

ConnectiCare Choice Part B Saver (HMO) Medicare Advantage Plan Summary of Benefits 2022

This is a summary of drug and health services covered by ConnectiCare, Inc.
January 1, 2022 – December 31, 2022

The benefit information provided is a summary of what we cover and what you pay for. 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 and we'll send you a copy.

Who can join?

To join the ConnectiCare Choice Part B Saver (HMO) plan, 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 Choice Part B Saver (HMO) plan has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency or urgent care situations, if you use providers that are not in our network, we may not pay for these services.

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 **877-224-8220**, TTY users should call **711**. From October 1 to March 31, you can call us 7 days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.

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 **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**.

Premiums and Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Monthly Plan Premium</p> <p>Part B Premium Buydown</p> <p>In addition, you must continue to pay your Medicare Part B premium. Premium may be reduced based on Low-Income Subsidy (LIS) level or Extra Help.</p>	<p>You pay nothing</p> <p>\$41.67 per month</p> <p>Up to \$500 per year</p> <p>ConnectiCare Choice Part B Saver (HMO) offers a Medicare Part B buydown. We will reduce your monthly Part B premium by \$41.67 per month. This reduction is set up by Medicare and administered through the Social Security Administration (SSA). Depending on how you pay your Medicare Part B premium, your reduction may be credited to your Social Security check or credited on your Medicare Part B premium statement. Reductions may take several months to be issued; however, you will receive a full credit.</p>
<p>Medical Deductible</p>	<p>\$1,000 plan deductible</p> <p>The deductible applies only to the following services:*</p> <ul style="list-style-type: none"> • Inpatient Hospital – Acute • Inpatient Hospital – Psychiatric • Skilled Nursing Facility • Outpatient Hospital Services • Outpatient Observation Services • Dialysis Services • Diagnostic Radiology • Therapeutic Radiology • Occupational, Speech, and Physical Therapy • Diagnostic Procedures and Tests
<p>Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i></p>	<p>\$7,550 annually</p> <p>This is the most you pay for copays, coinsurance, and other costs for medical services for the year.</p>
<p>Inpatient Hospital Coverage <i>(may require approval)</i></p>	<p>\$495 copay per day for days one through three per stay after you pay your plan deductible*</p> <p>You pay nothing per day for days four and beyond per stay</p>

*Medical deductible applies.

2022 SUMMARY OF BENEFITS – CONNECTICARE CHOICE PART B SAVER (HMO)

Premiums and Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Outpatient Hospital Coverage <i>(may require approval)</i></p> <ul style="list-style-type: none"> • Outpatient Hospital Services • Outpatient Observation Services • Ambulatory Surgery Centers 	<p>\$495 copay after you pay* your plan deductible</p> <p>\$475 copay after you pay* your plan deductible</p> <p>\$315 copay</p>
<p>Doctor Visits <i>(in-office/virtual)</i></p> <ul style="list-style-type: none"> • Primary Care Provider (PCP) • Specialist 	<p>\$20 copay per visit</p> <p>You pay nothing for annual physical</p> <p>\$45 copay per visit</p>
<p>Preventive Care</p> <p>Our plan covers many preventive services, including:</p>	<p>You pay nothing</p> <ul style="list-style-type: none"> - Bone mass measurement - Breast cancer screening (mammogram) - Cardiovascular screening - Cervical and vaginal cancer screening - Colorectal cancer screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) - Depression screening - Diabetes screening - Prostate cancer screening (PSA) - Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots - “Welcome to Medicare” preventive visit (one-time) and yearly “Wellness” visit (all additional preventive services approved by Medicare during the contract year will be covered)
<p>Emergency Care</p>	<p>\$90 copay per visit within the United States</p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care.</p>
<p>Urgently Needed Services</p>	<p>\$50 copay per visit within the United States</p>

*Medical deductible applies.

Premiums and Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Diagnostic Services/Labs/Imaging <i>(may require approval)</i></p> <p>Diagnostic Radiology Services <i>(e.g., MRI)</i></p> <p>Lab Services</p> <p>Diagnostic Tests and Procedures</p> <p>Outpatient X-rays</p> <p>Therapeutic Radiology Services <i>(such as radiation treatment for cancer)</i></p>	<p>\$275 copay after you pay your plan deductible*</p> <p>\$15 copay</p> <p>\$25 copay after you pay your plan deductible*</p> <p>\$40 copay</p> <p>20% of the cost after you pay your plan deductible*</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> Exam to diagnose and treat hearing and balance issues (one each year) Hearing Exam – Medicare covered 	<p>\$10 copay</p> <p>\$40 copay per visit</p>
<p>Dental Services:</p> <ul style="list-style-type: none"> Medicare-covered Dental Services Preventive and Comprehensive Dental Services <p>Optional Supplemental Benefit</p> <p>PPO Options</p> <ul style="list-style-type: none"> Preventive and Diagnostic Dental Services <p>Includes oral exams, cleanings, fluoride treatments, bitewing x-rays, and complete series (panorex x-rays)</p>	<p>\$45 copay</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>or</p> <p>\$49 monthly premium</p> <p>\$100 calendar year deductible</p> <p>\$3,000 annual benefit maximum</p> <p>You pay nothing</p> <p>Covers up to one oral exam, one cleaning, and fluoride treatment every 6 months</p> <p>Covers one standard x-ray every 6 months and one complete series (panorex x-rays) every 36 months</p>

*Medical deductible applies.

Premiums and Benefits	ConnectiCare Choice Part B Saver (HMO)
<ul style="list-style-type: none"> Comprehensive Dental Services <i>(may require approval)</i> <p>Restorative Services: Fixed bridgework, crowns, and inlays</p> <p>Endodontics, periodontics, extractions: root canal therapy, periodontal scaling, and planing, periodontal surgery and maintenance, extractions and oral surgery</p> <p>Prosthodontics, other Oral/Maxillofacial Surgery, Other Services: Partial and full dentures, denture adjustments, recement of fixed bridges, and implants</p> <p>Indemnity Option</p> <ul style="list-style-type: none"> Preventive and Comprehensive Dental 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>50% of the cost after the \$100 calendar-year deductible is met</p> <p>\$39 monthly premium \$3,500 annual benefit maximum You pay 50% of the cost for all covered services</p>
<p>Vision Services:</p> <ul style="list-style-type: none"> Vision Exam You are covered for one routine eye exam every year. Vision Exam – Medicare Covered You are covered for eye exams to diagnose and treat diseases and conditions of the eye. Eyewear – Routine You are covered for one pair of eyewear per year. Eyeglasses or contact lenses after cataract surgery (eyewear must be obtained within 12 months of surgery) 	<p>\$10 copay</p> <p>\$40 copay per visit</p> <p>Up to \$100 allowance every year</p> <p>You pay nothing</p>

*Medical deductible applies.

2022 SUMMARY OF BENEFITS – CONNECTICARE CHOICE PART B SAVER (HMO)

Premiums and Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Ambulance <i>(may require approval; not waived if admitted)</i></p> <ul style="list-style-type: none"> • Ground • Air • Worldwide Ground Ambulance <p>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 and its territories. You are not covered for air ambulance services outside of the United States.</p>	<p>\$395 copay</p> <p>20% of the cost</p> <p>\$325 copay</p>
<p>Transportation <i>(non-emergency)</i></p>	<p>Not covered</p>

*Medical deductible applies.

Prescription Drugs for ConnectiCare Choice Part B Saver (HMO)

MEDICARE PART B DRUGS	
<p>We cover Part B drugs such as chemotherapy and some drugs administered by your doctor. <i>(may require approval)</i></p> <p>Step therapy may be required for some Part B drugs.</p>	<p>10% for Medicare-covered Part B drugs in the home.</p> <p>20% of the cost for Medicare-covered Part B drugs dispensed at a retail pharmacy, mail order pharmacy, doctor office, and outpatient facility.</p>

Medicare Part D Drugs

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.

With the Choice Part B Saver (HMO) plan, there is no deductible for Tier 1 (preferred generic) drugs. There is a deductible for Tier 2 (generic), 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 \$4,430. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

Retail Cost-Sharing

ConnectiCare Choice Part B Saver (HMO) 30-Day Supply of Drugs					
Tier	Deductible	Initial Coverage \$0-\$4,430		Coverage Gap \$4,430-\$7,050	Catastrophic Over \$7,050
	You pay	Preferred pharmacy	Standard pharmacy	You pay	You pay the greater of:
Tier 1: Preferred Generic	\$0	\$2	\$9	25%	5% or \$3.95
Tier 2: Generic	\$445	\$10	\$20	25%	5% or \$3.95
Tier 3: Preferred Brand		\$42	\$47	25%	5% or \$9.85
Tier 4: Non- Preferred Drug		\$95	\$100	25%	5% or \$3.95 for generic/preferred multi-source drugs 5% or \$9.85 for all other drugs
Tier 5: Specialty		25%	25%	25%	5% or \$3.95 for generic/preferred multi-source drugs 5% or \$9.85 for all other drugs

Preferred Mail Order Cost-Sharing

ConnectiCare Choice Part B Saver (HMO)			
Tier	Deductible	Initial Coverage \$0-\$4,430	
	You pay	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$445	\$0	\$0
Tier 3: Preferred Brand		\$42	\$126
Tier 4: Non-Preferred Drug		\$95	\$285
Tier 5: Specialty		25%	Not available in a long-term supply

If you live in a long-term care facility or use a non-preferred mail order pharmacy, 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 \$4,430.

While in the coverage gap in 2022, you will pay 25% of the plan’s cost for all drugs. The 70% discount for brand-name drugs paid by the drug manufacturer, combined with the 25% you pay, counts toward your true out-of-pocket (TrOOP) costs. This helps you get out of the coverage gap. **Not everyone will reach the coverage gap.**

Catastrophic Coverage

After your yearly true out-of-pocket (TrOOP) drug costs exceed **\$7,050**, you will enter the catastrophic coverage stage. In this stage, you pay the greater of: 5% of the cost or you pay **\$3.95** for generic drugs (including brand-name drugs treated as generic) and **\$9.85** 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/**.

Additional Benefits

Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Acupuncture <i>(may require approval)</i></p>	<p>\$30 copay per visit</p> <p>Covers up to 20 visits for chronic lower back pain every year (maximum of 12 visits in 90 days)</p>
<p>Foot Care <i>(podiatry services)</i></p> <ul style="list-style-type: none"> • Foot exams and treatment (routine exams not covered) <p>If you have diabetes-related nerve damage and/or meet certain conditions, exams and treatment are covered.</p>	<p>\$45 copay per visit</p>
<p>Chiropractic Care</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position)</p>	<p>\$20 copay per visit</p>
<p>Occupational, Speech, and Language Therapy</p>	<p>\$40 copay per visit after you pay your deductible*</p>
<p>Cardiac Therapy</p>	<p>\$30 copay per visit</p>
<p>Intensive Cardiac Therapy</p>	<p>\$100 copay per visit</p>
<p>Pulmonary Therapy <i>(may require approval)</i></p>	<p>\$30 copay per visit</p>
<p>Home Health Care <i>(may require approval)</i></p>	<p>You pay nothing</p>
<p>Hospice</p> <p>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.</p>	<p>You pay nothing</p>
<p>Medical Equipment/Supplies <i>(may require approval)</i></p> <ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics/Medical Supplies (e.g., braces, artificial limbs) 	<p>20% of the cost</p> <p>20% of the cost</p>

*Medical deductible applies.

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Benefits	ConnectiCare Choice Part B Saver (HMO)
<p>Diabetic Supplies and Training</p> <ul style="list-style-type: none"> • Diabetic supplies <i>(includes monitoring supplies and therapeutic shoes or inserts)</i> • Kidney disease education 	<p>20% of the cost</p> <p>You pay nothing</p>
<p>Renal Dialysis</p>	<p>You pay 20% of the cost after you pay your deductible*</p>
<p>Wellness Programs</p> <ul style="list-style-type: none"> • Fitness • Teladoc® 	<p>SilverSneakers® — You pay nothing</p> <p>\$45 copay per visit</p>
<p>Over-the-Counter Items <i>(unused balance does not roll over)</i></p>	<p>\$60 per quarter by mail order only</p>
<p>Worldwide Emergent/Urgent Care <i>(coverage outside the United States)</i></p> <p>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 IV-8 for additional cost-sharing information for ambulance services.</p>	<p>\$90 copay</p>

*Medical deductible applies.

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. © 2021 Tivity Health, Inc. All rights reserved. Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by ConnectiCare with permission.

2022 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 **877-224-8220** (TTY: **711**), 8 am to 8 pm, seven days a week.

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 **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/co-insurance may change on January 1, 2023.
- 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).