

2022 ConnectiCare Medicare Advantage Plans



ConnectiCare.





Plans that fit your needs and budget

We've been providing health plans to Connecticut residents since 1981. We know that different people have different needs. That's why we offer a wide choice of ConnectiCare Medicare Advantage plans.

Choose ConnectiCare and you'll discover that we're more than just a health insurance company. We're people driven to support your health every step of the way.

ConnectiCare Medicare Advantage plans

ConnectiCare offers a range of plans that give you all the benefits of Original Medicare and so much more. You can get care from thousands of doctors and other health care providers in our extensive network that includes EVERY hospital in the state.¹ Our Flex HMO-POS plans include in-network and out-of-network benefits. With all plans, you get:

- SilverSneakers® fitness program
- Telehealth benefits (see page 19)
- No referrals to see a specialist
- Three optional supplemental dental coverages (see dental plan options on pages 17-18)

ConnectiCare Choice Plan 3 (HMO)

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$10** to see your primary care doctor.
- **\$45** to see a specialist.

Plus, you get **\$0** preventive dental coverage, up to **\$200** for eyewear every year, and **\$60** quarterly for over-the-counter items through mail order.

ConnectiCare Passage Plan 1 (HMO)

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$15** to see your primary care doctor.
- **\$50** to see a specialist.

Plus, you get up to **\$400** annually for hearing aids, up to **\$100** for eyewear every year, and **\$15** quarterly for over-the-counter items through mail order.

ConnectiCare Choice Plan 2 (HMO) – No Rx

The monthly premium is **\$0** in addition to your Medicare Part B premium. You will pay:

- **\$0** to see your primary care doctor.
- **\$10** to see a specialist.

Plus, you get **\$0** preventive dental coverage, up to **\$500** for eyewear every year, and **\$25** monthly for over-the-counter items through mail order.

ConnectiCare Flex Plan 3 (HMO-POS)

The monthly premium, in addition to your Medicare Part B premium is:

- **\$50** if you live in Hartford, Litchfield, Middlesex, or Tolland county.
- **\$70** if you live in Fairfield, New Haven, New London, or Windham county.

In-network, you will pay:

- **\$5** to see your primary care doctor.
- **\$50** to see a specialist.

Plus, you get **\$0** preventive dental coverage, up to **\$300** for eyewear every year, and **\$50** quarterly for over-the-counter items through mail order.

ConnectiCare Choice Plan 1 (HMO)

The monthly premium is **\$184** in addition to your Medicare Part B premium. You will pay:

- **\$10** to see your primary care doctor.
- **\$30** to see a specialist.

ConnectiCare Flex Plan 2 (HMO-POS)

The monthly premium is **\$135** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care doctor.
- **\$35** to see a specialist.

ConnectiCare Choice Part B Saver (HMO)

The monthly premium is **\$0** in addition to your Medicare Part B premium. With this plan, you will get up to **\$500** back on your Part B premiums! You will pay:

- **\$20** to see your primary care doctor.
- **\$45** to see a specialist.

Plus, you get up to **\$100** for eyewear every year and **\$60** quarterly for over-the-counter items through mail order.

ConnectiCare Flex Plan 1 (HMO-POS)

The monthly premium is **\$242** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care doctor.
- **\$30** to see a specialist.

¹With the exception of Connecticut Children's Medical Center.

ConnectiCare Choice (HMO D-SNP) plans

ConnectiCare offers three Special Needs Plans for people enrolled in both Medicare and Connecticut State Medicaid (HUSKY) or eligible for Medicare cost-sharing assistance under Medicaid.

- ConnectiCare Choice Dual (HMO D-SNP), ConnectiCare Choice Dual Vista (HMO D-SNP), and ConnectiCare Choice Dual Basic (HMO D-SNP)

The monthly premium for each plan is \$0 and is paid by Extra Help. This is in addition to your Medicare Part B premium, unless it is paid for by Medicaid or another third party. Because you get assistance from Medicaid, you pay \$0 for covered services in these plans.

You also get added benefits that Original Medicare doesn't cover. These include coverage for prescription drugs, dental services, over-the-counter items, and more.

ConnectiCare Choice Dual (HMO D-SNP) and ConnectiCare Choice Dual Vista (HMO D-SNP) plans are for people with full Medicaid benefits:

- Full Benefit Dual Eligible (FBDE) Program
- Specified Low-Income Medicare Beneficiary – Plus (SLMB+) Program
- Qualified Medicare Beneficiary – Plus (QMB+) Program

Added benefits with ConnectiCare Choice Dual (HMO D-SNP)

- \$50 every month for eligible over-the-counter items including healthy foods
- Preventive and comprehensive dental coverage with up to \$2,500 annual limit
- Prescription drug coverage with copays as low as \$0¹
- Up to \$500 eyewear allowance every year
- Up to \$1,500 hearing aid allowance every year
- SilverSneakers® fitness program
- 24-Hour Nurse Hotline
- Telehealth – virtual doctor visits

Added benefits with ConnectiCare Choice Dual Vista (HMO D-SNP)

- \$100 every month for eligible over-the-counter items through mail order
- Preventive and comprehensive dental coverage with up to \$2,000 annual limit
- Prescription drug coverage with copays as low as \$0¹
- Up to \$500 eyewear allowance every year
- Up to \$1,500 hearing aid allowance every year
- SilverSneakers® fitness program
- 24-Hour Nurse Hotline
- Telehealth – virtual doctor visits

ConnectiCare Choice Dual Basic (HMO D-SNP)

The ConnectiCare Choice Dual Basic (HMO D-SNP) plan is for people who are eligible for the:

- Full Benefit Dual Eligible (FBDE) Program
- Specified Low-Income Medicare Beneficiary – Plus (SLMB+) Program
- Qualified Medicare Beneficiary – Plus (QMB+) Program
- Qualified Medicare Beneficiary – (QMB) Program

- \$100 quarterly for eligible over-the-counter items through mail order
- Preventive and comprehensive dental coverage with up to \$2,500 annual limit
- Prescription drug coverage with copays as low as \$0¹
- Up to \$200 eyewear allowance every year
- Telehealth – virtual doctor visits
- SilverSneakers® fitness program

¹Based on your low-income subsidy (LIS) level.

ConnectiCare HMO Medicare Advantage plans

	CONNECTICARE CHOICE PLAN 3 (HMO)	CONNECTICARE CHOICE PLAN 2 (HMO)
	In-Network	In-Network
MONTHLY PREMIUM¹	\$0	\$0
MEDICAL DEDUCTIBLE	\$395 ²	\$0
MEDICAL BENEFITS:		
Doctor office visits (In office/Virtual)		
Primary care providers (PCPs)	\$10	\$0
Specialist	\$45	\$10
Preventive & wellness services		
Annual physical, screenings & immunizations	\$0	\$0
SilverSneakers® fitness program ³	\$0	\$0
Dental coverage	Preventive included, 3 additional options for up to \$3,500 annual limit*	Preventive included, 3 additional options for up to \$3,500 annual limit*
Routine eye exam (1 per year)	\$45	\$10
Routine eyewear	Up to \$200 allowance every year	Up to \$500 allowance every year
Routine hearing exam (1 per year)	\$45	\$10
Hearing aids	Not covered	Not covered
Over-the-counter (OTC) items	\$60 every quarter (mail order only)	\$25 per month (mail order only)
Worldwide emergency & urgent care⁴		
Emergency care	\$90	\$90
Urgent care within the U.S./outside the U.S.	\$45/\$90	\$10/\$90
Teladoc®	\$45	\$45
Other outpatient services & supplies		
Physical therapy	\$40	\$10
Chiropractic care	\$20	\$20
Lab services	\$15	\$10
Diagnostic procedures & tests	\$25	\$25
X-rays	\$45 after deductible	\$35
Diagnostic/Advanced radiology	\$275	\$175
Durable medical equipment & diabetic supplies (Abbott brands only)	20%	\$0
Hospital & ambulatory care		
Outpatient ambulatory surgery centers	\$300	\$100
Outpatient hospital and observation services	\$395 after deductible	\$200
Inpatient acute hospital care	<u>\$490/day Days 1-3</u> \$0 Day 4 & beyond after deductible	<u>\$295/day Days 1-6</u> \$0 Day 7 & beyond
Skilled nursing facility	<u>\$0/day Days 1-20</u> \$184/day Days 21-100 after deductible	<u>\$0/day Days 1-20</u> \$184/day Days 21-100
Maximum out-of-pocket limit (Financial protection for you)	\$7,550	\$6,000

¹ In addition to your Medicare Part B monthly premium.

² The medical deductible for Choice Plan 3 applies to the following services only:
Inpatient Hospital – acute and psychiatric, skilled nursing facility, outpatient hospital services
(including observation), dialysis services, therapeutic radiology, and x-rays.

³ Access to over 16,000 participating SilverSneakers fitness locations in the U.S. Benefit includes
coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.

CONNECTICARE CHOICE PLAN 1 (HMO)	CONNECTICARE CHOICE PART B SAVER (HMO)	CONNECTICARE PASSAGE PLAN 1 (HMO)
In-Network	In-Network	In-Network
\$184	\$0	\$0
\$0	\$1,000 ⁵	\$0
\$10	\$20	\$15
\$30	\$45	\$50
\$0	\$0	\$0
\$0	\$0	\$0
3 Additional options for up to \$3,500 annual limit*	3 Additional options for up to \$3,500 annual limit*	3 Additional options for up to \$3,500 annual limit*
\$30	\$10	\$45
Not covered	Up to \$100 allowance every year	Up to \$100 allowance every year
\$30	\$10	\$50
Not covered	Not covered	Up to \$400 allowance every year
Not covered	\$60 quarterly (mail order only)	\$15 quarterly (mail order only)
\$90	\$90	\$90
\$30/\$90	\$50/\$90	\$50/\$90
\$45	\$45	\$45
\$30	\$40 after deductible	\$40
\$20	\$20	\$20
\$10	\$15	\$15
\$25	\$25 after deductible	\$25
\$35	\$40	\$45
\$200	\$275 after deductible	\$295
20%	20%	20%
\$100	\$315	\$200
\$200	\$495 for outpatient services after deductible \$475 for outpatient observation services after deductible	\$475
<u>\$345/day Days 1-5</u> \$0 Day 6 & beyond	<u>\$495/day Days 1-3</u> \$0/day Days 4 & beyond after deductible	<u>\$490/day Days 1-4</u> \$0 Day 5 & beyond
<u>\$0/day Days 1-20</u> \$184/day Days 21-100	<u>\$0/day Days 1-20</u> \$184/day Days 21-100 after deductible	<u>\$0/day Days 1-20</u> \$184/day Days 21-100
\$3,400	\$7,550	\$7,550

⁴ Subject to limitations.

⁵ \$1,000 medical deductible applies only to Inpatient Hospital – acute and psychiatric, skilled nursing facility, diagnostic tests and procedures, diagnostic radiology, therapeutic radiology, outpatient hospital services (including observation), occupational/speech/physical therapy, and dialysis services.

*Optional supplemental benefit available for services (see page 17-18).

ConnectiCare HMO-POS Medicare Advantage plans

	CONNECTICARE FLEX PLAN 3 (HMO-POS)	
MONTHLY PREMIUM¹	\$50-\$70 ²	
MEDICAL BENEFITS:	In-Network	Out-of-Network
Doctor office visits (In office/Virtual)		
Primary care providers (PCPs)	\$5	50%
Specialist	\$50	50%
Preventive & wellness services		
Annual physical, screenings & immunizations	\$0	\$0
SilverSneakers [®] fitness program ³	\$0	Not covered
Dental coverage	Preventive included, 3 additional options for up to \$3,500 annual limit*	Preventive included, 3 additional options for up to \$3,500 annual limit*
Routine eye exam (1 per year)	\$50	Not covered
Routine eyewear	Up to \$300 allowance every year	Not covered
Routine hearing exam (1 per year)	\$50	50%
Over-the-counter (OTC) items	\$50 quarterly (mail order only)	Not covered
Worldwide emergency & urgent care⁴		
Emergency care	\$90	\$90
Urgent care within the U.S./outside the U.S.	\$50/\$90	\$50/\$90
Teladoc [®]	\$45	Not covered
Other outpatient services & supplies		
Physical therapy	\$40	50%
Chiropractic care	\$20	50%
Lab services	\$20	50%
Diagnostic procedures & tests	\$25	50%
X-rays	\$45	50%
Diagnostic/Advanced radiology	\$275	50%
Durable medical equipment	20%	50%
Diabetic supplies (Abbott brands only)	20%	50%
Hospital & ambulatory care		
Outpatient ambulatory surgery centers	\$200	50%
Outpatient hospital and observation services	\$325	50%
Inpatient acute hospital care	<u>\$465/day Days 1-4</u> \$0 Day 5 & beyond	50%
Skilled nursing facility	<u>\$0/day Days 1-20</u> \$184/day Days 21-100	50%
Maximum out-of-pocket limit (Financial protection for you)	\$5,500	\$10,000

¹ In addition to your Medicare Part B monthly premium.

² If you live in Hartford, Litchfield, Middlesex, or Tolland County: Flex Plan 3 monthly premium is \$50. If you live in Fairfield, New Haven, New London, or Windham County: Flex Plan 3 monthly premium is \$70.

³ Access to over 16,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.

⁴ Subject to limitations.

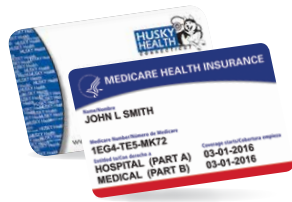
CONNECTICARE FLEX PLAN 2 (HMO-POS)		CONNECTICARE FLEX PLAN 1 (HMO-POS)	
\$135		\$242	
In-Network	Out-of-Network	In-Network	Out-of-Network
\$15	\$50	\$15	\$40
\$35	\$50	\$30	\$40
\$0	\$0	\$0	\$0
\$0	Not covered	\$0	Not covered
3 Additional options for up to \$3,500 annual limit*	3 Additional options for up to \$3,500 annual limit*	3 Additional options for up to \$3,500 annual limit*	3 Additional options for up to \$3,500 annual limit*
\$35	Not covered	\$30	Not covered
Not covered	Not covered	Not covered	Not covered
\$35	\$50	\$30	\$40
Not covered	Not covered	Not covered	Not covered
\$90	\$90	\$90	\$90
\$35/\$90	\$35/\$90	\$30/\$90	\$30/\$90
\$45	Not covered	\$45	Not covered
\$35	\$50	\$30	\$40
\$20	\$50	\$20	\$40
\$15	40%	\$10	20%
\$25	40%	\$25	20%
\$40	40%	\$35	20%
\$250	40%	\$200	40%
20%	40%	20%	40%
20%	30%	20%	20%
\$150	40%	\$100	\$250
\$250	40%	\$200	20%
<u>\$375/day Days 1-4</u> \$0 Day 5 & beyond	30%	<u>\$285/day Days 1-6</u> \$0 Day 7 & beyond	<u>\$450/day Days 1-6</u> \$0 Day 7 & beyond
<u>\$0/day Days 1-20</u> \$184/day Days 21-100	40%	<u>\$0/day Days 1-20</u> \$184/day Days 21-100	40%
\$6,000	\$10,000	\$5,300	\$10,000

*Optional supplemental benefit available for dental services (see page 17-18).

ConnectiCare Choice Dual HMO D-SNP plans

	CONNECTICARE CHOICE DUAL (HMO D-SNP)
	In-Network
MONTHLY PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MEDICAL BENEFITS:	
Doctor office visits	
Primary care providers (PCPs)	\$0
Specialist	\$0
Preventive & wellness services	
Annual physical, screenings & immunizations	\$0
Dental coverage	Preventive and comprehensive \$2,500 annual limit
Routine eye exam (1 per year)	\$0
Routine hearing exam (1 per year)	\$0
Extra benefits	
Over-the-counter (OTC) drugs and other eligible items	\$50 every month includes food
SilverSneakers® fitness program ¹	Yes
Eyewear allowance	Up to \$500 allowance every year
Hearing aid allowance (devices only)	Up to \$1,500 allowance every year
24-Hour Nurse Hotline	Yes
Emergency & urgent care in the U.S.	
Emergency care	\$0
Urgent care	\$0
Other outpatient services & supplies	
Physical therapy	\$0
Chiropractic care	\$0
Lab services	\$0
Diagnostic procedures & tests	\$0
X-rays	\$0
Diagnostic/Advanced radiology	\$0
Durable medical equipment & diabetic supplies (Abbott brands only)	\$0
Hospital & ambulatory care	
Outpatient ambulatory surgery centers	\$0
Outpatient hospital and observation services	\$0
Inpatient acute hospital care	\$0
Skilled nursing facility	\$0
Maximum out-of-pocket limit	\$7,550

¹ Access to over 16,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers' network.



CONNECTICARE CHOICE DUAL VISTA (HMO D-SNP)	CONNECTICARE CHOICE DUAL BASIC (HMO D-SNP)
In-Network	In-Network
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
Preventive and comprehensive \$2,000 annual limit	Preventive and comprehensive \$2,500 annual limit
\$0	\$0
\$0	\$0
\$100 every month (mail order only)	\$100 quarterly (mail order only)
Yes	Yes
Up to \$500 allowance every year	Up to \$200 allowance every year
Up to \$1,500 allowance every year	No
Yes	No
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$7,550	\$7,550

ConnectiCare prescription drug coverage

Drug tiers

Our plans group each drug into one of five tiers or levels:

- Tier 1: Preferred generic drugs
- Tier 2: Generic drugs
- Tier 3: Preferred brand drugs
- Tier 4: Non-preferred drugs
- Tier 5: Specialty drugs

You will need to use the ConnectiCare drug list (also called a formulary) to find what tier a drug is on. In most cases, the lower the tier, the lower your cost will be. You can find our drug list on our website, [medicare.myconnecticare.com](https://www.medicare.myconnecticare.com).

Where to buy your prescriptions

Retail pharmacies

Buy your covered prescriptions at any of our participating retail pharmacies. There are more than 25,000 of them, including many national chain pharmacies. Pharmacies in our network include “standard” pharmacies and “preferred” pharmacies where you may pay less for your prescriptions.

Our **preferred pharmacies** include, but are not limited to:

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

Mail order pharmacy

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

Find more information on our website at [medicare.myconnecticare.com](https://www.medicare.myconnecticare.com).



The prescription drug benefit cycle

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 1 of each year.

Stage 1 – Deductible

This is the amount you will need to pay before your plan pays.

Stage 2 – Initial coverage limit

You pay copays and/or coinsurance for covered drugs until your total drug costs exceed \$4,430 in 2022. 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 exceed \$7,050 in 2022. 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 exceed \$7,050 in 2022, you pay the greater of:

- 5% of the cost, **or**
- \$3.95 copay for generic/preferred multi-source drugs and a \$9.85 copay for all other drugs.

Prescription drug coverage included in ConnectiCare HMO and HMO-POS Medicare plans

		ConnectiCare Choice Plan 1 (HMO)			
PART D DRUG COVERAGE		ConnectiCare Choice Plan 3 (HMO)		ConnectiCare Flex Plan 1 (HMO-POS)	
Annual deductible		\$445 (For Tier 4 and 5 drugs)		\$300 (For Tier 3, 4, and 5 drugs)	
Initial coverage limit (\$0-\$4,430)		30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order
Tier 1: Preferred generic drugs		\$2/\$9	\$0	\$2/\$9	\$0
Tier 2: Generic drugs		\$10/\$20	\$0	\$10/\$20	\$0
Tier 3: Preferred brand drugs		\$42/\$47	\$126	\$42/\$47	\$126
Tier 4: Non-Preferred drugs		\$95/\$100	\$285	\$95/\$100	\$285
Tier 5: Specialty drugs		25%	Not available in long-term supply	27%	Not available in long-term supply
Coverage Gap (\$4,430-\$7,050)		30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order
Tier 1: Preferred generic drugs		25%	25%	\$2/\$9	\$0
Tier 2: Generic drugs		25%	25%	\$10/\$20	\$0
Tier 3: Preferred brand drugs		25%	25%	25%	25%
Tier 4: Non-Preferred drugs		25%	25%	25%	25%
Tier 5: Specialty drugs		25%	Not available in long-term supply	25%	Not available in long-term supply
Catastrophic coverage (Over \$7,050)		For all plans, you pay the greater of: 5% or \$3.95 for Generic/Preferred multi-source drugs 5% or \$9.85 for all other drugs			

Prescription drug coverage included in ConnectiCare Choice Dual (HMO D-SNP) plans

	ConnectiCare Choice Dual Plan (HMO D-SNP)
Annual Deductible	\$0
Initial coverage limit (\$0-\$4,430) and Coverage gap: All formulary drugs	Generic/Preferred multi-source drugs: \$0 to \$3.95 All other drugs: \$0 to \$9.85 Depending on the level of Extra Help
Catastrophic coverage (over \$7,050): All formulary drugs	\$0

ConnectiCare Flex Plan 2 (HMO-POS)		ConnectiCare Flex Plan 3 (HMO-POS)		ConnectiCare Choice Part B Saver (HMO)		ConnectiCare Passage Plan 1 (HMO)	
\$300 (For Tier 3, 4, and 5 drugs)		\$445 (For Tier 2, 3, 4, and 5 drugs)		\$275 (For Tier 3, 4, and 5 drugs)			
30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order
\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0	\$2/\$9	\$0
\$10/\$20	\$0	\$10/\$20	\$0	\$10/\$20	\$0	\$10/\$20	\$0
\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126	\$42/\$47	\$126
\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285	\$95/\$100	\$285
27%	Not available in long-term supply	25%	Not available in long-term supply	28%	Not available in long-term supply		
30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred Mail order
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
25%	25%	25%	25%	25%	25%	25%	25%
25%	Not available in long-term supply	25%	Not available in long-term supply	25%	Not available in long-term supply	25%	Not available in long-term supply
For all plans, you pay the greater of: 5% or \$3.95 for Generic/Preferred multi-source drugs 5% or \$9.85 for all other drugs							

ConnectiCare Choice Dual Basic Plan (HMO D-SNP)	ConnectiCare Choice Dual Vista Plan (HMO D-SNP)
\$0	\$0
Generic/Preferred multi-source drugs: \$0 to \$3.95 All other drugs: \$0 to \$9.85 Depending on the level of Extra Help	Generic/Preferred multi-source drugs: \$0 to \$3.95 All other drugs: \$0 to \$9.85 Depending on the level of Extra Help
\$0	\$0

ConnectiCare Medicare premiums and low-income subsidy (LIS) premium reduction

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. The amount of Extra Help will determine your total monthly plan premium as a member of our plan. For more information about LIS, please call Social Security at **800-772-1213**, Monday through Friday, 7 am to 7 pm. If you use a TTY, please call **800-325-0778**.

Monthly premium if you live in Hartford, Litchfield, Middlesex, or Tolland county				
Your level of Extra Help	ConnectiCare Flex Plan 3 (HMO-POS)	ConnectiCare Flex Plan 2 (HMO-POS)	ConnectiCare Flex Plan 1 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO)
0% (Full Premium)	\$50.00	\$135.00	\$242.00	\$184.00
25%	\$40.90	\$125.90	\$232.90	\$174.90
50%	\$31.90	\$116.90	\$223.90	\$165.90
75%	\$22.80	\$107.80	\$214.80	\$156.80
100%	\$13.70	\$98.70	\$205.70	\$147.70

Monthly premium if you live in Fairfield, New Haven, New London, or Windham county				
Your level of Extra Help	ConnectiCare Flex Plan 3 (HMO-POS)	ConnectiCare Flex Plan 2 (HMO-POS)	ConnectiCare Flex Plan 1 (HMO-POS)	ConnectiCare Choice Plan 1 (HMO)
0% (Full Premium)	\$70.00	\$135.00	\$242.00	\$184.00
25%	\$60.90	\$125.90	\$232.90	\$174.90
50%	\$51.90	\$116.90	\$223.90	\$165.90
75%	\$42.80	\$107.80	\$214.80	\$156.80
100%	\$33.70	\$98.70	\$205.70	\$147.70

Dental coverage

ConnectiCare Choice Plan 2 (HMO), Choice Plan 3 (HMO), Flex Plan 3 (HMO-POS) plans include preventive dental benefits for no additional premium:

- Member copay: \$0.
- Covered services include:
 - One every six months: Oral exams, cleanings, fluoride, and standard x-rays (bitewing)
 - One every 36 months: Complete series x-rays (panorex)

With ConnectiCare Choice Plan 2 (HMO), Choice Plan 3 (HMO), and Flex Plan 3 (HMO-POS), you have the option to add comprehensive dental benefits for an additional monthly premium. There are three dental plan options: 2 PPOs and 1 Indemnity.

PPO OPTIONS		
Monthly premium: \$29 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$39 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100

All comprehensive dental plans include the following covered services.

Comprehensive dental services	Member cost-share
Basic (minor restorative) – restorations (fillings)	20% after the \$100 calendar-year deductible
Major (endodontics, periodontics, and oral surgery) – includes crowns; fixed bridgework; partial and full dentures; denture adjustments; repairs to fixed bridges, partial, and full dentures; re-cement of fixed bridges, crowns, and inlays; extractions and oral surgery; root canal therapy; implants; and periodontal scaling and planing, periodontal surgery, and maintenance.	50% after the \$100 calendar-year deductible

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum. May require prior approval.

INDEMNITY OPTION	
Monthly premium: \$39 Calendar-year benefit maximum: \$3,500	
Preventive and comprehensive dental services	Member cost-share: 50% of the cost for covered services

With ConnectiCare Passage Plan 1 (HMO), Choice Plan 1 (HMO), Choice Part B Saver (HMO), Flex Plan 1 (HMO-POS), and Flex Plan 2 (HMO-POS), you can add preventive and comprehensive dental benefits for an additional low monthly premium. There are three dental plan options: 2 PPOs and 1 Indemnity.

PPO OPTIONS		
Monthly premium: \$39 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$49 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100

Preventive dental services	Member cost-share
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing) One every 36 months: complete series x-ray (panorex)	\$0 (Not subject to calendar-year deductible)

Comprehensive dental services	Member cost-share
Basic (minor restorative) – restorations (fillings)	20% after the \$100 calendar-year deductible
Major (endodontics, periodontics, and oral surgery) – includes crowns; fixed bridgework; partial and full dentures; denture adjustments; repairs to fixed bridges, partial, and full dentures; re-cement of fixed bridges, crowns, and inlays; extractions and oral surgery; root canal therapy; implants; and periodontal scaling and planing, periodontal surgery, and maintenance.	50% after the \$100 calendar-year deductible

INDEMNITY OPTION	
Monthly premium: \$39 Calendar-year benefit maximum: \$3,500	
Preventive and comprehensive dental services	Member cost-share: 50% of the cost for covered services

The benefit maximum is the most ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum. May require prior approval.

Members will not be permitted to switch between optional riders during the calendar year other than Open Enrollment Period (January 1 - March 31).

Members will be permitted to enroll (and disenroll at any time during the year into their originally selected rider).

See a doctor from your home

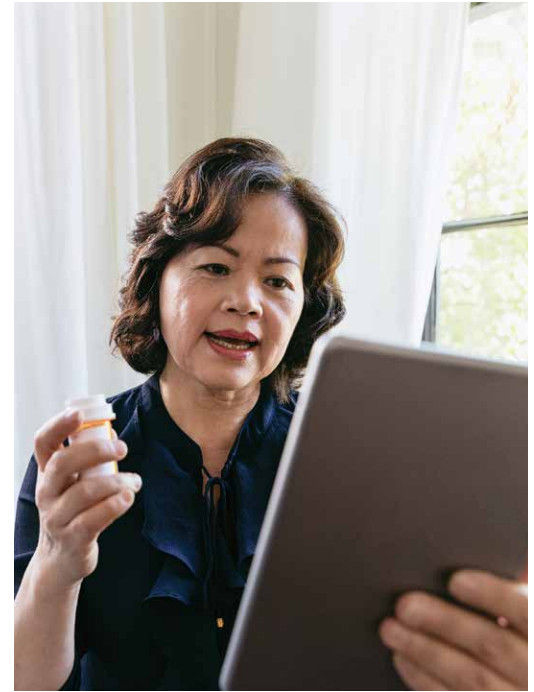
All ConnectiCare Medicare Advantage plans now include in-network **telehealth benefits**:

- Virtual doctor visits with primary care providers (PCPs) and specialists.
- Individual virtual outpatient visits with mental health and substance abuse providers.

Not all health care providers offer this service, so be sure to check with them.

ConnectiCare HMO and HMO-POS Medicare Advantage plans also include **Teladoc**®.

Teladoc's staff of board-certified doctors are available by phone or video chat for non-emergency health conditions. They can even send prescriptions to your local pharmacy, if needed. Learn more at teladoc.com/connecticare.



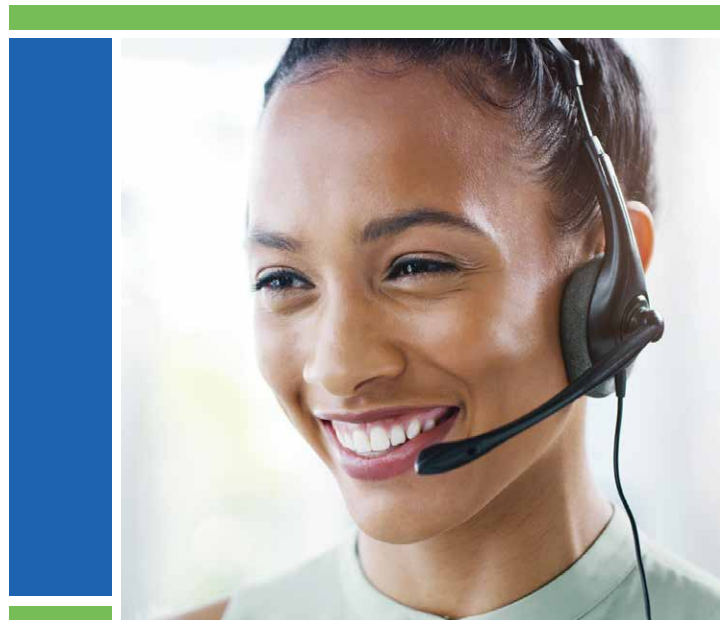
Customer service that puts you first

Health care is critical, and using your benefits should be easy. We're here to help with **ConnectiCare Medicare Connect Concierge** – the one phone number to call when you need help solving your health care needs. We can help you:

- Make a doctor's appointment.
- Answer benefit questions.
- Coordinate prior approvals.
- Confirm your over-the-counter (OTC) benefit.
- Verify your mailing address.
- And so much more!

And we won't transfer you. ConnectiCare Medicare Connect Concierge representatives will stay on the line and arrange three-way calls to help you.

Join ConnectiCare and get the key to unlock a better customer experience!





Take the next step to better manage your health care.

Simply call **877-224-8220 (TTY: 711)**. From October 1 to March 31, you can call us seven days a week from 8 am to 8 pm. From April 1 to September 30, you can call us Monday through Friday from 8 am to 8 pm.

Visit us online at medicare.myconnecticare.com.

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. ConnectiCare Insurance Company, Inc. is an HMO D-SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in a ConnectiCare Medicare plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat ConnectiCare 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. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved. Teladoc and related marks are trademarks of Teladoc Health, Inc. and are used by ConnectiCare with permission.