

ConnectiCare Passage Plan 1 (HMO)
Medicare Advantage Plan

Summary of Benefits

2021

This is a summary of drug and health services covered by ConnectiCare, Inc.
January 1, 2021 – December 31, 2021

Please Note: No referrals are required for this plan.



Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2021 – December 31, 2021

ConnectiCare, Inc. is a Medicare Advantage HMO/HMO-POS plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. Some services may require prior authorization. To get a complete list of services we cover, including those that require prior authorization, please request the "Evidence of Coverage." You can find this document on our website at connecticare.com/medicare, or call us at the phone number(s) below and we'll send you a copy.

Who can join?

To join the ConnectiCare Passage Plan 1 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

Which doctors, hospitals, and pharmacies can I use?

ConnectiCare Passage Plan 1 has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency or urgent care situations, if you use the providers that are not in our network, we may not pay for these services.

When joining ConnectiCare Passage Plan 1, you may choose a Primary Care Provider (PCP) in the **Passage network**. If you do not select a PCP in the Passage network, one will be selected for you. At any time, you can select a different PCP in the Passage network. This network also includes additional medical providers like specialists, laboratories, and hospitals.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at connecticare.com/medicare. Or, call us and we'll send you a copy.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory on our website at connecticare.com/medicare. Or, call us and we'll send you a copy.

How to reach us:

For more information, please call us at the phone number below or visit us at connecticare.com/medicare.

Toll-free 1-877-224-8220, TTY users should call 711.

From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. EST. From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

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Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Monthly Plan Premium	You pay nothing	You must continue to pay your Medicare Part B premium.
Medical Deductible	You pay nothing	This plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility (<i>does not include prescription drugs</i>)	\$7,550 annually	This is the most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage	\$490 copay per day for days 1 through 4 per stay You pay nothing per day for days 5 and beyond per stay	The cost-sharing applies each time you are admitted to a hospital. Prior authorization is required for each inpatient stay.
Outpatient Hospital Coverage:		
<ul style="list-style-type: none"> • Outpatient Hospital Services (<i>including observation services</i>) 	\$475 copay	Prior authorization required for some services
<ul style="list-style-type: none"> • Ambulatory Surgery Centers 	\$200 copay	Prior authorization required for some services
Doctor Visits (In office/Virtual):		
<ul style="list-style-type: none"> • Primary Care Provider (PCP) 	\$25 copay per visit You pay nothing for Annual Physical	You will need to choose a PCP in the Passage network.
<ul style="list-style-type: none"> • Specialist 	\$50 copay per visit	No referrals are required for this plan.
Preventive Care	You pay nothing	Includes your influenza vaccine, colorectal cancer screening, screening mammography, and all other Medicare-approved preventive care.

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Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Emergency Care	\$90 copay per visit within the United States	If you are admitted to the hospital within one day, you do not have to pay your share of the cost for urgently needed care.
Urgently Needed Services	\$50 copay per visit within the United States	If you are admitted to the hospital within one day, you have to pay your share of the cost for urgently needed care.
Diagnostic Services/Labs/Imaging: Diagnostic Radiology Services (<i>e.g., MRI</i>) Lab Services Diagnostic Tests and Procedures Outpatient x-rays Therapeutic Radiology Services (such as radiation treatment for cancer)	\$295 copay \$15 copay \$25 copay \$45 copay 20% of the cost	Prior authorization required Prior authorization required for some services Prior authorization required for some services Prior authorization required for some services Prior authorization required
Hearing Services: <ul style="list-style-type: none"> • Hearing exam • Hearing aid fitting/evaluation • Hearing aids 	\$50 copay per visit \$50 copay \$400 allowance every year	You are covered for one routine hearing exam each year and for exams to diagnose and treat hearing and balance issues. You are covered for one hearing aid fitting/evaluation each year.

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Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
<p>Dental Services:</p> <p>Medicare-covered Dental Services</p> <p>Preventive and Comprehensive Dental Services</p> <p>Optional Supplemental Benefit</p> <p>Preventive and Comprehensive Dental Services</p> <p>Covered dental services include:</p> <p>Preventive Dental Services</p>	<p>\$45 copay per visit</p> <p>Not covered</p> <p>You can purchase these services as an Optional Supplemental Benefit (see below)</p> <p>\$39 monthly premium</p> <p>\$100 calendar year deductible</p> <p>\$2,000 annual benefit maximum</p> <p style="text-align: center;">or</p> <p>\$49 monthly premium</p> <p>\$100 calendar year deductible</p> <p>\$3,000 annual benefit maximum</p> <p>You pay nothing for oral exams, cleanings and x-rays (limitations apply)</p>	<p>Medicare-covered services only</p> <p>Preventive dental services are not subject to the deductible. Covered services include:</p> <ul style="list-style-type: none"> • One every 6 months: oral exams, cleanings, fluoride, standard x-rays • One every 36 months: complete series x-ray

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<p>Dental Services (continued):</p> <p>Comprehensive Dental Services</p> <p>Basic Services</p> <ul style="list-style-type: none"> • Restorative services <p>Major Dental Services</p> <ul style="list-style-type: none"> • Endodontics, Periodontics, Extractions • Prosthodontics, other oral/maxillofacial surgery, other services 	<p>20% of the cost after the \$100 calendar-year deductible is met</p> <p>50% of the cost after the \$100 calendar-year deductible is met</p>	<p>Prior authorization required for comprehensive dental services</p> <p>Covers: Restorations (fillings)</p> <p>Major services include: Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges and Partial and Full Dentures; Recement of Fixed Bridges, Crowns and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; Periodontal Scaling and Planing, Periodontal Surgery and Maintenance</p>
<p>Vision Services:</p> <ul style="list-style-type: none"> • Vision exam • Eyewear - routine • Eyeglasses or contact lenses after cataract surgery 	<p>\$45 copay per visit</p> <p>\$100 allowance every year</p> <p>You pay nothing</p>	<p>You are covered for one routine eye exam each year and for exams to diagnose and treat diseases and conditions of the eye.</p> <p>You are covered for one pair of eyewear per year.</p> <p>Eyewear must be obtained within 12 months of surgery.</p>

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Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Physical Therapy	\$40 copay per visit	
Ambulance (may require approval; not waived if admitted) <ul style="list-style-type: none"> • Ground • Air 	\$415 copay 20% of cost in the United States only	You are covered for ground ambulance services worldwide. There is a combined \$50,000 annual limit for emergency care, urgent care, and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside of the United States. Prior authorization required for non-emergent services
Transportation	Not Covered	
Medicare Part B Drugs	10% of the cost for Medicare-covered Part B drugs in the home 20% of the cost for Medicare-covered Part B drugs dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility	We cover Part B drugs such as chemotherapy and some drugs administered by your doctor. Prior authorization required for some Part B drugs Step therapy required for some Part B drugs

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Prescription Drugs for ConnectiCare Passage Plan 1 (HMO)

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to locate what tier a drug is on.

How much you pay for your prescription drugs depends on what tier your drug is in and what stage of the benefit you are in. There are four stages in your Part D prescription drug coverage.

Four Stages of Drug Coverage

Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery. There is no deductible for Tier 1 (preferred generic) and Tier 2 (generic) drugs. There is a deductible for Tier 3 (preferred brand), Tier 4 (non-preferred drug) and Tier 5 (specialty) drugs.

Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage stage.

In this stage, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, exceed \$4,130. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

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Retail Cost Sharing

ConnectiCare Passage Plan 1 (HMO)					
Tier	Deductible	Initial Coverage \$0-\$4,130: 30-day supply		Coverage Gap \$4,130-\$6,550	Catastrophic Over \$6,550
	You Pay	Preferred Pharmacy	Standard Pharmacy	You Pay	You Pay (greater of)
Tier 1: Preferred Generic	\$0	\$2	\$9	25%	5% or \$3.70
Tier 2: Generic	\$0	\$10	\$20	25%	5% or \$3.70
Tier 3: Preferred Brand	\$275	\$42	\$47	25%	5% or \$9.20
Tier 4: Non-Preferred Drug		\$95	\$100	25%	5% or \$3.70 for generic/ preferred multi-source drugs 5% or \$9.20 for all other drugs
Tier 5: Specialty		28%	28%	25%	5% or \$3.70 for generic/ preferred multi-source drugs 5% or \$9.20 for all other drugs

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Mail Order Cost Sharing

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Tier	Deductible	Initial Coverage \$0-\$4,130	
	You Pay	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$0	\$10	\$25
Tier 3: Preferred Brand	\$275	\$42	\$126
Tier 4: Non-Preferred Drug		\$95	\$285
Tier 5: Specialty		28%	Not available in long-term supply

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug cost (along with what our plan has paid and what you have paid) exceeds \$4,130.

While in the coverage gap in 2021, you will pay 25% of the plan’s cost for all drugs.

The costs paid by you, and the manufacturer discount payment for brand-name drugs count toward your true out-of-pocket costs and help you get out of the coverage gap.

Not everyone will reach the coverage gap.

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Catastrophic Coverage

After your yearly true out-of-pocket (TrOOP) drug costs exceed **\$6,550**, you will enter the catastrophic coverage stage. In this stage, you pay the greater of: 5% of the cost or you pay **\$3.70** for generic drugs (including brand-name drugs treated as generic) and **\$9.20** for all other drugs.

Get Help Paying for Your Prescription Drugs

Extra Help

Extra Help is a free Medicare program and is known as low income subsidy (LIS). It helps people with low or limited income and resources pay Medicare Part D drug plan costs.

What do you get with Extra Help?

- Payment of 75% or more of your drug costs. These include your monthly premium for prescription drugs (**the amount you pay each month**).
- Payment of your annual deductible (**the amount you pay before your plan starts to pay**).
- Payment of coinsurance costs (**the percentage you pay for your prescription drugs**).
- No coverage gap.

You automatically qualify for Extra Help if:

- You have full Medicaid coverage.
- You get help from your state Medicaid program to pay your Part B premiums in a Medicare Savings Program.
- You get Supplemental Security Income (SSI) benefits.

Many other people with low or limited income also qualify for Extra Help and don't know it!

There is **no cost** to apply. Contact your local Social Security office or call Social Security at **800-772-1213** (TTY: **800-325-0778**). You can also apply online at **ssa.gov/benefits/medicare/prescriptionhelp/**.

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Other Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Acupuncture	\$30 copay per visit Covers up to 20 visits for chronic lower back pain every year	Prior authorization required Visit limits: Maximum of 12 visits in 90 days
Foot Care <i>(podiatry services):</i> • Foot exams and treatment (Routine exams not covered)	\$50 copay per visit	Exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions
Chiropractic Care	\$20 copay per visit	Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position)
Occupational, Speech, and Language Therapy	\$40 copay per visit	
Cardiac Therapy Intensive Cardiac Therapy Pulmonary Therapy	\$50 copay per visit \$100 copay per visit \$30 copay per visit	Prior authorization required
Home Health Care	You pay nothing	Prior authorization required
Hospice	You pay nothing	You are covered for hospice care from a Medicare-certified hospice. Original Medicare, rather than our plan, will pay for hospice services. You may have to pay part of the cost for drugs and respite care.
Medical Equipment/Supplies: • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics/Medical Supplies (e.g., braces, artificial limbs)	20% of the cost 20% of the cost	Prior authorization required for some services Prior authorization required for some services

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Other Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Diabetic Supplies and Training: <ul style="list-style-type: none"> • Diabetic supplies <i>(includes monitoring supplies and therapeutic shoes or inserts)</i> • Kidney disease education 	20% of the cost You pay nothing	
Wellness Programs: <ul style="list-style-type: none"> • Fitness • Teladoc[®] 	You pay nothing \$45 copay per visit	Includes the SilverSneakers [®] fitness program
Worldwide Emergent/Urgent Care <i>(coverage outside the United States)</i>	\$90 copay per visit	There is a combined \$50,000 annual limit for emergency care, urgent care, and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside the United States. See page III-8 for additional cost-sharing information for ambulance services.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy 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.

This document is available in other formats such as Braille, large print or audio.

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. For more information, contact the plan. 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

2021 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-224-8220 (TTY: 711). From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. EST. From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit connecticare.com/medicare or call 1-877-224-8220 (TTY: 711) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

