ConnectiCare

Choice Plan 2 (HMO) *offered by* ConnectiCare, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of Choice Plan 2. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.4 and 2 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

OMB Approval 0938-1051 (Pending OMB Approval)

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at https://www.medicare.gov website. Click "Find health & drug plans."
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE: Decide whether** you want to change your plan

- If you want to **keep** Choice Plan 2, you don't need to do anything. You will stay in Choice Plan 2.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in Choice Plan 2.
- If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

Additional Resources

- Please contact our Member Services number at 1-800-224-2273 for additional information. (TTY users should call 1-800-842-9710.) Hours are 8:00 a.m. – 8:00 p.m., seven days a week.
- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Choice Plan 2

- ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.
- When this booklet says "we," "us," or "our," it means ConnectiCare, Inc.. When it says "plan" or "our plan," it means Choice Plan 2.

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Choice Plan 2 in several important areas. **Please note this is only a summary of changes**. **It is important to read the rest of this *Annual Notice of Changes*** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
Monthly plan premium (See Section 1.1 for details.)	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$6,000	$6,000
Doctor office visits	Primary care visits: $20 copayment per visit Specialist visits: $40 copayment per visit	Primary care visits:$0 copayment per visit Specialist visits:$10 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day**.**	**Cost-sharing is charged per benefit period.** For each inpatient stay you pay a $295 copayment for each Medicare-covered day for days 1-6; $0 copayment for each Medicare-covered additional day Prior authorization required	**Cost-sharing is charged for each inpatient stay.** For each inpatient stay you pay a $295 copayment for each Medicare-covered day for days 1-6; $0 copayment for each Medicare-covered additional day Prior authorization required

Annual Notice of Changes for 2019
Table of Contents

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2018 (this year)	2019 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	$6,000	$6,000 Once you have paid $6,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.connecticare.com/medicare. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay),* in your *2019 Evidence of Coverage.*

Cost	2018 (this year)	2019 (next year)
Ambulance services	You pay $175 copayment for each Medicare-covered one-way ambulance trip	You pay $50 copayment for each Medicare-covered one-way ambulance trip
Annual physical exam	You may have been covered for more than one annual physical exam per calendar year	You will only be covered for one annual physical exam per calendar year
Cardiac rehabilitation	You pay $40 copayment for Medicare-covered cardiac rehabilitation services	You pay a $10 copayment for Medicare-covered cardiac rehabilitation services
Diabetic supplies and services	You pay a 20% coinsurance for Medicare-covered diabetic services and supplies	You pay a $0 copayment for Medicare covered diabetic services and supplies
Strips and Lancets	Quantity limits apply: **Strips**: 6 per day **Lancets**: No limit	Quantity limits apply: **Strips and Lancets:** 5 strips and lancets per day for insulin-users and 4 strips and lancets per day for non-insulin users
Dental services	Preventive and Comprehensive dental offered as an optional supplemental benefit for an additional $34 per month	Preventive dental covered at no additional cost per month. You may purchase a separate optional dental plan for additional preventive services and basic and comprehensive dental services for an additional $34 per month.

Cost	2018 (this year)	2019 (next year)
Durable medical equipment (DME) and related supplies	You pay a 20% coinsurance for Medicare-covered durable medical equipment and related supplies	You pay $0 copayment for Medicare-covered durable medical equipment and related supplies
Emergency Care	You pay an $80 copayment for emergency care (You do not have to pay this amount if you are admitted within 24 hours for the same condition.)	You pay a $90 copayment for emergency care (You do not have to pay this amount if you are admitted within 24 hours for the same condition.)
Hearing services	You pay a $40 copayment for Medicare-covered diagnostic hearing exams. You pay a $40 copayment for one routine hearing exam (limit one exam every calendar year)	You pay a $10 copayment for Medicare-covered diagnostic hearing exams. You pay a $10 copayment for one routine hearing exam (limit one exam every calendar year)
Inpatient mental health care	**Cost-sharing is charged for each inpatient stay** For each inpatient stay, you pay a $200 copayment for each Medicare-covered day for days 1-7; $0 copayment for each Medicare-covered additional day Prior authorization is required	**Cost-sharing is charged for each inpatient stay** For each inpatient stay, you pay a $400 copayment for each Medicare-covered day for days 1-4; $0 copayment for each Medicare-covered additional day Prior authorization is required
Medicare Part B Prescription Drugs	Part B drugs not subject to step therapy requirements	Part B drugs may be subject to step therapy requirements

Cost	2018 (this year)	2019 (next year)
Mental Health Care	You pay a $40 copayment for Medicare-covered mental health care	You pay a $10 copayment for Medicare-covered mental health care
Outpatient rehabilitation services	You pay a $40 copayment for Medicare-covered physical therapy, occupational therapy, and speech therapy	You pay a $10 copayment for Medicare-covered physical therapy, occupational therapy, and speech therapy
Outpatient substance abuse services	You pay a $40 copayment for Medicare-covered outpatient substance abuse services	You pay a $10 copayment for Medicare-covered outpatient substance abuse services
Podiatry services	You pay a $40 copayment for Medicare-covered podiatry services	You pay a $10 copayment for Medicare-covered podiatry services
Primary Care Physician	You pay a $20 copayment for each Medicare-covered visit	You pay a $0 copayment for each visit
Pulmonary Rehabilitation	You pay a $40 copayment for Medicare-covered pulmonary rehabilitation services	You pay a $10 copayment for Medicare-covered pulmonary rehabilitation services
Skilled nursing facility (SNF) care	**Cost-sharing is charged per benefit period** You pay a $0 copayment for each Medicare-covered day for days 1-20; $167 copayment for each Medicare-covered day for days 21-100 Prior Authorization is required	**Cost-sharing is charged per benefit period** You pay a $0 copayment for each Medicare-covered day for days 1-20; $172 copayment for each Medicare-covered day for days 21-100 Prior Authorization is required
Specialists	You pay a $40 copayment for Medicare-covered visit	You pay a $10 copayment for Medicare-covered visit

Cost	2018 (this year)	2019 (next year)
Urgently needed services	You pay a $40 copayment for urgently needed services. You pay an $80 copayment for worldwide emergent/urgently needed services outside of the U.S. (You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.	You pay a $10 copayment for urgently needed services. You pay a $90 copayment for worldwide emergent/urgently needed services outside of the U.S. (You do not pay this amount if you are admitted to the hospital within 24 hours for the same condition.
Vision Care	You pay a $40 copayment for Medicare-covered outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye You pay a $40 copayment for non-preventive Medicare covered Glaucoma tests You pay a $40 copayment for routine eye exams (limit one exam every calendar year)	You pay a $10 copayment for Medicare-covered outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye You pay a $10 copayment for non-preventive Medicare covered Glaucoma tests You pay a $10 copayment for routine eye exams (limit one exam every calendar year)
Worldwide Emergent/ Urgent Care	You pay an $80 copayment for emergency care. (You do not pay this amount if you are admitted within 24 hours for the same condition.) There is a calendar year limit of $50,000 for worldwide combined emergent/ urgently needed services outside of the United States.	You pay a $90 copayment for emergency care. (You do not pay this amount if you are admitted within 24 hours for the same condition.) There is a calendar year limit of $50,000 for worldwide combined emergent/ urgently needed services outside of the United States.

SECTION 2 Administrative Changes

	2018 (this year)	2019 (next year)
Livanta (Connecticut's Quality Improvement Organization)	Mail: Livanta BFCC-QIO Program, Area 1 9090 Junction Drive Suite10 Annapolis Junction, MD 20701	Mail: Livanta BFCC-QIO Program, Area 1 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701
Optional Supplemental Dental Plan	If you had a ConnectiCare dental optional supplemental benefit, your benefit was administered by BeneCare, with BeneCare's network of providers	If you have a ConnectiCare dental optional supplemental benefit, your benefit will be administered by DentaQuest, with DentaQuest's network of providers. Please check your provider directory to ensure your Dental provider is in the new network.
Prior Authorization on Medicare Part B Prescription Drugs	Prior Authorization required on some Part B Prescription Drugs	Prior Authorization will be required on additional Part B Prescription Drugs

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Choice Plan 2

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://www.medicare.gov and click "Review and Compare Your Coverage Options." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, ConnectiCare, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Choice Plan 2.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Choice Plan 2.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2019.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Connecticut, the SHIP is called **C**onnecticut's Program for **H**ealth insurance assistance, **O**utreach **I**nformation and referral, **C**ounseling, **E**ligibility **S**creening (CHOICES).

CHOICES is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. CHOICES counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call CHOICES at 1-800-994-9422. You can learn more about CHOICES by visiting their website (http://www.ct.gov/agingservices).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
    - Your State Medicaid Office (applications).

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Connecticut AIDS Drug Assistance Program (CADAP) administered by the Department of Social Services (DSS).

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. CADAP at 1-800-233-2503.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CADAP at 1-800-233-2503.

SECTION 7 Questions?

Section 7.1 – Getting Help from Choice Plan 2

Questions? We're here to help. Please call Member Services at 1-800-224-2273. (TTY only, call 1-800-842-9710). We are available for phone calls 8:00 a.m. - 8:00 p.m., seven days a week. Calls to these numbers are free.

Read your 2019 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2019. For details, look in the 2019 *Evidence of Coverage* for Choice Plan 2. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

Visit Our Website

You can also visit our website at www.connecticare.com/medciare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (https://www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to https://www.medicare.gov and click on "Find health & drug plans.")

Read Medicare & You 2019

You can read *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or 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.