



Plan Comparison Chart

Includes medical and
prescription drug (Rx)
benefit information

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	Care Advantage Preferred	Care Advantage Prime	CareAdvantage 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	Included with all plans		
Preventive Dental Allowance	\$250 per year toward preventive dental services such as cleanings and X-rays		
Weight Management Programs	\$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.

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. با تماس بگیرید. 1-888-341-1507 (TTY: 711)

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 નિ:શુલ્ક 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 ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ថ្ងៃ 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: ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-341-1507 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę, 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 1-844-267-1361 // 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: www.carepartnersct.com

KNOW WHICH PLAN YOU WOULD LIKE?

Write it here for easy reference during the enrollment process.

CarePartners of Connecticut Plan Name: _____

Monthly Premium: _____ PCP Name: _____

You will also need to have your Medicare Number (located on your Medicare ID card)

You can enroll at: www.carepartnersct.com or call 1-844-267-1361.

CarePartners of Connecticut is an HMO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal.

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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