

ConnectiCare[®]



2025 Medicare Advantage Plans





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.* Our Flex plans include in-network and out-of-network coverage for multiple benefits. Many plans include additional benefits such as:

- SilverSneakers® fitness program.
- \$0 copay for Teladoc®.
- Eyewear allowances.
- Three optional supplemental dental benefits (see dental plan options on pages 17-18).

ConnectiCare Choice Plan 3 (HMO-POS)

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

- **\$0** to see your primary care provider (PCP).
- **\$35** to see a specialist.

Plus, you get Preventive and Comprehensive dental coverage with up to **\$2,000** annual limit, up to **\$400** for eyewear every year, and **\$50** monthly for over-the-counter items through mail order. This plan has no medical or prescription drug coverage deductible.

ConnectiCare Choice Plan 2 (HMO-POS) – No Prescription Drugs

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

- **\$0** to see your primary care provider (PCP).
- **\$10** to see a specialist.

Plus, you get Preventive and Comprehensive dental coverage with up to **\$3,000** annual limit, up to **\$3,000** every 3 years for hearing aids, up to **\$750** for eyewear every year, and **\$50** monthly for over-the-counter items through mail order.

ConnectiCare Choice Plan 1 (HMO-POS)

The monthly premium is **\$152** in addition to your Medicare Part B premium. You will pay:

- **\$10** to see your primary care provider (PCP).
- **\$30** to see a specialist.

ConnectiCare Passage Plan 1 (HMO-POS)

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

- **\$0** to see your primary care provider (PCP).
- **\$35** to see a specialist.

Plus, you get Preventive and Comprehensive dental coverage with up to **\$2,000** annual limit, up to **\$3,000** annually for hearing aids, up to **\$550** for eyewear every year, and **\$75** 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:

- **\$29** if you live in Hartford, Litchfield, Middlesex, or Tolland County.
- **\$36** if you live in Fairfield, New Haven, New London, or Windham County.

In-network, you will pay:

- **\$5** to see your primary care provider (PCP).
- **\$50** to see a specialist.

Plus, you get **\$0** preventive in-network dental coverage, up to **\$300** for eyewear every year, and **\$50** quarterly for over-the-counter items through mail order. There is 40% out-of-network coinsurance on most services.

ConnectiCare Flex Plan 2 (HMO-POS)

The monthly premium is **\$93** in addition to your Medicare Part B premium. **In-network**, you will pay:

- **\$15** to see your primary care provider (PCP).
- **\$35** to see a specialist.

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

ConnectiCare Choice (HMO-POS D-SNP) Plan

ConnectiCare offers a Special Needs Plan for people enrolled in both Medicare and Connecticut State Medicaid (HUSKY).

ConnectiCare Choice Dual (HMO-POS D-SNP)

The monthly premium for this 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 medical 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 is 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-POS D-SNP)

- \$60 every month for eligible over-the-counter items.
- Preventive and Comprehensive dental coverage with up to \$3,000 annual limit.
- Prescription drug coverage with low copays.
- Up to \$500 eyewear allowance every year.
- Up to \$2,500 hearing aid allowance every year.
- SilverSneakers® fitness program.
- 24-hour nurse hotline.
- Telehealth and Teladoc® virtual visits.

ConnectiCare Medicare Advantage Plans

	CONNECTICARE CHOICE PLAN 3 (HMO-POS)
	In-Network
MONTHLY PREMIUM¹	\$0*
MEDICAL DEDUCTIBLE	\$0
MEDICAL BENEFITS:	
Doctor office visits (in-office/virtual)	
Primary care providers (PCPs)	\$0
Specialist	\$35
Preventive and wellness services	
Annual physical, screenings, and immunizations	\$0
SilverSneakers® fitness program ²	Yes
Dental coverage	Preventive & Comprehensive included with up to \$2,000 annual limit
Routine eye exam (one per year)	\$0
Routine eyewear	Up to \$400 allowance every year
Routine hearing exam (one per year)	\$0
Hearing aids	Not covered
Over-the-counter (OTC) items	\$50 per month (mail order only)
Emergency and urgent care³	
Emergency care within the U.S./outside the U.S.	\$110/\$0
Urgent care within the U.S./outside the U.S.	\$45/\$0
Teladoc®	\$0
Other outpatient services and supplies	
Physical therapy	\$40
Chiropractic care	\$15
Lab services	\$0 office, independent facility \$15 all other locations
Diagnostic procedures and tests	\$30
X-rays	\$45
Diagnostic/advanced radiology ⁴	\$250
Durable medical equipment and diabetic supplies (Abbott and LifeScan brands)	20%
Hospital and ambulatory care	
Ambulatory surgery centers ⁵	\$250
Outpatient hospital services ⁵	\$280
Inpatient acute hospital care	\$430 per day for days 1-4 \$0 for day 5 & beyond
Skilled nursing facility	\$0 per day for days 1-20 \$214 per day for days 21-100
Maximum out-of-pocket limit (Financial protection for you)	\$6,750

¹ In addition to your Medicare Part B monthly premium.

² Access to over 15,000 participating SilverSneakers fitness locations in the U.S. Benefit includes coverage outside Connecticut, as long as the facility is in the SilverSneakers network.

³ Subject to limitations.

⁴ \$0 for diagnostic mammogram.

⁵ \$0 for diagnostic colonoscopy

CONNECTICARE CHOICE PLAN 2 (HMO-POS)	CONNECTICARE CHOICE PLAN 1 (HMO-POS)	CONNECTICARE PASSAGE PLAN 1 (HMO-POS)
In-Network	In-Network	In-Network
\$0	\$152	\$0*
\$0	\$0	\$0
\$0	\$10	\$0
\$10	\$30	\$35
\$0	\$0	\$0
Yes	Yes	Yes
Preventive & Comprehensive included with up to \$3,000 annual limit	3 options with up to \$3,500 annual limit**	Preventive & Comprehensive included with up to \$2,000 annual limit
\$0	\$0	\$0
Up to \$750 allowance every year	Not covered	Up to \$550 allowance every year
\$0	\$0	\$0
Up to \$3,000 every 3 years	Not covered	Up to \$3,000 allowance every year
\$50 per month (mail order only)	Not covered	\$75 per month (mail order only)
\$100/\$100	\$140/\$0	\$110/\$0
\$10/\$100	\$30/\$0	\$50/\$0
\$0	\$0	\$0
\$10	\$30	\$40
\$20	\$20	\$15
\$0 office, independent facility \$10 all other locations	\$0 office, independent facility \$10 all other locations	\$0 office, independent facility \$15 all other locations
\$25	\$25	\$25
\$15	\$35	\$45
\$175	\$200	\$295
\$0	20%	20%
\$100	\$100	\$250
\$200	\$200	\$250
\$295 per day for days 1-6 \$0 for day 7 & beyond	\$345 per day for days 1-5 \$0 for day 6 & beyond	\$375 per day for days 1-4 \$0 for day 5 & beyond
\$0 per day for days 1-20	\$0 per day for days 1-20	\$0 per day for days 1-20
\$214 per day for days 21-100	\$214 per day for days 21-100	\$214 per day for days 21-100
\$6,000	\$4,150	\$6,500

*Part B monthly premium reduction for Choice 3 plan \$2 and Passage Plan \$3.

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

ConnectiCare Medicare Advantage Plans

	CONNECTICARE FLEX PLAN 3 (HMO-POS)	
MONTHLY PREMIUM ¹	\$29-\$36 ²	
MEDICAL BENEFITS:	In-Network	Out-of-Network
Doctor office visits (in-office/virtual)		
Primary care providers (PCPs)	\$5	40%
Specialist	\$50	40%
Preventive and wellness services		
Annual physical, screenings, and immunizations	\$0	\$0
SilverSneakers® fitness program ³	Yes	Not covered
Dental coverage	Preventive included, 3 additional options with up to \$3,500 annual limit*	Preventive included, 3 additional options with up to \$3,500 annual limit*
Routine eye exam (one per year)	\$0	Not covered
Routine eyewear	Up to \$300 allowance every year	Not covered
Routine hearing exam (one per year)	\$0	40%
Over-the-counter (OTC) items	\$50 quarterly (mail order only)	Not covered
Emergency and urgent care⁴		
Emergency care within the U.S./outside the U.S.	\$125/\$0	\$125/\$0
Urgent care within the U.S./outside the U.S.	\$55/\$0	\$55/\$0
Teladoc®	\$0	Not covered
Other outpatient services and supplies		
Physical therapy	\$40	40%
Chiropractic care	\$20	40%
Lab services	\$0 office, independent facility \$15 all other locations	40%
Diagnostic procedures and tests	\$25	40%
X-rays	\$45	40%
Diagnostic/advanced radiology ⁵	\$275	40%
Durable medical equipment	20%	40%
Diabetic supplies (Abbott and LifeScan brands)	20%	40%
Hospital and ambulatory care		
Ambulatory surgery centers ⁶	\$200	40%
Outpatient hospital services ⁶	\$325	40%
Inpatient acute hospital care	\$495 per day for days 1-5 \$0 for day 6 & beyond	40%
Skilled nursing facility	\$0 per day for days 1-20 \$214 per day for days 21-100	40%
Maximum out-of-pocket limit (Financial protection for you)	\$6,350	\$10,000 ⁴

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 \$29. If you live in Fairfield, New Haven, New London, or Windham County: Flex Plan 3 monthly premium is \$36.

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.

⁵ \$0 for in-network diagnostic mammogram.

⁶ \$0 for in-network diagnostic colonoscopy.

CONNECTICARE FLEX PLAN 2 (HMO-POS)	
	\$93
In-Network	Out-of-Network
\$15	\$50
\$35	\$50
\$0	\$0
Yes	Not covered
3 options with up to \$3,500 annual limit*	3 options with up to \$3,500 annual limit*
\$0	Not covered
Not covered	Not covered
\$0	\$50
Not covered	Not covered
\$125/\$0	\$125/\$0
\$35/\$0	\$35/\$0
\$0	Not covered
\$35	\$50
\$20	\$50
\$0 office, independent facility \$15 all other locations	40%
\$25	40%
\$40	40%
\$250	40%
20%	40%
20%	30%
\$150	40%
\$250	40%
\$375 per day for days 1-4 \$0 for day 5 & beyond	30%
\$0 per day for days 1-20 \$214 per day for days 21-100	40%
\$6,350	\$10,000 ⁴

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

ConnectiCare Choice Dual HMO-POS D-SNP Plan

	CONNECTICARE CHOICE DUAL (HMO-POS D-SNP)
	In-Network
MONTHLY PREMIUM	\$0
MEDICAL DEDUCTIBLE	\$0
MEDICAL BENEFITS:	
Doctor office visits	
Primary care providers (PCPs)	\$0
Specialist	\$0
Preventive and wellness services	
Annual physical, screenings, and immunizations	\$0
Dental coverage	Preventive & Comprehensive \$3,000 annual limit
Routine eye exam (one per year)	\$0
Routine hearing exam (one per year)	\$0
Extra benefits	
Over-the-counter (OTC) drugs and health related items	\$60 every month
SilverSneakers® fitness program ¹	Yes
Eyewear allowance	Up to \$500 allowance every year
Hearing aid allowance (devices only)	Up to \$2,500 allowance every year
24-hour nurse hotline	Yes
Emergency and urgent care in the U.S.	
Emergency care	\$0
Urgent care	\$0
Teladoc®	\$0
Other outpatient services and supplies	
Physical therapy	\$0
Chiropractic care	\$0
Lab services	\$0
Diagnostic procedures and tests	\$0
X-rays	\$0
Diagnostic/advanced radiology	\$0
Durable medical equipment and diabetic supplies (Abbott and LifeScan brands)	\$0
Hospital and ambulatory care	
Outpatient ambulatory surgery centers	\$0
Outpatient hospital services	\$0
Inpatient acute hospital care	\$0 per day for days 1-90
Skilled nursing facility	\$0 per day for days 1-100
Maximum out-of-pocket limit (Financial protection for you)	\$9,350

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 Prescription Drug Coverage

Drug Tiers

Most plans group each drug into one of six tiers or levels:

- Tier 1: Preferred generic.
- Tier 2: Generic.
- Tier 3: Preferred brand.
- Tier 4: Non-preferred drug.
- Tier 5: Specialty.
- Tier 6: Select care 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 at connecticare.com/medicare.

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.
- 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 at connecticare.com/medicare.

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. A new cycle begins on Jan. 1 of each year.

Stage 1 – Deductible

This is the amount you will need to pay before your plan pays. You do not pay a deductible on insulins and most Part D vaccines.

Stage 2 – Initial coverage stage

In this stage, you and the plan share the costs of some of the covered drugs until your year-to-date out-of-pocket costs reach \$2,000. Out-of-pocket costs include what you paid when you get covered Part D prescription drugs, any payments for your drugs made by family or friends, and payments made for your drugs by Extra Help from Medicare, an employer or union health plan, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance.

You pay no more than \$35 for a one-month supply of covered insulin and \$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

Stage 3 – Catastrophic coverage

After your year-to-date out-of-pocket costs exceed \$2,000 in 2025, you pay \$0.

Tier 1, 2, and 6 have a \$0 copay through preferred mail order on most plans.



Prescription Drug Coverage Included in ConnectiCare Medicare Advantage Plans

PART D DRUG COVERAGE	CONNECTICARE CHOICE PLAN 3 (HMO-POS)		CONNECTICARE CHOICE PLAN 1 (HMO-POS)	
	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order	30-day supply Preferred/Standard pharmacy	90-day supply Preferred mail order
Annual deductible	\$0		\$300 (For Tier 3, 4, and 5 drugs)	
Initial coverage stage (\$0-\$2,000)				
Tier 1: Preferred generic	\$2/\$9	\$0	\$2/\$9	\$0
Tier 2: Generic	\$10/\$20	\$0	\$10/\$20	\$0
Tier 3: Preferred brand	\$42/\$47	\$126	\$42/\$47	\$126
Tier 4: Non-Preferred drugs	\$95/\$100	\$285	\$95/\$100	\$285
Tier 5: Specialty	33%	Not available in long-term supply	27%	Not available in long-term supply
Tier 6: Select care drugs	\$0	\$0	\$0	\$0
Catastrophic coverage (Over \$2,000)	You pay \$0			

You pay no deductible and no more than \$35 for a one-month supply of covered insulin and \$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

Prescription Drug Coverage Included in ConnectiCare Choice Dual (HMO-POS D-SNP) Plan

	CONNECTICARE CHOICE DUAL PLAN (HMO-POS D-SNP)
Annual deductible	\$0
Initial coverage stage (\$0-\$2,000)	
All Formulary Drugs	Generics: \$0/\$1.60/\$4.90 Brands: \$0/\$4.80/\$12.15 The amount you pay depends on your level of Extra Help. Please refer to your Low-Income Subsidy (LIS) Rider for more information on what you pay.
Catastrophic coverage (over \$2,000): All formulary drugs	\$0

\$0 for most adult Part D vaccines, including shingles, and some travel vaccines.

CONNECTICARE FLEX PLAN 2 (HMO-POS)		CONNECTICARE PASSAGE PLAN 1 (HMO-POS)	
\$300 (For Tier 3, 4, and 5 drugs)		\$150 (For Tier 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
\$2/\$9	\$0	\$0/\$5	\$0
\$10/\$20	\$0	\$10/\$20	\$0
\$42/\$47	\$126	\$42/\$47	\$126
\$95/\$100	\$285	\$95/\$100	\$285
27%	Not available in long-term supply	30%	Not available in long-term supply
\$0	\$0	\$0	\$0
You pay \$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** from 8 a.m. to 7 p.m., Monday through Friday. 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 Choice Plan 1 (HMO-POS)
0% (full premium)	\$29.00	\$93.00	\$152.00
100%	\$11.80	\$53.50	\$128.00

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 Choice Plan 1 (HMO-POS)
0% (full premium)	\$36.00	\$93.00	\$152.00
100%	\$18.80	\$53.50	\$128.00

Dental Coverage

Flex Plan 3 (HMO-POS) plan includes Preventive dental benefits for no additional premium.

- Member copay for in-network services: \$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 this plan you have the option to add Comprehensive dental benefits for an additional monthly premium. There are three dental plan options: two POS and one Indemnity.

POS OPTIONS		
Monthly premium: \$27 Calendar-year benefit maximum: \$2,000 Calendar-year deductible: \$100	OR	Monthly premium: \$35 Calendar-year benefit maximum: \$3,000 Calendar-year deductible: \$100

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING
Minor Restorative Services – fillings	20% after the \$100 calendar-year deductible
Major (Endodontics, Periodontics, Prosthodontics, and Oral and Maxillofacial Surgery) Services – Includes Root Canal Therapy, Periodontal Scaling and Planing, Periodontal Surgery Crowns, Fixed Bridgework, Partial and Full Dentures, Denture Adjustments, Repairs to Fixed Bridges, Re-Cement of Fixed Bridges, Crowns, and Inlays, Extractions and Oral Surgery, Implants, and Maintenance.	50% after the \$100 calendar-year deductible

If you see an out-of-network dentist, your costs will be higher. You pay the difference between the out-of-network allowance and the total amount billed by the dentist.

INDEMNITY OPTION	
Monthly premium: \$128 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.

With **Choice 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: two POS and one Indemnity.

POS 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 IN-NETWORK COST-SHARING
One every six months: oral exams, cleanings, fluoride, standard x-rays (bitewing) One every 36 months: complete series x-rays (panorex)	\$0 (Not subject to calendar-year deductible or annual maximum)

COMPREHENSIVE DENTAL SERVICES	MEMBER IN-NETWORK COST-SHARING
Minor Restorative Services – fillings	20% after the \$100 calendar-year deductible
Major (Endodontics, Periodontics, Prosthodontics, and Oral and Maxillofacial Surgery) Services – Includes Root Canal Therapy, Periodontal Scaling and Planing, Periodontal Surgery Crowns, Fixed Bridgework, Partial and Full Dentures, Denture Adjustments, Repairs to Fixed Bridges, Re-Cement of Fixed Bridges, Crowns, and Inlays, Extractions and Oral Surgery, Implants, and Maintenance.	50% after the \$100 calendar-year deductible

If you see an out-of-network dentist, your costs will be higher. You pay the difference between the out-of-network allowance and the total amount billed by the dentist.

INDEMNITY OPTION	
Monthly premium: \$128 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.

New members can make an election within the first three months of enrollment in the plan. Existing members can switch between optional riders from Oct. 15 - March 31. Members can disenroll at any time during the year.

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 visits with cardiac rehabilitation, mental health, and substance abuse providers.

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

ConnectiCare Medicare Advantage plans also include **Teladoc**® for \$0 copay.

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.



Member 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!

ConnectiCare Member Rewards Program

It pays to take care of yourself.

You deserve to be rewarded for making smart choices about your health. As a new member, you can earn over \$100 for getting services like an annual wellness visit, health assessment, or registering for rewards in the ConnectiCare member portal.*

Register and earn your first reward — online or by phone

Registering qualifies you to earn all your rewards. Sign in at my.connecticare.com, and select “Manage Your Health” and then “Wellness Rewards” from the drop-down menu to register. If you don’t have internet access or an email address, call us to register.

Health Service	Reward Amount
Initial New-to-Medicare Annual Wellness Visit* Visit with your PCP to create a personalized prevention plan. (To be completed in first 90 days.)	\$50
Initial Health Assessment* Questionnaire to help us understand your health needs. (To be completed in first 90 days.)	\$50
Member Portal Registration	\$25
Sign-up for Paperless	\$25

* You must complete your health assessment/annual wellness visit within 90 days of your enrollment.

Over-the-Counter Benefit

Many of our plans include an over-the-counter (OTC) allowance to spend on eligible items. Eligible health items include:

- Allergy, sinus, and combination liquids and tablets.
- Cough, cold, and flu liquids and tablets.
- Denture/dental care (floss, toothbrush, toothpaste, and denture care).
- Elevated toilet seats and accessories.
- And more!

Check the chart below to find your plan and information on how to use your OTC benefit:

Plan Name	Amount/Frequency	Mail Order	Retail Store	OTC Card
Passage Plan 1 (HMO-POS)	\$75 every month	✓		
Choice Plan 2 (HMO-POS)	\$50 every month	✓		
Choice Plan 3 (HMO-POS)	\$50 every month	✓		
Flex Plan 3 (HMO-POS)	\$50 every three months	✓		
Choice Dual (HMO-POS D-SNP)	\$60 every month	✓	✓	✓

OTC benefit amount must be used within the benefit frequency and will not roll over.

For more information, please visit connecticare.com/otc.

Scan QR code to view Nations and Convey mail order catalog:



Nations: Passage Plan 1, Choice Plan 2, Choice Plan 3, and Flex Plan 3.



Convey: Choice Dual.

SilverSneakers® Fitness Program

Regular exercise is good for you. It improves your core strength and stamina. And it can help with balance, managing chronic health conditions, and stress. Tap into SilverSneakers to help you get active and stick with a routine.



SilverSneakers is included in most plans at no extra cost!

SilverSneakers includes:

- Participating locations across the country.¹ You can use them all!
- Classes for all fitness levels, both inside and outside the gym.²
- Weights, equipment, pools, and other services.²
- On-demand workout videos including health and nutrition tips.
- A fitness app to help motivate and move you.

Get started today!

Go to silversneakers.com to register, find a fitness location, and get your 16-digit SilverSneakers ID number. Take your ID number to the location and sign up! You can also get your SilverSneakers ID number by calling **888-423-4632** (TTY: **711**) from 8 a.m. to 8 p.m., Monday through Friday.

Always talk to your doctor before starting an exercise program.

¹ Participating locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary.

² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



Take the next step to better manage your health care.

Simply call **877-224-8220** (TTY: **711**). From Oct. 1 to March 31, you can call us seven 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.

Visit us online at connecticare.com/medicare.

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