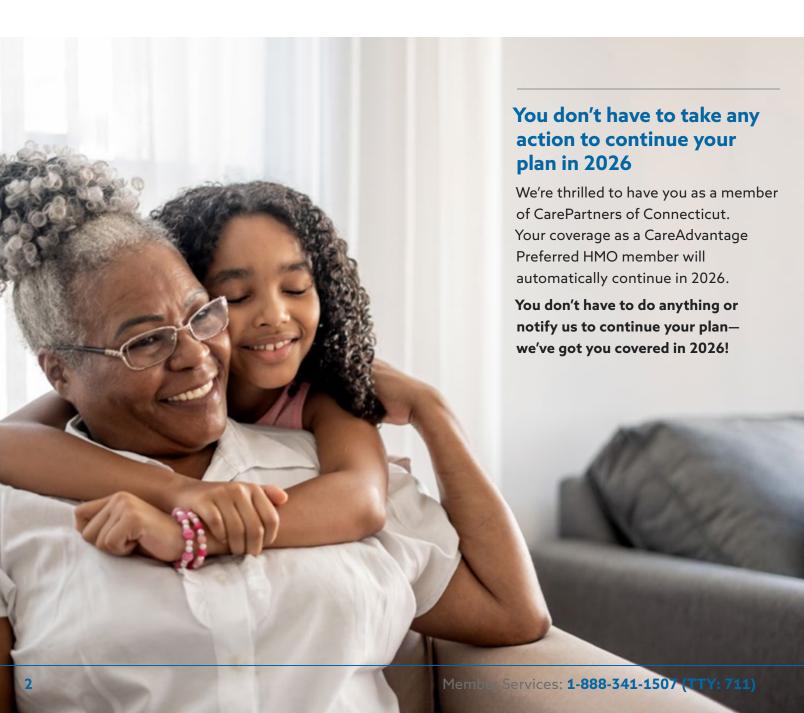
# **Upcoming Changes to Your 2026 Plan**

CarePartners of Connecticut
CareAdvantage Preferred HMO Plan



## Thank you for being a member of CarePartners of Connecticut!

Your plan includes a lot of exciting benefits—and if something changes, we want you to know about it. This easy-to-use guide will make it easier to identify changes to your plan beginning January 1, 2026. If you have any questions, just give us a call at 1-888-341-1507 (TTY: 711). We're here to help you get the most out of your plan!



## 2026 Highlights

#### No changes to your monthly premium!

\$0 monthly premium<sup>1</sup> with a maximum out-of-pocket cost of \$6,750.

#### Lower copays for chiropractic services

\$15 copays for chiropractic services, including initial evaluation and manual adjustment of the spine.

#### Additional preventive services

Your plan covers in-network Medicare preventive services covered by Medicare, including the following new services:

- Pre-exposure prophylaxis (PrEP) for HIV prevention
- Screening for Hepatitis C virus infection

#### Chronic pain management and treatment benefit

This new benefit covers services for people living with chronic pain.

#### Increased telehealth services

Your benefit includes more services such as cardiac and pulmonary rehabilitation services, and more.

#### \$0 copays for routine eye exams

Lower copays and coinsurance on many drug tiers

## Continue to save with great benefits

#### Wellness Allowance<sup>2</sup>

Get reimbursed up to \$500 each calendar year for health clubs, yearround pool facilities or community/senior centers), fitness tracker purchase (one per year), and more.

## \$200 over-the-counter (OTC) benefit

In 2026, you get \$50 per calendar quarter to spend on Medicare-approved, health-related items.<sup>3</sup>

Don't throw out your current OTC card. It will be reloaded with your 2026 quarterly credit at the beginning of the year. If you have lost your card, call Member Services at 1-888-341-1507

(TTY: 711) and request a replacement.

For more details on changes to your plan for 2026, please see the table on the following pages.

## What's changing in 2026?

The highlights below will help you to quickly identify changes to your plan beginning January 1, 2026. For complete information on 2026 benefit changes, see your **Annual Notice of Change (ANOC)** letter. For complete 2026 benefit details, see your **Evidence of Coverage (EOC)**. You can find these documents at **carepartnersct.com/documents**, or call Member Services at **1-888-341-1507 (TTY: 711)**.

Scan here to access your documents

## Monthly premiums and maximum out-of-pocket costs

	2025 (this year)	2026 (next year)
Monthly premium	\$0	\$0
Maximum out-of-pocket⁴	\$4,900	\$6,750



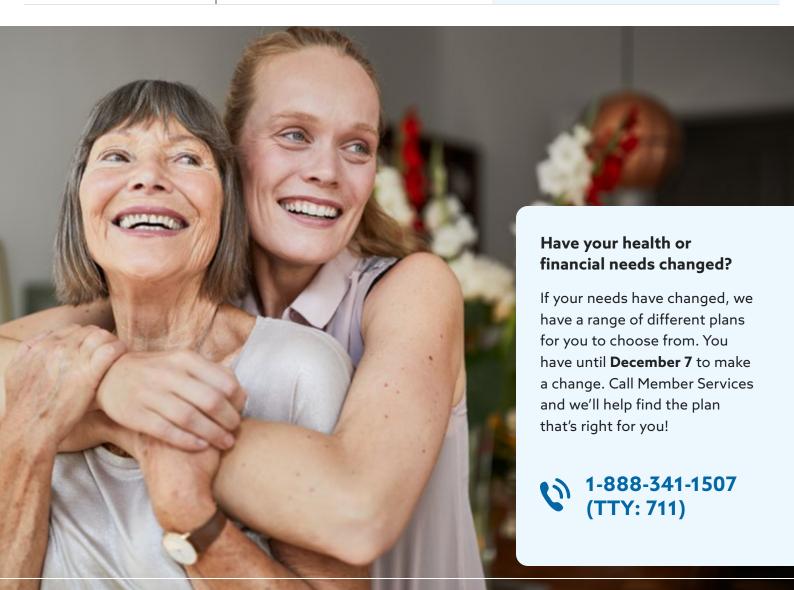
## Changes to prior authorization

Benefits 2025 (this year)		2026 (next year)		
Outpatient hospital observation	Prior authorization is not required	Prior authorization <b>may be required</b> , except in an emergency		

## Changes to your costs

Benefits	2025 (this year)	2026 (next year)			
Chiropractic services (Initial evaluation, manual adjustment of the spine to correct alignment)	\$20	\$15			
Diabetic supplies and services	\$0 for Medicare-covered diabetic supplies and services. Coverage for blood glucose monitors and blood glucose test strips is limited to the OneTouch products manufactured by LifeScan, Inc.	\$0 for Accu-Chek products and for Continuous Glucose Monitors (CGMs); 20% coinsurance for therapeutic shoes or inserts and all other non-Accu-Chek products.  Coverage for blood glucose monitors and blood glucose test strips is limited to Accu-Chek products manufactured by Roche Diabetes Care, Inc.			
Embedded dental plan⁵	\$3,000 calendar year benefit limit; Class 1 services: \$0 copay; Class 2 services: 20% coinsurance; Class 3 services: 50% coinsurance; No deductible; Implants are covered	\$2,000 calendar year benefit limit; Class 1 services: \$0 copay; Class 2 services: 20% coinsurance after deductible; Class 3 services: 50% coinsurance after deductible; \$100 deductible on Class 2 & 3 services; Implants are not covered			
Emergency care <sup>6</sup>	\$125 per visit	<b>\$130</b> per visit			
Inpatient hospital care (In an acute care or rehabilitation hospital)	\$395 per day for days 1–5	\$395 per day for days 1- <b>6</b>			
Medicare preventive services	The plan covers Medicare preventive services covered by Medicare.	<ul> <li>The plan covers Medicare preventive services covered by Medicare, including the following new services:</li> <li>Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>Screening for Hepatitis C virus infection</li> </ul>			
Office visit—Specialist	\$45 per visit	<b>\$55</b> per visit			
Outpatient diagnostic radiology services	\$60 per day ultrasound; \$150 per day for other services	\$60 per day ultrasound; <b>\$200</b> per day for other services			
Outpatient hospital observation	\$310 per stay	<b>\$350</b> per stay			
Outpatient hospital services	\$310 per day	<b>\$350</b> per day			
Outpatient mental health care and substance use disorder services	\$20 per visit \$40 per visit				

Benefits	2025 (this year)	2026 (next year)		
Outpatient surgery, including services at ambulatory surgical centers (ASC)	Colonoscopies: \$0; Other services (ASC): \$210 per day; Other services (non-ASC): \$310 per day	Colonoscopies: \$0; Other services (ASC): <b>\$250</b> per day; Other services (non-ASC): <b>\$350</b> per day		
Over-the-counter (OTC) for Medicare Items <sup>3</sup>	\$140 per calendar quarter \$50 per calendar quarter			
Skilled nursing facility (SNF) care	\$0 for days 1-20; \$203 per day for days 21-100	\$0 for days 1-20; <b>\$218</b> per day for days 21-100		
Urgently needed care	\$40 per visit	\$50 per visit		
Vision—Diabetic retinopathy	\$15 per visit if performed during routine eye exam; \$45 per visit if performed during visit to treat other eye conditions	<b>\$0</b> per visit if performed during routine eye exam; \$45 per visit if performed during visit to treat other eye conditions		
Vision—Routine eye exam	\$15 per visit	<b>\$0</b> per visit		



## Changes to medical benefits

Benefits	2025 (this year)	2026 (next year)
Chronic pain management and treatment services	Not covered under Medicare	Covered under Medicare. Cost sharing will vary depending on services provided during treatment.
Eyewear benefit <sup>7</sup>	\$300 allowance per calendar year. Upgrades are covered. Multiple purchases are allowed during the year up to the full annual benefit amount.	\$300 allowance per calendar year. Upgrades are covered. 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.
Hearing aids and hearing aid fitting	Services provided through Hearing Care Solutions	Services provided through <b>TruHearing</b> , <b>Inc.</b>
Medicare Part B drugs	Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs	Part B drugs may be subject to Step Therapy requirements that include Part B to Part B drugs, Part B to Part D drugs, and Part D to Part B drugs
Telehealth services <sup>8</sup>	Medicare-covered services plus additional telehealth services.	Medicare-covered services plus additional telehealth services. <b>New services include:</b> • Pulmonary rehabilitation services • Partial hospitalization services • Intensive outpatient services • Cardiac rehabilitation services • Intensive cardiac rehabilitation services

## Changes to drug costs

#### Change to your deductible

	2025 (this year)	2026 (next year)	
Deductible	\$0	\$450 (Tiers 3-5)	

#### What is a deductible?

A deductible is the amount you pay for a service before your plan shares the cost of the service with you. The \$450 deductible on Tiers 3–5 listed above means you pay the first \$450 of your prescription drug costs for drugs on Tier 3, Tier 4, or Tier 5 before your plan shares the cost of your prescription drugs.

#### Prescription drug coverage changes

	2025 (this year)	2026 (next year)		
Catastrophic Coverage Stage Note: Changes determined by Medicare	You'll pay no more than \$2,000 in out-of-pocket costs for the calendar year.	You'll pay no more than <b>\$2,100</b> in out-of-pocket costs for the calendar year.		

NOTE: Your status in reaching these limits is listed in your Explanation of Benefits (EOB), or can be accessed anytime in your secure online account at **mycarepartnersct.com**.

#### Looking for ways to manage drug costs?

The Medicare Prescription Payment Plan provides members with the option to spread out-of-pocket Medicare Part D drug costs across the calendar year (January-December). This means you can pay for your prescriptions in monthly installments, rather than all at once at the pharmacy. Enrollment in the payment plan is optional. To learn more, visit carepartnersct.com/IRA.

To sign up for the Medicare Prescription Payment Plan, call Member Services or visit carepartnersct.com/MPPP.

#### **Initial Coverage Stage**

Tiers with Cost Share Changes	2025 (this year)			2026 (next year)		
Retail Cost Sharing— Preferred Pharmacy	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Generic) <sup>9</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic) <sup>9</sup>	\$5	\$10	\$15	\$2	\$4	\$6
Tier 3 (Preferred Brand)	25% coinsurance			20% coinsurance		
Tier 4 (Non-Preferred Drug)	50% coinsurance			25% coinsurance		
Tier 5 (Non-Preferred Drug)	33% coinsurance			26% coinsurance		
Retail Cost Sharing— Non-Preferred Pharmacy	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Generic)	\$10	\$20	\$30	\$5	\$10	\$15
Tier 2 (Generic)	\$15	\$30	\$45	\$12	\$24	\$36
Tier 3 (Preferred Brand)	25% coinsurance			20% coinsurance		
Tier 4 (Non-Preferred Drug)	50% coinsu	ırance		25% coinsurance		
Tier 5 (Non-Preferred Drug)	33% coinsu	irance		26% coinsurance		
Mail Order Cost Sharing	30-day	60-day	90-day	30-day	60-day	90-day
Tier 1 (Generic)	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$5	\$10	\$10	\$2	\$4	\$4
Tier 3 (Preferred Brand)	25% coinsurance			20% coinsurance		
Tier 4 (Non-Preferred Drug)	50% coinsurance			25% coinsurance		
Tier 5 (Non-Preferred Drug)	33% coinsurance			26% coinsurance		

NOTE: Your copay for covered insulin will not exceed the lesser of \$35 or 25% of the total cost per 30-day supply regardless of the drug tier, even if you haven't paid your deductible. Your actual copay may be lower depending on the drug tier and total cost of the insulin drug. Please refer to your Evidence of Coverage for more details.

If you have any questions, give Member Services a call.



## Even more great benefits!

Don't forget to take advantage of all the great benefits your plan offers that help you stay healthy and save, including:

### Take advantage of your \$2,000 dental coverage<sup>5</sup>

Your embedded dental benefit provides up to \$2,000 per calendar year in supplemental dental services. Dental services are covered in- and out-of-network. Your cost share may be higher at an out-of-network dentist, and you may need to pay out of pocket and submit a request for reimbursement. For complete coverage details, see your Evidence of Coverage (EOC) available at carepartnersct.com/documents.



#### Get \$300 toward eyewear

Get up to \$300 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses. For details, visit carepartnersct.com/eyewear-benefit.<sup>7</sup>



#### Save with your hearing aid benefit

With copays ranging from \$250 to \$1,150 for each hearing aid, you're eligible for up to two covered hearing aids per year, one hearing aid per ear. For details, visit carepartnersct.com/hearing-aids.<sup>10</sup>

#### Use your member-only discounts<sup>11</sup>

For a complete list of exclusive member discounts, go to carepartnersct.com/extras.

#### \$50 per quarter to spend on over-thecounter health items<sup>3</sup>

Get a \$50 credit every calendar quarter (in January, April, July, and October) to spend on eligible health-related items such as vitamins, toothbrushes, and more. For details, visit carepartnersct.com/OTC.



#### Stay fit with SilverSneakers®

You receive a SilverSneakers fitness membership at no additional cost. For details, visit carepartnersct.com/silversneakers.



#### \$0 Tier 6 vaccines (including Shingrix)

You pay \$0 for vaccines received at a network pharmacy location, such as CVS and Stop & Shop, or an independent pharmacy location. For details see your Evidence of Coverage at carepartnersct.com/documents.



### \$0 in-network health screenings, annual physical, and Annual Wellness Visit

Take advantage of a \$0 copay in network for many screenings including cancer, cholesterol, glaucoma, and more. Plus you pay \$0 innetwork for an annual physical and Annual Wellness Visit with your PCP.<sup>12</sup> For details, see Chapter 4 of your Evidence of Coverage at carepartnersct.com/documents.



#### Save with preferred pharmacies

You can get a 30-day supply of Tier 1 drugs for \$0 and Tier 2 drugs for \$2 when you use a preferred pharmacy. To search for preferred pharmacies near you, go to carepartnersct.com/pharmacy-search.

For complete benefit information, see Chapter 4 of your Evidence of Coverage (EOC) at carepartnersct.com/documents.

# Thank you for being a member!

- 1 Your actual premium may be more if you pay a Part D late enrollment penalty. You must continue to pay your Medicare Part B premium.
- 2 \$500 is the total reimbursement amount each year (Jan. 1-Dec. 31) for covered programs and activities including acupuncture visits not covered by Medicare, health education programs, nutritional counseling, fitness benefits (including one fitness tracker or heart rate monitor), physical fitness programs, wellness programs, alternative therapies, and massage therapy. Please see your Evidence of Coverage (EOC) for more details.
- 3 Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and planapproved 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.
- 4 Comprises all your medical copays/coinsurance. Your out-of-pocket costs for covered services will never exceed this amount.
- 5 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. Please refer to your Evidence of Coverage for more information.
- 6 Emergency 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.
- 7 You can get up to \$300 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/ or contact lenses including upgrades. 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. 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.
- 8 Additional telehealth services are covered in-network only and 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, pulmonary rehabilitation services, partial hospitalization services, intensive outpatient services, cardiac rehabilitation services, and intensive cardiac rehabilitation 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.
- **9** 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.
- 10 Hearing aids and hearing aid evaluation must be with a TruHearing, Inc. provider.
- 11 Discounts and services included in the Preferred Extras program are not plan benefits and are not subject to the Medicare appeals process.
- 12 Additional cost share may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.

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- <Name>
- <Address>
- <Address 2>
- <City>, <State> <Zip>

H5273\_2026\_9\_M Important Plan Information

#### Get even more from your membership!

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



#### 24/7 online access

Check your claims anytime



#### Go paperless

Get documents electronically instead of by mail

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



