



**Enhanced coverage
due to COVID-19**

2020 Buyer's Guide

CarePartners of Connecticut Medicare Advantage Plans

**NEW Plan
Features
Inside!**



It's time for a different approach to health care.

Imagine a Medicare plan that puts your health and well-being at the center of care. A plan that offers support to doctors to help provide you with the best care possible.



Say hello to CarePartners of Connecticut, the newest Medicare Advantage plan in the state. We're doing things differently. That's why we created a different kind of plan with local doctors you know and trust. A plan that makes things simpler and less stressful for you.

Decades of experience makes a difference.

While we're Connecticut's youngest Medicare Advantage plan, we're hardly new. Created by two leading health organizations—**Hartford HealthCare**, Connecticut's most extensive health care provider, and **Tufts Health Plan**, a Massachusetts-based health plan nationally recognized for excellence—CarePartners of Connecticut has decades of experience.

With access to thousands of doctors, specialists, and hospitals, CarePartners of Connecticut provides you with more connected care for healthier outcomes.



Dear Neighbor,

Choosing a Medicare plan is an important decision. While there are a lot of factors to consider, nothing is more important than your health. Your health and vitality are your most priceless possessions, which is why CarePartners of Connecticut plans are designed to help you stay healthy.

From making it easier for your doctor to stay involved with your care, to having the state's leading dental benefits and a \$350 health and wellness allowance, we are committed to providing Medicare Advantage plans that help you lead a healthy lifestyle.

Take a look inside. This booklet will help you to choose a Medicare Advantage plan that best fits your lifestyle.

If you have questions or need assistance choosing and enrolling in a plan, call our Licensed Medicare Agents at **1-844-353-5756 (TTY: 711)**. They are happy to help you find the right plan with no obligation or sales pressure. Or attend a FREE virtual Medicare meeting hosted by a local Medicare Expert.¹ For dates, visit carepartnersct.com/medicare-meeting and reserve your spot today.

We look forward to working with you to help you stay healthy and active for many years to come.

Sincerely,



Patty Blake
President, CarePartners of Connecticut

With our \$0 CareAdvantage Preferred (HMO) plan, you get:

NEW

\$1,500 dental benefit includes savings on crowns, bridges, dentures, and \$0 preventive visits and X-rays.

NEW

\$350 CarePerks health and wellness allowance good towards a fitness tracker, gym memberships, and more.

NEW

\$0 Tier 6 vaccines
\$0 Rx deductible
\$0 select generic prescription drugs

NEW

No in-network referrals needed

SilverSneakers® fitness membership at no additional cost



Community Commitment

The Tufts Health Plan Foundation, the Foundation of one of CarePartners' founding partners, committed \$2 million to nonprofit organizations in Connecticut, Massachusetts, Rhode Island, and New Hampshire supporting older people affected by the coronavirus outbreak.

Improvements made to your plan due to COVID-19 (“coronavirus”)

We are committed to making sure you have access to the health care services you need during this challenging time. As part of this commitment, we have made the following changes to your CarePartners of Connecticut HMO plan due to COVID-19, including:

Waiving member costs

There are no out-of-pocket costs for medically necessary testing, counseling, or treatment related to COVID-19. This coverage applies at in-network providers, urgent care centers, emergency rooms and other facilities, and at out-of-network providers in the event you cannot easily find an in-network provider to provide timely services. In addition, there is no copay or prior authorization required for ambulance trips related to COVID-19.

Prescription refills

You can refill prescription medication early without waiting to finish your current fill. You can also refill up to a 90-day supply, to the extent consistent with clinical guidelines. Controlled substances are excluded from this policy (subject to CMS rules).

Removal of prior authorizations and referrals

We are removing prior authorization requirements related to new diagnoses and treatments of COVID-19 or the risk of COVID-19 contraction. This will make it easier for you to get the care you need without delay.

You are not required to get a referral from your primary care provider (PCP) for in-network services. Referral is also not required for out-of-network

services related to COVID-19, inpatient care, post-acute care, or when receiving primary care or outpatient behavioral health services. To ensure proper coordination of your care, please continue to check with your PCP before getting services from a specialist.

Telehealth/telemedicine services

Need a doctor’s appointment but don’t want to leave home? Telehealth, or, as it is often referred to, “telemedicine,” offers an alternative to in-person visits by using audio or video tools so you can speak to your doctor in real time without leaving home. In-network telehealth/telemedicine services are provided to CarePartners of Connecticut members at no cost. Out-of-network telehealth/telemedicine services are covered at no cost if you cannot easily find an in-network provider to provide timely services. For details on using telehealth/telemedicine, see page 10. For details on coverage for an oximeter which can be helpful during a telehealth/telemedicine visit, see page 11.

Plan changes related to COVID-19 are in effect from March 6, 2020, until further notice. Visit carepartnersct.com/coronavirus-updates for updates.

Why choose a Medicare Advantage plan from CarePartners of Connecticut?

Pay less:

- \$0 monthly premium
- \$0 medical deductible
- \$0 Rx deductible
- \$0 primary care provider visits
- \$0 copay for select generic Rx drugs at a preferred pharmacy

Get more:

- Prescription drug coverage included
- Dental and eyewear allowance included
- SilverSneakers® fitness membership at no additional cost
- Access to thousands of doctors, specialists, and hospitals across the state. No in-network referrals required
- More benefits and financial security than Original Medicare—without gaps



We're Here to Help

We have a knowledgeable staff of representatives who understand Medicare and are always available to help find the plan that's right for you. No sales pressure. No obligation. Call: **1-844-353-5756 (TTY: 711)**.

Prevention and Wellness discounts

Our \$0 CareAdvantage Preferred Plan includes hundreds of dollars in annual savings:

- \$1,500 dental benefit which includes savings on bridges, dentures, and more. Plus, \$0 preventive visits and no waiting period.
- \$350 CarePerks health and wellness allowance for fitness tracker, gym memberships, yoga classes, nutrition programs, and weight management.
- SilverSneakers® fitness membership at no additional cost.
- \$150 eyewear allowance, hearing aid benefits, and more.
- \$0 Tier 6 vaccines, \$0 Rx deductible, and \$0 select generic prescription drugs.

One-on-One Care Manager

Each member has access to a Care Manager, who is a registered nurse available to guide you through the health care system, coordinate your medical services, and help answer questions about health conditions and treatments.

You are the center of care

Our plans make it easier for your doctor to stay involved with your care every step of the way, making things simpler and less stressful for you. Your primary care provider (PCP) makes sure everyone in your circle—specialists, hospitals, diagnostic labs, and imaging centers—talks about how best to treat you. They are also responsible for providing access to a team of specialists. To find a doctor, specialist, or hospital, visit our online search tool at carepartnersct.com/search-doctors.

Prescription Drug Coverage Included

All of our Medicare Advantage plans include prescription drug coverage. For a complete list of prescription drugs, visit: carepartnersct.com/drug-coverage.

How to choose the right plan for you



1 Look at the monthly premium and copays

How many times a year do you visit a doctor, specialist, or hospital, or expect to get medical care?

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



If you see your provider(s) more frequently, you may want to choose a plan with 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 Medicare Advantage plans include Part D prescription drug coverage. 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.



\$0 Rx deductible:

Whether you choose our CareAdvantage Preferred, Prime, or Premier plan, you won't pay a Part D prescription drug deductible. Plus, we've added a Tier 6 for \$0 vaccines (including Shingrix). See the chart on page 10 for more information on drug coverage.

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 \$400 per year when compared with using a retail pharmacy!


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

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. Unlike Original Medicare, CarePartners of Connecticut plans limit the amount you will pay out of your own pocket. The annual out-of-pocket maximums for our plans range from \$3,700 to \$6,700 per year.

Plan Comparison Chart

This is a quick reference guide to some of the more commonly used services. For complete plan benefit information, review our Evidence of Coverage at carepartnersct.com/plan-documents.



The Basics 	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Monthly Premium (all counties¹)	\$0	\$29	\$89
Medical Deductible	No medical deductible	No medical deductible	No medical deductible
Annual Out-of-Pocket Maximum²	\$6,700	\$4,900	\$3,700


Medical 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/service	\$0/service	\$0/service
Vision and Hearing			
Annual Routine Vision Exam	\$15	\$15	\$15
Annual Eyewear Benefit	\$150/year toward eyewear at an EyeMed Vision Care participating provider		
Annual Routine Hearing Exam	\$45	\$40	\$30
Hearing Aid Benefit	Up to 2 aids per year, 1 per ear. \$250 Standard level, \$475 Superior level, \$650 Advanced level, \$850 Advanced Plus level, \$1,150 Premier level. Through Hearing Care Solutions.		


Want to learn more about our plans?
Call a Licensed Medicare Agent today!



1-844-353-5756
(TTY: 711)

Medical Copays 	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Outpatient and Lab Services			
Outpatient Services/Surgery	\$350/day	\$275/day	\$250/day
Physical Therapy³	\$40	\$40	\$30
Occupational Therapy³	\$40	\$40	\$30
Speech Therapy	\$40	\$40	\$30
Laboratory Services	\$0-\$5	\$0-\$5	\$0-\$5
Diagnostic Procedures & Tests	\$0-\$30	\$0-\$15	\$0-\$10
X-Rays	\$0-\$10	\$0-\$10	\$0-\$10
Diagnostic Radiology Services	\$250/day (\$60 for ultrasounds)	\$250/day (\$60 for ultrasounds)	\$150/day (\$60 for ultrasounds)
Emergency Services			
Emergency Room	\$90/visit	\$90/visit	\$90/visit
Urgent Care	\$45 (\$0 if performed by your PCP)	\$40 (\$0 if performed by your PCP)	\$30 (\$0 if performed by your PCP)
Ambulance Services	\$300/day	\$250/day	\$200/day
Inpatient Care			
Inpatient Hospital Coverage	Days 1-4: \$475/day, \$0/day after day 4	Days 1-4: \$375/day, \$0/day after day 4	Days 1-5: \$250/day, \$0/day after day 5
Additional Benefits 	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
SilverSneakers Membership	Included with all plans		
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		

Dental Coverage 	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
NEW Embedded Benefits	\$0 preventive, 50% cost sharing restorative, 50% comprehensive, \$1,500 max, \$100 deductible on comprehensive and restorative only.	\$25 preventive, 50% cost sharing restorative, \$750 max, \$100 deductible on restorative.	\$25 preventive, 50% cost sharing restorative, \$750 max, \$100 deductible on restorative.
NEW Optional Coverage	Not available	\$16 per month. \$25 preventive, 20% cost sharing restorative, 50% cost sharing comprehensive, \$1,000 max, \$100 deductible on restorative and comprehensive.	\$16 per month. \$25 preventive, 20% cost sharing restorative, 50% cost sharing comprehensive, \$1,000 max, \$100 deductible on restorative and comprehensive.

Prescription Drug (Rx) Coverage 	CareAdvantage Preferred		CareAdvantage Prime		CareAdvantage Premier	
Deductible	No deductible		No deductible		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 Generic⁴	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic⁴	\$10	\$20	\$10	\$20	\$10	\$20
Tier 3: Preferred Brand	\$47	\$94	\$47	\$94	\$47	\$94
Tier 4: Non-Preferred Drug	\$100	\$200	\$100	\$200	\$100	\$200
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A
NEW Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A
Coverage Gap Stage: After your total prescription drug costs reach \$4,020, and until your payments reach \$6,350, you pay:	<ul style="list-style-type: none"> • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee⁵ 					
Catastrophic Coverage Stage: After the coverage gap, when your payments for the year are greater than \$6,350, you pay the greater of:	<ul style="list-style-type: none"> • 5% per prescription or • \$3.60 per prescription for Part D generic drugs • \$8.95 per prescription for Part D brand drugs 					

¹CarePartners of Connecticut plans are available in Hartford, Litchfield, New Haven, New London, Tolland, and Windham Counties. ²Comprises all your medical copays/coinsurance—your out-of-pocket costs will never exceed this amount. ³You pay \$0 for a post-outpatient surgical procedure, physical therapy, or occupational therapy consultation of up to 15 minutes, prior to discharge. ⁴On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Big Y Pharmacy, and Price Chopper. ⁵The 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.

Top 100 Most Utilized Drugs

Below is a list of the top 100 utilized drugs covered under our Medicare Advantage (HMO) plans. This is not a complete list of drugs covered by our plan. For a complete list, visit carepartnersct.com/drug-coverage.

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Brand

Tier 5: Specialty Tier

Tier 6: Vaccines

lowercase italics: generic drug

CAPS: brand-name drugs

QL: Quantity Limit Applies. These drugs have dispensing limitations and the pharmacy will only dispense a certain quantity of a drug within a given time period.

B vs D: These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

STPA: Step Therapy Prior Authorization Applies. Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Drug Name	Tier/Limits
<i>albuterol nebulizer solution</i>	Tier-2; B vs D; QL
<i>albuterol sulfate hfa inhaler</i>	Tier-1; QL
<i>alendronate tablets</i>	Tier-1
<i>allopurinol</i>	Tier-1
<i>alprazolam immediate-release tablets</i>	Tier-1
<i>amlodipine</i>	Tier-1
<i>amoxicillin capsules</i>	Tier-1
<i>amoxicillin/clavulanate tablets</i>	Tier-2
<i>atenolol</i>	Tier-1
<i>atorvastatin</i>	Tier-1
<i>azithromycin tablets</i>	Tier-1
<i>brimonidine tartrate eye drops (solution)</i>	Tier-2
<i>bupropion sr</i>	Tier-2
<i>bupropion xl</i>	Tier-2
<i>carbidopa/levodopa immediate-release</i>	Tier-2
<i>carvedilol immediate-release</i>	Tier-1
<i>cephalexin capsules</i>	Tier-1
<i>chlorthalidone</i>	Tier-1
<i>ciprofloxacin tablets</i>	Tier-1
<i>citalopram tablets</i>	Tier-1
<i>clonazepam tablets</i>	Tier-1
<i>clopidogrel</i>	Tier-1
<i>diazepam tablets</i>	Tier-2
<i>diclofenac topical gel</i>	Tier-3; QL
<i>diltiazem extended-release capsules</i>	Tier-2
<i>donepezil tablets</i>	Tier-1
<i>dorzolamide/timolol eye drops (solution)</i>	Tier-2
<i>doxazosin</i>	Tier-1
<i>doxycycline hyclate 100mg capsules</i>	Tier-3
<i>duloxetine</i>	Tier-3; QL

Continued on next page

Drug Name	Tier/Limits
ELIQUIS	Tier-3
<i>escitalopram tablets</i>	Tier-1
<i>ezetimibe</i>	Tier-3
<i>finasteride</i>	Tier-1
<i>fluoxetine capsules</i>	Tier-1
<i>fluticasone propionate nasal spray</i>	Tier-1; QL
<i>fluticasone-salmeterol diskus inhaler</i>	Tier-3; QL
<i>furosemide tablets</i>	Tier-1
<i>gabapentin capsules</i>	Tier-1
<i>glipizide extended-release tablets</i>	Tier-1
<i>glipizide immediate-release</i>	Tier-1
<i>hydrochlorothiazide</i>	Tier-1
<i>ibuprofen tablets</i>	Tier-1
<i>ipratropium/albuterol nebulizer solution</i>	Tier-2; B vs D; QL
<i>isosorbide mononitrate extended-release</i>	Tier-2
<i>jantoven</i>	Tier-1
JANUVIA	Tier-3
<i>lamotrigine immediate-release tablets</i>	Tier-1
LANTUS SOLOSTAR	Tier-3
<i>latanoprost eye drops (solution)</i>	Tier-2
<i>levetiracetam immediate-release tablets</i>	Tier-2
<i>levothyroxine</i>	Tier-1
<i>lisinopril</i>	Tier-1
<i>lisinopril/hydrochlorothiazide</i>	Tier-1
<i>lorazepam tablets</i>	Tier-1
<i>losartan</i>	Tier-1
<i>losartan/hydrochlorothiazide</i>	Tier-1
<i>lovastatin</i>	Tier-1
<i>memantine immediate-release tablets</i>	Tier-2
<i>metformin extended-release</i>	Tier-1
<i>metformin immediate-release</i>	Tier-1
<i>methotrexate tablets</i>	Tier-2; B vs D
<i>metoprolol succinate</i>	Tier-2
<i>metoprolol tartrate</i>	Tier-1
<i>mirtazapine tablets</i>	Tier-2
<i>montelukast tablets</i>	Tier-1
<i>naproxen tablets</i>	Tier-1
<i>nitrofurantoin monohydrate capsules</i>	Tier-2

Drug Name	Tier/Limits
<i>ofloxacin eye drops (solution)</i>	Tier-3
<i>omeprazole capsules</i>	Tier-1
<i>oxybutynin chloride extended-release</i>	Tier-1
<i>pantoprazole</i>	Tier-2
<i>potassium chloride extended-release tablets</i>	Tier-1
<i>pravastatin</i>	Tier-2
<i>prednisolone acetate eye drops (suspension)</i>	Tier-3
<i>prednisone tablets</i>	Tier-1
<i>quetiapine fumarate immediate-release</i>	Tier-2; STPA (25mg & 50mg have QL)
QVAR REDHALER	Tier-3; QL
<i>ranitidine tablets</i>	Tier-2
<i>risperidone tablets</i>	Tier-1
<i>rosuvastatin</i>	Tier-2
<i>sertraline tablets</i>	Tier-1
SHINGRIX	Tier-6
<i>simvastatin</i>	Tier-1
SPIRIVA HANDHALER	Tier-3; QL
<i>spironolactone</i>	Tier-1
<i>sulfamethoxazole/trimethoprim tablets</i>	Tier-1
SYMBICORT	Tier-3; QL
SYNTHROID	Tier-4
<i>tamsulosin</i>	Tier-2
<i>timolol eye drops (solution)</i>	Tier-1
<i>torseamide</i>	Tier-2
<i>tramadol immediate-release tablets</i>	Tier-2; QL
<i>trazodone</i>	Tier-1
<i>triamcinolone cream</i>	Tier-2
TRULICITY	Tier-3
<i>venlafaxine hcl extended-release capsules</i>	Tier-2
<i>warfarin</i>	Tier-1
XARELTO	Tier-3
<i>zolpidem immediate-release tablets</i>	Tier-2



Looking for a dental plan that covers more?



With CarePartners of Connecticut you don't have to add extra dental coverage to your plan—it's already included!

- **\$1,500 dental benefit on our \$0 CareAdvantage Preferred plan**
- **Savings on bridges, dentures, crowns, and more!**
- **\$0 copay for preventive visits such as cleanings and X-rays on our \$0 CareAdvantage Preferred plan**
- **No waiting period**

Here is an example of what you may save on a crown:

“Retail” fee charged by dentist: **\$1,300**

Our lower, negotiated fee: **\$829**

What you pay (after deductible): **\$415**

You save: **\$885**

Coverage Summary for CarePartners of Connecticut Dental Plan

	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Annual Maximum	\$1,500	\$750 (\$1000 with option)	\$750 (\$1000 with option)
Waiting Period	None	None	None
Deductible	\$100	\$100	\$100
Benefits			
Preventive services (such as oral exam, cleanings, X-rays)	\$0 copay	\$25 copay	\$25 copay
Restorative (such as fillings, simple extractions)	50% coinsurance	50% coinsurance (20% with option)	50% coinsurance (20% with option)
Prosthetics (such as dentures, bridges, and crowns)	50% coinsurance	Not covered (50% coinsurance with option)	Not covered (50% coinsurance with option)

The chart above is a summary. For complete coverage details go to carepartnersct.com/dental-coverage.

Health and Wellness Perks For You



CarePerks Health and Wellness

When enrolling in a **\$0 CareAdvantage Preferred plan**, you get a SilverSneakers fitness membership at no additional cost. Plus, a \$350 CarePerks allowance, which can be used towards:

- A fitness tracker
- A membership in a qualified health club or fitness facility
- Yoga classes
- Memory fitness
- Nutrition programs
- Weight management programs



Join today—we'll help you get on track for all your fitness goals.



1-844-353-5756 (TTY: 711)

Ready to enroll?

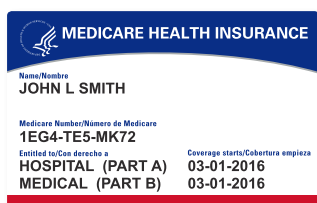
What to have ready before enrolling

CarePartners of Connecticut Plan

- CareAdvantage Preferred**
Monthly premium: \$0
- CareAdvantage Prime**
Monthly premium: \$29
- CareAdvantage Premier**
Monthly premium: \$89

PCP Name

Your Medicare card



You will need to access information on your Medicare card when enrolling. Need a Medicare card? Call us at **1-844-353-5756 (TTY: 711)** and we'll explain what you need to do.



Enroll online

carepartnersct.com/enroll



Enroll by phone

1-844-353-5756 (TTY: 711)



Enroll by mail

Find the paper enrollment form online at carepartnersct.com/enrollment-form.

Return form to:

CarePartners of Connecticut
PO Box 9178
Watertown, MA 02471-9948

Or fax form to: 1-617-972-9475



Virtual Meetings

carepartnersct.com/medicare-meeting

Let's talk.

 **1-844-353-5756 (TTY: 711)**

7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday–Friday, 8 a.m.–8 p.m.)



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: 1-844-301-4010 ext. 48000 (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 (TDD: 1-800-537-7697)

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) فراموش نکنید. با تماس بگیرید.

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 ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ថ្ងៃ ទី ១៧ ១៩៩៩ 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'áwo'dęę, t'áá jiikeh, 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).



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