

2026

# Annual Notice of Change

ConnectiCare Flex Plan 3  
(HMO-POS)

Connecticut H3528-011-001

Effective January 1 through December 31, 2026

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**ConnectiCare**<sup>®</sup>





***ConnectiCare Flex Plan 3 (HMO-POS) offered by ConnectiCare, Inc.***

## **Annual Notice of Change for 2026**

You're enrolled as a member of ConnectiCare Flex Plan 3 (HMO-POS).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.**
- If you don't join another plan by December 7, 2025, you'll stay in ConnectiCare Flex Plan 3.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [Connecticare.com/Medicare](http://Connecticare.com/Medicare) or call Member Services at (800) 224-2273 (TTY users call 711) to get a copy by mail. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you.

### **More Resources**

- This material is available for free in Spanish.

- Call Member Services at (800) 224-2273 (TTY users call 711) for more information. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. This call is free.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (800) 224-2273, (TTY: 711). The call is free.

### **About ConnectiCare Flex Plan 3**

- ConnectiCare, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
  - When this material says “we,” “us,” or “our”, it means ConnectiCare, Inc. When it says “plan” or “our plan,” it means ConnectiCare Flex Plan 3.
  - **If you do nothing by December 7, 2025, you'll automatically be enrolled in** ConnectiCare Flex Plan 3. Starting January 1, 2026, you'll get your medical and drug coverage through ConnectiCare Flex Plan 3. Go to Section 3 for more information about how to change plans and deadlines for making a change.
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## ***Annual Notice of Changes for 2026***

### **Table of Contents**

<b>Summary of Important Costs for 2026</b>	<b>4</b>
<b>SECTION 1</b>	<b>Changes to Benefits &amp; Costs for Next Year</b> ..... <b>7</b>
Section 1.1	Changes to the Monthly Plan Premium..... 7
Section 1.2	Changes to Your Maximum Out-of-Pocket Amount..... 8
Section 1.3	Changes to the Provider Network..... 10
Section 1.4	Changes to the Pharmacy Network..... 10
Section 1.5	Changes to Benefits & Costs for Medical Services..... 11
Section 1.6	Changes to Part D Drug Coverage..... 17
Section 1.7	Changes to Prescription Drug Benefits & Costs.. 18
<b>SECTION 2</b>	<b>Administrative Changes</b> ..... <b>22</b>
<b>SECTION 3</b>	<b>How to Change Plans</b> ..... <b>23</b>
Section 3.1	Deadlines for Changing Plans..... 24
Section 3.2	Are there other times of the year to make a change?..... 24
<b>SECTION 4</b>	<b>Get Help Paying for Prescription Drugs</b> ..... <b>25</b>
<b>SECTION 5</b>	<b>Questions?</b> ..... <b>27</b>
Section 5.1	Get Help from ConnectiCare Flex Plan 3..... 27
Section 5.2	Get Free Counseling about Medicare..... 28
Section 5.3	Get Help from Medicare..... 28

## Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for ConnectiCare Flex Plan 3 in several important areas. **Please note this is only a summary of costs.**

	2025 (this year)	2026 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium can be higher or lower than this amount. Go to Section 1.1 for details.</p>	\$29	\$41
<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. (Go to Section 1.2 for details.)</p>	<p><b><u>In-Network</u></b> \$6,350</p> <p><b><u>Out-of-Network</u></b> \$10,000</p>	<p><b><u>In-Network</u></b> \$6,750</p> <p><b><u>Out-of-Network</u></b> \$10,000</p>
<p><b>Primary care office visits</b></p>	<p><b><u>In-Network</u></b> You pay a \$5 copay per visit</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost per visit</p>	<p><b><u>In-Network</u></b> You pay a \$5 copay per visit</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost per visit</p>

	2025 (this year)	2026 (next year)
<b>Specialist office visits</b>	<p><b><u>In-Network</u></b> You pay a \$50 copay per visit</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost per visit</p>	<p><b><u>In-Network</u></b> You pay a \$50 copay per visit</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost per visit</p>
<p><b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospitals services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p><b><u>In-Network</u></b> Days 1-5: \$495 copay per day. \$0 copay per day for each additional day, for each inpatient stay. Unlimited days.</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost for each inpatient stay. Unlimited days. Prior authorization is required.</p>	<p><b><u>In-Network</u></b> Days 1-5: \$495 copay per day. \$0 copay per day for each additional day, for each inpatient stay. Unlimited days.</p> <p><b><u>Out-of-Network</u></b> You pay 40% of the total cost for each inpatient stay. Unlimited days. Prior authorization is required.</p>
<p><b>Part D drug coverage deductible</b> (Go to Section 1.6 for details.)</p>	\$300 except for covered insulin products and most adult Part D vaccines.	\$185, except for tier 1, tier 6, covered insulin products and most adult Part D vaccines.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Part D drug coverage</b> (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)</p>	<p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$9</li> <li>• Drug Tier 2: \$20</li> <li>• Drug Tier 3: \$47</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: \$100</li> <li>• Drug Tier 5: 27%</li> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>	<p>Copayment/ Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$1</li> <li>• Drug Tier 2: \$10</li> <li>• Drug Tier 3: 25%</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li>• Drug Tier 4: 27%</li> <li>• Drug Tier 5: 30%</li> <li>• Drug Tier 6: \$0</li> </ul> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>• During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul>



## **SECTION 1 Changes to Benefits & Costs for Next Year**

### **Section 1.1 Changes to the Monthly Plan Premium**

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<p><b>Monthly plan premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$29	\$41
<p><b>Additional premium for optional supplemental benefits</b></p> <p>If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>		
<ul style="list-style-type: none"> <li>• <b>POS Dental Plan with \$2,000 calendar year maximum</b></li> </ul>	\$27	\$33
<ul style="list-style-type: none"> <li>• <b>POS Dental Plan with \$3,000 calendar year maximum</b></li> </ul>	\$35	\$39

	2025 (this year)	2026 (next year)
• <b>Indemnity Dental Plan with \$3,500 calendar year maximum</b>	\$128	\$157

## Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 4 regarding “Extra Help” from Medicare.

## 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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b>	<u>In-Network services</u> \$6,350	<u>In-Network services</u>

	2025 (this year)	2026 (next year)
Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs <b>don't count</b> toward your maximum out-of-pocket amount.	<p><b><u>Out-of-Network services</u></b></p> <p>\$10,000</p>	<p>\$6,750</p> <p>Once you have paid \$6,750 out of pocket for covered in-network Part A and Part B services, you will pay nothing for your covered in-network Part A and Part B services for the rest of the calendar year.</p> <p><b><u>Out-of-Network services</u></b></p> <p>\$10,000</p> <p>Once you have paid \$10,000 out-of-pocket for covered out-of-network Part A and B services, you will pay nothing for your out-of-network covered Part A and Part B services for the rest of the calendar year.</p>

### **Section 1.3 Changes to the Provider Network**

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [Connecticare.com/Medicare](https://Connecticare.com/Medicare) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [Connecticare.com/Medicare](https://Connecticare.com/Medicare).
- Call Member Services at (800) 224-2273 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at (800) 224-2273 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### **Section 1.4 Changes to the Pharmacy Network**

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* [Connecticare.com/Medicare](https://Connecticare.com/Medicare) to see pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [Connecticare.com/Medicare](https://Connecticare.com/Medicare).

- Call Member Services at (800) 224-2273 (TTY users call 711) to get current provider information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at (800) 224-2273 (TTY users call 711) for help.

**Section 1.5 Changes to Benefits & Costs for Medical Services**

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

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Additional Telehealth services</b>	<p>You pay a \$5- \$50 copayment for certain telehealth services including:</p> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation Services</li> <li>• Primary Care Physician Services</li> <li>• Physician Specialist Services</li> </ul>	<p>You pay a \$5 - \$50 copayment for certain telehealth services including:</p> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation Services</li> <li>• Primary Care Physician Services</li> <li>• Chiropractic Services</li> </ul>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	<ul style="list-style-type: none"><li>• Individual Sessions for Mental Health Specialty Services</li><li>• Individual Sessions for Psychiatric Services</li><li>• Individual Sessions for Outpatient Substance Abuse</li></ul>	<ul style="list-style-type: none"><li>• Occupational Therapy Services</li><li>• Physician Specialist Services</li><li>• Individual Sessions for Mental Health Specialty Services</li><li>• Group Sessions for Mental Health Specialty Services</li><li>• Podiatry Services</li><li>• Other Health Care Professional</li><li>• Individual Sessions for Psychiatric Services</li></ul>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
		<ul style="list-style-type: none"><li>• Group Sessions for Psychiatric Services</li><li>• Physical Therapy and Speech-Language Pathology Services</li><li>• Opioid Treatment Program Services</li><li>• Individual Sessions for Outpatient Substance Abuse</li><li>• Group Sessions for Outpatient Substance Abuse</li></ul>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Chiropractic Services</b>	<p><b><u>In-Network:</u></b> You pay a \$20 copay for Medicare-covered chiropractic services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for Medicare-covered chiropractic services.</p>	<p><b><u>In-Network:</u></b> You pay a \$15 copay for Medicare-covered chiropractic services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for Medicare-covered chiropractic services.</p>
<b>Emergency Care</b>	<p>You pay a \$125 copay for Medicare-covered emergency care/post stabilization services. Copay waived if admitted within 1 day.</p>	<p>You pay a \$130 copay for Medicare-covered emergency care/post stabilization services. Copay waived if admitted within 1 day.</p>
<b>Eyewear Allowance</b>	<p><b><u>In-Network:</u></b> You get up to \$300 every year for qualifying eyewear expenses.</p>	<p><b><u>In-Network:</u></b> You get up to \$200 every year for qualifying eyewear expenses.</p>



	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Intensive Cardiac Rehabilitation Services</b>	<p><b><u>In-Network:</u></b> You pay a \$55 copay for Medicare-covered intensive cardiac rehabilitation services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for Medicare-covered intensive cardiac rehabilitation services</p>	<p><b><u>In-Network:</u></b> You pay a \$50 copay for Medicare-covered intensive cardiac rehabilitation services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for Medicare-covered intensive cardiac rehabilitation services</p>
<b>Medicare Part B Prescription Drugs</b>	<p><b><u>In-Network:</u></b> You pay a \$35 copay for one-month supply of insulin.</p> <p><b><u>Out-of-Network:</u></b> You pay a \$35 copay for one-month supply of insulin.</p>	<p><b><u>In-Network:</u></b> You pay 0% - 20% coinsurance on all Part B drugs unless capped by Inflation Reduction Act (IRA) rules. Your Part B insulin cost share will not exceed \$35 for a one-month supply of any insulin on our formulary.</p> <p><b><u>Out-of-Network:</u></b></p>

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
		You pay a \$35 copay for one-month supply of insulin.
<b>Other Healthcare Professional Services</b>	<p><b><u>In-Network:</u></b> You pay a \$50 copay per visit for other healthcare professional services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for other healthcare professional services. Prior authorization may be required.</p>	<p><b><u>In-Network:</u></b> You pay a \$5 - \$50 copay per visit for other healthcare professional services.</p> <p><b><u>Out-of-Network:</u></b> You pay 40% of the total cost for other healthcare professional services. Prior authorization may be required.</p>
<b>Urgently Needed Care</b>	<p>You pay a \$55 copay per visit for Medicare-covered urgently needed services. Copay not waived if admitted.</p>	<p>You pay a \$50 copay per visit for Medicare-covered urgently needed services. Copay not waived if admitted.</p>

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing to the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at (800) 224-2273 (TTY users call 711) for more information.

## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have included a separate material, called the Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs, which tells you about your drug costs. If you get Extra Help and didn't get this material with this packet, call Member Services at (800) 224-2273 (TTY users call 711) for more information and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

### **Drug Costs in Stage 1: Yearly Deductible**

The table shows your cost per prescription during this stage.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>Yearly Deductible</b>	<p>The deductible is \$300.</p> <p>During this stage, you pay \$0 cost-sharing for drugs on Tier 1 and Tier 6 and the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you've reached the yearly deductible.</p>	<p>The deductible is \$185.</p> <p>During this stage, you pay \$1 for drugs on Tier 1 and \$0 for drugs on Tier 6 and the full cost of drugs on Tier 2, Tier 3, Tier 4, and Tier 5 until you've reached the yearly deductible.</p>

## Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3 - Preferred Brand, Tier 4 - Non-Preferred Drug, your cost sharing in the initial coverage stage is changing from copayment to coinsurance. Please see the following chart for the changes from 2025 to 2026.

	2025 (this year)	2026 (next year)
	The number of days in a one-month supply is 31.	The number of days in a one-month supply is 31.
	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is:
	<b>Tier 1 - Preferred Generic:</b>	<b>Tier 1 - Preferred Generic:</b>
	\$9	\$1
	<b>Tier 2 - Generic:</b>	<b>Tier 2 - Generic:</b>
	\$20	\$10
	<b>Tier 3 - Preferred Brand:</b>	<b>Tier 3 - Preferred Brand:</b>
	\$47	25% of the total cost.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
	You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$35 per month supply of each covered insulin product on this tier.
	<b>Tier 4 - Non-Preferred Drug:</b> \$100	<b>Tier 4 - Non-Preferred Drug:</b> 27% of the total cost.
	<b>Tier 5 - Specialty Drug:</b> 27% of the total cost.	<b>Tier 5 - Specialty Drug:</b> 30% of the total cost.
	<b>Tier 6 - Select Care Drugs:</b> \$0	<b>Tier 6 - Select Care Drugs:</b> \$0

## Changes to the Catastrophic Coverage Stages

**If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.**

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Sections 6 in your *Evidence of Coverage*.

## **SECTION 2 Administrative Changes**

We are making administrative changes next year. The information in the table below describes these changes.

	<b>2025 (this year)</b>	<b>2026 (next year)</b>
<b>HealthPlex is no longer a contracted vendor for 2026.</b>	Your dental benefits were administered by HealthPlex.	Liberty Dental Plan is the contracted dental vendor for 2026.
<b>Medicare Prescription Payment Plan</b>	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	<b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at (800) 224-2273 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b>



	2025 (this year)	2026 (next year)
<b>Pharmacy Benefits Manager</b>	Your pharmacy benefits are managed by Express Scripts.	Your pharmacy benefits are managed by CVS Caremark.
<b>SilverSneakers is no longer a contracted vendor for 2026.</b>	Your Fitness/Gym benefits were administered by SilverSneakers.	Silver&Fit is the contracted Fitness/Gym vendor for 2026.

## SECTION 3 How to Change Plans

### To stay in

**ConnectiCare Flex Plan 3, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our ConnectiCare Flex Plan 3.

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from ConnectiCare Flex Plan 3.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from ConnectiCare Flex Plan 3.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at (800) 224-2273 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE

(1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### **Section 3.1 Deadlines for Changing Plans**

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

### **Section 3.2 Are there other times of the year to make a change?**

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4 Get Help Paying for Prescription Drugs**

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Connecticut AIDS Drug Assistance Program (CADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you are currently enrolled how to continue getting help, call (800) 424-3310. Monday through Friday, 8am to 4pm. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the **calendar year** (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan

payment option. To learn more about this payment option, call us at (800) 224-2273 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## **SECTION 5 Questions?**

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### **Section 5.1 Get Help from ConnectiCare Flex Plan 3**

- **Call Member Services at (800) 224-2273. (TTY users call 711).**

We're available for phone calls Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

- **Read your *2026 Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for ConnectiCare Flex Plan 3. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [Connecticare.com/Medicare](http://Connecticare.com/Medicare) or call (800) 224-2273 (TTY users call 711) to ask us to mail you a copy.

- **Visit [Connecticare.com/Medicare](http://Connecticare.com/Medicare)**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs (formulary/Drug List)*.

## Section 5.2 Get 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 Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES).

Call Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES) at (800) 994-9422. Learn more about Connecticut's Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening (CHOICES) by visiting [https://portal.ct.gov/ads/programs-and-services/choices?language=en\\_US](https://portal.ct.gov/ads/programs-and-services/choices?language=en_US).

## Section 5.3 Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## **Additional Important Healthcare and Member Resource Information**

- **Electronic Notice (ELN) - How to Get Important Documents**
- **Notice of Availability (NOA) – Language Assistance Services**
- **Non-Discrimination Notice (NDN) – Section 1557**
- **Notice of Privacy Practices (NPP)**



# How to Get Important Plan Documents



You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2026 plan documents, like your Evidence of Coverage, Formulary, and Provider Directory will be available online by October 15, 2025.

## Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider Directory:** A list of network doctors and specialists, with phone numbers and addresses. You can find a network provider using our online directory at [ConnectiCare.com/Providers/Resources](https://ConnectiCare.com/Providers/Resources).
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at [ConnectiCare.com/content/dam/connecticare/pdfs/legal/privacy\\_notice.pdf](https://ConnectiCare.com/content/dam/connecticare/pdfs/legal/privacy_notice.pdf).

## How to view or request a copy of a plan document



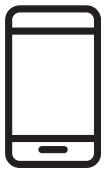
### Online at [MyConnectiCarePortal.com](https://MyConnectiCarePortal.com)

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2026 plan documents will be available online by October 15, 2025.



### Online at [MyConnectiCarePortal.com](https://MyConnectiCarePortal.com).

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider. Sign in to your Member Portal or set up an account at [MyConnectiCarePortal.com](https://MyConnectiCarePortal.com). Click “Create an Account” and follow the step-by-step instructions to sign up.



### Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **the number located on the back of your ID card, Monday - Friday, 8 a.m. to 8 p.m., local time.**

## We're here to help

If you have questions about your benefits or need help finding a network provider call Member Services toll-free at **the number located on the back of your ID card.**

## **Notice of Availability**

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

### **English**

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

### **Spanish**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

## **Simplified Chinese**

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

## **Traditional Chinese**

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

## **Russian**

**ВНИМАНИЕ!** Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки.

Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

## **Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

## **Korean**

주의:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

## **Italian**

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

## Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאַרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

## Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

## Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

## Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

## French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

## Urdu

### اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

## **Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

## **Greek**

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

## **Albanian**

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.



## **German**

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzenzienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

## **Pennsylvania Dutch**

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzsch, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

## **Vietnamese**

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

## **Somali**

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

## **Japanese**

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

## **Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

## Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

## Amharic

ማስታወሻ፡ አማርኛ የምናገኛ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመረጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ በለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

## Thai

หมายเหตุ: หากคุณใช้ภาษาไทย

เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้

ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข

ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

## **Persian**

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

## **Samoan**

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le tologia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le tologia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

## **Ilocano**

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

## **Gujarati**

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

## **Portuguese**

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

## **Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

**Khmer**

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចត្រូវតែមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

**Laotian**

ឡើងឧប: វ៉ាវាវាវាវាវាវា លាវ,  
ຈະມີបំណិການឧ່ວຍດ້ານພາສາແບບបំແສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ແສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້.  
ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**Karen**

ဟ်သျှဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကိၣ် အယိ, တၢ်အိၣ်ဒီး  
ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျဉ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး  
တၢ်မၤစၢၤတၢ်န့ၢ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘၣ်  
လၢကဟ့ၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အိၤသ့တဖၣ်  
လၢတလၢ်ဘျဉ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ  
အလီတဲစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲနလံာ်အုၣ်သး (ID) ခးက့အလီၤ မ့တမ့ၢ်  
တဲတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်ကွၢ်ထွဲန့ၣ် တက့ၢ်.

## **Swahili**

**KUMBUKA:** Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

## **Serbian**

**PAŽNJA:** Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

## **Croatian**

**PAŽNJA:** Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

## Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

## Yoruba

ÀKÍYÈSÍ: Bí o bá n sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ̀ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ̀ àti àwọn isẹ́ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lófẹ́. Pe nọmbà Àwọn isẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rò.

## Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக் கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.



## **Navajo**

SHOOH: Diné bizaad yiníłti', t'áá jiił'ehgo saad bee áká'ánída'awo'ígíí t'áá hadoohkáát nihá kée' hóló. T'áá ajikii íiyisí át'éego nihá át'éego bee haz'ánígíí dóó t'áá ádáhodoonígíí biniiyé t'áá jíik'eh nihá kée' hóló Member Services béesh bee hane'í bikáá' dah naaznil doo ID card ni' dooleet ná'ádoolwołígíí bikáá' nihá át'é.

## **Shoshone**

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

## **Choctaw**

KULLÓSHI: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.



# NOTICE OF NONDISCRIMINATION POLICY



## **Discrimination is against the Law**

ConnectiCare complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. ConnectiCare does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### **ConnectiCare:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at 800-224-2273 (TTY: 711; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that ConnectiCare has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to ConnectiCare Grievance and Appeals Department, P.O. Box 4010, Farmington, CT 06034-4010; faxing them at 800-867-6674; or calling Medicare Connect Concierge at 800-224-2273. (Dial 711 for TTY services.)

You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, ConnectiCare's Grievance and Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [OCRportal.HHS.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 800-368-1019 (TTY: 800-537-7697).

Complaint forms are available at [HHS.gov/ocr/office/file/index.html](https://HHS.gov/ocr/office/file/index.html).

This notice is available on ConnectiCare's website at [ConnectiCare.com/Legal/Nondiscrimination](https://ConnectiCare.com/Legal/Nondiscrimination).

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice describes the privacy practices of Molina Healthcare's affiliated health plans (referred to herein as "**Molina**", "**we**" or "**our**"). We use and share protected health information ("**PHI**") about you to provide your health benefits as a Molina member. We use and share your PHI to carry out treatment, payment and health care operations. We also use and share your PHI for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is January 1, 2026.

PHI is health information that includes your name, member number or other identifiers, and is used or shared by us. PHI includes health information about substance use disorders and biometric information (like a voiceprint).

## **Why do we use or share your PHI?**

We use or share your PHI to provide you with health care benefits. Your PHI is also used or shared for treatment, payment, and health care operations.

## **For Treatment**

We may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

## **For Payment**

We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

## **For Health Care Operations**

We may use or share PHI about you to run our health plan(s). For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve your concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Addressing member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan(s). We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment(s), or other health-related benefits and services.

## **When can we use or share your PHI without getting written authorization (approval) from you?**

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

### **Required by law**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

### **Public Health**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

### **Health Care Oversight**

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

### **Research**

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

### **Legal or Administrative Proceedings**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

### **Law Enforcement**

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

## **Health and Safety**

Your PHI may be shared to prevent a serious and imminent threat to the health or safety of a person or the public.

## **Government Functions**

Your PHI may be shared with the government for special functions. An example would be to protect the President.

## **Victims of Abuse, Neglect or Domestic Violence**

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

## **Workers' Compensation**

Your PHI may be used or shared to obey Workers' Compensation laws.

## **Other Disclosures**

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

## **Additional Restrictions on Use and Disclosure.**

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

**Substance Use Disorder (SUD) Information.** Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have



(i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

### **When do we need your written authorization (approval) to use or share your PHI?**

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

### **What are your health information rights?**

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use our form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use our form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions about you as our member. You will need to make your request in writing. You may use our form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use our form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use our form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services department at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/ TDD users, please call 711.

**What can you do if your rights have not been protected?**

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

*You may file a complaint with us at:*

Call Member Services at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711.

Or write to us at:

Molina Healthcare  
Attn: Appeals and Grievances  
P.O. Box 22816  
Long Beach, CA 90801-9977

*You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:*

U.S. Department of Health &  
Human Services Office for Civil  
Rights  
200 Independence  
Ave., S.W. Suite  
509F, HHH Building  
Washington, D.C.  
20201

(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

## **What are our duties?**

We are required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

## **This Notice is Subject to Change**

**We reserve the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, we will post the revised Notice on our website and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by us. This Notice is available on our website at [www.molinahealthcare.com](http://www.molinahealthcare.com).**

## **Contact Information**

If you have any questions about this Notice, please contact us.

Call our Member Services department at the toll-free number on the back of your ID card; 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to Molina Member Services, 200 Oceangate, Suite 100, Long Beach, CA 90802.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 882-3901, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.





PO Box 298  
Monroe, WI 53566-0298  
Attn: Enrollment Accounting

Important Molina Healthcare Information

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