

ConnectiCare Medicare Advantage

## Passage Plan 1 (HMO)

# Summary of Benefits 2019

This is a summary of drug and health services covered by ConnectiCare, Inc., January 1, 2019 – December 31, 2019

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 1-877-224-8220 (TTY: 1-800-842-9710), 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [connecticare.com/medicare](http://connecticare.com/medicare) or call 1-877-224-8220 (TTY: 1-800-842-9710) 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 medicines is in the network. If the pharmacy is not listed, it means you will likely have to select a new pharmacy for your prescriptions.

### 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, 2020.
- 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).

ConnectiCare

# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

**ConnectiCare, Inc.** is a Medicare Advantage HMO/HMO-POS plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. The benefit information provided is a summary of what we cover and what you pay. 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 request the "Evidence of Coverage." You can find this document on our website at [connecticare.com/medicare](http://connecticare.com/medicare), or call us at the phone number(s) below and we'll send you a copy.

## Who can join?

To join the ConnectiCare Passage Plan 1 (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 Passage Plan 1 has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

To join Passage Plan 1, you must choose a Primary Care Provider (PCP) in the Passage Plan 1 network. If you do not select a PCP in the Passage Plan 1 network, one will be selected for you. At any time, you can select a different PCP in the Passage Plan 1 network. This network also includes additional medical providers like specialists, laboratories and hospitals.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [connecticare.com/medicare](http://connecticare.com/medicare). Or, call us and we'll send you a copy.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory on our website at [connecticare.com/medicare](http://connecticare.com/medicare). Or, call us and we'll send you a copy.

## How to reach us:

For more information, please call us at the phone number below or visit us at [connecticare.com/medicare](http://connecticare.com/medicare).

Toll-free 1-877-224-8220, TTY users should call 1-800-842-9710.

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern.

Premiums and Benefits	Passage Plan 1 (HMO)	What you should know
Monthly Plan Premium	You pay nothing	In addition, you must continue to pay your Medicare Part B premium.
Deductible	You pay nothing	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	\$6,700 annually	This is the most you pay for copays, coinsurance and other costs for medical services for the year.

# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

Premiums and Benefits	Passage Plan 1 (HMO)	What you should know
Inpatient Hospital Coverage	\$465 copay per day for days 1 through 4 per stay  You pay nothing per day for days 5 and beyond per stay	The cost-sharing applies each time you are admitted to a hospital. Prior Authorization is required for each inpatient stay.
Outpatient Hospital Coverage: <ul style="list-style-type: none"> <li>• Outpatient Hospital Services <i>(including observation services)</i></li> <li>• Ambulatory Surgical Centers</li> </ul>	20% of the cost  \$200 copay	Prior Authorization required for some services  Prior Authorization required for some services
Doctor Visits: <ul style="list-style-type: none"> <li>• Primary Care Provider (PCP)</li> <li>• Specialist</li> </ul>	You pay nothing  \$45 copay per visit	You will need to choose a PCP in the Passage Plan 1 network.  You will only need referrals from your PCP for the following services: <ul style="list-style-type: none"> <li>• Chiropractic care</li> <li>• Podiatry (foot care)</li> <li>• Pain management specialist</li> </ul>
Preventive Care	You pay nothing	Includes your annual physical exam, influenza vaccine, colorectal cancer screening, screening mammography, and all other Medicare-approved preventive care.
Emergency Care	\$90 copay per visit within the United States	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Care	\$50 copay per visit within the United States	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed care.
Worldwide Emergent/Urgent Care <i>(coverage outside the United States)</i>	\$90 copay per visit	There is a combined \$50,000 annual limit for emergency care, urgent care and emergent ambulance services outside of the United States. See page 4 for additional cost-sharing information for ambulance services.

# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

Premiums and Benefits	Passage Plan 1 (HMO)	What you should know
Diagnostic Services/Labs/Imaging: <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab Services</li> <li>• Diagnostic Tests and Procedures</li> <li>• Outpatient x-rays</li> </ul>	<ul style="list-style-type: none"> <li>\$275 copay</li> <li>\$15 copay</li> <li>20% of the cost</li> <li>\$45 copay</li> </ul>	<ul style="list-style-type: none"> <li>Prior Authorization required</li> <li>Prior Authorization required for some services</li> <li>Prior Authorization required for some services</li> <li>Prior Authorization required for some services</li> </ul>
Hearing Services <ul style="list-style-type: none"> <li>• Hearing exam</li> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>\$45 copay per visit</li> <li>\$500 allowance per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>You are covered for 1 routine hearing exam each year. You are also covered for exams to diagnose and treat hearing and balance issues.</li> <li>Covers devices, repairs and batteries</li> </ul>
Dental Services  Preventive and Diagnostic Services: Includes oral exams, cleanings, bitewing x-rays, and panorex x-rays or complete series  Calendar-Year Deductible  Basic Services ( <i>minor restorative</i> )  Major Services ( <i>Endodontics, Periodontics and Oral Surgery</i> )	<ul style="list-style-type: none"> <li>You pay nothing</li> <li>\$100</li> <li>20% of the cost after the \$100 calendar-year deductible</li> <li>50% of the cost after the \$100 calendar-year deductible</li> </ul>	<ul style="list-style-type: none"> <li>There is a \$1,000 benefit maximum per calendar year for the dental services listed below.</li> <li>Covers up to two oral exams and cleanings every calendar year</li> <li>This deductible applies only to Basic and Major Services.</li> <li>Covers: Restorations (<i>fillings</i>)</li> <li>Major services include: Crowns; Fixed Bridgework; Partial and Full Dentures; Denture Adjustments; Repairs to Fixed Bridges and Partial and Full Dentures; Re-cement of Fixed Bridges, Crowns and Inlays; Extractions and Oral Surgery; Root Canal Therapy; Implants; Periodontal Scaling and Planing, Periodontal Surgery and Maintenance</li> </ul>



# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

Premiums and Benefits	Passage Plan 1 (HMO)	What you should know
Transportation	Not Covered	
Medicare Part B Drugs	20% of the cost	We cover Part B drugs such as chemotherapy and some drugs administered by your doctor.  Prior Authorization required for some Part B drugs
Foot Care ( <i>podiatry services</i> ): • Foot exams and treatment	\$45 copay per visit	Exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions  You will need a referral from your primary care doctor.
Chiropractic Care	\$20 copay per visit	Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position)  You will need a referral from your primary care doctor.
Occupational, Speech, and Language Therapy	\$40 copay per visit	
Cardiac and Pulmonary Therapy	\$50 copay per visit	Prior Authorization required for pulmonary rehabilitation therapy
Home Health Care	You pay nothing	Prior Authorization required
Hospice	You pay nothing	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.
Medical Equipment/Supplies: • Durable Medical Equipment ( <i>e.g., wheelchairs, oxygen</i> ) • Prosthetics/Medical Supplies ( <i>e.g., braces, artificial limbs</i> )	20% of the cost  20% of the cost	Prior Authorization required for some services  Prior Authorization required for some services
Diabetic Supplies and Training: • Diabetic supplies ( <i>includes monitoring supplies and therapeutic shoes or inserts</i> ) • Kidney disease education	20% of the cost  You pay nothing	
Wellness Programs ( <i>e.g., fitness</i> )	You pay nothing	Includes the SilverSneakers® fitness program

# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

<b>Outpatient Prescription Drugs</b>			
<p>The amount you pay for Part D prescription drugs depends on the drug’s tier, what stage of the prescription drug benefit you are in and where you purchase your Part D prescription drugs. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may be required to pay the difference between what you pay at the out-of-network pharmacy and the cost that we would pay at an in-network pharmacy.</p>			
<b>Deductible:</b> \$0			
<p><b>Stage 1: Initial Coverage</b> You pay these amounts until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by you and our Part D plan.</p>	<p><b>30-day supply Preferred Retail Pharmacy</b></p>	<p><b>30-day supply Standard Retail Pharmacy</b></p>	<p><b>90-day supply Mail Order Pharmacy</b></p>
Tier 1: Preferred Generic	\$2 copay	\$9 copay	You pay nothing
Tier 2: Generic	\$10 copay	\$20 copay	\$30 copay
Tier 3: Preferred Brand	\$42 copay	\$47 copay	\$126 copay
Tier 4: Non-preferred drug	\$95 copay	\$100 copay	\$285 copay
Tier 5: Specialty drug	33% of the cost	33% of the cost	Long-term supply is not available
<p><b>Stage 2: Coverage Gap</b> You pay these amounts after the total yearly drug costs (including what your plan has paid and what you have paid) reach \$3,820.</p>	<p><b>30-day supply Preferred Retail Pharmacy</b></p>	<p><b>30-day supply Standard Retail Pharmacy</b></p>	<p><b>90-day supply Mail Order Pharmacy</b></p>
Tier 1: Preferred Generic	37% of the cost	37% of the cost	37% of the cost
Tier 2: Generic	37% of the cost	37% of the cost	37% of the cost
Tier 3: Preferred Brand	25% of the cost	25% of the cost	25% of the cost
Tier 4: Non-preferred drug	<p>37% of the cost for Non-preferred Generic Drugs</p> <p>25% of the cost for Non-preferred Brand Drugs</p>	<p>37% of the cost for Non-preferred Generic Drugs</p> <p>25% of the cost for Non-preferred Brand Drugs</p>	<p>37% of the cost for Non-preferred Generic Drugs</p> <p>25% of the cost for Non-preferred Brand Drugs</p>

# Summary of Benefits – ConnectiCare Passage Plan 1 (HMO)

January 1, 2019 – December 31, 2019

<b>Outpatient Prescription Drugs (cont'd)</b>			
<b>Stage 2: Coverage Gap (cont'd)</b>	<b>30-day supply Preferred Retail Pharmacy</b>	<b>30-day supply Standard Retail Pharmacy</b>	<b>90-day supply Mail Order Pharmacy</b>
Tier 5: Specialty drug	37% of the cost for Generic Specialty Drugs  25% of the cost for Brand Specialty Drugs	37% of the cost for Generic Specialty Drugs  25% of the cost for Brand Specialty Drugs	Long-term supply is not available  Long-term supply is not available
<b>Stage 3: Catastrophic Coverage</b>  Once your yearly out-of-pocket drug costs reach \$5,100, you pay the greater of these amounts.	<ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.40 copay for generic drugs and a \$8.50 copay for all other drugs</li> </ul>		

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 <http://www.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.

This document is available in other formats such as Braille, large print or audio.

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. 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