

Member Guide

2026 CareAdvantage Preferred HMO Plan





Thank you for choosing us!

Whether you have recently joined or have been a member for years, you made a great choice. Your CareAdvantage Preferred HMO plan makes it easier to get the benefits and services you need to stay healthy. Our commitment is to provide you with the best health care coverage possible.

Because nothing is more important than your health.



Get the answers you need.

Call Member Services at **1-888-341-1507 (TTY: 711)** or get the answers you need on our website:

carepartnersct.com/members

Note: If you need information in a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call Member Services for details.

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How Your HMO Plan Works

Your plan revolves around you

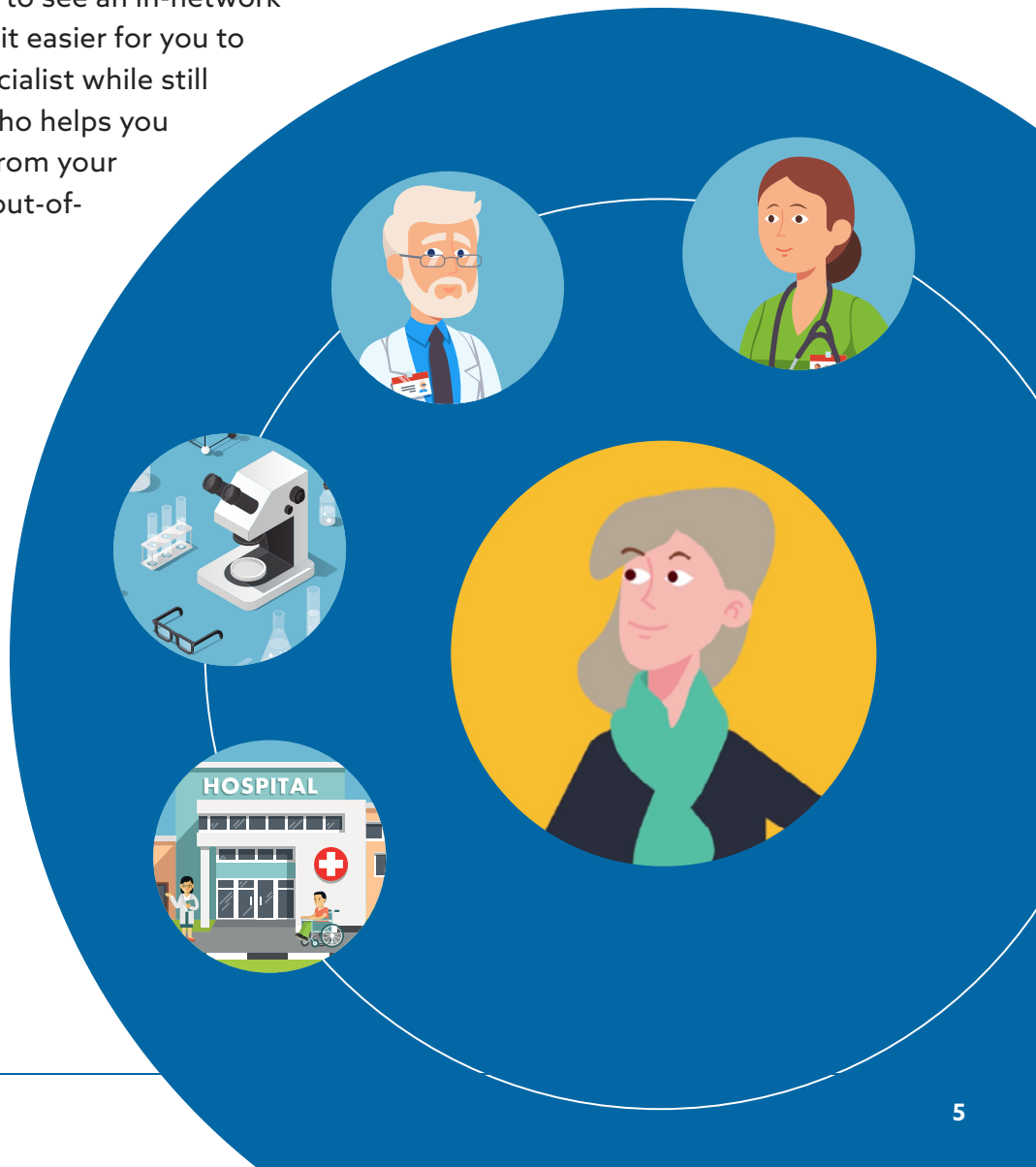
With CarePartners of Connecticut, you, your primary care provider (PCP), and your health plan all work together to provide the best health care possible.

Your PCP plays the lead role. In addition to providing routine checkups, preventive care, and treatment for common illnesses, your PCP is available to help coordinate the care you need and make informed decisions about your health.

Your PCP makes sure you get the care that is right for you, helps you avoid unnecessary expenses such as duplicate tests, and can identify potential safety concerns such as harmful drug interactions.

You don't need a referral to see an in-network provider or specialist

As a CarePartners of Connecticut Medicare Advantage HMO member, you don't need a referral to see an in-network provider or specialist. This makes it easier for you to see an in-network provider or specialist while still getting the benefits of a doctor who helps you get the care you need. A referral from your PCP would be required to see an out-of-network provider or specialist.





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

Your plan has a \$6,750 out-of-pocket maximum that limits how much you spend on covered medical costs in a year. The amounts you pay for copayments, and coinsurance for in-network covered services count toward the maximum out-of-pocket amount. Having an out-of-pocket maximum is one of the advantages of your HMO plan.

You share the cost of your benefits

In most cases, when you use a medical service (such as a specialist visit 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 \$5 for lab services or \$10 for a prescription drug. For a list of what you pay for medical services and prescription drugs, see the charts on page 34–36.

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 **1-888-341-1507 (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) to schedule a checkup, get a referral to a specialist, or ask general questions about your health.

After regular office hours

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

When traveling

You are covered anywhere in the world for emergency or urgent care. 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. You do not need a referral from your PCP before getting emergency or urgent care. Our plan cannot cover a prescription drug purchased outside of the United States and its territories.

Routine care, such as a physical, is not covered outside the state of Connecticut so 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 **1-888-341-1507 (TTY: 711)** for reimbursement details.¹



Using Your Plan

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 and referrals 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:

- Visit carepartnersct.com/register or scan the QR code.
- On the registration page, enter your member ID number (found on your member ID card), and your date of birth.
- Answer security questions so we can verify your identity.
- 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.
- Make your selections for eDelivery. If you would like to view certain plan documents (such as the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Formulary, etc.) electronically instead of receiving them by mail, go to “eDelivery Preferences” under “My account” and make sure you select “Electronic” for each option.

How to change your doctor

You can change your primary care provider (PCP) for any reason, at any time in your secure online account, or by calling Member Services. PCP changes will begin the first of the month following your change request.

To find a new PCP, use the Doctor Search tool available on our website or see the Provider Directory at carepartnersct.com/search-doctors.

What happens if your PCP retires?

If your PCP retires or leaves the plan, we send a letter to let you know. The letter includes a PCP change form and a return envelope so you can select a new PCP. This letter is generally sent at least 30 days before your PCP leaves the plan.

How to get a new Member ID card

Your member ID card is needed each time you see your doctor or fill a prescription. If you lose your card and need a replacement, you can request one in your secure online account or by calling Member Services. You will receive your new card in the mail in 7-10 business days.



How to give permission to someone to discuss your benefits

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 (available at carepartnersct.com/cpct-authorization-to-disclose-phi) or the Designated Representative Form (available at carepartnersct.com/designated-rep-form).

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



Remember to 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 an annual 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 annual physical and an Annual Wellness Visit.² 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.

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.

Exciting Benefits That Help You Save

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

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](https://www.silversneakers.com), or call SilverSneakers at **1-888-423-4632 (TTY: 711)**.

Get \$150 to reach your weight loss goals

Your Weight Management reimbursement allowance helps you reach your weight loss goals. You can get up to \$150 toward the program fees of Weight Watchers®, or hospital-based weight loss programs.³ Find your *Weight Management Reimbursement Form* at carepartnersct.com/forms.

Get up to \$300 toward eyewear

You can get up to \$300 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in or out of the EyeMed Vision Care Network.⁴ Plus, you can use the allowance to purchase upgrades for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear. (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. To find an EyeMed provider, visit carepartnersct.com/search-doctors.



For full details on each benefit, see Chapter 4 of your Evidence of Coverage (EOC) at carepartnersct.com/documents.

Save on over-the-counter (OTC) health items each year⁵

With your Over-the-Counter Bonus benefit, you get a \$50 credit every calendar quarter (in January, April, July, and October) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, OTC hearing aids, at-home COVID test kits, OTC naloxone, and more!

Here are the different ways to use your OTC card to purchase eligible items:



Shop in stores

Swipe your card at participating physical retailers including CVS, Walmart, Walgreens, Dollar General, Stop & Shop, and more. The cost of eligible items will automatically be deducted from your available balance. You can also use your mobile phone to pay for eligible OTC items in-store by downloading the OTC Network app and using the Scan to Pay feature.



Shop online

Go to carepartnersct.com/mybenefitscenter, log in using the number listed on your OTC card and your nine-digit member ID number from your CarePartners of Connecticut member ID card. You can search for eligible items, including national and store brands, by clicking on "Products" at the top of the homepage. To shop online, select "Locations" at the top of the homepage, then select "Online" on the left panel to see links to Amazon.com, CVS Health, Medline, Walmart.com, and Walgreens.com. Click on the link for the site where you would like to shop and follow the instructions below to shop on that site.



CVS Health: Order your items online at the CVS Health site or call **1-833-875-1816** Mon–Fri, 9 a.m.–11 p.m., and a CVS Health representative will take your order.



Walmart.com: Order your items online at walmart.com. At checkout, select pay with card and enter your OTC card number.



Medline: Order your items online at the Medline site or call **1-833-569-2331** Mon–Fri, 8 a.m.–7 p.m. ET, and a Medline representative will take your order.



Walgreens.com: Order your items online at walgreens.com. At checkout, enter your OTC card number where card number is requested.



Amazon.com: You can order your OTC items online at [Amazon.com](https://amazon.com). Add your OTC card as a payment method to use your OTC balance for eligible items. (Shipping is FREE for Amazon Prime members. Non-Prime members receive free shipping on orders over \$35. Visit carepartnersct.com/otc for more details).

Visit carepartnersct.com/otc for additional information about your OTC benefit, including fees that may apply to online purchases at [Amazon.com](https://amazon.com), [Walmart.com](https://walmart.com) and [Walgreens.com](https://walgreens.com).

\$500 CarePerks Wellness Allowance

In addition to your \$150 Weight Management reimbursement, you get a Wellness Allowance of up to \$500 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.⁶ For details, visit carepartnersct.com/wellness-allowance. Find your reimbursement forms at carepartnersct.com/forms.

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 hearing aid evaluation once per calendar year. To be covered, the hearing aids must be on the TruHearing, Inc. formulary and purchased through TruHearing, Inc., and the hearing aid evaluation must be with a TruHearing, Inc. provider. Schedule your evaluation by calling a TruHearing, Inc. representative at **1-866-344-7756**. For more details, visit TruHearing.com/CarePartnersCT.

You pay \$0 for 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 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.

\$0 to see your PCP

Many services that you see your primary care provider (PCP) for cost \$0, such as an annual physical. But seeing your PCP for a general appointment also has a \$0 copay. This helps make it easier for you to see your PCP when you need to. Most of your other benefits have set copay amounts so that you know exactly what a service will cost you. For a list of copay amounts, see the chart starting on page 34.

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, and even if you haven't paid your deductible.

Dental Coverage to Smile About

Your plan makes it easy to get the dental coverage you need by including supplemental dental coverage with your plan:

CarePartners of Connecticut Preferred HMO plan

Embedded dental coverage⁷

Your \$2,000 per calendar year dental coverage provides savings on bridges, dentures, crowns, fluoride treatments, and more. See any licensed dentist. Benefits apply to both in- and out-of-network providers.

Check out the FAQs and Glossary on pages 20–23 to learn more about your dental coverage.

Benefit

CarePartners of Connecticut Preferred HMO embedded dental coverage

Dental Benefit Essentials	
Premium	\$0
Annual Deductible	\$100 on Class 2 & 3 services
Calendar Year Maximum	\$2,000



Benefit

Class 1: Preventive and Diagnostic Services

Prophylaxis (routine cleaning, scaling, and polishing of teeth) Two per year.	\$0
Periodic oral evaluation Two per year.	\$0
Intra oral bitewing X-ray images (X-rays of the crowns of the teeth) when oral conditions indicate need Two per year.	\$0
Comprehensive oral exam Including the initial dental history and charting of teeth. Once every 36 months.	\$0
Fluoride treatments Two per year.	\$0

Class 2: Basic Services

Emergency oral evaluation problem-focused exams Once every 12 months.	20% coinsurance*
Minor treatment for pain relief Only if no services other than exam and X-rays were performed on the same date of service.	20% coinsurance*
Intra oral X-ray image of the entire mouth (panoramic image) Once every 60 months.	20% coinsurance*
Intra oral X-ray image of the entire mouth (full mouth series) Once every 60 months.	20% coinsurance*
Single tooth X-ray images As needed.	20% coinsurance*
Silver fillings and white fillings Once every 24 months per surface, per tooth.	20% coinsurance*

Class 3: Major Services (A pre-treatment estimate is recommended for all major services, prior to receiving treatment. See page 30 for details on pre-treatment estimates.)

Protective restorations & Oral Surgeries

Protective restorations Once per tooth.	50% coinsurance*
Simple extractions Once per tooth.	50% coinsurance*
Surgical extractions Once per tooth.	50% coinsurance*

*after \$100 deductible

Benefit

Class 3: Major Services (Continued)

Periodontics

<p>Periodontal surgery One surgical procedure per lifetime; gingivectomy or gingivoplasty and osseous surgery covered as needed.</p>	50% coinsurance*
<p>Bone replacement grafts – retained natural tooth – first site in quadrant and each additional site in quadrant Once per lifetime.</p>	50% coinsurance*
<p>Guided tissue regeneration, natural teeth – resorbable barrier, per site and non-resorbable barrier, per site Once per lifetime.</p>	50% coinsurance*
<p>Periodontal cleaning Once every 6 months following active periodontal therapy, not to be combined with regular cleanings.</p>	50% coinsurance*
<p>Scaling and root planing Once in 24 months, per quadrant.</p>	50% coinsurance*
<p>Scaling in presence of generalized moderate/severe gingival inflammation Once per 24 months after oral evaluation and in lieu of a covered prophylaxis.</p>	50% coinsurance*
<p>Full mouth debridement Once per lifetime.</p>	50% coinsurance*

Endodontics

<p>Root canal treatment Once per tooth per lifetime.</p>	50% coinsurance*
<p>Retreatment root canal therapy Once per tooth per lifetime after 24 months of initial root canal therapy.</p>	50% coinsurance*
<p>Apicoectomy Covered as needed.</p>	50% coinsurance*

Prosthetic Maintenance

<p>Bridge or denture repair Once every 24 months per bridge or denture.</p>	50% coinsurance*
<p>Tissue conditioning One treatment per denture every 84 months.</p>	50% coinsurance*
<p>Adding teeth to existing partial or full dentures Once per tooth, per denture, per 24 months.</p>	50% coinsurance*
<p>Rebase or reline of dentures Once per denture every 24 months.</p>	50% coinsurance*

*after \$100 deductible

Benefit

Class 3: Major Services (Continued)	
Adjunctive Services (Provided in conjunction with the primary treatment.)	
<p>Local anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis Local anesthesia and inhalation of nitrous oxide/analgesia, anxiolysis are provided in conjunction with covered oral surgery or periodontal surgery and are integral to the primary treatment.</p>	50% coinsurance*
Prosthodontics (Fixed and Removable Dentures/Bridges)	
<p>Dentures (Complete or partial dentures) One per arch per 84 months.</p>	50% coinsurance*
<p>Fixed bridges Once per 84 months. Note: A back-of-mouth fixed bridge and a removable denture are not covered in the same arch within 84 months; if a denture in the same arch as the fixed bridge was covered within 84 months, there will be no benefit for the fixed bridge.</p>	50% coinsurance*
<p>Temporary partial dentures Once per 84 months. Note: To replace any of the six upper or lower front teeth, but only if the temporary partial dentures are installed immediately following the loss of teeth during the period of healing</p>	50% coinsurance*
Major Restorative Services (teeth must have good prognosis)	
<p>Inlays Once per tooth per 84 months.</p>	50% coinsurance*
<p>Crowns and onlays-initial placement When teeth cannot be restored with regular fillings due to fracture or decay, once per 84 months per tooth. Note: If a member chooses a porcelain/ceramic crown, porcelain fused to high noble metal crown, or a titanium/titanium alloy crown, the maximum allowed by the Plan will be for the less expensive alternate treatment which is the porcelain fused to predominately base metal crown and the member will be responsible for the difference between the two crown procedures. Implant supported crowns are not covered services.</p>	50% coinsurance*
<p>Recement/reaffix of crowns and onlays Once per tooth per 12 months.</p>	50% coinsurance*
<p>Post and core or crown buildup When needed to retain a crown on a tooth with excessive breakdown due to decay and/or fractures. Once per tooth every 84 months.</p>	50% coinsurance*

*after \$100 deductible





Dental benefit FAQs

Which dentists participate?

Dental services are covered in and out of network – you can see any licensed dentist who accepts Medicare. If you go to an out-of-network dentist, you may need to pay out of pocket and submit a request for reimbursement. A dental claim form is available on our website at carepartnersct.com/forms. Services received from an in-network dentist will be covered at the time of service. The dental network is provided by Dominion National. Dominion National provides you with access to hundreds of participating dentists. To view the list of participating dentists in the Dominion PPO Network, go to carepartnersct.com/search-dentists.

Will I get an ID card in the mail?

You will receive a Dominion National ID card by mail to use for your dental coverage. If you don't receive your card within 3 weeks of joining the plan, call Member Services at **1-888-341-1507 (TTY: 711)**.

Which services are part of a routine checkup?

Services include a cleaning, periodic oral evaluation, and sometimes bitewing X-rays. A comprehensive oral exam only occurs for a new patient or to evaluate an issue.

How can I determine whether a dental service will be covered and what the cost will be?

We recommend asking your dentist to submit a pre-treatment estimate to Dominion National before your treatment begins. The dentist can submit the exact services or procedures they plan to provide in your treatment plan and Dominion National will respond with confirmation of whether the service will be covered and the estimated out-of-pocket cost you will be expected to pay.

- The pre-treatment estimate will be reviewed, and an estimate statement will be issued to you or the provider. The statement will include details of the services that will be covered by your plan along with your estimated responsibility and potential payment to the dental office.
- The pre-treatment estimate is based on eligibility and benefits available at the time it is processed. A pre-treatment estimate is not required to obtain care.
- A pre-treatment estimate is not a guarantee of payment. The claim for services performed will be based on eligibility and available benefits at the time it is submitted for payment. Other procedures performed, especially in the same area/quadrant/tooth, could affect the actual claim determination/payment.

What is the difference between simple extractions and surgical extractions?

A simple dental extraction is the procedure of removing teeth that are visible and easily accessible. In contrast, surgical dental extraction often involves an incision to get access to the tooth to be removed.

What is the difference between an inlay and an onlay?

Inlays and onlays use the same materials as crowns and they both serve the same function, but they cover different areas of the tooth when there is tooth decay. The difference between an onlay and an inlay is that an onlay will treat the cusp, whereas an inlay only restores the area between the cusps.

What is the difference between silver fillings and white fillings?

Fillings can be performed using either composite (tooth-colored/white) or amalgam (metal/silver) restorative materials. Your cost share will be the same for silver and white fillings.

What is bone grafting and guided tissue regeneration?

Bone grafting and guided tissue regeneration are two separate but related procedures that your dentist can use to save natural teeth from failing due to the loss of healthy tissue from gum disease. By regenerating the lost bone and tissues surrounding a tooth, these restored structures will create the protective, strong foundation a tooth needs to remain healthy long term.

How do I know which types of crowns are covered with my plan?

Crowns can be manufactured from a variety of materials, such as high noble metals, base metals, porcelain fused to metal (PFM) and ceramic compounds. Your dental plan covers crowns manufactured with porcelain fused to predominantly base metal. You and your dentist may still choose a crown made from more costly materials, but you will be responsible for the difference in cost between the predominantly base metal crown and the crown of your choosing. If you would like a better estimate of your payment, we urge you to ask your dentist to submit a pre-treatment estimate.



Dental Glossary

Apicoectomy

The removal of inflamed gum tissue and the end of the tooth's root, while leaving the top of the tooth in place.

Bitewing X-rays

Provide details of the upper and lower teeth in one area of the mouth. Each bitewing shows a tooth from its crown (the exposed surface) to the level of the supporting bone. Many dentists include bitewing X-rays as part of routine diagnostic care.

Bone grafting

Bone grafting is a surgical procedure that uses transplanted bone to replace missing or damaged bone in your mouth. If you're getting a dental implant, you may also need a bone graft because it provides additional support. The bone graft is performed first, and you'll need to wait 3 to 4 months for it to heal before getting the implant. Please note that implants are not covered with your dental plan.

Comprehensive oral exam

Performed by a dentist when evaluating a patient. Applies to new patients or established patients who have had a change in health or have been absent from treatment for three or more years.

Front teeth

Includes canines and all teeth in front of canines.

Full mouth debridement

The removal of plaque and tartar that interfere with the ability of the dentist to perform an oral examination. This is the most extensive cleaning procedure.

Guided tissue regeneration

Guided tissue regeneration is a procedure designed to remove infected soft tissue in your mouth, while stimulating the regrowth of healthy gum tissue.

Inlays

A dental inlay is a pre-molded restorative filling fitted into the grooves of your tooth. It restores cavities that are centered in your tooth instead of along the outer edges or "cusps."

Maximum allowable charge/Allowed amount (MAC)

Amount that is negotiated with providers in the Dominion National dental network. This is the maximum allowed amount you can be charged for a service. For services with coinsurance, the amount you pay is calculated by multiplying the coinsurance rate with the MAC.

Onlays

An onlay is a treatment, like an inlay, which restores the cusp(s) of the tooth. The cusp (or cusps) of the tooth refer to the angled topmost surface of the tooth. Canine teeth have a single cusp, while bicuspids have two and molars may have four or five.

Periodic oral exam

Exam performed by a dentist as part of a routine checkup.

Periodontal cleaning

Like a regular teeth cleaning, periodontal maintenance removes tartar buildup from the teeth. Unlike a normal, preventive cleaning, periodontal maintenance is a treatment prescribed to combat periodontal (gum) disease. It involves both scaling and root planing, meaning tartar must be removed from deep between the teeth and gums.

Periodontal surgery

Consists of three different potential surgeries. Your dentist will determine which one is needed. The three different surgeries could be:

- **Gingivectomy** — The surgical removal of gum tissue. A gingivectomy is necessary when the gums have pulled away from the teeth creating deep pockets. The pockets make it hard to clean away plaque and calculus.
- **Gingivoplasty** — The surgical reshaping of gum tissue around the teeth.
- **Osseous surgery** — Removes diseased gum tissue and bone from infected sites within the mouth and stops periodontal disease from getting worse.

Posterior/back teeth

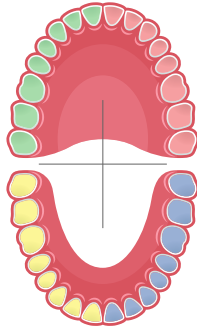
Includes any teeth behind the canines but does not include the canine teeth.

Protective restorations

The placement of a restorative material to protect a tooth and/or surrounding tissue. This procedure may be used to relieve pain, promote healing, and prevent further deterioration.

Quadrants

Quadrants mean the four parts of your mouth. Your dentist sections the interior of your mouth into four parts for reference when providing treatment. The split is between the front teeth, split into upper right, upper left, lower right, lower left.



Rebase denture

Rebasing may be recommended when the teeth of your denture are still in good condition and have not worn out in comparison to the denture base material. Rebasing is the process of replacing the entire acrylic denture base providing a stable denture without replacing the denture teeth.

Reline denture

A denture reline is a simple procedure to reshape the underside of a denture so that it fits more comfortably on the user's gums. Relining is periodically necessary as dentures lose their grip in the mouth.

Retreatment root canal therapy

Root canal retreatment is the removal of the previous crown and packing material left by a prior root canal, the cleansing of the canals, and the re-packing and re-crowning of the tooth.

Root canal

A root canal is performed when the endodontist removes the infected pulp and nerve in the root of the tooth, cleans the inside of the root canal, then fills and seals the space. After completing a root canal your dentist will place a crown on the tooth to protect and restore it to its original function.

Scaling and root planing

Scaling and root planing is when your dentist removes all the plaque and tartar above and below the gumline, making sure to clean all the way down to the bottom of the tooth.

Scaling in presence of generalized moderate/severe gingival inflammation

The removal of plaque and stains from above and below the gumline when there is generalized gum inflammation. This procedure is for patients who have swollen, inflamed gums and bleeding on probing. This procedure is performed on the entire mouth rather than just one quadrant. It is also a higher degree of cleaning for patients with more advanced periodontal disease.

Single tooth X-rays

Also sometimes referred to as a "periapical X-ray" a single tooth X-ray is one that captures the whole tooth. It shows everything from the crown (chewing surface) to the root (below the gum line).

Tissue conditioning

Tissue conditioning is an effort to restore the health of the tissues of the denture foundation area prior to denture treatment.

For more information

For more information on dental coverage, go to carepartnersct.com/dental, see your 2026 Evidence of Coverage (EOC) at carepartnersct.com/documents, or call Member Services at **1-888-341-1507 (TTY: 711)**. If you have not already received your Dominion National ID card, it should arrive in the mail soon.

Using Your Prescription Drug Plan

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 covered drugs alphabetically and by medical condition so they're easy to find. You can find the Formulary on our website 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 108 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 **1-888-341-1507 (TTY: 711)**.

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 copays, 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 (FDA) to be as safe and effective as brand name drugs. If you take a brand name drug, ask your doctor if there is a generic version that is right for you.



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.



Save money 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 \$2 for Tier 2 drugs (30-day supply).⁸ The chart on page 36 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	\$5	\$0
Tier 2 drugs	\$12	\$2

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 doctor 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 on page vii of your Formulary, available at carepartnersct.com/2026-formulary-hmo. 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 **1-888-341-1507 (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 (see Chapter 9). Special requirements are not able to be removed in all cases, but each exception request is considered.

Use mail order and save up to \$128 per year

Mail order service delivers medications that you refill each month right to your home. You may be able to save up to \$32 by using mail order for a 90-day supply of prescription medications. That's a potential savings of up to \$128 a year!⁹

If you are ready to sign up, you can register online, by mail, or by phone:

- Online: Visit [OptumRx.com](https://www.OptumRx.com).
- By mail: Complete the Mail Order form at [carepartnersct.com/rx-mail-form](https://www.carepartnersct.com/rx-mail-form). You should receive your order in approximately two weeks.
- By phone: **1-800-496-7490**.

Have your CarePartners of Connecticut member ID, and credit card information ready whenever you call. For more complete information, see Chapter 5 of your Evidence of Coverage (EOC) booklet available at [carepartnersct.com/documents](https://www.carepartnersct.com/documents).

Prescription drug information may be different if you receive your benefits from a current or former employer.



Get Member-Only Discounts With the Extras Program

As a member of a CarePartners of Connecticut Medicare Advantage (HMO) plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle. For a complete list of your member-only discounts, visit our website at carepartnersct.com/extras.

The Dinner Daily

• 25%

The Dinner Daily makes dinnertime easy, healthy and affordable. Each week, you'll receive complete and personalized weeknight meal plans online, complete with organized grocery lists and links to coupons. Plans are customized to your food preferences and weekly specials.

- 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%

Independent Living Systems deliver medically tailored meals prepared by chefs who work with registered, licensed dietitians to provide nutritionally balanced meals that meet the needs of a variety of diets.

- 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)



Mom's Meals

Free
Shipping

Mom's Meals® have been delivering refrigerated, ready-to-heat-and-eat meals to homes nationwide.

As a member, you can now get shipping costs included on all orders through Mom's Meals (a savings of \$14.95 on every order). Meals are packaged for storage in the fridge for up to 14 days from delivery. Heat, eat, and enjoy in minutes. Meals are designed by chefs and dietitians, and support the nutritional needs of most common chronic conditions and overall well-being.

Meals are delivered to any address in the continental U.S.

Place your order online or by phone and use code "CPCT" to activate the offer:

- Online: momsmeals.com/cpct.
- Call: **1-877-347-3438** Monday–Friday, 8 a.m. to 7 p.m. ET
- Questions? Email: momsmeals@momsmeals.com.



Hearing Aids

Discounts are available on a wide selection of hearing aid devices from major manufacturers. The discount available is dependent on the manufacturer and model of hearing aid chosen. With the purchase of hearing aids through TruHearing, Inc., you will receive:

- A free comprehensive hearing aid evaluation.¹⁰
- Recommendation on a device that best fits your hearing needs.
- 12-month interest free financing to qualified applicants. Members pay Provider in full at the point of service.
- A 60-day hearing aid evaluation period.
- 1 year of follow-up care at no charge, with the original provider.¹¹
- 2-year supply of batteries.
- A 3-year warranty including repairs, loss, and damage.

For details on this discount, or to schedule your comprehensive hearing exam, call TruHearing, Inc. at **1-866-335-1781**. For more details, visit TruHearing.com/CarePartnersCT.

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.

- Sign up for Ompractice for \$14.99/month.
- 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 more information visit carepartnersct.com/extras. Click 'Discounts & Extras' from the list at the left side of the page, then scroll down to ChooseHealthy: Massage Therapy and Acupuncture, and click 'Register online with ChooseHealthy'.

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.connectamerica.com](https://www.BeSaferatHome.connectamerica.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



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).



For even more health and wellness content, like healthy recipes, tips on staying active, managing common conditions, and maintaining health, visit:

[carepartnersct.com/wellness](https://www.carepartnersct.com/wellness)

2026 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

CareAdvantage Preferred (HMO)

Monthly Premium (all counties¹⁴)

\$0

Medical Deductible

None

Annual Out-of-Pocket Maximum¹⁵ —
one of the lowest in Connecticut¹⁶

\$6,750



Medical Copays

CareAdvantage Preferred (HMO)

Doctor Office Visits	
Primary Care Provider (PCP)	\$0/visit
Specialist	\$55/visit
Telehealth/Telemedicine¹⁷	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.
Preventive Care	
Annual Physical	\$0/visit
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit
Vision and Hearing	
Annual Routine Vision Exam	\$0/exam
Annual Eyewear Benefit⁴	\$300 per calendar year towards eyewear purchased from any provider
Annual Routine Hearing Exam	\$0/exam
Hearing Aid Benefit¹⁰	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.
Outpatient and Lab Services	
Outpatient Services/Surgery Note: ASC = Ambulatory Surgical Center	Colonoscopies: \$0; Other services (ASC) \$250/day; Other services (non-ASC) \$350/day
Rehabilitation Therapy¹⁸	\$25/visit
Laboratory Services	\$0/day
Diagnostic Procedures and Tests¹⁹	\$30/day
X-Rays	\$30/day
Diagnostic Radiology Services	Ultrasounds: \$60/day; Other Medicare-covered: \$200/day
Emergency Services	
Worldwide Emergency Care	\$130/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.
Urgent Care	\$50/visit
Ambulance Services	\$300/one-way trip
Inpatient Care	
Inpatient Hospital Coverage	\$395/day for days 1–6; \$0/day after day 6

Dental Coverage**CareAdvantage Preferred (HMO)****Embedded Benefits⁷**

\$2,000 yearly maximum. \$100 deductible for basic and major services; \$0 copay 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.

Additional Benefits**CareAdvantage Preferred (HMO)****SilverSneakers[®] Membership**

\$0 membership included

Weight Management Programs³

\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.

Wellness Allowance⁶

\$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.

Over-the-Counter (OTC) Benefit⁵

\$50 per calendar quarter to spend on Medicare-approved, health-related items. No quarterly roll over.

Acupuncture²⁰

\$20/visit

Rx Drug Coverage**CareAdvantage Preferred (HMO)****Deductible**

\$450 on Tiers 3–5; \$0 all other tiers & insulin

Copays

Retail 30-day supply

Mail Order 90-day supply

Tier 1: Preferred Generic⁸

\$0

\$0

Tier 2: Generic⁸

\$2

\$4

Tier 3: Preferred Brand

20% coinsurance (Insulin: \$35)

20% coinsurance (Insulin: \$70)

Tier 4: Non-Preferred Drug

25% coinsurance (Insulin: \$35)

25% coinsurance (Insulin: \$70)

Tier 5: Specialty Tier

26%

N/A

Tier 6: Vaccines

\$0

N/A

Catastrophic Coverage Stage

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.

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.



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 CareAdvantage Preferred Medicare Advantage (HMO)** plan offers:

- Dental coverage included with \$2,000 calendar year maximum⁷
- \$0 monthly premium²¹
- \$0 medical deductible
- \$0 copay for primary care provider visits
- \$0 copay for preventive screenings
- \$0 copay for Tier 6 vaccines
- \$500 Wellness Allowance⁶ and \$150 Weight Management reimbursement³
- SilverSneakers[®] fitness membership at no additional cost
- Access to thousands of doctors, specialists, and hospitals
- No in-network referrals required




Thank you
for being a member

Endnotes

1. Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.
2. A copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.
3. \$150 is the total reimbursement amount each year (Jan. 1–Dec. 31). This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.
4. 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.
5. 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.
6. \$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, alternative therapies, and massage therapy. Please see your Evidence of Coverage (EOC) for more details.
7. 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.
8. On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, Stop & Shop, Costco, and Wegmans. Not all locations may participate. Tier 1 and Tier 2 also include enhanced coverage of select erectile dysfunction (ED) drugs.
9. Depending on the tier your drug is on.
10. Hearing aids and hearing aid evaluation must be with a TruHearing, Inc. provider.
11. Routine service during the first year is with original provider. Any services during the first year that are not administered by original provider are subject to charges at the provider's discretion.
12. At 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.
14. CarePartners 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.
15. Comprises all your medical copays/coinsurance for covered services — your out-of-pocket costs will never exceed this amount.
16. Based on comparison to 2025 competitor plans.
17. Additional telehealth services are covered in-network only and include: primary care services, specialist services, and more. Please refer to your Evidence of Coverage for complete list of covered services.
18. Rehabilitation Therapy includes Physical Therapy, Occupational Therapy, and Speech Therapy. You pay \$0 for a post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.
19. There is no copay for diagnostic procedures and tests performed and billed as part of an office or urgent care visit.
20. Medicare 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 cover services by a licensed acupuncturist when there is a referral from the member's PCP. Additional non-Medicare acupuncture coverage is included as part of the Wellness Allowance.
21. You 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).

Benefit information described in this guide is for CarePartners of Connecticut Medicare Advantage HMO plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at carepartnersct.com/documents. Please note: Not all plan benefit information in this booklet is the same for Employer Group plans. If you receive your benefits from a current or former employer, please contact your benefits administrator or Member Services with any questions regarding plan benefits. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.

Representatives are available 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). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (TTY: 711). H5273_2026_26_C

Get the answers you need.

Whether you're looking for information about your plan 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 **1-888-341-1507 (TTY: 711)**.



**PPO plan with
freedom to access any
doctor or hospital.
Call for details.**

Evidence of Coverage (EOC)

Find complete benefit, out-of-pocket costs, and plan information in the EOC available on our website at carepartnersct.com/documents.

Formulary

The list of all the drugs we cover. You can find the Formulary on our website at carepartnersct.com/2026-formulary-hmo, or give us a call and we will send you a printed copy.

Doctor search

Search the most up-to-date list of doctors in our network at carepartnersct.com/search-doctors.

Drug search

Search the list of drugs we cover at carepartnersct.com/drug-coverage.

Article library

Browse our extensive list of articles that explain how your plan works at carepartnersct.com/wellness.

Secure online account

Check referrals, access plan documents and more in your secure online account. Just go to carepartnersct.com/login.

Don't have an online account? Creating one only takes a few minutes. Just go to carepartnersct.com/register.

Care Management

To learn more about working with a Care Manager, visit carepartnersct.com/care-manager or call Members Services.

Appeal and Grievance details

If you need to file an appeal or a grievance, see your Evidence of Coverage at carepartnersct.com/documents for details.