

# 2025 Summary of Benefits

## ConnectiCare

### Choice Dual (HMO-POS D-SNP)

January 1, 2025 – December 31, 2025

**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](https://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 (HMO-POS 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 HUSKY A), 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 (HMO-POS 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.

This plan covers dental benefits in and out of network . You may pay more for dental services when using out of network dentists.

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](https://connecticare.com/medicare). Or, call us and we’ll send you a copy.

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. Your provider is responsible for submitting a claim to the Medicaid program for your share of the costs. Please see Chapter 7 of your **ConnectiCare Choice Dual (HMO-POS 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

To find out more about ConnectiCare plans and to enroll, please call us at **877-224-8220** (TTY: **711**). From Oct. 1 to March 31, you can call us seven 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. Or visit us at our website, **connecticare.com/medicare**.

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, seven days a week. TTY users should call **1-877-486-2048**.

Benefits	ConnectiCare Choice Dual (HMO-POS D-SNP)
<p><b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium, unless your Part B premium is paid for you by Medicaid or another third party.</p>	You pay \$0
<p><b>Deductible</b></p>	This plan does not have a deductible for covered medical services.
<p><b>Maximum Out-of-Pocket Responsibility</b> (Does not include prescription drugs.) This is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year.</p>	\$9,350
<p><b>Inpatient Hospital Coverage</b> (May require approval.)</p>	<p>You pay \$0 per day for days one through 90. Our plan covers up to 90 days per each benefit period. Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan.</p>
<p><b>Outpatient Hospital Coverage</b> (May require approval.)</p> <ul style="list-style-type: none"> <li>• Outpatient hospital services:</li> <li>• Ambulatory surgery centers:</li> </ul>	<p>You pay \$0 You pay \$0</p>
<p><b>Doctor Visits</b> (in-office/virtual)</p> <ul style="list-style-type: none"> <li>• Primary care provider (PCP):</li> <li>• Specialist:</li> </ul>	<p>You pay \$0 You pay \$0 for annual physical exam. You pay \$0</p>
<p><b>Preventive Care</b> Our plan covers many preventive services, including:</p>	<p>You pay \$0</p> <ul style="list-style-type: none"> <li>– Bone mass measurement.</li> <li>– Breast cancer screening (mammogram).</li> <li>– Cardiovascular screening.</li> <li>– Cervical and vaginal cancer screening.</li> <li>– Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy).</li> <li>– Depression screening.</li> <li>– Diabetes screening.</li> <li>– Prostate cancer screening (PSA).</li> <li>– Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines.</li> <li>– “Welcome to Medicare” preventive visit (one-time) and yearly.</li> <li>– “Wellness” visit (all additional preventive services approved by Medicare during the contract year will be covered).</li> </ul>

Benefits	ConnectiCare Choice Dual (HMO-POS D-SNP)
<b>Emergency Care</b>	You pay \$0
<b>Urgently Needed Services</b>	You pay \$0
<p><b>Diagnostic Services/Labs/Imaging:</b> (May require approval.)</p> <ul style="list-style-type: none"> <li>• Diagnostic radiology services (such as MRIs, CT scans):</li> <li>• Lab services:</li> <li>• Diagnostic tests and procedures:</li> <li>• Outpatient x-rays:</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p><b>Hearing Services:</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat hearing and balance issues once each year:</li> <li>• Evaluation and fitting:</li> <li>• Hearing aids (limited to two, both ears combined):</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>Up to \$2,500 maximum allowance every year</p>
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered Dental Services:</li> <li>• Preventive Dental Services: Includes oral exams, cleanings, fluoride, bitewing x-rays, and panorex x-rays or complete series.</li> <li>• Comprehensive Dental Services: (May require approval.) Minor Restorative Services: fillings. Major Restorative Services: (Endodontics, Periodontics, Prosthodontics and Oral and Maxillofacial Surgery) – Includes Root Canal Therapy, Periodontal Scaling and Planing, Periodontal Surgery Crowns, Fixed Bridgework, Partial and Full Dentures, Denture Adjustments, Repairs to Fixed Bridges, Re-Cement of Fixed Bridges, Crowns, and Inlays, Extractions and Oral Surgery, Implants, and Maintenance.</li> </ul>	<p>\$3,000 annual benefit maximum on all comprehensive dental services.</p> <p>In-network:</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>We cover one every six months: oral exams, cleanings, fluoride, and standard x-rays.</p> <p>We cover one every 36 months: complete series x-rays.</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>Out-of-network:</p> <p>You pay the difference between the out-of-network allowance and the total amount billed by the dentist.</p>

Benefits	ConnectiCare Choice Dual (HMO-POS D-SNP)
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye.</li> <li>• Routine eye exam (one every year):</li> <li>• Eyewear — routine:</li>   <li>• Eyeglasses or contact lenses after cataract surgery (eyewear must be obtained within 12 months of surgery):</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>Up to \$500 allowance for eyewear every year. Unlimited up to allowance.</p> <p>Routine eyewear must be dispensed by EyeMed participating providers. Please visit: <b>connecticare.com/medicare</b>, click “Find a Doctor.” Or, call toll-free <b>833-337-3134</b> (TTY: <b>711</b>).</p> <p>You pay \$0</p>
<p><b>Mental Health Services</b> (May require approval.)</p> <ul style="list-style-type: none"> <li>• Inpatient visit:</li>   <li>• Outpatient group therapy visit (in-office only):</li> <li>• Outpatient individual therapy visit (in-office/virtual):</li> </ul>	<p>You pay \$0</p> <p>Our plan covers up to 90 days per benefit period. Our plan also covers 60 “lifetime reserve days” as long as the stay is covered under the plan.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</p> <p>You pay \$0</p> <p>You pay \$0</p>
<p><b>Skilled Nursing Facility (SNF)</b> (May require approval.)</p> <p>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.</p>	<p>You pay \$0</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p>

2025 Summary of Benefits – ConnectiCare Choice Dual (HMO-POS D-SNP)

Benefits	ConnectiCare Choice Dual (HMO-POS D-SNP)
<b>Physical and Speech Therapy</b>	You pay \$0
<b>Ambulance</b> (air and ground) Prior authorization required for non-emergent services	You pay \$0
<b>Transportation</b> (non-emergency)	Not covered.

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

Medicare Part B Drugs	
Chemotherapy drugs and other Part B drugs: (May require approval.)  These drugs may require step therapy and/or prior approval.	You pay \$0

### Outpatient Prescription Drugs

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

“Extra Help” means that you will receive 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).

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

How much you pay depends on what stage of the benefit you are in and your level of Extra Help.

Tier Name	Initial Coverage (\$0-\$2,000)	Catastrophic Coverage
All Formulary Drugs	Generic Drugs: \$0/\$1.60/\$4.90 Brand Drugs: \$0/\$4.80/\$12.15  The amount you pay depends on your level of Extra Help. Please refer to your Low-Income Subsidy (LIS) Rider for more information on what you pay.	\$0

\$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

### Catastrophic Coverage

After your year-to-date out-of-pocket costs reach \$2,000, you will pay nothing for covered Part D drugs.

Your cost will not change regardless of where you purchase your Part D prescription drugs. This includes our retail pharmacies, mail order, long-term care, or home infusion.

### The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Because you qualify for Extra Help, participating in the Medicare Prescription Payment Plan may not be the best choice for you. Contact us or visit **medicare.gov** for more information.

## Additional Benefits

Benefits	ConnectiCare Choice Dual (HMO-POS D-SNP)
<p><b>Acupuncture</b> (May require approval.)</p>	<p>You pay \$0 Covers up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days).</p>
<p><b>Foot Care</b> (podiatry services) Foot exams and treatment:  If you have diabetes-related nerve damage and/or meet certain conditions, exams and treatment are covered.</p>	<p>You pay \$0</p>
<p><b>Chiropractic Care</b> 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).</p>	<p>You pay \$0</p>
<p><b>Occupational Therapy</b></p>	<p>You pay \$0</p>
<p><b>Cardiac Rehabilitation</b> (in-office/virtual)</p>	<p>You pay \$0</p>
<p><b>Pulmonary Rehabilitation</b> (May require approval.)</p>	<p>You pay \$0</p>
<p><b>Home Health Care</b> (May require approval.)</p>	<p>You pay \$0</p>
<p><b>Hospice</b> Original Medicare, rather than our plan, will pay for hospice services related to your terminal prognosis.</p>	<p>You pay \$0</p>
<p><b>Medical Equipment/Supplies</b> (May require approval.)</p> <ul style="list-style-type: none"> <li>• Durable medical equipment (DME) (wheelchairs, oxygen):</li> <li>• Prosthetics/medical supplies (braces, artificial limbs):</li> </ul>	<p>You pay \$0  You pay \$0</p>
<p><b>Diabetic Supplies and Training:</b></p> <ul style="list-style-type: none"> <li>• Diabetic supplies (includes monitoring supplies and therapeutic shoes or inserts):</li> <li>• Kidney disease education:</li> </ul>	<p>You pay \$0  Our plan only covers FreeStyle®, Precision®, and LifeScan®/One Touch® brands of glucose monitors and test strips.  You pay \$0</p>
<p><b>Renal Dialysis</b></p>	<p>You pay \$0</p>





# Summary of Medicaid-Covered Benefits

## Statement of Medicaid Benefits and Cost-Sharing Protections

### Eligibility

**ConnectiCare Choice Dual (HMO-POS D-SNP)** plan members must be enrolled in the Medicaid program, which pays their Medicare cost-sharing. These members are also 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 (HMO-POS D-SNP)** plan, the state Medicaid Program 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 lose your Medicaid eligibility or see a provider who does not accept Medicaid, you will be responsible for your share of the costs for Medicare Part A and Part B benefits.

**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.

**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.

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

### Medicaid 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
<b>Acupuncture</b>	Covered when medically necessary. Medicaid coverage rules apply.
<b>Allergy Testing/Shots</b>	Covered when medically necessary.
<b>Ambulance: Emergency Ground and Rotary Air Ambulance</b>	For emergencies only (Call <b>911</b> for emergency ground ambulance.)
<b>Ambulance: Non-Emergency Air Ambulance</b>	To the closest appropriate provider for an approved service. Contact Veyo, a Total Transit company, at <b>855-478-7350</b> or <b>ct.ridewithveyo.com</b> .
<b>Behavioral Health</b> (Mental Health and Substance use Treatment)	Covered services include but are not limited to: <ul style="list-style-type: none"><li>• Freestanding Outpatient Medical Clinic Services</li><li>• Hospital Outpatient Psychiatric Services</li><li>• Freestanding Mental Health and Ambulatory Substance Use Clinic Services</li><li>• Emergency and Inpatient Psychiatric Hospitalization Services</li><li>• Individual Practitioner Services</li><li>• Contact Connecticut Behavioral Health Partnership at <b>ctbhp.com</b> or <b>877-552-8247</b> (TTY: <b>711</b>) for detailed benefit coverage information.</li></ul>

## Medicaid Covered Benefits (Continued)

Benefit	Limitations
<b>Birth Control</b>	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.
<b>Cardiac Care</b> (Includes Diagnostic Screening and Testing)	Covered when medically necessary.
<b>Cardiac Rehabilitation Program</b>	Covered when medically necessary.
<b>Chiropractic</b>	<p><b>Ages birth through 20:</b> Limited to certain specific services provided by an independent chiropractor or within a clinic/health center setting.</p> <p><b>Ages 21+:</b> 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.</p>
<b>Dental</b>	<p>Covered when medically necessary.</p> <p>Not all dental procedures are covered benefits, and certain covered dental services require prior authorization by your dentist.</p> <p>Contact Dental Health Partnership at <b>ctdhp.com</b> or <b>855-283-3682</b> (TTY: <b>711</b>) for detailed benefit coverage information.</p>
<b>Dialysis</b>	Covered when medically necessary.
<b>Diapers and Adult Incontinence Supplies</b>	<p><b>Ages birth through 2:</b> Not covered.</p> <p><b>Ages 3+:</b> Covered if medically necessary. Prescription required.</p>
<b>Diabetic Supplies</b> (such as blood glucose monitor, alcohol wipes, test strips (urine, blood, or reagent), and lancets)	<p>Covered under both the pharmacy benefit or under the medical equipment benefit.</p> <p>Under pharmacy coverage, diabetic supplies such as diabetic meters, test strips, and lancets as well as additional ancillary items, are subject to the Medicaid Preferred Product List.</p> <p>Insulin is covered for all ages under the pharmacy benefit.</p>
<b>Diabetic Shoes/Inserts</b>	<b>Ages 21+:</b> Two pairs are covered per calendar year without prior authorization.
<b>Emergency Services/ Urgent Care</b>	<p><b>In-state:</b> Covered by an enrolled physician/APRN/CNM and PA's practice or by part of an outpatient hospital department.</p> <p><b>Out-of-state:</b> Not covered unless visit is medically necessary AND the provider enrolls in HUSKY.</p> <p><b>Out-of-country:</b> Emergency services are not covered when received outside the United States or U.S. territories.</p>

## Medicaid Covered Benefits (Continued)

Benefit	Limitations
<b>Family Planning</b> (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.
<b>Genetic Testing</b>	Covered when medically necessary.
<b>Gynecology</b>	Covered when medically necessary.
<b>Hearing Exams</b>	Covered when medically necessary.
<b>Hearing Aids</b>	<b>HUSKY A, C, D:</b> One pair every three years.
<b>Hearing Aid Batteries</b>	Requires prescription.
<b>Home Health Care:</b>	
<b>Skilled Nursing Visits at Home</b>	Covered when medically necessary. <b>Maternity visits:</b> Limited to services for pregnant women at high risk.
<b>Home Health Aide Visits at Home</b>	Must provide hands-on physical care (for feeding, bathing, toileting, dressing, or mobility). Custodial or homemaker/companion services are not covered.
<b>Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home</b>	Covered when medically necessary.
<b>Extended Skilled Nursing Visits at Home</b> (nursing shifts)	Covered when medically necessary.
<b>Hospice at Home</b> 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 six months or less. <b>Ages birth through 20:</b> Members may receive treatment aimed at cure at the same time they are receiving hospice care.
<b>Home Infusion Services at Home</b> (intravenous medicine at home)	<b>Ages birth through 20:</b> Covered when medically necessary. <b>Ages 21+:</b> Home Health Agency will teach members to administer their own medication.
<b>Nursing Visits at Home for Behavioral Health Conditions</b>	Covered when medically necessary. Contact Connecticut Behavioral Health Partnership at <a href="http://ctbhp.com">ctbhp.com</a> or <b>877-552-8247</b> (TTY: <b>711</b> ) for detailed benefit coverage information.

## Medicaid Covered Benefits (Continued)

Benefit	Limitations
<p><b>Hospice Inpatient Care</b> Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.</p>	<p>Inpatient hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of six months or less.</p>
<b>Hospital Care:</b>	
<b>Inpatient</b>	<p>Inpatient stays and doctor visits while you are inpatient are covered when medically necessary.</p>
<b>Outpatient</b>	<p>Covered when medically necessary.</p>
<b>Specialized Long-Term Hospital Care</b>	<p>Covered when medically necessary.</p>
<b>Laboratory Services</b>	<p>Covered when medically necessary.</p>
<b>Long-Term Care Skilled Nursing Facility</b>	<p>Covered when medically necessary.</p>
<p><b>Maternity (prenatal, delivery, and postpartum)</b> <b>Breast Pumps</b></p>	<p><b>Hospital births:</b> No limitations. <b>Home births:</b> Covered. <b>Breast pumps:</b> 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. <b>Childbirth/Lamaze classes:</b> Not covered.</p>
<p><b>Medical Equipment</b> (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.</p>	<p>Must be medically necessary and meet the definition of Medical Equipment (see Benefit). Prescription is required.</p>
<p><b>Medical Supplies</b> (disposable; i.e., gauze, gloves, syringes)</p>	<p>Prescription is required. Covered when medically necessary.</p>
<b>Naturopath</b>	<p>Covered when medically necessary.</p>

## Medicaid Covered Benefits (Continued)

Benefit	Limitations
<b>Nutritional Counseling</b>	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.
<b>Orthotics</b> Prescription custom-made supportive inserts to address conditions of the feet and ankles	Covered when medically necessary.
<b>Pharmacy</b> 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.
<b>Prosthetics</b> 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.
<b>Rehab Services:</b> <b>Outpatient –</b> Physical therapy, occupational therapy, speech therapy <b>Inpatient –</b> Physical therapy, occupational therapy, speech therapy (For services at home, see Home Health Care.)	Covered when medically necessary.
<b>Surgery:</b>	
<b>Bariatric</b>	Covered when medically necessary.
<b>Cosmetic</b>	Surgery considered to be cosmetic is not covered.
<b>Inpatient</b>	Covered when medically necessary.
<b>Outpatient</b>	Covered when medically necessary.
<b>Reconstructive</b>	Covered when medically necessary.
<b>Transgender/Reassignment Surgery</b>	Covered when medically necessary.
<b>Transportation to Medical Appointments</b>	Must be transportation to receive a service HUSKY C covers. Contact Veyo, a Total Transit company, at <b>855-478-7350</b> or <b>ct.ridewithveyo.com</b> .

## Medicaid Covered Benefits (Continued)

Benefit	Limitations
<b>Urgent Care/Walk-in (in-state)</b>	Covered when medically necessary.
<b>Vision Care, Eyeglasses, and Contact Lenses</b>	<b>Eyeglasses</b> — Ages 21+: Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. One pair of eyeglasses can be covered every 24 months, unless a new pair is medically necessary. <b>Contact lenses:</b> Only covered for certain diagnoses.
<b>Wigs</b>	Requires prescription. Contact Member Engagement Services at <b>800-859-9889</b> (TTY: <b>711</b> ).

For information on your Medicaid benefits, contact the Connecticut Department of Social Services at **800-859-9889** (TTY: **711**), 8 a.m. to 6 p.m., Monday through Friday, or visit **ct.gov/dss**.

ConnectiCare Insurance Company, Inc. is an HMO-POS 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 Plan 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. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved. Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by ConnectiCare with permission.

# 2025 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 **800-224-2273** (TTY: **711**), from Oct. 1 to March 31, seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, Monday through Saturday from 8 a.m. to 8 p.m.

## 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 **800-224-2273** (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

- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- 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, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- 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.