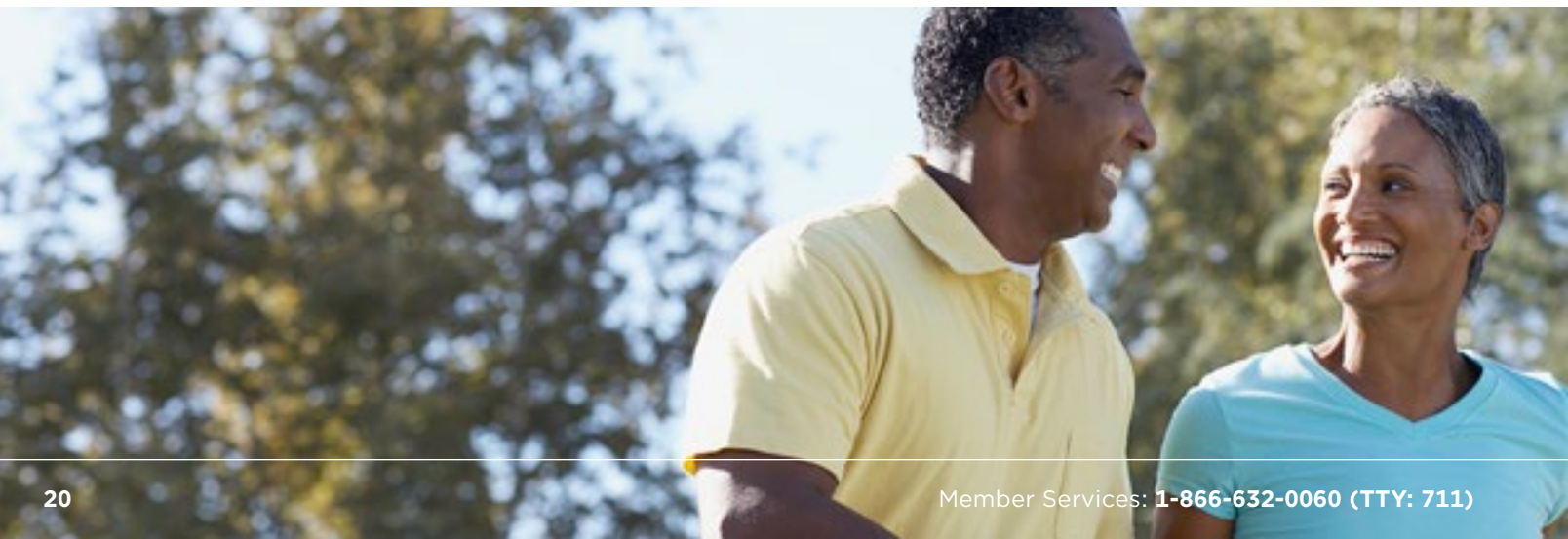
If you use a non-participating provider, you will need to pay out of pocket and submit for reimbursement. You are covered for reimbursement of eligible eyewear purchases up to \$250 per calendar year. To submit for reimbursement, you will need to file a claim with EyeMed Vision Care. Find the *Out of Network Vision Claims Form* on our website at carepartnersct.com/vision-form.

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.

You pay \$0 for in-network 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 in-network 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.



Get Member-Only Discounts With the Extras Program

As a member of the CarePartners Access (PPO) 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](tel: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.¹⁰

- 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 **1-866-632-0060 (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.

- 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^{®11} 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.¹²
- 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.¹³
- 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

• 20%

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).



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	CarePartners Access PPO
Monthly Premium ¹⁴ (all counties)	\$0
Medical Deductible	\$0
Annual Out-of-Pocket Maximum ¹⁵	\$6,350 in-network (\$9,550 combined in- and out-of-network)

Medical Copays	CarePartners Access (PPO)
Doctor Office Visits	
Primary Care Provider (PCP)	\$0/visit (OON: \$50/visit)
Specialist	\$45/visit (OON: \$65/visit)
Telehealth Services ¹⁶	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. (OON: Medicare-covered services only. Additional telehealth services not covered. Cost share is the same as corresponding in-person visit cost share.)
Preventive Care	
Annual Physical	\$0/visit (OON: 40% coinsurance)
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit (OON: 40% coinsurance)
Vision and Hearing	
Annual Routine Vision Exam	\$0/exam (\$65 OON)
Annual Eyewear Benefit ⁹	\$250 per year towards eyewear purchased from any provider
Annual Routine Hearing Exam	\$0/exam (OON: \$65/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.

Medical Copays

CarePartners Access (PPO)

Outpatient and Lab Services

Outpatient Services/Surgery

(Prior Authorization may be required for in-network services.)

Colonoscopies: \$0;
Ambulatory Surgical Centers: \$295/day;
Non-Ambulatory Surgical Centers: \$395/day
(OON: 40% coinsurance)

Rehabilitation Therapy¹⁷

(Prior Authorization may be required for in-network services.)

\$30/visit
(OON: 40% coinsurance)

Laboratory Services

(Prior Authorization may be required for in-network services.)

\$0/day
(OON: 40% coinsurance)

Diagnostic Procedures and Tests¹⁸

(Prior Authorization may be required for in-network services.)

\$40/day
(OON: 40% coinsurance)

X-rays

(Prior Authorization may be required for in-network services.)

\$10/day
(OON: 40% coinsurance)

Diagnostic Radiology Services

(Prior Authorization may be required for in-network services.)

Ultrasounds: \$60/day;
Other Medicare-covered: \$150/day
(OON: 40% coinsurance)

Emergency Services

Worldwide Emergency Care¹⁹

\$125/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.

Urgent Care

\$40/visit

Ambulance Services

\$325/one-way trip

Inpatient Care

Outpatient Hospital Observation

(Observation copay is waived if admitted as inpatient within one day for the same condition, in which case applicable inpatient copay applies.)

\$395 per stay
(OON: 40% coinsurance)

Inpatient Hospital Coverage

(Prior Authorization may be required for in-network services.)

\$395/day for days 1–5
(OON: 40% coinsurance)

Dental Coverage

CarePartners Access (PPO)

Embedded Benefits

Visa® Flex Advantage spending card⁷ with \$1,500 of dental coverage a year to use at any dentist nationwide who accepts Visa—no network or restrictions and no referrals. Just present your PPO Visa® Flex Advantage spending card to pay for any non-cosmetic dental procedure, including implants, dentures, bridges, crowns, composite fillings, and more.

Additional Benefits	CarePartners Access (PPO)
SilverSneakers® Membership	\$0 membership included.
Wellness Allowance⁸	\$250 per calendar year for reimbursement of fees at a qualified health club or facility (includes fitness studios, health clubs, year round pool facilities or community/senior centers), participation in instructional fitness classes, nutritional counseling, memory fitness activities, activity tracker (one per year), alternative therapies, home fitness equipment, massage therapy, online instructional fitness classes and subscriptions like Peloton, and more.
Over-the-Counter (OTC) Benefit⁶	\$102/quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over allowed.
Acupuncture²⁰	\$20/visit (OON: \$65/visit)

Rx Drug Coverage	CarePartners Access (PPO)	
Deductible	None	
Copays	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic⁴	\$0	\$0
Tier 2: Generic⁴	\$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 35 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.

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 41 to fill out this form and use the enclosed envelope addressed to OptumRx to mail. You can also sign up by calling OptumRx at **1-800-506-3703**.

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 **1-866-632-0060 (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 information has already been disclosed while this Designation was in effect.

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)
<input type="text"/>	<input type="text"/>
Printed name	Relationship, if not member**
<input type="text"/>	<input type="text"/>

**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
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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.

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: 1-866-632-0060 (TTY: 711)

If you have questions or need help completing this form, call us at 1-866-632-0060. 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.

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.



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.

Or,

- Visit carepartnersct.com/documents.
- If you would like a printed document mailed to you, you may request one by emailing us at CPCTmemberexperience@carepartnersct.com.
- You can also request a printed copy by calling Member Services at **1-866-632-0060 (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 대해 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، ليس عليك سوى الاتصال بنا على 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) سيقوم شخص ما يتحدث العربية 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 ouwa 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).

²Our plan cannot cover a drug purchased outside of the United States and its territories.

³Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

⁴On 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.

⁵Depending on the tier your drug is on.

⁶Quarterly 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.

⁷Dental services covered under the Visa® Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information.

⁸\$250 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.

⁹You can get up to \$250 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.

¹⁰Discount is separate from covered benefit, see your Evidence of Coverage (EOC) available at carepartnersct.com/documents for details.

¹¹ChooseHealthy® is a trademark of American Specialty Health and used with permission herein.

¹²At participating facilities only. Discounts cannot be combined with any other promotion offered by Lasik or the location of service.

¹³\$100 credit can be applied to any service except medication dispenser services. 10% discount applies to medication dispenser services only.

¹⁴CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties. Your actual premium may be more if you pay a late enrollment penalty. You must continue to pay your Medicare Part B premium.

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

¹⁶Additional telehealth services include: primary care physician services, specialist services, other health care professional (PA & NP) services, kidney disease education services, diabetes self-management training, individual and group sessions for mental health and psychiatric services, opioid treatment program services, observation services, individual and group sessions for outpatient substance use disorder, urgently needed services, physical therapy and speech-language pathology services, and remote patient monitoring 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.

¹⁷Rehabilitation 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.

¹⁸You will only pay one copayment per day even if multiple services are performed. There is no copay for services performed and billed as part of an office or urgent care visit.

¹⁹Emergency 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.

²⁰Medicare Services: Covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually. Plan will reimburse services rendered and billed directly by a licensed acupuncturist. Additional acupuncture coverage included as part of Wellness Allowance.

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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 1-866-632-0060 (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 **1-866-632-0060 (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 CarePartners Access (PPO)** plan offers:

- Access to any doctor or hospital
- \$1,500 dental benefit with Visa® Flex Advantage spending card⁷
- \$0 monthly premium
- \$0 medical deductible
- \$0 in-network copay for primary care provider visits
- \$0 prescription drug deductible
- \$0 in-network copay for preventive screenings
- \$0 copay for Tier 6 vaccines
- SilverSneakers® fitness membership at no additional cost
- No referrals required
- \$250 Wellness Allowance

Tell your friends to call
1-844-388-6516 (TTY: 711) for a
FREE Medicare plan consultation.



**HMO plan that includes
\$3,000 dental benefit.
Call for details.**