

2026 Enrollment Booklet

Connecticut

H3528-015 ConnectiCare Flex Plan 2 (HMO-POS)

Effective January 1 through December 31, 2026



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ConnectiCare[®]

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Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires Licensed Sales Representatives to document the scope of a marketing appointment prior to any face-to-face or telephonic appointment sales meeting to ensure understanding of what will be discussed between the Licensed Sales Representative and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

Please initial below beside the product(s) you want the Licensed Sales Representative to discuss.

(Refer to next page for product type descriptions.)

- | | |
|--------------------------|--|
| ☐ | Stand-alone Medicare Prescription Drug Plans (Part D) |
| ☐ | Medicare Advantage Plans (Part C) and Cost Plans |
| ☐ | Dental/Vision/Hearing Products |
| ☐ | Hospital Indemnity Products |
| ☐ | Medicare Supplement (Medigap) Products |

By signing this form, you agree to a meeting with a Licensed Sales Representative to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare Advantage plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll, affect your current Medicare enrollment, or automatically enroll you in a plan.

Beneficiary or Authorized Representative signature and signature date:

Signature:

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

To be completed by Licensed Sales Representative:

Licensed Sales Representative Name:

Licensed Sales
Representative Phone:

Beneficiary Name:

Beneficiary Phone:

Beneficiary Address:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in)

Licensed Sales Representative's Signature:

Plan(s) the Licensed Sales Representative
represented during this meeting:

Date Appointment Completed:

Plan Use Only:

Licensed Sales Representative, if the form was not signed by the beneficiary 48 hours prior to the appointment, provide explanation why SOA was not documented prior to meeting:

The Scope of Appointment is subject to CMS record retention requirements, and is valid for 12 months after the date of beneficiary's signature date or the date of the beneficiary's initial request for information.

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare cost plans, some Medicare private fee-for-service plans, and Medicare medical savings account plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO): A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan: A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP): A Medicare Advantage plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan: MSA plan combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan: In a Medicare cost plan, you can go to providers both in and out-of-network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated nor connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services not covered by Medicare, such as care outside of the country. These plans are not affiliated nor connected to Medicare.



Eligibility Attestation Form



Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐	I am new to Medicare.
☐	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
☐	I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
☐	I recently was released from incarceration. I was released on (insert date) _____.
☐	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
☐	I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
☐	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on (insert date) _____.
☐	I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help or lost Extra Help) on (insert date) _____.
☐	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐	I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
☐	I recently left a PACE program on (insert date) _____.
☐	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
☐	I am leaving employer or union coverage on (insert date) _____.
☐	I belong to a pharmacy assistance program provided by my state.
☐	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
☐	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
☐	I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
☐	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Connecticare at (866) 456-1145 (TTY users should call TTY 711) to see if you are eligible to enroll. We are open October 1 to March 31, Monday to Sunday, 8 a.m. ET to 11 p.m. ET, April 1 to September 30, Monday to Friday, 8 a.m. ET to 11 p.m. ET.

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 (866) 456-1145 (TTY: 711) 8 a.m. ET to 11 p.m. ET, 7 days a week (October 1 – March 31) and Monday – Friday (April 1 – September 30).

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 or call (866) 456-1145 (TTY: 711) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Note: The Part B premium is covered by fully integrated dual special needs plans. Plans with a Part B buy down reduce your monthly Part B premium cost.

- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ 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).

- ☐ DSNP plans: This plan is a dual eligible special needs plan (DSNP). 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.

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.

Notes

Notes

**Ready to enroll or have questions?
Contact your local Medicare
Advisor today!**

ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract.
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 a ConnectiCare Medicare plan depends on contract renewal.

We are committed to offering you the benefits you need to feel your best along with the savings you want. Choose the Medicare Advantage plan that's right for you!