

A photograph of an older couple embracing outdoors. The man is in the foreground, smiling broadly, wearing a light blue button-down shirt. The woman is behind him, also smiling, wearing a dark grey textured sweater. They are standing on a sandy beach with a body of water and a cloudy sky in the background.

ConnectiCare[®]

2024 Medicare Advantage Plans





Plans that fit your needs and budget.

We've been providing health plans to Connecticut residents since 1981. We know that different people have different needs. That's why we offer a wide choice of ConnectiCare Medicare Advantage plans.

Choose ConnectiCare and you'll discover that we're more than just a health insurance company. We're people driven to support your health every step of the way.

ConnectiCare Medicare Advantage Plans

ConnectiCare offers a range of plans that give you all the benefits of Original Medicare and so much more. You can get care from thousands of doctors and other health care providers in our extensive network that includes EVERY hospital in the state.* Our Flex plans include in-network and out-of-network coverage for multiple benefits. Plans include additional benefits such as:

- SilverSneakers® fitness program.
- \$0 copay for Teladoc®.
- Eyewear allowances.
- Three optional supplemental dental coverages (see dental plan options on pages 17-18).

ConnectiCare Choice Plan 3 (HMO-POS)

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$35** to see a specialist.

Plus, you get **\$0** preventive dental coverage, up to **\$500** for eyewear every year, and **\$70** monthly for over-the-counter items through mail order. No Part D or prescription drug coverage deductible.

ConnectiCare Choice Plan 2 (HMO-POS) – No Rx

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$10** to see a specialist.

Plus, you get Preventive and Comprehensive dental coverage with up to **\$3,000** annual limit, up to **\$3,000** every 3 years for hearing aids, up to **\$500** for eyewear every year, and **\$50** monthly for over-the-counter items through mail order.

ConnectiCare Choice Plan 1 (HMO-POS)

The monthly premium is **\$160** in addition to your Medicare Part B premium. You will pay:

- **\$10** to see your primary care provider (PCP).
- **\$30** to see a specialist.

ConnectiCare Passage Plan 1 (HMO-POS)

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care provider (PCP).
- **\$35** to see a specialist.

Plus, you get up to **\$400** annually for hearing aids, up to **\$400** for eyewear every year, and **\$50** monthly for over-the-counter items through mail order.

ConnectiCare Flex Plan 3 (HMO-POS)

The monthly premium in addition to your Medicare Part B premium is:

- **\$30** if you live in Hartford, Litchfield, Middlesex, or Tolland County.
- **\$51** if you live in Fairfield, New Haven, New London, or Windham County.

In-network, you will pay:

- **\$5** to see your primary care provider (PCP).
- **\$50** to see a specialist.

Plus, you get **\$0** preventive in-network dental coverage, up to **\$300** for eyewear every year, and **\$50** quarterly for over-the-counter items through mail order. There is 35% out-of-network coinsurance on most services.

ConnectiCare Flex Plan 2 (HMO-POS)

The monthly premium is **\$115** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care provider (PCP).
- **\$35** to see a specialist.

* With the exception of Connecticut Children's Medical Center.

ConnectiCare Choice (HMO-POS D-SNP) Plans

ConnectiCare offers two Special Needs Plans for people enrolled in both Medicare and Connecticut State Medicaid (HUSKY).

ConnectiCare Choice Dual (HMO-POS D-SNP) and ConnectiCare Choice Dual Vista (HMO-POS D-SNP).

The monthly premium for each plan is \$0 and is paid by Extra Help. This is in addition to your Medicare Part B premium, unless it is paid for by Medicaid or another third party. Because you get assistance from Medicaid, you pay \$0 for covered medical services in these plans.

You also get added benefits that Original Medicare doesn't cover. These include coverage for prescription drugs, dental services, over-the-counter items, and more.

ConnectiCare Choice Dual and ConnectiCare Choice Dual Vista plans are for people with full Medicaid benefits:

- Full Benefit Dual Eligible (FBDE) Program.
- Specified Low-Income Medicare Beneficiary – Plus (SLMB+) Program.
- Qualified Medicare Beneficiary – Plus (QMB+) Program.

Added benefits with ConnectiCare Choice Dual (HMO-POS D-SNP)

- \$60 every month for eligible over-the-counter items, including healthy foods.
- Preventive and Comprehensive dental coverage with up to \$3,000 annual limit.
- Prescription drug coverage with copays as low as \$0.*
- Up to \$750 eyewear allowance every year.
- Up to \$2,500 hearing aid allowance every year.
- SilverSneakers® fitness program.
- 24-Hour Nurse Hotline.
- Telehealth and Teladoc® - virtual visits.

Added benefits with ConnectiCare Choice Dual Vista (HMO-POS D-SNP)

- \$150 every month for eligible over-the-counter items through mail order; NOW including healthy food items.
- Preventive and Comprehensive dental coverage with up to \$2,000 annual limit.
- Prescription drug coverage with copays as low as \$0.*
- Up to \$750 eyewear allowance every year.
- Up to \$2,500 hearing aid allowance every year.
- SilverSneakers® fitness program.
- 24-Hour Nurse Hotline.
- Telehealth and Teladoc® - virtual visits.

* \$0 copays on Tier 1, 2, and 6 drugs.

ConnectiCare Medicare Advantage Plans

	CONNECTICARE CHOICE PLAN 3 (HMO-POS)	CONNECTICARE CHOICE PLAN 2 (HMO-POS)	CONNECTICARE CHOICE PLAN 1 (HMO-POS)	CONNECTICARE PASSAGE PLAN 1 (HMO-POS)
	In-Network	In-Network	In-Network	In-Network
MONTHLY PREMIUM¹	\$0	\$0	\$160	\$0
MEDICAL DEDUCTIBLE	\$195 ²	\$0	\$0	\$0
MEDICAL BENEFITS:				
Doctor office visits (in-office/virtual)				
Primary care providers (PCPs)	\$0	\$0	\$10	\$0
Specialist	\$35	\$10	\$30	\$35
Preventive and wellness services				
Annual physical, screenings, and immunizations	\$0	\$0	\$0	\$0
SilverSneakers [®] fitness program ³	Yes	Yes	Yes	Yes
Dental coverage				
	Preventive included, 3 additional options with up to \$3,500 annual limit*	Preventive and Comprehensive included with up to \$3,000 annual limit	3 options with up to \$3,500 annual limit*	3 options with up to \$3,500 annual limit*
Routine eye exam (one per year)	\$45	\$10	\$30	\$45
Routine eyewear	Up to \$500 allowance every year	Up to \$500 allowance every year	Not covered	Up to \$400 allowance every year
Routine hearing exam (one per year)	\$45	\$10	\$30	\$45
Hearing aids	Not covered	Up to \$3,000 every 3 years	Not covered	Up to \$400 allowance every year
Over-the-counter (OTC) items	\$70 per month (mail order only)	\$50 per month (mail order only)	Not covered	\$50 per month (mail order only)
Worldwide emergency and urgent care⁴				
Emergency care	\$100	\$100	\$100	\$100
Urgent care within the U.S./outside the U.S.	\$45/\$100	\$10/\$100	\$30/\$100	\$50/\$100
Teladoc [®]	\$0	\$0	\$0	\$0
Other outpatient services and supplies				
Physical therapy	\$40	\$10	\$30	\$40
Chiropractic care	\$15	\$20	\$20	\$15
Lab services	\$0 office, independent facility \$15 all other locations	\$0 office, independent facility \$10 all other locations	\$0 office, independent facility \$10 all other locations	\$0 office, independent facility \$15 all other locations
Diagnostic procedures and tests	\$30	\$25	\$25	\$25
X-rays	\$45	\$15	\$35	\$45
Diagnostic/Advanced radiology	\$295	\$175	\$200	\$295
Durable medical equipment and diabetic supplies (Abbott and LifeScan brands)	20%	\$0	20%	20%
Hospital and ambulatory care				
Outpatient ambulatory surgery centers	\$250	\$100	\$100	\$250
Outpatient hospital and observation services	\$280 after deductible	\$200	\$200	\$250
Inpatient acute hospital care	\$490/day for days 1-3 \$0 for day 4 & beyond after deductible	\$295/day for days 1-6 \$0 for day 7 & beyond	\$345/day for days 1-5 \$0 for day 6 & beyond	\$495/day for days 1-4 \$0 for day 5 & beyond
Skilled nursing facility	\$0/day for days 1-20 \$203/day for days 21-100 after deductible	\$0/day for days 1-20 \$203/day for days 21-100	\$0/day for days 1-20 \$203/day for days 21-100	\$0/day for days 1-20 \$203/day for days 21-100
Maximum out-of-pocket limit (Financial protection for you)	\$8,850	\$6,000	\$3,850	\$8,850

¹ In addition to your Medicare Part B monthly premium.

² The medical deductible for Choice Plan 3 applies to the following services only: Inpatient Hospital – acute and psychiatric, skilled nursing facility, outpatient hospital services (including observation), dialysis services, and therapeutic radiology.

³ Access to over 15,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.

⁴ Subject to limitations.

*Optional supplemental benefit available for services (see pages 17-18).

ConnectiCare Medicare Advantage Plans

	CONNECTICARE FLEX PLAN 3 (HMO-POS)		CONNECTICARE FLEX PLAN 2 (HMO-POS)	
MONTHLY PREMIUM¹	\$30-\$51 ²		\$115	
MEDICAL BENEFITS:	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor office visits (in-office/virtual)				
Primary care providers (PCPs)	\$5	35%	\$15	\$50
Specialist	\$50	35%	\$35	\$50
Preventive and wellness services				
Annual physical, screenings, and immunizations	\$0	\$0	\$0	\$0
SilverSneakers [®] fitness program ³	Yes	Not covered	Yes	Not covered
Dental coverage	Preventive included, 3 additional options with up to \$3,500 annual limit*	Preventive included, 3 additional options with up to \$3,500 annual limit*	3 options with up to \$3,500 annual limit*	3 options with up to \$3,500 annual limit*
Routine eye exam (one per year)	\$50	Not covered	\$35	Not covered
Routine eyewear	Up to \$300 allowance every year	Not covered	Not covered	Not covered
Routine hearing exam (one per year)	\$50	35%	\$35	\$50
Over-the-counter (OTC) items	\$50 quarterly (mail order only)	Not covered	Not covered	Not covered
Worldwide emergency and urgent care⁴				
Emergency care	\$100	\$100	\$100	\$100
Urgent care within the U.S./outside the U.S.	\$50/\$100	\$50/\$100	\$35/\$100	\$35/\$100
Teladoc [®]	\$0	Not covered	\$0	Not covered
Other outpatient services and supplies				
Physical therapy	\$40	35%	\$35	\$50
Chiropractic care	\$20	35%	\$20	\$50
Lab services	\$0 office, independent facility \$15 all other locations	35%	\$0 office, independent facility \$15 all other locations	40%
Diagnostic procedures and tests	\$25	35%	\$25	40%
X-rays	\$45	35%	\$40	40%
Diagnostic/Advanced radiology	\$275	35%	\$250	40%
Durable medical equipment	20%	35%	20%	40%
Diabetic supplies (Abbott and LifeScan brands)	20%	35%	20%	30%
Hospital and ambulatory care				
Outpatient ambulatory surgery centers	\$200	35%	\$150	40%
Outpatient hospital and observation services	\$325	35%	\$250	40%
Inpatient acute hospital care	\$495/day for days 1-4 \$0 for day 5 & beyond	35%	\$375/day for days 1-4 \$0 for day 5 & beyond	30%
Skilled nursing facility	\$0/day for days 1-20 \$203/day for days 21-100	35%	\$0/day for days 1-20 \$203/day for days 21-100	40%
Maximum out-of-pocket limit (Financial protection for you)	\$6,350	\$10,000	\$6,350	\$10,000

¹ In addition to your Medicare Part B monthly premium.

² If you live in Hartford, Litchfield, Middlesex, or Tolland County: Flex Plan 3 monthly premium is \$30. If you live in Fairfield, New Haven, New London, or Windham County: Flex Plan 3 monthly premium is \$51.

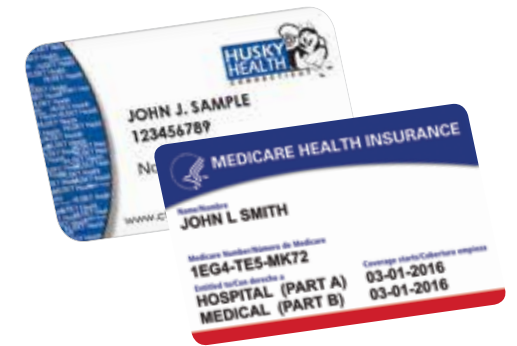
³ Access to over 16,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.

⁴ Subject to limitations.

*Optional supplemental benefit available for services (see pages 17-18).

ConnectiCare Choice Dual HMO-POS D-SNP Plans

	CONNECTICARE CHOICE DUAL (HMO-POS D-SNP)	CONNECTICARE CHOICE DUAL VISTA (HMO-POS D-SNP)
	In-Network	In-Network
MONTHLY PREMIUM	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MEDICAL BENEFITS:		
Doctor office visits		
Primary care providers (PCPs)	\$0	\$0
Specialist	\$0	\$0
Preventive and wellness services		
Annual physical, screenings, and immunizations	\$0	\$0
Dental coverage		
	Preventive and Comprehensive \$3,000 annual limit	Preventive and Comprehensive \$2,000 annual limit
Routine eye exam (one per year)	\$0	\$0
Routine hearing exam (one per year)	\$0	\$0
Extra benefits		
Over-the-counter (OTC) drugs and other eligible items	\$60 every month includes healthy food items	\$150 every month includes healthy food items (mail order only)
SilverSneakers® fitness program ¹	Yes	Yes
Eyewear allowance	Up to \$750 allowance every year	Up to \$750 allowance every year
Hearing aid allowance (devices only)	Up to \$2,500 allowance every year	Up to \$2,500 allowance every year
24-Hour Nurse Hotline	Yes	Yes
Emergency and urgent care in the U.S.		
Emergency care	\$0	\$0
Urgent care	\$0	\$0
Teladoc®	\$0	\$0
Other outpatient services and supplies		
Physical therapy	\$0	\$0
Chiropractic care	\$0	\$0
Lab services	\$0	\$0
Diagnostic procedures and tests	\$0	\$0
X-rays	\$0	\$0
Diagnostic/Advanced radiology	\$0	\$0
Durable medical equipment and diabetic supplies (Abbott and LifeScan brands)	\$0	\$0
Hospital and ambulatory care		
Outpatient ambulatory surgery centers	\$0	\$0
Outpatient hospital and observation services	\$0	\$0
Inpatient acute hospital care	\$0	\$0
Skilled nursing facility	\$0	\$0
Maximum out-of-pocket limit (Financial protection for you)	\$8,850	\$8,850



¹ Access to over 16,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.

ConnectiCare Prescription Drug Coverage

Drug Tiers

Our plans group each drug into one of six tiers or levels:

- Tier 1: Preferred generic.
- Tier 2: Generic.
- Tier 3: Preferred brand.
- Tier 4: Non-preferred drugs.
- Tier 5: Specialty.
- Tier 6: Select care drugs.

You will need to use the ConnectiCare drug list (also called a formulary) to find what tier a drug is on. In most cases, the lower the tier, the lower your cost will be. You can find our drug list on our website at connecticare.com/medicare.

Where To Buy Your Prescriptions

Retail pharmacies

Buy your covered prescriptions at any of our participating retail pharmacies. There are more than 25,000 of them, including many national chain pharmacies. Pharmacies in our network include “standard” pharmacies and “preferred” pharmacies where you may pay less for your prescriptions.

Our **preferred pharmacies** include, but are not limited to:

- Costco.
- Sam’s Club.
- Rite Aid.
- Walgreens.
- Walmart.

Mail order pharmacy

With our preferred mail order pharmacy, Express Scripts, you can get prescriptions sent right to your home with FREE standard shipping. You may save money using mail order for your 90-day supply of prescriptions.

Find more information on our website at connecticare.com/medicare.

The Prescription Drug Benefit Cycle

What you pay for your covered prescription drugs also depends on what stage of the drug benefit cycle you are in. The federal government created these stages and each year sets a dollar limit within each stage. The amount you pay for your covered prescriptions may be different, depending on which stage you are in. And, a new cycle begins on Jan. 1 of each year.

Stage 1 – Deductible

This is the amount you will need to pay before your plan pays.

Stage 2 – Initial coverage limit

You pay copays and/or coinsurance for covered drugs until your total drug costs exceed \$5,030 in 2024. Total drug costs include what you have paid plus what ConnectiCare has paid since the beginning of the year.

Stage 3 – Coverage gap (also known as the donut hole)

You pay copays and/or coinsurance for covered drugs until your true out-of-pocket costs exceed \$8,000 in 2024. True out-of-pocket costs include the costs you have paid plus the brand-name drug manufacturer discount.

Stage 4 – Catastrophic coverage

After your true out-of-pocket costs exceed \$8,000 in 2024, you pay \$0.

Tier 1, 2, and 6 have a \$0 copay through preferred mail order.



Prescription Drug Coverage Included in ConnectiCare Medicare Advantage Plans

PART D DRUG COVERAGE	CONNECTICARE CHOICE PLAN 3 (HMO-POS)		CONNECTICARE CHOICE PLAN 1 (HMO-POS)		CONNECTICARE FLEX PLAN 2 (HMO-POS)		CONNECTICARE FLEX PLAN 3 (HMO-POS)		CONNECTICARE PASSAGE PLAN 1 (HMO-POS)	
	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order
Annual deductible	\$0		\$300 (For Tier 3, 4, and 5 drugs)		\$300 (For Tier 3, 4, and 5 drugs)		\$300 (For Tier 3, 4, and 5 drugs)		\$150 (For Tier 4 and 5 drugs)	
Initial coverage limit (\$0-\$5,030)										
Tier 1: Preferred generic	\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0
Tier 2: Generic	\$10/\$20	\$0	\$10/\$20	\$0	\$10/\$20	\$0	\$10/\$20	\$0	\$10/\$20	\$0
Tier 3: Preferred brand	\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126
Tier 4: Non-Preferred drugs	\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285
Tier 5: Specialty	33%	Not available in long-term supply	27%	Not available in long-term supply	27%	Not available in long-term supply	27%	Not available in long-term supply	30%	Not available in long-term supply
Tier 6: Select care drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Coverage Gap (\$5,030-\$8,000)										
Tier 1: Preferred generic	25%	25%	\$2/\$9	\$0	25%	25%	25%	25%	25%	25%
Tier 2: Generic	25%	25%	\$10/\$20	\$0	25%	25%	25%	25%	25%	25%
Tier 3: Preferred brand	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Tier 4: Non-Preferred drugs	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	Not available in long-term supply	25%	Not available in long-term supply	25%	Not available in long-term supply	25%	Not available in long-term supply	25%	Not available in long-term supply
Tier 6: Select care drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Catastrophic coverage (Over \$8,000)	You pay \$0				You pay \$0					

You pay no deductible and no more than \$35 for a one-month supply of covered Insulins and \$0 for most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

Prescription Drug Coverage Included in ConnectiCare Choice Dual (HMO-POS D-SNP) Plans

	CONNECTICARE CHOICE DUAL PLAN (HMO-POS D-SNP)	CONNECTICARE CHOICE DUAL VISTA PLAN (HMO-POS D-SNP)
Annual deductible	\$0	\$0
Initial coverage limit (\$0-\$8,000)		
Tier 1: Preferred generic	\$0	\$0
Tier 2: Generic	\$0	\$0
Tier 3: Preferred brand	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20	Generics: \$0 / \$1.55 / \$4.50 Brands: \$0 / \$4.60 / \$11.20
Tier 4: Non-Preferred drugs		
Tier 5: Specialty		
Tier 6: Select care drugs	\$0	\$0
Catastrophic coverage (over \$8,000): All formulary drugs	\$0	\$0

\$0 eligible vaccines with no deductible.

ConnectiCare Medicare Premiums and Low-Income Subsidy (LIS) Premium Reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213**, Monday through Friday, 8 a.m. to 7 p.m. If you use a TTY, please call **800-325-0778**.

Monthly premium if you live in Hartford, Litchfield, Middlesex, or Tolland County

Your level of Extra Help	ConnectiCare Flex Plan 3 (HMO-POS)	ConnectiCare Flex Plan 2 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO-POS)
0% (Full Premium)	\$30.00	\$115.00	\$160.00
100%	\$0.00	\$71.50	\$116.50

Monthly premium if you live in Fairfield, New Haven, New London, or Windham County

Your level of Extra Help	ConnectiCare Flex Plan 3 (HMO-POS)	ConnectiCare Flex Plan 2 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO-POS)
0% (Full Premium)	\$51.00	\$115.00	\$160.00
100%	\$7.50	\$71.50	\$116.50

Dental Coverage

ConnectiCare Choice Plan 3 (HMO-POS) and **Flex Plan 3 (HMO-POS)** plans include Preventive dental benefits for no additional premium.

- Member copay for in-network services: \$0
- Covered services include:
 - One every six months: Oral exams, cleanings, fluoride, and standard x-rays (bitewing).
 - One every 36 months: Complete series x-rays (panorex).

With **ConnectiCare Choice Plan 3 (HMO-POS)** and **Flex Plan 3 (HMO-POS)**, you have the option to add Comprehensive dental benefits for an additional monthly premium. There are three dental plan options: two POS and one Indemnity.

POS OPTIONS		
Monthly premium: \$25 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$32 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100

All Comprehensive dental plans include the following covered services.

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING
Basic (Minor Restorative) – Restorations (fillings)	20% after the \$100 calendar-year deductible
Major (Endodontics, Periodontics, and Oral Surgery) – Includes Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges, Partial, and Full Dentures; Re-Cement Of Fixed Bridges, Crowns, and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; and Periodontal Scaling and Planing, Periodontal Surgery, and Maintenance.	50% after the \$100 calendar-year deductible

You pay the difference between the out-of-network allowance and the total amount billed by the dentist.

INDEMNITY OPTION	
Monthly premium: \$69 Calendar-year benefit maximum: \$3,500	
Preventive and Comprehensive Dental Services	Member Cost-Share: 50% of the cost for covered services

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

With **ConnectiCare Passage Plan 1 (HMO-POS)**, **Choice Plan 1 (HMO-POS)**, and **Flex Plan 2 (HMO-POS)**, you can add Preventive and Comprehensive dental benefits for an additional low monthly premium. There are three dental plan options: two POS and one Indemnity.

POS OPTIONS		
Monthly premium: \$39 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$49 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100

PREVENTIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing) One every 36 months: complete series x-rays (panorex)	\$0 (Not subject to calendar-year deductible or annual maximum)

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING
Basic (Minor Restorative) – Restorations (fillings)	20% after the \$100 calendar-year deductible
Major (Endodontics, Periodontics, and Oral Surgery) – Includes Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges, Partial, and Full Dentures; Re-Cement of Fixed Bridges, Crowns, and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; and Periodontal Scaling and Planing, Periodontal Surgery, and Maintenance.	50% after the \$100 calendar-year deductible

You pay the difference between the out-of-network allowance and the total amount billed by the dentist.

INDEMNITY OPTION	
Monthly premium: \$69 Calendar-year benefit maximum: \$3,500	
Preventive and Comprehensive Dental Services	Member Cost-Share: 50% of the cost for covered services

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

Members will not be permitted to switch between optional riders during the calendar year other than Open Enrollment Period (Jan. 1 - March 31).

Members will be permitted to enroll (and disenroll) at any time during the year into their originally selected rider.

See a Doctor From Your Home

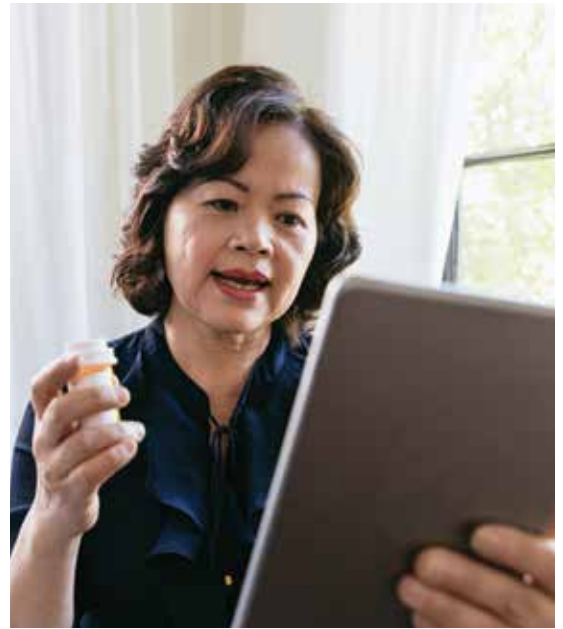
All ConnectiCare Medicare Advantage plans now include in-network **telehealth benefits**:

- Virtual doctor visits with primary care providers (PCPs) and specialists.
- Individual virtual outpatient visits with cardiac rehabilitation, mental health, and substance abuse providers.

Not all health care providers offer this service, so be sure to check with them.

ConnectiCare Medicare Advantage plans also include **Teladoc®** for \$0 copay.

Teladoc's staff of board-certified doctors are available by phone or video chat for non-emergency health conditions. They can even send prescriptions to your local pharmacy, if needed. Learn more at teladoc.com/connecticare.



Member Service That Puts You First

Health care is critical, and using your benefits should be easy. We're here to help with **ConnectiCare Medicare Connect Concierge** – the one phone number to call when you need help solving your health care needs. We can help you:

- Make a doctor's appointment.
- Answer benefit questions.
- Coordinate prior approvals.
- Confirm your over-the-counter (OTC) benefit.
- Verify your mailing address.
- And so much more!

And we won't transfer you. ConnectiCare Medicare Connect Concierge representatives will stay on the line and arrange three-way calls to help you.

Join ConnectiCare and get the key to unlock a better customer experience!

ConnectiCare Member Rewards Program

It pays to take care of yourself.

You deserve to be rewarded for making smart choices about your health. As a new member, you can earn over \$100 for getting services like an annual wellness visit, health assessment, or registering for rewards in the ConnectiCare member portal.*

Register and earn your first reward — online or by phone

Registering qualifies you to earn all your rewards. Sign in at my.connecticare.com, and select “Manage Your Health” and then “Wellness Rewards” from the drop-down menu to register. If you don’t have internet access or an email address, call us to register.

Health Service	Reward Amount
Initial New-to-Medicare Annual Wellness Visit* Visit with your PCP to create a personalized prevention plan. (To be completed in first 90 days.)	\$50
Member Portal Registration	\$25
Annual Visit: Visit with Primary Care Provider (PCP).	\$25
Initial Health Assessment* Questionnaire to help us understand your health needs. (To be completed in first 90 days.)	\$25
Sign-up for Paperless	\$25

* You must complete your assessment/visit within 90 days of your enrollment.

Choice Dual (HMO-POS D-SNP) and Choice Dual Vista (HMO-POS D-SNP) members can earn up to an additional \$310 a year (eligible after completing a consult with a clinical pharmacist in our Medication Therapy Management (MTM) Program) for each refill of monthly diabetes, hypertension, or cholesterol prescriptions. You can earn rewards for each prescription refill of Select Care drugs (Tier 6).

Over-the-Counter (OTC) Benefit

Many of our plans include an over-the-counter (OTC) allowance to spend on eligible items. Eligible health items include:

- Allergy, sinus, and combination liquids and tablets.
- Cough, cold, and flu liquids and tablets.
- Denture/dental care (floss, toothbrush, toothpaste, and denture care).
- Elevated toilet seats and accessories.
- And more!

Our Choice Dual (HMO-POS D-SNP) and Choice Dual Vista (HMO-POS D-SNP) plans allow members to use their OTC benefit to also buy nutritious and healthy food items. Eligible food items vary by plan and may include:

- Hot and cold cereal.
- Dairy products (milk, cheese, butter).
- Dry foods (beans, fruits, pasta) and frozen foods.
- Eggs and egg substitutes.
- Fresh food boxes (mixed produce, fruits, and vegetables).
- Meat (poultry, beef, sausage, lunch meat).
- Rice, whole grains, and soup.
- And more!

Check the chart below to find your plan and information on how to use your OTC benefit:

Plan Name	Amount/Frequency	Mail Order	Retail Store	Healthy Foods	OTC Card
Passage Plan 1 (HMO-POS)	\$50/every month	✓			
Choice Plan 2 (HMO-POS)	\$50/every month	✓			
Choice Plan 3 (HMO-POS)	\$70/every month	✓			
Flex Plan 3 (HMO-POS)	\$50/every three months	✓			
Choice Dual (HMO-POS D-SNP)	\$60/every month	✓	✓	✓	✓
Choice Dual Vista (HMO-POS D-SNP)	\$150/every month	✓		✓	

OTC benefit amount must be used within the benefit frequency and will not roll over.

For more information, please visit connecticare.com/otc.

Scan QR code to view mail order catalog:



Passage Plan 1, Choice Plan 2, Choice Plan 3, Flex Plan 3, and Choice Dual Vista.



Choice Dual.

SilverSneakers[®] Fitness Program

Regular exercise is good for you. It improves your core strength and stamina. And it can help with balance, managing chronic health conditions, and stress. Tap into SilverSneakers to help you get active and stick with a routine.



SilverSneakers is included in most plans at no extra cost!

SilverSneakers includes:

- Participating locations across the country.¹ You can use them all!
- Classes for all fitness levels, both inside and outside the gym.²
- Weights, equipment, pools, and other services.²
- On-demand workout videos including health and nutrition tips.
- A fitness app to help motivate and move you.

Get started today!

Go to silversneakers.com to register, find a fitness location, and get your 16-digit SilverSneakers ID number. Take your ID number to the location and sign up! You can also get your SilverSneakers ID number by calling **888-423-4632** (TTY: **711**) Monday through Friday, 8 a.m. to 8 p.m.

Always talk to your doctor before starting an exercise program.

¹ Participating locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary.

² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



Take the next step to better manage your health care.

Simply call **877-224-8220** (TTY: **711**). From Oct. 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

Visit us online at connecticare.com/medicare.

ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. ConnectiCare Insurance Company, Inc. is an HMO-POS D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in a ConnectiCare Medicare plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. Free language assistance services are available at **877-224-8220** (TTY: **711**). You can get this information for free in other formats, such as large print. Call our toll-free number at **877-224-8220** (TTY: **711**). Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria (e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program). SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by ConnectiCare with permission.