



## ConnectiCare Choice Plan 2 (HMO) offered by ConnectiCare, Inc.

### Annual Notice of Changes for 2021

You are currently enrolled as a member of ConnectiCare Choice Plan 2. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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#### 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.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Section 1.4 and 2 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- 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 personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website.

- Review the list in the back of your *Medicare & You* handbook.
- Look in Section 3.2 to learn more about your choices.

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, 2020, you will be enrolled in ConnectiCare Choice Plan 2.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

### 4. **ENROLL:** To change plans, join a plan between **October 15 and December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in ConnectiCare Choice Plan 2.
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

### **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.
- We can also provide information in a way that works for you (information in large print or other 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About ConnectiCare Choice Plan 2**

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

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for ConnectiCare Choice Plan 2 in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.connecticare.com/medicare](http://www.connecticare.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	<b>\$0</b>	<b>\$0</b>
<b>Maximum out-of-pocket amount</b> This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	<b>\$6,000</b>	<b>\$6,000</b>
<b>Doctor office visits</b>	<u>Primary care visits:</u> <b>\$0</b> copayment per visit  <u>Specialist visits:</u> <b>\$10</b> copayment per visit	<u>Primary care visits:</u> <b>\$0</b> copayment per visit  <u>Specialist visits:</u> <b>\$10</b> copayment per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Days 1-6: <b>\$295</b> copay per day. <b>\$0</b> copay per day for each additional day; for each inpatient stay.  Unlimited days.  Prior authorization is required.	Days 1-6: <b>\$295</b> copay per day. <b>\$0</b> copay per day for each additional day; for each inpatient stay.  Unlimited days.  Prior authorization is required.

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## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Optional Supplemental Dental</b>	\$29	\$29 OR \$39

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during 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	2020 (this year)	2021 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$6,000	\$6,000 Once you have paid \$6,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

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## Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.connecticare.com/medicare](http://www.connecticare.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<b>Dental Services</b>	<p>You pay a <b>\$10</b> copay for Medicare-covered dental services.</p> <p>Preventive dental services are included at no additional monthly premium.</p> <p>You pay a <b>\$0</b> copay for:</p> <ul style="list-style-type: none"> <li>• Oral examinations (one every 6 months)</li> <li>• Bitewing x-rays (one every 6 months)</li> <li>• Prophylaxis/Cleanings (one every 6 months)</li> <li>• Complete Series (one series every 36 months)</li> </ul>	<p>You pay a <b>\$10</b> copay for Medicare-covered dental services.</p> <p>Preventive dental services are included at no additional monthly premium.</p> <p>You pay a <b>\$0</b> copay for:</p> <ul style="list-style-type: none"> <li>• Oral examinations (one every 6 months)</li> <li>• Bitewing x-rays (one every 6 months)</li> <li>• Prophylaxis/Cleanings (one every 6 months)</li> <li>• Complete Series (one series every 36 months)</li> <li>• <b>Fluoride (one every 6 months)</b></li> </ul>
<b>Inpatient Mental Health Care (Psychiatric Facility)</b>	<p>You pay a <b>\$1,763</b> copay per admission for each Medicare-covered inpatient stay. No additional days covered.</p> <p>Prior authorization is required.</p>	<p>You pay a <b>\$1,871</b> copay per admission for each Medicare-covered inpatient stay. No additional days covered.</p> <p>Prior authorization is required.</p>
<b>Medicare Part B Prescription Drugs</b>	<p>You pay a <b>10%</b> of the total cost for Part B drugs in the home.</p> <p>You pay a <b>20%</b> of the total cost for all other Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.</p> <p>Part B drugs are <b>not</b> subject to Step Therapy requirements</p> <p>Prior authorization is required for some drugs.</p>	<p>You pay a <b>10%</b> of the total cost for Part B drugs in the home.</p> <p>You pay a <b>20%</b> of the total cost for all other Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility.</p> <p>Part B drugs <b>may be</b> subject to Step Therapy requirements</p> <p>Prior authorization is required for some drugs.</p>

Cost	2020 (this year)	2021 (next year)
<p><b>Optional Supplemental Dental Services</b> Available for an additional monthly premium</p>	<p>You pay a <b>20%</b> of the total cost for basic dental services</p> <ul style="list-style-type: none"> <li>• Restorations</li> </ul> <p>You pay a <b>50%</b> of the total cost for major dental services</p> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Partial Dentures, Full Dentures</li> </ul> <p><b>\$100</b> deductible</p> <p><b>\$2,000</b> annual benefit limit</p>	<p>You pay a <b>20%</b> of the total cost for basic dental services</p> <ul style="list-style-type: none"> <li>• Restorations</li> <li>• <b>Diagnostics</b></li> <li>• <b>Non-routine</b></li> </ul> <p>You pay a <b>50%</b> of the total cost for major dental services</p> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Partial Dentures, Full Dentures</li> </ul> <p><b>\$100</b> deductible</p> <p><b>\$2,000 OR \$3,000</b> annual benefit limit based on option purchased.</p>
<p><b>Outpatient Mental Health Care</b></p>	<p>You pay a <b>\$10</b> copay for each Medicare-covered outpatient mental health care visit.</p> <p>Certain Telehealth Services are <b>not</b> covered.</p>	<p>You pay a <b>\$10</b> copay for each Medicare-covered outpatient mental health care visit.</p> <p>You pay a <b>\$10</b> copay for each Medicare-covered <b>Individual Mental Health care visit</b>.</p> <p>You pay a <b>\$10</b> copay for each Medicare-covered <b>Individual Psychiatric care visit</b>. <b>(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).</b></p>
<p><b>Outpatient Substance Abuse Services</b></p>	<p>You pay a <b>\$10</b> copay for each Medicare-covered individual or group visit.</p> <p>Certain Telehealth Services are <b>not</b> covered.</p>	<p>You pay a <b>\$10</b> copay for each Medicare-covered individual or group visit.</p> <p>You pay a <b>\$10</b> copay for each Medicare-covered <b>Individual outpatient substance abuse care visit</b>. <b>(You have the option of getting this service through an in-person visit or by telehealth with a network provider who offers the service by telehealth).</b></p>



Cost	2020 (this year)	2021 (next year)
<b>Physician/Practitioner Services, Including Doctor's Office Visits</b>	<p>You pay a <b>\$0</b> copay for each Medicare-covered primary care office visit.</p> <p>You pay a <b>\$10</b> copay for each Medicare-covered specialist office visit.</p> <p>Certain Telehealth Services are <b>not</b> covered.</p>	<p>You pay a <b>\$0</b> copay for each Medicare-covered primary care office visit.</p> <p>You pay a <b>\$10</b> copay for each Medicare-covered specialist office visit.</p> <p><b>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.</b></p>
<b>Skilled Nursing Facility (SNF) Care</b>	<p>You pay a <b>\$0</b> copay per day for Medicare-covered days 1-20, <b>\$178</b> copay per day for Medicare-covered days 21-100; each benefit period.</p> <p>Prior authorization is required.</p>	<p>You pay a <b>\$0</b> copay per day for Medicare-covered days 1-20, <b>\$184</b> copay per day for Medicare-covered days 21-100; each benefit period.</p> <p>Prior authorization is required.</p>

## SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
<b>Provider Network</b>	<p><b>Medical Provider Network</b></p> <p>You have access to providers in the ConnectiCare Choice Network and can get most services from providers in the <b>EmblemHealth VIP Prime Network in New York</b>. For more information on services you can get from <b>VIP Prime</b> providers, please visit <a href="http://connecticare.com/medicare">connecticare.com/medicare</a>.</p>	<p><b>Medical Provider Network</b></p> <p>You have access to providers in the ConnectiCare Choice Network and can now get most services from providers in the <b>EmblemHealth VIP Bold Network in New York</b>. For more information on services you can get from <b>VIP Bold</b> providers, please visit <a href="http://connecticare.com/medicare">connecticare.com/medicare</a>.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in ConnectiCare Choice Plan 2

**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 Choice Plan 2.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- --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, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, ConnectiCare, Inc. 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 Choice Plan 2.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ConnectiCare Choice Plan 2.
- 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 this (phone numbers are in Section 7.1 of this booklet).
  - – 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 4 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, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, 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, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a 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).

CHOICES is independent (not connected with any insurance company or health plan). 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](http://www.ct.gov/agingservices)).

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. 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). Note: To be eligible for the ADAP operating in your State, 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.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. For more information, call CADAP at 1-800-424-3310.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CADAP at 1-800-424-3310.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from ConnectiCare Choice Plan 2

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. Calls to these numbers are free.

#### **Read your 2021 *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 2021. For details, look in the 2021 *Evidence of Coverage* for ConnectiCare Choice Plan 2. 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 [www.connecticare.com/medicare](http://www.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 [www.connecticare.com/medicare](http://www.connecticare.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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## **Section 7.2 – Getting Help from Medicare**

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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**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)).

### **Read Medicare & You 2021**

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) 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.