

# 2021 ConnectiCare Medicare Advantage Plans



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by people  
for a  
healthier you

ConnectiCare





# 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 the thousands of doctors and other health care providers in our extensive network that includes EVERY hospital in the state.<sup>1</sup> Our Flex HMO-POS plans include in-network and out-of-network benefits. With all plans, you get:

- SilverSneakers® fitness program
- Telehealth benefits (see page 19)
- No referrals to see a specialist
- The option to get additional dental coverage (see dental plan options on pages 17-18)

## ConnectiCare Choice Plan 3 (HMO)

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

- **\$10** to see your primary care doctor.
- **\$45** to see a specialist.

Plus, you get **\$0** preventive dental coverage and up to **\$200** for eyewear every year.

## Passage Plan 1 (HMO)

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

- **\$25** to see your primary care doctor.
- **\$50** to see a specialist.

Plus, every year you get up to **\$100** for eyewear and up to **\$400** for hearing aids.

## ConnectiCare Choice Plan 2 (HMO) – No Rx

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

- **\$0** to see your primary care doctor.
- **\$10** to see a specialist.

Plus, you get **\$0** preventive dental coverage.

## ConnectiCare Flex Plan 3 (HMO-POS)

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

- **\$49** if you live in Hartford, Litchfield, Middlesex, or Tolland county.
- **\$69** if you live in Fairfield, New Haven, New London, or Windham county.

**In-network**, you will pay:

- **\$5** to see your primary care doctor.
- **\$50** to see a specialist.

Plus, you get **\$0** preventive dental coverage, up to **\$300** for eyewear every year, and **\$50** every quarter for over-the-counter items by mail order.

## ConnectiCare Choice Plan 1 (HMO)

The monthly premium is **\$183** in addition to your Medicare Part B premium. You will pay:

- **\$10** to see your primary care doctor.
- **\$30** to see a specialist.

## ConnectiCare Flex Plan 2 (HMO-POS)

The monthly premium is **\$134** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care doctor.
- **\$35** to see a specialist.

## NEW ConnectiCare Choice Part B Saver (HMO)

The monthly premium is **\$0** in addition to your Medicare Part B premium. With this plan, you will **get up to \$500** back on your Part B premiums! You will pay:

- **\$25** to see your primary care doctor.
- **\$50** to see a specialist.

Plus, you get up to **\$240** for eyewear every year and **\$75** every quarter for over-the-counter items by mail order.

## ConnectiCare Flex Plan 1 (HMO-POS)

The monthly premium is **\$241** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care doctor.
- **\$30** to see a specialist.

<sup>1</sup>With the exception of Connecticut Children's Medical Center.

# ConnectiCare Choice HMO D-SNP plans

ConnectiCare offers two Special Needs plans for people enrolled in both Medicare and Connecticut State Medicaid (HUSKY). They are:

- ConnectiCare Choice Dual (HMO D-SNP) plan, and
- ConnectiCare Choice Dual Basic (HMO D-SNP) plan.

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 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.

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

- \$50 every month for eligible over-the-counter items.
- Preventive and comprehensive dental coverage<sup>1</sup>.
- Prescription drug coverage with copays as low as \$0<sup>2</sup>.
- Up to \$200 eyewear allowance every year.
- Up to \$1,000 hearing aid allowance every year.
- SilverSneakers® fitness program.
- 24/7 Nurse hotline.
- Telehealth – virtual doctor visits.

The ConnectiCare Choice Dual (HMO D-SNP) plan is for people with full Medicaid benefits:

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

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## Added benefits with **ConnectiCare Choice Dual Basic (HMO D-SNP)**

- \$50 every quarter for eligible over-the-counter items through mail order.
- Preventive dental coverage plus option to add comprehensive dental (see page 17).
- Prescription drug coverage with copays as low as \$0<sup>2</sup>.
- Up to \$200 eyewear allowance every year.
- Telehealth – virtual doctor visits.

The ConnectiCare Choice Dual Basic (HMO D-SNP) plan is for people who are eligible for the:

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

<sup>1</sup>There is a \$1,000 combined annual benefit limit for covered preventive and comprehensive dental services.

<sup>2</sup>Based on your low income subsidy level.

# ConnectiCare HMO Medicare Advantage plans

	CONNECTICARE CHOICE PLAN 3 (HMO)	CONNECTICARE CHOICE PLAN 2 (HMO)
	In-Network	In-Network
<b>MONTHLY PREMIUM<sup>1</sup></b>	\$0	\$0
<b>MEDICAL DEDUCTIBLE</b>	\$395 <sup>2</sup>	\$0
<b>MEDICAL BENEFITS:</b>		
<b>Doctor office visits (In office/Virtual)</b>		
Primary care providers (PCPs)	\$10	\$0
Specialist	\$45	\$10
<b>Preventive &amp; wellness services</b>		
Annual physical, screenings & immunizations	\$0	\$0
SilverSneakers® fitness program <sup>3</sup>	\$0	\$0
<b>Dental coverage</b>		
Routine eye exam (1 per year)	Preventive*	Preventive*
Routine eyewear	\$45	\$10
Routine hearing exam (1 per year)	\$200 allowance every year	Not covered
Hearing aids	\$45	\$10
	Not covered	Not covered
Over-the-counter (OTC) items	Not covered	Not covered
<b>Worldwide emergency &amp; urgent care<sup>4</sup></b>		
Emergency care	\$90	\$90
Urgent care within the U.S./outside the U.S.	\$45/\$90	\$10/\$90
Teladoc®	\$45	\$45
<b>Other outpatient services &amp; supplies</b>		
Physical therapy	\$40	\$10
Chiropractic care	\$20	\$20
Lab services	\$15	\$10
Diagnostic procedures & tests	\$25	\$25
X-rays	\$45 after deductible	\$35
Diagnostic/Advanced radiology	\$275	\$175
Durable medical equipment & diabetic supplies (Abbott brands only)	20%	\$0
<b>Hospital &amp; ambulatory care</b>		
Outpatient ambulatory surgery centers	\$300	\$100
Outpatient hospital and observation services	\$395 after deductible	\$200
Inpatient acute hospital care	\$490/day Days 1-3 \$0 Day 4 & beyond after deductible	\$295/day Days 1-6 \$0 Day 7 & beyond
Skilled nursing facility	\$0/day Days 1-20 \$184/day Days 21-100 after deductible	\$0/day Days 1-20 \$184/day Days 21-100
<b>Maximum out-of-pocket limit</b> (Financial protection for you)	\$7,550	\$6,000

<sup>1</sup> In addition to your Medicare Part B monthly premium.

<sup>2</sup> 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, therapeutic radiology and x-rays.

<sup>3</sup> 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 CHOICE PLAN 1 (HMO)	<b>NEW</b> CONNECTICARE CHOICE PART B SAVER (HMO)	CONNECTICARE PASSAGE PLAN 1 (HMO)
<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
\$183	\$0	\$0
\$0	\$1,000 <sup>5</sup>	\$0
\$10	\$25	\$25
\$30	\$50	\$50
\$0	\$0	\$0
\$0	\$0	\$0
No**	No**	No**
\$30	\$10	\$45
Not covered	\$240 allowance every year	\$100 allowance every year
\$30	\$10	\$50
Not covered	Not covered	\$400 allowance every year
Not covered	\$75 every quarter (mail order only)	Not covered
\$90	\$90	\$90
\$30/\$90	\$50/\$90	\$50/\$90
\$45	\$45	\$45
\$30	\$40 after deductible	\$40
\$20	\$20	\$20
\$10	\$15	\$15
\$25	\$25 after deductible	\$25
\$35	\$40	\$45
\$200	\$275 after deductible	\$295
20%	20%	20%
\$100	\$315	\$200
\$200	\$495 for outpatient services after deductible \$475 for outpatient observation services after deductible	\$475
<u>\$345/day Days 1-5</u> \$0 Day 6 & beyond	<u>\$495/day Days 1-3</u> \$0/day Days 4 & beyond after deductible	<u>\$490/day Days 1-4</u> \$0 Day 5 & beyond
<u>\$0/day Days 1-20</u> \$184/day Days 21-100	<u>\$0/day Days 1-20</u> \$184/day Days 21-100 after deductible	<u>\$0/day Days 1-20</u> \$184/day Days 21-100
\$3,400	\$7,550	\$7,550

<sup>4</sup> Subject to limitations.

<sup>5</sup> \$1,000 medical deductible applies only to inpatient hospital, skilled nursing facility, diagnostic tests and procedures, diagnostic radiology, therapeutic radiology, outpatient hospital/observation services, occupational/speech/physical therapy, and dialysis services.

\*Optional supplemental benefit available for comprehensive dental services (see page 17).

\*\*Optional supplemental benefit available for preventive and comprehensive dental services (see page 18).

# ConnectiCare HMO-POS Medicare Advantage plans

	CONNECTICARE FLEX PLAN 3 (HMO-POS)	
<b>MONTHLY PREMIUM<sup>1</sup></b>	\$49-\$69 <sup>2</sup>	
<b>MEDICAL BENEFITS:</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Doctor office visits (In office/Virtual)</b>		
Primary care providers (PCPs)	\$5	50%
Specialist	\$50	50%
<b>Preventive &amp; wellness services</b>		
Annual physical, screenings & immunizations	\$0	\$0
SilverSneakers® fitness program <sup>3</sup>	\$0	Not covered
<b>Dental coverage</b>	Preventive*	Preventive*
Routine eye exam (1 per year)	\$50	Not covered
Routine eyewear	\$300 allowance every year	Not covered
Routine hearing exam (1 per year)	\$50	50%
Over-the-counter (OTC) items	\$50 every quarter (mail order only)	Not covered
<b>Worldwide emergency &amp; urgent care<sup>4</sup></b>		
Emergency care	\$90	\$90
Urgent care within the U.S./outside the U.S.	\$50/\$90	\$50/\$90
Teladoc®	\$45	Not covered
<b>Other outpatient services &amp; supplies</b>		
Physical therapy	\$40	50%
Chiropractic care	\$20	50%
Lab services	\$20	50%
Diagnostic procedures & tests	\$25	50%
X-rays	\$45	50%
Diagnostic/Advanced radiology	\$275	50%
Durable medical equipment	20%	50%
Diabetic supplies (Abbott brands only)	20%	50%
<b>Hospital &amp; ambulatory care</b>		
Outpatient ambulatory surgery centers	\$200	50%
Outpatient hospital and observation services	\$325	50%
Inpatient acute hospital care	\$465/day Days 1-4 \$0 Day 5 & beyond	50%
Skilled nursing facility	\$0/day Days 1-20 \$184/day Days 21-100	50%
<b>Maximum out-of-pocket limit</b> (Financial protection for you)	\$5,500	\$10,000

<sup>1</sup> In addition to your Medicare Part B monthly premium.

<sup>2</sup> If you live in Hartford, Litchfield, Middlesex, or Tolland County: Flex Plan 3 monthly premium is \$49. If you live in Fairfield, New Haven, New London, or Windham County: Flex Plan 3 monthly premium is \$69.

<sup>3</sup> 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.

<sup>4</sup> Subject to limitations.



CONNECTICARE FLEX PLAN 2 (HMO-POS)		CONNECTICARE FLEX PLAN 1 (HMO-POS)	
\$134		\$241	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$15	\$50	\$15	\$40
\$35	\$50	\$30	\$40
\$0	\$0	\$0	\$0
\$0	Not covered	\$0	Not covered
No**	No**	No**	No**
\$35	Not covered	\$30	Not covered
Not covered	Not covered	Not covered	Not covered
\$35	\$50	\$30	\$40
Not covered	Not covered	Not covered	Not covered
\$90	\$90	\$90	\$90
\$35/\$90	\$35/\$90	\$30/\$90	\$30/\$90
\$45	Not covered	\$45	Not covered
\$35	\$50	\$30	\$40
\$20	\$50	\$20	\$40
\$15	40%	\$10	20%
\$25	40%	\$25	20%
\$40	40%	\$35	20%
\$250	40%	\$200	40%
20%	40%	20%	40%
20%	30%	20%	20%
\$150	40%	\$100	\$250
\$250	40%	\$200	20%
<u>\$375/day Days 1-4</u> \$0 Day 5 & beyond	30%	<u>\$285/day Days 1-6</u> \$0 Day 7 & beyond	<u>\$450/day Days 1-6</u> \$0 Day 7 & beyond
<u>\$0/day Days 1-20</u> \$184/day Days 21-100	40%	<u>\$0/day Days 1-20</u> \$184/day Days 21-100	40%
\$6,000	\$10,000	\$5,300	\$10,000

\*Optional supplemental benefit available for comprehensive dental services (see page 17).

\*\*Optional supplemental benefit available for preventive and comprehensive dental services (see page 18).

# ConnectiCare Choice Dual HMO D-SNP plans

	<b>CONNECTICARE CHOICE DUAL (HMO D-SNP)</b>
	<b>In-Network</b>
<b>MONTHLY PREMIUM</b>	\$0
<b>MEDICAL DEDUCTIBLE</b>	\$0
<b>MEDICAL BENEFITS:</b>	
<b>Doctor office visits</b>	
Primary care providers (PCPs)	\$0
Specialist	\$0
<b>Preventive &amp; wellness services</b>	
Annual physical, screenings & immunizations	\$0
<b>Dental coverage</b>	Preventive and comprehensive
Routine eye exam (1 per year)	\$0
Routine hearing exam (1 per year)	\$0
<b>Extra benefits</b>	
Over-the-counter (OTC) drugs and other eligible items	\$50 every month
SilverSneakers® fitness program <sup>1</sup>	Yes
Eyewear allowance	\$200 allowance every year
Hearing aid allowance (devices only)	\$1,000 allowance every year
24/7 Nurse hotline	Yes
<b>Emergency &amp; urgent care in the U.S.</b>	
Emergency care	\$0
Urgent care	\$0
<b>Other outpatient services &amp; supplies</b>	
Physical therapy	\$0
Chiropractic care	\$0
Lab services	\$0
Diagnostic procedures & tests	\$0
X-rays	\$0
Diagnostic/Advanced radiology	\$0
Durable medical equipment & diabetic supplies (Abbott brands only)	\$0
<b>Hospital &amp; ambulatory care</b>	
Outpatient ambulatory surgery centers	\$0
Outpatient hospital and observation services	\$0
Inpatient acute hospital care	\$0
Skilled nursing facility	\$0
<b>Maximum out-of-pocket limit</b>	<b>\$7,550</b>

<sup>1</sup> 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.

\*Optional supplemental benefit available for comprehensive dental services (see page 17).

**CONNECTICARE  
CHOICE DUAL BASIC (HMO D-SNP)**

**In-Network**

\$0

\$0

\$0

\$0

\$0

Preventive\*

\$0

Not covered

\$50 every quarter (mail order only)

No

\$200 allowance every year

No

No

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$0

\$7,550

# ConnectiCare prescription drug coverage

## Drug tiers

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

- Tier 1: Preferred generic drugs
- Tier 2: Generic drugs
- Tier 3: Preferred brand drugs
- Tier 4: Non-preferred drugs
- Tier 5: Specialty 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, [connecticare.com/medicare](https://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
- ShopRite
- Stop & Shop
- Rite Aid
- Walgreens
- Walmart

### Mail order pharmacy

With our 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](https://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 January 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 \$4,130 in 2021. 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 \$6,550 in 2021. 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 \$6,550 in 2021, you pay the greater of:

- 5% of the cost, **or**
- \$3.70 copay for generic/preferred multi-source drugs and a \$9.20 copay for all other drugs.

## Prescription drug coverage Included in ConnectiCare HMO and HMO-POS Medicare plans

		ConnectiCare Choice Plan 1 (HMO)		
PART D DRUG COVERAGE	ConnectiCare Choice Plan 3 (HMO)		ConnectiCare Flex Plan 1 (HMO-POS)	
<b>Annual deductible</b>	\$445 (For Tier 4 and 5 drugs)		\$300 (For Tier 3, 4, and 5 drugs)	
<b>Initial coverage limit (\$0-\$4,130)</b>	<b>30-day supply Preferred/Standard pharmacy</b>	<b>90-day supply Mail order</b>	<b>30-day supply Preferred/Standard pharmacy</b>	<b>90-day supply Mail order</b>
Tier 1: Preferred generic drugs	\$2/\$9	\$0	\$2/\$9	\$0
Tier 2: Generic drugs	\$10/\$20	\$25	\$10/\$20	\$25
Tier 3: Preferred brand drugs	\$42/\$47	\$126	\$42/\$47	\$126
Tier 4: Non-Preferred drugs	\$95/\$100	\$285	\$95/\$100	\$285
Tier 5: Specialty drugs	25%	Not available in long-term supply	27%	Not available in long-term supply
<b>Coverage Gap (\$4,130-\$6,550)</b>	<b>30-day supply Preferred/Standard pharmacy</b>	<b>90-day supply Mail order</b>	<b>30-day supply Preferred/Standard pharmacy</b>	<b>90-day supply Mail order</b>
Tier 1: Preferred generic drugs	25%	25%	\$2/\$9	\$0
Tier 2: Generic drugs	25%	25%	\$10/\$20	\$25
Tier 3: Preferred brand drugs	25%	25%	25%	25%
Tier 4: Non-Preferred drugs	25%	25%	25%	25%
Tier 5: Specialty drugs	25%	Not available in long-term supply	25%	Not available in long-term supply
<b>Catastrophic coverage (Over \$6,550)</b>	For all plans, you pay the greater of: 5% or \$3.70 for Generic/Preferred multi-source drugs 5% or \$9.20 for all other drugs			

## Prescription drug coverage Included in ConnectiCare Choice Dual and Choice Dual Basic (HMO D-SNP) plans

	ConnectiCare Choice Dual Plan (HMO D-SNP)
<b>Annual Deductible</b>	\$0
<b>Initial coverage limit (\$0-\$4,130) and Coverage gap:</b> All formulary drugs	Generic/Preferred multi-source drugs: \$0 to \$3.70 All other drugs: \$0 to \$9.20 Depending on the level of extra help
<b>Catastrophic coverage (over \$6,550):</b> All formulary drugs	\$0

ConnectiCare Flex Plan 2 (HMO-POS)		ConnectiCare Flex Plan 3 (HMO-POS)		ConnectiCare Choice Part B Saver (HMO)		ConnectiCare Passage Plan 1 (HMO)	
\$300 (For Tier 3, 4, and 5 drugs)		\$445 (For Tier 2, 3, 4, and 5 drugs)		\$275 (For Tier 3, 4, and 5 drugs)			
30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order
\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0
\$10/\$20	\$25	\$10/\$20	\$25	\$10/\$20	\$25	\$10/\$20	\$25
\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126
\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285
27%	Not available in long-term supply	25%	Not available in long-term supply	28%	Not available in long-term supply		
30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Mail order
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
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
For all plans, you pay the greater of: 5% or \$3.70 for Generic/Preferred multi-source drugs 5% or \$9.20 for all other drugs							

ConnectiCare Choice Dual Plan Basic (HMO D-SNP)
\$0
Generic/Preferred multi-source drugs: \$0 to \$3.70 All other drugs: \$0 to \$9.20 Depending on the level of extra help
\$0

# 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 1-800-772-1213, Monday through Friday, 7 a.m. to 7 p.m. If you use a TTY, please call 1-800-325-0778.

## 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 Flex Plan 1 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO)
100%	\$13.80	\$98.80	\$205.80	\$147.80
75%	\$22.60	\$107.60	\$214.60	\$156.60
50%	\$31.40	\$116.40	\$223.40	\$165.40
25%	\$40.20	\$125.20	\$232.20	\$174.20

## 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 Flex Plan 1 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO)
100%	\$33.80	\$98.80	\$205.80	\$147.80
75%	\$42.60	\$107.60	\$214.60	\$156.60
50%	\$51.40	\$116.40	\$223.40	\$165.40
25%	\$60.20	\$125.20	\$232.20	\$174.20



# Dental coverage

**ConnectiCare Choice Plan 2 (HMO), Choice Plan 3 (HMO), Flex Plan 3 (HMO-POS), and Choice Dual Basic (HMO D-SNP) plan include preventive dental benefits for no additional premium:**

- Member copay: \$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 2 (HMO), Choice Plan 3 (HMO), and Flex Plan 3 (HMO-POS), you have the option to add comprehensive dental benefits for an additional monthly premium. There are two dental plan options:

<b>Monthly premium: \$29</b> <b>Calendar-year benefit maximum: \$2,000</b> <b>Calendar-year deductible: \$100</b>	<b>OR</b>	<b>Monthly premium: \$39</b> <b>Calendar-year benefit maximum: \$3,000</b> <b>Calendar-year deductible: \$100</b>
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With ConnectiCare Choice Dual Basic (HMO D-SNP), you have the option to add comprehensive dental benefits for an additional monthly premium. There are two dental plan options:

<b>Monthly premium: \$39</b> <b>Calendar-year benefit maximum: \$2,000</b> <b>Calendar-year deductible: \$100</b>	<b>OR</b>	<b>Monthly premium: \$49</b> <b>Calendar-year benefit maximum: \$3,000</b> <b>Calendar-year deductible: \$100</b>
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All comprehensive dental plans include the following covered services.

Comprehensive dental services	Member cost share
<b>Basic (minor restorative)</b> – restorations (fillings)	20% after the \$100 calendar-year deductible
<b>Major (endodontics, periodontics, and oral surgery)</b> – 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

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), Choice Plan 1 (HMO), Flex 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 two dental plan options:

<b>Monthly premium: \$39</b> <b>Calendar-year benefit maximum: \$2,000</b> <b>Calendar-year deductible: \$100</b>	OR	<b>Monthly premium: \$49</b> <b>Calendar-year benefit maximum: \$3,000</b> <b>Calendar-year deductible: \$100</b>
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Preventive dental services	Member cost share
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing)  One every 36 months: complete series x-ray (panorex)	\$0 (Not subject to calendar-year deductible)

Comprehensive dental services	Member cost share
<b>Basic (minor restorative)</b> – restorations (fillings)	20% after the \$100 calendar-year deductible
<b>Major (endodontics, periodontics, and oral surgery)</b> – 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

With the ConnectiCare Choice Part B Saver (HMO) plan, you can add preventive and comprehensive dental benefits for an additional low monthly premium. There are two dental plan options:

<b>Monthly premium: \$33</b> <b>Calendar-year benefit maximum: \$2,000</b>	OR	<b>Monthly premium: \$37</b> <b>Calendar-year benefit maximum: \$3,000</b>
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Preventive and comprehensive dental services	Member cost share: 50% of the cost for covered services
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The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

## 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.
- Virtual outpatient visits with mental health and substance abuse providers.

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

ConnectiCare HMO and HMO-POS Medicare Advantage plans also include **Teladoc**®.

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](https://teladoc.com/connecticare).



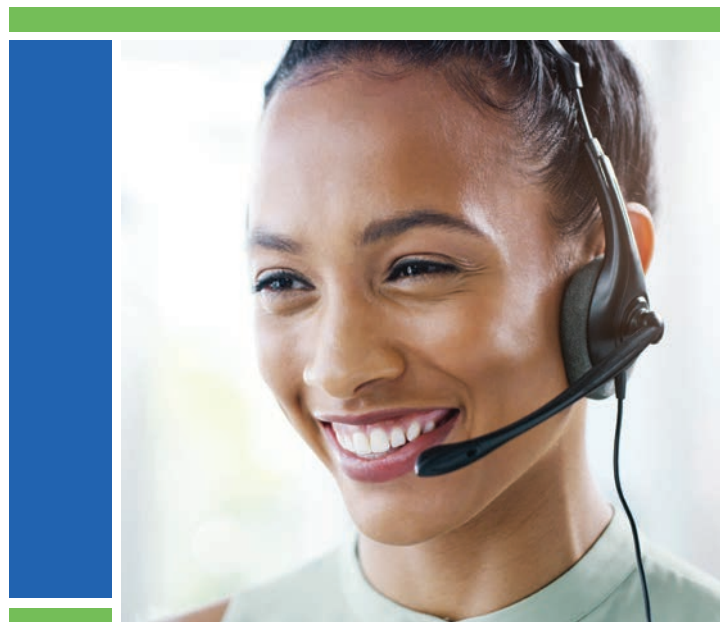
## Customer service that puts you first

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!**





## Take the next step to better manage your health care.

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

Visit us online at [connecticare.com/medicare](https://connecticare.com/medicare).

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat ConnectiCare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. Limitations, copayments and restrictions may apply. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2020 Tivity Health, Inc. All rights reserved. ©2020 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2020 ConnectiCare, Inc. & Affiliates