



2021 Buyer's Guide

CarePartners of Connecticut Medicare Advantage Plans

High-quality
HMO benefits
and NEW
PPO plan!



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

Now, more than ever, you need a Medicare Advantage plan you can count on. A plan that offers support to doctors to help provide you with the best care possible.



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 Neighbors,

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

NEW

\$0 Tier 2¹ Rx drugs

NEW

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

NEW

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.
- Help you 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 in-person 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



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.



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 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 \$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 services 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			\$150/year toward eyewear (no EyeMed 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!

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

Medical Copays		CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	 CarePartners Access (PPO)
Outpatient and Lab Services					
Outpatient Services/ Surgery		Colonoscopies: \$0/day; Others: \$350/day	Colonoscopies: \$0/day; Others: \$275/day	Colonoscopies: \$0/day; Others: \$250/day	Colonoscopies: \$0/day; Others: \$250/day after deductible (OON: 30% after deductible)
Rehabilitation Therapy ⁶		\$40/visit	\$40/visit	\$30/visit	\$40/visit after deductible (OON: 30% after deductible)
Laboratory Services		FIT ⁷ tests: \$0/day; Others: \$5/day ⁸	FIT ⁷ tests: \$0/day; Others: \$5/day ⁸	FIT ⁷ tests: \$0/day; Others: \$5/day ⁸	\$0/day (OON: 30% after deductible)
Diagnostic Procedures and Tests		\$30/day ⁸	\$15/day ⁸	\$10/day ⁸	\$40/day ⁸ (OON: 30% after deductible)
X-Rays		\$10/day ⁸	\$10/day ⁸	\$10/day ⁸	\$10/day ⁸ (OON: 30% after deductible)
Diagnostic Radiology Services		Ultrasounds: \$60/day; Others: \$250/day		Ultrasounds: \$60/day; Others: \$150/day	Ultrasounds: \$60/day; Others: \$250/day (OON: 30% after deductible)
Emergency Services					
Emergency Room		\$90/visit	\$90/visit	\$90/visit	\$90/visit
Urgent Care		\$45/visit (\$0/visit if performed by your PCP)	\$40/visit (\$0/visit if performed by your PCP)	\$30/visit (\$0/visit if performed by your PCP)	\$45/visit
Ambulance Services		\$300/day	\$250/day	\$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/day for days 1-4; \$0/day after day 4	\$250/day for days 1-5; \$0/day after day 5	\$795/stay after deductible (OON: 30%/stay after deductible)

Additional Benefits 	CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	CarePartners Access (PPO)
SilverSneakers[®] Membership	\$0 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			Not covered
Over-the-Counter (OTC) Bonus¹⁰	\$25/quarter to spend on Medicare-approved health related items	\$40/quarter to spend on Medicare-approved health related items		\$50/quarter to spend on Medicare-approved health related items
Acupuncture¹¹	\$10/visit	\$10/visit	\$10/visit	\$10/visit (OON: \$50/visit after deductible)

Dental Coverage		CareAdvantage Preferred (HMO)	CareAdvantage Prime (HMO)	CareAdvantage Premier (HMO)	 CarePartners Access (PPO)
		\$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.
Embedded Benefits ²					
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 as dentures, bridges, and crowns) at 50% coinsurance. \$100 deductible applies to restorative and major services.		Not available

Rx Drug Coverage		CareAdvantage Preferred (HMO)		CareAdvantage Prime (HMO)		CareAdvantage Premier (HMO)		 CarePartners Access (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
 Tier 2: Generic ¹		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand		\$47	\$94	\$47	\$94	\$47	\$94	\$47
Tier 4: Non-Preferred Drug		\$100	\$200	\$100	\$200	\$100	\$200	\$100
Tier 5: Specialty Tier		33%	N/A	33%	N/A	33%	N/A	33%
Tier 6: Vaccines		\$0	N/A	\$0	N/A	\$0	N/A	\$0
Coverage Gap Stage		After your total prescription drug costs reach \$4,130, and until your payments reach \$6,550, 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 fee⁹ 						
Catastrophic Coverage Stage		After the coverage gap, when your payments for the year are greater than \$6,550, you pay the greater of: <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 						

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.

Drug Name	Tier/Limits
<i>acetaminophen-codeine #3 tablets</i>	Tier-2; QL
<i>albuterol nebulizer solution</i>	Tier-2; B vs D
<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 immediate-release</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>cefepodoxime tablets</i>	Tier-4
<i>cephalexin capsules</i>	Tier-2
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier-2
<i>chlorthalidone</i>	Tier-2
<i>ciprofloxacin tablets</i>	Tier-2
<i>citalopram tablets</i>	Tier-1
<i>clindamycin capsules</i>	Tier-2
<i>clonazepam tablets</i>	Tier-2
<i>clopidogrel</i>	Tier-2
<i>clotrimazole-betamethasone cream</i>	Tier-3
<i>colchicine tablets</i>	Tier-3
<i>cyclobenzaprine</i>	Tier-2; PA
<i>diclofenac topical gel</i>	Tier-3; QL
<i>donepezil tablets</i>	Tier-1

Continued on next page ›

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

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

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



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?

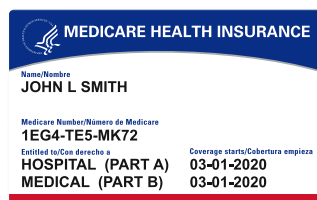
What to have ready before enrolling

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.



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



Making health care simpler and less stressful.

¹On 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, New Haven, New London, Tolland, Windham, and Middlesex 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.

⁹The 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.

¹⁰Eligible items can be ordered only via phone, web, or mail order from the OTC catalog supplied by the plan-approved vendor.

¹¹Medicare 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. Eligible items can be ordered only via phone, web, or mail order from the OTC catalog supplied by the plan-approved vendor.

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 Cardon
Cardiologist

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

Drug Search

carepartnersct.com/drug-coverage

Doctor Search

carepartnersct.com/search-doctors

Dentist Search

carepartnersct.com/search-dentists



2021 Summary of Benefits

CarePartners of Connecticut HMO Plans

This *Summary of Benefits* covers plans in the following counties in Connecticut: **Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.**

CareAdvantage Preferred (HMO)

CareAdvantage Prime (HMO)

CareAdvantage Premier (HMO)

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit **www.carepartnersct.com/content/documents** to view the *Evidence of Coverage*. You can also request a printed copy by calling Customer Service at 1-888-341-1507 (TTY: 711).

Summary of Benefits

January 1, 2021–December 31, 2021

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as CarePartners of Connecticut (HMO)).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what CarePartners of Connecticut (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **www.medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Things to Know About CarePartners of Connecticut (HMO)

Who can join?

To join CarePartners of Connecticut (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the plans described in this document includes the following counties in Connecticut: Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

Which doctors, hospitals, and pharmacies can I use?

CarePartners of Connecticut (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Provider Directory* at our website (**www.carepartnersct.com**).

This document is available in other formats such as Braille and large print.

What do we cover?

We cover everything that Original Medicare covers—and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plan than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

CarePartners of Connecticut CareAdvantage Preferred, CareAdvantage Prime, and CareAdvantage Premier cover Part D drugs. In addition, all plans cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.carepartnersct.com.

How will I determine my drug costs for CarePartners of Connecticut CareAdvantage Preferred, CareAdvantage Prime, and CareAdvantage Premier?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. The amount you pay also depends on whether you fill your prescription at a preferred pharmacy or a non-preferred pharmacy. Later in this document, we discuss the benefit stages: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

Monthly Plan Premium	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
	\$0 per month	\$30 per month	\$90 per month
<i>What You Should Know</i>	In addition, you must keep paying your Medicare Part B premium.		
Deductible	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,550	\$5,900	\$4,700
<i>What You Should Know</i>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost of your covered hospital and medical services for the rest of the year. Please note that you will still need to pay your monthly premiums (and cost-sharing for your Part D prescription drugs if applicable).</p>		

Inpatient and Outpatient Care and Services	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Inpatient Hospital Care			
Inpatient hospital care	<ul style="list-style-type: none">• \$475 copay per day for days 1 through 4• You pay nothing for day 5 and beyond	<ul style="list-style-type: none">• \$375 copay per day for days 1 through 4• You pay nothing for day 5 and beyond	<ul style="list-style-type: none">• \$250 copay per day for days 1 through 5• You pay nothing for day 6 and beyond
What You Should Know	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.		
Outpatient Hospital Care			
Outpatient hospital services	\$350 copay per day	\$275 copay per day	\$250 copay per day
Outpatient surgery (services provided at hospital outpatient facilities and ambulatory surgical centers)	Colonoscopies: \$0 Others: \$350 copay per day	Colonoscopies: \$0 Others: \$275 copay per day	Colonoscopies: \$0 Others: \$250 copay per day
What You Should Know	Before you receive out-of-network services, you must obtain a referral from your PCP. Prior authorization may be required.		
Doctor Visits			
Primary care physician	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Specialist	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit
Preventive care	You pay nothing	You pay nothing	You pay nothing
What You Should Know	Before you receive services from out-of-network specialists, you must obtain a referral from your PCP. Any additional preventive services approved by Medicare during the contract year will be covered.		
Emergency care	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit
What You Should Know	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Your plan includes worldwide coverage for emergency care.		
Urgently needed services	\$0 copay per PCP visit \$45 copay per Specialist visit	\$0 copay per PCP visit \$40 copay per Specialist visit	\$0 copay per PCP visit \$30 copay per Specialist visit
What You Should Know	Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. Copayment is not waived if admitted as an inpatient within 24 hours. Your plan includes worldwide coverage for urgently needed care.		
Diagnostic Services/Labs/Imaging			
Diagnostic radiology services (such as MRIs, CT scans)	\$250 copay per day \$60 per day for ultrasound	\$250 copay per day \$60 per day for ultrasound	\$150 copay per day \$60 per day for ultrasound
Diagnostic tests and procedures	\$30 per day	\$15 per day	\$10 per day
Lab services	FIT tests: \$0 Others: \$5 per day	FIT tests: \$0 Others: \$5 per day	FIT tests: \$0 Others: \$5 per day
Outpatient X-rays	\$10 per day	\$10 per day	\$10 per day
What You Should Know	No copay for diagnostic tests and procedures, lab services, and outpatient X-rays if the services are performed as part of an office visit. Prior authorization may be required.		

Inpatient and Outpatient Care and Services	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Hearing Services			
Exam to diagnose and treat hearing and balance issues	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit
Routine hearing exam (up to 1 every year)	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit
Hearing aids	Standard level: \$250 copay per hearing aid Superior level: \$475 copay per hearing aid Advanced level: \$650 copay per hearing aid Advanced Plus level: \$850 copay per hearing aid Premier level: \$1,150 copay per hearing aid		
What You Should Know	Before you receive a diagnostic hearing exam from an out-of-network specialist, you must obtain a referral from your PCP. You must purchase hearing aids through Hearing Care Solutions to receive the hearing aid benefit. Up to 2 hearing aids per year, 1 hearing aid per ear. Hearing aid fitting is provided by Hearing Care Solutions at no cost.		
Dental			
Limited Medicare-covered dental services	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit
What You Should Know	Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.		
Embedded dental benefit	<ul style="list-style-type: none">• \$1,500 calendar year maximum.• \$0 copay for preventive services such as routine cleanings and oral exams, 50% coinsurance after deductible for restorative services such as fillings and simple extractions, and 50% coinsurance after deductible for major services such as dentures, bridges, and crowns.• \$100 deductible on restorative and major services.• No waiting period.	<ul style="list-style-type: none">• \$750 calendar year maximum.• \$25 copay for preventive services such as routine cleanings and oral exams, and 50% coinsurance after deductible for restorative services such as fillings and simple extractions.• \$100 deductible on restorative services.• No waiting period.	
CarePartners of Connecticut Dental Option	N/A	Covered with additional premium. See the Optional Benefits section for more information.	
What You Should Know	Coverage is limited to providers within the Dominion PPO network.		
Vision Services			
Routine eye exam (up to 1 every year)	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Exam to diagnose and treat diseases and conditions of the eye	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit

Inpatient and Outpatient Care and Services	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Annual glaucoma screening	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Annual eyewear benefit	Up to \$150 allowance per calendar year	Up to \$150 allowance per calendar year	Up to \$150 allowance per calendar year
What You Should Know	You must use a participating vision care provider (EyeMed Vision Care) to receive the covered Routine Eye Exam benefit. You must purchase your glasses, frames, prescription lenses, or contacts from a participating vision provider (EyeMed Vision Care) to receive the \$150 allowance. Otherwise, the benefit will be limited to \$90 per year. A referral is required from your PCP before you receive a diagnostic eye exam from an out-of-network provider.		
Mental Health Services			
Inpatient visit	<ul style="list-style-type: none">• \$425 copay per day for days 1 through 4• You pay nothing for days 5 through 90	<ul style="list-style-type: none">• \$375 copay per day for days 1 through 4• You pay nothing for days 5 through 90	<ul style="list-style-type: none">• \$250 copay per day for days 1 through 5• You pay nothing for days 6 through 90
Outpatient group or individual therapy visit	\$30 copay per visit	\$30 copay per visit	\$30 copay per visit
What You Should Know	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital. Before you receive outpatient group or individual therapy visits from an out-of-network provider, you must obtain a referral from your PCP.		
Skilled Nursing Facility (SNF)			
Skilled nursing facility (SNF)	<ul style="list-style-type: none">• \$0 copay per day for days 1 through 20• \$178 copay per day for days 21 through 59• \$0 copay per day for days 60 through 100	<ul style="list-style-type: none">• \$0 copay per day for days 1 through 20• \$160 copay per day for days 21 through 52• \$0 copay per day for days 53 through 100	<ul style="list-style-type: none">• \$0 copay per day for days 1 through 20• \$160 copay per day for days 21 through 44• \$0 copay per day for days 45 through 100
What You Should Know	Our plan covers up to 100 days in a SNF per benefit period. No prior hospital stay is required.		
Physical Therapy			
Occupational therapy	\$40 copay per visit	\$40 copay per visit	\$30 copay per visit
Physical therapy and speech and language therapy	\$40 copay per visit	\$40 copay per visit	\$30 copay per visit
What You Should Know	Before you receive occupational therapy, physical therapy, or speech and language therapy services from an out-of-network provider, you must obtain a referral from your PCP.		
Ambulance			
Ambulance	\$300 copay per day	\$250 copay per day	\$200 copay per day
What You Should Know	Prior authorization may be required for non-emergency transportation.		
Transportation			
Transportation	Not covered		
Medicare Part B Drugs			
Medicare Part B drugs	For Part B chemotherapy drugs: You pay 20% of the cost. Other Part B drugs: You pay 20% of the cost.		
What You Should Know	Prior authorization may be required.		

Prescription Drug Benefits: Initial Coverage	CareAdvantage Preferred CareAdvantage Prime CareAdvantage Premier		
	<ul style="list-style-type: none">• There is no deductible for the CareAdvantage Preferred, CareAdvantage Prime, and CareAdvantage Premier plans.• You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.• You may get your drugs at network retail pharmacies and mail order pharmacies.		
Retail Cost Sharing—Preferred Pharmacy			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$0	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A
Retail Cost Sharing—Non-Preferred Pharmacy			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10	\$20	\$30
Tier 2 (Generic)	\$15	\$30	\$45
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A
Mail Order Cost Sharing			
Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$0	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$94
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$200
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>		

Prescription Drug Benefits: Coverage Gap	CareAdvantage Preferred CareAdvantage Prime CareAdvantage Premier
	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap.</p> <p>Not everyone will enter the coverage gap.</p>

Prescription Drug Benefits: Catastrophic Coverage	CareAdvantage Preferred CareAdvantage Prime CareAdvantage Premier
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.

OPTIONAL BENEFITS (You must pay an extra premium each month for these benefits)	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
CarePartners of Connecticut Dental Option			
Benefits include	N/A	<ul style="list-style-type: none"> • Preventive dental • Comprehensive dental 	
Monthly premium	N/A	Additional \$15.00 per month.	
<i>What You Should Know</i>	N/A	You must keep paying your Medicare Part B premium and your monthly plan premium.	
Deductible	N/A	\$100 per year on restorative and major services.	
The CarePartners of Connecticut Dental Option offers the following benefits:	N/A	<ul style="list-style-type: none"> • \$1,000 calendar year maximum • \$25 copay for preventive services such as routine cleanings and oral exams (only one \$25 copay will apply towards a single office visit) • 20% coinsurance after deductible for restorative services such as fillings and simple extractions • 50% coinsurance after deductible for major services such as dentures, bridges, and crowns • No waiting period 	
<i>What You Should Know</i>	N/A	<ul style="list-style-type: none"> • The CarePartners of Connecticut Dental Option is not additional to the embedded dental benefits described above under “Embedded dental benefit.” If you purchase the CarePartners of Connecticut Dental Option, it replaces the embedded dental benefit. • Coverage is limited to providers within the Dominion PPO network 	

Additional Benefits	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Acupuncture			
Acupuncture services	\$10 copay per visit	\$10 copay per visit	\$10 copay per visit
What You Should Know	Medicare 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. Before you receive services from an out-of-network provider, you must obtain a referral from your PCP. Additional acupuncture services are eligible for reimbursement under the annual Wellness Allowance benefit. See additional details under “Wellness Programs.”	Medicare 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. Before you receive services from an out-of-network provider, you must obtain a referral from your PCP.	
Chiropractic Care			
Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
Initial evaluation (once per year)	\$15 copay per visit	\$15 copay per visit	\$15 copay per visit
What You Should Know	Before you receive services from an out-of-network provider, you must obtain a referral from your PCP.		
Foot Care (podiatry services)			
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$45 copay per visit	\$40 copay per visit	\$30 copay per visit
What You Should Know	Before you receive services from an out-of-network provider, you must obtain a referral from your PCP.		
Home Health Services			
Home health agency care	You pay nothing	You pay nothing	You pay nothing
Home infusion therapy	You pay nothing	You pay nothing	You pay nothing
What You Should Know	Prior authorization may be required for home infusion therapy services.		

Additional Benefits	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Hospice			
	Benefit provided by Medicare	Benefit provided by Medicare	Benefit provided by Medicare
What You Should Know	You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.		
Medical Equipment/Supplies			
Durable medical equipment (e.g., wheelchairs, oxygen)	20% of the cost	20% of the cost	20% of the cost
Prosthetic devices (e.g., braces, artificial limbs, etc.)	20% of the cost	20% of the cost	20% of the cost
What You Should Know	Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety: <ul style="list-style-type: none">• Standard raised toilet seat: 1 per member every five years• Standard bathroom grab bars: 2 per member every five years• Standard tub seat: 1 per member every five years The following additional items are covered by the plan: <ul style="list-style-type: none">• Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months• Mastectomy sleeves for members with upper limb lymphedema: up to 2 pairs every 6 months Prior authorization may be required.		
Wig allowance (for hair loss due to cancer treatment)	\$500 per year	\$500 per year	\$500 per year
Diabetes services and supplies	You pay nothing	You pay nothing	You pay nothing
What You Should Know	Includes diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. Copay may apply if you receive other medical services during the same office visit. Referral is required for out-of-network diabetes self-management training. Coverage for blood glucose monitors, blood glucose tests strips, and glucose-control solutions is limited to the One Touch products manufactured by Lifescan, Inc. Please note that there is no preferred brand for lancets.		
Outpatient Substance Abuse			
Group or individual therapy visit	\$30 copay per visit	\$30 copay per visit	\$30 copay per visit
Renal Dialysis			
	20% of the cost	20% of the cost	20% of the cost
Telehealth/Telemedicine Services			
	Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more. Applicable office visit cost share applies for non-opioid telehealth services; Opioid services cost share applies to opioid telehealth aervices rendered as part of an Opioid Treatment Program Services episode. Referral is required to receive certain out-of-network telehealth services.		

Additional Benefits	CareAdvantage Preferred	CareAdvantage Prime	CareAdvantage Premier
Wellness Programs			
Over-the-counter (OTC) for Medicare items	\$25 per calendar quarter	\$40 per calendar quarter	\$40 per calendar quarter
<i>What You Should Know</i>	No rollover of unused calendar quarter balance. Items available only from the OTC catalog supplied by the plan-approved vendor.		
Weight Management program	The plan provides a \$150 annual Weight Management reimbursement towards program fees for weight loss programs such as WeightWatchers®, Jenny Craig®, or a hospital-based weight loss program.		
Wellness Allowance	The plan provides a \$175 annual Wellness reimbursement toward health club memberships, nutritional counseling, acupuncture, or fitness classes like Pilates, tai chi, or aerobics, and wellness programs, including memory fitness activities.	N/A	N/A
<i>What You Should Know</i>	Does not include meals or other program items, such as scales.	N/A	N/A
SilverSneakers®	SilverSneakers encourages physical activity by offering access to classes, exercise equipment, and other amenities. Members receive a basic fitness membership and access to over 14,000 participating locations. SilverSneakers offers different ways to get the activity you need to stay healthy.		



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 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.

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។ ជូរ ទូរស័ព្ទ 1-888-341-1507 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-341-1507 (TTY: 711) 번으로 전화해 주십시오.

Laotian: 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'áwođęę, 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).



Questions

Visit us at www.carepartnersct.com, or call **1-844-399-7483 (TTY: 711)**.



705 Mount Auburn Street
Watertown, MA 02472

CarePartners of Connecticut is an HMO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. This information is not a complete description of benefits. Call 1-888-341-1507 (TTY: 711) for more information. Dental benefits are administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. For questions regarding your benefits or provider network, please contact Customer Service. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-341-1507 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.carepartnersct.com or call 1-888-341-1507 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

2021 CarePartners of Connecticut (HMO) Individual Enrollment Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CarePartners of Connecticut
P.O. Box 9178
Watertown, MA 02472

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CarePartners of Connecticut at **1-844-399-7483**. TTY users can call 711.

Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users can call 1-877-486-2048.

En español: Llame a CarePartners of Connecticut al **1-844-399-7483 (TTY: 711)** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1

All fields in this section are required (unless marked optional)

First name: Middle initial: (optional) Last name:

Title: (optional) ☐ Mr. ☐ Mrs. ☐ Ms. Birth date: (mm/dd/yyyy) / / Sex: ☐ M ☐ F

Primary phone number: - - Alternate phone number: (optional) - -
☐ This is a mobile number (optional) ☐ This is a mobile number (optional)

Email address: (optional)

Permanent residence street address: (don't enter a P.O. Box)

City: State: Zip code:

Mailing address, if different from your permanent address: (P.O. Box allowed)

City: State: Zip code:

Emergency contact: (optional)

Phone number: (optional) - - Relationship to you: (optional)

SELECT THE PLAN YOU WANT TO JOIN

Requested effective date:
(mm/dd/yyyy; must be in the future)

The chart below shows available plans for our service area and standard monthly plan premiums (**in bold**). Please note, CarePartners of Connecticut HMO plans are NOT available in Fairfield County. The chart also shows plan premiums with the CarePartners of Connecticut Dental Option included (*in italics*). To enroll in the CarePartners of Connecticut Dental Option, complete the *Optional Supplemental Benefit* section below.

Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties	Plan Premium	With Dental Option
<input type="radio"/> CareAdvantage Preferred (HMO)	\$0/month	N/A
<input type="radio"/> CareAdvantage Prime (HMO)	\$30/month	\$45
<input type="radio"/> CareAdvantage Premier (HMO)	\$90/month	\$105

OPTIONAL SUPPLEMENTAL BENEFIT: CarePartners of Connecticut Dental Option

The CarePartners of Connecticut Dental Option can only be elected along with a medical plan. The CarePartners of Connecticut Dental Option is **\$15 per month** for *CareAdvantage Prime* and *CareAdvantage Premier* plans. The CarePartners of Connecticut Dental Option is **NOT available for the *CareAdvantage Preferred* plan.** The chart above shows plan premiums with the CarePartners of Connecticut Dental Option included (*in italics*).

☐ **Yes, I would like to add the CarePartners of Connecticut Dental Option.**

☐ **Yes, I would like to add the CarePartners of Connecticut Dental Option.**

YOUR MEDICARE INFORMATION

Please take out your red, white, and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- **Or** attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name: (as it appears on your Medicare card; optional)

Medicare number:

A diagram consisting of three identical rectangular boxes arranged horizontally. Each box contains three vertical lines. The boxes are connected by minus signs: the first box, followed by a minus sign, the second box, followed by a minus sign, and the third box.

Is entitled to:

HOSPITAL (Part A)

Effective date: (optional; mm/dd/yyyy)

☐ / **0** | **1** / ☐ | ☐ | ☐

MEDICAL (Part B)

$$\boxed{} \mid \boxed{0 \mid 1} \mid \boxed{ \mid \mid }$$

ANSWER THESE IMPORTANT QUESTIONS

- ☐ **Yes** 1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to CarePartners of Connecticut?
If yes, please list your other coverage and your member and group numbers for this coverage.
- ☐ **No**

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

- ☐ **Yes** **2. OPTIONAL:** Are you a resident in a long-term care facility, such as a nursing home?
☐ **No** **If yes,** please provide the following information and see question 5 on the following page.

Name of institution:

Phone number:

$$\frac{2}{5} - \frac{1}{5} = \frac{1}{5}$$

Street address:

City:

State:

Zip code:

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- ☐ **Yes** **3. OPTIONAL:** Are you enrolled in your State Medicaid program?
☐ **No** **If yes,** please provide your Medicaid number.

Medicaid number:

[illegible]

PLEASE SELECT ELIGIBILITY FOR ENROLLMENT PERIOD

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ **1.** Annual Enrollment Period (AEP). Your plan effective date will be January 1.
- ☐ **2.** I am new to Medicare.
- ☐ **3.** I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) from January 1 through March 31.
- ☐ **4.** I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on: (mm/dd/yyyy)
 / /
- ☐ **5.** I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). If you currently reside in a long-term care facility, please answer question 2 on the previous page. I moved on: (mm/dd/yyyy)
 / /
- ☐ **6.** I am leaving employer or union coverage. I will leave this coverage on: (mm/dd/yyyy)
 / /
- ☐ **7.** I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). I had this change on: (mm/dd/yyyy)
 / /
- ☐ **8.** I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*). I had this change on: (mm/dd/yyyy)
 / /
- ☐ **9.** I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ **10.** I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on: (mm/dd/yyyy)
 / /
- ☐ **11.** I recently obtained lawful presence in the United States. I got this status on: (mm/dd/yyyy)
 / /
- ☐ **12.** I recently was released from incarceration. I was released on: (mm/dd/yyyy)
 / /

<input type="checkbox"/> 13. I recently left a PACE program.	I left this program on: (mm/dd/yyyy) <div></div> / <div></div> / <div></div>
<input type="checkbox"/> 14. I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).	I lost my drug coverage on: (mm/dd/yyyy) <div></div> / <div></div> / <div></div>
<input type="checkbox"/> 15. I belong to a pharmacy assistance program provided by my state.	
<input type="checkbox"/> 16. My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/> 17. I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	My enrollment in that plan started on: (mm/dd/yyyy) <div></div> / <div></div> / <div></div>
<input type="checkbox"/> 18. I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.	I was disenrolled from this SNP on: (mm/dd/yyyy) <div></div> / <div></div> / <div></div>
<input type="checkbox"/> 19. I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.	
<input type="checkbox"/> Other reason: (please describe Special Election Period) <div></div>	

If none of these statements apply to you or you're not sure, please contact CarePartners of Connecticut at 1-844-399-7483 (TTY users should call 711) to see if you are eligible to enroll. We are open 7 days a week, 8 a.m.-8 p.m. (April 1-September 30: Monday through Friday, 8 a.m.-8 p.m.)

Important Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CarePartners of Connecticut.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that CarePartners of Connecticut will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CarePartners of Connecticut coverage begins, I must get all of my medical and prescription drug benefits from CarePartners of Connecticut. Benefits and services provided by CarePartners of Connecticut and contained in my CarePartners of Connecticut "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CarePartners of Connecticut will pay for benefits or services that are not covered.
- Dental benefits for members of CarePartners of Connecticut are administered by Dominion Dental Services, Inc. For questions regarding your benefits or provider network, please contact Customer Service.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date: (mm/dd/yyyy)

		/			/				
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If you're the authorized representative, sign above and fill out these fields.

Full name:

Street address:

City:

State:

Zip code:

--	--	--	--	--	--

Phone number:

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Relationship to Enrollee:

Section 2 All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Preferred written language:

Preferred spoken language:

Select one if you want us to send you information in a language other than English:

☐ Spanish

Select one if you want us to send you information in an accessible format:

☐ Braille ☐ Large print ☐ Audio CD

*Please contact CarePartners of Connecticut at **1-844-399-7483** if you need information in an accessible format or language other than what is listed above. Our office hours are 7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday through Friday, 8 a.m.–8 p.m.) TTY users can call **711**.*

Please choose a CarePartners of Connecticut contracted primary care provider (PCP)

Are you a current patient?

☐ Yes ☐ No

If you don't list a PCP here, we will automatically assign one to you. You can change your PCP at any time after you enroll.

PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay CarePartners of Connecticut the Part D-IRMAA.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a bill each month.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

(If this option is selected, an *EFT Authorization Form* will be mailed to you. Please continue to pay your monthly premium until we notify you of your enrollment in the EFT program.)

☐ Automatic deduction from your monthly Social Security benefit check.

☐ Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

The Social Security/RRB deduction may take two or more months to begin. There may be a delay in withholding your premium due to the Social Security Administration's monthly processing schedule, as the start date of premium withholding cannot be retroactive. If there is a delay, you will be billed directly for the first 1–2 months until your premium is deducted from your Social Security or RRB benefit check. You are responsible for paying all premiums due until premium withholding begins. If you do not pay your premium for the month(s) before premium withholding begins, you may be disenrolled from CarePartners of Connecticut. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

OFFICE/BROKER USE ONLY

Name of staff member/agent/broker, if assisted in enrollment: (please print)

Agent NPN:

Date application received (mm/dd/yyyy):

 / /

Effective date of coverage (mm/dd/yyyy):

 / /

Plan ID#:

- | | |
|---|------------|
| <input type="radio"/> CareAdvantage Preferred | 001 |
| <input type="radio"/> CareAdvantage Prime | 002 |
| <input type="radio"/> CareAdvantage Premier | 003 |

Enrollment period:

☐ ICEP/IEP ☐ AEP ☐ OEP ☐ SEP (type:)☐ Not eligible

PRIVACY ACT STATEMENT The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



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 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) 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 સહાયતા 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។ ចូរ ទូរស័ព្ទ 1-888-341-1507 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-341-1507 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-341-1507 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee ákáánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódílnih 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).

2020 Star Ratings

CarePartners of Connecticut – H5273



2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, CarePartners of Connecticut received the following Overall Star Rating from Medicare.

Plan too new to be measured

We received the following Summary Star Rating for CarePartners of Connecticut's health/drug plan services:

Health Plan Services: Plan too new to be measured

Drug Plan Services: Plan too new to be measured

The number of stars shows how well our plan performs.



5 stars - excellent



4 stars - above average



3 stars - average



2 stars - below average



1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time at 833-270-2728 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Current members please call 888-341-1507 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

CarePartners of Connecticut is an HMO 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, 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, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-888-341-1507 (TTY: 711).



2021 Summary of Benefits

CarePartners Access (PPO) offered by CarePartners of Connecticut

This *Summary of Benefits* covers CarePartners Access (PPO) plan in the following counties in Connecticut: **Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.**

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please visit **www.carepartnersct.com/content/documents** to view the *Evidence of Coverage*. You can also request a printed copy by calling Customer Service at 1-888-341-1507 (TTY: 711).

Summary of Benefits

January 1, 2021–December 31, 2021

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as CarePartners Access (PPO)).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what CarePartners Access (PPO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **www.medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Things to Know About CarePartners Access (PPO)

Who can join?

To join CarePartners Access (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

The service area for the plan described in this document includes the following counties in Connecticut: Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

Which doctors, hospitals, and pharmacies can I use?

CarePartners Access (PPO) has a network of doctors, hospitals, pharmacies, and other providers. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's *Provider Directory* at our website (**www.carepartnersct.com**).

Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, if you use an out-of-network provider, your share of the cost for covered services may be higher.

This document is available in other formats such as Braille and large print.

What do we cover?

We cover everything that Original Medicare covers—and more.

- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay less in our plan than you would in Original Medicare. For others, you may pay more.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

CarePartners Access (PPO) covers Part D drugs. In addition, CarePartners Access covers Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **www.carepartnersct.com**.

How will I determine my drug costs for CarePartners Access (PPO)?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. The amount you pay also depends on whether you fill your prescription at a preferred pharmacy or a non-preferred pharmacy. Later in this document, we discuss the benefit stages: Initial Coverage, the Coverage Gap, and Catastrophic Coverage.

	CarePartners Access
Monthly Plan Premium	
	\$0 per month
What You Should Know	In addition, you must keep paying your Medicare Part B premium.
Deductible	\$1,000 for in- and out-of-network services combined.
What You Should Know	The deductible only applies to certain services as noted.

Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$7,550 for in and out-of-network services combined.
What You Should Know	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost of your covered hospital and medical services for the rest of the year. Please note that you will still need to pay your monthly premiums (and cost-sharing for your Part D prescription drugs if applicable).</p>

Inpatient and Outpatient Care and Services	CarePartners Access In-network	CarePartners Access Out-of-network
Inpatient Hospital Care		
Inpatient hospital care	\$795 copay per stay after deductible	30% of the cost after deductible
What You Should Know	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization may be required.	
Outpatient Hospital Care		
Outpatient hospital services	\$250 copay per day after deductible	30% of the cost after deductible
Outpatient surgery (services provided at hospital outpatient facilities and ambulatory surgical centers)	Colonoscopies: \$0 Others: \$250 copay per day after deductible	30% of the cost after deductible
What You Should Know	Prior authorization may be required for in-network services.	
Doctor Visits		
Primary care physician	\$0 copay per visit	\$20 per visit after deductible
Specialist	\$45 copay per visit	\$50 per visit after deductible
Preventive care	\$0 copay per visit	30% of the cost
What You Should Know	Any additional preventive services approved by Medicare during the contract year will be covered. Out-of-network preventive barium enemas, diabetes self-management training, and digital rectal prostate cancer screening exams are subject to the deductible.	
Emergency care	\$90 copay per visit	\$90 copay per visit
What You Should Know	If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. Your plan includes worldwide coverage for emergency care.	

Inpatient and Outpatient Care and Services	CarePartners Access In-network	CarePartners Access Out-of-network
Urgently needed services	\$45 copay per visit	\$45 copay per visit
What You Should Know	Copayment is not waived if admitted as an inpatient within 24 hours. Your plan includes worldwide coverage for urgently needed care.	
Diagnostic Services/Labs/Imaging		
Diagnostic radiology services (such as MRIs, CT scans)	\$60 per day for ultrasound. \$250 per day for all other Medicare-covered diagnostic radiology services.	30% of the cost after deductible
Diagnostic tests and procedures	\$40 per day	30% of the cost after deductible
Lab services	\$0 per day	30% of the cost after deductible
Outpatient X-rays	\$10 per day	30% of the cost after deductible
What You Should Know	No copay for diagnostic tests and procedures, lab services, and outpatient X-rays if the services are performed as part of an office visit. Prior authorization may be required for in-network services.	
Hearing Services		
Exam to diagnose and treat hearing and balance issues	\$45 copay per visit	\$50 copay per visit after deductible
Routine hearing exam (up to 1 every year)	\$0 copay per visit	\$50 copay per visit after deductible
Hearing aids	Standard level: \$250 copay per hearing aid Superior level: \$475 copay per hearing aid Advanced level: \$650 copay per hearing aid Advanced Plus level: \$850 copay per hearing aid Premier level: \$1,150 copay per hearing aid	
What You Should Know	You must purchase hearing aids through Hearing Care Solutions to receive the hearing aid benefit. Up to 2 hearing aids per year, 1 hearing aid per ear. Cost-share for hearing aid fitting is \$0 if provided by Hearing Care Solutions, and 30% coinsurance for other providers.	
Dental		
Limited Medicare-covered dental services	\$40 copay per visit	\$50 copay per visit after deductible
What You Should Know	Limited Medicare-covered dental services do not include preventive dental services such as cleaning, routine dental exams, and dental X-rays.	
Embedded dental benefit	\$1,000 calendar year 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.	
What You Should Know	The plan is administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. A member may choose to receive treatment from any licensed dentist. Services rendered by providers outside of the Dominion PPO Network are based on procedure classification, and 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, and then submit a claim to the plan for benefit payment.	

Inpatient and Outpatient Care and Services	CarePartners Access In-network	CarePartners Access Out-of-network
Vision Services		
Routine eye exam (up to 1 every year)	\$0 copay per visit	30% of the cost after deductible
Exam to diagnose and treat diseases and conditions of the eye	\$45 copay per visit	\$50 copay per visit after deductible
Annual glaucoma screening	\$0 copay per visit	30% of the cost after deductible
Annual eyewear benefit	Up to \$150 allowance per calendar year	
What You Should Know	If you purchase your glasses, frames, prescription lenses, or contacts from a participating vision provider in the EyeMed Vision Care network, the \$150 allowance is applied at the point of sale. Otherwise, you must pay out-of-pocket and submit for reimbursement.	
Mental Health Services		
Inpatient visit	\$1,763 per stay after deductible	30% per stay after deductible
Outpatient group or individual therapy visit	\$40 copay per visit	30% of the cost after deductible
What You Should Know	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	
Skilled Nursing Facility (SNF)		
Skilled nursing facility (SNF)	<ul style="list-style-type: none">\$0 copay after deductible for days 1 through 20\$178 copay per day after deductible for days 21 through 100	30% of the cost after deductible
What You Should Know	Our plan covers up to 100 days in a SNF per benefit period. No prior hospital stay is required.	
Physical Therapy		
Occupational therapy	\$40 copay per visit	30% of the cost after deductible
Physical therapy and speech and language therapy	\$40 copay per visit	30% of the cost after deductible
Ambulance		
Ambulance	\$325 copay per one-way trip	\$325 copay after deductible per one-way trip
What You Should Know	Prior authorization may be required for non-emergency transportation.	
Transportation		
Transportation	Not covered	
Medicare Part B Drugs		
Medicare Part B drugs	For Part B chemotherapy drugs: You pay 20% of the cost. Other Part B drugs: You pay 20% of the cost.	30% of the cost after deductible
What You Should Know	Prior authorization may be required for in-network services.	

**Prescription Drug Benefits:
Initial Coverage****CarePartners Access**

- There is no deductible for CarePartners Access.
- You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
- You may get your drugs at network retail pharmacies and mail order pharmacies.

Retail Cost Sharing—Preferred Pharmacy

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$0	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Retail Cost Sharing—Non-Preferred Pharmacy

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10	\$20	\$30
Tier 2 (Generic)	\$15	\$30	\$45
Tier 3 (Preferred Brand)	\$47	\$94	\$141
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$300
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A

Mail Order Cost Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$0	\$0	\$0
Tier 3 (Preferred Brand)	\$47	\$94	\$94
Tier 4 (Non-Preferred Drug)	\$100	\$200	\$200
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

Prescription Drug Benefits: Coverage Gap	CarePartners Access
	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap.</p> <p>Not everyone will enter the coverage gap.</p>

Prescription Drug Benefits: Catastrophic Coverage	CarePartners Access
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.

Additional Benefits	CarePartners Access In-network	CarePartners Access Out-of-network
Acupuncture		
Acupuncture services	\$10 copay per visit	\$50 copay per visit after deductible
What You Should Know	Medicare 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.	
Chiropractic Care		
Manual manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	\$20 copay per visit	\$50 copay per visit after deductible
Initial evaluation (once per year)	\$20 copay per visit	\$50 copay per visit after deductible
Foot Care (podiatry services)		
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$45 copay per visit	\$50 copay per visit after deductible
Home Health Services		
Home health agency care	You pay nothing	30% of the cost after deductible
Home infusion therapy	You pay nothing	30% of the cost after deductible
What You Should Know	Prior authorization may be required for in-network home infusion therapy services..	
Hospice		
	Benefit provided by Medicare	Benefit provided by Medicare
What You Should Know	You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	
Medical Equipment/Supplies		
Durable medical equipment (e.g., wheelchairs, oxygen)	20% of the cost	30% of the cost after deductible
Durable medical supplies (e.g., catheters, gauze)	\$40	30% of the cost after deductible
Prosthetic devices (e.g., braces, artificial limbs, etc.)	20% of the cost	30% of the cost after deductible
What You Should Know	Additional items covered by the plan: bathroom safety equipment for members who have a functional impairment when having the item will improve safety: <ul style="list-style-type: none">• Standard raised toilet seat: 1 per member every five years• Standard bathroom grab bars: 2 per member every five years• Standard tub seat: 1 per member every five years The following additional items are covered by the plan: <ul style="list-style-type: none">• Gradient compression stockings or surgical stockings: up to 2 pairs every 6 months• Mastectomy sleeves for members with upper limb lymphedema: up to 2 pairs every 6 months Prior authorization may be required for in-network services.	

Additional Benefits	CarePartners Access In-network	CarePartners Access Out-of-network
Wig allowance (for hair loss due to cancer treatment)	\$500 per year	
Diabetes services and supplies	You pay \$0 for OneTouch products manufactured by LifeScan, Inc. You pay 20% for non-OneTouch products.	You pay \$0 after deductible for OneTouch products manufactured by LifeScan, Inc. You pay 30% of the cost after deductible for non-OneTouch products.
What You Should Know	Includes diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts. Additional cost shares may apply if you receive other medical services during the same office visit. Coverage for blood glucose monitors, blood glucose tests strips, and glucose-control solutions is limited to the OneTouch products manufactured by Lifescan, Inc. Please note that there is no preferred brand for lancets. Non-OneTouch products require a coverage exception request from the member or their provider to be covered.	
Outpatient Substance Abuse		
Group or individual therapy visit	\$40 copay per visit	30% of the cost after deductible
Renal Dialysis		
	20% of the cost after deductible	30% of the cost after deductible
Telehealth/Telemedicine Services		
	Medicare-covered services plus additional telehealth services including PCP services, specialist services, and more. Applicable office visit cost share applies for non-opioid telehealth services; Opioid services cost share applies to opioid telehealth services rendered as part of an Opioid Treatment Program Services episode.	Medicare-covered services only. Additional telehealth services are not covered out-of-network. Applicable office visit cost share applies for non-opioid telehealth services; Opioid services cost share applies to opioid telehealth services rendered as part of an Opioid Treatment Program Services episode.
Wellness Programs		
Over-the-counter (OTC) for Medicare items	\$50 per calendar quarter	Items available only through plan-approved OTC vendor.
What You Should Know	No rollover of unused calendar quarter balance. Items available only from the OTC catalog supplied by the plan-approved vendor.	
SilverSneakers®	You pay nothing for membership.	\$0 for at-home exercise kits.
What You Should Know	SilverSneakers encourages physical activity by offering access to classes, exercise equipment, and other amenities. Members receive a basic fitness membership and access to over 14,000 participating locations. SilverSneakers offers different ways to get the activity you need to stay healthy. Out-of-network facilities are not available.	

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 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.

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 સહાયતા 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: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្បួលគឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-341-1507 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-341-1507 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, 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'áwođęę, 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).



Questions

Visit us at **www.carepartnersct.com**, or call 1-844-399-7487 (TTY: 711).



705 Mount Auburn Street
Watertown, MA 02472

CarePartners of Connecticut is a PPO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. This information is not a complete description of benefits. Call 1-888-341-1507 (TTY: 711) for more information. Dental benefits are administered by Dominion Dental Services, Inc., which operates under the trade name Dominion National. For questions regarding your benefits or provider network, please contact Customer Service. 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 PPO 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.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-341-1507 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.carepartnersct.com or call 1-888-341-1507 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

2021 CarePartners of Connecticut (PPO) Individual Enrollment Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

CarePartners of Connecticut
P.O. Box 9178
Watertown, MA 02472

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call CarePartners of Connecticut at **1-844-399-7483**. TTY users can call 711.

Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users can call 1-877-486-2048.

En español: Llame a CarePartners of Connecticut al **1-844-399-7487 (TTY: 711)** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1

All fields in this section are required (unless marked optional)

First name:	Middle initial: (optional)	Last name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title: (optional)	Birth date: (mm/dd/yyyy)	Sex:
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> M <input type="radio"/> F

Primary phone number:	Alternate phone number: (optional)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

<input type="checkbox"/> This is a mobile number (optional)	<input type="checkbox"/> This is a mobile number (optional)
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Email address: (optional)

Permanent residence street address: (don't enter a P.O. Box)

City:	State:	Zip code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing address, if different from your permanent address: (P.O. Box allowed)

City:	State:	Zip code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency contact: (optional)

Phone number: (optional)	Relationship to you: (optional)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

SELECT THE PLAN YOU WANT TO JOIN

Requested effective date: (mm/dd/yyyy; must be in the future) / /

The chart below shows available plans for our service area and standard monthly plan premiums (**in bold**). Please note, CarePartners of Connecticut (PPO) is NOT available in Fairfield County.

Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham Counties	Plan Premium
<input type="radio"/> CarePartners Access (PPO)	\$0/month

YOUR MEDICARE INFORMATION

Please take out your red, white, and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- **Or** attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name: (as it appears on your Medicare card; optional)

Medicare number:

A diagram consisting of three identical rectangular boxes arranged horizontally. Each box contains three vertical lines. The boxes are connected by minus signs: the first box, followed by a minus sign, the second box, followed by a minus sign, and the third box.

Is entitled to:

HOSPITAL (Part A)

MEDICAL (Part B)

Effective date: (optional; mm/dd/yyyy)

| / **0** | **1** / | | |

ANSWER THESE IMPORTANT QUESTIONS

- ☐ **Yes** 1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to CarePartners of Connecticut?
If yes, please list your other coverage and your member and group numbers for this coverage.

Name of other coverage:

Member number for this coverage:

Group number for this coverage:

- ☐ **Yes** **2. OPTIONAL:** Are you a resident in a long-term care facility, such as a nursing home?
☐ **No** **If yes,** please provide the following information and see question 5 on the following page.

Name of institution:

Phone number:

Street address:

City:

State:

Zip code:

- ☐ **Yes** **3. OPTIONAL:** Are you enrolled in your State Medicaid program?
☐ **No** **If yes,** please provide your Medicaid number.

Medicaid number:

[illegible]

PLEASE SELECT ELIGIBILITY FOR ENROLLMENT PERIOD

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ **1.** Annual Enrollment Period (AEP). Your plan effective date will be January 1.
- ☐ **2.** I am new to Medicare.
- ☐ **3.** I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) from January 1 through March 31.
- ☐ **4.** I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on: (mm/dd/yyyy)
 / /
- ☐ **5.** I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home or long-term care facility). If you currently reside in a long-term care facility, please answer question 2 on the previous page. I moved on: (mm/dd/yyyy)
 / /
- ☐ **6.** I am leaving employer or union coverage. I will leave this coverage on: (mm/dd/yyyy)
 / /
- ☐ **7.** I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). I had this change on: (mm/dd/yyyy)
 / /
- ☐ **8.** I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*). I had this change on: (mm/dd/yyyy)
 / /
- ☐ **9.** I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ **10.** I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on: (mm/dd/yyyy)
 / /
- ☐ **11.** I recently obtained lawful presence in the United States. I got this status on: (mm/dd/yyyy)
 / /
- ☐ **12.** I recently was released from incarceration. I was released on: (mm/dd/yyyy)
 / /

<input type="checkbox"/> 13. I recently left a PACE program.	I left this program on: (mm/dd/yyyy) <div><div></div> / <div></div> / <div></div></div>
<input type="checkbox"/> 14. I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).	I lost my drug coverage on: (mm/dd/yyyy) <div><div></div> / <div></div> / <div></div></div>
<input type="checkbox"/> 15. I belong to a pharmacy assistance program provided by my state.	
<input type="checkbox"/> 16. My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
<input type="checkbox"/> 17. I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.	My enrollment in that plan started on: (mm/dd/yyyy) <div><div></div> / <div></div> / <div></div></div>
<input type="checkbox"/> 18. I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.	I was disenrolled from this SNP on: (mm/dd/yyyy) <div><div></div> / <div></div> / <div></div></div>
<input type="checkbox"/> 19. I was affected by a weather-related emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.	
<input type="checkbox"/> Other reason: (please describe Special Election Period) <div></div>	

If none of these statements apply to you or you're not sure, please contact CarePartners of Connecticut at 1-844-399-7487 (TTY users should call 711) to see if you are eligible to enroll. We are open 7 days a week, 8 a.m.-8 p.m. (April 1-September 30: Monday through Friday, 8 a.m.-8 p.m.)

Important Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in CarePartners of Connecticut.
- By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that CarePartners of Connecticut will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my CarePartners of Connecticut coverage begins, I must get all of my medical and prescription drug benefits from CarePartners of Connecticut. Benefits and services provided by CarePartners of Connecticut and contained in my CarePartners of Connecticut "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor CarePartners of Connecticut will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's date: (mm/dd/yyyy)

				/			/				
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If you're the authorized representative, sign above and fill out these fields.

Full name:

Street address:

City:

State:

Zip code:

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Phone number:

				-							
--	--	--	--	---	--	--	--	--	--	--	--

Relationship to Enrollee:

Section 2 All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Preferred written language:

Preferred spoken language:

Select one if you want us to send you information in a language other than English:

☐ Spanish

Select one if you want us to send you information in an accessible format:

☐ Braille ☐ Large print ☐ Audio CD

*Please contact CarePartners of Connecticut at **1-844-399-7487** if you need information in an accessible format or language other than what is listed above. Our office hours are 7 days a week, 8 a.m.–8 p.m. (April 1–September 30: Monday through Friday, 8 a.m.–8 p.m.) TTY users can call **711**.*

Please list the name of your primary care provider (PCP)

Are you a current patient?

☐ Yes ☐ No

As a member of our plan, you do not have to choose a PCP. However, we strongly encourage you to choose one.

PAYING YOUR PLAN PREMIUM

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay CarePartners of Connecticut the Part D-IRMAA.

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

☐ Get a bill each month.

☐ Electronic Funds Transfer (EFT) from your bank account each month.

(If this option is selected, an *EFT Authorization Form* will be mailed to you. Please continue to pay your monthly premium until we notify you of your enrollment in the EFT program.)

☐ Automatic deduction from your monthly Social Security benefit check.

☐ Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

The Social Security/RRB deduction may take two or more months to begin. There may be a delay in withholding your premium due to the Social Security Administration's monthly processing schedule, as the start date of premium withholding cannot be retroactive. If there is a delay, you will be billed directly for the first 1–2 months until your premium is deducted from your Social Security or RRB benefit check. You are responsible for paying all premiums due until premium withholding begins. If you do not pay your premium for the month(s) before premium withholding begins, you may be disenrolled from CarePartners of Connecticut. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

OFFICE/BROKER USE ONLY

Name of staff member/agent/broker, if assisted in enrollment: (please print)

Agent NPN:

Date application received (mm/dd/yyyy):

 / /

Effective date of coverage (mm/dd/yyyy):

 / /

Plan ID#:

CarePartners Access	001
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Enrollment period:

☐ ICEP/IEP ☐ AEP ☐ OEP ☐ SEP (type:)☐ Not eligible

PRIVACY ACT STATEMENT The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



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 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.

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។ ជូរ ទូរស័ព្ទ 1-888-341-1507 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-341-1507 (TTY: 711) 번으로 전화해 주십시오.

Laotian: 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'áwođęę, 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).