2023 Summary of Benefits

ConnectiCare Choice Plan 2 (HMO)

January 1, 2023 – December 31, 2023

The benefit information provided is a summary of what we cover and what you pay for. It does not list every service that we cover or list every limitation or exclusion. Some services may require prior authorization. To get a complete list of services we cover, including those that require prior authorization, please review the "Evidence of Coverage." You can find this document on our website at **connecticare.com/medicare**, or call us and we'll send you a copy.

Who can join?

To join a **ConnectiCare Choice Plan 2 (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in **Connecticut:** Fairfield, Hartford, Litchfield, Middlesex, New Haven, New London, Tolland, and Windham.

Which doctors, hospitals, and pharmacies can I use?

ConnectiCare Choice Plan 2 (HMO) has a network of doctors, hospitals, and other providers. Except in emergency, urgent care, or out of area dialysis, if you use providers that are not in our network, we may not pay for these services. You can see our plan's provider directory on our website at **connecticare.com/medicare**. Or, call us and we'll send you a copy.

ConnectiCare Choice Plan 2 (HMO) DOES NOT cover Part D drugs. This plan does cover Part B drugs, such as chemotherapy and some drugs administered by your provider.

How to reach us

For more information, please call us at the phone number below or visit us at **connecticare.com/medicare**. Toll-free **877-224-8220**, TTY users should call **711**. From Oct. 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Premiums and Benefits	ConnectiCare Choice Plan 2 (HMO)
Monthly Plan Premium *(for all counties in Connecticut)*	You pay $0 You must continue to pay your Medicare Part B premium.
Medical Deductible	You pay nothing.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	$6,000 annually This is the most you pay for copays, coinsurance, and other costs for medical services for the year.
Inpatient Hospital Coverage *(may require approval)*	$295 copay per day for days one through six per admission You pay nothing per day for days seven and beyond per admission.
Outpatient Hospital Coverage *(may require approval)*	
• Outpatient Hospital Services *(including observation services)*	$200 copay per stay
• Ambulatory Surgery Centers	$100 copay
Doctor Visits *(in-office/virtual)*	
• Primary Care Provider (PCP)	You pay nothing. You pay nothing for annual physical exam.
• Specialist	$10 copay per visit
Preventive Care Our plan covers many preventive services, including:	You pay nothing. – Bone mass measurement – Breast cancer screening (mammogram) – Cardiovascular screening – Cervical and vaginal cancer screening – Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) – Depression screening – Diabetes screening – Prostate cancer screening (PSA) – Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines – "Welcome to Medicare" preventive visit (one-time) and yearly – "Wellness" visit (all additional preventive services approved by Medicare during the contract year will be covered.)

Premiums and Benefits	ConnectiCare Choice Plan 2 (HMO)
Emergency Care	$95 copay per visit within the United States If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	$10 copay per visit within the United States
Diagnostic Services/Labs/Imaging *(may require approval)*	
• Diagnostic Radiology Services *(e.g., MRI)*	$175 copay
• Lab Services	$0 office, independent facility $10 all other locations
• Diagnostic Tests and Procedures	$25 copay
• Outpatient X-rays	$15 copay
• Therapeutic Radiology Services (such as radiation treatment for cancer)	20% of the cost
Hearing Services	
• Exam to diagnose and treat hearing and balance issues once each year	$10 copay per visit
Dental Services	
• Medicare-covered Dental Services	$10 copay
• Preventive Dental Services Includes oral exams, cleanings, bitewing x-rays, and complete series (panorex x-rays)	You pay nothing. Covers up to one oral exam, one cleaning and fluoride treatment every 6 months Covers one standard x-ray every 6 months and one complete series (panorex x-rays) every 36 months
• Comprehensive Dental Services *(may require approval)* Diagnostic; Minor Restorative Services: Fillings Fixed Bridgework: Crowns and Inlays, Endodontics, Periodontics, Extractions: Root Canal Therapy, Periodontal Scaling and Planning, Periodontal Surgery and Maintenance, Extractions and Oral Surgery canal therapy, periodontal scaling and planing, periodontal surgery and maintenance, extractions, and oral surgery	$100 calendar year deductible $3,000 annual benefit maximum 20% of the cost after the $100 calendar-year deductible is met 50% of the cost after the $100 calendar-year deductible is met

Premiums and Benefits	ConnectiCare Choice Plan 2 (HMO)
• Comprehensive Dental Services (Continued) *(may require approval)* Prosthodontics, Other Oral/Maxillofacial Surgery; Other Services: Partial and full denture, denture adjustments, recement of fixed bridges, and implants	50% of the cost after the $100 calendar-year deductible is met
Vision Services • Vision Exam You are covered for one routine eye exam each year and for exams to diagnose and treat diseases and conditions of the eye.	$10 copay per visit
• Eyewear — Routine	Up to $500 every year for one pair of eyeglasses or contact lenses
• Eyeglasses or contact lenses after cataract surgery (eyewear must be obtained within 12 months of surgery.)	You pay nothing.
Mental Health Services *(may require approval)*	
• Inpatient visit	$1,871 per admission Our plan covers up to 90 days per inpatient mental health admission. Our plan also covers 60 "lifetime reserve days" as long as the stay is covered under the plan. Our plan covers up to 190 days in a lifetime for inpatient mental health services in a psychiatric hospital. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital. The cost-sharing applies each time you are admitted inpatient to a psychiatric facility.
• Outpatient group therapy visit *(in-office only)*	$10 copay per visit
• Outpatient individual therapy visit *(in-office/virtual)*	$10 copay per visit

Premiums and Benefits	ConnectiCare Choice Plan 2 (HMO)
Skilled Nursing Facility (SNF) *(may require approval)* A benefit period begins the day you're admitted into a SNF. The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.	Our plan covers up to 100 days in a SNF per benefit period. You pay nothing per day for days one through 20 per benefit period. $196 copay per day for days 21 through 100 per benefit period.
Physical Therapy	$10 copay per visit
Ambulance *(may require approval; not waived if admitted)* • Ground • Air • Worldwide Ground Ambulance You are covered for ground ambulance services worldwide. There is a combined $50,000 annual limit for emergency care, urgent care, and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside of the United States.	 $50 copay 20% of the cost $50 copay
Transportation *(non-emergency)*	Not covered

Prescription Drugs for ConnectiCare Choice Plan 2 (HMO)

MEDICARE PART B DRUGS	
Chemotherapy drugs and other Part B drugs We cover Part B drugs such as chemotherapy and some drugs administered by your doctor. *(may require approval)* Step therapy may be required for some Part B drugs.	10% of the cost for Medicare-covered Part B drugs **in the home** 20% of the cost for Medicare-covered Part B drugs **dispensed at a retail pharmacy, mail order pharmacy, physician office, and outpatient facility**

Additional Benefits

Benefits	ConnectiCare Choice Plan 2 (HMO)
Acupuncture *(may require approval)*	$30 copay per visit Covers up to 20 visits for chronic low back pain every year (maximum of 12 visits in 90 days)
Foot Care *(podiatry services)* • Foot exams and treatment (routine exams not covered) If you have diabetes-related nerve damage and/or meet certain conditions, exams and treatment are covered.	$10 copay per visit
Chiropractic Care Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position)	$20 copay per visit
Occupational, Speech, and Language Therapy	$10 copay per visit
Cardiac Rehabilitation	$10 copay per visit
Intensive Cardiac Rehabilitation	$60 copay per visit
Pulmonary Rehabilitation *(may require approval)*	$10 copay per visit
Home Health Care *(may require approval)*	You pay nothing.
Hospice You are covered for hospice care from a Medicare-certified hospice. Original Medicare, rather than our plan, will pay for hospice services. You may have to pay part of the cost for drugs and respite care.	You pay nothing.
Medical Equipment/Supplies *(may require approval)*	
• Durable Medical Equipment *(e.g., wheelchairs, oxygen)*	You pay nothing.
• Prosthetics *(e.g., braces, artificial limbs)*	You pay nothing.

Other Benefits	ConnectiCare Choice Plan 2 (HMO)
Diabetic Supplies and Training	
• Diabetic supplies *(includes monitoring supplies and therapeutic shoes or inserts)*	You pay nothing. (Diabetic supplies limited to Abbott brands)
• Kidney disease education	You pay nothing.
Renal Dialysis	You pay 20% of the cost.
Wellness Programs	
• Fitness	SilverSneakers® — You pay nothing.
• Health Education (including Care Management and eMindful — online help with everyday stress and anxiety)	You pay nothing.
• Teladoc®	$45 copay per visit
Over-the-Counter Items	$50 per month by mail order only
Worldwide Emergent/Urgent Care *(coverage outside the United States)* There is a combined $50,000 annual limit for emergency care, urgent care, and ground emergent ambulance services outside of the United States. You are not covered for air ambulance services outside the United States. See page II-6 for additional cost-sharing information for ambulance services.	$95 copay per visit

2023 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **877-224-8220** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **connecticare.com/medicare** or call **877-224-8220** (TTY: **711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).