2019 Medicare Advantage Overview
What are Medicare Advantage plans?

Medicare Advantage plans (Medicare Part C) are health plans approved by Medicare and offered by private insurance companies, like ConnectiCare. They include your Part A (hospital insurance), your Part B (medical insurance) and in many cases, your Part D prescription drug coverage. They can also include extra benefits and services like routine care and wellness programs.

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
<th>Part D</th>
<th>Routine care</th>
<th>Wellness programs</th>
</tr>
</thead>
</table>

### Why choose a Medicare Advantage plan vs. Original Medicare with or without a Medicare Supplement plan?

With a Medicare Advantage plan you get:

- **Convenience**: All of your coverage from a single health plan.
- **Prescriptions**: Part D prescription drug coverage is included with most plans. With Original Medicare and Medicare Supplement plans, you will need to buy a separate Part D plan.
- **Benefits**: Access to additional benefits, such as routine care and wellness programs. Some plans even include dental.
- **Financial protection**: Included in all plans with the annual maximum out-of-pocket limit for covered medical expenses.

**Satisfaction**

Medicare Advantage plans are growing in popularity with over 20 million people enrolled nationwide.¹

¹Source: Centers for Medicare & Medicaid Services (CMS) Monthly Summary Report (Data as of July 2018)

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### Medicare Advantage – a simpler option

**Column I** explains how you can add to your Original Medicare coverage with a Medicare Supplement plan and/or a Part D prescription drug plan.

**Column II** explains how you can simplify your coverage with a Medicare Advantage plan.

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**Medicare Advantage Plans (Part C)**

- Offered by private companies, like ConnectiCare
- Include both Medicare Part A and Part B coverage
- May offer additional benefits beyond Original Medicare, like routine care, fitness and dental
- Have one monthly plan premium or, in some cases, no monthly plan premium (in addition to your Part B premium)
- Convenience – all your medical and prescription drug benefits offered through a single health plan

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**Original Medicare Plan**

- Medicare provides this coverage
- After you meet your Part A deductible and your Part B deductible, generally Medicare pays 80% of covered costs and you pay 20%
- You must continue to pay your Part B monthly premium

**Supplemental Coverage (Optional)**

- Offered by private companies
- Fills the gaps of cost sharing for Medicare Parts A and B
- Generally, does not provide more benefits than Original Medicare
- You pay an additional monthly premium

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**Part D Prescription Drug Coverage (Optional)**

- If you want this coverage, you must join a Medicare Part D prescription drug plan offered by a private company approved by Medicare
- You may need to pay an additional monthly premium
ConnectiCare Medicare Advantage plans

Eligibility
You’re eligible to enroll in a ConnectiCare Medicare Advantage plan if:

- You qualify for Medicare Part A;
- You are enrolled in and continue to pay for Medicare Part B; and
- You live in Connecticut.

Except under certain circumstances, the Centers for Medicare & Medicaid Services does not allow Medicare Advantage plans to enroll Medicare beneficiaries who have end-stage renal disease.

2019 plan offerings
As you review the plans on the following pages, please note that 2019 plan offerings and premiums may vary based on the Connecticut county you live in. You can learn more about these plans on pages 9-17.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Hartford, Litchfield, Middlesex and Tolland Counties</th>
<th>New Haven, New London and Windham Counties</th>
<th>Fairfield County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passage Plan 1 (HMO)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Flex Plan 3 (HMO-POS)</td>
<td>$46</td>
<td>$66</td>
<td>$66</td>
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<tr>
<td>Flex Plan 2 (HMO-POS)</td>
<td>$120</td>
<td>$140</td>
<td>Not Offered</td>
</tr>
<tr>
<td>Flex Plan 1 (HMO-POS)</td>
<td>$237</td>
<td>$237</td>
<td>$237</td>
</tr>
<tr>
<td>Choice Plan 3 (HMO)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Choice Plan 2 (HMO) (No Rx)</td>
<td>$0</td>
<td>$0</td>
<td>Not Offered</td>
</tr>
<tr>
<td>Choice Plan 1 (HMO)</td>
<td>$186</td>
<td>$172</td>
<td>Not Offered</td>
</tr>
</tbody>
</table>

Get more with ConnectiCare
ConnectiCare was founded in 1981 by a group of local doctors who were committed to bringing their patients the best care possible. And now, over 37 years later, ConnectiCare remains committed to help make it easier for you to get the care you need.

We do this by offering a range of plan options with the benefits to help you stay healthy and protect you from unexpected medical expenses.

- Savings on prescriptions with copays as low as $0 for mail order
- FREE fitness membership at participating gyms, with SilverSneakers®
- Broad networks of doctors, hospitals and pharmacies
- Plans with national coverage
- Many no-cost preventive services, including your annual physical
- Routine vision and hearing exams
- Option to add dental coverage
- Coverage when you travel with worldwide emergency and urgent care benefits
- Financial protection with maximum out-of-pocket limit for your medical expenses
- Extra support for chronic or complex medical conditions

1 With Passage Plan 1, you also get a $100 eyewear allowance and a $500 hearing aids allowance.
2 With Passage Plan 1, preventive and comprehensive dental coverage is included for no extra premium. With Choice Plan 2 and Choice Plan 3, preventive dental coverage is included for no extra premium.
3 Subject to limitations. Copays may vary for care outside the United States.
ConnectiCare Medicare Advantage plans

Personalized service

When it comes to your health, sometimes you want a personal conversation. ConnectiCare representatives are here to help you by phone or in person at a ConnectiCare center.

ConnectiCare centers are open in Bridgeport, Manchester, Newington and Waterbury. And, from Oct. 1, 2018 to Jan. 31, 2019, our Farmington center will be open to assist with enrollments.

Once you’re a member, you can get one-on-one help with things like:

- How to save money on prescriptions
- Where to go for care
- Estimating what a test is going to cost
- Understanding your claim summary
- Paying your premium bill
- And so much more!

Our Manchester and Waterbury centers host talks by health and medical experts and sessions where you can learn more about your health insurance. And at our Manchester center, members can attend free fitness classes.

For locations, hours or to make an appointment, go to connecticare.com/medicare.

Sanitas Medical Centers

Open in Bridgeport and Newington, Sanitas Medical Centers give ConnectiCare members one convenient place to get primary care like annual checkups, walk-in/urgent care, lab work and health programs.

- Health care for the entire family
- Urgent care/walk-ins for injuries or illnesses
- On-site laboratory
- Wellness and disease management programs

New in 2019

With all our plans, you'll enjoy $0 copays for primary care at Sanitas Medical Centers!1

With easy-to-schedule appointments and short wait times, Sanitas Medical Centers may be just what you’re looking for.

Learn more at mysanitas.com/ct.

Locations and hours:

Sanitas Medical Centers
196 Kitts Lane (Newington Commons shopping plaza), Newington, CT 06111
4551 Main Street (Brookside Center shopping plaza), Bridgeport, CT 06066
Monday – Friday: 7 a.m. – 7 p.m.
Saturday: 8 a.m. – 1 p.m.

1 Other providers are available in our network.
Picking the plan that’s right for you

The following pages give you some of the premium and benefits information for our Passage, Choice and Flex plans. Here are some questions to think about as you review our plans.

How often do you go to the doctor or use other medical services?
• Do you see specialists in addition to your primary care provider (PCP)?
• Are you okay with using doctors, hospitals and other medical providers within our statewide network?

Do you want the flexibility to see doctors outside the network?
• Do you spend extended periods of time outside Connecticut?
• Are you currently seeing specialists outside the ConnectiCare network?

What are your prescription drug needs?
• Are your medications covered in ConnectiCare’s Formulary (list of covered drugs)?
• What tiers are your medications on?
• Do you use mail order?
• Do you just need medical benefits because you have creditable prescription drug coverage through your employer or through the Veterans Administration (VA)?

How much do you want to pay?
• Do you want a plan with a low or no monthly premium in addition to your Medicare Part B premium?
• Do you want a plan with a higher premium so that you have lower copays when using services?

Passage Plan 1 (HMO)

$0 premium. Low copays. Added benefits.

In 2019, Passage Plan 1 again has a $0 monthly premium, benefits like dental coverage and low copays! With Passage Plan 1, your primary care provider (PCP) guides your care to help you get the right care at the right cost. With this plan, you will only need referrals for the following services:
• Chiropractic care
• Podiatry (foot care)
• Pain management specialist

To enroll in Passage Plan 1, you must select a PCP from the Passage network. Passage Plan 1 is an HMO plan with a network that includes thousands of PCPs, specialists and pharmacies, plus every hospital in Connecticut with the exception of Connecticut Children’s Medical Center.

If your PCP is in the Passage network, or if you’re looking for a new PCP, this plan may be a cost-saving option for you. Search for a Passage PCP by looking for this symbol in our online provider directory.

See Passage Plan 1 medical and prescription drug benefit details on pages 9-10 and page 17.

Plan highlights
• $0 monthly premium – offered statewide
• Comprehensive dental coverage included for no extra premium
• $0 deductibles for medical and prescription drug coverage
• $0 copay for PCP visits
• $100 eyewear allowance
• $500 hearing aids allowance

Who might choose Passage Plan 1?

Paul and Laura both see PCPs in the Passage network and are comfortable with their PCPs referring them to specialists when needed. With the $0 monthly premium, low copays and included dental coverage, Passage Plan 1 may give them cost savings compared to their current plan.

Anna recently moved to Connecticut to be closer to her children and grandchildren. She has been looking for a new PCP and found many to choose from in the Passage network. She is single and lives on a fixed income, so she might choose Passage Plan 1 because the $0 premium, low copays and included dental coverage work within her budget.
## ConnectiCare Passage Plan 1

<table>
<thead>
<tr>
<th>Monthly plan premium&lt;sup&gt;1&lt;/sup&gt;</th>
<th>PASSAGE PLAN 1</th>
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<tbody>
<tr>
<td>$0</td>
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### Medical benefits

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$0</th>
</tr>
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<table>
<thead>
<tr>
<th>Doctor office visits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care at Sanitas Medical Centers</td>
<td>$0</td>
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<tr>
<td>All other primary care providers (PCPs)</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$45</td>
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### Preventive & wellness services

<table>
<thead>
<tr>
<th>Preventive &amp; wellness services</th>
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<tr>
<td>Annual physical, screenings &amp; immunizations</td>
<td>$0</td>
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<tr>
<td>SilverSneakers&lt;sup&gt;®&lt;/sup&gt; fitness program&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$0</td>
</tr>
<tr>
<td>Annual eye&lt;sup&gt;4&lt;/sup&gt; &amp; hearing exams</td>
<td>$45</td>
</tr>
<tr>
<td>Eyewear benefit</td>
<td>$100 allowance per year</td>
</tr>
<tr>
<td>Hearing aids benefit (includes devices, repairs and batteries)</td>
<td>$500 allowance per year</td>
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</table>

### Preventive and comprehensive dental

<table>
<thead>
<tr>
<th>Preventive and comprehensive dental</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, see page 23</td>
<td></td>
</tr>
</tbody>
</table>

### Worldwide emergency & urgent care<sup>5</sup>

(Copays may vary for care outside the United States)

| Emergency care | $90          |
| Urgent care<sup>6</sup> | $50          |
| Ambulance      | $325         |

### Other outpatient services & supplies

<table>
<thead>
<tr>
<th>Other outpatient services &amp; supplies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, speech and occupational therapy</td>
<td>$40</td>
</tr>
<tr>
<td>Chiropractic services</td>
<td>$20</td>
</tr>
<tr>
<td>Lab services</td>
<td>$15</td>
</tr>
<tr>
<td>Diagnostic procedures &amp; tests</td>
<td>20%</td>
</tr>
<tr>
<td>X-rays</td>
<td>$45</td>
</tr>
<tr>
<td>Diagnostic/Advanced radiology</td>
<td>$275</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Diabetic supplies (Abbott brands only)</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Medical benefits (continued)

<table>
<thead>
<tr>
<th>Hospital &amp; ambulatory care</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Outpatient ambulatory surgical centers</td>
<td>$200</td>
</tr>
<tr>
<td>Outpatient hospital services &amp; surgery</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient acute hospital care</td>
<td>$465/day – Days 1-4</td>
</tr>
<tr>
<td></td>
<td>$0 Day 5 &amp; beyond</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skilled nursing care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0/day – Days 1-20</td>
<td></td>
</tr>
<tr>
<td>$172/day – Days 21-100</td>
<td></td>
</tr>
</tbody>
</table>

### Maximum out-of-pocket limit (Financial protection for you)

| Maximum out-of-pocket limit | $6,700          |

This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 1-800-842-9710) for more information. You can also refer to the Summary of Benefits or your Evidence of Coverage.

See page 17 for Passage Plan 1 prescription drug benefits.

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<sup>1</sup> In addition to your Medicare Part B monthly premium.

<sup>2</sup> For Passage Plan 1, you will only need referrals from your PCP for the following services: Chiropractic care, Podiatry (foot care) and Pain management specialist.

<sup>3</sup> Access to over 14,000 SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers’ network.

<sup>4</sup> Refractions not covered.

<sup>5</sup> Subject to limitations.

<sup>6</sup> $90 copay for urgent care outside the United States.
Choice plans

Our three Choice plans let you manage your care your way. You can choose from thousands of doctors and all Connecticut hospitals*. Plus, you don’t need a referral to see a specialist.

Choice Plan 1 (HMO) and Choice Plan 3 (HMO) include prescription drug coverage. Choice Plan 2 (HMO) does not include prescription drug coverage. This plan may be a good fit for you if you get creditable prescription drug coverage from your previous employer or from the Veterans Administration (VA).

*With the exception of Connecticut Children’s Medical Center.

Who might choose a Choice Plan?

Salvatore is a retired veteran and gets his prescription drug coverage from the Veterans Administration (VA). Choice Plan 2 may be an obvious choice for him since he only needs medical benefits. Having preventive dental benefits and low copays for services are attractive to him as well.

Dave and Susan just retired and have healthy balances in their health savings accounts (HSAs). They might choose the new Choice Plan 3 with a $0 premium and preventive dental coverage. The $1,000 medical deductible is manageable for them since they can use their HSA funds to pay for any qualified medical expenses that are subject to the deductible.

Plan highlights

- NEW $0 premium Choice Plan 3
- Preventive dental included in Choice Plan 2 and Choice Plan 3
- Prescription drug coverage with Choice Plan 1 and Choice Plan 3
- copays starting at $0 for mail order
- No referral to see a specialist
- SilverSneakers® fitness program

See medical and prescription drug benefit details for Choice Plans on pages 13-14 and pages 17-18.

Flex plans

Our three ConnectiCare Flex Plans give you the most flexibility to see doctors inside or outside the network. Flex Plan 1 (HMO-POS), Flex Plan 2 (HMO-POS) and Flex Plan 3 (HMO-POS) are point-of-service plans that are ideal for those who spend extended periods of time away from home or just want the flexibility to get care nationally from doctors who are enrolled in Medicare.

Who might choose a Flex Plan?

Bob and Linda spend their winters in Arizona. While they get most of their medical care in Connecticut, they like the flexibility to get care outside the ConnectiCare network. They might choose Flex Plan 3 because of the low monthly premium and the out-of-network coverage it provides. They also found SilverSneakers® locations in Arizona, so they can keep up their exercise routine while there.

Louis sees several specialists on a regular basis. He might choose Flex Plan 2 for the freedom to see his specialists without referrals from his primary care provider (PCP), and for the low copay for specialist visits. He is diligent about his dental health, so he might also choose to enroll in ConnectiCare’s optional dental plan for an additional low monthly premium.

Plan highlights

- Plan premiums starting at $46-$66
- Flexibility to get care nationally outside the ConnectiCare network
- Prescription drug coverage with copays starting at $0 for mail order
- No deductible for covered medical services
- No referral to see a specialist
- SilverSneakers® fitness program

See medical and prescription drug benefit details for Flex Plans on pages 15-18.
### ConnectiCare Choice plans

#### Monthly plan premium

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you live in Hartford, Litchfield, Middlesex or Tolland County</td>
<td>$0</td>
<td>$0</td>
<td>$186</td>
</tr>
<tr>
<td>If you live in New Haven, New London or Windham County</td>
<td>$0</td>
<td>$0</td>
<td>$172</td>
</tr>
<tr>
<td>If you live in Fairfield County</td>
<td>$0</td>
<td>$0</td>
<td>Not available in Fairfield County</td>
</tr>
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</table>

#### Medical benefits

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible�</td>
<td>$1,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctor office visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care at Sanitas Medical Centers</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>All other primary care providers (PCPs)</td>
<td>$10</td>
<td>$0</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50</td>
<td>$10</td>
<td>$30</td>
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#### Preventive & wellness services

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual physical, screenings &amp; immunizations</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SilverSneakers® fitness program excluding Connecticut</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual eye &amp; hearing exams</td>
<td>$50</td>
<td>$10</td>
<td>$30</td>
</tr>
</tbody>
</table>

#### Preventive dental

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Worldwide emergency & urgent care

<table>
<thead>
<tr>
<th>(Copays may vary for care outside the United States)</th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care</td>
<td>$90</td>
<td>$90</td>
<td>$90</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50</td>
<td>$10</td>
<td>$30</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$385 after the plan deductible</td>
<td>$50</td>
<td>$200</td>
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</table>

**Medical benefits (continued)**

**Other outpatient services & supplies (continued)**

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic/Advanced radiology</td>
<td>$275 after the plan deductible</td>
<td>$175</td>
<td>$200</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20%</td>
<td>$0</td>
<td>20%</td>
</tr>
<tr>
<td>Diabetic supplies (Abbott brands only)</td>
<td>20%</td>
<td>$0</td>
<td>20%</td>
</tr>
</tbody>
</table>

#### Hospital & ambulatory care

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient ambulatory surgical centers</td>
<td>$200 after the plan deductible</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Outpatient hospital services &amp; surgery</td>
<td>$350 after the plan deductible</td>
<td>$200</td>
<td>$200</td>
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#### Inpatient acute hospital care

<table>
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<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>$465/day Days 1-4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$90 Day 5 &amp; beyond</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>$295/day Days 1-6</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>$0 Day 7 &amp; beyond</td>
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<tr>
<td>$345/day Days 1-5</td>
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</tr>
<tr>
<td>$0 Day 6 &amp; beyond</td>
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#### Skilled nursing care

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0/day Days 1-20 after plan deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$172/day Days 21-100 after plan deductible</td>
<td>$0/day – Days 1-20</td>
<td>$172/day</td>
<td>$0/day – Days 1-20</td>
</tr>
<tr>
<td>$0/day – Days 1-20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$172/day Days 21-100</td>
<td></td>
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#### Maximum out-of-pocket limit

<table>
<thead>
<tr>
<th></th>
<th>CHOICE PLAN 3</th>
<th>CHOICE PLAN 2 (NO RX)</th>
<th>CHOICE PLAN 1</th>
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<tr>
<td>(Financial protection for you)</td>
<td>$6,700</td>
<td>$6,000</td>
<td>$3,400</td>
</tr>
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</table>

This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 1-800-842-9710) for more information. You can also refer to the Summary of Benefits or your Evidence of Coverage.


1 In addition to your Medicare Part B monthly premium.
2 The $1,000 medical deductible for Choice Plan 3 only applies to certain services. For more information, refer to the Summary of Benefits or your Evidence of Coverage.
3 Access to over 14,000 SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.
4 Refractive not covered.
5 Preventive dental coverage is included in Choice Plan 2 and Choice Plan 3. For all Choice plans, you can purchase our optional dental plan separately for an additional $34 monthly premium.
6 Subject to limitations.
7 $90 copay for urgent care outside the United States.
ConnectiCare Flex plans

<table>
<thead>
<tr>
<th>Monthly plan premium¹</th>
<th>FLEX PLAN 3</th>
<th>FLEX PLAN 2</th>
<th>FLEX PLAN 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you live in Hartford, Litchfield, Middlesex or Tolland County</td>
<td>$46</td>
<td>$120</td>
<td>$237</td>
</tr>
<tr>
<td>If you live in New Haven, New London or Windham County</td>
<td>$66</td>
<td>$140</td>
<td>$237</td>
</tr>
<tr>
<td>If you live in Fairfield County</td>
<td>$66</td>
<td>Not available in Fairfield County</td>
<td>$237</td>
</tr>
</tbody>
</table>

Medical benefits

### Deductible

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Doctor office visits

- **Primary care at Sanitas Medical Centers**: $0 / $0 / $0 / $0 / $0 / $0
- **All other primary care providers (PCPs)**: $20 / 50% / $15 / $50 / $15 / $40
- **Specialist**: $50 / 50% / $35 / $50 / $30 / $40

### Preventive & wellness services

- **Annual physical, screenings & immunizations**: $0 / $0 / $0 / $0 / $0 / $0
- **SilverSneakers® fitness program²**: $0 / N/A / $0 / N/A / $0 / N/A
- **Annual eye³ & hearing exams**: $50 / 50% / $35 / $50 / $30 / $40

### Worldwide emergency & urgent care⁴

(Copays may vary for care outside the United States)

- **Emergency care**: $90 / $90 / $90 / $90 / $90 / $90
- **Urgent care⁴**: $50 / $50 / $35 / $35 / $30 / $30
- **Ambulance**: $325 / $325 / $300 / $300 / $200 / $200

### Other outpatient services & supplies

- **Physical, speech and occupational therapy**: $40 / 50% / $35 / $35 / $30 / $40
- **Chiropractic services**: $20 / 50% / $20 / $20 / $20 / $40
- **Lab services**: $20 / 50% / $15 / 40% / $10 / 20%
- **Diagnostic procedures & tests**: 20% / 50% / 20% / 40% / 10% / 20%
- **X-rays**: $45 / 50% / $40 / 40% / $35 / 20%
- **Diagnostic/Advanced radiology**: $275 / 50% / $250 / 40% / $200 / 40%
- **Durable medical equipment**: 20% / 50% / 20% / 40% / 20% / 40%
- **Diabetic supplies (Abbott brands only)**: 20% / 50% / 20% / 30% / 20% / 20%

### Hospital & ambulatory care

- **Outpatient ambulatory surgical centers**: $200 / 50% / $150 / 40% / $100 / $250
- **Outpatient hospital services & surgery**: $325 / 50% / $250 / 40% / $200 / 20%

Medical benefits (continued)

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
</table>
| Inpatient acute hospital care
- **Days 1-4**: $465/day
- **Day 5 & beyond**: 50%
- **Days 1-4**: $375/day
- **Day 5 & beyond**: 30%

- **Skilled nursing care**
  - **Days 1-20**: $0/day
  - **Days 21-100**: 50% for Days 1-100

- **Emergency care**
  - **Days 1-6**: $90/day
  - **Day 7 & beyond**: 50%

- **Maximum out-of-pocket limit** (Financial protection for you)
  - **Days 1-20**: $6,700
  - **Days 21-100**: $10,000

This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 1-800-842-9710) for more information. You can also refer to the Summary of Benefits or your Evidence of Coverage.

See prescription drug benefits on pages 17-18.

¹ In addition to your Medicare Part B monthly premium.
² Access to over 14,000 SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers’ network.
³ Refractions not covered.
⁴ Subject to limitations.
⁵ $90 copay for urgent care outside the United States.
### Part D prescription drug coverage

**Passage Plan 1, Choice Plan 3, Flex Plan 2 and Flex Plan 3**

<table>
<thead>
<tr>
<th>Deductible for Tier 3, Tier 4 and Tier 5 drugs only</th>
<th>Passage Plan 1: $0</th>
<th>For all other plans: $300</th>
</tr>
</thead>
</table>

#### Initial Coverage Limit

You pay the following until your total yearly drug costs reach $3,820.

| Tier 1: Preferred Generic | $2 | $9 | You pay nothing |
| Tier 2: Generic | $10 | $20 | $30 |
| Tier 3: Preferred Brand | $42 | $47 | $126 |
| Tier 4: Non-Preferred drug | $95 | $100 | $285 |
| Tier 5: Specialty drug - Passage Plan 1 | 33% | 33% | Long-term supply is not available |
| Tier 5: Specialty drug - Choice Plan 3, Flex Plan 2, Flex Plan 3 | 27% | 27% | Long-term supply is not available |

#### Coverage Gap

You pay the following after your total yearly drug costs reach $3,820.

| Tier 1: Preferred Generic | $2 | $9 | You pay nothing |
| Tier 2: Generic | $10 | $20 | $30 |
| Tier 3: Preferred Brand | $42 | $47 | $126 |
| Tier 4: Non-Preferred drug | $95 | $100 | $285 |
| Tier 5: Specialty drug | 27% | 27% | Long-term supply is not available |

*90-day supply of Tier 5 Specialty drugs (brand and generic) is not available.

#### Catastrophic Coverage

You pay the following once your true yearly out-of-pocket drug costs reach $5,100.

| Tier 1: Preferred Generic | $2 | $9 | You pay nothing |
| Tier 2: Generic | $10 | $20 | $30 |
| Tier 3: Preferred Brand | $42 | $47 | $126 |
| Tier 4 & Tier 5: Other Generics | 37% | 37% | 37% |
| Tier 5: Specialty drug | 27% | 27% | 27% |
| Tier 5: Choice Plan 1 and Flex Plan 1 | 27% | 27% | 27% |

*90-day supply of Tier 5 Specialty drugs (brand and generic) is not available.

---

This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 1-800-842-9710) for more information.
Part D prescription drug coverage

All ConnectiCare plans, except for Choice Plan 2, include prescription drug coverage. What you'll pay for prescriptions depends on answers to these questions.

Are your prescription drugs in ConnectiCare's Formulary?

ConnectiCare uses a Formulary (list of covered drugs). Except in limited circumstances, your prescription drugs must be included in our Formulary to be covered. You can view our Formulary by visiting connecticare.com/medicare. Or, call us and we'll send you a copy. Our phone number is listed at the bottom of this page.

What tier is your drug on?

Our plans group each drug into one of five “tiers” or levels. You will need to use the Formulary to find what tier a drug is on.

Where will you purchase your prescription drugs?

As a ConnectiCare member, you’ll have the flexibility to buy your covered prescriptions from our extensive network of pharmacies. Where you buy your prescription drugs may affect the amount you pay out of your own pocket.

Retail pharmacies

Purchase your covered prescriptions at any of our participating retail pharmacies. There are more than 60,000 of them in the ConnectiCare network, including many national chain pharmacies. Pharmacies in our network include "standard" pharmacies and "preferred" pharmacies where you may pay less for your prescriptions.

Preferred pharmacies include, but are not limited to:

- Costco
- Rite Aid
- Sam's Club
- ShopRite
- Stop & Shop
- Walgreens
- Walmart

Mail order pharmacy

With our mail order pharmacy, Express Scripts, you can get prescriptions sent right to your home with FREE standard shipping! You may also save money using mail order for your 90-day supply of prescriptions.

Find more information on our website at connecticare.com/medicare.

What stage of the prescription drug cycle are you in?

What you pay for your covered prescription drugs also depends on what stage of the drug benefit cycle you are in. The Federal Government created these stages and each year sets a dollar limit within each stage. The amount you pay for your covered prescriptions may be different, depending on which stage you are in, and a new cycle begins on January 1st of each year.

- **Stage 1 – Deductible**
  
  This is the amount you will need to pay before your plan pays. Not all plans have a prescription drug deductible. For example, Passage Plan 1 does not have a deductible.

- **Stage 2 – Initial Coverage Limit**
  
  You pay copays and/or coinsurance for covered drugs until your total drug costs reach $3,820 in 2019. Total drug costs include what you have paid plus what ConnectiCare has paid since the beginning of the year.

- **Stage 3 – Coverage Gap**
  (also known as the donut hole)

  You pay copays and/or coinsurance for covered drugs until your true out-of-pocket costs reach $5,100 in 2019. True out-of-pocket costs include the costs you have paid plus the brand name drug manufacturer discount.

- **Stage 4 – Catastrophic Coverage**

  After your true out-of-pocket costs reach $5,100 in 2019, you pay the greater of:
  - 5% of the cost, or
  - $3.40 copay for generic drugs and an $8.50 copay for all other drugs
Part D prescription drug coverage

Do you qualify for “Extra Help” from Medicare to pay for your prescription drug costs?

People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty.

Once you’re a ConnectiCare member, and if you qualify for Extra Help from Medicare, your monthly plan premium will be lower.

The amount of Extra Help you get will determine your total monthly plan premium as a member of our plan, as outlined in the table below. These premiums include coverage for both medical services and prescription drug coverage. They do not include any Medicare Part B premium you may have to pay, or any premium if you purchase the optional dental plan. In addition, the premium amounts vary depending on which Connecticut county you live in.

### Monthly premium if you live in Fairfield County

<table>
<thead>
<tr>
<th>Your level of extra help</th>
<th>Flex Plan 3*</th>
<th>Flex Plan 2*</th>
<th>Flex Plan 1*</th>
<th>Monthly Premium for Choice Plan 1*</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$29.80</td>
<td></td>
<td></td>
<td>$200.80</td>
</tr>
<tr>
<td>75%</td>
<td>$38.80</td>
<td></td>
<td></td>
<td>$209.80</td>
</tr>
<tr>
<td>50%</td>
<td>$47.90</td>
<td></td>
<td></td>
<td>$218.90</td>
</tr>
<tr>
<td>25%</td>
<td>$56.90</td>
<td></td>
<td></td>
<td>$227.90</td>
</tr>
</tbody>
</table>

*This does not include any Medicare Part B premium, or any premium you will have to pay, if you choose the optional dental plan. If you have questions, call us at the phone number listed at the bottom of this page.

### Monthly premium if you live in Hartford, Litchfield, Middlesex or Tolland County

<table>
<thead>
<tr>
<th>Your level of extra help</th>
<th>Flex Plan 3*</th>
<th>Flex Plan 2*</th>
<th>Flex Plan 1*</th>
<th>Choice Plan 1*</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$9.80</td>
<td>$83.80</td>
<td>$200.80</td>
<td>$149.80</td>
</tr>
<tr>
<td>75%</td>
<td>$18.80</td>
<td>$92.80</td>
<td>$209.80</td>
<td>$158.80</td>
</tr>
<tr>
<td>50%</td>
<td>$27.90</td>
<td>$101.90</td>
<td>$218.90</td>
<td>$167.90</td>
</tr>
<tr>
<td>25%</td>
<td>$36.90</td>
<td>$110.90</td>
<td>$227.90</td>
<td>$176.90</td>
</tr>
</tbody>
</table>

### Monthly premium if you live in New Haven, New London or Windham County

<table>
<thead>
<tr>
<th>Your level of extra help</th>
<th>Flex Plan 3*</th>
<th>Flex Plan 2*</th>
<th>Flex Plan 1*</th>
<th>Choice Plan 1*</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>$29.80</td>
<td>$103.80</td>
<td>$200.80</td>
<td>$135.80</td>
</tr>
<tr>
<td>75%</td>
<td>$38.80</td>
<td>$112.80</td>
<td>$209.80</td>
<td>$144.80</td>
</tr>
<tr>
<td>50%</td>
<td>$47.90</td>
<td>$121.90</td>
<td>$218.90</td>
<td>$153.90</td>
</tr>
<tr>
<td>25%</td>
<td>$56.90</td>
<td>$130.90</td>
<td>$227.90</td>
<td>$162.90</td>
</tr>
</tbody>
</table>

Many people are eligible for these savings and don’t even know it.

For more information, or to see if you qualify, contact:

- 1-800-Medicare (1-800-633-4227). TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- The State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778, between 7 a.m. and 7 p.m., Monday through Friday.

You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.
Optional dental coverage

All dental services below are included in Passage Plan 1 (HMO) for 2019.

The preventive and diagnostic services below are included in Choice Plan 2 (HMO) and Choice Plan 3 (HMO) for 2019. All benefits in the chart below can be added for $34 per month.

For all other ConnectiCare plans, you can add the following dental benefits. The cost is $34 per month.

### Monthly premium $34

<table>
<thead>
<tr>
<th>Dental services</th>
<th>Member Cost Share</th>
<th>Benefit details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and diagnostic:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oral examinations (two every calendar year)</td>
<td>$0</td>
<td>(Not subject to calendar-year deductible)</td>
</tr>
<tr>
<td>- Prophylaxis (cleanings – two every calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bitewing x-rays (once every calendar year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Panorex x-rays or complete series (once every three years)</td>
<td>$0</td>
<td>(Not subject to calendar-year deductible)</td>
</tr>
<tr>
<td>Basic (minor restorative)</td>
<td>20% after the $100 calendar-year deductible</td>
<td></td>
</tr>
<tr>
<td>- Restorations (fillings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major (endodontics, periodontics and oral surgery)</td>
<td>50% after the $100 calendar-year deductible</td>
<td></td>
</tr>
<tr>
<td>- Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fixed bridgework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Partial and full dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Denture adjustments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Repairs to fixed bridges, partial and full dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Re-cement of fixed bridges, crowns and inlays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Extractions and oral surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Root canal therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Periodontal scaling and planing, periodontal surgery and maintenance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You’ll save more when you receive care from one of our many in-network dental providers. You can get care from an out-of-network dental provider, but you may pay more.

The benefit maximum is the most that ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

### SilverSneakers® fitness program

“As an older adult, regular physical activity is one of the most important things you can do for your health," advises the Centers for Disease Control and Prevention. “It can prevent many of the health problems that seem to come with age.”

**Improve your health and stay independent longer with SilverSneakers**

Whether you play tennis, swim laps or lift weights, SilverSneakers has you covered. Plus, connecting with others like you can make getting fit more fun. With your FREE SilverSneakers membership through ConnectiCare, you get access to:

- More than 14,000 fitness locations nationwide
- Certified instructors onsite for support
- Classes for all levels and abilities, including group fitness outside of the gym
- Online workout videos plus health and nutrition tips

Please note: Classes and amenities vary by location

You'll save more when you receive care from one of our many in-network dental providers. You can get care from an out-of-network dental provider, but you may pay more.

The benefit maximum is the most that ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.

Learn more at [silversneakers.com](http://silversneakers.com).

1 2016 SilverSneakers Annual Member Survey
When to enroll

You may only enroll in a ConnectiCare Medicare Advantage plan during specific times of the year.

Important enrollment dates

**Initial Coverage Election Period**

You can enroll when you first become eligible for Medicare (three months before the month you turn age 65 until three months after the month you turn age 65). If you did not elect Medicare Part B when you were first eligible, you can still enroll in a Medicare Advantage plan. You will have a three-month period to enroll, which begins three months before your Medicare Part B effective date. You will not be able to enroll after your Medicare Part B effective date unless you qualify for a Special Enrollment Period as listed below.

If you receive Medicare benefits due to a disability, you can join from three months before until three months after your 25th month of disability.

See page 3 for more information on eligibility.

**Annual Election Period for 2019 coverage: October 15, 2018 – December 7, 2018**

If you are eligible for Medicare, you can enroll in or switch plans during the Annual Election Period. For example, you can switch from Original Medicare to a Medicare Advantage plan (like a ConnectiCare Medicare Advantage plan). Your coverage will be effective on January 1, 2019.

**Open Enrollment Period: January 1 – March 31, 2019**

There is an additional, annual Open Enrollment Period (OEP) that takes place from January 1st through March 31st. The new OEP allows individuals enrolled in a Medicare Advantage plan, including newly Medicare Advantage-eligible individuals, to make a one-time election to go to another Medicare Advantage plan or Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.

**Special Enrollment Period**

In certain situations, you may be able to join, switch or drop a Medicare Advantage plan at other times during the year. Some of these situations include, if:

- You move out of your plan’s service area
- You have both Medicare and Medicaid
- You qualify for Extra Help paying for your Part D prescription drugs
- You live in an institution (such as a nursing home)
- You lose your employer coverage.

How to enroll

There are a number of convenient ways to enroll in a ConnectiCare Medicare Advantage plan.

**Online**

Visit [connecticare.com/medicare](http://connecticare.com/medicare). Enrolling online is convenient and secure.

**In person**

- Meet with your broker, who can help you with enrollment in a ConnectiCare Medicare Advantage plan.
- If you don't have a broker, call ConnectiCare toll-free at 1-877-224-8220 (TTY: 1-800-842-9710) from 8 a.m. to 8 p.m. ET, seven days a week to arrange a personal consultation at a convenient time and location.
- Also, one-on-one help is available at our ConnectiCare centers in Bridgeport, Manchester, Newington and Waterbury. From Oct. 1, 2018 to Jan. 31, 2019, you can also visit our center in Farmington. For locations, hours or to make an appointment, go to [connecticare.com/medicare](http://connecticare.com/medicare).
- You can also attend a seminar. For a listing of seminars, go to [connecticare.com/medicare](http://connecticare.com/medicare). Call us to reserve your seat or you can register online at [medicare.myconnecticare.com/seminar](http://medicare.myconnecticare.com/seminar). For accommodations of persons with special needs at meetings, call 1-877-224-8220 (TTY: 1-800-842-9710).

**By phone**

Call toll-free at 1-877-224-8220 (TTY: 1-800-842-9710). Representatives are available to take applications by phone:

- From 10/1 – 3/31, seven days a week, from 8 a.m. – 8 p.m. ET
- From 4/1 – 9/30, Monday – Friday, from 8 a.m. – 8 p.m. ET

**By mail**

Mail a completed Enrollment Request Form to:

ConnectiCare
Attention: Medicare Advantage Enrollment
P.O. Box 4001
Farmington, CT 06034-4001
Paying your monthly premium is easy!

Once you become a member, you can pay your premium automatically every month from your Social Security benefit check or from your bank account. You can also use one of the other ways we offer to pay your bill.

**Social Security check deduction**

You can choose this option when you enroll. Or, call 1-800-224-2273 (TTY: 1-800-842-9710) 8 a.m. – 8 p.m., seven days a week. We can help you set it up.

Please note: It can take two months or more for your deductions to take effect. Please continue paying your monthly invoice until then.

**Online**

Log in (or register) on connecticare.com/medicare. Pay one month's bill, or even easier, set up automatic, repeating payments from a bank account or credit or debit card.

**By phone**

Call 1-800-224-2273 (TTY: 1-800-842-9710) to pay with our automated system. You can use a bank account or credit or debit card to pay your bill. We're sorry, but for your safety and security, our member services representatives cannot take your bank account information or credit card numbers over the phone.

**In person**

Take your bill with cash or a check to any People's United Bank® branch.

**By mail**

Follow the directions on your bill.

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**New member communications**

**After you enroll, watch your mail for:**

1. Letter confirming enrollment
2. Member ID card
3. Premium invoice (if applicable)

**Check your description of plan benefits**

This is called your Evidence of Coverage (or EOC). Find yours on our website, connecticare.com/medicare. Or, call us at the number listed below to request a copy.

**Other reasons you may hear from us or someone on our behalf:**

- **Welcome call** (but you don't have to wait – call us if you need us!)
- **Health risk assessment** – We ask new members some questions about their health to see if there are ways we can help.
- **In-home health exam** – We may invite you to have a nurse practitioner come to your home. Of course, this is your decision.
- **Financial help with premiums** – We may ask someone to call if we think you may qualify.
Language & Non-Discrimination Notice

ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Committee for Civil Rights, ConnectiCare, Inc., 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-224-2273, and TTY: 1-800-842-9710. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights 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 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, 1-800-368-1019, 1-800-537-7697 (TDD).


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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-224-2273 (TTY: 1-800-842-9710).

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-224-2273 (ATS: 1-800-842-9710).

ATENZIONE: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-224-2273 (TTY: 1-800-842-9710).

ATENÇÃO: Se habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).

¿HABLA ESPAÑOL? Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).
ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. This information is not a complete description of benefits. Call 1-877-224-8220 (TTY: 1-800-842-9710) for more information. Out-of-network/non-contracted providers are under no obligation to treat ConnectiCare, Inc. members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including cost-sharing that applies to out-of-network services. 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. Tivity Health, SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Tivity Health, Inc., and or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018 Tivity Health, Inc. © 2018 ConnectiCare, Inc. & Affiliates