

CAREPARTNERS OF CONNECTICUT HMO PLANS | 2019



Buyer's Guide

Includes a chart
comparing all
HMO plan options

 **CarePartners**
of Connecticut



Service Area:

To join a CarePartners of Connecticut plan, you must live in our service area: Hartford, Litchfield, New Haven, New London, Tolland, or Windham County.

QUESTIONS?

Call 1-844-267-1361 // TTY: 711

Representatives are available Monday – Friday, 8 a.m. – 8 p.m. (From October 1 – March 31, representatives are available 7 days a week, 8 a.m. – 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

VISIT US AT: www.carepartnersct.com

Dear Neighbor:

Thank you for your interest in CarePartners of Connecticut plans.

Like you, we at CarePartners of Connecticut believe that health and vitality are your most priceless possessions, which is why we are committed to helping you stay healthy.

We understand that choosing a Medicare plan is an important decision. The enclosed materials are designed to help you better understand Medicare and identify the plan that best fits your lifestyle.

CarePartners of Connecticut offers a wide range of plans to meet your needs and budget—all with comprehensive medical benefits and prescription drug coverage.

If you have questions or need assistance choosing and enrolling in a plan, please feel free to call our local, licensed Medicare agents at 1-844-267-2321 (TTY: 711). Or for in-person assistance, attend a FREE meeting in your area*. For locations and dates, visit www.carepartnersct.com/meetings and reserve your seat today.

Thank you for thinking of CarePartners of Connecticut as your partner in planning for your health. We look forward to working with you to keep you healthy, active, and vital for many years to come.

Sincerely,



Marc Hudak
President
CarePartners of Connecticut

2019 HIGHLIGHTS

Wide variety of plans to fit your needs and budget—starting as low as \$0 per month.

Built in prescription drug benefits—with affordable copays.

Low out-of-pocket maximum for medical expenses—limits what you pay.

Up to \$550 in annual savings—preventive dental, eyewear benefit, and more! Plus, a \$0 SilverSneakers membership.

Large network with thousands of local providers and hospitals you know and trust.

*For accommodations of persons with special needs at meetings, call 1-844-267-1361 (TTY: 711).



WHY CHOOSE A MEDICARE ADVANTAGE (HMO) PLAN FROM CAREPARTNERS OF CONNECTICUT?

Our Plans Offer:

- More comprehensive coverage than Original Medicare alone
- Options that fit your needs and budget
- Affordable copayments and no medical deductibles
- Prescription drug coverage included with all plans
- A limit on your annual out-of-pocket maximum costs

Large Network

We offer a large network of primary care providers (PCPs), specialists, and hospitals that you know and trust.

Focus on Prevention and Wellness

We focus on your preventive care and wellness through regular screenings and programs to help you better manage certain conditions. Plus, with any of our plans you have access to **hundreds of dollars in annual savings** including:

- **\$150 eyewear reimbursement** for eyeglasses or contact lenses
- **\$250 preventive dental allowance** for routine services such as check-ups and cleanings
- **\$150 weight management** reimbursement toward fees for Weight Watchers®, Jenny Craig® or hospital-based programs
- **\$0 SilverSneakers® membership** provides access to participating gyms and fitness centers

One-on-One Care Manager

We provide someone to guide you through the health care system, coordinate your medical services, and help answer questions about health conditions and treatments.

Care Coordination

When you join one of our plans, you select a primary care provider (PCP) who coordinates your care, and directs you to specialists and hospitals within the network. This coordinated care approach ensures you get the **right care, at the right time, in the right setting**.

Working together for your good health

Your primary care provider (PCP) is responsible for coordinating all of your health care to make sure you get the care that is right for you. Your PCP is also responsible for providing access to a team of specialists. These specialists provide other services that your PCP cannot provide to you. To view the specialists in our network, use our online doctor search tool. (You will need a referral from your PCP to see a specialist.) **To find a doctor or hospital** in the CarePartners of Connecticut provider network, visit **www.carepartnersct.com/doctors**.

Prescription Drug Coverage

All of our plans include prescription drug coverage. To find out if your prescription drugs are covered, visit: **www.carepartnersct.com/drug-coverage**.

We're Here to Help

We have a knowledgeable staff of Customer Service representatives and local, licensed Medicare agents who understand Medicare and are always available to help find the plan that's right for you.

PLAN COMPARISON CHART

This is a quick reference guide to some of the more commonly used services. For more complete plan benefit information, review our Summary of Benefits booklets located in the “Documents” section on our website, www.carepartnersct.com/documents.

Monthly Plan Premium by County	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Hartford, Litchfield, New Haven, New London, Tolland, Windham County	\$0	\$29	\$89

Medical Coverage

Plan Medical Costs	CareAdvantage Preferred	Care Advantage Prime	Care Advantage Premier
Medical Deductibles	No medical deductible		
Annual Out-of-Pocket Maximum ¹	\$5,900	\$4,900	\$3,700

Copays	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Doctor Office Visits			
Primary Care Provider (PCP)	\$0	\$0	\$0
Specialist	\$45	\$40	\$30
Preventive Care			
Annual Physical	\$0	\$0	\$0
Cancer Screening (Colorectal, Prostate, Breast)	\$0 per service	\$0 per service	\$0 per service
Vision and Hearing			
Annual Routine Vision Exam	\$45	\$40	\$30
Annual Eyewear Benefit	\$150 per year toward eyewear at an EyeMed Vision Care participating provider		
Annual Routine Hearing Exam	\$45	\$40	\$30
Hearing Aid Benefit (2 hearing aids per year, 1 per ear)	\$250 Standard level \$475 Superior level \$650 Advanced level \$850 Advanced Plus level	\$250 Standard level \$475 Superior level \$650 Advanced level \$850 Advanced Plus level	\$250 Standard level \$475 Superior level \$650 Advanced level \$850 Advanced Plus level
Outpatient and Lab Services			
Outpatient Services / Surgery	\$300 per day	\$275 per day	\$250 per day
Physical Therapy ²	\$40	\$40	\$30
Occupational Therapy ²	\$40	\$40	\$30
Speech Therapy	\$40	\$40	\$30
Laboratory Services	\$5	\$5	\$5
Diagnostic Procedures & Tests	\$20	\$15	\$10
X-rays	\$30	\$20	\$15
Diagnostic Radiology Services	\$250 per day	\$250 per day	\$150 per day

Copays	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Emergency Services			
Emergency Room	\$90	\$90	\$90
Urgent Care	\$45	\$40	\$30
Ambulance Services	\$325 per day	\$250 per day	\$200 per day
Inpatient Care			
Inpatient Hospital Coverage	Days 1-4: \$425 per day, \$0 per day after day 4	Days 1-4: \$375 per day, \$0 per day after day 4	Days 1-5: \$250 per day, \$0 per day after day 5
Additional Benefits	Included with all plans		
SilverSneakers Membership			
Preventive Dental Allowance			
Weight Management Programs			
	\$250 per year toward preventive dental services such as cleanings and X-rays		
	\$150 annual reimbursement toward program fees for weight loss programs such as Weight Watchers, Jenny Craig, or hospital-based weight loss programs		

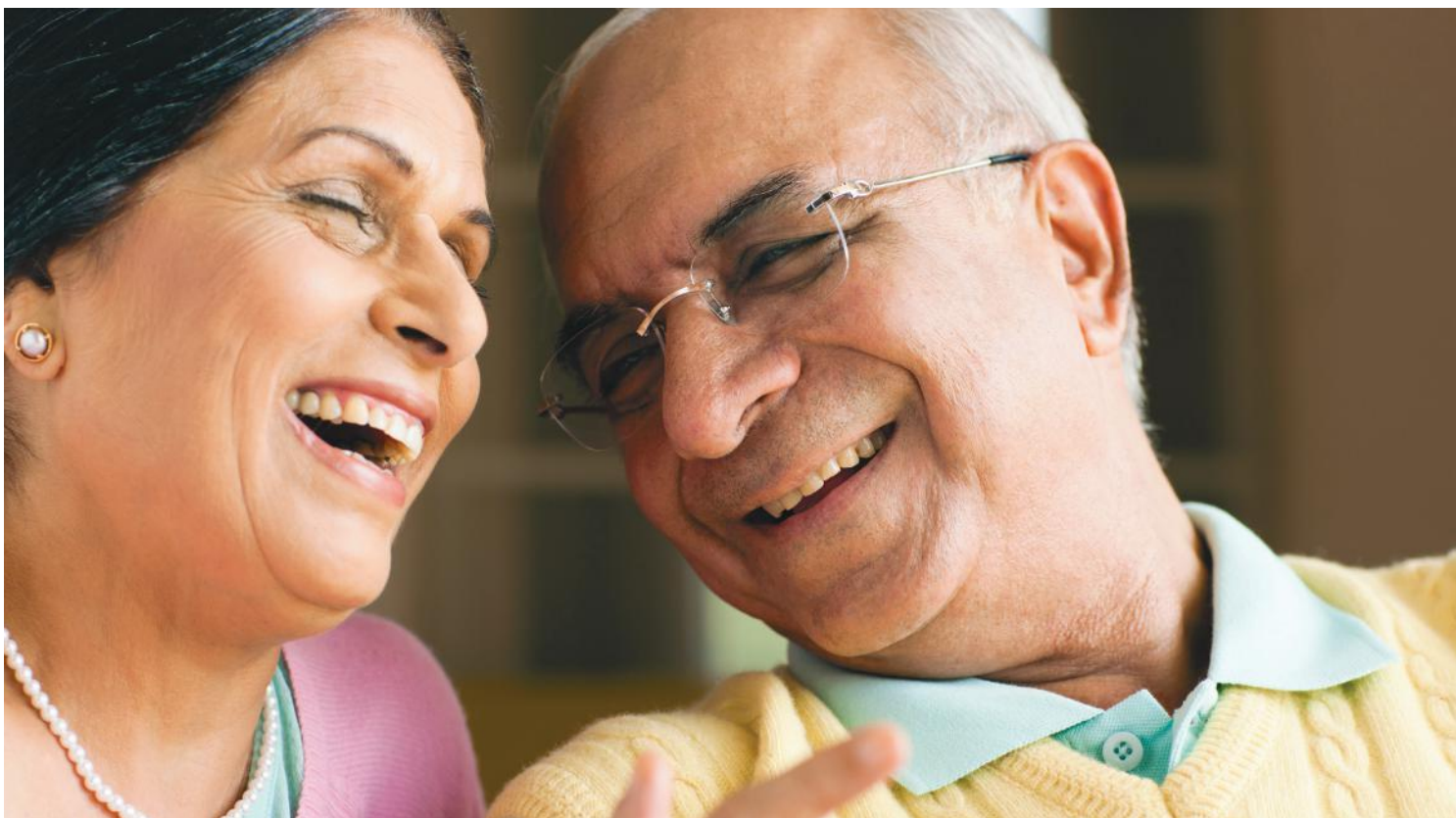
Prescription Drug (Rx) Coverage

Plan Drug (Rx) Costs	CareAdvantage Preferred		CareAdvantage Prime		CareAdvantage Premier	
Deductible	\$0 for Tiers 1-2; \$200 for Tiers 3-5		\$0 for Tiers 1-2; \$150 for Tiers 3-5		No deductible	
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic	\$3	\$6	\$3	\$6	\$3	\$6
Tier 2: Generic	\$12	\$24	\$12	\$24	\$12	\$24
Tier 3: Preferred Brand	\$45	\$90	\$45	\$90	\$45	\$90
Tier 4: Non-Preferred Drug	\$95	\$190	\$95	\$190	\$95	\$190
Tier 5: Specialty Tier	29%	N/A	30%	N/A	33%	N/A
Coverage Gap Stage: After your total prescription drug costs reach \$3,820, and until your payments reach \$5,100, you pay:	<ul style="list-style-type: none"> • 37% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee³ 					
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$5,100, you pay the greater of:	<ul style="list-style-type: none"> • 5% per prescription or • \$3.40 per prescription for Part D generic drugs • \$8.50 per prescription for Part D brand drugs 					

¹Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount.

²You pay \$0 for a post-outpatient surgical procedure physical therapy or occupational therapy consultation of up to 15 minutes, prior to discharge.

³The 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.



HOW TO CHOOSE THE RIGHT PLAN FOR YOU

Here are some helpful tips for choosing which Medicare Advantage (HMO) plan from CarePartners of Connecticut is right for you.

1 | Look at the monthly premium and copays

Think about how many times in a year you visit a doctor, specialist, or expect to get medical care.

- If you are relatively healthy, you may want to consider a \$0 or low premium plan with higher copays for doctor visits and other medical services.



- If you see your physician(s) more frequently, you may want to consider paying a higher monthly premium in exchange for lower PCP and specialist visit copays and lower additional medical costs.



2 | Think about the prescription drugs you take

All CarePartners of Connecticut plans include Part D prescription drug coverage.

Check to make sure your drugs are covered:

Our formulary was designed with you in mind. It includes all of the drugs we cover along with their tier levels. We offer a large number of generic drugs on lower cost tiers. And if you take brand name drugs, you can talk to your doctor about generic alternatives to help you get the most savings on your medications.

Depending on the plan you choose, you may have a prescription drug deductible:

If you choose our CareAdvantage Premier plan, you don't pay a Part D prescription drug deductible, but if you choose our CareAdvantage Preferred or CareAdvantage Prime plans you will pay a prescription drug deductible for Tier 3, Tier 4, and Tier 5 before we begin to pay our share of the cost for those tiers. See the chart on page 5 for more information on the Part D deductible for these plans.

We have a national pharmacy network

We have a national network of pharmacies, and we don't require you to use preferred pharmacies to save money. That means you don't need to pay more to use your pharmacy of choice.

You can save by using mail order

With CarePartners of Connecticut, you can achieve the greatest savings on your prescription drugs by using our mail order program. If you order a 3-month supply of your drugs on Tiers 1, 2, 3, or 4 through mail order, you'll only pay the cost of a 2-month supply. That's a savings of up to \$380 per year when compared to using a retail pharmacy!

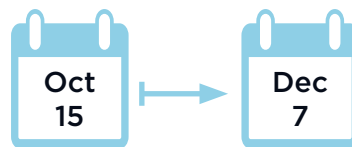
3 | What is the most you will pay for medical costs?

With Original Medicare there is no cap to the amount you'll pay for medical expenses during the year. With CarePartners of Connecticut plans there is an annual cap on the amount you will pay out of your own pocket. The annual out of pocket maximums for our plans range from \$3,700 to \$5,900 per year. For details see the chart on page 4.

Most members don't reach the annual out-of-pocket maximum for medical costs, but you can take comfort in knowing that your finances are protected by the annual limit.

Did you know?

You have the option to change your plan every year during the **Annual Election Period (AEP)**
October 15 - December 7.





IMPROVE YOUR LIFE WITH SILVERSNEAKERS

Enroll in **CarePartners of Connecticut** and you get SilverSneakers® for FREE.

Have more energy, flexibility and independence to do what you want. With SilverSneakers you will have:

- access to 15,000+ participating locations
- trained instructors
- classes for all levels and abilities
- health and nutrition tips along with exercise videos

88%

of participants say SilverSneakers has improved their quality of life.¹

Join today, and SilverSneakers is yours.

Call 1-844-267-2321 (TTY: 711)

Monday - Friday, 8 a.m. - 8 p.m.
(From October 1 - March 31,
representatives are available
7 days a week, 8 a.m. - 8 p.m.)

SilverSneakers.com | 



1. 2017 SilverSneakers Annual Participant Survey

CarePartners of Connecticut is an HMO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. This information is not a complete description of benefits. Call 1-844-267-2326 (TTY:711) for more information.

SilverSneakers and the SilverSneakers logotype are registered trademarks of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc. © 2018 Tivity Health, Inc. All rights reserved. TUFTS6571SLSFL0918_T



QUICK LINKS

Compare Plans

▶▶▶ www.carepartnersct.com/compare

Doctor Search

▶▶▶ www.carepartnersct.com/doctors

Drug Search

▶▶▶ www.carepartnersct.com/drug-coverage

Summary of Benefits and Other Plan Documents

▶▶▶ www.carepartnersct.com/documents

ENROLL TODAY

WAYS TO ENROLL



1 | Visit www.carepartnersct.com/enroll

Our website is safe and secure.



2 | Call 1-844-267-1361 // TTY: 711

Representatives are available Monday-Friday, 8 a.m. – 8 p.m. (from October 1 to March 31, representatives are available 7 days a week, 8 a.m. – 8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

3 | Fill out and mail (or fax) an enrollment form

You may have received one enrollment form and one postage paid envelope with this document that you can mail to us. Or, you can fax the enrollment form to 1-617-972-9475. If you did not receive one, give us a call, and we would be happy to send you one. To avoid delays in processing your paper enrollment form, be sure to use the Enrollment Form Checklist on the next page.

4 | Enroll with us through the Centers for Medicare & Medicaid Services (CMS)

You have the option to enroll by phone, 1-800-633-4227 (TTY: 1-877-486-2048) or online at www.Medicare.gov. Phone lines are open 24 hours a day, 7 days a week.

IMPORTANT INFORMATION TO HAVE READY BEFORE YOU ENROLL

✓ The name of the CarePartners of Connecticut plan you would like to enroll in

- To select a plan, please refer to the Plan Comparison Chart on page 4.

Plan Name: _____

✓ The name of the provider you would like to select as your primary care provider

- To find out if a provider is accepting new patients, please visit **www.carepartnersct.com/doctors** or call us at **1-844-267-1361 (TTY: 711)**.

PCP Name: _____

✓ Your Medicare card

- Don't have a Medicare card? Call us and we can explain what you need to do.

Options for paying your plan premium

There are three (3) options available for paying your plan premium.

- Receive a monthly bill from CarePartners of Connecticut, and pay the plan directly by mail or with our secure member portal.
- Electronic Fund Transfer (EFT) from your bank account.
- Automatic deduction from your monthly Social Security check. (The deduction may take two or more months to begin. See the enrollment form for more information.)

Please check the appropriate box on the enrollment form for the payment option you would like to use.

Check these steps before submitting your enrollment form:

- ☐ Check the appropriate box for the plan you wish to join.
- ☐ Fill in the name of the CarePartners of Connecticut contracted primary care provider (who is accepting new patients) you have chosen.
- ☐ Complete your Medicare insurance information or attach a photocopy of your Medicare card as proof that you have Medicare Parts A and B coverage.
- ☐ Choose a premium payment option.
- ☐ Answer all questions on page 3.
- ☐ Sign and date the enrollment form.
- ☐ Keep a copy of the enrollment form for yourself. This will verify your membership in CarePartners of Connecticut until you receive your member ID card.
- ☐ Return your completed enrollment form (all 5 pages) in the enclosed postage-paid reply envelope. You can also mail your completed enrollment form to CarePartners of Connecticut, PO Box 9178, Watertown, MA 02471-9948, or fax your enrollment form to us at 1-617-972-9475.

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. CarePartners of Connecticut does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CarePartners of Connecticut:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CarePartners of Connecticut at 1-888-341-1507 (TTY: 711).

If you believe that CarePartners of Connecticut has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CarePartners of Connecticut, Attention:

Civil Rights Coordinator, Legal Dept.

705 Mount Auburn St.

Watertown, MA 02472

Phone: 1-888-341-1507 (TTY: 711)

Fax: 1-617-972-9048

Email: OCRCoordinator@carepartnersct.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the CarePartners of Connecticut Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

carepartnersct.com | 1-888-341-1507 (TTY: 711)

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-341-1507 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-341-1507 (رقم هاتف الصم والبكم: 711).

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-341-1507 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-341-1507 (TTY: 711)。
Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-888-341-1507 (TTY: 711) با تماس بگیرد.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-341-1507 (TTY : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-341-1507 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-341-1507 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-341-1507 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-341-1507 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-341-1507 (TTY: 711) पर कॉल करें।

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-341-1507 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-341-1507 (TTY: 711) まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-341-1507 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-341-1507 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-341-1507 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílt'igo Diné Bizaad, saad bee áká'ánída'áwoḍęę, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-341-1507 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-341-1507 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-341-1507 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-341-1507 (TTY: 711).

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

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-341-1507 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-341-1507 (TTY: 711).



QUESTIONS?

Call 1-844-267-2321 // TTY: 711

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VISIT: www.carepartnersct.com

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CarePartners of Connecticut plans are available in Hartford, Litchfield, New Haven, New London, Tolland, and Windham Counties.

This information is not a complete description of benefits. Call 1-844-267-2326 (TTY: 711) for more information.

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