

Well!

CarePartners of Connecticut
Medicare Advantage HMO and PPO plans
Summer 2023

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Get the answers you need.

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



carepartnersct.com



Email us:

CPCtmemberexperience@carepartnersct.com

Or call Member Services:



HMO members: **1-888-341-1507 (TTY: 711)**

PPO members: **1-866-632-0060 (TTY: 711)**

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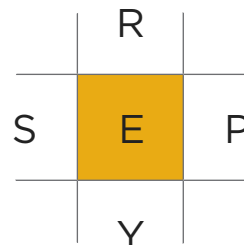
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Get even **more** from your membership!

Get the most out of your plan with a secure online account on our website:

24/7 online access—Check your claims and referrals anytime

Secure payments—Easily pay your monthly premium

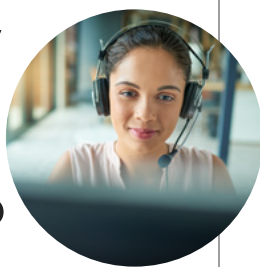
Go paperless—Get documents electronically instead of by mail

Creating a secure account only takes a few minutes. Sign up today!

mycarepartnersct.com

Common Questions:

How does my hearing aid benefit work?



Your Member Services team responds to common questions from members.

As you get older, you may struggle with hearing loss—which can make it difficult to hear the people around you or follow a conversation. Hearing loss can be the result of normal aging, a medical condition, or even a medication you're taking. Your doctor can diagnose the cause and recommend solutions—including the use of hearing aids, which are covered by your plan.



You can use your OTC benefit for over-the-counter hearing aids

Intended to help with mild or moderate hearing loss, over-the-counter (OTC) hearing aids are a new category of hearing aids that you can buy directly, without visiting a hearing health professional. To shop, visit carepartnersct.com/order-otc or Walmart.com.

Q: What does the hearing aid benefit cover?

A: Your hearing aid benefit is administered by Hearing Care Solutions (HCS). HCS covers one hearing aid fitting (\$0 copay) and up to two hearing aids (one per ear) per year. Your copay depends on the type of hearing aid you purchase: from \$250 each at the Standard level to \$1,150 each at the Premier level.

Q: What is the process for getting hearing aids?

A: Your first step is to reach out to HCS to schedule a hearing aid evaluation. At the evaluation, an audiologist will administer a hearing exam. If it's determined you need hearing aids, your audiologist will help you select the right ones from a variety of models.

HCS will contact you about payment before your hearing aids are delivered. After you receive your hearing aids, you'll return to your audiologist for a fitting to ensure they fit properly. Your audiologist will also schedule a follow-up to make sure you are adjusting to your hearing aids. There is a \$0 copay for the fitting and follow-up appointment.

Q: How long do I have to decide if I want to keep my hearing aids?

A: You will have 60 days to decide whether to keep the hearing aids. If you keep them after 60 days, HCS will send you a year's supply of batteries (which you'll receive each year for three years).

Q: Can I see my audiologist if I have a problem with my hearing aids?

A: Yes! If you have any issues, you are eligible for unlimited follow-up visits with your audiologist during the first year. Follow-up visits have a \$0 copay.

For more information, visit hearingcaresolutions.com/carepartnersct. To set up a hearing aid evaluation appointment, or to ask any questions about hearing aids or pricing, call HCS at **1-866-344-7756 (TTY: 711)**, Mon.–Fri., 8 a.m.–8 p.m.

Get the support you need to

Quit Smoking

If you are a smoker who is looking to quit, you know the challenge ahead of you. Luckily, you don't have to navigate the quitting process alone. Your plan can help you break the addiction to nicotine.

It's never too late to quit

You can benefit from quitting smoking at any age. The body begins recovering as soon as you stop, even if you've smoked for years.

The health benefits of quitting smoking include lowering your risk of lung and other types of cancer, lung disease, heart disease, stroke, and chronic obstructive pulmonary disease (COPD)—health problems that can be even more serious for older adults.



How Your Plan Helps

Cessation counseling

Cessation counseling—or counseling to quit smoking or tobacco use—is included with your plan.

Your plan covers two counseling quit attempts within a 12-month period. Each attempt includes up to four face-to-face visits.¹

Use your OTC benefit

Members can use their quarterly OTC benefit toward Medicare-approved over-the-counter nicotine replacement products. HMO members receive \$50 per calendar quarter and PPO members receive \$65 per calendar quarter.

Visit carepartnersct.com/order-OTC to find participating stores, or place an order through Medline. You can also shop for eligible items at Walmart.com.²

Other resources

Cessation counseling is available online and over the phone through Connecticut Quit Line—a free, evidence-based stop-smoking service developed by the Connecticut Department of Public Health.

If you're ready to quit smoking or are thinking about it, visit quitnow.net/connecticut or call **1-800-QUIT-NOW (1-800-784-8669)**.

Q&A:

Getting the most out of your annual doctors' visits

One important way of staying on top of your health as you get older is seeing your primary care provider (PCP) or health care provider every year. CarePartners of Connecticut makes it easy by covering both a physical exam and an Annual Wellness Visit. Dr. Jonathan Harding, Medical Director at CarePartners of Connecticut, answers some questions about the differences between these visits, and how best to go about preparing for them.

Q: What is the difference between an annual physical and an Annual Wellness Visit?

A: Both are important, but each addresses different aspects of your health.

At your physical, your PCP or health care provider will perform an in-depth check of your physical health—including a check of your vital signs, a review of your medications, and an examination of your head, neck, lungs, and other body parts.



Jonathan Harding, M.D.
Medical Director,
CarePartners of Connecticut

At your Annual Wellness Visit, you and your PCP or health care provider will put together a plan for healthy aging based on your unique goals and risk factors. Be prepared to answer questions about your daily activities, nutrition, and sources of stress. An Annual Wellness Visit can be performed by other medical office staff besides your doctor and may be possible to have with telehealth. Except for weight, pulse, and blood pressure, the Annual Wellness Visit does not involve a physical examination.

Some doctors schedule these visits separately, but these visits can also take place during the same visit. Just ask to schedule them together when you make your appointment.



You pay \$0 for an annual physical and Annual Wellness Visit (PPO members pay 30% coinsurance out of network).³

Q: What should you discuss with your doctor during your visit?

For both types of visits, it's a great idea to go into your visit with a plan. You'll want to bring up any problems or concerns you're having—even if your PCP or health care provider doesn't ask. This includes pain, lumps or bumps, unexplained weight loss or gain, difficulty sleeping, bladder control problems, or any falls you've had since your last visit. Also, make a list of all your medications, and bring it with you to your appointment. **Remember, a copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.**

Q: Why is it important to have your doctor review your medications?

You only want to take medications that are safe, current, and still necessary—and your PCP or health care provider knows best which those are. Your PCP or health care provider needs to know all the medications you are taking because there are known bad interactions between some drugs. Your PCP or health care provider needs to know about drugs prescribed by other practitioners including specialists. Be sure to discuss not only your prescription medications, but also any over-the-counter medications and vitamins or supplements you're taking. Your PCP or health care provider will make sure the combinations won't lead to any dangerous side effects.

Up to **260** to spend on over-the-counter (OTC) health items each year

HMO members receive \$200 every calendar year (\$50 every calendar quarter) and PPO members receive \$260 every calendar year (\$65 every calendar quarter) to spend on health-related items such as toothbrushes, aspirin, allergy relief items, adhesive bandages, sunscreen, and more! Your quarterly balance doesn't roll over, so try to spend the full amount each quarter.

There are four convenient ways to order items:

- 1 In-store**—Swipe your OTC card at participating retailers, including CVS, Dollar General, Family Dollar, Rite Aid, Stop & Shop, Walgreens, and Walmart. Log in to carepartnersct.com/order-OTC to find a participating store near you.
- 2 Online through Medline**—Once your coverage begins, go to carepartnersct.com/order-otc, log in, and select the items you want to purchase.
- 3 Online through Walmart.com**—At checkout, select pay with card and enter your OTC card number. Note: Shipping fees will apply and will not be covered by your OTC card. To avoid fees, you can choose in-store pickup. Visit carepartnersct.com/otc-benefit for more details.
- 4 By phone**—Call **1-833-569-2331** Mon–Fri, 8 a.m.–7 p.m. ET, and a Medline representative will take your order.
- 5 By mail**—Fill out the mail order form included with the catalog. If you need a printed copy of the Medline catalog mailed to you, just call Member Services.



Taking care of your mental health

Most of us understand how important it is to care for our physical health—and it's just as important to care for your mental health, too.

What is mental health?

According to the Centers for Disease Control and Prevention, your mental health is your emotional, psychological, and social well-being. Just as your physical health reflects the condition of your body, your mental health reflects the condition of your mind.

Your physical and mental health are interconnected. One benefits the other and both work together to make up your overall health. Your mental health directly affects how you make choices, relate to others, adapt to change, and navigate difficult times. Put another way—it impacts how you think, act, and feel.



What to watch for

Your mental health is affected by life experiences (both positive and negative), a family history of mental health issues, and biological factors (including your genes and brain chemistry).

One or more of the following feelings and behaviors can be a sign of a mental health issue to discuss with your provider:

- Sleeping too much or too little
- Changes in appetite
- Low or no energy
- Severe mood swings
- Loss of interest in usual activities
- Inability to perform daily tasks
- Pulling away from friends and family
- Feelings of numbness, helplessness, or hopelessness
- Thoughts of harming yourself or others
- Hearing voices or believing things that are not true
- Increased smoking, drinking, or drug use

Ways to care for your mental health

Positive mental health plays an important role in your ability to work productively, take part in meaningful activities, and contribute to your community. You can care for your mental health by:

- Seeking professional help when you need it
- Exercising regularly
- Getting enough sleep
- Connecting with friends and family
- Developing healthy skills (such as meditation) to cope with stress

No referral needed for mental health care services

Your plan makes it easier to care for your mental health by not requiring a referral from your primary care provider (PCP) or health care provider to obtain outpatient mental health care services (for HMO members, a referral is required before receiving services from an out-of-network provider).

Support of a mental health care team

Your plan includes a team of health experts to help you coordinate your mental health care. If you have concerns about your emotional, psychological, or social well-being, you can work with a mental health care manager to:

- Develop an understanding of a depression diagnosis
- Learn strategies for symptom management
- Identify new ways to manage the stress of aging
- Learn how to navigate the health care system when you need mental health services

You can call Member Services for more information about working with this team.

Mental health resources available to you

Your plan offers different types of support to help you stay on top of your mental health and well-being.

\$0 copay for depression screening

You're covered for one screening every calendar year. A depression screening generally consists of your doctor asking questions about your mood and lifestyle to look for symptoms of depression.

If you're unable to visit your doctor's office in person, ask your provider if the screening can be completed by telehealth. (Access PPO members pay 30% coinsurance out of network.)

NEW virtual mental health program

Through AbleTo, you can receive personalized mental health support through an 8-week program.⁴ Each week, you'll meet virtually with a coach or licensed therapist (or both) who will take the time to get to know you. You'll explore your thoughts, feelings, and actions, and develop healthy coping skills backed by science.

Between sessions, you can practice your new skills using online activities, plus access self-care tools like journals and meditations.

To get started, visit AbleTo.com/CPCT or call **1-833-522-5386** (representatives are available 9 a.m.–8 p.m.).

Mental Health Service Navigation

CarePartners of Connecticut Medicare Advantage members can access our unique Mental Health Service Navigation program which helps provide access to mental health treatment options and resources.⁵ You can work with a dedicated Service Navigator to locate a provider, schedule appointments, and more. For details, call Member Services.





There are many types of scams that target older adults. But knowing what to watch for can help you protect your money and identity.

Keep your identity safe

Be suspicious of anyone who contacts you to ask for your Social Security Number, banking account number, or Medicare or health plan number. Medicare and CarePartners of Connecticut will not call to ask for banking or Social Security information.

Avoid companies offering “free” services or supplies

You may be asked to provide personal information in exchange for “free” or discounted medical testing, equipment, supplies, or medication. Some online pharmacies promise savings, but many are designed to steal your personal information.

Know what you ordered

If you receive medical supplies that you or your doctor did not order, or you receive more than you ordered, you may be the target of a fraud scheme. Refuse or return any medical supplies you didn't order, and report the company. Medicare does not sell or mail medical supplies.

Make sure you are billed correctly

When you get a bill, check it over to make sure everything looks correct, you received the services or items billed, and no service has been billed more than once.

Watch out for common schemes

According to the FBI, criminals commonly target older adults by impersonating government officials, technical support specialists, home repair companies, romantic interests (through social media or online dating websites), family members (such as a grandchild claiming to need money immediately), and caregivers who promise care in exchange for money or bank account access.



Use the CarePartners of Connecticut Fraud Hotline to report possible fraud

If you have concerns about possible fraud, call the CarePartners of Connecticut Fraud Hotline 24 hours a day, 7 days a week, at **1-877-824-7123** with questions, concerns, or complaints.

You can choose to give your name or remain anonymous. Reporting any concerns will not affect your right to health care coverage and services.

Understanding the difference between...

PREVENTIVE DIAGNOSTIC & THERAPEUTIC CARE

There's a lot of terminology to navigate when it comes to your health care. The services and procedures you're prescribed will generally fall under one of three types of care, and it's important to know the differences between them.



Preventive care

Preventive services and procedures are used to prevent or detect illness at an early stage when treatment is likely to work best. This type of care includes routine checkups (like your annual physical and Annual Wellness Visit), immunizations, and screenings.

Some additional examples of preventive services covered by your plan (with a \$0 in-network copay) include:

- Breast cancer screening (mammograms)
- Depression screening
- Diabetes screening
- Prostate cancer screening exams



Diagnostic care

As the name implies, diagnostic care includes services and procedures that diagnose—or identify—issues to determine the right treatment.

Some examples of diagnostic services include:

- Lab tests, such as blood or urine tests
- Sleep studies
- Stress tests
- Radiology services, like ultrasounds, MRIs, and CT scans
- EKGs

Sometimes, a service could be preventive or diagnostic, depending on the context. For example, your provider may recommend a colonoscopy because of your age. That would be preventive care. But if you were having certain symptoms and your doctor recommended a colonoscopy, that would be diagnostic care.



Therapeutic care

Therapeutic care refers to the treatment or management of an already-diagnosed condition or disease.

For example, an endoscopy—in which a provider uses a tiny camera called an endoscope to visually examine an organ in your body—could be used in the ongoing treatment of a gastrointestinal condition.

Just as a service could be preventive or diagnostic, a service could be diagnostic or therapeutic—depending on when and how it's being used in your care.



What to do if you're unsure

If your provider recommends a test or procedure, you can ask whether it's considered preventive, diagnostic, or therapeutic. The distinction is important when it comes to how your health plan treats the service. For example, you may be

responsible for a copay or cost share if you receive diagnostic or therapeutic services that address a medical condition during a preventive visit—such as during your annual physical or Annual Wellness Visit.

Tell us what you think

Let us know what you like about your Well! magazine by taking this short survey. Open your camera app on your phone and scan the QR code to the right or visit carepartnersct.com/well-survey to take the survey. Completing the survey only takes a few minutes.



Stay Connected to Your Plan With MyWire

Get the plan information that matters to you, right at your fingertips, with MyWire, a free service from CarePartners of Connecticut.⁶ MyWire securely connects you to plan information, exclusive member discount details, health tips, and more through text messages:

- **Stay healthy**—Get important tips on using plan benefits and services.
- **Save money**—Get exciting details of member-only discounts.
- **Save time**—Get quick access to plan resources and documents.



To sign up for MyWire, just call **1-833-593-1789 (TTY: 711)**, scan the QR code to the right, or visit carepartnersct.com/mywire.

Fun and games:

Word search with a twist

Try your hand at this "off-center" word search that helps expand your vocabulary and exercises your brain. There are at least 100 words and each one goes through the center. Diagonals are allowed, but letters can't be reused within the same word (see the example marked in the grid). See how many you can find. Plus, can you find a 9-letter word?

S	W	O	S	E	E	R
C	H	G	L	W	D	S
S	O	L	R	I	A	C
A	T	S	E	P	M	U
U	S	R	Y	U	E	E
N	A	S	Q	D	T	K
D	O	A	U	S	H	A

**Well
done!**

**Mighty
fine!**

**Legendary
status!**

Superstar!

25

50

75

100


Thank you
for being a member!

¹Applicable cost sharing applies if you use tobacco and have been diagnosed with a tobacco-related disease or are taking medicine that may be affected by tobacco. For details, see the Evidence of Coverage (EOC) for your plan at carepartnersct.com/documents.

²Additional shipping fees apply to Walmart.com orders. Visit carepartnersct.com/otc-benefit for more details.

³A copay may apply if you receive services that address a medical condition during an annual physical or Annual Wellness Visit.

⁴Note: AbleTo is covered through your outpatient mental health benefits, and outpatient mental health copays will apply to each weekly therapy session. AbleTo offers personalized programs backed by science to help you manage emotions, reduce feelings of stress and worry, and change unhelpful thought patterns.

⁵This service is not available to members already enrolled in an integrated care management program.

⁶MyWire is a secure communication program that is password protected and compliant with HIPAA, the federal law that protects your personal health information. If you decide at any time that you would like to stop receiving text messages via MyWire, reply "STOP" to the most recent message, or call Member Services.

Benefit information described in this issue is for CarePartners of Connecticut Medicare Advantage (HMO or PPO) plan members and is not a complete description of benefits. For complete benefit details, see your Evidence of Coverage (EOC) available at carepartnersct.com/documents. Every year, Medicare evaluates plans based on a 5-Star rating system. Visit www.medicare.gov for more information. CarePartners of Connecticut Medicare Advantage (HMO) plans received 4 out of 5 Stars for contract year 2023. CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711).

High-quality benefits, low costs, and great savings

With a CarePartners of Connecticut Medicare Advantage (HMO or PPO) plan, you get more of the great benefits you deserve—thousands of doctors and specialists to choose from, up to \$1,500 dental benefit, up to \$150 eyeglasses benefit, one of the lowest maximum out-of-pocket amounts in the state, and much more!

Make sure your friends don't miss out.

Refer your friends to CarePartners of Connecticut today. Tell your friends to call to learn more about joining.



1-844-360-6466
(TTY: 711)

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Health and Wellness or Prevention Information

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**Q&A: What to ask
your doctor at your
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Well

