



ConnectiCare Flex Plan 2 (HMO-POS) offered by ConnectiCare, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of ConnectiCare Flex Plan 1 (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at connecticare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in ConnectiCare Flex Plan 2 (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with ConnectiCare Flex Plan 2 (HMO-POS).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-800-224-2273** for additional information. (TTY users should call **711**.) Hours are 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm Monday- Saturday, April 1 to September 30. This call is free.
- We can also provide information in a way that works for you (information in alternate formats). Please call Member Services at the number listed above if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About ConnectiCare Flex Plan 2 (HMO-POS)

- ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
- When this document says "we," "us," or "our", it means ConnectiCare, Inc. When it says "plan" or "our plan," it means ConnectiCare Flex Plan 2 (HMO-POS).

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Annual Notice of Changes for 2024

Table of Contents

Summary of Important Costs for 2024.....	4
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in ConnectiCare Flex Plan 2 (HMO-POS) in 2024.....	7
SECTION 2 Changes to Benefits and Costs for Next Year.....	7
Section 2.1 – Changes to the Monthly Premium.....	7
Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....	8
Section 2.3 – Changes to the Provider and Pharmacy Networks.....	8
Section 2.4 – Changes to Benefits and Costs for Medical Services.....	9
Section 2.5 – Changes to Part D Prescription Drug Coverage.....	18
SECTION 3 Administrative Changes.....	21
SECTION 4 Deciding Which Plan to Choose.....	21
Section 4.1 – If you want to stay in ConnectiCare Flex Plan 2 (HMO-POS).....	21
Section 4.2 – If you want to change plans.....	22
SECTION 5 Deadline for Changing Plans.....	22
SECTION 6 Programs That Offer Free Counseling about Medicare.....	23
SECTION 7 Programs That Help Pay for Prescription Drugs.....	23
SECTION 8 Questions?.....	24
Section 8.1 – Getting Help from ConnectiCare Flex Plan 2 (HMO-POS).....	24
Section 8.2 – Getting Help from Medicare.....	24

Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for ConnectiCare Flex Plan 2 (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$232.00	\$115.00
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$5,300 (In-Network services)	\$6,350 (In-Network services)
	\$10,000 (Out-of-Network services)	\$10,000 (Out-of-Network services)
Doctor office visits	<u>Primary care visits:</u> <u>In-Network</u> \$15 copay per visit <u>Out-of-Network</u> \$40 copay per visit	<u>Primary care visits:</u> <u>In-Network</u> \$15 copay per visit <u>Out-of-Network</u> \$50 copay per visit
	<u>Specialist visits:</u> <u>In-Network</u> \$30 copay per visit <u>Out-of-Network</u> \$40 copay per visit	<u>Specialist visits:</u> <u>In-Network</u> \$35 copay per visit <u>Out-of-Network</u> \$50 copay per visit

Cost	2023 (this year)	2024 (next year)
Inpatient hospital stays	<p><u>In-Network:</u> Days 1-6: \$285 copay per day. \$0 copay per day for each additional day; for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required</p> <p><u>Out-of-Network:</u> Days 1-6: \$450 copay per day. \$0 copay for each additional day; for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> Days 1-4: \$375 copay per day. \$0 copay per day for each additional day; for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required</p> <p><u>Out-of-Network:</u> 30% of the total cost for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required.</p>
<p>Part D prescription drug coverage</p> <p>(See Section 2.5 for details.)</p>	<p>Deductible: \$300 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$2 per prescription.</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p>	<p>Deductible: \$300 except for covered insulin products and most adult Part D vaccines.</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Drug Tier 1: <i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$2 per prescription.</p> <p>Drug Tier 2: <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p>

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Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (continued)	Drug Tier 3: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription.	Drug Tier 3: <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription.
	You pay \$35 per one-month supply of each covered insulin product on this tier.	You pay \$35 per one-month supply of each covered insulin product on this tier.
	Drug Tier 4: <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription.	Drug Tier 4: <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription.
	Drug Tier 5: <i>Standard cost sharing:</i> You pay 27% of the total cost. <i>Preferred cost sharing:</i> You pay 27% of the total cost.	Drug Tier 5: <i>Standard cost sharing:</i> You pay 27% of the total cost. <i>Preferred cost sharing:</i> You pay 27% of the total cost.
	Drug Tier 6: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.	Drug Tier 6: <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.
	Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	Catastrophic Coverage: <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in ConnectiCare Flex Plan 2 (HMO-POS) in 2024

On January 1, 2024, ConnectiCare, Inc. will be combining ConnectiCare Flex Plan 1 (HMO-POS) with one of our plans, ConnectiCare Flex Plan 2 (HMO-POS). The information in this document tells you about the differences between your current benefits in ConnectiCare Flex Plan 1 and the benefits you will have on January 1, 2024 as a member of ConnectiCare Flex Plan 2.

If you do nothing by December 7, 2023, we will automatically enroll you in our ConnectiCare Flex Plan 2. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through ConnectiCare Flex Plan 2. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium	\$232.00	\$115.00
(You must also continue to pay your Medicare Part B premium.)		
Optional Supplemental Dental		
POS Dental Plan with \$2,000 calendar year maximum	Not available	\$39
POS Dental Plan with \$3,000 calendar year maximum	\$16	\$49
Indemnity Dental Plan with \$3,500 calendar year maximum	\$30	\$69

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount	\$5,300 (In-Network services)	\$6,350 (In-Network services)
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$6,350 out-of-pocket for covered in-network Part A and Part B services, you will pay nothing for your covered in-network Part A and Part B services for the rest of the calendar year.
	\$10,000 (Out-of-Network services)	\$10,000 (Out-of-Network services)
		Once you have paid \$10,000 out-of-pocket for covered out-of-network Part A and B services, you will pay nothing for your out-of-network covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at connecticare.com/medicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Ambulance Services	<p>You pay a \$200 copay for each one way ground ambulance trip.</p> <p>Prior authorization is required for non-emergent services.</p>	<p>You pay a \$300 copay for each one way ground ambulance trip.</p> <p>Prior authorization is required for non-emergent services.</p>
Ambulatory Surgical Center	<p><u>In-Network:</u> You pay a \$100 copay for a Medicare-covered ambulatory surgical center visit.</p> <p><u>Out-of-Network:</u> You pay a \$250 copay for a Medicare-covered ambulatory surgical center visit.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$150 copay for a Medicare-covered ambulatory surgical center visit.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for a Medicare-covered ambulatory surgical center visit.</p> <p>Prior authorization is required.</p>
Cardiac Rehabilitation Services	<p><u>In-Network:</u> You pay a \$30 copay for Medicare-covered cardiac rehabilitation services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered cardiac rehabilitation services.</p>	<p><u>In-Network:</u> You pay a \$35 copay for Medicare-covered cardiac rehabilitation services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered cardiac rehabilitation services.</p> <p>You have the option of getting these services through an in-person visit or by telehealth with a network provider who offers the service by telehealth.</p>
Chiropractic Services	<p><u>In-Network:</u> You pay a \$20 copay for Medicare-covered chiropractic services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered chiropractic services.</p>	<p><u>In-Network:</u> You pay a \$20 copay for Medicare-covered chiropractic services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered chiropractic services.</p>

Cost	2023 (this year)	2024 (next year)
Dental Services	<p><u>In-Network:</u> You pay a \$30 copay for Medicare-covered dental services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered dental services.</p> <p>See Optional Supplemental Dental Services section below for additional benefits that may be available to you.</p>	<p><u>In-Network:</u> You pay a \$35 copay for Medicare-covered dental services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered dental services.</p> <p>See Optional Supplemental Dental Services section below for additional benefits that may be available to you.</p>
Diagnostic Procedures and Tests	<p><u>In-Network:</u> You pay a \$25 copay for Medicare-covered Diagnostic Procedures and Tests.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost for Medicare-covered Diagnostic Procedures and Tests.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$25 copay for Medicare-covered Diagnostic Procedures and Tests.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Medicare-covered Diagnostic Procedures and Tests.</p> <p>Prior authorization is required.</p>
Diagnostic Radiology	<p><u>In-Network:</u> You pay a \$200 copay for diagnostic radiology.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for diagnostic radiology.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$250 copay for diagnostic radiology.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for diagnostic radiology.</p> <p>Prior authorization is required.</p>
Diabetic Supplies, Services, Shoes and Inserts	<p><u>In-Network:</u> You pay 20% of the total cost for Diabetic Supplies, Services, Shoes and Inserts.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost for Diabetic Supplies, Services, Shoes and Inserts.</p> <p>Diabetic supplies limited to Abbott brands.</p>	<p><u>In-Network:</u> You pay 20% of the total cost for Diabetic Supplies, Services, Shoes and Inserts.</p> <p><u>Out-of-Network:</u> You pay 30% of the total cost for Diabetic Supplies, Services, Shoes and Inserts.</p> <p>Diabetic supplies limited to Abbott brands.</p>

Cost	2023 (this year)	2024 (next year)
Emergency Care/Post Stabilization Services	<p>You pay a \$95 copay for Medicare-covered emergency care/post stabilization services.</p> <p>Waived if admitted in 1 day</p>	<p>You pay a \$100 copay for Medicare-covered emergency care/post stabilization services.</p> <p>Waived if admitted in 1 day</p>
Hearing Services	<p><u>In-Network:</u> You pay a \$30 copay for one routine hearing exam per year.</p> <p>You pay a \$30 copay for Medicare covered hearing exam.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for one routine hearing exam per year.</p> <p>You pay a \$40 copay for Medicare covered hearing exam.</p>	<p><u>In-Network:</u> You pay a \$35 copay for one routine hearing exam per year.</p> <p>You pay a \$35 copay for Medicare covered hearing exam.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for one routine hearing exam per year.</p> <p>You pay a \$50 copay for Medicare covered hearing exam.</p>
Inpatient Hospital Stays	<p><u>In-Network:</u> Days 1-6; \$285 copay per day; \$0 copay per day for each additional day, for each inpatient stay. Unlimited days. Prior authorization is required</p> <p><u>Out-of-Network:</u> Days 1-6: \$450 copay per day; \$0 copay for each additional day, for each inpatient stay. Unlimited days. Prior authorization is required.</p>	<p><u>In-Network:</u> Days 1-4; \$375 copay per day; \$0 copay per day for each additional day, for each inpatient stay. Unlimited days. Prior authorization is required</p> <p><u>Out-of-Network:</u> You pay 30% of the total cost for each inpatient stay. Unlimited days. Prior authorization is required.</p>

Cost	2023 (this year)	2024 (next year)
Inpatient Psychiatric Hospital Stays	<p><u>In-Network:</u> You pay a \$1,871 copay for each Inpatient Psychiatric Hospital stay.</p> <p>Prior authorization is required</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for each Inpatient Psychiatric Hospital stay.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$2,179 copay for each Inpatient Psychiatric Hospital stay.</p> <p>Prior authorization is required</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for each Inpatient Psychiatric Hospital stay.</p> <p>Prior authorization is required.</p>
Lab Services	<p><u>In-Network:</u> You pay a \$0 copay for lab services performed in an office or independent facility.</p> <p>You pay a \$10 copay for lab services performed at all other locations.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost of lab services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$0 copay for lab services performed in an office or independent facility.</p> <p>You pay a \$15 copay for lab services performed at all other locations.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost of lab services.</p> <p>Prior authorization is required.</p>
Medicare Part B Drugs	<p>You pay 10% of the total cost for Medicare-covered Part B drugs in the home.</p> <p>You pay 20% of the total cost for Medicare-covered Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.</p> <p>You pay a maximum of \$35 for a one-month supply of Part B covered insulin.</p> <p>Prior authorization is required.</p>	<p>You pay 0% to 10% of the total cost for Medicare-covered Part B drugs in the home.</p> <p>You pay 0% to 20% of the total cost for Medicare-covered Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.</p> <p>You pay less if your drug is on the CMS Part B drug rebate list. The list changes quarterly.</p> <p>You pay a maximum of \$35 for a one-month supply of Part B covered insulin.</p> <p>Prior authorization is required.</p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient Mental Health Care</p>	<p><u>In-Network:</u> You pay a \$30 copay for mental health services, including individual mental health care visit by telehealth.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for mental health services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$35 copay for mental health services, including individual mental health care visit by telehealth.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for mental health services.</p> <p>Prior authorization is required.</p>
<p>Occupational Therapy Services</p>	<p><u>In-Network:</u> You pay a \$30 copay for occupational therapy.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for occupational therapy.</p>	<p><u>In-Network:</u> You pay a \$35 copay for occupational therapy.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for occupational therapy.</p>
<p>Opioid Treatment Program Services</p>	<p><u>In-Network:</u> You pay a \$30 copay for Medicare-covered opioid treatment program services.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Medicare-covered opioid treatment program services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$35 copay for Medicare-covered opioid treatment program services.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Medicare-covered opioid treatment program services.</p> <p>Prior authorization is required.</p>
<p>Optional Supplemental Dental Services</p> <p>Available for an additional monthly premium.</p> <p>(continued on next page)</p>	<p>Based on option purchased</p> <p><u>In-Network:</u> You pay a \$0 copay for preventive dental services</p> <ul style="list-style-type: none"> ● Oral examinations ● Bitewing x-rays ● Prophylaxis/Cleanings ● Fluoride treatment ● Complete Series (one series or panorex) <p>After you pay \$100 deductible:</p> <p>You pay 20% of the total cost for basic dental services</p> <ul style="list-style-type: none"> ● Restorations ● Diagnostics ● Non-routine 	<p>Based on option purchased</p> <p><u>In-Network:</u> You pay a \$0 copay for preventive dental services</p> <ul style="list-style-type: none"> ● Oral examinations ● Bitewing x-rays ● Prophylaxis/Cleanings ● Fluoride treatment ● Complete Series (one series or panorex) <p>After you pay \$100 deductible:</p> <p>You pay 20% of the total cost for basic dental services</p> <ul style="list-style-type: none"> ● Restorations ● Diagnostics ● Non-routine

Cost	2023 (this year)	2024 (next year)
<p>Optional Supplemental Dental Services</p> <p>Available for an additional monthly premium.</p> <p>(continued)</p>	<p>After you pay \$100 deductible:</p> <p>You pay 50% of the total cost for major dental services</p> <ul style="list-style-type: none"> • Endodontics • Periodontics • Extractions • Prosthodontics • Oral Surgery • Partial Dentures, Full Dentures <p>Prior authorization is required.</p> <p><u>Out-of-Network:</u> After your In-network cost-sharing you pay the difference between the plan rate and the dentist charges.</p> <p>\$16 monthly premium for PPO Dental Plan with \$3,000 calendar year maximum</p> <p style="text-align: center;">OR</p> <p>You pay 50% of the total cost for all preventative and comprehensive dental services</p> <p>\$30 monthly premium for Indemnity Dental Plan with \$3,500 calendar year maximum</p>	<p>After you pay \$100 deductible:</p> <p>You pay 50% of the total cost for major dental services</p> <ul style="list-style-type: none"> • Endodontics • Periodontics • Extractions • Prosthodontics • Oral Surgery • Partial Dentures, Full Dentures <p>Prior authorization is required.</p> <p><u>Out-of-Network:</u> After your In-network cost-sharing you pay the difference between the plan rate and the dentist charges.</p> <p>\$49 monthly premium for POS Dental Plan with \$3,000 calendar year maximum;</p> <p>\$39 monthly premium for POS Dental Plan with \$2,000 calendar year maximum</p> <p style="text-align: center;">OR</p> <p>You pay 50% of the total cost for all preventative and comprehensive dental services</p> <p>\$69 monthly premium for Indemnity Dental Plan with \$3,500 calendar year maximum</p>
<p>Outpatient Hospital Services</p>	<p><u>In-Network:</u> You pay a \$200 copay for outpatient hospital services.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost for outpatient hospital services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$250 copay for outpatient hospital services.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for outpatient hospital services.</p> <p>Prior authorization is required.</p>

Cost	2023 (this year)	2024 (next year)
Outpatient Observation Services	<p><u>In-Network:</u> You pay a \$200 copay for outpatient observation services.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost for outpatient observation services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$250 copay for outpatient observation services.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for outpatient observation services.</p> <p>Prior authorization is required.</p>
Outpatient Substance Abuse Services	<p><u>In-Network:</u> You pay a \$30 copay for outpatient substance abuse office or telehealth visit.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for outpatient substance abuse services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$35 copay for outpatient substance abuse office or telehealth visit.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for outpatient substance abuse services.</p> <p>Prior authorization is required.</p>
Physical and Speech Therapy Services	<p><u>In-Network:</u> You pay a \$30 copay for physical and speech therapy services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for physical and speech therapy services.</p>	<p><u>In-Network:</u> You pay a \$35 copay for physical and speech therapy services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for physical and speech therapy services.</p>
Physician/Practitioner services, including doctor's office visits	<p><u>In-Network:</u> You pay a \$15 copay for each primary care office or telehealth visit.</p> <p>You pay a \$30 copay for each specialist office or telehealth visit.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for each primary care office visit.</p> <p>You pay a \$40 copay for each specialist office visit.</p>	<p><u>In-Network:</u> You pay a \$15 copay for each primary care office or telehealth visit.</p> <p>You pay a \$35 copay for each specialist office or telehealth visit.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for each primary care office visit.</p> <p>You pay a \$50 copay for each specialist office visit.</p>

Cost	2023 (this year)	2024 (next year)
Podiatry Services	<p><u>In-Network:</u> You pay a \$30 copay for Medicare-covered podiatry services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered podiatry services.</p>	<p><u>In-Network:</u> You pay a \$35 copay for Medicare-covered podiatry services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered podiatry services.</p>
Pulmonary Rehabilitation Services	<p><u>In-Network:</u> You pay a \$20 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$15 copay for Medicare-covered pulmonary rehabilitation services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered pulmonary rehabilitation services.</p> <p>Prior authorization is required.</p>
Psychiatric Services	<p><u>In-Network:</u> You pay a \$30 copay for psychiatric services, including Individual telehealth visits with a network provider who offers the service by telehealth.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for psychiatric services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$35 copay for psychiatric services, including Individual telehealth visits with a network provider who offers the service by telehealth.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for psychiatric services.</p> <p>Prior authorization is required.</p>
Remote Access Technologies/ Teladoc®	You pay a \$45 copay for each covered Teladoc® service.	You pay a \$0 copay for each covered Teladoc® service.
Skilled Nursing Facility (SNF) Care	<p><u>In-Network:</u> You pay a \$0 copay each day for Medicare-covered services for days 1-20. \$196 copay each day for Medicare-covered services for days 21-100 each benefit period.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Skilled Nursing Facility services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$0 copay each day for Medicare-covered services for days 1-20. \$203 copay each day for Medicare-covered services for days 21-100 each benefit period.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Skilled Nursing Facility services.</p> <p>Prior authorization is required.</p>

Cost	2023 (this year)	2024 (next year)
Supervised Exercise Therapy Services	<p><u>In-Network:</u> You pay a \$30 copay for Medicare-covered supervised exercise therapy services.</p> <p><u>Out-of-Network:</u> You pay a \$40 copay for Medicare-covered supervised exercise therapy services.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$25 copay for Medicare-covered supervised exercise therapy services.</p> <p><u>Out-of-Network:</u> You pay a \$50 copay for Medicare-covered supervised exercise therapy services.</p> <p>Prior authorization is required.</p>
Urgently Needed Care	You pay a \$30 copay per visit for Medicare-covered urgently needed services.	You pay a \$35 copay per visit for Medicare-covered urgently needed services.
Vision Care	<p><u>In-Network:</u> You pay a \$30 copay for an annual routine eye exam.</p> <p>You pay a \$30 copay for Medicare-covered eye exams.</p>	<p><u>In-Network:</u> You pay a \$35 copay for an annual routine eye exam.</p> <p>You pay a \$35 copay for Medicare-covered eye exams.</p>
Worldwide Emergency Services	<p>You pay a \$95 copay for Worldwide Emergency Services.</p> <p>\$50,000 annual limit combined with Worldwide Urgent Care and Worldwide Ground Ambulance.</p>	<p>You pay a \$100 copay for Worldwide Emergency Services.</p> <p>\$50,000 annual limit combined with Worldwide Urgent Care and Worldwide Ground Ambulance.</p>
Worldwide Ground Ambulance	<p>You pay a \$200 copay for each Worldwide Ground Ambulance trip.</p> <p>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Urgent Care.</p>	<p>You pay a \$300 copay for each Worldwide Ground Ambulance trip.</p> <p>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Urgent Care.</p>
Worldwide Urgent Care	<p>You pay a \$95 copay for Worldwide Urgent Care.</p> <p>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Ground Ambulance.</p>	<p>You pay a \$100 copay for Worldwide Urgent Care.</p> <p>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Ground Ambulance.</p>

Cost	2023 (this year)	2024 (next year)
X-rays	<p><u>In-Network:</u> You pay a \$35 copay for each Medicare-covered x-ray.</p> <p><u>Out-of-Network:</u> You pay 20% of the total cost for Medicare-covered x-ray.</p> <p>Prior authorization is required.</p>	<p><u>In-Network:</u> You pay a \$40 copay for each Medicare-covered x-ray.</p> <p><u>Out-of-Network:</u> You pay 40% of the total cost for Medicare-covered x-ray.</p> <p>Prior authorization is required.</p>

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$9 standard cost sharing and \$2 preferred cost sharing for drugs on Tier 1 (Preferred Generic);</p> <p>\$20 standard cost sharing and \$10 preferred cost sharing for drugs on Tier 2 (Generic);</p> <p>\$0 standard cost sharing and \$0 preferred cost sharing for drugs on Tier 6 (Select Care Drugs);</p> <p>and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>	<p>The deductible is \$300.</p> <p>During this stage you pay \$9 standard cost sharing and \$2 preferred cost sharing for drugs on Tier 1 (Preferred Generic);</p> <p>\$20 standard cost sharing and \$10 preferred cost sharing for drugs on Tier 2 (Generic);</p> <p>\$0 standard cost sharing and \$0 preferred cost sharing for drugs on Tier 6 (Select Care Drugs);</p> <p>and the full cost of drugs on Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) until you have reached the yearly deductible.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>(continued on next page)</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic): <i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$2 per prescription.</p> <p>Tier 2 (Generic): <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p>Tier 3 (Preferred Brand): <i>Standard cost sharing:</i> You pay \$47 per prescription.</p> <p>You pay \$35 per one-month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$42 per prescription.</p> <p>You pay \$35 per one-month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drug): <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p>Tier 5 (Specialty Tier): <i>Standard cost sharing:</i> You pay 27% of the total cost. <i>Preferred cost sharing:</i> You pay 27% of the total cost.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 (Preferred Generic): <i>Standard cost sharing:</i> You pay \$9 per prescription. <i>Preferred cost sharing:</i> You pay \$2 per prescription.</p> <p>Tier 2 (Generic): <i>Standard cost sharing:</i> You pay \$20 per prescription. <i>Preferred cost sharing:</i> You pay \$10 per prescription.</p> <p>Tier 3 (Preferred Brand): <i>Standard cost sharing:</i> You pay \$47 per prescription.</p> <p>You pay \$35 per one-month supply of each covered insulin product on this tier.</p> <p><i>Preferred cost sharing:</i> You pay \$42 per prescription.</p> <p>You pay \$35 per one-month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drug): <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription.</p> <p>Tier 5 (Specialty Tier): <i>Standard cost sharing:</i> You pay 27% of the total cost. <i>Preferred cost sharing:</i> You pay 27% of the total cost.</p>

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (Continued)	<p>Tier 6 (Select Care Drugs): <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 6 (Select Care Drugs): <i>Standard cost sharing:</i> You pay \$0 per prescription. <i>Preferred cost sharing:</i> You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2023 (this year)	2024 (next year)
Plan Benefit Package (PBP) Number	PBP number is 006	PBP number is 015
Optional Supplemental Benefit Plan name change	PPO Dental Plan	POS Dental Plan

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in ConnectiCare Flex Plan 2 (HMO-POS)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our ConnectiCare Flex Plan 2 (HMO-POS).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2). As a reminder, ConnectiCare offers other Medicare health plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from ConnectiCare Flex Plan 2 (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ConnectiCare Flex Plan 2 (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Connecticut, the SHIP is called **CHOICES** (Connecticut's program for Health insurance assistance, Outreach, Information and referral, Counseling, Eligibility Screening).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CHOICES counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CHOICES at 1-800-994-9422. You can learn more about CHOICES by visiting their website (www.ct.gov/agingservices).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Connecticut AIDS Drug Assistance Program (CADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CADAP at 1-800-424-3310.

SECTION 8 Questions?

Section 8.1 – Getting Help from ConnectiCare Flex Plan 2 (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-800-224-2273 (TTY only, call 711). We are available for phone calls 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm Monday- Saturday, April 1 to September 30. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for ConnectiCare Flex Plan 2 (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at connecticare.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at connecticare.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.