2023 Summary of Benefits

ConnectiCare Choice Dual Basic (HMO D-SNP)

January 1, 2023 – December 31, 2023

Please Note: No referrals are required for this plan.

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.

Enrollment and eligibility

To join and remain eligible for the **ConnectiCare Choice Dual Basic (HMO D-SNP)** plan, you must be:

- Entitled to Medicare Part A,
- Enrolled in Medicare Part B,
- Enrolled in the Connecticut Medicaid Program (HUSKY C) or eligible for Medicare cost-sharing assistance under Medicaid, and
- Living 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 Dual Basic (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, the plan 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.

Your cost-share will be the same whether you purchase your covered Part D drugs at one of our network "preferred" pharmacies or at one of our "standard" pharmacies.

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If you receive a bill from a provider for Medicare-covered services, please do not pay the bill. Instead, please submit the bill to us for processing and determining if you have any responsibility. Please see Chapter 7 of your **ConnectiCare Choice Dual Basic (HMO D-SNP)** Evidence of Coverage for more information.

You can see our plan's provider and pharmacy directories 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 Oct. 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. from April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

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 Dual Basic (HMO D-SNP)
Monthly Plan Premium You must continue to pay your Medicare Part B, unless your Part B premium is paid for you by Medicaid or another third party.	You pay $0
Deductible	This plan does not have a deductible for covered medical services.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)* This is the most you pay for copays, coinsurance, and other costs for medical services for the year.	$8,300
Inpatient Hospital Coverage *(may require approval)*	You pay nothing.
Outpatient Hospital Coverage *(may require approval)*	
• Outpatient Hospital Services	You pay nothing.
• Ambulatory Surgery Centers	You pay nothing.
Doctor Visits *(in-office/virtual)*	
• Primary Care Provider (PCP)	You pay nothing. You pay nothing for annual physical exam.
• Specialist	You pay nothing.
Preventive Care Our plan covers many preventive services, including	You pay nothing. – 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, and COVID-19 vaccines – "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.)

Premiums and Benefits	ConnectiCare Choice Dual Basic (HMO D-SNP)
Emergency Care	You pay nothing.
Urgently Needed Services	You pay nothing.
Diagnostic Services/Labs/Imaging *(may require approval)*	
• Diagnostic Radiology Services *(e.g., MRI)*	You pay nothing.
• Lab Services	You pay nothing.
• Diagnostic Tests and Procedures	You pay nothing.
• Outpatient X-rays	You pay nothing.
Hearing Services:	
• Exam to diagnose and treat hearing and balance issues once each year	You pay nothing.
• Hearing aids	Not covered
Dental Services	
• Medicare-covered Dental Services	You pay nothing.
• Preventive Dental Services: Includes oral exams, cleanings, fluoride, bitewing x-rays, and panorex x-rays or complete series	You pay nothing. Covers one every 6 months: oral exams, cleanings, fluoride, and standard x-rays Covers one every 36 months: complete series x-rays
• Comprehensive Dental Services *(may require approval for some services)*	
Diagnostic; Minor Restorative Services: Fillings	You pay nothing.
Fixed Bridgework; Crowns and Inlays; Endodontics; Periodontics; Extractions: Root canal therapy, periodontal scaling and planing, periodontal surgery and mainenance, extractions and oral surgery	You pay nothing.
Prosthodontics; Other Oral/Maxillofacial Surgery; Other Services: Partial and full dentures, denture adjustments, recement of fixed bridges, implants	You pay nothing. $2,500 annual limit on all comprehensive dental services

Premiums and Benefits	ConnectiCare Choice Dual Basic (HMO D-SNP)
Vision Services • Vision Exam You are covered for one routine eye exam each year and for exams to diagnose and treat diseases and conditions of the eye.	You pay nothing.
• Eyewear — Routine	Up to $200 allowance for eyewear every year Routine eyewear must be dispensed by EyeMed participating providers. Please visit: **eyemedvisioncare.com**, click "Find an eye doctor," and in the drop-down choose "Insight Network." Or, call toll-free **833-337-3134**.
• Eyeglasses or contact lenses after cataract surgery (Eyewear must be obtained within 12 months of surgery.)	You pay nothing.
Mental Health Services *(may require approval)* • Inpatient visit	You pay nothing.
• Outpatient group therapy visit *(in-office only)*	You pay nothing.
• Outpatient individual therapy visit *(in-office/virtual)*	You pay nothing.
Skilled Nursing Facility (SNF) *(may require approval)* A benefit period begins the day you're admitted into a SNF. The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.	You pay nothing. Our plan covers up to 100 days in a SNF per benefit period.
Physical Therapy	You pay nothing.
Ambulance *(air and ground)* Prior authorization required for non-emergent services	You pay nothing.
Transportation *(non-emergency)*	Not covered

Prescription Drugs for ConnectiCare Choice Dual Basic (HMO D-SNP)

Medicare Part B Drugs	
Chemotherapy drugs and other Part B drugs We cover Part B drugs such as chemotherapy and some drugs administered by your doctor. *(may require approval)* Step therapy may be required for some Part B drugs.	You pay nothing.

Outpatient Prescription Drugs

As a member of **ConnectiCare Choice Dual Basic (HMO D-SNP)**, you are automatically enrolled in Medicare Part D prescription drug coverage. Because of your eligibility for Medicaid (HUSKY C) or your eligibility for Medicare cost-sharing assistance under Medicaid, you will receive Extra Help from the government (Low-Income Subsidy) to help pay for your prescription drugs.

"Extra Help" means help paying for your Medicare Part D premium, annual deductible (the amount you pay before your plan starts to pay), and prescription drug cost-shares (the amount you pay for a covered drug).

Prescription Drug Costs

Please refer to the table below for the cost-sharing for a one-month supply of a drug. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider), which tells you about your drug coverage. Because you are eligible for "Extra Help" or "Low-Income Subsidy" (LIS), the amount you pay is determined by the prescription and your LIS. Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay.

Part D Prescription Drug Cost-Sharing for a 30-Day Supply of Covered Drugs

Cost-shares may change when entering another phase of the Part D benefit.

Tier Name	Initial Coverage Stage	Coverage Gap Stage	Catastrophic Coverage Stage
Annual Deductible	$0		$0
Tier 1: Preferred Generic Drugs	$0		
Tier 2: Generic Drugs	$0		
Tier 3: Preferred Brand Drugs*	$0 - $10.35		
Tier 4: Non-Preferred Drugs			
Tier 5: Specialty Drugs			
Tier 6: Select Care Drugs (generic only)	$0		

*$0 eligible vaccines with no deductible.
Your cost will not change regardless of where you purchase your Part D prescription drugs. This includes our "preferred" or "standard" pharmacies, mail order, long-term care, or home infusion.

Additional Benefits

Benefits	ConnectiCare Choice Dual Basic (HMO D-SNP)
Acupuncture *(may require approval)*	You pay nothing. Covers up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).
Foot Care *(podiatry services)* • Foot exams and treatment If you have diabetes-related nerve damage and/or meet certain conditions, exams and treatment are covered.	You pay nothing.
Chiropractic Care We cover only manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).	You pay nothing.
Occupational, Speech, and Language Therapy	You pay nothing.
Cardiac Rehabilitation	You pay nothing.
Pulmonary Rehabilitation *(may require approval)*	You pay nothing.
Home Health Care *(may require approval)*	You pay nothing.
Hospice Original Medicare, rather than our plan, will pay for hospice services related to your terminal prognosis.	You pay nothing.
Medical Equipment/Supplies *(may require approval)* • Durable Medical Equipment *(e.g., wheelchairs, oxygen)* • Prosthetics/Medical Supplies *(e.g., braces, artificial limbs)*	You pay nothing. You pay nothing.
Diabetic Supplies and Training • Diabetic supplies *(includes monitoring supplies and therapeutic shoes or inserts)* • Kidney disease education	You pay nothing. You pay nothing.
Renal Dialysis	You pay nothing.

Benefits	ConnectiCare Choice Dual Basic (HMO D-SNP)
Wellness Programs • Nursing Hotline	You pay nothing. Includes Nursing Hotline 24 hours, 7 days a week. Members can speak confidentially one-on-one with a registered nurse, at any time. Nurses are trained in telephone triage and will provide clinical support for everyday health issues and questions. Call **877-489-0963** for non-emergency health and medical questions.
• Fitness	SilverSneakers®: You pay nothing.
• Health Education	You pay nothing.
Eligible Over-the-Counter Items The unused amount does not roll over to the next quarter. For additional information, please visit **connecticare.com/otc**.	Covers up to $125 every three months through mail order only
Worldwide Emergent/Urgent Care *(coverage outside the United States and U.S. territories)*	Not covered

Summary of Medicaid-Covered Benefits

Statement of Medicaid Benefits and Cost-Sharing Protections

Eligibility

ConnectiCare Choice Dual Basic (HMO D-SNP) plan members must be enrolled in the HUSKY C program, which pays their Medicare cost-sharing, or be eligible for Medicare cost-sharing assistance under Medicaid. These members may also be eligible to receive the additional Medicaid benefits described below and on the following pages.

Cost-sharing and cost-sharing protections for all members

In a **ConnectiCare Choice Dual Basic (HMO D-SNP)** plan, the state Medicaid Program (HUSKY C) pays the cost-share for Medicare-covered medical services you receive from a provider in ConnectiCare's network who is also a Medicaid participating provider.

If you receive covered services from a non-participating provider, you may be required to pay a cost-share based on your Medicaid status below.

Full Benefit Dual Eligible (FBDE): May help pay Medicare Part A and Part B premiums, and other cost-sharing (like deductible, coinsurance, and copayments). Eligible for full Medicaid benefits.

Specified Low-Income Medicare Beneficiary – Plus (SLMB+): Payment of your Medicare Part B premiums and full Medicaid benefits.

Qualified Medicare Beneficiary – Plus (QMB+): Payment of your Medicare Part A and Part B premiums, deductibles, cost-sharing (excluding Part D copays), and full Medicaid benefits.

Qualified Medicare Beneficiary (QMB): Payment of your Medicare Part A and Part B premiums, deductibles, and cost-sharing (excluding Part D copays).

Medicaid (HUSKY C) Covered Benefits

The benefit information provided is a summary of what Medicaid covers. It does not list every service that is covered or list every limitation or exclusion. Some services may require prior authorization.

Benefit	Limitations
Acupuncture	Covered when medically necessary. Medicaid coverage rules apply.
Allergy Testing/Shots	Covered when medically necessary.
Ambulance: Emergency ground and rotary air ambulance	For emergencies only (Call **911** for emergency ground ambulance.)
Ambulance: Non-emergency air ambulance	To the closest appropriate provider for an approved service. Contact Veyo, a Total Transit company, at **855-478-7350** or **ct.ridewithveyo.com**.
Behavioral Health *(Mental Health and Substance use Treatment)*	Covered services include but are not limited to: • Freestanding Outpatient Medical Clinic Services • Hospital Outpatient Psychiatric Services • Freestanding Mental Health and Ambulatory Substance Use Clinic Services • Emergency and Inpatient Psychiatric Hospitalization Services • Individual Practitioner Services • Contact Connecticut Behavioral Health Partnership at **ctbhp.com** or **877-552-8247** for detailed benefit coverage information.

Medicaid (HUSKY C) Covered Benefits (Continued)

Benefit	Limitations
Birth Control	Requires prescription for all methods of contraception obtained at a pharmacy. Monthly limits apply for condoms. The Plan B morning-after pill is also covered with prescription.
Cardiac Care *(Includes Diagnostic Screening and Testing)*	Covered when medically necessary.
Cardiac Rehabilitation Program	Covered when medically necessary. Prior authorization required.
Chiropractic	**Ages Birth through 20:** Limited to certain specific services provided by an independent chiropractor or within a clinic/health center setting. **Ages 21+:** Approved chiropractic services for adults can be performed in the independent office setting, as well as federally qualified health centers (FQHCs) and outpatient hospital settings.
Dental	Certain nonemergency dental services (diagnostic, prevention, basic restoration procedures and nonsurgical extraction consistent with standard and reasonable dental practices) are exempt from the DSS' PA process up to a maximum amount of $1,000 per member per calendar year, regardless of the number of dental providers serving the member. DSS may pay for services that exceed the $1,000 threshold if, subject to PA requirements, DSS determines that the services are medically necessary. Contact Dental Health Partnership at **ctdhp.com** or **855-283-3682** for detailed benefit coverage information.
Dialysis	Covered when medically necessary.
Diapers and Adult Incontinence Supplies	**Ages Birth through 2:** Not covered. **Ages 3+:** Covered if medically necessary. Prescription required.
Diabetic Supplies such as: *blood glucose monitor, alcohol wipes, test strips (urine, blood, or reagent), lancets*	**Ages Birth through 20:** Covered under both the pharmacy benefit or under the medical equipment benefit. **Ages 21+:** Diabetic supplies such as diabetic meters, test strips, and lancets, as well as additional ancillary items, will be added to the Medicaid Preferred Product List and will be covered as part of the pharmacy benefit for HUSKY A, C, and D members ages 21 and older. Pharmacy claims submitted for clients under the age of 21 for HUSKY A, C, and D will also be subject to the Medicaid Preferred Product List. *Insulin is covered for all ages under the pharmacy benefit.*
Diabetic Shoes/Inserts	**Ages 21+:** 2 pairs are covered per calendar year without prior authorization.

Medicaid (HUSKY C) Covered Benefits (Continued)

Benefit	Limitations
Emergency Services/ Urgent Care	**In-state:** Covered by an enrolled physician/APRN/CNM and PA's practice or, by part of an outpatient hospital department. **Out-of-state:** Not covered unless visit is medically necessary AND the provider enrolls in HUSKY. **Out-of-country:** Emergency services are not covered when received outside the United States or U.S. territories.
Family Planning (For ongoing care) (Includes birth control, exams, testing, and treatment for sexually transmitted diseases and HIV. Also see Birth Control and Maternity.)	Covered when medically necessary.
Genetic Testing	Covered when medically necessary.
Gynecology	Covered when medically necessary.
Hearing Exams	Covered when medically necessary.
Hearing Aids	**HUSKY A, C, D:** 1 pair every 3 years.
Hearing Aid Batteries	Requires prescription.
Home Health Care:	
Skilled Nursing Visits at Home	Covered when medically necessary. **Maternity Visits:** Limited to services for pregnant women at high risk.
Home Health Aide Visits at Home	Must provide hands-on physical care *(for feeding, bathing, toileting, dressing, or mobility)*. Custodial or homemaker/companion services are not covered.
Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home	Covered when medically necessary.
Extended Skilled Nursing Visits at Home *(nursing shifts)*	Covered when medically necessary.
Hospice at Home *Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.* For inpatient hospice, see Hospice Inpatient Care.	Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less. **Ages Birth through 20:** Members may receive treatment aimed at cure at the same time they are receiving hospice care.

Medicaid (HUSKY C) Covered Benefits (Continued)

Benefit	Limitations
Home Infusion Services at Home *(Intravenous medicine at home)*	**Ages Birth through 20:** Covered when medically necessary. **Ages 21+:** Home Health Agency will teach members to administer their own medication.
Nursing Visits at Home for Behavioral Health Conditions	Covered when medically necessary. Contact Connecticut Behavioral Health Partnership at **ctbhp.com** or **877-552-8247** for detailed benefit coverage information.
Hospice Inpatient Care *Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.*	Inpatient Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less.
Hospital Care:	
Inpatient	Inpatient stays and doctor visits while you are inpatient are covered when medically necessary.
Outpatient	Covered when medically necessary.
Specialized Long-Term Hospital Care	Covered when medically necessary.
Laboratory Services	Covered when medically necessary.
Long-Term Care Skilled Nursing Facility	Covered when medically necessary.
Maternity (prenatal, delivery, and postpartum) **Breast Pumps**	**Hospital births:** No limitations. **Home births:** Covered. **Breast pumps:** Covered once the baby is born. A prescription in the mother's name is required. Note: Manual and electric breast pumps can be dispensed prior to an inpatient hospital admission, but not prior to the member's third (3rd) trimester of pregnancy. **Childbirth/Lamaze classes:** Not covered.
Medical Equipment *(for use at home) Definition: Reusable equipment that can withstand repeated use, and is generally used to serve a medical purpose. Includes items such as Walkers, Wheelchairs, Sleep Apnea Equipment, Breast Pumps, etc.*	Must be medically necessary and meet the definition of Medical Equipment (see Benefit). Prescription is required.

Medicaid (HUSKY C) Covered Benefits (Continued)

Benefit	Limitations
Medical Supplies *Disposable, i.e., Gauze, Gloves, Syringes*	Prescription is required. Covered when medically necessary.
Naturopath	**Ages Birth through 20:** Limited to some specific services; covered when medically necessary. **Ages 21+:** Care is covered only when provided in a hospital or outpatient clinic.
Nutritional Counseling	Nutritional counseling is covered when received by a physician, APRN, or physician's assistant as part of an office visit or when part of a visit in a clinic, community health center, or CMAP enrolled clinics (including FQHCs and hospital outpatient clinics). Nutritional counseling with an independent registered dietitian is not covered.
Orthotics *Prescription custom-made supportive inserts to address conditions of the feet and ankles*	Covered when medically necessary.
Pharmacy *Prescription medicine, over-the-counter medicine, vitamins and supplements*	A prescription is required even for over-the-counter items (vitamins, medicines, and supplements) that are covered; some limits apply. Some prescriptions require prior authorization.
Prosthetics *An artificial device to replace a missing body part. The body part may be missing due to trauma, disease, or congenital condition.*	Covered when medically necessary.
Rehab Services: Outpatient *Physical Therapy, Occupational Therapy, Speech Therapy* **Inpatient** *Physical Therapy, Occupational Therapy, Speech Therapy* (For services at home, see Home Health Care.)	Covered when medically necessary.
Surgery:	
Bariatric	Covered when medically necessary.
Cosmetic	Surgery considered to be cosmetic is not covered.
Inpatient	Covered when medically necessary.
Outpatient	Covered when medically necessary.
Reconstructive	Covered when medically necessary.
Transgender/Reassignment Surgery	Covered when medically necessary.

Medicaid (HUSKY C) Covered Benefits (Continued)

Benefit	Limitations
Transportation to Medical Appointments	Must be transportation to receive a service HUSKY C covers. Contact Veyo, a Total Transit company, at **855-478-7350** or **ct.ridewithveyo.com**.
Urgent Care/Walk-in (in-state)	Covered when medically necessary.
Vision Care, Eyeglasses, and Contact Lenses	**Eyeglasses** — Ages 21+: Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. CT Medicaid limited reimbursement to 1 pair of eyeglasses once every two rolling calendar years, unless there is a change in vision that necessitates a new pair of eyeglasses. **Contact lenses:** Only covered for certain diagnoses.
Wigs	Requires prescription. Contact Member Engagement Services at **800-859-9889**.

For information on your Medicaid benefits, contact the Connecticut Department of Social Services at **800-842-1508** or visit **ct.gov/dss**.

2023 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 a.m. to 8 p.m., seven days a week.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2024.
- ☐ 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).
- ☐ This plan is a dual eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.