

2019 Benefits at a Glance

ConnectiCare Passage Dual (HMO SNP)

The information listed below and on the following pages is not a complete description of benefits. As a member of this plan, you are required to use providers who participate in the Passage Dual network, except in emergency or urgent care situations. You can find the full list of benefits in your Evidence of Coverage, available online at connecticare.com/medicare/eoc.

| | |
|---|------------------------------|
| Annual Maximum Out-Of-Pocket Limit on how much you will pay | \$6,700 |
| Physician and Outpatient Services Because you get assistance from Medicaid, you pay nothing for your covered medical services as long as you follow the plan's rules for getting your care. | In-Network Cost Share |
| Ambulance | \$0 |
| Ambulatory surgical center | \$0 |
| Chiropractic services (Medicare-covered) You will need a referral from your primary care provider (PCP). | \$0 |
| Dental (preventive and diagnostic only) | \$0 (See page 3) |
| Diagnostic procedures & tests | \$0 |
| Diagnostic / Advanced radiology For example, PET scans, MRIs and CT scans | \$0 |
| Emergency care | \$0 |
| Foot care (podiatry services) You will need a referral from your PCP. | \$0 |
| Hearing exam | \$0 |
| Lab services | \$0 |
| Mental health and substance abuse | \$0 |
| Outpatient hospital services Includes surgery, observation and clinic | \$0 |
| Preventive services Includes screenings and some Part B immunizations | \$0 |
| Primary care provider (PCP) office visit | \$0 |
| Rehabilitation services: Physical, speech and occupational therapy | \$0 |

Passage Dual (HMO SNP)

| Physician and Outpatient Services (continued) Because you get assistance from Medicaid, you pay nothing for your covered medical services as long as you follow the plan's rules for getting your care. | In-Network Cost Share |
|---|------------------------------|
| Rehabilitation services: Cardiac and pulmonary | \$0 |
| Specialist office visit You will need a referral from your PCP. | \$0 |
| Therapeutic radiology | \$0 |
| Urgently needed care | \$0 |
| Vision exam Refractions are not covered. | \$0 |
| X-rays | \$0 |
| Other Services & Supplies Because you get assistance from Medicaid, you pay nothing for your covered medical services as long as you follow the plan's rules for getting your care. | In-Network Cost Share |
| Diabetic supplies Abbott brands only | \$0 |
| Durable medical equipment & prosthetics/medical supplies | \$0 |
| Home health agency care | \$0 |
| Part B drugs | \$0 |
| Inpatient Services Because you get assistance from Medicaid, you pay nothing for your covered medical services as long as you follow the plan's rules for getting your care. | In-Network Cost Share |
| Inpatient hospital - acute | \$0 |
| Inpatient hospital - mental health | \$0 |
| Skilled nursing facility | \$0 |

| Additional Benefits |
|---|
| Eyewear allowance: \$200 every two years From an EyeMed participating provider only |
| Hearing aids allowance: \$1,500 every three years Includes devices only. |
| Transportation services: up to 10 one-way trips/year |
| Nurse hotline: available 24/7 |
| Over-the-counter (OTC) items: \$75 every three months for eligible non-prescription drugs and health items |

Passage Dual (HMO SNP) Part D Prescription Drug Benefits

Part D Prescription Drug Cost Sharing for a 30-day supply of covered drugs

Cost shares may change when entering another phase of the Part D benefit.

| Tier | Tier Name | Initial Coverage Stage | Coverage Gap Stage | Catastrophic Coverage Stage |
|---------------|---------------------|--|--------------------|-----------------------------|
| Tier 1 | All Formulary Drugs | Generic Drugs: \$0 to \$3.40 Brand Drugs: \$0 to \$8.50 The amount you pay is determined by the prescription and your low-income subsidy (LIS). Please refer to your LIS Rider and/or Evidence of Coverage for more information on what you pay. | | \$0 |

Your cost will not change regardless of where you purchase your Part D prescription drugs. This includes our “preferred” or “standard” pharmacies, mail order, long term care or home infusion.

Passage Dual (HMO SNP) Dental Benefits

Calendar-year benefit maximum \$1,000

| Dental Services | Member Cost Share |
|--|-------------------|
| Preventive and Diagnostic: | \$0 |
| – Oral examinations (two every calendar year) | |
| – Prophylaxis (cleanings – two every calendar year) | |
| – Bitewing x-rays (once every calendar year) | |
| – Panorex x-rays or complete series (once every three years) | |

ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal. This information is not a complete description of benefits. Call 1-800-224-2273 (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. Premium, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. You must continue to pay your Medicare Part B premium. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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).

©2019 ConnectiCare, Inc. & Affiliates

H3276_C19401018_M Accepted 06/25/2019

PSGDUAL_BAAG_0419