

2021 Buyer's Guide

CarePartners of Connecticut Medicare Advantage Plans



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



As the only Medicare Advantage plan in Connecticut created with local doctors, CarePartners of Connecticut helps you avoid unexpected costs and hassles while providing the benefits you need.

And we're among one of the fastest growing HMO plans in the state. Our provider network continues to grow, with nearly twice as many doctors and hospitals to choose from.

Our approach is simple: provide the best coverage possible and make it easier for doctors to provide the type of extensive care that makes a difference.

Because it has never been more important to have quality coverage you can count on.



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. Which is why now, more than ever, you need coverage you can depend on.

As the only Medicare Advantage plan in Connecticut created with local doctors, our plans provide the benefits you need. From one of the state's leading dental benefits, to coverage for preventive screenings, and prescription drug coverage included, CarePartners of Connecticut is the plan you can trust to be there for you when you need it.

This booklet will help you to choose a Medicare Advantage plan that best fits your lifestyle and budget.

If you have questions or need assistance choosing and enrolling in a plan, call our local, licensed Medicare Agents today. They are happy to help you find the right plan with no obligation or sales pressure. Call now at 1-844-353-5756 (TTY: 711).

Sincerely,

Marla Pantano

Marla Pantano

President, CarePartners of Connecticut

We're growing, and so are the reasons to choose our plans



\$0 Tier 21 Rx drugs



Over-the-Counter bonus to spend on health-related items such as sunscreen, toothbrushes, adhesive bandages, and more.



Our new CarePartners Access (PPO) plan gives you the freedom to access any doctor or hospital.

Why choose a Medicare Advantage plan from CarePartners of Connecticut?

Pay less:

- Monthly premiums as low as \$0
- \$0 in-network primary care provider visits
- \$0 Rx deductible
- \$0 Tier 1 and Tier 2 Rx drugs¹
- \$0 Tier 6 vaccines (including Shringrix)

Get more:

- Dental coverage included
- Prescription drug coverage included
- Hearing aid benefit and \$150 eyewear allowance
- Access to thousands of doctors, specialists, and hospitals across the state
- More coverage, benefits, and financial security than Original Medicare
- Lower premiums than a Medicare
 Supplement plan to help you save money



We're Here to Help

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

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.

You are the center of care

Our Medicare Advantage HMO 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 will help you:

- Make informed decisions about your health, so you get the right care at the right time.
- Coordinate the specialists, hospitals, and health services you need.
- Avoid unnecessary expenses such as duplicate tests.

Prevention and wellness discounts

Our Medicare Advantage plans include hundreds of dollars in annual savings:

- Up to \$1,500 dental benefit which includes savings on bridges, dentures, and more. Plus, preventive services, such as cleanings and X-rays, as low as \$0 and no waiting period.²
- \$0 Tier 6 vaccines, \$0 Rx deductible, and \$0 prescription drugs on Tier 1 and Tier 2.¹
- \$150 eyewear allowance, hearing aid benefits, and more.
- SilverSneakers® fitness membership at no additional cost.

One-on-one Care Manager

Care Managers are nurses, social workers, or other health care professionals who work closely with your doctor to help guide you through the health care system and improve your health and well-being. Care Managers are available to all CarePartners of Connecticut members at no cost.

Prescription drug coverage included

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

Telehealth/telemedicine services

Need a doctor's appointment but prefer not to leave home? Telehealth, or, as it is often referred to, "telemedicine," offers an alternative to inperson visits by using audio or video tools so you can speak to your health care provider in real time without leaving home.³

How to choose the right plan for you





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.





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 Medicare Advantage HMO or PPO plans, you won't pay a Part D prescription drug deductible. Plus, you pay \$0 for prescription drugs on Tier 1 and Tier 2,¹ and for vaccines on Tier 6 (including Shingrix). See the chart on page 10 for more information on drug coverage.

You can save up to \$400 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 potential savings of up to \$400 per year when compared with using a retail pharmacy!



What is the most you will pay for medical costs?

Most members don't reach the annual outof-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 outof-pocket maximums for our plans range from \$4,700 to \$7,550.



HMO or PPO?

Choosing between an HMO and PPO plan comes down to how you see your doctor. An HMO plan will provide more of a partnership with your doctor. With an HMO plan you choose a primary care physician to help coordinate the care you need and make informed decisions about your health.

A PPO plan will provide more freedom to see different doctors but you would be responsible for coordinating your care. Seeing doctors inside the network will generally have lower costs for services than seeing a doctor outside of the network.

Plan Comparison Chart

The Basics \$	CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	CarePartners Access (PPO)
Monthly Premium (all counties ⁴)	\$0	\$30	\$90	\$0
Medical Deductible	None	None	None	\$1,000 (applies to in- and out-of- network services)
Annual Out-of-Pocket Maximum ⁵	\$7,550	\$5,900	\$4,700	\$7,550 (applies to in- and out-of- network services)

"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.

Medical Copays	CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	CarePartners Access (PPO)	
Doctor Office Visits					
Primary Care Provider (PCP)	\$0/visit	\$0/visit	\$0/visit	\$0/visit (OON: \$20/visit after deductible)	
Specialist	\$45/visit	\$40/visit	\$30/visit	\$45/visit (OON: \$50/visit after deductible)	
Telehealth/Telemedicine		Medicare-covered ser	vices plus additional	telehealth services ³	
Preventive Care					
Annual Physical	\$0/visit	\$0/visit	\$0/visit	\$0/visit (OON: 30% coinsurance)	
Cancer Screening (Colorectal, Prostate, Breast)	\$0/visit	\$0/visit	\$0/visit	\$0/visit (OON: 30% coinsurance)	
Vision and Hearing					
Annual Routine Vision Exam	\$15/visit	\$15/visit	\$15/visit	\$0/visit (OON: 30% after deductible)	
Annual Eyewear Benefit	\$150/year toward eyewear at an EyeMed Vision Care participating provider participating provider requirement)				
Annual Routine Hearing Exam	\$45/visit	\$40/visit	\$30/visit	\$0/visit (OON: \$50/visit after deductible)	
Hearing Aid Benefit	Up to 2 hearing aids/year, 1 per ear. \$250 Standard, \$475 Superior, \$650 Advanced, \$850 Advanced Plus, \$1,150 Premier. Coverage for hearing aids is limited to Hearing Care Solutions.				

Call a local, licensed Medicare Agent to speak about your plan options today!



Medical Copays	CareAdvantage Preferred (HMO)	CareAdv Prime (H	_	CareAdvai Premier (H		MEW	ePartners ess (PPO)	
Outpatient and Lab Services								
Outpatient Services/ Surgery	Colonoscopies: \$0/day; Others: \$350/day	Colonos \$0/day; \$275/da	Others:	\$0/day; Others: Othe		Others: \$2	Colonoscopies: \$0/day; Others: \$250/day after deductible (OON: 30% after deductible)	
Rehabilitation Therapy ⁶	\$40/visit	\$40/visi	t	\$30/visit		. ,	ifter deductible 6 after deductible)	
Laboratory Services	FIT ⁷ tests: \$0/ day; Others: \$5/day ⁸	FIT ⁷ test day; Others: \$		FIT ⁷ tests: 5 day; Others: \$5,	-	\$0/day (OON: 30%	6 after deductible)	
Diagnostic Procedures and Tests	\$30/day ⁸	\$15/day ⁸	3	\$10/day ⁸		\$40/day ⁸ (OON: 30%	6 after deductible)	
X-Rays	\$10/day ⁸	\$10/day ⁸	8	\$10/day ⁸		\$10/day ⁸ (OON: 30%	6 after deductible)	
Diagnostic Radiology Services	Ultrasounds: \$60/o Others: \$250/day	, sellings, introduction			Ultrasounds: \$60/day; Others: \$250/day (OON: 30% after deductible)			
Emergency Services								
Emergency Room	\$90/visit	\$90/visi	t	\$90/visit \$90/visit		\$90/visit		
Urgent Care	\$45/visit (\$0/ visit if performed by your PCP)	if performed visit if performed		\$30/visit (\$0/ visit if performed by your PCP) \$45/visit		\$45/visit		
Ambulance Services	\$300/day	\$250/da	ny	\$200/day		\$325/one-way trip (OON: \$325/one- way trip after deductible)		
Inpatient Care								
Inpatient Hospital Coverage	\$475/day for days 1–4; \$0/day after day 4	\$375/da days 1–4 after day	; \$0/day				after deductible 6/stay after deductible)	
Additional Benefits	CareAdvant Preferred (H	_		_		dvantage er (HMO)	CarePartners Access (PPO)	
SilverSneakers® Membership	\$0 members	hip included with all plans						
Weight Management Program			sement toward program fees for w eight Watchers, Jenny Craig, or ho ograms			Not covered		
Over-the-Counter (OTC) Bonu	spend on Me approved he	\$25/quarter to spend on Medicare- \$40/qu		\$40/quarter to spend on Med approved health related items			\$50/quarter to spend on Medicare-approved health related items	
Acupuncture ¹⁰	\$10/visit		\$10/visit		\$10/vi	sit	\$10/visit (OON: \$50/ visit after deductible)	

Dental Coverage	CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	CarePartners Access (PPO)
Embedded Benefits ²	\$1,500 yearly maximum. \$0 for preventive services such as cleanings and oral exams, 50% coinsurance for restorative services such as fillings and simple extractions, and 50% coinsurance for major services such as dentures, bridges, and crowns. \$100 deductible on restorative and major services. No waiting period.	\$750 yearly maximum. \$25 copay for preventive services such as cleaning and oral exams, and 50% coinsurance for restorative services such as fillings and simple extractions. \$100 deductible on restorative services. No waiting period.		\$1,000 yearly maximum. \$0 for preventive services such as cleanings and oral exams, 50% coinsurance for restorative services such as fillings and simple extractions, and 50% coinsurance for major services such as dentures, bridges, and crowns. No waiting period.
Optional Coverage ²	Not available	For an additional \$15/month premium, enhances the embedded dental by increasing yearly maximum to \$1,000, reducing restorative services to 20% coinsurance, and adding coverage for major services (such dentures, bridges, and crowns) at 50% coinsurance. \$100 deductible appies to restorative and major services.		Not available

Rx Drug Coverage	CareAdvar Preferred (_	CareAdvar Prime (HM	_	CareAdvar Premier (H	_	NEW	Partners ess (PPO)
Deductible	None		None		None		None	
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	Retail 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generic ¹	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Generic ¹	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand	\$47	\$94	\$47	\$94	\$47	\$94	\$47	\$94
Tier 4: Non-Preferred Drug	\$100	\$200	\$100	\$200	\$100	\$200	\$100	\$200
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Coverage Gap Stage	After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay: • 25% for Part D generic drugs • 25% of costs for Part D brand drugs plus a portion of the dispensing fee ¹¹							
Catastrophic Coverage Stage	you pay the • 5% per p • \$3.70 pe	e greater of: rescription of r prescription		eneric drugs	the year are g	greater than \$	66,550,	

Top 100 Most Utilized Drugs

Below is a list of commonly used drugs covered under our Medicare Advantage 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.

acetaminophen-codeine #3 tablets albuterol nebulizer solution Tier-2; B vs D albuterol sulfate hfa inhaler alendronate tablets Tier-1 allopurinol alprazolam immediate-release tablets Tier-1 amoxicillin capsules amoxicillin/clavulanate tablets immediate-release atenolol Tier-1 atorvastatin Tier-1 azithromycin tablets brimonidine tartrate eye drops (solution) Tier-2 cefpodoxime tablets Tier-2 chlorhexidine gluconate mouth/throat solution chlorthalidone Tier-2 citalopram tablets Tier-2 clindamycin capsules Tier-2 clonazepam tablets Tier-2 clopidogrel Tier-2 clotrimazole-betamethasone cream Tier-3 cyclobenzaprine Tier-3; Ol	Drug Name	Tier/Limits
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colchicine tablets Tier-3 cyclobenzaprine Tier-2; PA	clopidogrel	Tier-2
cyclobenzaprine Tier-2; PA	clotrimazole-betamethasone cream	Tier-3
<u> </u>	colchicine tablets	Tier-3
diclofenac tonical del Tier-3: Ol	cyclobenzaprine	Tier-2; PA
Ticl 5, QL	diclofenac topical gel	Tier-3; QL
donepezil tablets Tier-1	donepezil tablets	Tier-1

Continued on next page >

Drug Name	Tier/Limits
dorzolamide/timolol eye drops (solution)	Tier-2
doxycycline hyclate 100mg capsules	Tier-3
doxycycline monohydate capsules 100mg	Tier-3
ELIQUIS	Tier-3
erythromycin ophthalmic ointment	Tier-2
escitalopram tablets	Tier-1
ezetimibe	Tier-2
famotidine tablets	Tier-2
finasteride	Tier-1
fluconazole tablets	Tier-2
fluorouracil cream	Tier-4
fluoxetine capsules	Tier-2
fluticasone propionate nasal spray	Tier-2; QL
furosemide tablets	Tier-1
gabapentin capsules	Tier-1
gavilyte solution reconstituted	Tier-2
glipizide immediate-release	Tier-1
HUMALOG KWIK PEN	Tier-3
hydrochlorothiazide tablets	Tier-1
hydrocodone-acetaminophen tablets	Tier-3; QL
ibuprofen tablets	Tier-2
ipratropium/albuterol nebulizer solution	Tier-1; B vs D
isosorbide mononitrate extended-release	Tier-2
ketoconazole cream	Tier-3; QL
ketorolac eye drops (solution)	Tier-3
klor-con m20 tablets	Tier-1
LANTUS SOLOSTAR	Tier-3
latanoprost eye drops (solution)	Tier-1
levofloxacin tablets	Tier-1
levothyroxine	Tier-1
lidocaine patch	Tier-4; PA; QL
lisinopril	Tier-1
lorazepam tablets	Tier-1
losartan	Tier-1
meclizine tablets	Tier-2
metformin extended-release	Tier-1
metformin immediate-release	Tier-1
methylprednisolone tablets therapy pack	Tier-2

Drug Name	Tier/Limits
metoprolol succinate	Tier-1
metoprolol tartrate	Tier-1
metronidazole tablets	Tier-2
mirtazapine tablets	Tier-2
montelukast tablets	Tier-1
mupirocin ointment	Tier-2; QL
naproxen tablets	Tier-2
nitrofurantoin monohydrate capsules	Tier-3
nitroglycerin sublingual tablets	Tier-2
ofloxacin eye drops (solution)	Tier-2
omeprazole capsules	Tier-2
oseltamivir capsules	Tier-3
oxycodone tablets	Tier-2; QL
oxycodone-acetaminophen tablets	Tier-3; QL
pantoprazole	Tier-1
pravastatin	Tier-1
prednisolone acetate eye drops (suspension)	Tier-3
prednisone tablets	Tier-1
QVAR REDIHALER	Tier-3; QL
rosuvastatin	Tier-1
sertraline tablets	Tier-1
SHINGRIX	Tier-6
simvastatin	Tier-1
SPIRIVA HANDIHALER	Tier-3; QL
spironolactone	Tier-2
sulfamethoxazole/trimethoprim tablets	Tier-2
tamsulosin	Tier-1
timolol eye drops (solution)	Tier-2
torsemide	Tier-2
tramadol 50mg immediate-release tablets	Tier-2; QL
trazodone	Tier-1
triamcinolone cream	Tier-2
valacyclovir	Tier-3
warfarin	Tier-4
XARELTO	Tier-3

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!

- Up to \$1,500 dental benefit
- Savings on bridges, dentures, crowns, and more
- \$0 copay for preventive visits such as cleanings and X-rays on our \$0 CareAdvantage Preferred (HMO) and \$0 CarePartners Access (PPO) plans
- No waiting period

For complete coverage details go to carepartnersct.com/dental-coverage.

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 Plan²

	CareAdvantage Preferred (HMO) Embedded Benefits	CareAdvantage Prime (HMO) & Premier (HMO) Embedded Benefits	CareAdvantage Prime (HMO) & Premier (HMO) Optional Rider ¹²	CarePartners Access (PPO) Embedded Benefits
Monthly Premium	None	None	\$15	None
Annual Maximum	\$1,500	\$750	\$1,000	\$1,000
Waiting Period	None	None	None	None
Deductible	\$100 for restorative and major services	\$100 for restorative services	\$100 for restorative and major services	\$0
Benefits				
Preventive Services (Such as Oral Exam, Cleanings, X-Rays)	\$0 copay	\$25 copay	\$25 copay	\$0 copay
Restorative (Such as Fillings, Simple Extractions)	50% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance
Major (Such as Dentures, Bridges, And Crowns)	50% coinsurance after deductible	Not covered	50% coinsurance after deductible	50% coinsurance



NEW CarePartners Access PPO Plan!

More freedom to access any doctor or hospital.

With our new CarePartners Access (PPO) plan, you have the freedom to access any doctor or hospital—and you don't need referrals.





\$0 Premium—no referrals required.

In-network benefits of our PPO plan include:

- \$0 monthly premium, \$0 PCP copay, \$0 preventive dental visits.
- Access to thousands of doctors, specialists, hospitals, and more.
- \$50 per calendar quarter for over-the-counter health items.
- Annual routine vision and hearing exams, eyewear allowance, and much more!
- SilverSneakers® membership at no additional cost.



Dental benefits worth smiling about.²

- \$1,000 dental benefit including OON coverage (services performed by a provider outside of the Dominion PPO Network).
- **\$0 copay** for preventive visits including routine cleanings and X-rays.
- **50% coinsurance** on restorative and major services (crowns, bridges, dentures, etc.).
- No waiting period.



\$0 prescription drug coverage.

- \$0 Rx drug deductible.
- \$0 Tier 1 and Tier 2 Rx drugs at preferred pharmacies and through mail order.
- **\$0 Tier 6 vaccines**—including Shingrix.

Ready to enroll?

What to have ready before enrolling

Choose your plan

- CareAdvantage Preferred (HMO)
 Monthly premium: \$0
- CareAdvantage Prime (HMO)
 Monthly premium: \$30
- CareAdvantage Premier (HMO)
 Monthly premium: \$90
- CarePartners Access (PPO)
 Monthly premium: \$0

Primary care provider 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 by phone

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



Enroll online

carepartnersct.com/enroll



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

Let's talk.





Making health care simpler and less stressful.

On Tier 1 and Tier 2, retail supply copays apply to preferred pharmacies including: CVS, Big Y Pharmacy, and Price Chopper. Not all locations may participate.

²The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits and cost-shares apply. For the HMO plans, services must be performed by providers in the Dominion PPO Network. PPO members may choose to receive treatment from a non-participating dentist, but may pay higher costs for services and are responsible for any cost above the Maximum Allowable Charge (MAC) charged by the non-participating dentist.

³Additional telehealth services include but are not limited to: primary care physician services, specialist services, individual sessions for mental health and psychiatric services, opioid treatment program services, observation services, and individual sessions for outpatient substance abuse. Applicable office visit cost-share applies for non-opioid treatment program telehealth services. Opioid treatment program services cost-share applies to telehealth services rendered as part of an opioid treatment program services episode.

⁴CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties.

⁵Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

⁶Rehabilitation 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 of up to 15 minutes, prior to discharge.

⁷Fecal immunochemical test.

8In-network services are \$0 when billed as part of an office visit.

⁹Eligible items can be ordered only via phone, web, or mail order from the OTC catalog supplied by the plan-approved vendor.

¹⁰Medicare 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. Additional acupuncture coverage included as part of Wellness Allowance.

"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.

¹²The optional rider is not additive to the embedded benefit but replaces it if purchased.

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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. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-341-1507 (TTY: 711).

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

H5273 2021 100 M H0342 2021 74 M





Why us?

As the only Medicare Advantage plan in Connecticut created with local doctors, CarePartners of Connecticut helps you avoid unexpected costs and hassles while providing coverage you can depend on.



"By having doctors and a health plan work together, clearly focused on the experience of patients, CarePartners of Connecticut can deliver something that other plans simply cannot do."

Dr. James CardonCardiologist

A true advantage for you.

Now more than ever, you need a Medicare Advantage plan you can count on. As the only Medicare Advantage plan in Connecticut created with local doctors, CarePartners of Connecticut helps you avoid unexpected costs and hassles while providing the benefits you need. We are one of the fastest growing Medicare Advantage HMO plans in Connecticut. And our plans provide more benefits, coverage, and financial security than Original Medicare.

How to find out more online:

Compare Plans

carepartnersct.com/compare-plans

Doctor Search

carepartnersct.com/search-doctors

Drug Search

carepartnersct.com/drug-coverage

Dentist Search

carepartnersct.com/search-dentists