

Member Guide

2026 CarePartners Access PPO Plan





Thank you for choosing us!

You made a great choice. Your CarePartners Access PPO plan brings the best of care and coverage together to make health care simpler and less stressful. By providing you access to any doctor or hospital, our commitment is to provide the best health care coverage possible.

Because nothing is more important than your health.



Get the answers you need.

Call Member Services at **1-866-632-0060 (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 PPO Plan Works

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

Your plan has an out-of-pocket maximum that limits how much you spend on covered medical services in a year. Your in-network maximum out-of-pocket amount is \$8,500. This is the most you would have to pay for covered medical services received in-network in 2026. Your plan pays 100% of the in-network costs of covered medical services after you reach the maximum out-of-pocket amount.

Note: Services received out-of-network do not apply towards your \$8,500 in-network maximum out-of-pocket amount. See page 28 for the maximum out-of-pocket amount that applies to combined in- and out-of-network services.

Access any doctor or hospital

With your CarePartners Access PPO plan, you have the freedom to access any doctor or hospital in- or out-of-network within the United States and its territories – and you don't need referrals. In-network doctors and services have a lower cost sharing than out-of-network doctors. Seeing doctors inside the PPO network will help you to save on health care costs. For details on which doctors are in-network, visit carepartnersct.com/search-doctors.

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 \$10 for X-rays or \$10 for a prescription drug. For a list of what you pay for medical services and prescription drugs, see the charts on page 28–30.

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 **1-866-632-0060 (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) or health care provider to get a checkup, make an appointment, and ask general questions about your health.

After regular office hours

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

When traveling

You are covered anywhere in the world for emergency or urgent care.¹ 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 can see any doctor, but seeing a doctor in our network will help you to save on costs. 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 **1-866-632-0060 (TTY: 711)** for reimbursement details.²



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 primary care provider (PCP) or health care provider 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 in-network for both an annual physical and an Annual Wellness Visit.³ 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.



More 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 \(TTY: 711\)](tel:1-888-423-4632).

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 in-network 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](tel:1-866-344-7756). For more details, visit [TruHearing.com/CarePartnersCT](https://www.truhearing.com/CarePartnersCT).

Get up to \$250 toward eyewear

You can get up to a \$250 allowance toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses – including upgrades (i.e., non-standard frames and/or lenses) for Medicare-covered and/or therapeutic eyewear as well as routine/corrective eyewear – from a provider in the EyeMed Vision Care Network (includes national chains such as LensCrafters®, Pearle Vision®, and Target® Optical) or from a provider not in the EyeMed network.⁴ If you choose an EyeMed Vision Care participating provider, your coverage will apply at the time of service. If the cost of eyewear is above \$250, you will be responsible to pay for any remaining balance. 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.

If you use a non-participating provider, you will need to pay out of pocket and submit for reimbursement. You are covered for reimbursement of eligible eyewear purchases up to \$250 per calendar year. To submit for reimbursement, you will need to file a claim with EyeMed Vision Care. Find the *Out of Network Vision Claims Form* on our website at carepartnersct.com/vision-form.

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.

You pay \$0 for in-network 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 in-network 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.

Using Your Prescription Drug Plan

Look up your drugs

It's a good idea to look up your prescription drugs to make sure they're covered, find out what tier they're 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 **1-866-632-0060 (TTY: 711)**.

What is a tier?

Drugs that your plan covers are grouped in the Formulary by tiers. Every drug on the Formulary has a tier number. You'll find the tier number listed next to each drug. 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 copay, 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 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 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).⁵ The chart on page 30 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 will tell you if a drug has special requirements, such as:

- **Prior Authorization (PA)** — Some drugs require you or your provider 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-ppo. 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 **1-866-632-0060 (TTY: 711)** for details on what you can do to get coverage for the drug. You can also ask CarePartners of Connecticut to waive 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 waived 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. Depending on the tier your drug is on, 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!⁶ If you are ready to sign up, you can register online, by mail, or by phone:

- **Online:** Visit OptumRx.com.
- **By mail:** Complete the Mail Order Form at carepartnersct.com/rx-mail-form. You should receive your order in approximately two weeks.
- **By phone:** **1-800-506-3703**.

Have your CarePartners of Connecticut member ID and credit card information ready whenever you call. For more complete information, see Chapter 5 of your EOC booklet at carepartnersct.com/documents.



One Card, Two Great Ways to Save!

Your supplemental dental benefit and over-the-counter (OTC) benefits are easy to use. With just one card, you can take advantage of both of these great benefits!



\$50 each calendar quarter to spend on health items⁷

Your Visa® Flex Advantage spending card includes your over-the-counter (OTC) benefit that provides you with \$50 each calendar quarter to spend on health-related items.



\$750 of dental coverage that goes where you go

With your Visa® Flex Advantage spending card, you get \$750 a year to spend on covered supplemental dental services — anywhere in the country.⁸

\$50 each calendar quarter to spend on health items

With your Over-the-Counter Bonus benefit, you get up to \$200 every calendar year (\$50 every calendar quarter) 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: Order your OTC items online at 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/FlexAdvantage for more details).

Visit carepartnersct.com/FlexAdvantage for additional information about your OTC benefit, including fees that may apply to online purchases at Amazon.com, Walmart.com and Walgreens.com.

\$750 of dental coverage that goes where you go



No network

You can see most dentists in the country who accept Visa® — no network or other restrictions to worry about. Just present your Flex Advantage spending card when you go to the dentist to pay for your procedure — no cost shares or bills to worry about. You can use your Flex Advantage spending card to pay for any non-cosmetic dental procedure. See your Evidence of Coverage for exceptions that may apply to certain dental offices.



\$750 to spend

Your Visa® Flex Advantage spending card⁸ is loaded with the full \$750 amount at the beginning of the year. Your balance does not carry over, so try to spend the full amount before the end of the year. You are covered up to the \$750 annual limit, and are responsible for costs above this amount.



Examples of dental services NOT ELIGIBLE with your Flex Advantage spending card:

- Reconstructive, plastic, cosmetic, elective, or aesthetic dentistry.
- Replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth, including third molars.
- Services which are not necessary for the patient's dental health as determined by the plan.
- Dental services covered by your inpatient and outpatient medical benefits, including services by a dentist or oral surgeon that are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic disease, or services that would be covered when provided by a doctor.



Get Member-Only Discounts With the Extras Program

As a member of the CarePartners Access (PPO) plan, you get exclusive discounts in addition to your plan benefits to help you lead a healthy lifestyle.⁹ 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. 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.



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

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	CarePartners Access PPO
Monthly Premium¹⁴ (all counties)	\$0
Medical Deductible	\$250
Annual Out-of-Pocket Maximum¹⁵	\$8,500 in-network (\$10,100 combined in- and out-of-network)

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

Medical Copays	CarePartners Access (PPO)
Doctor Office Visits	
Primary Care Provider (PCP)	\$0/visit (OON: \$80/visit*)
Specialist	\$55/visit (OON: \$80/visit*)
Telehealth Services¹⁶	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. (OON: Medicare-covered services only. Additional telehealth services not covered. Cost share is the same as corresponding in-person visit cost share.)
Preventive Care	
Annual Physical	\$0/visit (OON: 40% coinsurance)
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit (OON: 40% coinsurance); deductible applies to barium enemas and digital rectal exams
Vision and Hearing	
Annual Routine Vision Exam	\$0/exam (OON: \$65/exam)
Annual Eyewear Benefit⁴	\$250 per calendar year towards eyewear purchased from any provider
Annual Routine Hearing Exam	\$0/exam (OON: \$65/exam)
Hearing Aid Benefit	Through TruHearing, Inc. Up to 2 hearing aids/year, 1 per ear. Copays: \$250 Standard, \$475 Superior, \$650 Advanced, \$850 Advanced Plus, \$1,150 Premier. (OON: Hearing aid must be ordered only through TruHearing, Inc.)

Medical Copays

CarePartners Access (PPO)

Outpatient and Lab Services

Outpatient Services/Surgery

Note: ASC = Ambulatory Surgical Center

Colonoscopies: \$0;
Other services (ASC): \$295/day*;
Other services (non-ASCs): \$435/day*
(OON: 50% coinsurance*)

Rehabilitation Therapy¹⁷

\$30/visit
(OON: 40% coinsurance*)

Laboratory Services

\$0/day
(OON: 40% coinsurance*)

Diagnostic Procedures and Tests¹⁸

\$40/day
(OON: 40% coinsurance*)

X-rays

\$10/day
(OON: 40% coinsurance*)

Diagnostic Radiology Services

Ultrasounds: \$60/day;
Other Medicare-covered: \$225/day
(OON: 40% coinsurance*)

Emergency Services

Worldwide Emergency Care¹⁹

\$115/visit

Urgent Care

\$40/visit

Ambulance Services

\$325/one-way trip (OON: \$325/one-way trip*)

Inpatient Care

Inpatient Hospital Care

\$485/day for days 1-5*;
\$0/day after day 5
(OON: 40% coinsurance*)

Dental Coverage

CarePartners Access (PPO)

Embedded Benefits

Visa® Flex Advantage spending card⁸ with \$750 of dental coverage a year to use at most dentists nationwide who accept Visa — no network or restrictions and no referrals. Just present your PPO Visa® Flex Advantage spending card to pay for any non-cosmetic dental procedure, including dentures, bridges, crowns, composite fillings, and more.

Additional Benefits	CarePartners Access (PPO)
SilverSneakers® Membership	\$0 membership included. (OON: \$0 for at-home exercise kits)
Over-the-Counter (OTC) Benefit⁷	\$50 per calendar quarter to spend on Medicare-approved, health-related items. No quarterly roll over.
Acupuncture²⁰	\$20/visit (OON: \$65/visit*)

Rx Drug Coverage	CarePartners Access (PPO)		
Deductible	\$0 (Tiers 1-2); \$550 (Tiers 3-5)		
Copays	Retail 30-day supply	Mail Order 90-day supply	
Tier 1: Preferred Generic⁵	\$0	\$0	
Tier 2: Generic⁵	\$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	25%	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.




Thank you
for being a member

Endnotes

1. Our plan cannot cover a drug purchased outside of the United States and its territories.
2. Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.
3. A copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.
4. You can get up to \$250 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. 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.
6. Depending on the tier your drug is on.
7. 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.
8. Dental services covered under the Visa® Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. Unused balance at the end of the year does not roll over. Please refer to your Evidence of Coverage for more information.
9. Discounts and services included in the Extras program are not plan benefits and are not subject to the Medicare appeals process.
10. Hearing aids and \$0 hearing aid evaluation must be with a TruHearing, Inc. provider. PPO members may receive hearing aid evaluation from providers other than TruHearing, Inc.; out-of-network cost share applies.
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. Additional telehealth services are covered in-network only and include services such as primary care services, specialist services, and more. Please refer to your Evidence of Coverage for complete list of covered services..
17. Rehabilitation therapy includes physical therapy, occupational therapy, and speech therapy. You pay \$0 for in-network post-outpatient surgical procedure, physical therapy or occupational therapy consultation prior to discharge.
18. There is no copay for services performed and billed as part of an office or urgent care visit.
19. 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.
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.

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Benefit information described in this guide is for CarePartners Access PPO 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.

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 1-866-632-0060 (TTY: 711). H0342_2026_21_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 **1-866-632-0060 (TTY: 711)**.

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-ppo, 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.