

well!

CarePartners of Connecticut
Medicare Advantage HMO and PPO plans
Fall 2025

Take advantage of savings in 2026

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Did you know?

- Your plan automatically renews—you don't have to take any action to continue your plan in 2026
- Our expansive network with nearly 20,000 local providers continues to grow
- Your plan includes an over-the-counter (OTC) benefit, dental coverage, SilverSneakers® membership, and more. See page 6 for more details.

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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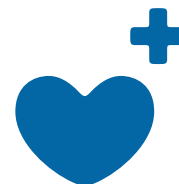
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Get even **more** from your membership!

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



You can opt out of automated messages

Occasionally, CarePartners of Connecticut contacts you to provide plan information. If you would prefer not to receive automated phone calls from us, you can opt out of these communications (except for medically necessary messages) by calling the Member Services number located on your ID card.



Common Questions:

Which vaccines do I need this fall?

Your Member Services team responds to common questions from members.

Flu shot

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. It is important that you receive your flu shot annually to ensure protection from new flu strains. There are many flu vaccines; if you are over age 65, ask for one the Centers for Disease Control and Prevention recommends for your age group.

COVID-19 vaccine

If you have not yet received all your COVID-19 vaccines and boosters, we recommend adding the COVID-19 boosters to your flu shot visit as they can be administered at the same time. If you are over 65 or are immunocompromised, and you have not received the booster for new strains in the past 4 months, this vaccine is recommended. You can schedule your COVID-19 vaccine during the same visit as your flu shot.

Q: Is there a copayment?

A: You have a \$0 copay for a flu shot and COVID-19 vaccine.

Q: Where can I get the vaccines?

A: 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:

- MinuteClinics within CVS Pharmacy locations in Connecticut.
- Town or school clinics—confirm the location accepts CarePartners of Connecticut.
- If you receive home health services, you can receive the flu or COVID-19 vaccine in your home.

If you get a vaccine anywhere other than your primary care physician's (PCP's) office, remember to let your PCP know.

STAYING STRONG

Regular physical activity is one of the best things you can do for your health as you age. Exercise—including strength training—can help prevent or delay health issues that often arise later in life.

Getting started

The goal is to challenge your muscles—but not overdo it. Check with your doctor before beginning a new fitness routine.

Examples of light strength training exercises include:

Lower body exercises



Squats, or standing up from sitting



Lunges



Step ups (on a stair step or sturdy stool)

Upper body exercises



Wall pushups



Arm raises

Abdomen exercises



Sit ups



Planks

For an easier plank variation, start with your hands on an elevated surface, like a stair step or a chair against the wall.

Health benefits of strength training

Lean muscle mass naturally diminishes as you age, but strength training helps preserve and can even increase your muscle mass. Strength training can also help:



Increase bone density and reduce the risk of fractures and osteoporosis



Reduce your risk of falling by improving overall muscle strength



Reduce symptoms of chronic conditions like arthritis, back pain, heart disease, depression, and diabetes

Stay healthy and **SAVE** with your plan in 2026

UP TO \$500 to pay for fitness programs (HMO only)

Use your Wellness Allowance to get up to \$500 each calendar year for fees you pay for membership in a qualified health or fitness club, wellness programs, and additional items like fitness tracking devices, heart rate monitors, and much more.¹ See Chapter 4 of your Evidence of Coverage for details.



(HMO Only)

\$0 health screenings

Getting regular screenings is one of the best ways to stay healthy. Take advantage of a \$0 in-network copay for many screenings including cancer, cholesterol, glaucoma, and many more.



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.²

For a complete list of discounts, go to carepartnersct.com/extras.



GET UP TO \$300 to pay for eyewear

You can get up to \$300 (\$250 for Access PPO members) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses including upgrades from any provider, including providers 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).³

SAVE UP TO \$128 on prescription drug costs with home delivery

You can avoid going to the pharmacy and have prescriptions you take regularly delivered to your door. With OptumRx Home Delivery Pharmacy, you may be able to save up to \$32 for a 90-day supply of prescription medications (depending on your plan and the tier your drug is on). That's a potential savings of up to \$128 a year! With home delivery, your medications are conveniently mailed to your home.

To sign up, call OptumRx at
1-800-496-7490 (HMO)/
1-800-506-3703 (PPO).



Discount on hearing aids

You're covered for up to 2 hearing aids per 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 year.⁴

For details on how to get your hearing aid discount visit carepartnersct.com/using-your-plan/your-hearing-aid-benefit-can-save-you-thousands.





\$150 for weight management

(HMO Only)

Get up to \$150 per calendar year toward program fees for weight loss programs including Weight Watchers®, or a hospital-based weight loss program.⁵



\$200 OVER-THE-COUNTER (OTC) BENEFIT

Use your OTC benefit (\$50 each calendar quarter) to purchase health-related items such as first aid supplies, toothbrushes, and more.⁶

For additional details, go to carepartnersct.com/OTC-benefit.



Dental coverage

Access PPO

With the PPO Visa® Flex Advantage spending card, you get a \$750 built-in dental benefit that can be used for any non-cosmetic dental procedure. See any dentist in the country who accepts Visa®—no network.⁷ See your Evidence of Coverage for exceptions that may apply to certain dental offices and what actions to take.

Preferred HMO

Your \$2,000 built-in dental benefit allows you to see any licensed dentist and includes savings on bridges, dentures, crowns, and more.⁸ To find a dentist, go to carepartnersct.com/dentists.



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.⁹



We're thrilled to have you as a member of CarePartners of Connecticut

Your coverage will automatically continue in 2026. You don't have to do anything or notify us to continue your plan—we've got you covered in 2026!

Now is also a good time to make sure you are in the plan that is right for you. While most of our members stay in their current plan each year, if your health or financial needs have changed, call Member Services at **1-888-341-1507** (HMO)/**1-866-632-0060** (PPO) for a plan checkup. We can help you review your options and answer any questions you have.

Our team can help you access important resources



If you experience any challenges to accessing food, housing, transportation, or using technology, Community Health Workers (CHWs) can help. CHWs are part of our Care Management team and are available to help you access the social resources and health care services you need to get and stay healthy. They are familiar with the unique needs, experiences, languages, and cultures of our diverse community.



Health is a full picture

For many communities or individuals, it is challenging to access health care—for a variety of reasons. For example, when a basic need like food or housing is unmet, you may be unable to seek care for your health concerns.



CHWs identify and arrange services to address unmet needs, such as:

- Housing
- Health-harming legal issues
- Transportation
- Food security and/or nutrition
- And more

They also help provide health-related education and services, including:

- Chronic disease management
- Health services enrollment
- Care coordination (including preventive health screenings and follow-up care)
- Health insurance navigation skills

There is no cost to you to work with the Care Management team. Your team works collaboratively to coordinate your care and manage your health and social concerns.



To learn more, or to work with a CHW, call Member Services.



To learn more about your Care Management team, visit our website at carepartnersct.com/care-manager.



Are technology issues holding you back?

Using a computer, smart phone, or other digital device to access health information is now a common part of many people's health care process. But if issues with technology are holding you back, Community Health Workers can help you increase your digital literacy to make it easier to use digital tools to access care.

- 1 Do you or any member of your household have access to the internet using a phone or home computer?
- 2 Can you use applications/programs (like Zoom) on your cell phone, computer, or another electronic device without asking for help from someone else?
- 3 Can you set up a video chat using your cell phone, computer, or another electronic device without asking for help from someone else?
- 4 Can you resolve basic technical issues on your own?
- 5 Can you read and understand materials from providers on your own?

If you answered **"No"** to any of these questions, a Community Health Worker can help you with issues related to technology and digital literacy.

Community Health Workers provide hands-on, virtual, and telephonic support to ensure you have access to the social resources, digital tools, and health care services you need to get and stay healthy.

How can you work with a Community Health Worker?

All CarePartners of Connecticut members have access to our Care Management team—which is made up of health care experts, including CHWs.

We take your privacy seriously

CarePartners of Connecticut is committed to protecting your personal health information (PHI) 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 was recently updated on June 30, 2025, to include additional information, including reproductive health and substance use disorder.

For example:

- We are prohibited from using or sharing your reproductive health care information to assist in an investigation or legal proceedings against you or a provider for receiving or providing lawful care. We will require entities that request your information to attest that they will not use your information for a prohibited purpose.
- We will require your permission or a court order before disclosing your information from certain substance use disorder treatment programs in a proceeding against you.

The updated Notice of Privacy Practices is available on our website at carepartnersct.com/cpct-notice-privacy-practices. If you would like a copy sent to you, just call Member Services.



2026 Benefits Overview

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, see your Evidence of Coverage (EOC), available at carepartnersct.com/documents. 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 (±).

The Basics	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Monthly Premium (all counties ¹⁰)	\$0	\$0
Medical Deductible	\$0	\$250 ¹¹
Annual Out-of-Pocket Maximum ¹² —one of the lowest in Connecticut ¹³	\$6,750	\$8,500 in-network (\$10,100 combined in- and out-of-network)

Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Doctor Office Visits		
Primary Care Provider (PCP)	\$0/visit	\$0/visit (OON: \$80/visit±)
Specialist	\$55/visit	\$55/visit (OON: \$80/visit±)
Telehealth Services ¹⁴	Medicare-covered services plus additional telehealth 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.	Medicare-covered services plus additional telehealth 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. (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	\$0/visit (OON: 40% coinsurance)
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit	\$0/visit (OON: 40% coinsurance; deductible applies to barium enemas and digital rectal exams)

Medical Copays	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Vision and Hearing		
Annual Routine Vision Exam	\$0/exam	\$0/exam (OON: \$65/exam)
Annual Eyewear Benefit ³	\$300 per calendar year towards eyewear purchased from any provider	\$250 per calendar year towards eyewear purchased from any provider
Annual Routine Hearing Exam	\$0/exam	\$0/exam (OON: \$65/exam)
Hearing Aid Benefits ⁴	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.	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.)
Outpatient and Lab Services		
Outpatient Services/ Surgery	Colonoscopies: \$0; Ambulatory Surgical Centers: \$250/day; Non-Ambulatory Surgical Centers: \$350/day	Colonoscopies: \$0; Ambulatory Surgical Centers: \$295/day‡; Non-Ambulatory Surgical Centers: \$435/day‡ (OON: 50% coinsurance‡)
Rehabilitation Therapy ¹⁵	\$25/visit	\$30/visit (OON: 40% coinsurance‡)
Laboratory Services	\$0/day	\$0/day (OON: 40% coinsurance‡)
Diagnostic Procedures and Tests ¹⁶	\$30/day	\$40/day (OON: 40% coinsurance‡)
X-rays	\$30/day	\$10/day (OON: 40% coinsurance‡)
Diagnostic Radiology Services	Ultrasounds: \$60/day; Other Medicare-covered: \$200/day	Ultrasounds: \$60/day; Other Medicare-covered: \$225/day (OON: 40% coinsurance‡)
Emergency Services		
Worldwide Emergency Care	\$130/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.	\$115/visit; copay waived if admitted to observation or inpatient care within 1 day for the same condition.
Urgent Care	\$50/visit	\$40/visit
Ambulance Services	\$300/one-way trip	\$325/one-way trip (OON: \$325/one-way trip‡)
Inpatient Care		
Inpatient Hospital Care	\$395/day for days 1–6; \$0/day after day 6	\$485/day for days 1–5‡; \$0/day after day 5 (OON: 40% coinsurance‡)

Dental Coverage	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
Embedded Benefits	\$2,000 yearly maximum. ⁸ \$100 deductible for basic and major services, \$0 deductible 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.	Visa® Flex Advantage spending card ⁷ 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, implants, and more.

Additional Benefits	CareAdvantage Preferred (HMO)	CarePartners Access (PPO)
SilverSneakers® Membership	\$0 membership included	\$0 membership included. (OON: \$0 for at-home exercise kits)
Weight Management Programs⁵	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers or hospital-based weight loss programs.	Not covered
Wellness Allowance¹	\$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.	Not covered
Over-the-Counter (OTC) Bonus⁶	\$50 per calendar quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over.	\$50 per calendar quarter to spend on Medicare-approved health-related items (catalog & retail). No quarterly roll over.
Acupuncture¹⁷	\$20/visit	\$20/visit (OON: \$65/visit*)

Rx Drug Coverage	CareAdvantage Preferred (HMO)		CarePartners Access (PPO)	
Deductible	\$0 (Tiers 1-2); \$450 (Tiers 3-5)		\$0 (Tiers 1-2); \$550 (Tiers 3-5)	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic¹⁸	\$0	\$0	\$0	\$0
Tier 2: Generic¹⁸	\$2	\$4	\$2	\$4
Tier 3: Preferred Brand	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)	20% coinsurance (Insulin: \$35)	20% coinsurance (Insulin: \$70)
Tier 4: Non-Preferred Drug	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)	25% coinsurance (Insulin: \$35)	25% coinsurance (Insulin: \$70)
Tier 5: Specialty Tier	26%	N/A	25%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A
Catastrophic Threshold	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.			

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.



Use your OTC benefit to buy everyday health items



Use your over-the-counter (OTC) benefit to purchase eligible OTC medicines and health-related items⁶

How it works

At the beginning of each calendar quarter, your card is loaded with your quarterly OTC benefit amount (see page 12 for 2026 benefit amount). Your balance does not carry over, so try to spend the full amount before the end of each quarter. Your card will be reloaded at the start of each calendar quarter. (Don't throw it away!)

What's covered

Shop for items across a variety of categories—like first aid and medical supplies, pain and fever relief, dental and denture care, incontinence supplies, vitamins and supplements, and more.

Examples of eligible items include:

- Cold, flu, and allergy medications
- Toothpaste and dental floss
- Probiotics
- Sunscreen

For more examples of covered (and not covered) items, visit thpmp.org/OTC-benefit.



5 ways to shop

You can use your OTC card (Access PPO members use their Visa Flex Advantage spending card) in stores at participating physical retailers including CVS, Dollar General, Family Dollar, Stop & Shop, Walgreens, and Walmart, at CVS Health Online, through Medline, through Walmart.com, or through Walgreens.com.

For full instructions for each shopping option, visit thpmp.org/OTC-benefit.

Endnotes

- 1 \$500 for Preferred HMO plan members 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, wellness programs, alternative therapies, and massage therapy. Please see your Evidence of Coverage (EOC) for more details.
- 2 Discounts and services included in the Extras program are not plan benefits and are not subject to the Medicare appeals process.
- 3 You can get up to \$300 (HMO) or \$250 (PPO) 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.
- 4 Hearing aids and 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.
- 5 \$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.
- 6 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.
- 7 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.
- 8 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.
- 9 SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.
- 10 CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties.
- 11 Deductible applies in-network to inpatient services, outpatient hospital observation, and outpatient hospital services including services at ambulatory surgical centers; deductible applies to most out-of-network non-Medicare preventive services. See your Evidence of Coverage for complete details.
- 12 Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.
- 13 Based on comparison to 2024 competitor plans.
- 14 Additional telehealth services include services such as primary care services, specialist services, and more. Please refer to your Evidence of Coverage for complete list of covered services.
- 15 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.
- 16 There is no copay for services performed and billed as part of an office or urgent care visit.
- 17 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.
- 18 On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Walmart, Stop & Shop, Costco, and Wegman's. Not all locations may participate. Tier 1 and Tier 2 also include enhanced coverage of select erectile dysfunction drugs.

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). Benefits eligibility requirements must be met. Not all may qualify. Out-of-network/noncontracted providers are under no obligation to treat CarePartners of Connecticut members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. Benefit information described in this issue is for CarePartners of Connecticut Medicare Advantage HMO and PPO plan members and is not a complete description of benefits. Call 1-800-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711) for more information. CarePartners of Connecticut is an HMO and 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).



Quality benefits, low costs, and great savings

With a CarePartners of Connecticut Medicare Advantage HMO or PPO plan, you get great benefits and services that help you stay healthy. From your over-the-counter benefit, to your eyewear benefit, dental coverage, discounts on hearing aids, and more, your plan makes it easier to save on programs and services that help you lead a healthy lifestyle.



1 Wellness Way
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Health and Wellness or
Prevention Information