



Welcome!

2021 CarePartners Access PPO Plan



**Your Guide
to Getting
Started**



Thank you for choosing us!

You made a great choice. Your CarePartners Access PPO plan brings the best of care and coverage together to make health care simpler and less stressful. By providing you access to any doctor or hospital, our commitment is to provide the best health care coverage possible.

Because nothing is more important than your health.

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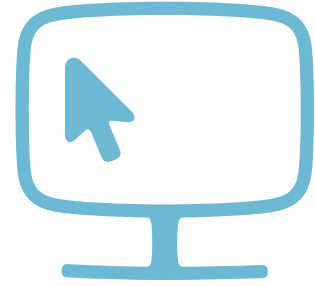
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Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, seeing a specialist, choosing a doctor, or finding the right form or document, you can call Customer Service at **1-888-341-1507 (TTY: 711)** or get the answers you need on our website:

[carepartnersct.com](https://www.carepartnersct.com)





What to Do First

Tell us about any special situations

We want your transition to your new plan to be easy. If you are currently undergoing treatment for a condition or have any upcoming appointments, call Customer Service at **1-888-341-1507 (TTY: 711)** as soon as possible. Special situations to let us know about include if you have a scheduled surgery or hospitalization, need to see a specific specialist or psychiatrist, use a program to help pay for prescription drugs, are currently working with a Care Manager, or live in a nursing home.

Sign up for your secure online account

Once you've received your member ID card, make sure you sign up for your own secure account on the CarePartners of Connecticut website! Your online account is the easiest, most convenient way to view your claims or referrals, check your benefit information, and sign up to get documents electronically. Creating your account only takes a few minutes. Visit carepartnersct.com/setup to set up your account.

Select a PCP to support your health (optional)

A primary care provider (PCP) makes sure you get the care that is right for you and can help you avoid unnecessary expenses such as duplicate tests or higher out-of-network costs. This is especially helpful if you see multiple specialists. To select a PCP, log in to your secure online member account (instructions above) or call our Customer Service team at **1-888-341-1507 (TTY: 711)**. *Note: you are not required to choose a PCP.*

Schedule your physical

Seeing your doctor for a physical each year is one of the most important ways to stay healthy. We encourage you to schedule a physical annually. Remember to take your Doctor Visit Book with you—find a printable version at carepartnersct.com/dr-visit.



Give someone permission to talk about your benefits on your behalf

Did you know if your spouse or family member calls us we can't answer any questions about your coverage because of HIPAA (Health Insurance Portability and Accountability Act)? But you can give someone the ability to discuss your benefits on your behalf!

Just fill out and return the *Appointment of Personal Representative Form* included in this kit and at carepartnersct.com/content/forms. Once we have this form on file, the person you identify can discuss your benefit information and make decisions about your plan if necessary. The authorization is good for one year.

\$0 monthly premium

Because you have a \$0 monthly premium, you will not receive a premium bill each month unless you owe a late enrollment penalty.¹

Check your medications

If you take medications, check to see how each medication is covered. Some drugs on our Formulary (drug list) have special requirements. See page 18 for more details. If a drug you take is not covered, you may be able to get a temporary supply until your doctor can determine if another prescription would meet your needs. For more information, use the online Formulary drug search at carepartnersct.com/drug-search, or see your Evidence of Coverage (EOC) at carepartnersct.com/plan-documents. You can also call Customer Service at **1-888-341-1507 (TTY: 711)**.

Take your health survey

We will contact you about completing the CarePartners of Connecticut Health Survey. Taking the Health Survey will help us know if our health and wellness services may be able to help you.





Get your ID card

You will receive your CarePartners of Connecticut ID card by mail. Remember to always bring your ID card to your doctor appointments and to the pharmacy. If you haven't already received your ID card, you should receive it soon. You can also print, email, and fax a copy of your ID card from your secure online account.



Medicare plans have their own language. As a new member with CarePartners of Connecticut, you might not be familiar with all the terms used with your plan and in this book. This glossary will help make understanding your plan a little easier.

carepartnersct.com/glossary

cost sharing

coinsurance

LIS



quantity limits

donut hole

appeal



How Your Plan Works

Access any doctor or hospital

With your CarePartners Access PPO plan, you have the freedom to access any doctor or hospital in- or out-of-network—and you don't need referrals.

In-network doctors and services have a lower cost sharing than out-of-network doctors. Seeing doctors inside the PPO network will help you to save on health care costs.

For details on which doctors are in-network, visit carepartnersct.com/search-doctors.

You're protected by an out-of-pocket maximum

Your plan has an out-of-pocket maximum that limits how much you spend on medical costs in a year. Having an out-of-pocket maximum is one of the advantages of your PPO plan.

Your out-of-pocket maximum amount is **\$7,550** (applies to in- and out-of-network services).

You share the cost of your benefits

In most cases, when you use a medical service (such as a vision exam or a hospital stay) or fill a prescription, you pay a copay. A copay is a set amount that covers a portion of the service or drug cost. For example, you might pay \$10 for X-rays or \$10 for a prescription drug. For a list of what you pay for medical services and prescription drugs, see the chart on pages 20-22.

Care Managers are available to help you

A CarePartners of Connecticut Care Manager can help you if you get sick, have an injury, or are looking for ways to stay healthy. Care Managers are nurses who work closely with your doctor and help guide you through the health care system to ensure you receive the services and resources that are right for you. From helping you understand your medications to planning a recovery process before a surgery, your Care Manager is there to support you. They can also help you prevent return trips to the hospital, and answer any questions or concerns you might have. For more information about working with a Care Manager, call Customer Service at **1-888-341-1507 (TTY: 711)**.

How to Get Care

During regular office hours

Call your doctor's office to schedule an appointment or ask general questions about your health.

After regular office hours

For non-emergency situations when your doctor's office is closed, call your doctor and a physician on call will help you.

In an emergency

- **If you believe your health is in serious danger**, call 911 or go to the nearest emergency room or hospital.
- **If your health is not in serious danger** but you need medical care right away, you are covered for urgent care provided by any doctor.

When traveling

You are covered anywhere in the world for emergency or urgent care.² You can be outside our service area for up to six consecutive months and still be covered for emergency or urgent care.

You can see any doctor, but seeing a doctor in our network will help you to save on costs. Remember to schedule routine care before or after your travel plans. If you receive emergency or urgent care when traveling, you may need to pay out of pocket. Simply save your receipts and call Customer Service at **1-888-341-1507 (TTY: 711)** for reimbursement details.³





How to Save With Benefits and Extra Discounts

Make sure to take advantage of these great benefits that offer excellent savings while helping you stay healthy!

Stay fit with SilverSneakers®

Your plan includes a SilverSneakers benefit at no additional cost!

SilverSneakers can help you improve your health and independence by providing you access to online workout classes and workshops, and thousands of gym locations. Whether you want to work out from home with an online class, play tennis, swim laps, do yoga, or lift weights, SilverSneakers has you covered. For details, visit [SilverSneakers.com](https://www.silversneakers.com), or call SilverSneakers at **1-888-423-4632 (TTY: 711)**.

Get \$150 toward eyewear

You can get up to \$150 toward the full retail price (not sale price) for one pair of eyeglasses, prescription lenses, frames, or contact lenses from a provider in the EyeMed Vision Care Network. EyeMed Vision Care is the network we use to provide your eyewear benefit and includes more than 26,000 eye care providers, including national chains such as LensCrafters®, Pearle Vision®, and Target Optical®.

You can also go to a provider outside of the EyeMed Vision Care Network and submit an *Out of Network Vision Claims Form* available on our website at carepartnersct.com/vision-form to receive your \$150.



For full details on each benefit, see Chapter 4 of your Evidence of Coverage (EOC) at carepartnersct.com/plan-documents.

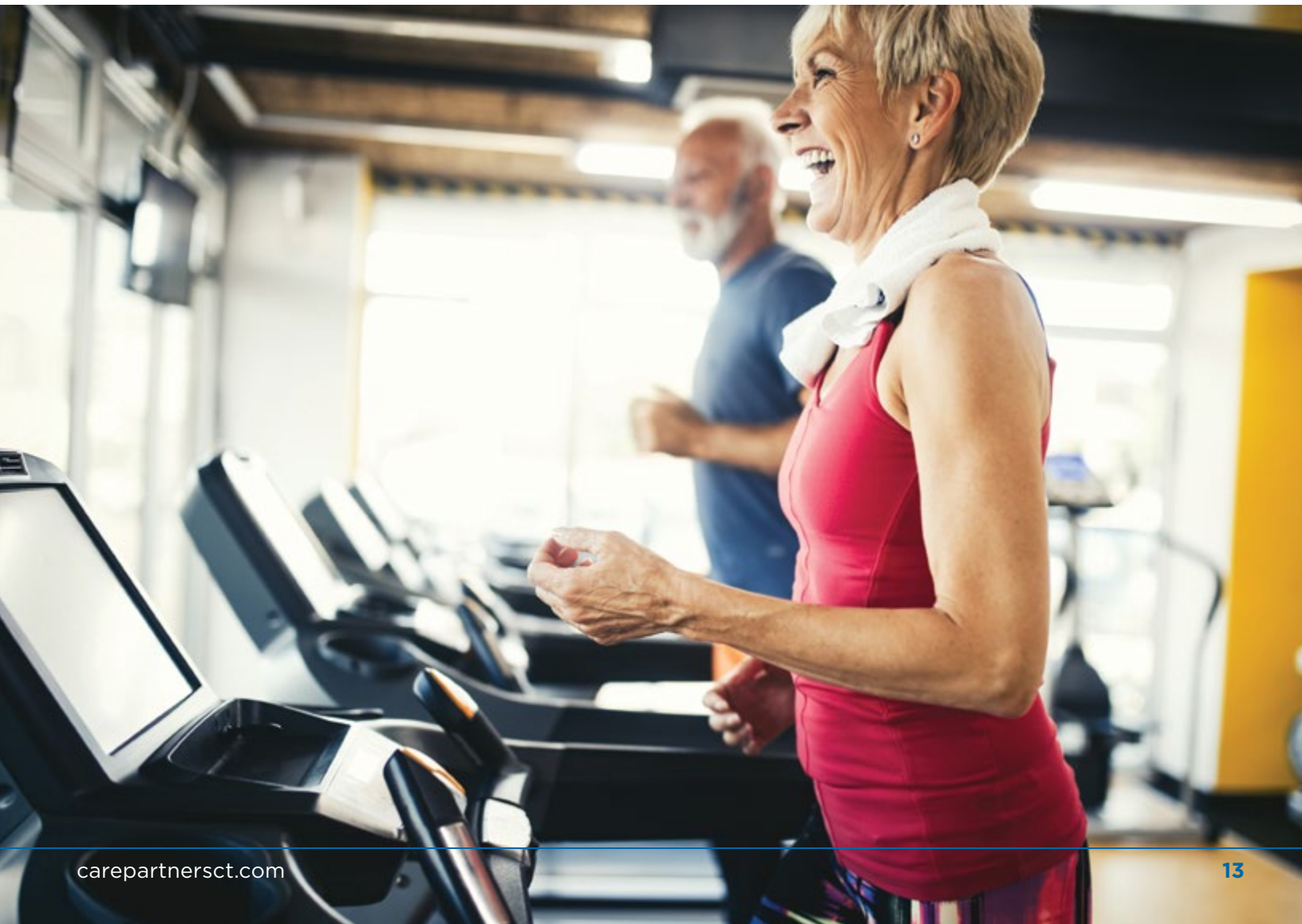


Save \$200 on over-the-counter health items each year

With your new Over-the-Counter Bonus benefit, you get \$200 every calendar year (\$50 every calendar quarter) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, and more! This benefit can only be used to purchase items from the catalog supplied by NationsOTC. Your OTC card will arrive separately by your effective date.

There are three convenient ways to order items:

- **Online**—Go to NationsOTC.com/cpct, log in, and select the items you want to purchase. You can also access NationsOTC through your secure online account at carepartnersct.com/setup.
- **By phone**—Call [1-877-230-5377](tel:1-877-230-5377) Mon–Fri, 8 a.m.–8 p.m., and a NationsOTC representative will take your order.
- **By mail**—Fill out the mail order form included with the NationsOTC catalog.





Dental coverage is included with your plan!⁴

Your \$1,000 dental benefit includes a \$0 copay for preventive visits and 50% coinsurance for fillings, simple extractions, bridges, crowns, dentures, and more.

For dental coverage details, see Chapter 4 of your Evidence of Coverage (EOC) at carepartnersct.com/plan-documents. Members can see any licensed dentist, but may pay higher costs for services provided by dentists not participating in the Dominion PPO Network. You will receive a Dominion National ID card by mail to use for your dental coverage. For a list of participating dentists, go to carepartnersct.com/search-dentists.

Hearing aid benefit can save you thousands

You're covered for up to 2 hearing aids per year, 1 hearing aid per ear. The best part? There are five technology levels to choose from and pricing is fixed, with copays ranging from \$250 to \$1,150 for each hearing aid. You're also covered for a \$0 hearing aid evaluation once per year. Hearing aids and hearing aid evaluation must be with a Hearing Care Solutions (HCS) provider. Schedule your evaluation by calling an HCS representative at [1-866-344-7756](tel:1-866-344-7756). For more details, visit hearingcaresolutions.com/carepartnersct.

You pay \$0 for health screenings

Getting regular screenings is one of the best ways to stay healthy. Screenings help find illness or disease before you feel sick. You pay a \$0 copay for many screenings such as a physical exam, breast cancer screening, cholesterol screening, glaucoma screening, prostate cancer screening, and many more. A 30% coinsurance will apply if the screening is performed out-of-network. Some out-of-network screenings are subject to the plan deductible.

Exclusive extra discounts included with your plan

As a CarePartners of Connecticut member, you get extra discounts on a variety of programs and services that help you lead a healthy lifestyle!

For all the details, including a complete list of discounts, go to carepartnersct.com/extras.

- **Save with CVS Caremark ExtraCare® Health card**
Save 20% on certain CVS Pharmacy® brand, non-prescription health-related items.⁵
- **Health and wellness discounts**
Save on massage therapy, acupuncture, and more!
- **Nutrition discounts**
Save on nutritional counseling and DASH for Health, an online program dedicated to helping you eat better, exercise, and lose weight.
- **Plus many more!**

Please note, restrictions may apply to the discounts listed above. Discounts and services included in the Extras program are not plan benefits and are not subject to the Medicare appeals process.



Using Your Prescription Drug Plan

Look up your drugs

It's a good idea to look up your prescription drugs to make sure your drug is covered, find out what tier your drug is on, and see if your drug has any special requirements. The Formulary (drug list) lists all the drugs we cover alphabetically and by medical condition so they're easy to find. You can find the Formulary on our website at carepartnersct.com/drug-search.

What if your drug isn't listed?

If your drug is not listed on the Formulary, you may be able to get a temporary supply in certain circumstances. This gives you time to talk to your doctor and see if another prescription would meet your needs. Temporary supplies for new members are generally a 30-day supply, and available one time only during the first 90 days of your membership. For details on receiving a temporary supply, see Chapter 5 of your Evidence of Coverage (EOC) booklet available at carepartnersct.com/plan-documents or call Customer Service at **1-888-341-1507 (TTY: 711)**.

What is a tier?

Every drug in the Formulary has a tier number. You'll find the tier number listed next to each drug. The tier number determines the cost of the drug. In general, the lower the tier, the lower your cost for the drug. Plus, if the retail amount for a drug is lower than your copay, you pay the lower amount.



Generic drugs can help you save money

A generic drug has the same active-ingredient formula as a brand name drug and can help save you money. Generic drugs are rated by the Food and Drug Administration to be as safe and effective as brand name drugs. If you take a brand name drug, ask your provider if there is a generic version that is right for you.

Save by using preferred pharmacies

An easy way to save on your prescription drug costs is by using preferred pharmacies. With a preferred pharmacy, you pay as low as \$0 for Tier 1 and Tier 2 drugs. The chart on page 22 provides more details on copay information. There are over 300 preferred pharmacies in our network, including national chains such as CVS Pharmacy® and Price Chopper®. Not all locations may participate. To find preferred pharmacies near you, visit carepartnersct.com/pharmacies.

	Cost using a non-preferred pharmacy (30-day supply)	Cost using a preferred pharmacy (30-day supply)
Tier 1 drugs	\$10	\$0
Tier 2 drugs	\$15	\$0

If you need to transfer a current prescription to a preferred pharmacy, simply call the preferred pharmacy of your choice and ask them to transfer your prescription.



Does your drug have a special requirement?

The Formulary (drug list) will tell you if a drug has special requirements, such as:

- **Prior Authorization (PA)**

Some drugs require you or your provider to request special permission from CarePartners of Connecticut before you fill your prescription.

- **Step Therapy (STPA)**

Some drugs require you to try a less expensive drug first. Medications with step therapy have at least one comparable medication that you must try first.

- **Quantity Limit (QL)**

For quality and safety reasons, certain drugs have a limit on the amount you can get at one time. For example, a medication may have a limit of 30 pills in 30 days.

If your drug has a special requirement, you or your provider may need to take extra steps in order for your drug to be covered. Check Chapter 5 of your Evidence of Coverage (EOC) or call Customer Service at **1-888-341-1507 (TTY: 711)** for details on what you can do to get coverage for the drug. You can also ask CarePartners of Connecticut to remove a special requirement by requesting an exception. Your EOC includes information on how to request an exception. Special requirements are not able to be removed in all cases, but each exception request is considered.

How to save money with mail order

Mail order service delivers medications that you refill each month right to your home. Depending on your plan and the tier your drug is on, you may be able to save up to \$100 by using mail order for a 90-day supply of prescription medications. That's a potential savings of up to \$400 a year!

To sign up for mail order, just fill out and return the *CVS Caremark® Mail Service Order Form* included in this kit, at carepartnersct.com/order-CVS, or call **1-888-970-0941**.

For more complete information, see Chapter 5 of your Evidence of Coverage (EOC) booklet at carepartnersct.com/plan-documents.





2021 Plan Highlights Chart

This is a quick reference guide to some of the more commonly used services. For complete plan benefit information, see your Evidence of Coverage (EOC) booklet online at carepartnersct.com/plan-documents.

The Basics	
Monthly Premium (all counties ⁶)	\$0
Medical Deductible	\$1,000 (applies to in- and out-of-network services)
Annual Out-of-Pocket Maximum ⁷	\$7,550 (combined in-network and out-of-network)

Medical Copays	In-Network	Out-of-Network
Doctor Office Visits		
Primary Care Provider (PCP)	\$0/visit	\$20/visit after deductible
Specialist	\$45/visit	\$50/visit after deductible
Telehealth/Telemedicine	Medicare-covered services plus additional telehealth services ⁸	
Preventive Care		
Annual Physical	\$0/visit	30% coinsurance
Breast Cancer Screening	\$0/visit	30% coinsurance
Colorectal Cancer Screening	\$0/visit	30% coinsurance for a colorectal cancer screening exam, 30% coinsurance after deductible for barium enemas
Prostate Cancer Screening	\$0/visit	30% coinsurance for a prostate specific antigen (PSA) test, 30% coinsurance after deductible for a digital rectal exam

Medical Copays	In-Network	Out-of-Network
Vision and Hearing		
Annual Routine Vision Exam	\$0/visit	30% coinsurance after deductible
Annual Eyewear Benefit	\$150/year toward eyewear at an EyeMed Vision Care participating provider	\$150/year toward eyewear at providers not in the EyeMed Vision Care Network (must submit an <i>Out-of-Network Vision Claims Form</i>)
Annual Routine Hearing Exam	\$0/visit	\$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.	
Outpatient and Lab Services		
Outpatient Services/Surgery	Colonoscopies: \$0/day; Others: \$250/day after deductible	30% coinsurance after deductible
Rehabilitation Therapy⁹	\$40/visit	30% coinsurance after deductible
Laboratory Services	\$0/day	30% coinsurance after deductible
Diagnostic Procedures and Tests	\$40/day (\$0 when billed as part of an office visit)	30% coinsurance after deductible
X-rays	\$10/day (\$0 when billed as part of an office visit)	30% coinsurance after deductible
Diagnostic Radiology Services	Ultrasounds: \$60/day; Others: \$250/day	30% coinsurance after deductible
Emergency Services		
Emergency Room¹⁰	\$90/visit	\$90/visit
Urgent Care¹¹	\$45/visit	\$45/visit
Ambulance Services	\$325 per one-way trip	\$325 per one-way trip after deductible
Inpatient Care		
Inpatient Hospital Coverage	\$795 per stay after deductible	30% per stay after deductible

Additional Benefits	In-Network	Out-of-Network
SilverSneakers® Membership	\$0 membership included in plan	
Over-the-Counter (OTC) Bonus¹²	\$50/quarter to spend on Medicare-approved, health-related items	
Acupuncture¹³	\$10/visit	\$50/visit after deductible
Dental Coverage⁴	\$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.	You 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.

Rx Drug Coverage		
Deductible	\$0	
Copays	Retail 30-day supply	CVS Mail Order 90-day supply
Tier 1: Preferred Generic	\$10 (\$0 at preferred pharmacies)	\$0
Tier 2: Generic	\$15 (\$0 at preferred pharmacies)	\$0
Tier 3: Preferred Brand	\$47	\$94
Tier 4: Non-Preferred Drug	\$100	\$200
Tier 5: Specialty Tier	33%	N/A
Tier 6: Vaccines	\$0	N/A
Coverage Gap Stage	<p>After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, you pay:</p> <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 fee¹⁴ 	
Catastrophic Coverage Stage	<p>After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% per prescription or • \$3.70 per prescription for Part D generic drugs • \$9.20 per prescription for Part D brand drugs 	



Thank you

for being a member!

¹You must continue to pay your Part B premium. Because you are enrolled in a \$0 premium plan, you do not receive an invoice each month unless you owe a Part D late enrollment penalty (LEP). Medicare requires an LEP if you didn't sign up for a Medicare drug plan when you first became eligible. If you owe a late enrollment penalty, payment is due on the 15th of each month. Your premium bill is separate from any medical bills you might receive. For details on LEP, see your Evidence of Coverage (EOC).

²Our plan cannot cover a drug purchased outside of the United States and its territories.

³Reimbursement applies to emergency and urgent care situations only. You may be responsible for any copays that apply.

⁴The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. Benefit limits apply. Cost shares apply to non-preventive services. A member may choose to receive treatment from a non-participating dentist. Cost shares for out-of-network benefits, if applicable, are based on procedure classification. Benefits are calculated using a Maximum Allowable Charge (MAC). Members are responsible for any amount charged which exceeds the MAC per procedure. Billing arrangements are between the member and the non-participating dentist. If a member receives treatment from a non-participating dentist, the member may be required to make payment in full at the time of service. The member may then submit a claim to the Plan for benefit payment. Please refer to your Evidence of Coverage for more information.

⁵The 20% discount is restricted to items purchased for the health care of the cardholder only, and applies to regularly priced CVS Health Brand health-related items valued at \$1 or more. Your ExtraCare Health discount may not be used in Target stores, including those with a CVS Pharmacy in them. Excludes alcohol, lottery, money orders, prescriptions and copays, pseudoephedrine/ephedrine products, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk (where required by law or regulation), sale/promotional merchandise, bottle deposits, bus passes, hunting and fishing licenses, not valid on any imposed governmental fees, or items reimbursed by a government health plan.

⁶CarePartners of Connecticut plans are available in Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties.

⁷Comprises all your medical copays/coinsurance for covered services—your out-of-pocket costs will never exceed this amount.

⁸Additional 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. Cost sharing requirements are the same as for corresponding in-person services.

⁹Rehabilitation 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.

¹⁰Worldwide coverage. Copay waived if admitted as an inpatient within 24 hours for the same condition.

¹¹ER copay applies for urgent care services received in an ER.

¹²Eligible items can be ordered only via phone, web, or mail order from the OTC catalog supplied by the plan-approved vendor.

¹³Medicare 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.

¹⁴The 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.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2020 Tivity Health, Inc. All rights reserved. Out-of-network/non-contracted providers are under no obligation to treat CarePartners of Connecticut members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. CarePartners of Connecticut is an HMO/PPO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (TTY: 711). H0342_2021_55_C

Get the answers you need.

Whether you're looking for information about medical benefits, drug coverage, seeing a specialist, choosing a doctor, or finding the right form or document, get the answers you need on our website:

 carepartnersct.com

Or, call Customer Service at **1-888-341-1507 (TTY: 711)**.

Share the good news!

Great new benefits, extra savings, a range of plans to meet different needs and budgets—refer your friends to CarePartners of Connecticut. Our **\$0 CarePartners Access (PPO)** plan offers:

- Access to any doctor or hospital
- Dental coverage included with \$1,000 calendar year maximum⁴
- \$0 monthly premium
- \$0 copay for primary care provider visits
- \$0 prescription drug deductible
- \$0 copay for preventive screenings
- \$0 Tier 6 vaccines
- SilverSneakers® fitness membership at no additional cost
- No referrals required

Tell your friends to call **1-844-388-6516 (TTY: 711)** for a FREE Medicare plan consultation.