



# 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.

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 Preferred 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 vaccines  
\$0 Rx deductible  
\$0 select generic prescription drugs

**NEW**

No in-network referrals needed

SilverSneakers® fitness membership at no additional cost

# 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 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 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](https://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](https://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](https://carepartnersct.com/plan-documents).

The Basics 	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Monthly Premium (all counties <sup>1</sup> )	\$0	\$29	\$89
Medical Deductible	No medical deductible	No medical deductible	No medical deductible
Annual Out-of-Pocket Maximum <sup>2</sup>	\$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)**

<b>Medical Copays</b> 	<b>CareAdvantage Preferred</b>	<b>CareAdvantage Prime</b>	<b>CareAdvantage Premier</b>
<b>Outpatient and Lab Services</b>			
<b>Outpatient Services/Surgery</b>	\$350/day	\$275/day	\$250/day
<b>Physical Therapy<sup>3</sup></b>	\$40	\$40	\$30
<b>Occupational Therapy<sup>3</sup></b>	\$40	\$40	\$30
<b>Speech Therapy</b>	\$40	\$40	\$30
<b>Laboratory Services</b>	\$0-\$5	\$0-\$5	\$0-\$5
<b>Diagnostic Procedures &amp; Tests</b>	\$0-\$30	\$0-\$15	\$0-\$10
<b>X-Rays</b>	\$0-\$10	\$0-\$10	\$0-\$10
<b>Diagnostic Radiology Services</b>	\$250/day (\$60 for ultrasounds)	\$250/day (\$60 for ultrasounds)	\$150/day (\$60 for ultrasounds)
<b>Emergency Services</b>			
<b>Emergency Room</b>	\$90/visit	\$90/visit	\$90/visit
<b>Urgent Care</b>	\$45 (\$0 if performed by your PCP)	\$40 (\$0 if performed by your PCP)	\$30 (\$0 if performed by your PCP)
<b>Ambulance Services</b>	\$300/day	\$250/day	\$200/day
<b>Inpatient Care</b>			
<b>Inpatient Hospital Coverage</b>	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
<b>Additional Benefits</b> 	<b>CareAdvantage Preferred</b>	<b>CareAdvantage Prime</b>	<b>CareAdvantage Premier</b>
<b>SilverSneakers Membership</b>	Included with all plans		
<b>Weight Management Programs</b>	\$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
 <b>Embedded Benefits</b>	\$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.
 <b>Optional Coverage</b>	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	
<b>Deductible</b>	No deductible		No deductible		No deductible	
<b>Copays</b>	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
<b>Tier 1: Preferred Generic<sup>4</sup></b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2: Generic<sup>4</sup></b>	\$10	\$20	\$10	\$20	\$10	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$94	\$47	\$94	\$47	\$94
<b>Tier 4: Non-Preferred Drug</b>	\$100	\$200	\$100	\$200	\$100	\$200
<b>Tier 5: Specialty Tier</b>	33%	N/A	33%	N/A	33%	N/A
 <b>Tier 6: Vaccines</b>	\$0	N/A	\$0	N/A	\$0	N/A
<b>Coverage Gap Stage:</b> After your total prescription drug costs reach \$4,020, and until your payments reach \$6,350, 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>5</sup></li> </ul>					
<b>Catastrophic Coverage Stage:</b> 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"> <li>• 5% per prescription or</li> <li>• \$3.60 per prescription for Part D generic drugs</li> <li>• \$8.95 per prescription for Part D brand drugs</li> </ul>					

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

# 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](https://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
<b>ELIQUIS</b>	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
<b>JANUVIA</b>	Tier-3
<i>lamotrigine immediate-release tablets</i>	Tier-1
<b>LANTUS SOLOSTAR</b>	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)
<b>QVAR REDHALER</b>	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
<b>SHINGRIX</b>	Tier-6
<i>simvastatin</i>	Tier-1
<b>SPIRIVA HANDHALER</b>	Tier-3; QL
<i>spironolactone</i>	Tier-1
<i>sulfamethoxazole/trimethoprim tablets</i>	Tier-1
<b>SYMBICORT</b>	Tier-3; QL
<b>SYNTHROID</b>	Tier-4
<i>tamsulosin</i>	Tier-2
<i>timolol eye drops (solution)</i>	Tier-1
<i>torsemide</i>	Tier-2
<i>tramadol immediate-release tablets</i>	Tier-2; QL
<i>trazodone</i>	Tier-1
<i>triamcinolone cream</i>	Tier-2
<b>TRULICITY</b>	Tier-3
<i>venlafaxine hcl extended-release capsules</i>	Tier-2
<i>warfarin</i>	Tier-1
<b>XARELTO</b>	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 Preferred plan**
- **Savings on bridges, dentures, crowns, and more!**
- **\$0 copay for preventive visits such as cleanings and X-rays on our \$0 Preferred plan**
- **No waiting period**

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

“Retail” fee charged by dentist:	<b>\$1,300</b>
Our lower, negotiated fee:	<b>\$829</b>
What you pay (after deductible):	<b>\$415</b>

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)
Prosthodontics (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](https://carepartnersct.com/dental-coverage).

# Health and Wellness Perks For You



## CarePerks Health and Wellness

When enrolling in a **\$0 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

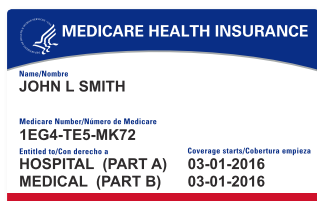
☐ **CareAdvantage Prime**  
Monthly premium: \$29

☐ **CareAdvantage Premier**  
Monthly premium: \$89

### PCP Name

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## 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](https://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](https://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



## Enrollment Meetings

[carepartnersct.com/medicare-meeting](https://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) فرامی باشد. 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 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។ ថ្ងៃ ទី១៧ 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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