

# Well!

CarePartners of Connecticut  
HMO and PPO plans  
**Fall 2023**

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## Did you know?

- CarePartners of Connecticut Medicare Advantage (HMO) received 4 out of 5 Stars for quality from Medicare!
- CarePartners of Connecticut is the only local, not-for-profit Medicare Advantage plan in the state.
- Your plan includes a \$0 medical deductible AND a \$0 Rx deductible.

## Recommend us to a friend!

From low costs, to high-quality benefits and coverage, to national recognition for quality, CarePartners of Connecticut Medicare Advantage plans have a lot to offer. Make sure your friends don't miss out.

Tell your friends to call today to learn more about joining CarePartners of Connecticut.

 **1-844-360-6466**  
(TTY: 711)

## Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, choosing a doctor, or finding the right form or document, get the answers you need on our website.



**carepartnersct.com**



Email us:

**CPCTmemberexperience@carepartnersct.com**



Or call Member Services:

HMO members: **1-888-341-1507 (TTY: 711)**

PPO members: **1-866-632-0060 (TTY: 711)**



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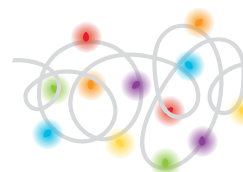
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## Get even **more** from your membership!

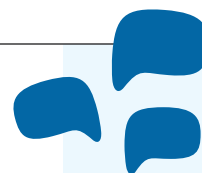
Get the most out of your plan with a secure online account on our website:

**24/7 online access**—Check your claims and referrals anytime

**Sign up for eDelivery**—Get certain documents electronically instead of by mail

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

**[mycarepartnersct.com](https://mycarepartnersct.com)**



## Thank you for your feedback!

We received great feedback from our Well magazine survey with some great suggestions for topics you would like to see covered in Well. We will incorporate your feedback throughout the year—starting with the article on page 8, a great suggestion from one of our valued members!

# Peace of mind is having highly rated coverage

It's important to have quality coverage you can depend on. CarePartners of Connecticut Medicare Advantage (HMO) was rated 4 out of 5 Stars by Medicare for 2024. Our Star rating reflects how easy it is for you to get the checkups, screenings, and information you need to stay healthy. A plan receives a high Star rating only by providing quality service to their members in many different areas including customer service, member satisfaction, and health care quality.



## Tell your friends

From low costs to high-quality benefits and coverage, CarePartners of Connecticut Medicare Advantage plans have a lot to offer. Make sure your friends don't miss out. Tell your friends to call today to learn more about joining CarePartners of Connecticut. **1-844-360-6466 (TTY: 711)**



## You don't have to take any action to continue your plan in 2024

We're thrilled to have you as a member of CarePartners of Connecticut. Your coverage will automatically continue in 2024. You don't have to do anything or notify us to continue your plan—we've got you covered in 2024!

If your health care needs have changed and you want to review our other plan options, just give us a call at **1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711)**.

## Common Questions:

# Using your dental benefit

### Your Member Services team responds to common questions from members.

New for 2024, CarePartners Access PPO members receive a Visa® Flex Advantage spending card with access to both a \$1,200 per year dental benefit<sup>1</sup> and a \$65 per calendar quarter over-the-counter (OTC) benefit. Your Member Services team explains how to use your new card to pay for dental services.

### Access PPO members

#### **Q: What dental services are covered with the new PPO Visa® Flex Advantage spending card?**

**A:** Access PPO members can use their new Visa® spending card to pay for any non-cosmetic dental procedure, including cleanings, X-rays, fillings, extractions, dentures, bridges, crowns, root canals, implants, and more. For other examples of eligible services, visit [carepartnersct.com/FlexAdvantage](https://carepartnersct.com/FlexAdvantage).

#### **Q: Are there dental services that the card CANNOT be used for?**

**A:** The PPO Visa® Flex Advantage spending card cannot be used to pay for reconstructive, plastic, cosmetic, elective, or aesthetic dentistry. Examples of ineligible services include elective surgeries like the extraction of a nonpathological, asymptomatic impacted tooth, and the replacement of dentures, bridges, inlays, onlays, or crowns that can be repaired or restored to normal function. For other examples of ineligible services, visit [carepartnersct.com/FlexAdvantage](https://carepartnersct.com/FlexAdvantage).

#### **Q: Is there a network restriction that limits where the card can be used?**

**A:** There are no network restrictions. Access PPO members can use their card to pay for dental services at any dentist who accepts Visa®—anywhere in the country. Just present your Flex Advantage spending card when paying for a procedure. There are no cost shares or bills to worry about.

#### **Q: If I don't use the full \$1,200, does it roll over to the next year?**

**A:** No. The unused amount will not carry over to the next year. It can only be used within the calendar year.

#### **Q: Where can I check my balance?**

**A:** To check your balance at any time, call **1-833-684-8472** or visit [carepartnersct.com/mybenefitscenter](https://carepartnersct.com/mybenefitscenter).

### CareAdvantage Preferred HMO members

#### **Q: Is there a change to how HMO plan members access their dental benefit?**

**A:** No. The new PPO Visa® Flex Advantage spending card is a change to the PPO plan only. If you are a CareAdvantage Preferred HMO member, you will continue to access your dental benefit in 2024 just as you always have.

#### **Q: Is there any change to the dental coverage for Preferred HMO members?**

**A:** Yes, for 2024, CareAdvantage Preferred HMO members dental benefit will increase to \$3,000 per calendar year and there will be a \$0 deductible. For more details see page 12.

# Take advantage of great savings in 2024

While the cost of everything has stayed high, we have tried to keep your plan costs as stable as possible. Make sure to take advantage of all the great benefits, savings, and discounts your plan offers in 2024.

## Improved dental coverage

NEW

### Access PPO—Freedom to see any dentist

With the NEW PPO Visa® Flex Advantage spending card,<sup>1</sup> you get a \$1,200 built-in dental benefit that can be used for any non-cosmetic dental procedure. You can see any dentist in the country who accepts Visa®—no network to worry about. Plus, no deductible, no claims to process, no cost sharing, no balance billing, and no referrals. For additional information, see page 12.

ENHANCED

### Preferred HMO—\$3,000 dental benefit

Your \$3,000 dental benefit allows you to see any licensed dentist and includes savings on implants, bridges, dentures, crowns, and more.<sup>2</sup> Preventive visits, including routine cleanings and bitewing X-rays, as low as \$0. No waiting period! To find a dentist, go to [carepartnersct.com/dentists](https://carepartnersct.com/dentists).

## Over-the-counter (OTC) allowance

- **Access PPO:** \$65 per calendar quarter (\$260 per calendar year)<sup>3</sup>

ENHANCED

**Preferred HMO:** \$67 per calendar quarter (\$268 per calendar year)<sup>3</sup>

You can spend your OTC amount at participating at participating retailers and plan-approved online stores for Medicare-approved, health-related items including toothbrushes, aspirin, allergy relief, adhesive bandages, sunscreen, and more.

NEW

## Enhanced coverage of certain Medicare-excluded drugs

You have enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products. Covered drugs are on Tier 1 and Tier 2. See page 13 for details.

## Prescription drug coverage savings

Your plan makes it easier to save on prescription drugs with a \$0 Rx deductible, \$0 Tier 1 and Tier 2 Rx drugs at preferred pharmacies, and by mail order,<sup>4</sup> and \$0 Tier 6 vaccines (including Shingrix). Plus, insulin costs are capped at \$35 a month.

NEW

Beginning January 1, 2024, Costco and Wegmans will be part of our preferred pharmacy network.



### Save up to \$400 a year on prescription drugs with home delivery!

With OptumRx Home Delivery Pharmacy, you may be able to save up to \$100 for a 90-day supply of prescription medications (depending on the tier your drug is on). That's a potential savings of up to \$400 a year! To sign up for OptumRx Home Delivery, call OptumRx at **1-800-496-7490** (HMO)/**1-800-506-3703** (PPO) or visit [OptumRx.com](https://OptumRx.com).



### **Do you need a health plan checkup?**

Each year at this time, we want to make sure you are in the plan that's right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, give us a call. We can help you determine which of our plans—HMO or PPO—is the best fit for you.

Call Member Services at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO) for your plan checkup—we can help you review your options and answer any questions you have.

### **\$150 eyeglasses benefit**

HMO members get up to to \$150 for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in the EyeMed Vision Care Network (includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target® Optical). PPO members have a \$150 annual allowance without an EyeMed participating provider requirement.<sup>5</sup>

### **SilverSneakers® fitness membership**

Whether you play tennis, swim laps, do yoga, or lift weights, SilverSneakers® has you covered. Your plan includes a SilverSneakers® fitness membership at no additional cost.

### **Save with your hearing aid benefit**

With copays ranging from \$250 to \$1,150 for each hearing aid, choose from 5 levels of hearing aids from Standard level to Premier. You're eligible for up to 2 covered hearing aids per year, 1 hearing aid per ear, through Hearing Care Solutions. You're also covered for a \$0 hearing aid evaluation once per year in network.<sup>6</sup>

### **\$175 Wellness Allowance (HMO members)**

CareAdvantage Preferred HMO members get \$175 to use for membership at a qualified health club, covered fitness classes, fitness tracker purchase, and more.

### **Use your member-only discounts**

Save on a variety of programs and services that help you lead a healthy lifestyle, including discounts on yoga classes from home, massage therapy, acupuncture, and more. For a complete list of discounts, visit [carepartnersct.com/extras](https://carepartnersct.com/extras).<sup>7</sup>

### **\$0 health screenings**

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 copay for many screenings including cancer, cholesterol, glaucoma, and many more. (For CarePartners Access PPO, \$0 health screenings applies to in-network services.)

### **\$0 Annual physical and Annual Wellness Visit**

One of the easiest ways to stay healthy is to see your health care provider each year. You pay \$0 for both an Annual Wellness Visit and an annual physical with your health care provider once every calendar year. (Access PPO members pay 40% coinsurance out of network.)



Tips for managing stress  
and loneliness

during the

# Holiday Season

## 1. *Talk about it*

Make a list of people in your life that you can talk to in times of distress. You can also schedule time each week to check in with your loved ones.

## 2. *Keep busy*

Keeping busy can help combat loneliness—especially if your plans involve others.

- Use technology like video calling to keep in touch with loved ones who live far away.
- Check the websites of your local community center or public library to see what classes and activities are happening.
- Volunteer your time, which can lift your spirits and even introduce you to new people in your community.

## 3. *Plan ahead*

Plan out holiday activities like shopping and baking, and remember to say "no" when you need to. You don't have to participate in every activity if you're feeling overwhelmed.



The holidays are often thought of as a time of celebration and cheer. But for some the holiday season causes stress or leads to feelings of isolation or loneliness. These tips can help you manage stress and anxiety during the holidays.



#### 4. *Unwind with intention*

The busyness of the holidays can make it difficult to stick to your usual routines, but it's important to make time for yourself, even if it's just 15 minutes at a time, to:

- Go for a walk.
- Meditate or do yoga. (As a plan member, you receive a discount on online yoga and meditation classes through Ompractice. Visit [carepartnersct.com/extras](https://carepartnersct.com/extras) for more information.)
- Read a book.
- Get a massage. (As a plan member, you receive a discount on massage therapy and acupuncture. Visit [carepartnersct.com/extras](https://carepartnersct.com/extras) for more information.)



##### **Take advantage of AbleTo**

AbleTo provides access to virtual mental health programs that can help you manage depression, stress, anxiety, and more. To learn more, visit [AbleTo.com/cpct](https://AbleTo.com/cpct) or call 1-833-522-5386 (representatives are available 9 a.m.–8 p.m. Mon–Fri).<sup>8</sup>

#### 5. *Take care of yourself*

If you overindulge during the holidays, you may not feel your best, mentally or physically. Remember to:

- **Nourish your body with healthy and well-balanced meals**—As a plan member, you receive discounts on meal delivery with Independent Living Systems as well as nutritional counseling with CarePartners of Connecticut-registered dietitians and licensed nutritionists. Visit [carepartnersct.com/extras](https://carepartnersct.com/extras) for more information.
- **Get enough sleep each night**—7 to 9 hours.
- **Move your body**—30 minutes a day, 5 days a week, at an intensity equivalent to a brisk walk. Your plan includes a SilverSneakers membership at no additional cost. Plus, CarePartners of Connecticut CareAdvantage Preferred HMO members can use their \$175 Wellness Allowance toward the cost of fitness classes and membership at a qualified health club or fitness facility.

#### 6. *Seek professional help if you need it*

Feeling sad or stressed around the holidays is normal for a lot of people—especially if you've lost a loved one or cannot be with your loved ones.

If your sadness or anxiety causes physical ailments or prevents you from eating, sleeping, or keeping up with routine chores, speak to your health care provider or a mental health professional for additional help.

# 2024 Benefits Overview

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, including referrals and other requirements, see the Evidence of Coverage (EOC), available at [carepartnersct.com/documents](https://carepartnersct.com/documents).

The Basics	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Monthly Premium (all counties <sup>9</sup> )	\$0	\$0
Medical Deductible	\$0	\$0
Annual Out-of-Pocket Maximum <sup>10</sup> —one of the lowest in Connecticut <sup>11</sup>	\$4,900	\$6,350 in-network \$9,550 (combined in-network and out-of-network)

**OON** refers to services performed by a provider and/or received at a facility outside of our network. All other costs listed are for services performed by a provider and/or received at a facility in our network.



Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Doctor Office Visits		
Primary Care Provider (PCP)	\$0/visit	\$0/visit (OON: \$50/visit)
Specialist	\$45/visit	\$45/visit (OON: \$65/visit)
Telehealth/Telemedicine	Medicare-covered services plus additional telehealth services <sup>12</sup>	
Preventive Care		
Annual Physical	\$0/visit	\$0/visit (OON: 40% coinsurance)
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit	\$0/visit (OON: 40% coinsurance)
Vision and Hearing		
Annual Routine Vision Exam	\$15/visit	\$0/visit (OON: \$65/visit)
Annual Eyewear Benefit	\$150/year toward eyewear at an EyeMed Vision Care participating provider. \$90/year reimbursement for eyewear purchased outside of the EyeMed Vision Care network.	\$150/year toward eyewear (no EyeMed participating provider requirement)
Annual Routine Hearing Exam	\$0/visit	\$0/visit (OON: \$65/visit)
Hearing Aid Benefit	Up to 2 hearing aids/year, 1 per ear. \$250 Standard, \$475 Superior, \$650 Advanced, \$850 Advanced Plus, \$1,150 Premier. Coverage for hearing aids is limited to those on the Hearing Care Solutions formulary.	
Outpatient and Lab Services		
Outpatient Services/Surgery Note: ASC = Ambulatory Surgical Centers	Colonoscopies: \$0; Other services (ASC): \$270/day; Other services (Non-ASC): \$370/day	Colonoscopies: \$0; Other services (ASC): \$295/day; Other services (Non-ASC): \$395/day (OON: 40% coinsurance)
Rehabilitation Therapy <sup>13</sup> (physical, speech, occupational)	\$30/visit	\$30/visit (OON: 40% coinsurance)
Laboratory Services	\$0/day	\$0/day (OON: 40% coinsurance)
Diagnostic Procedures and Tests <sup>14</sup> (e.g., X-rays and lab tests)	\$30/day	\$40/day (OON: 40% coinsurance)
X-rays <sup>14</sup>	\$30/day	\$10/day (OON: 40% coinsurance)
Diagnostic Radiology Services	Ultrasounds: \$60/day; Others: \$250/day	Ultrasounds: \$60/day; Others: \$250/day (OON: 40% coinsurance)



Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Emergency Services		
Emergency Room	\$90/visit	\$90/visit
Urgent Care	\$45/visit	\$45/visit
Ambulance Services	\$300/one-way trip	\$325/one-way trip
Inpatient Care		
Inpatient Hospital Coverage	\$395/day for days 1–5; \$0/day after day 5	\$395/day for days 1–5; \$0/day after day 5 (OON: 40% coinsurance)

Dental Coverage	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Embedded Benefits	\$3,000 yearly maximum. <sup>2</sup> \$0 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; and 50% coinsurance for major services such as extractions, dentures, bridges, crowns, and implants. No deductible and no waiting period. Covered in- and out-of-network.	New Access PPO Flex Advantage spending card <sup>1</sup> with \$1,200 of dental coverage a year to use at any dentist in the country who accepts Visa®—no network and no referrals.

Additional Benefits	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
SilverSneakers® Membership	\$0 membership included	\$0 membership included
Weight Management Programs	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs	Not covered
Wellness Allowance	\$175 per calendar year	Not covered
Over-the-Counter (OTC) Bonus <sup>3</sup>	\$67 per calendar quarter (\$268 per calendar year) to spend on Medicare-approved, health-related items	\$65 per calendar quarter (\$260 per calendar year) to spend on Medicare-approved, health-related items
Acupuncture <sup>15</sup>	\$20/visit	\$20/visit (OON: \$65/visit)

Rx Drug Coverage	CareAdvantage Preferred (HMO)		CarePartners Access (PPO)	
Deductible	None		None	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic <sup>4</sup>	\$0	\$0	\$0	\$0
Tier 2: Generic <sup>4</sup>	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)
Tier 4: Non-Preferred Drug	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)
Tier 5: Specialty Tier	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A
Coverage Gap Stage	After your total prescription drug costs reach \$5,030, and until your payments reach \$8,000, you pay: <ul style="list-style-type: none"> <li>• 25% for Part D generic drugs.</li> <li>• 25% of costs for Part D brand drugs plus a portion of the dispensing fee.<sup>16</sup></li> <li>• \$0 for Tier 6 vaccines.</li> <li>• No more than \$35 per month for covered insulin drugs regardless of the tier.</li> </ul>			
Catastrophic Coverage Stage	After the coverage gap, when your payments for the year are greater than \$8,000, 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.			



## We take your privacy seriously

CarePartners of Connecticut is committed to protecting your personal health information in all settings. Our Notice of Privacy Practices provides detailed information about our privacy practices and your rights regarding your personal health information. The Notice is available on our website at [carepartnersct.com/cpct-notice-privacy-practices](https://carepartnersct.com/cpct-notice-privacy-practices). If you would like a copy sent to you, just call Member Services.

# Which vaccines do you need this fall?

In addition to the flu shot this year, there are two new vaccines you may need.

## The new COVID-19 vaccine

COVID-19 cases and hospitalizations are again on the rise, and there are new variants not covered by older vaccines. If you are over 65 or are immunocompromised, and you have not received the bivalent booster this year, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

## The Respiratory Syncytial Virus (RSV) vaccine

RSV is an upper respiratory viral infection that poses more risk to adults 60 and older, and the CDC recommends adults over 60 speak with their health care provider about whether RSV vaccination is appropriate.

## Flu shot

Getting a flu shot each year is the best way to protect yourself against the flu. Adults age 65 or older are at higher risk for serious complications if they get the flu. Even among healthy older people, the flu can result in heart attacks, strokes, pneumonia, and other serious illnesses.

## Where can you get your vaccines?

You have a \$0 copay for a flu shot, COVID-19 vaccine, and RSV vaccine. Call your doctor to schedule an appointment (an office visit copay may apply). If your doctor is unable to schedule your vaccines before the end of the year, we will cover vaccines given at certain retail clinics including:

- Pharmacies such as CVS, Walgreens, Walmart, and participating independent pharmacies.
- MinuteClinics within CVS Pharmacy locations in Connecticut.
- Town or school clinics. For locations, contact your city or town administrator, call **211**, or visit **211ct.org**.
- If you receive home health services, you can receive the flu, COVID-19, or RSV vaccine in your home.
- If you get a vaccine anywhere other than your primary care provider's (PCP's) office, remember to let your PCP know.

### Plan tip: Making a coverage request? Let your provider know

If you need to ask CarePartners of Connecticut for a coverage determination (request coverage for a medical service or a prescription drug), make sure to let your provider know. Your provider will need to provide information that will ensure your request is processed more efficiently and will help you receive your answer sooner.



# Thank you

## for being a member!

<sup>1</sup>Dental services covered under the 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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, Costco, Wegmans, and Stop & Shop. Not all locations may participate. Tier 1 and Tier 2 also include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, vitamins and minerals, and cough/cold products.

<sup>5</sup>HMO members get up to \$150 toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses from a provider in the EyeMed Vision Care Network. Or get up to \$90 from a store not in the EyeMed network. Discounts can't be combined. CarePartners Access PPO members can go to a provider outside of the EyeMed Vision Care Network and submit an Out-of-Network Vision Claims Form available on our website at [carepartnersct.com/vision-form](https://carepartnersct.com/vision-form) to receive reimbursement of up to \$150 for the calendar year.

<sup>6</sup>Hearing aids and \$0 hearing aid evaluation must be with a Hearing Care Solutions provider. Benefit does not cover cost of mold and tubing.

<sup>7</sup>Discounts and services included in the Extras program are not plan benefits and are not subject to the Medicare appeals process.

<sup>8</sup>AbleTo is covered through your outpatient mental health benefits and outpatient mental health copays will apply to each weekly therapy session.

<sup>9</sup>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 Part D enrollment penalty. You must continue to pay your Medicare Part B premium.

<sup>10</sup>Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

<sup>11</sup>Based on comparison to 2023 competitor plans.

<sup>12</sup>Additional telehealth services include: primary care physician services, specialist services, other health care professional (PA & NP) services, kidney disease education services, diabetes self-management training, individual and group sessions for mental health and psychiatric services, opioid treatment program services, observation services, individual and group sessions for outpatient substance abuse, urgently needed services, and physical therapy and speech-language pathology services. \$0 copay for e-visits and virtual check-ins; for all other telehealth visits, copay is the same as corresponding in-person visit copay.

<sup>13</sup>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.

<sup>14</sup>You will only pay one copayment per day even if multiple services are performed. There is no copay for services performed and billed as part of an office or urgent care visit.

<sup>15</sup>Medicare Services: 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 reimburse services rendered and billed directly by a licensed acupuncturist when there is a referral from the member's PCP (HMO only). Additional acupuncture coverage included as part of Wellness Allowance (HMO only).

<sup>16</sup>The amount discounted by the manufacturer in the Coverage Gap counts toward your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers® fitness program is provided by Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Every year, Medicare evaluates plans based on a 5-Star rating system. Visit [www.medicare.gov](https://www.medicare.gov) for more information. CarePartners of Connecticut Medicare Advantage (HMO) received 4 out of 5 Stars for contract year 2024.


Benefits eligibility requirements must be met. Not all may qualify. CarePartners of Connecticut is an HMO/PPO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. 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 (HMO)/1-866-632-0060 (PPO) (TTY: 711).

## High-quality benefits, low costs, and great savings

With a CarePartners of Connecticut HMO or PPO plan, you get great benefits and services that help you stay healthy and save. From a \$0 monthly premium to a \$0 medical deductible, \$0 Rx deductible, dental coverage, \$150 eyeglasses benefit, discounts on hearing aids, and much more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.

## Make sure your friends don't miss out.

Refer your friends to CarePartners of Connecticut. Tell your friends to call today to learn more about joining.

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Health and Wellness or Prevention Information

Easy-to-use 2024  
benefit chart

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# Well

