

**CarePartners Access (PPO) for 2023**

**Premium:** \$0

**Deductible:** \$1,000 for in and out-of-network services combined

**Maximum Out of Pocket:** \$4,900 for in-network services,  
\$8,950 for in and out-of-network services combined.



The benefit information provided is a summary and does not list every service that is covered by the plan or list every limitation, exclusion, or authorization requirement. For information and a complete list of services visit the Provider [website](#) or call Provider Services at 888-341-1508.

Service	Copayment	Payment Policy
<b>Routine PCP Visits</b>	<b>In-Network:</b> \$0  <b>Out-of-Network:</b> \$50 per visit after deductible	<a href="#">Professional Services and Facilities Payment Policy</a>
<b>Vaccines and Immunizations</b>	\$0 copayment	<a href="#">Vaccines and Immunizations Payment Policy</a>
<b>Specialty Visits</b>	<b>In-Network:</b> \$45  <b>Out-of-Network:</b> \$50 per visit after deductible	<a href="#">Professional Services and Facilities Payment Policy</a>
<b>Diagnostic Radiology Services</b> <ul style="list-style-type: none"> <li>• Examples include, but are not limited to: MRI/MRA, CT/CTA and PET scan</li> </ul>	<b>In-Network:</b> \$250 copay per day \$60 copay per day for ultrasound  <b>Out-of-Network:</b> 30%coinsurance after the deductible	<a href="#">Imaging Services Professional Payment Policy</a>
<b>Diagnostic Tests and Procedures</b> <ul style="list-style-type: none"> <li>• No copay for diagnostic tests and procedures if the services are performed as part of an office visit.</li> </ul>	<b>In-Network:</b> \$40  <b>Out-of-Network:</b> 30% of the cost after deductible	<a href="#">Outpatient Payment Policy</a>

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<p><b>Lab Services</b></p> <ul style="list-style-type: none"> <li>No copay for lab services if the services are performed as part of an office visit.</li> </ul>	<p><b>In-Network:</b> \$0 per day</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Laboratory and Pathology Payment Policy</a></p>
<p><b>Physical/Occupational/Speech Therapy</b></p>	<p><b>In-Network:</b> \$30</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Physical, Occupational and Speech Therapy Professional Payment Policy</a></p>
<p><b>Outpatient Behavioral Health</b></p> <ul style="list-style-type: none"> <li>Services need to be provided by Medicare-qualified mental health care professionals</li> </ul>	<p><b>In-Network:</b> \$20</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy</a></p>
<p><b>Emergency Room Visits</b></p>	<p>\$90 copay per visit</p>	<p><a href="#">Emergency Department Services Payment Policy</a></p>
<p><b>Ambulatory Surgical Center Services</b></p>	<p><b>In-Network:</b> \$200 copay per day after deductible</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Ambulatory Surgical Center Payment Policy</a></p>
<p><b>Outpatient Surgery</b></p> <ul style="list-style-type: none"> <li>Services provided at hospital outpatient facilities</li> </ul>	<p><b>In-Network:</b> \$300 copay per day after deductible</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Outpatient Surgery Facility Payment Policy</a></p>
<p><b>Inpatient Hospital Services</b></p>	<p><b>In-Network:</b> \$795 copay per stay after deductible</p> <p><b>Out-of-Network:</b> 30% of the cost per stay after deductible</p>	<p><a href="#">Inpatient Facility Payment Policy</a></p>

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<p><b>Skilled Nursing Facility (SNF)</b></p>	<p><b>In-Network:</b> \$0 copay after deductible for days 1 through 20 \$178 copay per day after deductible for days 21 through 100</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Skilled Nursing Facility Payment Policy</a></p>
<p><b>Durable Medical Equipment</b></p>	<p><b>In-Network:</b> 20% of the cost</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Durable Medical Equipment Payment Policy</a></p>
<p><b>Home Health Care</b></p>	<p><b>In-Network:</b> \$0</p> <p><b>Out-of-Network:</b> 30% of the cost after deductible</p>	<p><a href="#">Home Health Care Payment Policy</a></p> <p><a href="#">Home Infusion Payment Policy</a></p>
<p><b>Vision Care</b></p>	<p>Annual routine eye exam: Rendered by a provider that participates in the <b>EyeMed Vision Care network</b>: \$0 copayment</p> <p><b>Out-of-Network:</b> \$50 copayment per visit after deductible</p> <p>Services to diagnose and/or treat a disease or condition of the eye: <b>In-Network:</b> \$45 copay per visit <b>Out-of-Network:</b> \$50 copayment per visit after deductible</p> <p>Eyewear benefit: Up to \$150 allowance per calendar year</p>	<p><a href="#">Vision Services Professional Payment Policy</a></p> <p>EyeMed Vision Care: <a href="http://eyemed.com/en-us">eyemed.com/en-us</a></p>

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<b>Hearing Services</b>	<p>Routine hearing exam:  <b>In-Network:</b> \$0 copay per visit  <b>Out-of-Network:</b> \$50 copay per visit after deductible</p> <p>Exam to diagnose and treat hearing and balance issues:  <b>In-Network:</b> \$45 copay per visit  <b>Out-of-Network:</b> \$50 copay per visit after deductible</p> <p>Coverage for hearing aids is limited to Hearing Care Solutions providers. Up to two aids per year, one aid per ear:</p> <p>\$250 - Standard level hearing aid  \$475 - Superior level hearing aid  \$650 - Advanced level hearing aid  \$850 - Advanced Plus level hearing aid  \$1,150 - Premier level hearing aid</p>	<p><a href="#">Audiology Professional Payment Policy</a></p> <p>Hearing Care Solutions: <a href="http://hearingcaresolutions.com">hearingcaresolutions.com</a></p>
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**Contact Information**

Public Provider website: [carepartnersct.com/for-providers](http://carepartnersct.com/for-providers)

Provider Services: 888-341-1508

Provider Manual: [CarePartners of Connecticut Provider Manual](#)

**Provider Education**

Please email [Provider\\_Training@carepartnersct.com](mailto:Provider_Training@carepartnersct.com) or visit the [Training section of the provider website](#) to learn more about educational opportunities for providers.