



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

# Annual Notice of Changes for 2020

You are currently enrolled as a member of ConnectiCare Choice Plan 2. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **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.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- 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 personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

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 want to **keep** ConnectiCare Choice Plan 2, you don’t need to do anything. You will stay in ConnectiCare Choice Plan 2.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in ConnectiCare Choice Plan 2.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

### **Additional Resources**

- Please contact our Member Services number at 1-800-224-2273 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m., seven days a week.
- Member Services has free language interpreter services available for non-English speakers. Please contact our Member Services number at 1-800-224-2273 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m., seven days a week. We can also provide information in a way that works for you (information in large print or other alternate formats).
- **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 <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

## **About ConnectiCare Choice Plan 2**

- ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means ConnectiCare, Inc. When it says “plan” or “our plan,” it means ConnectiCare Choice Plan 2.

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## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for ConnectiCare Choice Plan 2 in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.connecticare.com/medicare](http://www.connecticare.com/medicare). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amount</b> 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.)	\$6,000	\$6,000
<b>Doctor office visits</b>	<u>Primary care visits:</u> <b>\$0</b> copay per visit.  <u>Specialist visits:</u> <b>\$10</b> copay per visit.	<u>Primary care visits:</u> <b>\$0</b> copay per visit.  <u>Specialist visits:</u> <b>\$10</b> copay per visit.
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	You pay a <b>\$295</b> copay for each Medicare-covered day for days 1-6; <b>\$0</b> copay for each additional day; for each inpatient stay.  Prior authorization is required.	You pay a <b>\$295</b> copay for each Medicare-covered day for days 1-6; <b>\$0</b> copay for each additional day; for each inpatient stay.  Prior authorization is required.

## **Annual Notice of Changes for 2020 Table of Contents**

<b>Summary of Important Costs for 2020 .....</b>	<b>1</b>
<b>SECTION 1      Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to the Maximum Out-of-Pocket .....	3
Section 1.3 – Changes to the Provider Network .....	4
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	5
<b>SECTION 2      Administrative Changes .....</b>	<b>9</b>
<b>SECTION 3      Deciding Which Plan to Choose.....</b>	<b>10</b>
Section 3.1 – If you want to stay in ConnectiCare Choice Plan 2 .....	10
Section 3.2 – If you want to change plans .....	10
<b>SECTION 4      Deadline for Changing Plans.....</b>	<b>11</b>
<b>SECTION 5      Programs That Offer Free Counseling about Medicare .....</b>	<b>11</b>
<b>SECTION 6      Programs That Help Pay for Prescription Drugs .....</b>	<b>11</b>
<b>SECTION 7      Questions?.....</b>	<b>12</b>
Section 7.1 – Getting Help from ConnectiCare Choice Plan 2.....	12
Section 7.2 – Getting Help from Medicare .....	13

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

### Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Optional Supplemental Dental</b>	\$34	\$29

### Section 1.2 – Changes to the Maximum Out-of-Pocket

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during 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	2019 (this year)	2020 (next year)
<b>Maximum out-of-pocket amount</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.	\$6,000	\$6,000  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.

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## Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at [www.connecticare.com/medicare](http://www.connecticare.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2020 *Provider and Pharmacy Directory* 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. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<b>Ambulance Services</b>	<p>You pay a <b>\$50</b> copay for each Medicare-covered one-way ambulance trip.</p> <p>Prior authorization is required for Medicare-covered non-emergency services.</p>	<p>You pay a <b>\$50</b> copay for each Medicare-covered one-way <b>ground</b> ambulance trip.</p> <p>You pay <b>20%</b> of the total cost for each Medicare-covered one-way <b>air</b> ambulance trip.</p> <p>Prior authorization is required for Medicare-covered non-emergency services.</p>
<b>Cardiac Rehabilitation Services</b>	<p>You pay a <b>\$10</b> copay for Medicare-covered cardiac rehabilitation services.</p> <p>You pay a <b>\$10</b> copay for Medicare-covered intensive cardiac rehabilitation services.</p>	<p>You pay a <b>\$10</b> copay for Medicare-covered cardiac rehabilitation services.</p> <p>You pay a <b>\$100</b> copay for Medicare-covered <b>intensive</b> cardiac rehabilitation services.</p>
<b>Diagnostic Procedures and Tests</b>	<p>You pay <b>10%</b> of the total cost for Medicare-covered diagnostic procedures and tests.</p> <p>Prior authorization is required for some services.</p>	<p>You pay a <b>\$25</b> copay for Medicare-covered diagnostic procedures and tests.</p> <p>Prior authorization is required for some services.</p>
<b>Emergency Care</b>	<p>You pay a <b>\$90</b> copay for emergency care. (You do not pay this amount if you are admitted within 24 hours for the same condition.)</p>	<p>You pay a <b>\$90</b> copay for emergency care. (You do not pay this amount if you are admitted within <b>1 day</b> for the same condition.)</p>



Cost	2019 (this year)	2020 (next year)
<b>Inpatient Mental Health Care (Psychiatric Facility)</b>	You pay a <b>\$400</b> copay for each Medicare-covered day for days 1-4; <b>\$0</b> copay for days 5-90; for each inpatient stay.	You pay a <b>\$1,763</b> copay for each Medicare-covered inpatient stay.
	Prior authorization is required.	Prior authorization is required.
<b>Medicare Part B Prescription Drugs</b>	You pay <b>20%</b> of the total cost for Medicare-covered Part B prescription drugs.	You pay <b>10%</b> of the total cost for Medicare-covered Part B drugs <b>in the home</b> .
	Part B drugs <b>may be</b> subject to step therapy requirements.	You pay <b>20%</b> of the total cost for Medicare-covered Part B drugs <b>dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility</b> .
	Prior authorization is required.	Part B drugs <b>are not</b> subject to step therapy requirements.
<b>Opioid Treatment Program Services</b>	Opioid Treatment Program Services are <b>not</b> covered.	Opioid Treatment Program Services <b>are</b> covered.
		You pay a <b>\$10</b> copay for Medicare-covered opioid treatment program services.
		<b>Prior authorization is required.</b>

Cost	2019 (this year)	2020 (next year)
<b>Dental Services</b>	Preventive dental services are included at no additional monthly premium.	Preventive dental services are included at no additional monthly premium.
	<p>You pay a <b>\$0</b> copay for:</p> <ul style="list-style-type: none"> <li>• Oral examinations (two every calendar)</li> <li>• Bitewing x-rays (two every calendar)</li> <li>• Prophylaxis/Cleanings (two every calendar)</li> <li>• Panorex x-rays (one series every 3 calendar years)</li> </ul>	<p>You pay a <b>\$0</b> copay for:</p> <ul style="list-style-type: none"> <li>• Oral examinations (<b>one every 6 months</b>)</li> <li>• Bitewing x-rays (<b>one every 6 months</b>)</li> <li>• Prophylaxis/Cleanings (<b>one every 6 months</b>)</li> <li>• Panorex x-rays (<b>one series every 36 months</b>)</li> </ul>
	Comprehensive dental services are covered as part of Optional Supplemental Dental Services for an <b>additional \$34 monthly premium.</b>	Comprehensive dental services are covered as part of Optional Supplemental Dental Services for an <b>additional \$29 monthly premium.</b>
	<p>You pay <b>20%</b> of the total cost for basic dental services</p> <ul style="list-style-type: none"> <li>• Restorations</li> </ul>	<p>You pay <b>20%</b> of the total cost for basic dental services</p> <ul style="list-style-type: none"> <li>• Restorations</li> </ul>
	<p>You pay <b>50%</b> of the total cost for major dental services</p> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Partial Dentures, Full Dentures</li> </ul>	<p>You pay <b>50%</b> of the total cost for major dental services</p> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Partial Dentures, Full Dentures</li> </ul>
	<b>\$100</b> deductible	<b>\$100</b> deductible
	<b>\$1,000</b> annual benefit limit	<b>\$2,000</b> annual benefit limit

Cost	2019 (this year)	2020 (next year)
<b>Remote Access Technology</b>	Virtual doctor visits are <b>not</b> covered.	Virtual doctor visits <b>are</b> covered.  You pay a <b>\$45</b> copay per virtual visit. Use your phone, computer or mobile device to get care from a Teladoc doctor for non-urgent conditions like the flu, bronchitis, allergies, arthritis and others. This service is available 24 hours a day, 7 days a week.
<b>Skilled Nursing Facility (SNF) Care</b>	You pay a <b>\$0</b> copay for each day for Medicare-covered day for days 1-20; <b>\$172</b> copay for each day for Medicare-covered days 21-100; for each benefit period.  Prior authorization is required.	You pay a <b>\$0</b> copay for each day for Medicare-covered day for days 1-20; <b>\$178</b> copay for each day for Medicare-covered days 21-100; for each benefit period.  Prior authorization is required.
<b>Urgently Needed Care</b>	You pay a <b>\$10</b> copay for Medicare-covered urgently needed services, per visit.  Copay <b>is waived</b> if admitted to the hospital within 24 hours for the same condition.	You pay a <b>\$10</b> copay for Medicare-covered urgently needed services, per visit.  Copay <b>is not waived</b> if admitted to the hospital within 24 hours for the same condition.
<b>Worldwide Emergent/Urgently Needed Care</b>	You pay a <b>\$90</b> copay for worldwide emergent/urgent care services.  (You do not pay this amount if you are admitted within <b>24 hours</b> for the same condition.)	You pay a <b>\$90</b> copay for worldwide emergent/urgent care services.  (You do not pay this amount if you are admitted within <b>1 day</b> for the same condition.)

## SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
<b>Regional Network</b>	You have access to all providers in the ConnectiCare Choice Network.	You have access to providers in the ConnectiCare Choice Network and can now get most services from providers in the EmblemHealth VIP Prime Network in New York too. For more information on services you can get from VIP Prime providers, please visit <a href="http://www.connecticare.com/medicare">www.connecticare.com/medicare</a> .
<b>Vision Care</b>	All vision services must be obtained through a ConnectiCare Choice network provider.	<p><b>Routine eye exams</b> must be obtained through an EyeMed<sup>®</sup> Insight network provider. Please visit <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> to find an EyeMed<sup>®</sup> network provider.</p> <p><b>Medicare-covered diagnostic eye exams and eyewear after cataract surgery</b> must be obtained through a ConnectiCare Choice network provider. Please visit <a href="http://www.connecticare.com/medicare">www.connecticare.com/medicare</a> for more information.</p>
<b>Enrolling in Optional Supplemental Benefits</b>	You can enroll in optional supplemental benefits during the Annual Election Period (AEP) or a Special Enrollment Period (SEP).	Enrollment in optional supplemental benefits is available outside of the Annual Election Period (AEP) or a Special Enrollment Period (SEP).

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in ConnectiCare Choice Plan 2

**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 stay enrolled as a member of our plan for 2020.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

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

- You can join a different Medicare health plan timely,
- -- 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, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Review and Compare Your Coverage Options.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

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.
- 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.
- 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 this (phone numbers are in Section 7.1 of this booklet).

- – *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 4 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, 2020.

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

In certain situations, changes are also allowed at other times of the year. For example, 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 may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, 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, 2020. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Connecticut, the SHIP is called CHOICES (Connecticut’s program for Health insurance assistance, Outreach, Information and referral, Counseling, Eligibility Screening).

CHOICES is independent (not connected with any insurance company or health plan). 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 6 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 coverage gap or late enrollment penalty. Many people are eligible and don't even know it. 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 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **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 7 Questions?

### Section 7.1 – Getting Help from ConnectiCare Choice Plan 2

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 8:00 a.m. - 8:00 p.m., seven days a week. Calls to these numbers are free.

#### **Read your 2020 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 2020. For details, look in the 2020 *Evidence of Coverage* for ConnectiCare Choice Plan 2. 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 [www.connecticare.com/medicare](http://www.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 [www.connecticare.com/medicare](http://www.connecticare.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (Provider and Pharmacy Directory).

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## Section 7.2 – 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

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

### Read Medicare & You 2020

You can read *Medicare & You 2020* Handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (<https://www.medicare.gov>) 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.