At ConnectiCare, we care about both your physical health and your peace of mind. So we work hard to provide you with an exceptional level of service and caring. And we provide extra ways to help you manage the stresses of everyday life and support your well-being.

Studies have shown that financial stress in particular can affect your overall health.¹ We’re offering members-only discount programs—LIFEMART® AND COLLEGE TUITION REWARDS®—to help you manage this stress by making your personal finances go further. These programs are available at no additional cost to you through ConnectiCare Specialty Services, a ConnectiCare affiliate.*

LifeMart is one of the largest member-based shopping platforms on the Internet, offering you information, discounts, savings and/or cash-back offers on countless products and services! The program is available to you and your family members, as valued ConnectiCare customers, effective January 1, 2014.

* Please Note: College Tuition Rewards® is not available for plans purchased through CBIA.

ONLINE SAVINGS EVERY DAY

LifeMart provides access to exclusive deals, everyday savings and limited-time offers. Why waste time scouring the Internet? LifeMart can be your one-stop resource for everyday and major purchases from leading brands.

Below are just some of the categories and brands you can choose from:

- Wellness – fitness clubs, diet plans (Nutrisystem® and Jillian Michaels®), personal care products
- Family Care – child care (Tutor Time®), senior care and needs (CareFamily©), pet care
- Parent Deals – learning products, apparel, toys
- Travel – hotels (Wyndham® Hotels), car rentals (Enterprise® and Hertz®), cruises (Carnival©), vacation packages
- Entertainment Tickets – movies (Showcase Cinemas©, AMC®), theme parks (Disney® and Six Flags®), sporting events (NFL® Tickets)
- Electronics – cell phones (T-Mobil®), computers (Lenovo® and Dell®)
- Food – printable coupons and local restaurant deals
- Flowers & Gifts – flowers (FTD®, 1-800 Flowers®), giftbaskets, gourmet food
- Home & Auto – Home décor, appliances, auto care
- Financial – credit and legal services (Legal Zoom®), home mortgages (Wells Fargo®)
- And more!

¹ Please Note: College Tuition Rewards® is not available for plans purchased through CBIA.
 BETTER LATE THAN NEVER

You can still get your flu shot.

There’s still time to protect yourself and your loved ones from the flu during this influenza season.

The flu can spread quickly among people and cause mild to severe illness. In some cases, the flu can lead to death. That’s why it’s important for you and your family, even if you’re healthy, to receive the flu vaccine.

ConnectiCare covers flu vaccines given at a doctor’s office, community flu clinic or retail pharmacy. Everyone 6 months and older should get a flu vaccine every year, according to the Centers for Disease Control and Prevention. Talk to your doctor about whether the flu vaccine is right for you and your family. If it is, get yours as soon as you can.

For most members there is no copayment, coinsurance or deductible applied when the only reason for your visit to the doctor’s office is to get your flu shot or nasal spray vaccine. If you see your doctor for other reasons and also get the flu vaccine, any applicable copayment, coinsurance and deductible will apply. Please check your plan documents to determine if flu vaccines are subject to a deductible and/or coinsurance.

If you get your flu vaccine from a provider who does not participate in the ConnectiCare network, the provider may require you to pay for the flu vaccine. If this happens, you will need to send us a copy of your receipt along with a completed Out-of-Plan Reimbursement form. If the provider bills for any balance, it will be your responsibility.

Contact your health care provider, or go to any flu clinic or retail pharmacy that offers the flu vaccine. Remember to bring your ConnectiCare member ID card with you.

For more information on where to get the vaccine, call Member Services toll-free at 1-800-251-7722 (TTY/TDD: 1-800-833-8134).
NEED MEDICAL CARE AFTER HOURS?

You have options.

If you encounter a medical problem in the evening or on the weekend, you want to make the best decisions about getting the necessary care. And depending on your benefit plan, where you choose to get that care can come with significant costs to you.

Clearly, any medical emergency—a sudden problem that is serious or life-threatening—requires emergency room (ER) care. But what about less serious medical problems that occur after hours, like fevers, earaches, colds, sore throats, rashes, sprains, or headaches?

The ER may not be your best choice for these problems. The ER staff will screen you when you arrive, and if your problem is not an emergency requiring immediate care, you may have to wait several hours to be seen and treated. If your benefit plan has copayments or deductibles, you may also be in for an unpleasant surprise when the bill arrives. ER care can be very expensive.

So, what are your options if you have a common illness or a minor injury after hours or on the weekend?

• Call your doctor for advice! – All doctors have on-call coverage. You may only need reassurance from your doctor and information about self-treatment. Also, many doctors’ offices now have evening and weekend hours.

• MinuteClinics – These facilities participate with ConnectiCare, and are located in selected CVS pharmacies. They’re open seven days a week and do not require an appointment. You’ll be seen by a licensed Nurse Practitioner or Physician Assistant trained to diagnose and treat routine medical problems. Check “Find a Doctor” at www.connecticare.com for locations near you.

• Walk-In Centers – ConnectiCare’s participating provider network includes nearly 70 of these facilities throughout Connecticut and western Massachusetts. Walk-In Centers are free-standing facilities designed to deal with all kinds of health care problems. They typically have evening and weekend hours, and no appointment is needed. Copayments for visits to these facilities are less than those for ER visits. For more information on preferred walk-in centers, watch our online presentation at www.brainshark.com/ConnectiCare/Treatment_Setting.

The bottom line: Get to an emergency room for a medical emergency. But when you need care that is not an emergency, the after-hours options listed above offer medically necessary care with much less hassle and cost to you.
DRUG LIST UPDATE

CHANGES AND ADDITIONS TO OUR PREFERRED DRUG LIST
(DO NOT APPLY TO FREEDOM DRUG LIST)

Effective January 1, 2014

Most members have a tiered pharmacy benefit. It's designed as follows:

**TIER ONE**  Lowest copayment level
**TIER TWO**  Intermediate copayment level
**TIER THREE**  Highest copayment level
**TIER FOUR**  Specialty copayment level, if applicable*

The drugs on the following list require prior authorization, quantity limits or step therapy. (Please see definitions below.) The assigned tier for each drug is shown.

This list is a change or addition to any similar list you may have received previously, including the list that appears in your benefit plan documents. For the latest information, please call Member Services at 1-800-251-7722. Or go to www.connecticare.com and choose “Pharmacy Central.”

**QUANTITY LIMITS**
We have a Quality Management Drug Program that limits the quantity of certain medications to established amounts. This program promotes compliance with the recommended doses established by the Food and Drug Administration and the drug manufacturer. The goal is also to avoid abuse and misuse.

**PRIOR AUTHORIZATION**
Prior authorization requires that we approve certain prescription drugs before we will cover them.

**STEP THERAPY**
In some cases we may require that you begin drug therapy with the safest or most cost-effective drug. If your doctor tells us that the therapy was unsuccessful, you will be able to progress to another drug that involves more risk or is more costly. The aim is to minimize health risks and control costs.

### NEW DRUGS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Common Use</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorica</td>
<td>Acne</td>
<td>T3, PA</td>
</tr>
<tr>
<td>Auvi-Q</td>
<td>Allergic Reaction</td>
<td>PA</td>
</tr>
<tr>
<td>Breo Ellipta</td>
<td>COPD</td>
<td>T3</td>
</tr>
<tr>
<td>Delzicol</td>
<td>Colitis</td>
<td>T2</td>
</tr>
<tr>
<td>Eliquis</td>
<td>Anticoagulant</td>
<td>T3, QL</td>
</tr>
<tr>
<td>Forfivo XL</td>
<td>Depression</td>
<td>T3, PA</td>
</tr>
<tr>
<td>Invokana</td>
<td>Diabetes</td>
<td>T3, ST</td>
</tr>
<tr>
<td>Juxtapid</td>
<td>Homozygous</td>
<td>T3*, PA</td>
</tr>
<tr>
<td>Linzess</td>
<td>Hypercholesterolemia</td>
<td>QL</td>
</tr>
<tr>
<td>Liptruzet</td>
<td>IBS</td>
<td>T3, ST</td>
</tr>
<tr>
<td>Nesina/Oseni/Kazano</td>
<td></td>
<td>T3, ST</td>
</tr>
<tr>
<td>Osphena</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QuilliVant XR</td>
<td>Symptoms of Menopause</td>
<td>T3</td>
</tr>
<tr>
<td>Tecfidera</td>
<td>ADHD</td>
<td>T3</td>
</tr>
<tr>
<td>Tudorza</td>
<td>Multiple Sclerosis</td>
<td>T2, PA</td>
</tr>
<tr>
<td>Uceris</td>
<td>Colitis</td>
<td>T3</td>
</tr>
<tr>
<td>Xeljanz</td>
<td>Rheumatoid Arthritis</td>
<td>T3*, PA</td>
</tr>
<tr>
<td>Zecuity</td>
<td>Migraines</td>
<td>T3, ST</td>
</tr>
<tr>
<td>Zubsolv</td>
<td>Narcotic Dependence</td>
<td>T3</td>
</tr>
</tbody>
</table>

### TIER CHANGES/NEW GENERICS/STEP THERAPY CHANGES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Common Use</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apidra</td>
<td>Diabetes</td>
<td>ST added</td>
</tr>
<tr>
<td>Avodart</td>
<td>BPH</td>
<td>Age edit removed</td>
</tr>
<tr>
<td>Brillinta</td>
<td>Anticoagulant</td>
<td>T2</td>
</tr>
<tr>
<td>Dulera</td>
<td>Asthma</td>
<td>T2</td>
</tr>
<tr>
<td>Effient</td>
<td>Anticoagulant</td>
<td>T2</td>
</tr>
<tr>
<td>Enoxaparin</td>
<td>Anticoagulant</td>
<td>QL removed</td>
</tr>
<tr>
<td>EpiPen</td>
<td>Allergic Reaction</td>
<td>T2</td>
</tr>
<tr>
<td>Exelon Patch</td>
<td>Alzheimers</td>
<td>T2</td>
</tr>
<tr>
<td>Fenofibrate</td>
<td>High Triglycerides</td>
<td>T2</td>
</tr>
<tr>
<td>Gilenya</td>
<td>Multiple Sclerosis</td>
<td>T2</td>
</tr>
<tr>
<td>Irbesartan</td>
<td>Hypertension</td>
<td>T1</td>
</tr>
<tr>
<td>Lansoprazole</td>
<td>GERD</td>
<td>T1</td>
</tr>
<tr>
<td>Lantus Solostar</td>
<td></td>
<td>T2</td>
</tr>
<tr>
<td>Niacin (extended-release)</td>
<td>High Triglycerides</td>
<td>T2</td>
</tr>
<tr>
<td>Rizatriptan</td>
<td>Migraines</td>
<td>T1, ST removed</td>
</tr>
<tr>
<td>Tolterodine</td>
<td>(immediate release)</td>
<td></td>
</tr>
<tr>
<td>Vescicare</td>
<td>Overactive Bladder</td>
<td>T1</td>
</tr>
<tr>
<td>Valsartan HCT</td>
<td>Overactive Bladder</td>
<td>T2</td>
</tr>
<tr>
<td>Xarelto</td>
<td>Hypertension</td>
<td>T1, ST removed</td>
</tr>
<tr>
<td>Zetia</td>
<td>Anticoagulant</td>
<td>T2</td>
</tr>
<tr>
<td>Zolmitriptan</td>
<td>High Cholesterol</td>
<td>T2</td>
</tr>
<tr>
<td>QL= Quantity Limit</td>
<td>PA= Prior Authorization</td>
<td>ST= Step Therapy</td>
</tr>
<tr>
<td>MB=Medical Benefit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Tier 4 when applicable
We’ve been working on our website to make it more useful for you, including enhancements to our online provider directory and new ways to receive information from us via e-mail. Take a look at some of the tools we have to offer:

- **Claim Summaries** – Provide an overview and detailed information about your claim. They are generally produced when there is member financial responsibility other than copayments, such as deductibles, coinsurance or non-covered services.
- **ConnectiCare’s Member e-Newsletter** – Keeps members updated on the latest health care news, including features or special offers available to ConnectiCare members, and general information about staying healthy throughout the year.
- **Member Welcome Kit** – Includes important information about your health care coverage, such as your Benefit Summary and your contract (also known as member agreement, certificate of coverage, or policy). These plan documents explain your benefits and how to obtain medical services.

**OTHER TOOLS TO SAVE YOU TIME AND EXPENSE**

- **Our new Treatment Cost Calculator**, which lets you search for a medical service and review an estimate of your costs based on your own health benefits.
- **Your claims history and a summary of your health care expenses for the year**, which can be especially useful for preparing your tax return.
- **Our online participating provider directory**, which is updated daily.
- **Information about how you can participate in one of our programs for chronic and complex health conditions**.
- **The availability of an external appeal process** through either the State of Connecticut or the Commonwealth of Massachusetts.
- **How your personal health information is protected across the organization**, and under what circumstances your information may be disclosed to plan sponsors or employers.

**FOR YOUR DOCTOR**

ConnectiCare’s participating providers, including your doctor, also have access to a wide variety of online information at connecticare.com. Items such as the following can help doctors manage their patients’ care:

- **How to enroll a patient in one of our programs for chronic and complex conditions**.
- **Clinical-practice guidelines that are based on research evidence, along with clinical expertise and patient preferences**.
- **Preventive-health guidelines**.
- **Utilization-management criteria**.
- **Availability of an appropriate doctor to discuss a utilization-management decision**.
- **Pharmaceutical-management procedures including: copayment/coinsurance requirements, ConnectiCare’s formulary, prior-authorization criteria, procedures for generic substitution, step therapy and other restrictions and/or limitations**.
- **Doctors’ rights to review their credentialing information, to correct erroneous information, and to be informed of their application status**.

**FOR MEMBERS AND DOCTORS**

- Information is available on our website confirming that:
  - Utilization-management decisions are based on the appropriateness of care and service, and the existence of coverage.
  - ConnectiCare does not specifically reward physicians for issuing denials of coverage.
  - There are no financial incentives to encourage results that may lead to under-utilization.
- Information about, and results from, our Quality Management Program.
- Rights and responsibilities of a ConnectiCare plan member.
- Hours of operation for our utilization department, how to get specific information about a request, how to send a fax or leave a voicemail, and our toll-free telephone and fax numbers for doctors outside the 860 area code.

If you would like a written copy of any of this information, you may call us at 1-888-867-7987.
FOR CHRONIC HEALTH CONDITIONS
People who have chronic health conditions often do better with the support of a knowledgeable, caring professional. The Nurse Care Managers who staff our Health Management programs right here in Farmington, CT, are dedicated to serving that role for our members. These programs include:

- **BREATHE – Asthma**
- **BREATHE – COPD** (for chronic bronchitis, also known as chronic obstructive pulmonary disease, or emphysema)
- **HeartCare** for:
  - Coronary artery disease (CAD), and
  - Heart failure
- **DiabetiCare for diabetes**

KEEP YOUR DOCTOR INFORMED
It’s important that your Primary Care Physician (PCP) receives information from any office visit that you have with a specialist, such as a cardiologist, endocrinologist or behavioral health provider. It is equally important that your PCP share information about your care with your specialist.

Please request that your specialist send any test results, any medication changes, and the office visit report to your PCP. Ask that your PCP share appropriate information with your specialist. Sharing medical information helps you and your physicians to better manage your care.

To learn more about the programs listed to the left, please call us at **1-800-390-3522**. Or you can visit [www.connecticare.com/members](http://www.connecticare.com/members). (Click “My Health” and “Manage a Condition.”)

FOR COMPLEX NEEDS
We also offer programs that assist members with the coordination of services to address complex health care needs. These include:

- **Special Care Case Management** – Support for individuals dealing with multiple health conditions or a serious health problem. For more information on this program, call toll-free **1-866-897-1038** and say “case management.”
- **Cancer Support Program** – Provides members with a single source of personal support from an experienced cancer nurse. For more information, call toll-free **1-866-897-1038** and say “cancer.”
- **Transplant Case Management** – For members identified as needing a transplant, and for their families. This program provides education, support and advocacy. For more information, call toll-free **1-866-897-1038** and say “transplant.”
- **Kidney Resource Services** – Provides education and support for members who are diagnosed with chronic kidney disease or end-stage renal disease. For more information, call toll-free **1-866-897-1038** and say “kidney.”
- **Neonatal Intensive Care Unit (NICU)** – Connects families who have newborns admitted to the NICU with experienced care managers.

We may identify you as a candidate for one or more of these programs by reviewing medical claims or by receiving a referral from your doctor. You may opt out of any program by calling the designated phone number as listed above.
UNDERSTANDING FACILITY FEES

How these fees may affect you

The soreness in your throat felt worse. Worried you may have gotten your daughter’s Strep throat, you made an appointment with your longtime family doctor. The doctor saw you at her office and ruled out Strep throat. After paying the copayment for the sick visit, you left the doctor’s office relieved.

Several weeks later, you receive a bill from the local hospital for “facility fees.” The date of service on the bill is the same date that you saw your doctor. After several phone calls, you learn a hospital purchased your doctor’s practice recently and you are now being billed as if you were seen at the hospital.

As more hospitals purchase a variety of medical services, such as physician practices, surgery centers and urgent care centers, patients may now have to pay facility fees in addition to the in-office services and procedures they receive at the doctor’s offices or urgent care centers now owned by the hospital.

To help you understand these fees, we encourage you to:

• Ask your doctor if his/her practice is owned by a hospital.
• If your doctor’s practice is hospital-owned, ask if there will be facility fees charged in addition to the doctor’s fees. If so, ask whether he/she practices in a different office location where these facility fees will not be charged.
• Before you need medical care, research the urgent care or surgery centers in your area and find out if they are owned by a hospital. If so, ask whether they will be billing like a hospital and if you will be responsible for hospital fees.

SCREENING COULD SAVE YOUR LIFE
Talk to your doctor about a colon cancer test

Did you know that a simple screening test can prevent colon cancer, the third-leading cause of cancer death in the United States?

The good news is that screening can:

• Prevent the disease in many cases by finding polyps (pre-cancerous growths in the colon) before they become malignant; or
• Find colon cancer at its earliest and most curable stage.

We encourage you to talk to your doctor about screening options for colon cancer. One option is a colonoscopy. Another is a “Fecal Immunochemical test (FIT),” a simple, painless test that can be done easily by you in the privacy of your own home. You do not have to avoid any foods or medications for the test.

Everyone age 50 and older should be screened for colon cancer. If you are due for a screening, talk with your doctor about all of your options. You have the power to stop the disease before it starts.
There may be times when you do not agree with a decision that we make about “Medical Necessity.” This is important because if a service is not considered Medically Necessary, we will not pre-authorize it or provide coverage for it. As a result, your plan will not pay for the service at the highest level of benefits, or your plan may not pay for the service at all.

If you do not agree with our decision, you have the right to request an appeal.

WHAT IS THE DEFINITION OF ‘MEDICALLY NECESSARY’?
“Medically Necessary” means health services that a health care practitioner, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site and duration considered effective for the patient’s illness, injury or disease, and
- Not primarily for the convenience of the patient, physician or other health care provider; and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

If you're not satisfied with the review decision, there is another step. You may be eligible for an external review. This is provided through the state in which your insurance plan was issued or through an independent review organization for self-funded plans. When we send you the review decision, we'll provide information in writing about how to pursue an external review.

We use medical protocols developed from national standards with input from local physicians, including specialists, to establish our guidelines for what is considered Medically Necessary.

PEACE OF MIND FOR EVERY WOMAN
Your coverage under Women’s Health and Cancer Rights Act

Do you know that your plan provides benefits for mastectomy-related services, as required by the Women’s Health and Cancer Rights Act of 1998? Covered benefits include all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. These services offer peace of mind for any woman with breast cancer who chooses to have a mastectomy. For more information, contact your benefits administrator or go to the U.S. Department of Labor website at www.dol.gov and enter "WHCRA" in the search field.
By shopping and comparing costs on common medical procedures and medications, you can save a lot of money. And that’s especially important if your health plan has a deductible, which may require you to pay out-of-pocket for services up to a certain amount before coverage begins. ConnectiCare’s online tools – the Treatment Cost Calculator and Price a Drug – bring transparency to health care costs and give you more control over the decision-making process.

COST, QUALITY AND CONVENIENCE

Our Treatment Cost Calculator allows you to find information quickly about the three most important factors involved in choosing a health care provider: cost, quality and convenience. You can research nearly 300 medical procedures in a variety of categories, from inpatient and outpatient services to x-rays and lab tests. You can also:

- Review cost estimates based on actual ConnectiCare claims data
- Compare providers according to quality, cost and location
- Select the treatment setting that’s right for you
- Make the most of your health benefits by viewing a personalized estimate of out-of-pocket costs
- Feel more comfortable and informed when discussing options with your doctor.

GET THE PRICE

The Price a Drug tool lets you type in the name of a medication to find out how much it will cost, and if there are options to save money. Just follow the steps to provide the number of pills you or a covered dependent takes, the exact dosage, the supply (14-, 30- or 90-day), and whether it’s taken on a regular basis. Then click “Get Price.” The Price Results page shows the cost of a 30-day supply at a retail pharmacy and a 90-day supply via home delivery from Express Scripts, which administers ConnectiCare’s mail-order pharmacy benefit.

And remember this: When you spend more on prescription drugs, you aren’t always getting more. Many patients who take expensive drugs will do just as well with drugs that cost less. Price a Drug will show other drugs that may cost less so you can discuss your options with your doctor.

To access Price a Drug or the Treatment Cost Calculator, go to www.connecticare.com/members and log in with your user name and password. (If you’re not already registered, it only takes a few minutes to do so.) On the Member page under “Member Quick Tools,” choose “Price a Drug” or “Treatment Cost Calculator” and you’re ready to go!

Price a Drug provides general information about your prescription drug benefit. If any information on site conflicts with the plan documents that govern your benefit, the plan documents take precedence in all cases.

The Treatment Cost Calculator is provided only as a guide to assist members in determining their approximate costs based on the treatment option they selected and the benefit information available at the time the estimate is generated. This information is intended for members’ general use only and is not a substitute for medical advice from or treatment by a medical professional for specific medical conditions. All estimates are not intended to be an exact calculation of claim payment and do not contain all health benefit plan terms, conditions, limitations, and exclusions that may apply to members’ coverage. To confirm and verify their coverage, members should refer to their ConnectiCare Membership Agreement/ Certificate of Coverage, Benefit Summary or other plan documents.
IMPORTANT BENEFIT INFORMATION

CONNECTICARE, INC. & AFFILIATES
INSERT PAGE FOR PRE-CERTIFICATION
AND PRE-AUTHORIZATION LISTS
UPDATE

Applies to all ConnectiCare health plans, except the ConnectiCare Network USA-PPO Plan, all ConnectiCare Benefits, Inc. Plans, and as otherwise noted in your Member Document (Membership Agreement, Certificate of Coverage, Policy, self-funded Summary Plan Description/Plan Document – SPD and Prescription Drug Rider).

SERVICES REQUIRING PRE-AUTHORIZATION OR PRE-CERTIFICATION

Effective January 1, 2014, the list of services, equipment, and supplies requiring Pre-Authorization or Pre-Certification in your Member Document is hereby deleted and replaced as follows.

Services listed as requiring Pre-Authorization or Pre-Certification may or may not be covered under your benefit Plan. Please refer to your Member Document to see if the services, equipment and supplies are covered under your Plan.

Please note, those services, equipment, and supplies that are new from the previous list, are highlighted in red text.

YOU NEED PRE-AUTHORIZATION OR PRE-CERTIFICATION FOR THE FOLLOWING:

ADMISSIONS:
Hospital admissions that are elective or not the result of an Emergency, including: Acute Hospitals admissions* Partial Hospitalizations Programs (PHP)* Rehabilitation Facility admissions* Residential Treatment Facilities*
Skilled Nursing Facility admissions
Sub-acute care admissions

AMBULANCE/MEDICAL TRANSPORTATION:
Land or air ambulance/medical transport that is not due to an Emergency

DURABLE MEDICAL EQUIPMENT (DME) AND PROSTHECTS:
Pre-Authorization will only be required for the following items (if a covered benefit): real time continuous blood glucose monitors, customized wheelchairs and scooters, osteogenic stimulators (including spinal, non-spinal and ultrasound), Electronic or Myoelectric Prosthetic/artificial lower limbs, including the purchase, replacement and repair of whole limb or part of limb, and mechanical stretching devices.

ELECTIVE SERVICES & PROCEDURES:
Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD) (if a covered benefit)*
Artificial Intervertebral Disc (if a covered benefit)
Clinical trials
Cardiac monitoring with Mobile Cardiac Outpatient Telemetry or continuous computerized daily monitoring with auto-detection (no Pre-Authorization is required for standard Holter monitors or loop event recording devices)
Craniofacial treatment
Dental anesthesia in an ambulatory surgery facility
Extended outpatient behavioral health treatment visits beyond 45 – 50 minutes in duration with or without medication management*
Gastric bypass surgery, including laparoscopic (if a covered benefit)
Genetic testing – only the following genetic testing DOES NOT require Pre-Authorization:
Routine chromosomal analysis (e.g., peripheral blood or tissue culture, chorionic villus sampling, amniocentesis),
Chromosomal microarray analysis for children/adults,
FISH testing for lymphoma or leukemia, and
Molecular pathology analyses for Cystic Fibrosis, Factor V Leiden, Prothrombin, Hereditary Hemochromatosis and Fragile X
Gynecomastia surgery (if a covered benefit)
Hospital clinics, non-contracted or out of the Service Area
Mammoplasty (breast augmentation or reduction) (if a covered benefit)
Oncotype DX breast cancer test
Oral appliances for the treatment of Obstructive Sleep Apnea
Oral surgery (if a covered benefit)
Reconstructive surgery
Solid organ transplants (except cornea) and bone marrow transplants (all transplant Pre-Authorizations must be done at least ten business days prior to services being rendered)
Varicose vein surgery (if a covered benefit)
Ventricular Assist Devices

HOME HEALTH CARE:
Home health services
Hospice care
INFERTILITY SERVICES – DOES NOT require Pre-Authorization, if you are enrolled in one of our ConnectiCare of Massachusetts, Inc. plans
INTENSIVE OUTPATIENT TREATMENT PROGRAMS (IOP*)

INJECTABLE DRUGS & NUTRITIONAL SUPPLEMENTS: Nutritional supplements and food products, including modified food products for inherited metabolic diseases and specialized formulas (if a covered benefit)

NEUROPSYCHOLOGICAL TESTING (BEHAVIORAL HEALTH* AND MEDICAL PURPOSES) except for neuropsychological testing ordered by a doctor to determine the extent of any cognitive or developmental delays due to chemotherapy or radiation treatment in a child diagnosed with cancer or as described in your Member Document

OUTPATIENT RADIOLOGICAL SERVICES (EXCEPT WHEN SUCH RADIOLOGICAL SERVICES ARE DONE IN CONJUNCTION WITH A BIOPSY OR OTHER SURGICAL PROCEDURE):
Radiation Therapy for Breast, Lung, Prostate, Colon and Rectal Cancer
Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy for all diagnosis
Bone mineral density exams ordered more frequently than every 23 months
CT scans (all diagnostic exams)
MRI/MRA (all examinations)
Nuclear cardiology
PET scans
Stress echocardiograms

OUTPATIENT REHABILITATIVE SERVICES:
Occupational therapy
Physical therapy
Speech therapy (including specialty Hospitals, acute care Hospitals and providers of rehabilitation services)

OUTPATIENT ELECTRO-CONVULSIVE TREATMENT (ECT)*

OUTPATIENT BEHAVIORAL HEALTH TREATMENT PROVIDED IN A MEMBER’S HOME*

OUTPATIENT TREATMENT OF OPIOID DEPENDENCE*

PSYCHOLOGICAL TESTING OVER 4 HOURS*

*PRE-AUTHORIZATION IS CONDUCTED BY OPTUMHEALTH BEHAVIORAL SOLUTIONS – 1-888-946-4658

PRESCRIPTION MEDICATIONS (ONLY APPLIES TO CERTAIN MEDICATIONS)

Effective January 1, 2014, the list of drugs, including specialty drugs, requiring Pre-Authorization contained in your Member Document, or your Prescription Drug Rider is hereby deleted and replaced as follows.

If you are enrolled in one of our ConnectiCare Benefits, Inc. Plans or any new 2014 ConnectiCare, Inc. or ConnectiCare Insurance Company, Inc. Solo Plan, this revised list DOES NOT pertain to you.

Please note those drugs that are new from the previous list, are highlighted in red text:

YOU NEED PRE-AUTHORIZATION FOR THE FOLLOWING PRESCRIPTION DRUGS:

Abilify
Absorica
Abstral
Aciphex
Actemra
Acthar Gel
Actiq
Actonel

Actoplus Met
Acne-Brand Name Oral Agents; Doryx, Dynacin, Adoxa, Myrac, Soladyn, Minocin PAC
Adcetris
Adcirca
Adoxa
Affinitor
Aldurazyme
Alimta
AlleRx
Alsuma
Altoprev
Alpha 1-Protease Inhibitors (All)
Ambien CR
Amevive
Ampyra
Amrix
Amturnide
Androderm
Androgel
Antara
Anzemet
Aplenzin
Apokyn
Araldast
Arcalyst
Aricept
Arthrotec
Arzerra
Ascensia Test Strips
Astepro
Atelvia
Aubagio

CCI/INSERT 01 (1/2014)
IMPORTANT BENEFIT INFORMATION

Avandamet
Avandaryl
Avandia
Avastin
Avidoxy
Avinza
Avodart
Avonex
Axert
Axiron
Azor
Beconase AQ
Benicar/Benicar HCT
Benlysta
Berinert
Betaseron
Bexxar
Binosto
Blood Clotting Factors (All)
Boniva Injection
Boniva Tablets
Bosulif
Botox
Bravelle
Brovana
Buphenyl
Bydureon
Byetta
Cabergoline (Dostinex)
Cambia
Campral
Caprelsa
Cardura XL
Cayston
Celebrex
Cerezyme
Cesamet
Cetrotide
Chantix
Cholesterol Lowering Drugs: Altoprev, Lescol/ XL, Vytorin
Cimzia
Cinryze
Clarinex / D
Clodax
Clolar
Clomid
CNL Nail kit
Coartem
Cometriq
Compounded Medications
Contraceptives
Conzip
Copaxone
Coreg CR
Crestor
Crinone
Cuvposa
Cymbalta
Daclogen
Daliresp
Detro/ LA
Dexilant
Differin
Dificid
Diovan/Diovan HCT
Doryx
Dostinex
Dovonex
Duetact
Duecis
Dymista
Dynacin
Dysport
Edarbi
Edarbyclor
Edluar
Egrifta
Elaprase
Elelyso
Eloxatin
Enablex
Enbrel
Endometrin
Eributux
Erivedge
Euflexxa
Evoxlin
Exalgo
Exelon/Exelon patch
Exforge/Exforge HCT
Exjade
Extavia
Eylea
Fabrazyme
Fanapt
Fenoglide
Fentanyl citrate oral
Fentora
Fexmid
Fibrocor
Firazyr
Flector Patch
Flolan
Fluoxetine 60mg capsules
Follistim AQ
Folotyn
Fortamet
Fortesta
Forsivo XL
Fosamax plus D
Frova
Fulyzaq
Fuzeon
Ganirelix
Gastrocrom
Gattex
Gelnique
Gel-One
Genotropin
Gilenya
Glassia
Gleevec
Glumetza
Gonal-F
Gralise
Growth Hormones (All)
Halaven
HCG (chorionic gonadotropin)
Herceptin
Hizentra
Horizent
Humatrope
Humira
Hyalgan
Hyacamtn
Iclusig
Ilaris
Implanon
Incivek
Increlex
Infergen
Infertility Medications (All)
Injectable Drugs (All): excluding insulin
Inlyta
Interferons (All)
Intermezzo
Intron-A
Intuniv
Invega
Invokana
Iressa
Istodax
IV Immune Globulin (IVIG)
Ixempra
Jakafi
Jevtana
Juxtacid
KadianKadryla
Kalbitor
Kalydeco
Kazano
Kineret
Klonopin Wafers
Kombiglyze XR
Korlym
Krystexxa
Kuvan
Kynamro
Kyprolis
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<thead>
<tr>
<th>Brand Name</th>
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<tr>
<td>Kytril</td>
<td>Myrbetriq</td>
<td>Oseni</td>
<td>Rebif</td>
<td>Steroids, Anabolic</td>
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<td>Lamictal ODT</td>
<td>Naglazyme</td>
<td>Ovidrel</td>
<td>Regranex</td>
<td>Stavzor</td>
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<td>Lamictal XR</td>
<td>Namenda</td>
<td>Oxandrin</td>
<td>Relistor</td>
<td>Stelara</td>
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<td>Lamisil Oral Granules</td>
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<td>Oxtellar XR</td>
<td>Relpax</td>
<td>Stivarga</td>
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<td>Latuda</td>
<td>Naprelan</td>
<td>Oxytrol</td>
<td>Remicade</td>
<td>Striant</td>
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<tr>
<td>Lazanda</td>
<td>Nasacort AQ</td>
<td>Ozurdex</td>
<td>Remodulin</td>
<td>Strattera</td>
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<td>Lescol/XL</td>
<td>Nexarel</td>
<td>Pegasys</td>
<td>Repronex</td>
<td>Subsys</td>
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<td>Letairis</td>
<td>Nesina</td>
<td>Peg-Intron</td>
<td>Retisert</td>
<td>Suclaird</td>
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<td>Liptruzet</td>
<td>Nexium</td>
<td>Pennsaid</td>
<td>Revatio</td>
<td>Sumavel Dosepro</td>
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<td>Livalo</td>
<td>Nexplanon</td>
<td>Perjeta</td>
<td>Revlimid</td>
<td>Supartz</td>
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<tr>
<td>Lotronex</td>
<td>Nimotop</td>
<td>Pexeva</td>
<td>Ribavirin</td>
<td>Supprelin LA</td>
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<tr>
<td>Lovaza (formerly Omacor)</td>
<td></td>
<td>Pomalyst</td>
<td>Risperdal Consta</td>
<td>Sutent</td>
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<tr>
<td>Lumigan</td>
<td>Norditropin</td>
<td>Ponstel</td>
<td>Rituxan</td>
<td>Sylatron</td>
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<tr>
<td>Lumizyme</td>
<td>Novarel</td>
<td>Prevacid (Rx)</td>
<td>Rybix ODT</td>
<td>Symlin</td>
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<tr>
<td>Lunesta</td>
<td>Novoseven</td>
<td>Prialt</td>
<td>Ryzolt ER</td>
<td>Synagis</td>
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<tr>
<td>Luveris</td>
<td>NPlate</td>
<td>Prilosec (Rx)</td>
<td>Saizen</td>
<td>Synarel</td>
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<tr>
<td>Luvox CR</td>
<td>Nuedexta</td>
<td>Pristiq</td>
<td>Sanctura</td>
<td>Synribo</td>
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<tr>
<td>Luxiq</td>
<td>Nulojix</td>
<td>Prolastin</td>
<td>Sancuso</td>
<td>Synvisc (hyaluronate sodium)</td>
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<td>Lyrica</td>
<td>Nutropin/AQ</td>
<td>Proleukin</td>
<td>Sarafem</td>
<td>Tafinlar</td>
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<tr>
<td>Macugen</td>
<td>Nuvigil</td>
<td>Prolia</td>
<td>Signifor</td>
<td>Tarceva</td>
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<tr>
<td>Makena (17P)</td>
<td>Oforta</td>
<td>Promacta</td>
<td>Silenor</td>
<td>Tassigna</td>
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<tr>
<td>Marinol</td>
<td>Oleptro</td>
<td>Procysbi</td>
<td>Simponi</td>
<td>Tecfidera</td>
</tr>
<tr>
<td>Maxalt/Maxalt MLT</td>
<td>Olux</td>
<td>Protonix (brand)</td>
<td>Skyla</td>
<td>Tekamlo</td>
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<tr>
<td>Mekinist</td>
<td>Olux E</td>
<td>Provenge</td>
<td>Smoking Cessation</td>
<td>Tekturna</td>
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<tr>
<td>Menopur</td>
<td>Omnisar</td>
<td>Provigil</td>
<td>Medications</td>
<td>Temodar</td>
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<tr>
<td>Mepron</td>
<td>Omontys</td>
<td>Prozac Weekly</td>
<td>Solodyn</td>
<td>Testim</td>
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<tr>
<td>Metozolv</td>
<td>Omnitrope</td>
<td>Qnasl</td>
<td>Soliris</td>
<td>Testosterone (All)</td>
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<tr>
<td>Micardis/Micardis HCT</td>
<td>One Touch Test Strips</td>
<td>Qualaquin</td>
<td>Solzira</td>
<td>Tevetan/Tevetan HCT</td>
</tr>
<tr>
<td>Minocin Combo Pack</td>
<td>Onglyza</td>
<td>Qutenza Ravicti</td>
<td>Somavert</td>
<td>TevTropin</td>
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<tr>
<td>Mirena</td>
<td>Onsolis</td>
<td>Rapaflo</td>
<td>Sorilux foam</td>
<td>Thalamid</td>
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<tr>
<td>Mozobil</td>
<td>Oracea</td>
<td>Rayos</td>
<td>Sporanox</td>
<td>Thyrogen</td>
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<tr>
<td>Myobloc</td>
<td>Oravig</td>
<td>Razadyne</td>
<td>Sprinx</td>
<td>Tobi</td>
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<tr>
<td>Myozyme</td>
<td>Orendia</td>
<td>Rebetol (ribavirin)</td>
<td>Sprycel</td>
<td>Tofranil PM</td>
</tr>
<tr>
<td>Myrac</td>
<td>Orthovisc</td>
<td>Rebetron</td>
<td>Toviaz</td>
<td>Torisel</td>
</tr>
</tbody>
</table>

CCI/INSERT 01 (1/2014)
IMPORTANT BENEFIT INFORMATION

Tracleer
Travatan/Travatan Z
Travel Medication: including Malarone, Larium and Aralen
Treanda
Tretin X
Treximet
Triglide
Tribenzor
Tropium
Twynsta
Tykerb
Tyvaso
Uloric
Valtura
Vanos
Vantas
Vascepa
Vectibix
Velcade
Venlafoxine ER
Ventavis
Verdeso
Vesicare
Victoza
Viibryd
Vimovo
Vivitrol
Voltaren Gel
Votrient

Vpriv
Vusion
Vytorin
Weight Loss Medication (if covered by your plan); Meridia, Xenical, Ionamin, Tenuate, etc
Welchol
Xalkori
Xeljanz
Xeloda
Xenazine
Xeomin
Xgeva
Xiaflex
Xolair
Xtandi
Xynthia
Xyrem (Sodium Oxybate)
Yervoy
Zaltrap
Zanaflex Caps
Zavesca
Zegerid
Zelboraf
Zemaira
Zetonna
Zipser
Zolinza
Zolpimist
Zomig
Zortress
Zuplenz
Zyban
Zyflo CR
Zytiga

SPECIALTY DRUGS:
Certain specialty prescription drugs require Pre-Authorization and must be filled through specialty pharmacies. The list of specialty drugs that have this requirement is as follows:

GROWTH HORMONE INCLUDING:
Accretropin
Genotropin
Humatrope
Increlex
Norditropin
Nutropin
Nutropin AQ
Saizen
Serostim
Tevropin

BLOOD CLOTTING FACTORS INCLUDING:
Advate
Alphanate
Benefix
Helixate
Humate P
Kogenate FS
Monate P
NovoSeven
Recombinate
Xynthia

MULTIPLE SCLEROSIS TREATMENTS INCLUDING:
Aubagio
Avonex
Betaseron
Copaxone
Extavia
Gilenyia
Rebif
Tecfidera
Tysabri

OTHER DRUGS INCLUDING:
Acthar
Actimmune
Actiq
Apokyn
Aralast

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Benlysta
Berinert
Botox (botulinum toxin type A)
Cayston
Cerezyme
Cinryze
Egrifta
Elaprase
Exjade
Fabrazyme
Fentora
Firazyr
Folotyn
Gattex
Ilaris
IVIG (Immunoglobulin)
Jakafi
Jetrea
Kalbitor
Kalydeco
Krystexxa
Kuvan
Lucentis
Macugen
Macugen
Naglazyme
Nplate
Nulojix
Onsolis
Orfadin
Prolastin
Prolia
Promacta
Reclast
Riastap
Signifor
Soliris
Synagis
Thyrogen
Xenazine
Xolair
Zyrem
Zavesca
Zemaira
Xtandi
Zelboraf
Zolinza
Zortress
Zytiga

**ORAL ONCOLOGY AGENTS INCLUDING:**

- Afinitor
- Bosulif
- Caprelsa
- Cometriq
- Erivedge
- Gleevec
- Hyacamtin
- Iclusig
- Inlyta
- Iressa
- Nexavar
- Oforto
- Revlimid
- Sprycel
- Stivarga
- Sutent
- Tarceva
- Tasigna
- Temodar
- Thalomid
- Tykerb
- Votrient
- Xalkori
- Xeloda

**PSORIASIS/RHEUMATOID ARTHRITIS/CROHN’S DISEASE TREATMENTS INCLUDING:**

- Actemra
- Amevive
- Cimzia
- Enbrel
- Humira
- Orencia
- Remicade
- Rituxan RA
- Simponi
- Stelara
- Xeljanz

**PULMONARY HYPERTENSION DRUGS INCLUDING:**

- Adcirca
- Flolan
- Letairis
- Remodulin
- Revatio
- Tracleer
- Tyvaso
- Ventavis

**INFERTILITY DRUGS INCLUDING:**

- Bravelle
- Cetrotide
- Chorionic Gonadotropin (HCG)

**VISCOSUPPLEMENTS INCLUDING:**

- Euflexxa
- Gel-One
- Hycamtn
- Orthovisc
- Supartz
- Synvisc
- Synvisc One

*Except for these changes to the lists of services, equipment, supplies, and drugs that require Pre-Authorization or Pre-Certification as described in your Member Document, and your Prescription Drug Rider, your Plan, including any other Riders, remains unchanged.*

CCI/INSERT 01 (1/2014)
To begin shopping, go to www.connecticare.com and click on the button for LifeMart.

Then select the “non-Medicare” link, sign in with your ConnectiCare user name and password, and complete the LifeMart registration page. (If you don’t have a ConnectiCare user name and password, it only takes a few minutes to register.)

A SOLUTION FOR COLLEGE SAVINGS
The other program that can provide financial peace of mind is College Tuition Rewards® from SAGE Scholars. This program can help you save thousands of dollars toward a college education for your loved ones – up to one full year’s tuition. Sign up any family member to receive your Tuition Rewards points, including children, grandchildren, nieces and nephews—even godchildren. College Tuition Rewards points can be redeemed at 1 point = $1 toward tuition at any of 300+ private colleges that participate in the SAGE Scholars Network across 45 states.

When you join the program, you receive an initial 1,000 tuition points, which you may distribute among your enrolled family members. The children are then awarded between 500 and 1,000 additional points on each birthday that they participate in the program. In 2013 ConnectiCare customers earned a total of $2 million in College Tuition Rewards points. Don’t miss out on your opportunity to save!

• To learn more about the College Tuition Rewards program, visit: www.brainshark.com/ConnectiCare/CTR

• To register for the program, go to www.tuitionrewards.com/cci (Have your ConnectiCare ID card available.)


Discount programs through College Tuition Rewards provide access to discounted tuition and are NOT insured benefits. These discounts are offered separate from your health benefits. These arrangements do not represent an endorsement or guarantee on the part of ConnectiCare, Inc. You are responsible for the full cost of the discounted tuition. Vendors such as Sage, LLC are independent contractors and are not agents of ConnectiCare Specialty Services. Vendor participation may change without notice. Information is believed to be accurate as of the production date; however it is subject to change. For more information about Sage, LLC, refer to www.tuitionrewards.com/cci.

All goods and services provided through LifeMart are provided by independent third-party Discount Vendors. Neither ConnectiCare nor LifeCare approves, endorses or recommends any particular Discount Vendor or any of their products or services. An evaluation of the appropriateness and cost of any product or service must be made by the purchaser. Discount Vendors and their offerings are subject to change or withdrawal by LifeCare at any time. Discount Vendors’ coupons or offerings may be time sensitive.


Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.