

ConnectiCare VIP Medicare Plans 2012



Connected to Care. Connected to You.

ConnectiCare[®]
You know us by 

175 Scott Swamp Road
Farmington, CT 06034



Connected to Care

At ConnectiCare, we know that choosing a health plan is not an easy decision. Comparing your choices. Forecasting your needs. Balancing coverage and cost. Naturally, the more informed you are, the clearer your choices become, and the more confident you feel. That's why we created this brochure, to explain your Medicare options - helping you choose the plan that best suits your needs.

ConnectiCare "connects you to care," with the affordability, flexibility, and security of a wide range of Medicare Advantage Plans and options. In this guide, you will learn first-hand what our members say about our personal, responsive service. The kind of service you'll find only with a local company like ConnectiCare.

Our Medicare Advantage Plans are offered only in Connecticut, which means we focus 100% of our attention on the Medicare beneficiaries in our state. With ConnectiCare you'll be treated like a neighbor, not a number.

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Medicare: It Pays to Know Your Options

If you're like most people eligible for Medicare, understanding Medicare can be confusing. ConnectiCare would like to help you understand your options.

As the chart on the next page illustrates, the Original Medicare Plan includes Part A (hospital insurance) and Part B (medical insurance).

For additional premiums, you can add Part D Prescription Drug Coverage and/or a Medicare Supplement plan (sometimes called "Medigap"). Medicare Supplement plans are designed to cover some costs that Medicare doesn't. For example, many of these plans pay the Medicare deductibles and coinsurance on expenses such as hospital and physician bills. Medicare Supplement plans may not provide any more benefits than Original Medicare, and some plans can cost thousands of dollars each year.

Want A Simpler Option?

One that may save you money, give you more benefits, and keep all of your coverage with a single health plan? The answer is a MEDICARE ADVANTAGE PLAN.

Medicare Advantage plans are health plan options approved by Medicare and run by private companies, like ConnectiCare. They are part of the Medicare Program and are sometimes called "Part C."

Medicare Advantage plans provide all of your Part A and Part B benefits AND generally offer extra benefits such as routine care and wellness programs. Many Medicare Advantage plans include Part D Prescription Drug Coverage.

You'll get this comprehensive coverage from a single health plan, which will make things easier and more convenient for you. You'll save time and the hassle of dealing with a lot of paperwork.

"I used to get my Medicare coverage from different places. I had a Medicare Supplement plan and another plan for my prescriptions. I switched to ConnectiCare's Prime 3 Plan. Now all of my coverage is with one plan. It's less confusing for me and I'm saving money on my monthly premium."

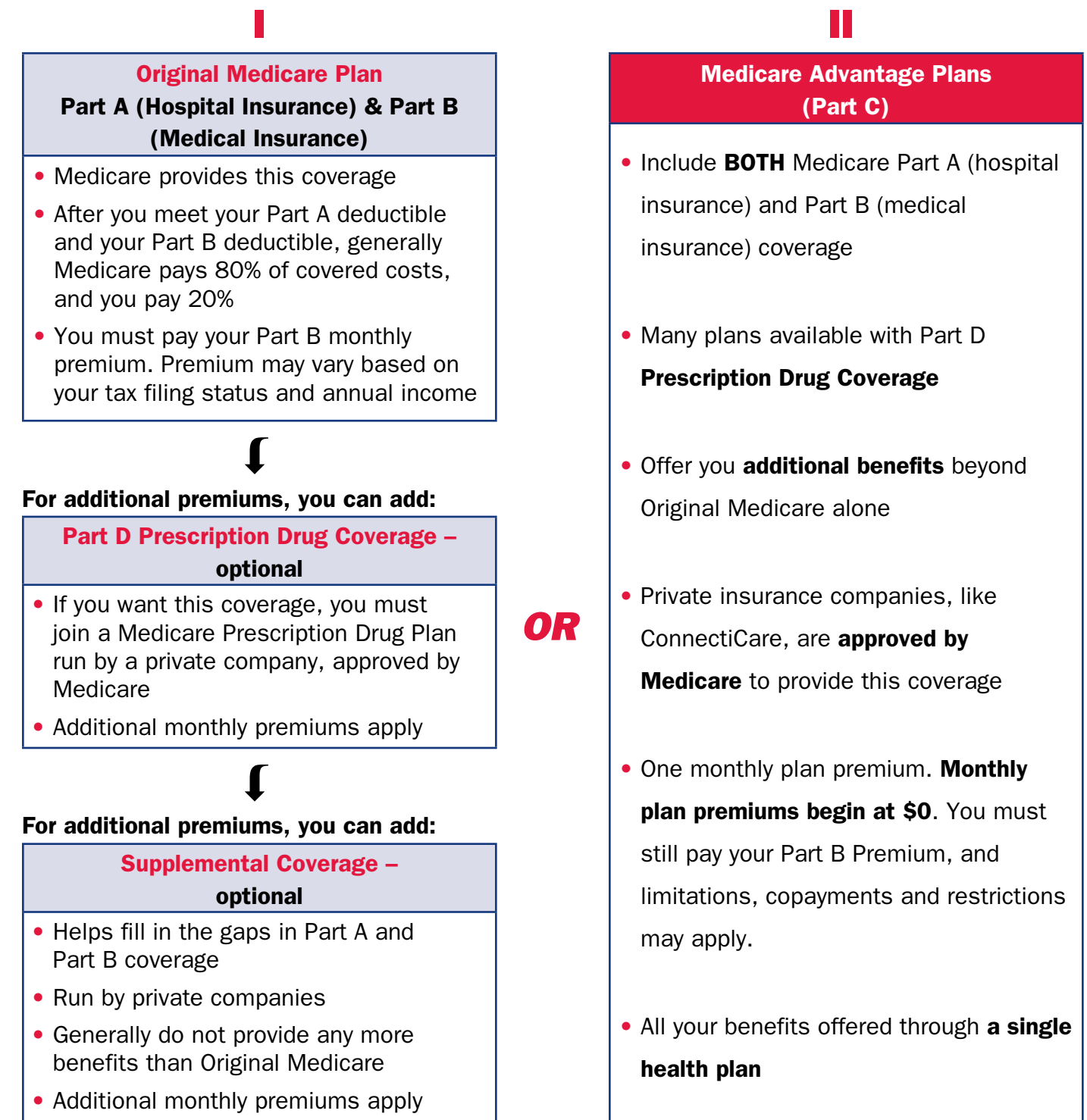
– Anna Amici, East Haven, CT
ConnectiCare VIP Prime 3 Member



Understanding Your Options

Column **I** shows how you can add to your Original Medicare Plan with Part D Prescription Drug Coverage and a Medicare Supplement Plan.

Column **II** shows a simpler option for you – an option that may **save you money, give you more benefits,** and keep all of your coverage with a **single source**. This option is a Medicare Advantage Plan.



Connect with the Plan That's Right for You

At ConnectiCare each Plan starts with the individual. Everyone wants value, but since value means different things to different people, we offer it in many different ways.

- Affordable premiums and copayments
- Comprehensive medical benefits
- Prescription Drug Coverage
- Optional Supplemental Dental
- In-network and out-of-network coverage
- Statewide network of doctors and hospitals
- Health and Wellness Support
- Discounts and Savings
- Convenience
- Financial Protection

Plus the personal, responsive service ConnectiCare is known for. With us, you're a neighbor, not a number.

Connect with Choice

Different Plans for Different Needs

ConnectiCare offers several different Medicare Advantage Plans each designed to offer you cost-effective, comprehensive medical benefits that fit your lifestyle and your budget - including Preventive Services like Annual Physicals, Screenings and Immunizations, Routine Vision and Hearing Exams, Lab Services, Inpatient and Outpatient Hospital Care, Worldwide Emergency Coverage and more! And, there are no referrals required.

Our monthly Plan premiums range from \$0 to \$179 in addition to your Medicare Part B monthly premium.

ConnectiCare VIP Prime (HMO) Plans

Are you looking for a medical plan that offers more benefits than Original Medicare alone and is more affordable than most Medicare Supplement plans?

Consider one of the ConnectiCare VIP Prime Plans. There is a range of premium and copayment options to choose from, allowing you to select the Plan that really suits your needs. Some of these Plans include Prescription Drug Coverage.

VIP Prime Plans are Coordinated Care Plans where you receive care through participating providers in our statewide network.

"We looked at a lot of Medicare plans. We were happy to find ConnectiCare because they had the right plans for us. My wife Pat chose the Prime 3 Plan. The lower copays for doctor visits are a big help, and there is better coverage for her through the Gap.

For myself, I went with their Prime 1 Plan with a \$0 premium, so that saves us money. The medical benefits and Prescription Drug Coverage are just right for me."

– Pat Brunson, Enfield, CT
ConnectiCare VIP Prime 3 Member

– Bill Brunson, Enfield, CT
ConnectiCare VIP Prime 1 Member



ConnectiCare VIP Option (HMO-POS) Plans

Do you reside in Connecticut, but spend extended periods of time away from Connecticut? Do you want the flexibility to seek coverage for medical services outside ConnectiCare's network?

Consider one of the ConnectiCare VIP Option Plans. These are Point-of-Service Plans that not only offer you affordable cost-shares for in-network services, but also give you the flexibility to seek coverage outside ConnectiCare's network. Both of these plans include Prescription Drug Coverage.

Out-of-Network coverage is available for certain services including, but not limited to Preventive Screenings and Immunizations, Doctor Office Visits, Lab Services, X-rays, Ambulatory Surgical Center Services, Ambulance Services, Inpatient and Outpatient Hospital Care, and Physical Therapy.

Please Note: *Out-of-Network services that are NOT covered include: Inpatient and Outpatient Mental Health Care, Skilled Nursing Facility Care, Home Health Care, Outpatient Substance Abuse Care, Diabetic Self Management Training, Diabetes Supplies and Services, Kidney Disease Education Services, Medicare-Covered Eyewear, and Vision Discounts.*

Connect with Dental Coverage

Optional Supplemental Dental Plan

Enhance your ConnectiCare Medicare Advantage Plan with our Optional Supplemental Dental Plan. For an additional low monthly premium of \$28, you'll get up to \$1,000 in dental services in 2012.

This Plan Includes:

- No Annual Deductible for Preventive and Diagnostic Services. You'll enjoy:
 - 100% Coverage for Preventive Services including oral exams and cleanings
 - 100% Coverage for Diagnostic Services including X-rays
- A \$100 Annual Deductible for Basic and Major Dental Services. Once this deductible is met, you will have:
 - 100% Coverage for Basic Services including fillings
 - 50% Coverage for Major Dental Services including, but not limited to, Endodontics, Periodontics, dentures and bridgework, denture adjustments, oral surgery and bony impactions

For more detail on what each of our Plans offer, please see our Plan Comparison Chart on pages 16 & 17, our Prescription Drug Charts on pages 18 & 19, and our Dental Chart on pages 20 & 21.

Connect with a Statewide Provider Network

With ConnectiCare, you'll have access to our statewide network of participating physicians and hospitals. Our network includes every hospital in Connecticut (except Connecticut Children's Medical Center).

As a ConnectiCare member you'll benefit from our strong, longstanding relationships with these doctors and hospitals. We take the extra care to work with these providers to make sure you have access to the best quality care.

Find your doctor!

Visit www.connecticare.com/medicare and use our Find a Doctor tool, a comprehensive search tool to locate a participating physician, hospital or other facility. Searches can be performed by distance, specialty, spoken language, doctor's gender, hospital affiliation and more.

"We make our insurance decisions together. We read the fine print on everything and thoroughly check things out. We switched to ConnectiCare for our Medicare coverage because all of our doctors are in their network AND because they take the time to make sure important plan details are carefully and courteously explained."

– Richard and Kathy Anderson
ConnectiCare VIP Prime 1 Members



Connect with Health and Wellness

Benefits and Services to help you stay healthy

With your VIP Medicare Plan, you'll receive the extra care and services you need to stay well. Listed below are just some of the preventive services available to you at NO COST.

<u>Preventive Care Services</u>	<u>Copay</u>
Routine Annual Physical Exam	\$0
Flu, Pneumonia and Hepatitis B Vaccines	\$0
Mammogram	\$0
Colorectal Cancer Screening	\$0
Prostate Cancer Screening	\$0
Pap Test	\$0
Pelvic Exam	\$0
Bone Mass Measurement	\$0
Abdominal Aortic Aneurysm Screening	\$0
HIV Screening	\$0
Diabetes Screening	\$0
Medical Nutrition Therapy Services	\$0
Cardiovascular Screening	\$0

For complete details on our Preventive Care Benefits, please refer to the Evidence of Coverage (EOC) or the Summary of Benefits.



Health and Wellness Support, right at your fingertips

In addition to plan benefits, ConnectiCare offers all of our members ConnectiCare Touchpoints at no additional cost beyond the monthly premium.

Through Touchpoints, you have access to a full range of health and wellness resources and services that help you stay on top of your health.

- **Take Stock and Keep Track.** In addition to the initial Health Risk Assessment you receive when you first become a ConnectiCare VIP Medicare member, you can continue to take stock in your health with our online Health Risk Assessment. You'll get confidential results tailored to address your individual health needs. Update your online confidential Personal Health Record for easy reference to medical information, completed procedures and lab results. You can also receive targeted wellness information and set up reminders about appointments and screenings.

Once you're a member, you can access the online Health Risk Assessment and Personal Health Record at www.connecticare.com/medicare. Click on "Member Login."

- **Watch for Reminders.** Keeping track of preventive health immunizations, tests, and screenings is important. ConnectiCare assists members by providing informational mailings, phone calls, and post cards to encourage use of appropriate preventive health services and screenings, including but not limited to, Influenza Immunizations, Cholesterol Screenings, Colorectal Screenings, Mammogram Testing, and Osteoporosis Screening.

- **Manage Your Condition with our Care Management Programs.**

Medicare Case Management Programs

If you are dealing with a serious health problem, we know that you will need special attention. ConnectiCare's Medicare Case Management programs are designed to focus on chronic illnesses and the challenges they present. Our goal is to provide you with what you need to understand and manage your health.

If you have a condition such as COPD, diabetes, heart disease, or cancer, or if you are having trouble coordinating your health care needs, we may contact you to invite you to participate in our Medicare Case Management Program.



Treatment Decision Support

When you face important health care decisions, you may have a lot of questions and just need someone to talk to. The new Treatment Decision Support Program (TDS) can provide you with the coaching and support needed to help you better understand your condition and treatment options. Offered in conjunction with OptumHealth, this Program gives you the opportunity to speak directly with a specially trained registered nurse who can answer your questions and give you objective, relevant health care information.

The Treatment Decision Support Program specializes in the following conditions: lower back pain, shoulder pain, hip and knee replacement, stable angina (chest pain), breast and prostate cancer, benign uterine conditions (i.e. fibroids), benign prostate hypertrophy (enlarged prostate), and obesity.

Additional Care Management Programs

ConnectiCare also has Care Management Programs for more specialized health care needs, including our Specialty Pharmacy Management Programs, Transplant Case Management Program, Behavioral Health Case Management Program, and Dignified Decisions, a Program that provides advanced illness resources for members and their families.

- **Educate Yourself.** Find reliable, online information on health and wellness from health care experts. Visit www.connecticare.com/medicare, and look for the Health Management Center in our Member Services section.

You can receive daily health updates through Daily Health News from WebMD®, explore Health Topics A to Z, Preventive Health Guidelines, and Flu Clinic Information. You'll also find reliable data on Connecticut Hospital Quality, Hospital Safety Comparisons, and Physician profiles.

This is just a brief overview of what ConnectiCare Touchpoints offers. For more information you can visit www.connecticare.com/medicare, select the “Why Choose ConnectiCare” tab, and then the “Touchpoints” blue tab on the left hand side. If you have any questions about our Touchpoints programs and services, or if you would like to request a printed copy, you can call us toll-free at the phone number listed on page 22.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the ConnectiCare grievance process.

Connect with Discounts and Savings

Vision Discount Program

With ConnectiCare’s Vision Discount Program, members may be able to save hundreds of dollars on lenses, contacts, and frames. As a member, you can realize these discounts each time you use one of our participating providers.*

Eyewear	Description	Discounts
Frames and Lenses (Package)	Lens options include: <ul style="list-style-type: none"> • Polycarbonate • Scratch-resistant coating • Ultra-violet coating • Anti-reflective coating • Solid tint/gradient/ photochromic 	25% discount at or below \$250; 30% discount over \$250
Prescription Contact Lenses	Hard or Soft Non-disposable Lenses	25% discount at or below \$250; 30% discount over \$250; 25% discount on associated professional services (i.e. fittings)
Additional Coverages	Sunglasses <ul style="list-style-type: none"> • Prescription • Non-prescription Replacement lenses/frames	25% discount 25% discount

**Not all participating providers who are contracted for Vision Care offer the discounts.*

To see if your optical provider participates in our discount program, please visit our online directory at www.connecticare.com/medicare and click on the “Find a Doctor” tab. Providers who participate in our discount program are identified by the eyeglass icon.



If you have questions about our Vision Care Program, call us toll-free at the phone number listed on page 22.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the ConnectiCare grievance process.

Preferred Pharmacy Benefit

With all of our VIP Medicare Plans with Prescription Drug Coverage, you will be able to purchase a 90-day supply of most drugs at a Preferred Pharmacy or by Mail Order for the same price as a 60-day supply of the same prescription drug. Now that's savings!

For your convenience, there are more than 60,000 pharmacies in the ConnectiCare network, including many national chain pharmacies like CVS, Rite Aid, Walgreens and more.

Many of our participating pharmacies are Preferred Pharmacies located within our members' neighborhoods, including, but not limited to:

- | | |
|---|--|
|  Arrow |  Shop Rite |
|  Big Y |  Stop & Shop |
|  CVS |  Target |
|  Price Chopper |  Walgreens |
|  Rite Aid |  Wal-Mart |
|  Sam's Club |  Xpect Discount |

For a complete list of participating pharmacies, visit www.connecticare.com/medicare and choose "Find Your Pharmacy or Prescription Drugs." You can also request a printed copy of our Provider Directory by calling the toll-free number listed on page 22.

Connect with Financial Protection

Maximum Out-of-Pocket Limit – A spending cap on how much YOU pay.

We know how important it is for you to budget your medical expenses and protect yourself from unforeseen catastrophic medical costs. You can feel secure knowing that all of our VIP Medicare Plans offer you built-in financial protection through the **Annual Maximum Out-of-Pocket Limit**.

Each Plan has an annual limit, or cap, on the amount you may have to pay out of your own pocket for medical expenses. These medical expenses include any copayments or coinsurance you may have to pay for covered medical services throughout the year.

If you reach your Plan's annual limit, or cap, ConnectiCare pays 100% of your covered medical expenses for the remainder of the calendar year.

Please Note: Your monthly premiums and prescription drug costs do not count towards your Plan's Annual Maximum Out-of-Pocket Limit.

"After researching all my Medicare options, I switched to the ConnectiCare VIP Medicare \$0 Premium Plan. Not only am I saving money on my monthly premium, I still have good medical benefits with affordable copays and Prescription Drug Coverage. And, because of the Annual Maximum Out-of-Pocket Limit, I have financial peace of mind."

– Gene Sarra
Retired Engineer, New Britain, CT
ConnectiCare VIP Prime 1 Member



Connect with Convenience

Everything you need, all in one plan!

With a Medicare Advantage plan you can get all of your comprehensive coverage from a single health plan – ConnectiCare! It's a simpler option for your Medicare coverage and you may save money and get more benefits than you would with Original Medicare alone or with many Medicare Supplement plans. You'll also save time and the hassle of dealing with a lot of paperwork and forms.

Connect with ConnectiCare!

Personal, responsive service you'll find only with a local company.

ConnectiCare is a locally managed company with our employees based in Farmington, Connecticut. Our Medicare Advantage Plans are available only in Connecticut. This means we focus 100% of our attention on the Medicare beneficiaries in our state.

We work hard each day to know our customers, understand their needs and provide them with responsive service that is dedicated and personal.

ConnectiCare started out in 1981, founded with the mission of creating a health plan that truly cares about the health of its members. Our members understand that "You know us by heart" is more than just our marketing motto. It's about the trust and confidence you feel working with a friendly, local company. It's about helping you make the right choice about your Medicare coverage before you're a member and following through with responsive service once you become a member.

When you come right down to it, it's HEART that sets us apart.

"ConnectiCare responds with the kind of follow through that's unheard of today. They really epitomize customer service. They're good people."

– Pat Shanley
Retired College Administrator, Ellington, CT
ConnectiCare VIP Prime 1 Member



Plan Benefits

When viewing the medical benefits and prescription drug charts on the following pages, here are a few questions to help you weigh your options:

- Do you see your primary care physician or specialist often?
- Do you need Part D Prescription Drug Coverage?
- Is there a monthly plan premium in addition to the Medicare Part B premium?
- Are you covered when you travel?
- Do you need a medical-only plan because you have creditable drug coverage from a previous employer or from the Veteran's Administration (VA)?
- Are you currently enrolled in a Medicare Supplement plan and a Part D Prescription Drug Plan, and would like to reduce your monthly premium expense and keep all of your coverage with a single health plan?
- Are you looking for financial protection through annual limits on the amount you may have to pay out-of-pocket for medical expenses?

On a fixed budget? Consider one of our \$0 Premium Plans. These Plans offer you a great value.

"I live on a fixed income, so I'm a tough customer. Every year I do my homework to make sure that I am getting the best value for my Medicare coverage. I continue to choose ConnectiCare. They have all my doctors in their network, and they provide me with caring, personal service — especially my Nurse Case Manager. And with their \$0 Premium Plan, I get the coverage I need. Why pay more?"

– Bernadette Benoit
Retired Preschool Teacher, East Hartford, CT
ConnectiCare VIP Prime 1 Member



ConnectiCare VIP Medicare Plans	Prime 1	Prime 3	Prime 4	Option 1		Option 3	
				In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium Plus Medicare Part B Premium	\$0	\$119	\$0	\$179		\$0	
Annual Deductible	NO	NO	NO	NO	NO	NO	NO
Prescription Drug Coverage	YES	YES	NO	YES	NO	YES	NO
Primary Care Physician Office Visit	\$15	\$10	\$20	\$15	\$40	\$25	20%
Specialist Physician Office Visit	\$30	\$25	\$30	\$25	\$40	\$40	20%
Routine Annual Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services & Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0	20%	\$0	20%
Routine Annual Vision & Hearing Exams**	\$30	\$25	\$30	\$25	\$40	\$40	20%
Outpatient Surgery/Services***	\$175	\$125	\$125	\$125	20%	\$225	20%
Ambulance Services	\$175	\$175	\$100	\$150	\$150	\$175	20%
Urgent Care	\$30	\$25	\$30	\$25	\$40	\$40	\$40
Emergency Care \$50,000 limit for services outside of the U.S.	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Inpatient Acute Hospital Care Daily Copayment	\$250 each day Days 1-7 \$0 each day Days 8 and beyond	\$200 each day Days 1-7 \$0 each day Days 8 and beyond	\$200 each day Days 1-7 \$0 each day Days 8 and beyond	\$200 each day Days 1-7 \$0 each day Days 8 and beyond	\$300 each day Days 1-7 \$0 each day Days 8 and beyond	\$250 each day Days 1-7 \$0 each day Days 8 and beyond	20%
Annual Out-of-Pocket Limit	\$5,400	\$3,400	\$5,500	\$5,500		\$6,700	

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan. Benefits, formulary, pharmacy network, premiums and/or co-payments/co-insurance may change on January 1, 2013.

*Preventive Services include: Abdominal Aortic Aneurysm Screenings, Bone Mass Measurement, Cardiovascular Screenings, Pap Tests, Pelvic Exams, Colorectal Cancer Screenings, Diabetes Screenings, Influenza (Flu), Hepatitis B, and Pneumonia Vaccines, HIV Screenings, Mammograms, Medical Nutritional Therapy Services, and Prostate Cancer Screenings.

**Refractions are not covered with routine annual eye exam.

***\$0 copayment for Preventive Colonoscopies.

Prime 1 and Option 3 Plans

Prescription Drug Coverage

SUPPLY	Preferred Pharmacy & Mail Order		Non-Preferred Pharmacy	
	30-Day Supply Cost Share	90-Day Supply Cost Share	30-Day Supply Cost Share	90-Day Supply Cost Share
DEDUCTIBLE	\$150 ANNUAL DEDUCTIBLE (TIER 1 DRUGS ARE EXEMPT)			
INITIAL COVERAGE LIMIT	YOU PAY THE FOLLOWING UNTIL YOUR YEARLY TOTAL DRUG COSTS REACH \$2,930			
Tier 1: Generic Drugs	\$10	\$20	\$10	\$30
Tier 2: Preferred Brand Drugs	\$40	\$80	\$40	\$120
Tier 3: Non-Preferred Brand Drugs	\$80	\$160	\$80	\$240
Tier 4: Specialty Drugs	25%	25%	25%	25%

COVERAGE GAP: After your yearly Total Drug Costs reach \$2,930, you will pay:

- 86% coinsurance for Generic Drugs (Tier 1)
- 50% of the cost for Brand Name Drugs (Tier 2 and Tier 3)

Total Drug Costs = The amount you have paid out of your own pocket (deductible and copayments/coinsurance) for prescription drugs plus the amount ConnectiCare has paid since the beginning of the calendar year. Total Drug Costs DO NOT include premiums.

CATASTROPHIC COVERAGE: After your yearly True Out-of-Pocket Drug Costs reach \$4,700, you will pay:

- The greater of a \$2.60 copayment or 5% coinsurance for Tier 1 Generic Drugs
- The greater of a \$6.50 copayment or 5% coinsurance for All Other Drugs

True Out-of-Pocket Drug Costs = The amount you have paid out of your own pocket (deductible and copayments/coinsurance) for prescription drugs plus the 50% Manufacturers' Discounts you have received since the beginning of the calendar year. True Out-of-Pocket Drug Costs DO NOT include premiums or the amount ConnectiCare has paid.

Prime 3 and Option 1 Plans

Prescription Drug Coverage

SUPPLY	Preferred Pharmacy & Mail Order		Non-Preferred Pharmacy	
	30-Day Supply Cost Share	90-Day Supply Cost Share	30-Day Supply Cost Share	90-Day Supply Cost Share
DEDUCTIBLE	THERE IS NO ANNUAL DEDUCTIBLE			
INITIAL COVERAGE LIMIT	YOU PAY THE FOLLOWING UNTIL YOUR YEARLY TOTAL DRUG COSTS REACH \$2,930			
Tier 1: Generic Drugs	\$10	\$20	\$10	\$30
Tier 2: Preferred Brand Drugs	\$40	\$80	\$40	\$120
Tier 3: Non-Preferred Brand Drugs	\$80	\$160	\$80	\$240
Tier 4: Specialty Drugs	33%	33%	33%	33%

COVERAGE GAP: After your yearly Total Drug Costs reach \$2,930, you will pay:

- A copayment for Generic Drugs (Tier 1 – as outlined in chart above)
- 50% of the cost for Brand Name Drugs (Tier 2 and Tier 3)

Total Drug Costs = The amount you have paid out of your own pocket (copayments/coinsurance) for prescription drugs plus the amount ConnectiCare has paid since the beginning of the calendar year. Total Drug Costs DO NOT include premiums.

CATASTROPHIC COVERAGE: After your yearly True Out-of-Pocket Drug Costs reach \$4,700, you will pay:

- The greater of a \$2.60 copayment or 5% coinsurance for Tier 1 Generic Drugs
- The greater of a \$6.50 copayment or 5% coinsurance for All Other Drugs

True Out-of-Pocket Drug Costs = The amount you have paid out of your own pocket (copayments/coinsurance) for prescription drugs plus the 50% Manufacturers' Discounts you have received since the beginning of the calendar year. True Out-of-Pocket Drug Costs DO NOT include premiums or the amount ConnectiCare has paid.

2012 Supplemental Dental Plan

Calendar Year Benefit Maximum	\$1,000	
Calendar Year Deductible	\$100	
Preventive and Diagnostic Dental Services NOT SUBJECT TO CALENDAR YEAR DEDUCTIBLE		
Oral Examinations	You pay \$0	Twice in any consecutive 12 month period.
Prophylaxis (cleanings)	You pay \$0	Twice in any consecutive 12 month period.
Bitewing X-rays	You pay \$0	One series every 12 months.
Panorex X-rays or Complete Series	You pay \$0	One series every 36 months.
Basic Dental Services (Minor Restorative)		
Amalgam Restorations (silver fillings)	You pay \$0; after the \$100 annual deductible	One restoration per tooth every 12 months.
Major Dental Services (Endodontics, Periodontics and Oral Surgery)*		
Crowns	You pay 50%; after the \$100 annual deductible	One crown per tooth every 5 years.
Fixed Bridgework	You pay 50%; after the \$100 annual deductible	Once every 5 years. No coverage for personalized, elaborate, or precision attachments.
Partial Dentures, Full Dentures	You pay 50%; after the \$100 annual deductible	Once every 5 years.
Denture Adjustments	You pay 50%; after the \$100 annual deductible	Once every 12 months. No coverage for adjustments within 6 months of the initial placement.

Major Dental Services (Endodontics, Periodontics and Oral Surgery)* *Continued*

Repairs to Fixed Bridges, Partial Dentures, Full Dentures	You pay 50%; after the \$100 annual deductible	Once every 12 months. No coverage for repairs within 12 months of the initial placement.
Re-cement of Fixed Bridges, Crowns, and Inlays	You pay 50%; after the \$100 annual deductible	Once every 6 months; per restoration.
Root Canal Therapy	You pay 50%; after the \$100 annual deductible	Once per tooth per lifetime.
Periodontal Scaling and Planing, Periodontal Surgery	You pay 50%; after the \$100 annual deductible	Once every 36 months per quadrant.
Extractions	You pay 50%; after the \$100 annual deductible	Once per tooth per lifetime.
General anesthesia	You pay 50%; after the \$100 annual deductible	Covered in conjunction with 2 or more surgical extractions or when medically necessary.

*Orthodontics not covered.

With our Supplemental Dental Plan, you'll enjoy greater savings when you receive care from one of our many participating dental providers. You can also receive care from a dental provider outside of our network. However, if you do receive care from a non-participating dental provider, you may be billed the difference between the participating provider rate and the rate charged by your dental provider.

For full information on our Supplemental Dental Plan, call us toll-free at the phone number listed on page 22.

Dental benefits are underwritten by ConnectiCare, Inc., and administered through BeneCare Dental Plans.

Connect to value in every sense of the word

- A wide choice of Medicare Advantage Plans, all designed to give you benefits that fit your lifestyle and your budget. Our monthly premiums start as low as \$0 in addition to your Medicare Part B Monthly Premium.
- The opportunity to enhance your coverage with our Optional Supplemental Dental Plan.
- Access to our statewide network of doctors, hospitals, laboratories and pharmacies.
- Plans that offer the flexibility to get coverage outside our network.
- Special discounts and savings you can only find with ConnectiCare, including our Preferred Pharmacy Benefit and Vision Discount Program.
- Extra care with our benefits and services not available with Original Medicare or most Medicare Supplement plans; including routine care benefits, Disease and Care Management Programs, and health and wellness support.
- Local, responsive service that's dedicated and personal. Our Medicare Advantage Plans are offered only in Connecticut, which means we focus 100% of our attention on the Medicare members in our state.

Ready to enroll? Need more information?

VISIT US ON THE WEB at
www.connecticare.com/medicare
where you can enroll online!

OR

CALL US TODAY!
Toll-free at 1-877-224-8220
(TTY/TDD users: 1-800-842-9710)
Monday through Friday, 8:00 a.m. – 8:00 p.m.
Extended hours 10/15 – 2/14,
8:00 a.m. – 8:00 p.m.,
seven days a week

Thank you for considering ConnectiCare.

Am I eligible to enroll in a ConnectiCare VIP Medicare Advantage Plan?

You're eligible to enroll in a ConnectiCare VIP Medicare Advantage Plan if:

- You qualify for Medicare Part A; and
- You are enrolled in and continue to pay for Medicare Part B; and
- You reside in Connecticut.

Pre-existing conditions do not matter, and no physical exam is required.

NOTE: *You will not qualify if you have End-Stage Renal Disease (permanent kidney disease requiring dialysis or a kidney transplant), except under certain limited circumstances.*

When Can I Enroll in a ConnectiCare VIP Medicare Advantage Plan?

You may enroll in a ConnectiCare VIP Medicare Plan only during specific times of the year. Contact the Plan for more information. Here are some important enrollment dates:

Initial Coverage Election Period

You can enroll when you first become eligible for Medicare (three months before the month you turn age 65 until three months after the month you turn age 65). If you get Medicare due to a disability, you can join from three months before to three months after your 25th month of disability.



Annual Election Period for 2012 Coverage: October 15, 2011 – December 7, 2011

If you are eligible for Medicare, you can enroll in or switch plans during the Annual Election Period. For example, you can switch from Original Medicare to a Medicare Advantage plan (like a ConnectiCare VIP Medicare Plan). Your coverage will be effective on January 1, 2012.

Special Enrollment Period

In certain situations, you may be able to join, switch, or drop a Medicare Advantage plan at other times during the year. Some of these situations include the following: if you move out of your plan's service area, if you have both Medicare and Medicaid, if you qualify for Extra Help paying for your Part D Prescription Drugs, if you live in an institution (such as a nursing home), or if you lose your employer coverage.

How do I Enroll in a ConnectiCare VIP Medicare Advantage Plan?

1. Enroll Online

Medicare beneficiaries may enroll in a ConnectiCare VIP Medicare Plan online at www.connecticare.com/medicare by clicking on the “How to Enroll” tab.

2. Enroll by Phone

Medicare beneficiaries may enroll in a ConnectiCare VIP Medicare Plan over the phone by calling us toll-free at:

1-877-224-8220 (TTY/TDD users: **1-800-842-9710**)

Monday through Friday, 8:00 a.m. – 6:00 p.m.

3. Enroll by Mail

Medicare beneficiaries may enroll in a ConnectiCare VIP Medicare Plan by completing an enrollment application and mailing it to the following address:

Attention: VIP Medicare Enrollment
ConnectiCare
P.O. Box 4001
Farmington, CT 06034-4001

4. Call Us to Schedule a Personal Consultation, Toll-free at:

1-877-224-8220 (TTY/TDD users: **1-800-842-9710**)

Monday through Friday, 8:00 a.m. – 8:00 p.m.

Extended hours 10/15 – 2/14, 8:00 a.m. – 8:00 p.m., seven days a week.

A ConnectiCare Representative will meet with you at a time and place that’s convenient for you to answer your questions and assist you with completing the enrollment application.

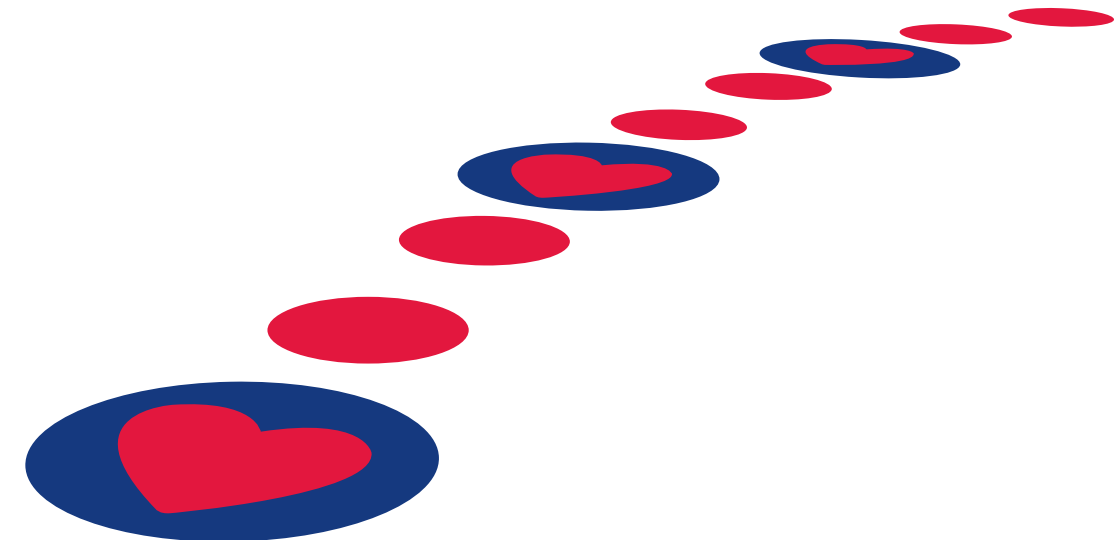
5. Call Us to Attend a Seminar, Toll-free at:

1-877-224-8220 (TTY/TDD users: **1-800-842-9710**)

Monday through Friday, 8:00 a.m. – 8:00 p.m.

Extended hours 10/15 – 2/14, 8:00 a.m. – 8:00 p.m., seven days a week.

At one of our informational seminars in your area, you can find out more about our ConnectiCare VIP Medicare Plans. A sales person will be present with information and applications. For accommodations of persons with special needs, contact us at the toll-free number listed above.



Once you’re a member...

The following pages provide you with important information on what to expect once you become a member of ConnectiCare. We’ve also included information on some of the questions asked frequently by our members.

At ConnectiCare, we want you to know this information before you enroll, so that once you’re a member you’ll have the knowledge you need to get the most out of your ConnectiCare VIP Medicare Plan.

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Communications after Enrollment

	Communication	How You Get It	Description
1	Acknowledgement of Receipt of Enrollment Application	Mail	Confirms your successful completion of the Enrollment Application. Please Note: This does not confirm membership – Medicare must approve your Enrollment Application.
2	Notice to Confirm Enrollment	Mail	Confirms that Medicare has approved your Enrollment Application.
3	Enrollment Verification	Phone	You may receive a call from a ConnectiCare Representative to verify your Enrollment Application.
4	Member ID Card	Mail	You must use your Member ID card for services, items and drugs covered by your Plan. Remember to bring your Member ID Card when you visit your doctor, hospital or pharmacy.
5	Welcome Kit	Mail	Includes important information about your benefits, including your Evidence of Coverage, Provider Directory and Formulary.
6	Welcome Call	Phone	A Customer Service Representative will call you to ease your transition to ConnectiCare VIP Medicare. The Representative can answer any questions you may have to help you understand your benefits.
7	Health Risk Assessment Call	Phone	<p>You will receive this call from a nurse practitioner who will ask you to respond to a brief telephone questionnaire about your health. This information is completely confidential and will not affect your membership in ConnectiCare in any way. In fact, your answers will assist us in developing a health program that best fits your needs.</p> <p>In addition, if we believe that you will benefit from a personal, in-home Health Assessment, you may receive a phone call to schedule an appointment in your home with a health care provider. Of course, this is optional and will be your decision.</p>

Please Note: There may be additional mailings and/or phone calls if necessary.

Premium Payment – Direct Debit Program

Here's an easy way to pay your ConnectiCare VIP Medicare monthly premiums!

ConnectiCare offers a **Direct Debit Program** making it easier to make your monthly premium payment. It saves you time and paperwork – **no more monthly premium invoices and no more monthly premium checks to write**. Each month ConnectiCare can deduct your premium directly from your bank account and credits your ConnectiCare account. All pre-approved deductions will appear on your monthly bank statement.

You can download the Direct Debit Program Instructions and Application Form online at www.connecticare.com/medicare in the Member Services section. To request a Direct Debit Application or to find out more about this program, call Member Services toll-free from 8:00 a.m. – 8:00 p.m., seven days a week at 1-800-224-2273 (TTY/TDD users: 1-800-842-9710).

What happens once I sign up for the Direct Debit Program?

- After 30–60 days, you will receive a confirmation letter, stating that you are enrolled in the Direct Debit Program. If a confirmation letter is not received within this period, you should contact Member Services at the phone number listed above.
- Once you are approved to participate in the program and your preauthorized debits begin (on the 5th of each month), ConnectiCare will debit from your bank account **any unpaid balances**. This initial debit, if necessary, will bring your contract payment status to current. All future deductions will be made for the approved monthly premium amount.
- You may receive a paper invoice for 1–2 months while your direct debit is being set up. You can choose to pay the paper invoice by check, or choose to let it go unpaid. If you do choose to let it go unpaid, your initial debit will bring your contract payment status to current as stated above.
- If you do pay by check in addition to having direct debit, ConnectiCare will issue you a refund for any overpayment, if necessary. The refund will be issued within several weeks.
- You may stop participating in the program by giving your bank or ConnectiCare 30 days written notice to avoid Direct Debit for the following month.

Emergency and Urgently-Needed Care

All of our VIP Medicare Plans include coverage for both emergency and urgently-needed care.

A “**medical emergency**” occurs when you reasonably believe that your health is in serious danger, whether you are in or outside of the service area. With all of our VIP Medicare Plans there is a copayment for each Medicare-covered emergency room visit. Each Plan has a plan coverage limit for emergency services received outside of the U.S. every year. In addition, if you are admitted into the hospital within 24 hours for the same condition, your emergency room copayment is waived.

“**Urgently-needed care**” is when you need medical help for an unforeseen illness, injury, or condition, but your health is not in serious danger and you are generally outside of the service area. Copayments for urgently-needed care vary by plan for each urgently-needed care visit. In addition, if you are admitted into the hospital within 24 hours for the same condition, your urgently-needed care visit copayment is waived.

For complete details on your emergency care and urgently-needed care benefits, please refer to your Summary of Benefits or Evidence of Coverage.

NEED MEDICAL CARE AFTER HOURS? You have options!

If you encounter a medical problem in the evening or on the weekend, you want to make the best decisions about getting the necessary care. Where you choose to get that care can determine how long you wait and how much you pay out-of-pocket. Clearly, any medical emergency requires emergency room (ER) care.

But what about less serious medical problems that occur after hours, like fevers, earaches, colds, sore throats, rashes, sprains, or headaches? The ER may not be your best choice for these problems. The ER staff will screen you when you arrive, and if your problem is not an emergency that requires immediate care, you may have to wait several hours to be seen and treated.

So, what are your options if you have a common illness or a minor injury after hours or on the weekend?

- **Call your doctor for advice!** All doctors have on-call systems. You may only need reassurance from your doctor and information about self-treatment. Also, many doctors’ offices now have evening and weekend hours.
- **Minute Clinics** – These facilities participate with ConnectiCare, and are located in select CVS pharmacies. They are open seven days a week and do not require an appointment. You’ll be seen by a licensed Nurse Practitioner or Physician Assistant trained to diagnose and treat routine medical problems. Check our Participating Provider Directory (in print or online at www.connecticare.com/medicare) for locations near you.
- **Urgent Care Centers** – Copayments for Urgent Care visits are less than those for ER visits. ConnectiCare’s participating provider network includes Urgent Care centers throughout Connecticut. These are free-standing facilities that deal with all kinds of health problems. They are often open in the evenings and on weekends, and no appointment is needed. Check our Participating Provider Directory (in print or online at www.connecticare.com/medicare) for locations near you.

The bottom line: Get to an emergency room for a medical emergency. But when you need care that is not an emergency, the after-hours options listed above offer quality care with much less hassle and cost to you.

Vision Benefits and Discounts

Annual Routine Eye Exams

At ConnectiCare we know that eye examinations are an important part of health maintenance for everyone. That's why all of our VIP Medicare Plans entitle you to one routine eye exam every year. Depending on the plan you are enrolled in, your copay for this exam will vary.

Please Note: *Refractions are not covered with this annual routine eye exam benefit. Refractions are exams that measure your prescription for eyeglasses or contact lenses. Ask your vision care provider about this before the service is rendered. Your vision care provider may issue an additional charge for this service, which you would be responsible for paying.*

Eyewear after Cataract Surgery

With all of our ConnectiCare VIP Medicare Plans you are entitled to one pair of prescription eyeglasses or contact lenses after cataract surgery. Your copay will be \$0.

Please Note: *You will be required to use one of ConnectiCare's participating optical providers and we cover specific frames and lenses. For more details you can contact your ConnectiCare participating optical provider.*

Save on Your Eyewear!

The ConnectiCare Vision Discount Program offers discounts to ConnectiCare VIP Medicare Plan members on lenses, contacts and frames when using a participating optical provider.

What's more, there are no limits to how often you can use these discounts! You'll get on-the-spot savings each and every time you purchase a product or service listed in the table on page 11 from one of our many participating optical providers.

Diabetic Supplies

If you have diabetes, you know that physician visits and frequent blood tests are important to help you stay in control of your diabetes. Another key is daily monitoring of your blood sugars with a home blood-glucose monitor. At ConnectiCare, we know that getting the medical care, diabetes medications and testing supplies you need to stay healthy can be expensive.

To give our ConnectiCare VIP Medicare Plan members access to the most current, cost-effective diabetes testing products, ConnectiCare has contracted with **Abbott Diabetes Care**.

As a member, you will be covered for Abbott diabetes testing supplies only. You must obtain the Abbott products from any one of ConnectiCare's network retail pharmacies or by using our mail order pharmacy.

ConnectiCare will cover blood glucose meters and testing supplies for the following Abbott Diabetes Care products only:

- FreeStyle Freedom Lite® meters
- FreeStyle Lite® meters
- FreeStyle Lite® test strips
- FreeStyle Lite® lancets
- Precision Xtra® meters
- Precision Xtra™ test strips
- Precision Xtra™ lancets

Additional product information is available from Abbott Diabetes Care Customer Care at **1-800-448-7652** or online at **www.AbbottDiabetesCare.com**.

There are over 60,000 pharmacies in the ConnectiCare network, including many national chain pharmacies like CVS, Rite Aid, Walgreens and more. For the most up-to-date a list of participating pharmacies, visit **www.connecticare.com/medicare** and choose "Find Your Pharmacy or Prescription Drugs." You can also request a printed copy of our Provider Directory by calling Member Services, toll-free from 8:00 a.m. – 8:00 p.m., seven days a week at 1-800-224-2273 (TTY/TDD users: 1-800-842-9710).

Appeals, Grievances and Formulary Exceptions

If you are dissatisfied with any aspect of our services you may file an appeal or grievance as follows:

What Is An Appeal?

An “appeal” is the type of complaint you make when you want us to reconsider and change a decision we have made about what services or benefits are covered for you or what we will pay for a service or benefit (including Part D services and benefits). For example, if we refuse to cover or pay for services you think we should cover, you can file an appeal. If ConnectiCare or one of our plan providers refuses to give you a service you think should be covered, you can file an appeal. If ConnectiCare or one of our plan providers reduces or cuts back on services or benefits you have been receiving, you can file an appeal. If you think we are stopping your coverage of a service or benefit too soon, you can file an appeal.

How Quickly We Decide On Your Appeal Depends On The Type Of Appeal:

1. For a decision about payment for medical care you already received:

We have 60 calendar days from the date we receive your appeal to make a decision.

2. For a standard decision about medical care:

We have 30 calendar days from the date we receive your appeal to make a decision, but will make it sooner if your health condition requires. However, if you ask for more time, or if we find that helpful information is missing, we can take up to 14 more days to make our decision.

3. For a decision about payment for Part D prescription drugs you already received:

We have up to 7 calendar days from the date we receive your appeal to make a decision. If we find in your favor, we have 30 days from the date of your request to issue payment.

4. For a standard decision about Part D prescription drugs:

We have up to 7 calendar days from the date we receive your appeal to make a decision, but will make it sooner if your health condition requires.

In addition, you, any doctor, or your authorized representative can ask us to give a “fast” decision (rather than a “standard” decision) about medical care or Part D Prescription Drug Coverage that you have not already received. If we give you a “fast” decision, we must make our determination within 72 hours for a decision about medical care or Part D prescription drugs.

What Is A Grievance?

A “grievance” is the type of complaint you make if you have any other type of problem with ConnectiCare or one of our plan providers. For example, you would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctor, nurse, receptionist or other staff behaves, being able to reach someone by phone or getting the information you need, or the cleanliness or condition of the doctor’s office. We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 calendar days after receiving your grievance. We may extend the timeframe by up to 14 calendar days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

You Are Also Entitled To A Quick Review Of Your Grievance If You Disagree With Our Decision In The Following Scenarios:

- If we deny your request for an expedited review of a request for medical care
- If we deny your request for an expedited review of an appeal of denied services
- If we decide an extension is needed to review your request for medical care
- If we decide an extension is needed to review your appeal of denied medical care

We will quickly review your request and notify you of our decision within 24 hours of receiving your grievance.

You Have The Right To Request An Exception To ConnectiCare’s Formulary.

A formulary is a list of all the drugs that ConnectiCare will cover. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy and other coverage rules are followed. You can ask ConnectiCare to make an exception to the Part D coverage rules.

There are several types of exceptions that you can request:

- You can ask ConnectiCare to cover your drug even though it is not on the ConnectiCare VIP Formulary.
- You can ask ConnectiCare to waive coverage restrictions or limits on your drug. For example, for certain drugs, ConnectiCare limits the amount of the drug that is covered. If your drug has a quantity limit, you can ask to waive the limit and to have a higher quantity covered.
- You can ask us to provide a higher level of coverage for your drug. This would lower the amount you must pay for your drug. For example, if your drug is contained in our non-preferred drug tier, Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred drug tier, Tier 2, instead.

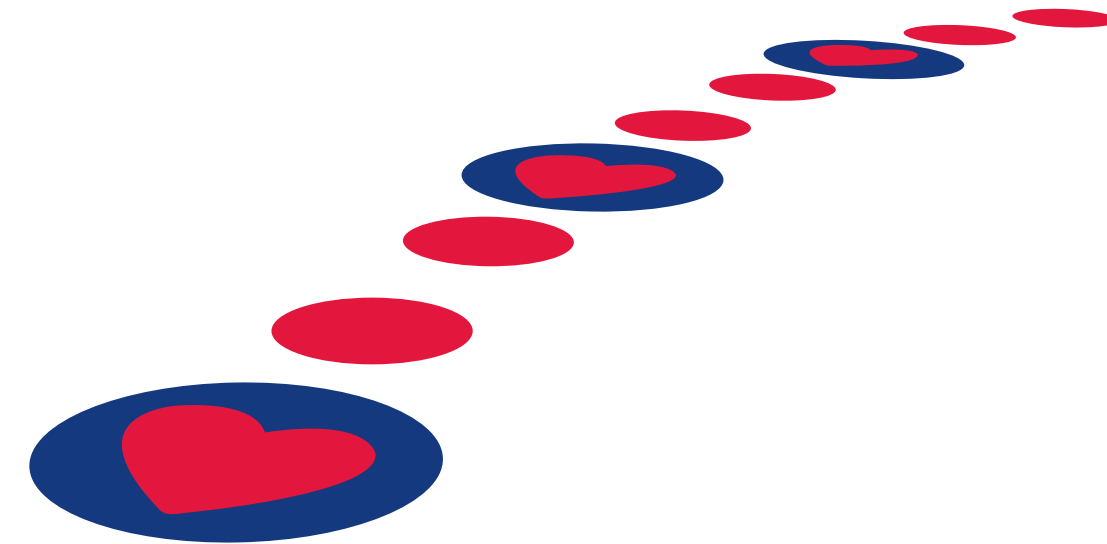
Generally, ConnectiCare will only approve your request for an exception if the alternative drugs included on the plan's formulary would not be as effective in treating your condition, and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting such exceptions, you must submit a statement from your physician supporting your exception request. Your physician may also submit the exception request on your behalf.

We must respond to a request for an exception (including formulary exception, an exception from utilization management rules – such as dosage or quantity limits or step therapy requirements – or a tiering exception), and make our decision no later than 72 hours after we have received your physician's "supporting statement," which explains why the drug you are asking for is medically necessary. You may ask for a fast decision (typically within 24 hours) only if you or your doctor believe that waiting for a standard decision could seriously harm your health or your ability to function.

For Complete Details On These Procedures, Please Refer To Connecticare's Evidence Of Coverage.

If you have any questions, call our Member Services at 1-800-CCI CARE (1-800-224-2273) seven days a week, 8:00 am to 8:00 pm. For the hearing/speech impaired, call the TTY/TDD line at 1-800-842-9710, also available seven days a week, 8:00 am to 8:00 pm. Or visit us online at www.connecticare.com/medicare.



We hope to connect with you soon!

The Plans described herein are offered by ConnectiCare, Inc., a Medicare Advantage Organization with a Medicare contract. The availability of coverage beyond the current contract year (2012) is not guaranteed. Anyone with Medicare Parts A & B who resides in the state of Connecticut may apply for ConnectiCare VIP Medicare Plans with/without drug coverage. The Medicare Prescription Drug Benefit is only available to members of the Medicare Advantage Prescription Drug (MA-PD) Plan. If a beneficiary is already enrolled in a MA-PD plan, the enrollee must receive their Medicare Prescription Drug benefit through that plan. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances and quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call: 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or Your Medicaid Office. For ConnectiCare VIP Prime (HMO) Plans, you must use Plan providers except in emergency or urgent care situations, or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor ConnectiCare will be responsible for the costs. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers.

