



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

### Annual Notice of Changes for 2025

You are currently enrolled as a member of ConnectiCare Choice Plan 2 (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [connecticare.com/medicare](http://connecticare.com/medicare). You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### What to do now

##### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers will be in our network next year.
- Think about whether you are happy with our plan.

##### 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

### 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in ConnectiCare Choice Plan 2 (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with ConnectiCare Choice Plan 2 (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-800-224-2273** for additional information. (TTY users should call **711**.) Hours are 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm Monday- Saturday, April 1- September 30. This call is free.
- We can also provide information in a way that works for you (information in alternate formats). Please call Member Services at the number listed above if you need plan information in another format or language.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About ConnectiCare Choice Plan 2 (HMO-POS)**

- ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means ConnectiCare, Inc. When it says “plan” or “our plan,” it means ConnectiCare Choice Plan 2 (HMO-POS).
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***  
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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for ConnectiCare Choice Plan 2 (HMO-POS) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium</b></p> <p>(See Section 1.1 for details.)</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>
<p><b>Maximum out-of-pocket amount</b></p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p><b>\$6,000</b></p>	<p><b>\$6,000</b></p>
<p><b>Doctor office visits</b></p>	<p><u>Primary care visits:</u> <b>\$0</b> copayment per visit</p> <p><u>Specialist visits:</u> <b>\$10</b> copayment per visit</p>	<p><u>Primary care visits:</u> <b>\$0</b> copayment per visit</p> <p><u>Specialist visits:</u> <b>\$10</b> copayment per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>Days 1-6: <b>\$295</b> copay per day. <b>\$0</b> copay per day for each additional day; for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required.</p>	<p>Days 1-6: <b>\$295</b> copay per day. <b>\$0</b> copay per day for each additional day; for each inpatient stay.</p> <p>Unlimited days.</p> <p>Prior authorization is required.</p>

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	<b>\$0</b>	<b>\$0</b>
(You must also continue to pay your Medicare Part B premium.)		

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	<b>\$6,000</b>	<b>\$6,000</b>
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		Once you have paid <b>\$6,000</b> out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at [connecticare.com/medicare](http://connecticare.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory** [emblemhealth.com/medicare](http://emblemhealth.com/medicare) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Acupuncture</b>	You pay a <b>\$30</b> copay for each Medicare-covered Acupuncture visit.  Prior authorization is required.	You pay a <b>\$10</b> copay for each Medicare-covered Acupuncture visit.  Prior authorization is required.
<b>Ambulatory Surgical Centers</b>	You pay a <b>\$100</b> copay for a Medicare-covered ambulatory surgical center visit.  Prior authorization is required.	You pay a <b>\$100</b> copay for a Medicare-covered ambulatory surgical center visit.  <b>\$0</b> for Diagnostic Colonoscopy.  Prior authorization is required.
<b>Diagnostic Radiology</b>	You pay a <b>\$175</b> copay for diagnostic radiology.  Prior authorization is required.	You pay a <b>\$175</b> copay for diagnostic radiology.  <b>\$0</b> for Diagnostic Mammograms.  Prior authorization is required.
<b>Hearing Services</b>	You pay a <b>\$10</b> copay for one covered routine hearing exam per year.	You pay a <b>\$0</b> copay for one covered routine hearing exam per year.
<b>Inpatient Psychiatric Hospital Stay</b>	You pay a <b>\$2,179</b> copay for an Inpatient Psychiatric Hospital stay.  Prior authorization is required.	You pay a <b>\$2,290</b> copay for an Inpatient Psychiatric Hospital stay.  Prior authorization is required.
<b>Intensive Cardiac Rehabilitation Services</b>	You pay a <b>\$60</b> copay for Medicare-covered intensive cardiac rehabilitation services.	You pay a <b>\$55</b> copay for Medicare-covered intensive cardiac rehabilitation services.

Cost	2024 (this year)	2025 (next year)
<b>Outpatient Hospital Services</b>	<p>You pay a <b>\$200</b> copay for outpatient hospital services.</p> <p>Prior authorization is required.</p>	<p>You pay a <b>\$200</b> copay for outpatient hospital services.</p> <p><b>\$0</b> for Diagnostic Colonoscopy.</p> <p>Prior authorization is required.</p>
<b>Outpatient Observation Services</b>	<p>You pay a <b>\$200</b> copay for outpatient observation services.</p> <p>Prior authorization is required.</p>	<p>You pay a <b>\$200</b> copay for outpatient observation services.</p> <p>Prior authorization is <b>not</b> required.</p>
<b>Skilled Nursing Facility (SNF) Care</b>	<p>You pay a <b>\$0</b> copay per day for Medicare-covered 1-20, <b>\$203</b> copay per day for Medicare-covered 21-100; each benefit period.</p> <p>Prior authorization is required.</p>	<p>You pay a <b>\$0</b> copay per day for Medicare-covered 1-20, <b>\$214</b> copay per day for Medicare-covered 21-100; each benefit period.</p> <p>Prior authorization is required.</p>
<b>Vision Care</b>	<p>You pay a <b>\$10</b> copay one per year for routine eye exam.</p> <p>Our plan covers up to a <b>\$500 every year</b> for one pair of routine eyeglasses and contact lenses up to allowance.</p>	<p>You pay a <b>\$0</b> copay one per year for routine eye exam.</p> <p>Our plan covers up to a <b>\$750 every year</b> for routine eyeglasses or contact lenses up to allowance.</p>
<b>Worldwide Ground Ambulance</b>	<p>You pay a <b>\$50</b> copay for each Worldwide Ground Ambulance trip.</p> <p><b>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Urgent Care.</b></p> <p>Copay not waived if admitted.</p>	<p>You pay a <b>\$100</b> copay for each Worldwide Ground Ambulance trip.</p> <p><b>\$50,000 annual limit combined with Worldwide Emergency Care and Worldwide Urgent Care.</b></p> <p>Copay not waived if admitted.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in ConnectiCare Choice Plan 2 (HMO-POS)

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our ConnectiCare Choice Plan 2 (HMO-POS).

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

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

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2). As a reminder, ConnectiCare, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from ConnectiCare Choice Plan 2 (HMO-POS).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from ConnectiCare Choice Plan 2 (HMO-POS).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.



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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Connecticut, the SHIP is called **CHOICES** (Connecticut’s program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, **E**ligibility Screening).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CHOICES counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CHOICES at 1-800-994-9422. You can learn more about CHOICES by visiting their website ([www.ct.gov/agingservices](http://www.ct.gov/agingservices)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or

- Your State Medicaid Office.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Connecticut AIDS Drug Assistance Program (CADAP). **Note:** To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

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

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

## SECTION 6 Questions?

### Section 6.1 – Getting Help from ConnectiCare Choice Plan 2 (HMO-POS)

Questions? We're here to help. Please call Member Services at 1-800-224-2273 (TTY only, call 711). We are available for phone calls 8 am to 8 pm 7 days a week from October 1 to March 31 and 8 am to 8 pm Monday - Saturday, April 1 to September 30. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for ConnectiCare Choice Plan 2 (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [connecticare.com/medicare](http://connecticare.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit Our Website**

You can also visit our website at [connecticare.com/medicare](http://connecticare.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

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## Section 6.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.