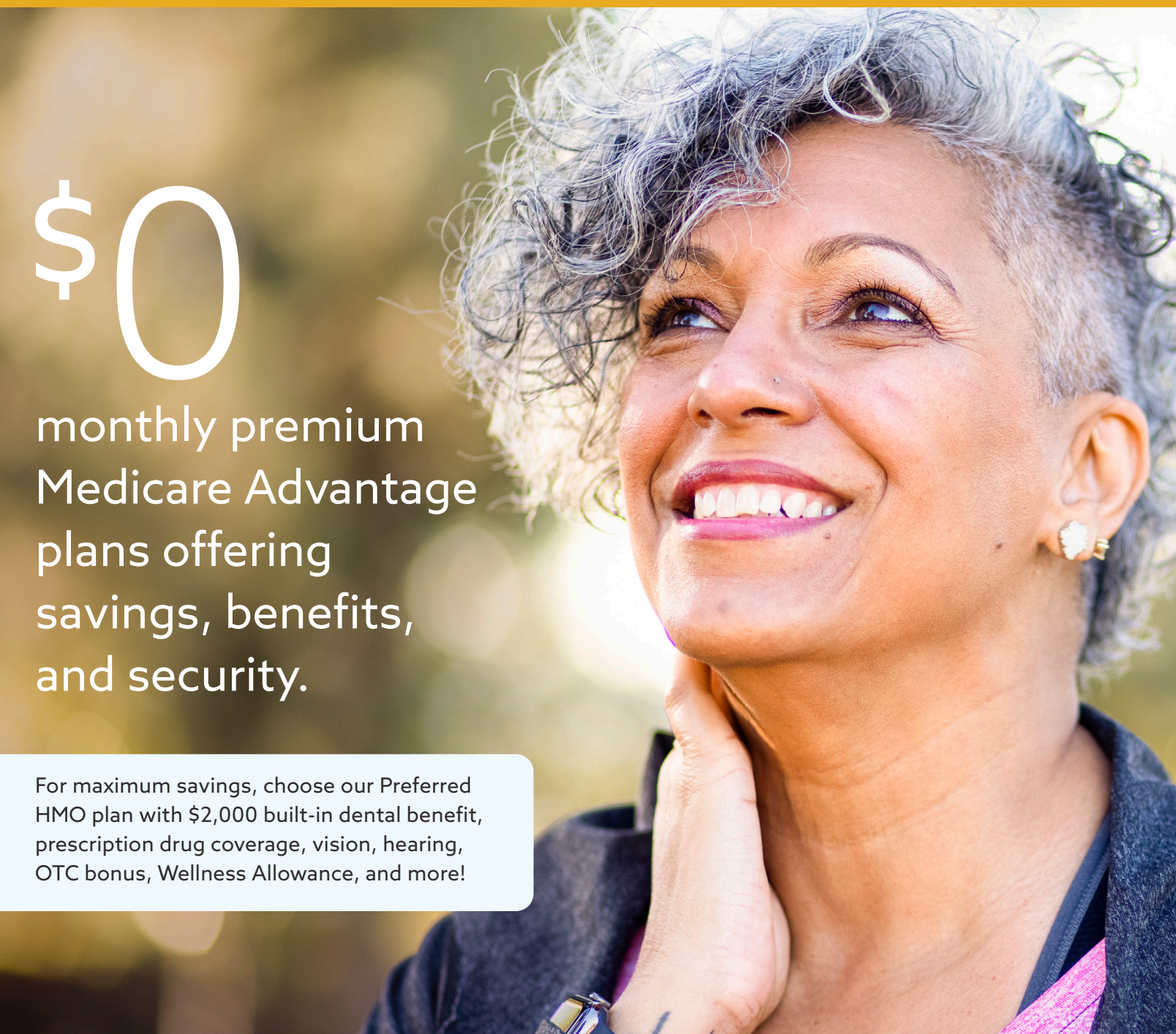
CarePartners of Connecticut MEDICARE ADVANTAGE

# 2026 Buyer's Guide

CarePartners of Connecticut Medicare Advantage Plans



## $0

monthly premium Medicare Advantage plans offering savings, benefits, and security.

For maximum savings, choose our Preferred HMO plan with $2,000 built-in dental benefit, prescription drug coverage, vision, hearing, OTC bonus, Wellness Allowance, and more!

# Dear Neighbor,

Choosing a Medicare plan is an important decision. You want to make sure you choose a health plan that provides you with high-quality, comprehensive benefits, while keeping your costs low.

High-quality benefits and services mean you get coverage you can depend on with access to trusted Connecticut doctors, including Hartford HealthCare, ProHealth Physicians, Yale New Haven Health, and many more.

As the only local, not-for-profit Medicare Advantage plan in the state, CarePartners of Connecticut is the plan you can trust to be there for you when you need it most. Our $0 monthly premium Preferred HMO plan includes preventive screenings, dental and prescription drug coverage, vision, hearing, OTC bonus, and some of the lowest maximum out-of-pocket costs in the state[1]. Plus, our Access PPO plan includes a Visa® Flex Advantage spending card[2] (see sidebar for details).

And we're committed to protecting your wallet by keeping costs low.

From the local Connecticut doctors who helped build our plans to our local, licensed Medicare Agents, we understand what matters to you most. If you have any Medicare questions, or need assistance choosing a plan, call us today at **1-844-402-6733 (TTY: 711)**.

Sincerely,

CarePartners of Connecticut

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## Get high-quality benefits and coverage you can count on.

CarePartners of Connecticut is where it all comes together. Our Medicare Advantage plans were created by Connecticut doctors to connect you to the high-quality care you deserve.

**If you're looking for maximum savings:**

Choose our $0 monthly premium Preferred HMO plan with $2,000 built-in dental benefit[3], prescription drug coverage, vision, hearing, $500 annual Wellness Allowance[4], $300 annual eyewear allowance[5], $50/calendar quarter to spend on over-the-counter health items[6], and more!

**If you're looking for flexibility:**

Choose our $0 monthly premium Access PPO plan with Visa® Flex Advantage spending card[2] with $750 dental benefit to use at most licensed dentists nationwide that accept Visa®. No waiting period. Plus, $50/calendar quarter to spend on over-the-counter health items[6], prescription drug coverage, vision, hearing, $250 annual eyewear allowance[5] and much more!

**Connecting you to local doctors**

Access to an expansive network with nearly 20,000 providers, including Community Medical Group, Connecticut Medical Group, Hartford HealthCare, Physicians Alliance of Connecticut, ProHealth Physicians, Starling Physicians, Trinity Health of New England, Yale New Haven Health, and many more!

# Why choose a Medicare Advantage plan from CarePartners of Connecticut?

## Pay Less

### Up to $2,000 dental benefit

With a CarePartners of Connecticut Medicare Advantage plan, get either a $2,000 (HMO)[3] or $750 (PPO)[2] annual dental benefit, including savings on bridges, dentures, crowns, and more. Preventive visits, including cleanings and X-rays, as low as $0 and no waiting period. See any licensed dentist nationwide.

### $500 Wellness Allowance[4]

With our $0 monthly premium HMO plan, get $500 per calendar year for reimbursement of fees at a qualified health club or facility (includes fitness studios, health clubs, year round pool facilities or community/senior centers), participation in instructional fitness classes, nutritional counseling, memory fitness activities, activity tracker (1 per year), alternative therapies, home fitness equipment, massage therapy, online instructional fitness classes, and subscriptions like Peloton, and more.

### SilverSneakers®

With both HMO and PPO plans, get a SilverSneakers fitness membership at no additional cost.

- $0 monthly premium plan options
- $0 medical deductible (HMO)
- $0 copay for in-network PCP visits
- $0 copay for in-network lab services
- $0 Tiers 1–2 Rx deductible
- $0 Tier 1 Rx drugs[7]
- $0 Tier 6 vaccines (including Shingrix)
- $0 copay for in-network annual routine vision and hearing exams
- Insulin costs capped at $35 per month
- Lower premiums than a Medicare Supplement plan to help you save money

**Questions?** Call **1-844-402-6733 (TTY: 711)**

Or visit **carepartnersct.com**

# Get More

## Connecting you to local doctors

Our Medicare Advantage HMO and PPO plans were created by top Connecticut doctors to connect you to the best possible care.

## Our expansive network with nearly 20,000 providers continues to grow

We understand how important it is to see the doctors and specialists you want to see, so we are constantly expanding our network and improving our benefits.

## One-on-one Care Manager

Care Managers are nurses, social workers, or other health care professionals who work closely with your doctor to help guide you through the health care system, and improve your health and well-being.

## Prescription drug coverage included

All of our Medicare Advantage plans include prescription drug coverage and enhanced coverage of certain erectile dysfunction (ED) drugs. To see a complete list of covered prescription drugs, visit **carepartnersct.com/drug-coverage**.

- Dental coverage included
- Prescription drug coverage included
- Worldwide coverage for urgent and emergency care
- One of the lowest annual maximum out-of-pocket costs in the state[1]
- Hearing aid benefit
- Up to $300 annual eyewear allowance[5]
- $50/calendar quarter for over-the-counter health items[6]
- $500 annual Wellness Allowance (HMO)[4]
- $150 annual reimbursement toward program fees for weight management programs (HMO)[8]
- More coverage, benefits, and financial security than Original Medicare

# HMO or PPO—which plan is right for you?

While there are cost differences to consider, choosing between an HMO (Health Maintenance Organization) and a PPO (Preferred Provider Organization) Medicare Advantage plan depends mostly on your health care preferences and how you see your doctor.

## 1 CareAdvantage Preferred HMO

With an HMO plan, you choose a primary care provider (PCP) to help coordinate the care you need and make informed decisions about your health. This includes providing referrals for specialists. Having a PCP provides a more coordinated approach to the care you receive and helps manage costs. Plus, HMO plans generally offer lower out-of-pocket costs for many benefits compared with PPO plans.

- $0 monthly premium
- $0 medical deductible
- Your PCP helps coordinate your care
- No referral needed to see an in-network provider or specialist (Your PCP provides referrals to out-of-network providers and specialists if necessary)
- Lower out-of-pocket costs compared with PPO
- Includes worldwide coverage for urgent and emergency care
- Includes prescription drug coverage and $2,000 dental coverage[3]

## 2 CarePartners Access PPO

A PPO plan offers greater flexibility by providing you the freedom to see specialists without a referral, in- or out-of-network. (Although seeing doctors inside the network will generally have lower costs for services than seeing a doctor outside of the network.)

- $0 monthly premium
- PCP selection not required but encouraged for care coordination
- You can see any doctor who accepts Medicare
- No referrals required
- Seeing a doctor inside the network will generally have lower costs than seeing a doctor outside of the network
- Includes worldwide coverage for urgent and emergency care
- Includes prescription drug coverage and $750 dental coverage[2]

Not sure which one is right for you? We can help. Call us to figure it out!

**1-844-402-6733 (TTY: 711)**

# $0 monthly premium Preferred HMO plan

## If you're looking for maximum savings:

Choose our $0 monthly premium Preferred HMO plan where you, your PCP, and your health plan all work together to provide the best health care possible.

## In-network benefits of our HMO plan include:

- $2,000 dental benefit[3]
- $0 monthly premium
- $0 medical deductible
- $0 copay for PCP visits
- $0 copay for labs
- $0 copay for annual routine vision exam and $300 annual eyewear allowance[5]
- $0 copay for annual routine hearing exam
- Hearing aid benefit
- $50/calendar quarter for over-the-counter health items such as toothbrushes, aspirin, sunscreen, and more![6]
- $500 annual Wellness Allowance to use towards a gym membership, fitness classes, and more[4]
- SilverSneakers® membership at no additional cost

## Prescription drug coverage.

- $0 Tiers 1–2 Rx drug deductible
- $0 Tier 1 Rx drugs at preferred pharmacies and through mail order[7]
- $0 Tier 6 vaccines (including Shingrix)

# Preferred HMO plan dental coverage

With our $0 monthly premium Preferred HMO plan, you don't have to add extra dental coverage to your plan—it's already included!

**Benefits:**

- $2,000 dental benefit limit per calendar year
- $0 deductible for preventive services such as routine cleanings.
- Savings on bridges, dentures, crowns, root canals, and more
- Preventive visits, including cleanings and bitewing X-rays, as low as $0
- No waiting period
- See any licensed dentist. Benefits apply to both in- and out-of-network.

For complete coverage details, go to **carepartnersct.com/dental-coverage**.

# $0 monthly premium Access PPO plan

## If you're looking for flexibility:

Choose our $0 monthly premium Access PPO plan with Visa® Flex Advantage spending card. Plus, with in- and out-of-network coverage, your plan travels wherever you go.

## $0 premium plan—no referrals required.

In-network benefits of our PPO plan include:

- $0 monthly premium
- $250 medical deductible[9]
- $0 copay for PCP visits
- $0 copay for labs
- $0 copay for annual routine hearing exam
- Hearing aid benefit
- $0 copay for annual routine vision exam, and $250 annual eyewear allowance[5]
- SilverSneakers® membership at no additional cost
- $50/calendar quarter for over-the-counter health items[6]
- Annual maximum out-of-pocket costs are capped at $8,500 for in-network services ($10,100 for combined in-network and out-of-network services)

## Prescription drug coverage.

- $0 Tiers 1–2 Rx drug deductible
- $0 Tier 1 Rx drugs at preferred pharmacies and through mail order[7]
- $0 Tier 6 vaccines (including Shingrix)

# Access PPO plan dental coverage


## $750 of dental coverage that goes wherever you go

With our prepaid PPO Visa® Flex Advantage spending card,[2] you get **$750 a year to spend on dental services**—nationwide.

### See any dentist[10]

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

### Payment is easy

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

### Comprehensive services

You can use your prepaid PPO Visa® Flex Advantage spending card to pay for any non-cosmetic dental procedure, including dentures, bridges, and composite fillings.

### No hassles

Not only are there no network restrictions, but there is also no deductible, no claims to process[10], no cost sharing, no balance billing, and no referrals.

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

Use your Flex Advantage spending card for any non-cosmetic dental procedure, such as:

| | | | |
|---|---|---|---|
| Cleanings | Extractions | Dentures | Root canals |
| X-rays | Scaling | Bridges | Composite fillings |
| Fillings | Root planing | Crowns | Fluoride Treatments |

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

# Plan comparison chart

This is a quick reference guide to some of the more commonly used services.
For more complete plan benefit information, including referrals and other requirements, see the Evidence of Coverage (EOC), available at **carepartnersct.com/documents**.

| The Basics | CareAdvantage Preferred (HMO) | CarePartners Access (PPO) |
|---|---|---|
| **Monthly Premium (all counties[11])** | $0 | $0 |
| **Medical Deductible** | $0 | $250[9] |
| **Annual Out-of-Pocket Maximum[12]—one of the lowest in Connecticut[1]** | $6,750 | $8,500 in-network ($10,100 combined in- and out-of-network) |

Speak to a local, licensed Medicare Agent about your plan options today!

## 1-844-402-6733 (TTY: 711)

### Use these helpful tools on our website:

**Compare our Medicare Advantage plans**
carepartnersct.com/compare-plans

**See how your drugs are covered**
carepartnersct.com/drug-coverage

**Search doctors and specialists**
carepartnersct.com/search-doctors

**Search for network dentists**
carepartnersct.com/search-dentists

**OON** refers to services performed by a provider outside of our network. All other costs listed are for services performed by a provider in our network. $250 deductible applies to services where cost share is noted with (*).

| Medical Copays | CareAdvantage Preferred (HMO) | CarePartners Access (PPO) |
|---|---|---|
| **Doctor Office Visits** | | |
| **Primary Care Provider (PCP)** | $0/visit | $0/visit (OON: $80/visit*) |
| **Specialist** | $55/visit | $55/visit (OON: $80/visit*) |
| **Telehealth Services**[13] | Medicare-covered services plus additional telehealth services. $0 copay for e-visits, and virtual check-ins. For all other telehealth visits, copay is the same as corresponding in-person visit copay. | Medicare-covered services plus additional telehealth services. $0 copay for e-visits, and virtual check-ins. For all other telehealth visits, copay is the same as corresponding in-person visit copay. (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 | $0/visit (OON: 40% coinsurance) |
| **Cancer Screening (Colorectal, Prostate, Breast)** | $0/visit | $0/visit (OON: 40% coinsurance) |
| **Vision and Hearing** | | |
| **Annual Routine Vision Exam** | $0/exam | $0/exam (OON: $65/exam) |
| **Annual Eyewear Benefit**[5] | $300 per calendar year towards eyewear purchased from any provider | $250 per calendar year towards eyewear purchased from any provider |
| **Annual Routine Hearing Exam** | $0/exam | $0/exam (OON: $65/exam) |
| **Hearing Aid Benefit** | Through TruHearing, Inc. Up to 2 hearing aids/year, 1 per ear. Copays: $250 Standard, $475 Superior, $650 Advanced, $850 Advanced Plus, $1,150 Premier. | Through TruHearing, Inc. Up to 2 hearing aids/year, 1 per ear. Copays: $250 Standard, $475 Superior, $650 Advanced, $850 Advanced Plus, $1,150 Premier. (OON: Hearing aid must be ordered only through TruHearing, Inc.) |
| **Outpatient and Lab Services** | | |
| **Outpatient Services/ Surgery** | Colonoscopies: $0; Ambulatory Surgical Centers: $250/day; Non-Ambulatory Surgical Centers: $350/day | Colonoscopies: $0; Ambulatory Surgical Centers: $295/day*; Non-Ambulatory Surgical Centers: $435/day* (OON: 50% coinsurance*) |
| **Rehabilitation Therapy**[14] | $25/visit | $30/visit (OON: 40% coinsurance*) |
| **Laboratory Services** | $0/day | $0/day (OON: 40% coinsurance*) |
| **Diagnostic Procedures and Tests**[15] | $30/day | $40/day (OON: 40% coinsurance*) |
| **X-Rays** | $30/day | $10/day (OON: 40% coinsurance*) |
| **Diagnostic Radiology Services** | Ultrasounds: $60/day; Other Medicare-covered: $200/day | Ultrasounds: $60/day; Other Medicare-covered: $225/day (OON: 40% coinsurance*) |

| Medical Copays | CareAdvantage Preferred (HMO) | CarePartners Access (PPO) |
|---|---|---|
| **Emergency Services** | | |
| **Worldwide Emergency Care** | $130/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition. | $115/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition. |
| **Urgent Care** | $50/visit | $40/visit |
| **Ambulance Services** | $300/one-way trip | $325/one-way trip* |
| **Inpatient Care** | | |
| **Inpatient Hospital Care** | $395/day for days 1–6;<br>$0/day after day 6 | $485/day for days 1–5*;<br>$0/day after day 5<br>(OON: 40% coinsurance*) |

| Dental Coverage | CareAdvantage Preferred (HMO) | CarePartners Access (PPO) |
|---|---|---|
| **Embedded Benefits** | $2,000 yearly maximum.[3] $100 deductible for basic and major services, $0 deductible 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 after deductible; and 50% coinsurance for major services such as extractions, dentures, bridges, and crowns after deductible. Implants not covered. No waiting period. See any licensed dentist. Benefits apply to both in- and out-of-network. | Visa® Flex Advantage spending card[2] with $750 of dental coverage a year to use at most dentists nationwide who accept 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 dentures, bridges, crowns, composite fillings, and more. |

Speak to a local, licensed Medicare Agent about your plan options today!

**1-844-402-6733 (TTY: 711)**

| Additional Benefits | CareAdvantage Preferred (HMO) | CarePartners Access (PPO) |
|---|---|---|
| **SilverSneakers® Membership** | $0 membership included | $0 membership included.<br>(OON: $0 for at-home exercise kits) |
| **Weight Management Programs[8]** | $150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs. | Not covered |
| **Wellness Allowance[4]** | $500 per calendar year for reimbursement of fees at a qualified health club or facility (includes fitness studios, health clubs, year round pool facilities or community/senior centers), participation in instructional fitness classes, nutritional counseling, memory fitness activities, activity tracker (1 per year), alternative therapies, home fitness equipment, massage therapy, online instructional fitness classes and subscriptions like Peloton, and more. | Not covered |
| **Over-the-Counter (OTC) Bonus[6]** | $50 per calendar quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over. | $50 per calendar quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over. |
| **Acupuncture[16]** | $20/visit | $20/visit (OON: $65/visit*) |

| Rx Drug Coverage | CareAdvantage Preferred (HMO) | | CarePartners Access (PPO) | |
|---|---|---|---|---|
| **Deductible** | $0 (Tiers 1–2); $450 (Tiers 3–5) | | $0 (Tiers 1–2); $550 (Tiers 3–5) | |
| Copays | Retail 30-day supply | Mail Order 90-day supply | Retail 30-day supply | Mail Order 90-day supply |
| **Tier 1: Preferred Generic[7]** | $0 | $0 | $0 | $0 |
| **Tier 2: Generic[7]** | $2 | $4 | $2 | $4 |
| **Tier 3: Preferred Brand** | 20% coinsurance (Insulin: $35) | 20% coinsurance (Insulin: $70) | 20% coinsurance (Insulin: $35) | 20% coinsurance (Insulin: $70) |
| **Tier 4: Non-Preferred Drug** | 25% coinsurance (Insulin: $35) | 25% coinsurance (Insulin: $70) | 25% coinsurance (Insulin: $35) | 25% coinsurance (Insulin: $70) |
| **Tier 5: Specialty Tier** | 26% | N/A | 25% | N/A |
| **Tier 6: Vaccines** | $0 | N/A | $0 | N/A |
| **Catastrophic Threshold** | When your payments for the year are greater than $2,100, 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. | | | |

# Top 100 most utilized drugs

Below is a list of commonly used drugs covered under our Medicare Advantage plans. This is not a complete list of drugs covered by our plan. For a complete list, visit **carepartnersct.com/drug-coverage**.

**Tier 1:** Preferred Generic
**Tier 2:** Generic
**Tier 3:** Preferred Brand
**Tier 4:** Non-Preferred Brand
**Tier 5:** Specialty Tier
**Tier 6:** Vaccines

**CAPS: Brand name drug.**

**QL: Quantity Limit Applies.** These drugs have dispensing limitations and the pharmacy will only dispense a certain quantity of a drug within a given time period.

**PA: Prior Authorization Required.** The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

| Drug Name | Tier/ Limits |
|---|---|
| albuterol sulfate | Tier-2 |
| alendronate | Tier-1 |
| allopurinol | Tier-2 |
| alprazolam | Tier-2 |
| amlodipine besylate | Tier-1 |
| amoxicillin capsules and tablets | Tier-2 |
| amoxicillin/clavulanate potassium | Tier-2 |
| atenolol | Tier-1 |
| atorvastatin calcium | Tier-1 |
| azithromycin | Tier-2 |
| BREYNA | Tier-4, QL |
| bupropion hydrochloride | Tier-2 |
| carvedilol | Tier-1 |
| celecoxib | Tier-2 |
| cephalexin | Tier-2 |
| chlorhexidine gluconate | Tier-1 |
| chlorthalidone | Tier-2 |
| ciprofloxacin hydrochloride | Tier-1 |
| citalopram | Tier-1 |
| clindamycin | Tier-2 |
| clonazepam | Tier-1 |
| clopidogrel | Tier-1 |
| cyclobenzaprine hydrochloride | Tier-2 |
| diazepam | Tier-2 |
| diltiazem ER | Tier-3 |
| doxycycline hyclate | Tier-2 |
| doxycycline monohydrate | Tier-2 |

| Drug Name | Tier/ Limits |
|---|---|
| duloxetine hydrochloride | Tier-2 |
| ELIQUIS | Tier-3 |
| escitalopram oxalate | Tier-2 |
| ezetimibe | Tier-2 |
| famotidine | Tier-2 |
| FARXIGA | Tier-3 |
| fenofibrate tablet | Tier-2 |
| finasteride | Tier-2 |
| fluoxetine | Tier-1 |
| fluticasone propionate | Tier-1 |
| furosemide | Tier-1 |
| gabapentin | Tier-2 |
| glimepiride | Tier-1 |
| glipizide | Tier-1 |
| hydralazine | Tier-2 |
| hydrochlorothiazide capsules and tablets | Tier-1 |
| hydrocodone | Tier-2 |
| hydroxyzine | Tier-2 |
| ibuprofen | Tier-1 |
| JARDIANCE | Tier-3 |
| ketoconazole | Tier-2 |
| LANTUS | Tier-3 |
| latanoprost | Tier-2 |
| levothyroxine sodium | Tier-1 |
| lisinopril | Tier-1 |
| lisinopril-hydrochlorothiazide | Tier-1 |
| lorazepam | Tier-2 |
| losartan potassium | Tier-1 |
| meclizine | Tier-2 |
| meloxicam | Tier-1 |
| metformin hcl | Tier-1 |
| metformin hcl ER | Tier-1 |
| methylprednisolone dose | Tier-2 |
| metoprolol succinate | Tier-2 |
| metoprolol tartrate | Tier-1 |
| mirtazapine | Tier-2 |
| montelukast sodium | Tier-2 |

| Drug Name | Tier/ Limits |
|---|---|
| mupirocin | Tier-2 |
| naproxen | Tier-1 |
| nitrofurantoin monohydrate/ macrocrystals | Tier-2 |
| olmesartan | Tier-1 |
| omeprazole | Tier-2 |
| ondansetron | Tier-2 |
| oxycodone hydrochloride | Tier-2 |
| oxycodone/acetaminophen | Tier-2, QL |
| OZEMPIC | Tier-3, PA |
| pantoprazole sodium | Tier-2 |
| pravastatin | Tier-1 |
| prednisolone acetate | Tier-3 |
| prednisone | Tier-1 |
| pregabalin | Tier-2 |
| rosuvastatin calcium | Tier-1 |
| sertraline hydrochloride | Tier-1 |
| simvastatin | Tier-1 |
| sodium sulfate/potassium | Tier-4 |
| spironolactone | Tier-2 |
| sulfamethoxazole/trimethoprim DS | Tier-1 |
| tamsulosin hydrochloride | Tier-2 |
| tramadol hydrochloride | Tier-1 |
| trazodone hydrochloride | Tier-2 |
| TRELEGY ELLIPTA | Tier-3; QL |
| triamcinolone acetonide | Tier-2 |
| valacyclovir | Tier-2 |
| valsartan | Tier-1 |
| valsartan-hydrochlorothiazide | Tier-1 |
| venlafaxine ER | Tier-3 |
| XARELTO | Tier-3 |
| zolpidem | Tier-2 |

[1]Based on comparison to 2025 competitor plans.

[2]Dental services covered under the PPO 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.

[3]The 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.

[4]$500 (HMO) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for health clubs, fitness classes, nutritional counseling, or wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors (limited to 1 a year), and additional types of fitness clubs and classes.

[5]Up to $300 (HMO)/$250 (PPO) 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. Only one purchase is allowed per calendar year up to the benefit amount; any unused amount after the single purchase will expire and cannot be applied toward another purchase during the calendar year.

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

[7]On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, Stop & Shop, Costco, and Wegman's. Not all locations may participate. Tier 1 and Tier 2 also include enhanced coverage of select erectile dysfunction drugs.

[8]$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, scales, or other items or supplies.

[9]Deductible applies in-network to inpatient services, outpatient hospital observation, and outpatient hospital services including services at ambulatory surgical centers; deductible applies to most out-of-network non-Medicare Preventive services.

[10]In certain situations where the Visa card is not accepted, you can pay out-of-pocket and request reimbursement from the plan.

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

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

[13]Additional telehealth services include services such as primary care services, specialist services, and more. Please refer to your Evidence of Coverage for complete of covered services.

[14]Rehabilitation therapy includes physical therapy, occupational therapy, and speech therapy. You pay $0 for in-network post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.

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

[16]Medicare Services: Covers up to 12 visits in 90 days for members with chronic low back pain. 8 additional visits covered for those demonstrating an improvement. No more than 20 visits administered annually.

**Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.** Benefits eligibility requirements must be met. Not all may qualify. Medicare beneficiaries may also enroll in CarePartners of Connecticut through the CMS Medicare Online Enrollment Center located at **www.medicare.gov**. Out-of-network/noncontracted providers are under no obligation to treat CarePartners of Connecticut members, except in emergency situations. Please call our Customer Service number for more information, including the cost sharing that applies to out-of-network services. SilverSneakers is a registered trademark of Tivity Health, Inc.  CarePartners of Connecticut is an HMO and PPO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711).

CarePartners of Connecticut
MEDICARE ADVANTAGE

# Use this easy enrollment checklist to simplify the process and you'll be ready for the road ahead!

## 1 Choose your plan:

- ☐ CareAdvantage Preferred (HMO)
- ☐ CarePartners Access (PPO)

## 2 Choose your primary care provider:

A PCP is a doctor, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, and helps you access a range of health care services. A PCP is required for HMO but also recommended for PPO.

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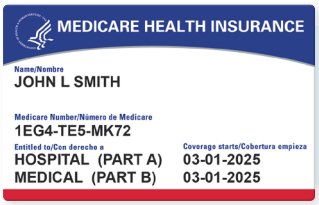
Search doctors and specialists: **carepartnersct.com/search-doctors**

## 3 Grab your Medicare card:




You will need to access information on your Medicare card when enrolling. Need a Medicare card? Call us at **1-844-402-6733 (TTY: 711)** and we'll explain what you need to do.

## 4 Enroll the way that's best for you:

**By phone**
**1-844-402-6733**

**Online**
**carepartnersct.com/enroll**

**By mail**
Find the paper enrollment form online at **carepartnersct.com/enrollment-form**

## We're Here to Help

We have a knowledgeable staff of representatives who understand Medicare and are always available to help find the plan that's right for you. No sales pressure. No obligation.

**1-844-402-6733 (TTY: 711)**