2026 Benefit Changes

CarePartners of Connecticut MEDICARE ADVANTAGE

CarePartners HMO

The following benefit changes apply to CarePartners of Connecticut's HMO members and are **effective for dates of service on or after Jan. 1, 2026,** upon the plan's effective or renewal date.

Summary of Benefit Changes for CarePartners CareAdvantage Preferred HMO Plan

- Annual maximum out of pocket (MOOP) cost will increase to $6,750.
- Copay changes:
  - Chiropractic services: $15 per visit.
  - Emergency care: $130 per visit.
  - Inpatient hospital care: $395 per day for days 1 to 6.
  - Specialist office visit: $55 per visit.
  - Outpatient diagnostic radiology services (non-ultrasound): $200 per day.
  - Outpatient hospital observation services: $350 per stay.
  - Outpatient hospital services, including outpatient surgery: $350 per day.
  - Outpatient surgery at ambulatory surgical center (ASC): $250 per day.
  - Outpatient mental health care and substance use disorder services: $40 per visit.
  - Skilled nursing facility (SNF) care: $218 per day for days 21-100. Days 1-20 remain at $0 copay.
  - Urgently needed care: $50 per visit.
  - Annual routine eye exam: $0.
- Changes to supplemental benefits:
  - Embedded supplemental dental: $2,000 annual limit; $100 deductible on Class 2 basic and Class 3 major services; implant services not covered.
  - Allowance for health-related over-the-counter (OTC) items: $50 per quarter.
- Changes to coverage of diabetic supplies and services:
  - Coverage for blood glucose monitors and blood glucose test strips is limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. (from OneTouch manufactured by LifeScan)
  - 20% coinsurance will apply to therapeutic shoes or inserts, and all other non-Accu-Check products
- Chronic pain management and treatment services will be covered
  - Covers monthly services for people living with chronic pain (persistent or recurring pain lasting more than three months)
  - Services may include pain assessment, medication management, and care coordination and planning
  - Cost share will depend on services provided
- Prescription hearing aid and hearing aid fitting vendor name will change from Hearing Care Solutions to TruHearing, Inc. (no changes to benefit or contact information).
- Medicare 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.
- Plan will cover the following Medicare-covered preventive services:
  - Pre-exposure prophylaxis (PrEP) for HIV prevention
  - Screening for Hepatitis C Virus infection
- Additional telehealth coverage will be available for the following additional services. Cost share and other requirements will be the same as for corresponding in-person visit.
  - Pulmonary Rehabilitation Services
  - Partial Hospitalization Services
  - Intensive Outpatient Services
  - Cardiac Rehabilitation Services
  - Intensive Cardiac Rehabilitation Services
- Changes to Part D coverage:
  - Member liability cap is increasing to $2,100 per year; members will have no cost share for covered Part D drugs after they reach this limit.
  - An annual deductible of $450 will apply to non-insulin drugs on Tier 3, Tier4, and Tier 5. Drugs on Tier 1, Tier 2, and Tier 6 (Vaccine) will continue to have no deductible.
  - Retail copay for Tier 1 drugs at standard pharmacies will decrease to $5 for one-month supply. Copay at preferred pharmacies will remain at $0.

- Retail copay for Tier 2 drugs will decrease to $2 (preferred pharmacy) and $12 (standard pharmacy) for one-month supply.
- Coinsurance for Tier 3, Tier 4, and Tier 5 drugs will decrease to 20%, 25%, and 26%, respectively.
- Enhanced coverage for Medicare excluded drugs will be limited to select erectile dysfunction drugs (Tadalafil and Sildenafil Citrate)

Please keep in mind that this is only a summary of benefit changes. Before services are rendered, providers are reminded to check member benefits and cost share amounts using CarePartners of Connecticut's secure Provider portal or other self-service tools, even for members seen on a regular basis.

CarePartners Access PPO

The following benefit changes apply to CarePartners of Connecticut's Access PPO members and are **effective for dates of service on or after Jan. 1, 2026,** upon the plan's effective or renewal date:

Summary of Benefit Changes for Access PPO members

- Annual maximum out of pocket (MOOP) cost will increase to $8,500 for in-network services and $10,100 for combined in-network and out-of-network services.
- A medical deductible of $250 will apply:
  - In-network: inpatient services, outpatient hospital observation, and outpatient hospital services including services at ambulatory surgical centers
  - Out-of-network: most out-of-network non-Medicare Preventive services
- Changes to in-network (INN) and out-of-network (OON) cost sharing:
  - Copay for chiropractic services: $15 per visit (INN); $80 per visit after the deductible (OON).
  - Copay for inpatient hospital care: $485 per day for days 1 to 5, after the deductible (INN).
  - Copay for PCP office visit: $80 per visit after the deductible (OON); copay for INN remains at $0.
  - Copay for specialist office visit: $55 per visit (INN); $80 per visit after the deductible (OON).
  - Copay for outpatient diagnostic radiology services (non-ultrasound): $225 per day (INN).
  - Copay for outpatient hospital observation services: $435 per stay after the deductible (INN), and prior authorization may be required INN; OON coinsurance: 50% after the deductible.
  - Copay for outpatient hospital services, including outpatient surgery: $435 per day after the deductible (INN); OON coinsurance: 50% after the deductible.
  - Copay for outpatient surgery at ambulatory surgical center (ASC): $295 per day after the deductible (INN); OON coinsurance: 50% after the deductible.
  - Copay for outpatient mental health care and substance use disorder services: $40 per visit (INN).
  - Copay for skilled nursing facility (SNF) care: $218 per day for days 21-100 (INN). Days 1-20 remain at $0 copay.
  - Copay for Supervised Exercise Therapy (SET) for Peripheral Artery Disease (PAD): $20 per visit (INN).
- Other changes (INN and OON, except where otherwise noted):
  - Chronic pain management and treatment services will be covered
    - Covers monthly services for people living with chronic pain (persistent or recurring pain lasting more than three months)
    - Services may include pain assessment, medication management, and care coordination and planning
    - Cost share will depend on services provided
  - Coverage for blood glucose monitors and blood glucose test strips is limited to the Accu-Chek products manufactured by Roche Diabetes Care, Inc. (from OneTouch manufactured by LifeScan)
  - Copay for emergency care: $115 per visit.
  - Visa Flex dental benefit annual limit: $750 per year.
  - Allowance for health-related over-the-counter (OTC) items: $50 per quarter.
  - Wellness allowance will not be available; members will continue to have access to fitness benefit via SilverSneakers.
  - Prescription hearing aid and hearing aid fitting vendor name will change from Hearing Care Solutions to TruHearing, Inc. (no changes to benefit or contact information).
  - Medicare 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.
  - Plan will cover the following Medicare-covered preventive services:

        - Pre-exposure prophylaxis (PrEP) for HIV prevention
        - Screening for Hepatitis C Virus infection
    - Additional telehealth coverage will be available for the following additional services (INN only). Cost share and other requirements will be the same as for corresponding in-person visit.
        - Pulmonary Rehabilitation Services
        - Partial Hospitalization Services
        - Intensive Outpatient Services
        - Cardiac Rehabilitation Services
        - Intensive Cardiac Rehabilitation Services
- Changes to Part D coverage:
    - Member liability cap is increasing to $2,100 per year; members will have no cost share for covered Part D drugs after they reach this limit.
    - An annual deductible of $550 will apply to non-insulin drugs on Tier 3, Tier4, and Tier 5. Drugs on Tier 1, Tier 2, and Tier 6 (Vaccine) will continue to have no deductible.
    - Retail copay for Tier 1 drugs at standard pharmacies will decrease to $5 for one-month supply. Copay at preferred pharmacies will remain at $0.
    - Retail copay for Tier 2 drugs will decrease to $2 (preferred pharmacy) and $12 (standard pharmacy) for one-month supply.
    - Coinsurance for Tier 3, Tier 4, and Tier 5 drugs will decrease to 20%, 25%, and 25%, respectively.
    - Enhanced coverage for Medicare excluded drugs will be limited to select erectile dysfunction drugs (Tadalafil and Sildenafil Citrate).

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