

# **ConnectiCare Passage Plan 1 (HMO)**

## Medicare Advantage Plan

# **Summary of Benefits**

# **2020**

This is a summary of drug and health services covered by ConnectiCare Inc.,  
January 1, 2020 – December 31, 2020

Please Note: No referrals are required for this plan.



# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2020 – December 31, 2020

**ConnectiCare, Inc.** is a Medicare Advantage HMO/HMO-POS plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefit information provided is a summary of what we cover and what you pay. 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 at the phone number(s) below and we’ll send you a copy.

## Who can join?

To join the ConnectiCare Passage Plan 1 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Connecticut: Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland and Windham.

## Which doctors, hospitals and pharmacies can I use?

ConnectiCare Passage Plan 1 has a network of doctors, hospitals, pharmacies and other providers. Except in emergency or urgent care situations, if you use the providers that are not in our network, we may not pay for these services.

When joining ConnectiCare Passage Plan 1, you may choose a Primary Care Provider (PCP) in the **Passage network**. If you do not select a PCP in the Passage network, one will be selected for you. At any time, you can select a different PCP in the Passage network. This network also includes additional medical providers like specialists, laboratories and hospitals.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **connecticare.com/medicare**. Or, call us and we’ll send you a copy.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan’s provider and pharmacy directory on our website at **connecticare.com/medicare**. Or, call us and we’ll send you a copy.

## How to reach us:

For more information, please call us at the phone number below or visit us at **connecticare.com/medicare**.

Toll-free 1-877-224-8220, TTY users should call 711.

From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. EST. From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

## Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2020 – December 31, 2020

<b>Premiums and Benefits</b>	<b>ConnectiCare Passage Plan 1 (HMO)</b>	<b>What you should know</b>
Monthly Plan Premium	You pay nothing	You must continue to pay your Medicare Part B premium.
Medical Deductible	You pay nothing	This plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$6,700 annually	This is the most you pay for copays, coinsurance and other costs for medical services for the year.
Inpatient Hospital Coverage	\$490 copay per day for days 1 through 4 per stay  You pay nothing per day for days 5 and beyond per stay	The cost-sharing applies each time you are admitted to a hospital. Prior Authorization is required for each inpatient stay.
Outpatient Hospital Coverage: <ul style="list-style-type: none"> <li>• Outpatient Hospital Services <i>(including observation services)</i></li> <li>• Ambulatory Surgery Centers</li> </ul>	20% of the cost  \$200 copay	Prior Authorization required for some services  Prior Authorization required for some services
Doctor Visits: <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> <li>• Specialist</li> </ul>	At a Sanitas Medical Center: You pay nothing For all other Primary Care Providers: \$20 copay per visit  \$50 copay per visit	No referrals are required for this plan.  You will need to choose a PCP in the Passage network.

## Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2020 – December 31, 2020

<b>Premiums and Benefits</b>	<b>ConnectiCare Passage Plan 1 (HMO)</b>	<b>What you should know</b>
Preventive Care	You pay nothing	Includes your annual physical exam, influenza vaccine, colorectal cancer screening, screening mammography, and all other Medicare-approved preventive care.
Emergency Care	\$90 copay per visit within the United States	If you are admitted to the hospital within 1 day, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	\$50 copay per visit within the United States	If you are admitted to the hospital within 1 day, you have to pay your share of the cost for urgently needed care.
Diagnostic Services/Labs/ Imaging: <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI) \$275 copay</li> <li>• Lab Services \$15 copay</li> <li>• Diagnostic Tests and Procedures \$25 copay</li> <li>• Outpatient x-rays \$45 copay</li> <li>• Therapeutic radiology services (such as radiation treatment for cancer) 20% of the cost</li> </ul>		
Hearing Services: <ul style="list-style-type: none"> <li>• Hearing exam \$50 copay per visit</li> <li>• Hearing aid fitting/evaluation (for up to one every year) \$50 copay per visit</li> <li>• Hearing aids \$500 allowance per calendar year</li> </ul>		

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January 1, 2020 – December 31, 2020

Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
<p>Dental Services:</p> <p>Medicare-covered Dental Services</p> <p><b>Preventive Dental Services:</b> Includes oral exams and cleanings</p> <p><b>Comprehensive Dental – Optional Supplemental Benefit:</b></p> <p>Calendar-Year Deductible</p> <p>Basic Services</p> <ul style="list-style-type: none"> <li>• Restorative services</li> </ul> <p>Major Services</p> <ul style="list-style-type: none"> <li>• Endodontics, Periodontics, Extractions</li> <li>• Prosthodontics, other oral/maxillofacial surgery, other services</li> </ul>	<p>\$45 copay per visit</p> <p>\$25 copay</p> <p>You pay a \$29 monthly premium</p> <p>\$100</p> <p>20% of the cost after the \$100 calendar-year deductible is met</p> <p>50% of the cost after the \$100 calendar-year deductible is met</p>	<p>Medicare-covered services only</p> <p>Covers one oral exam and one cleaning every calendar year</p> <p>This deductible applies only to Basic and Major services. There is a \$2,000 benefit maximum per calendar year for the dental services listed below.</p> <p>Covers: Restorations (fillings)</p> <p>Major services include: Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges and Partial and Full Dentures; Recement of Fixed Bridges, Crowns and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; Periodontal Scaling and Planing, Periodontal Surgery and Maintenance</p>
<p>Vision Services:</p> <ul style="list-style-type: none"> <li>• Vision exam</li> <li>• Eyewear - routine</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<p>\$45 copay per visit</p> <p>\$100 allowance every two years</p> <p>You pay nothing</p>	<p>You are covered for 1 routine eye exam each year.</p> <p>You are covered for exams to diagnose and treat diseases and conditions of the eye.</p> <p>Eyewear must be obtained within 12 months of surgery.</p>

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January 1, 2020 – December 31, 2020

Premiums and Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Mental Health Services: <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient visits</li> </ul>	\$1,763 copay per admission  \$40 copay per visit	The cost-sharing applies each time you are admitted inpatient to a Psychiatric Facility.  Prior Authorization required  Prior Authorization required
Skilled Nursing Facility (SNF)	You pay nothing per day for days 1 through 20 per benefit period  \$178 copay per day for days 21 through 100 per benefit period	Our plan covers up to 100 days in a SNF per benefit period.  Prior Authorization required  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.
Physical Therapy	\$40 copay per visit	
Ambulance (may require approval; not waived if admitted) <ul style="list-style-type: none"> <li>• Ground</li> <li>• Air</li> </ul>	\$325 copay  20% of cost in the United States only	You are covered for ground ambulance services worldwide. There is a combined \$50,000 annual limit for emergency care, urgent care and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside of the United States.  Prior Authorization required for non-emergent services
Transportation	Not Covered	
Medicare Part B Drugs	10% of the cost for Medicare-covered Part B drugs <b>in the home</b>  20% of the cost for Medicare-covered Part B drugs <b>dispensed at a retail pharmacy, mail order pharmacy, physician office and outpatient facility</b>	We cover Part B drugs such as chemotherapy and some drugs administered by your doctor.  Prior Authorization required for some Part B drugs

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## Prescription Drugs for ConnectiCare Passage Plan 1 (HMO)

Our plan groups each drug into one of five “tiers” (levels). You will need to use the formulary (list of covered drugs) to locate what tier a drug is on.

### Four Stages of Drug Coverage

#### Deductible

The deductible is the amount you pay before your plan starts to pay. This deductible is for retail and home delivery. There is no deductible for Tier 1 (preferred generic) and Tier 2 (generic) drugs. There is a deductible for Tier 3 (preferred brand), Tier 4 (non-preferred drug) and Tier 5 (specialty tier) drugs.

#### Initial Coverage

After you’ve reached the deductible, you’ll enter the initial coverage phase.

In this phase, you and the plan share the costs of some of the covered drugs until your total drug costs, including deductible, exceed \$4,020. The total drug costs paid by both you and our Part D plan will help you reach the coverage gap.

#### Retail Cost Sharing

<b>ConnectiCare Passage Plan 1 (HMO)</b>					
<b>Tier</b>	<b>Deductible</b>	<b>Initial Coverage \$0-\$4,020: 30-day supply</b>		<b>Coverage Gap \$4,021 - \$6,350</b>	<b>Catastrophic Over \$6,350</b>
	<b>You Pay</b>	<b>Preferred Pharmacy</b>	<b>Standard Pharmacy</b>	<b>You Pay</b>	<b>You Pay (greater of)</b>
Tier 1: Preferred Generic	\$0	\$2	\$9	25%	5% or \$3.60
Tier 2: Generic	\$0	\$10	\$20	25%	5% or \$3.60
Tier 3: Preferred Brand	\$275	\$42	\$47	25%	5% or \$8.95
Tier 4: Non-Preferred Drug		\$95	\$100	25%	5% or \$8.95
Tier 5: Specialty Tier		28%	28%	25%	Generic specialty drugs: 5% or \$3.60  Brand specialty drugs: 5% or \$8.95

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## Mail Order Cost Sharing

ConnectiCare Passage Plan 1 (HMO)		
Tier	Initial Coverage \$0-\$4,020	
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$0	\$0
Tier 2: Generic	\$10	\$25
Tier 3: Preferred Brand	\$42	\$126
Tier 4: Non-Preferred Drug	\$95	\$285
Tier 5: Specialty Tier	28%	Not available in long-term supply

If you live in a long-term care facility, you pay the same as at a retail pharmacy.

## Coverage Gap

The coverage gap (also called the “donut hole”) starts after the total yearly drug cost (along with what our plan has paid and what you have paid) exceeds \$4,020.

While in the coverage gap in 2020, you will pay 25% of the plan’s cost for all drugs.

You enter the catastrophic coverage phase once your yearly true out-of-pocket costs (TrOOP) exceed \$6,350. The costs paid by you, and the manufacturer discount payment for brand-name drugs count toward your true out-of-pocket costs and help you get out of the coverage gap.

**Not everyone will reach the coverage gap.**

## Catastrophic Coverage

After your yearly true out-of-pocket drug costs exceed **\$6,350**, you pay the greater of: 5% of the cost or you pay **\$3.60** for generic drugs (including brand-name drugs treated as generic) and **\$8.95** for all other drugs.

## Qualifying for Extra Help, Low Income Subsidy (LIS)

If you qualify for Extra Help for your Medicare prescription drug plan costs, the amount you pay for insurance every month and cost at the pharmacy will be lower.

The amount of Extra Help, Low Income Subsidy (LIS) level will decide the amount you pay for insurance every month as a member of our plan.

To learn more about available Medicare Part D subsidies (the money granted by the government to help pay for Part D drugs), please call:

- ConnectiCare at 1-877-224-8220 (TTY: 711), 8:00 a.m. to 8:00 p.m. 7 days a week from October 1st to March 31st and 8:00 a.m. to 8:00 p.m., Monday – Friday from April 1st to September 30th.
- Social Security at 800-772-1213 (TTY: 800-325-0778), Monday through Friday, 7:00 a.m. to 7:00 p.m. Or visit **ssa.gov**. Social Security can also provide you with an application.



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Other Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Foot Care ( <i>podiatry services</i> ): <ul style="list-style-type: none"> <li>• Foot exams and treatment (Routine exams not covered)</li> </ul>	\$50 copay per visit	Exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions
Chiropractic Care	\$20 copay per visit	Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position)
Occupational, Speech, and Language Therapy	\$40 copay per visit	
Cardiac Therapy Intensive Cardiac Therapy Pulmonary Therapy	\$50 copay per visit \$100 copay per visit \$30 copay per visit	Prior Authorization required
Home Health Care	You pay nothing	Prior Authorization required
Hospice	You pay nothing	You are covered for hospice care from a Medicare-certified hospice. Original Medicare, rather than our plan, will pay for hospice services. You may have to pay part of the cost for drugs and respite care.
Medical Equipment/Supplies: <ul style="list-style-type: none"> <li>• Durable Medical Equipment (<i>e.g., wheelchairs, oxygen</i>)</li> <li>• Prosthetics/Medical Supplies (<i>e.g., braces, artificial limbs</i>)</li> </ul>	20% of the cost  20% of the cost	Prior Authorization required for some services  Prior Authorization required for some services
Diabetic Supplies and Training: <ul style="list-style-type: none"> <li>• Diabetic supplies (<i>includes monitoring supplies and therapeutic shoes or inserts</i>)</li> <li>• Kidney disease education</li> </ul>	20% of the cost  You pay nothing	

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Other Benefits	ConnectiCare Passage Plan 1 (HMO)	What you should know
Wellness Programs: <ul style="list-style-type: none"> <li>• Fitness</li> <li>• Teladoc®</li> </ul>	You pay nothing \$45 copay per visit	Includes the SilverSneakers® fitness program
Worldwide Emergent/Urgent Care ( <i>coverage outside the United States</i> )	\$90 copay per visit	There is a combined \$50,000 annual limit for emergency care, urgent care and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside the United States. See page II-6 for additional cost-sharing information for ambulance services.

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 <http://www.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.

This document is available in other formats such as Braille, large print or audio.

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. For more information, contact the plan. This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 711) for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. Other providers are available in our network. SilverSneakers® is a registered trademark of Tivity Health, Inc. ©2020 Tivity Health, Inc. All rights reserved. ©2019 Teladoc Health, Inc. All rights reserved. Teladoc is a registered trademark of Teladoc Health, Inc. and may not be used without written permission. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak other languages, language assistance services, free of charge, are available to you. Call 1-800-224-2273 (TTY: 711). ©2019 ConnectiCare, Inc. & Affiliates

# 2020 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 1-877-224-8220 (TTY: 711). From October 1st to March 31st, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. EST. From April 1st to September 30th, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [connecticare.com/medicare](https://connecticare.com/medicare) or call 1-877-224-8220 (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, it means you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or co-payments/co-insurance may change on January 1, 2021.
- 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).



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