



ConnectiCare

2020 Medicare Product Training

ConnectiCare

# Disclaimer

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: 711) for more information. Out-of-network/non-contracted providers are under no obligation to treat ConnectiCare, Inc. members, except in emergency situations.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year. The Formulary, pharmacy network, and/or provider network may change at any time. Members will receive notice when necessary. Members must continue to pay their Medicare Part B premium. Medicare beneficiaries may also enroll in ConnectiCare through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

# What you need to know for 2020 . . .

- Four \$0 plans in every county
- No referrals on the Passage Plan 1
- Choice Dual Plan (prior Passage Dual Plan) will use Choice Network
- Low or no copayment for medical services
- **NEW** Teladoc® benefit
- **NEW** \$250 deductible on Choice plan 3 on select benefits
- **NEW** Expanded service area into Fairfield county for 2020 — Flex 2 & Choice 1
- **NEW** Optional Dental Supplemental Riders on all plans. \$2000 allowance in/out of network
- **NEW** Up to \$600 annually or \$50 monthly over-the-counter drug benefit for Dual Eligible
- **NEW** Online training and certification system
- **NEW** Medicare agent portal and commissions system **EVOLVE**

**SALES** ↑

ConnectiCare



# Your success is our success.

A thriving business relationship is all about opportunity, growth, and support. That's why we're sharing this preview of our 2020 Medicare products.

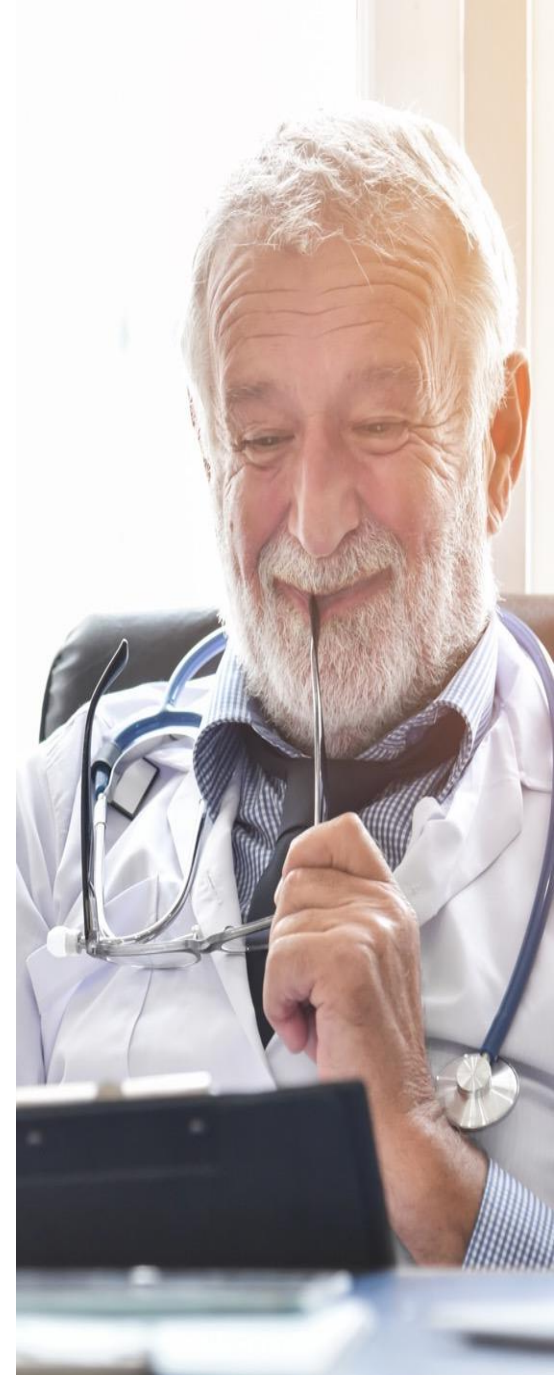


ConnectiCare's full range of plans are what your clients want and need. They are a great addition to your 2020 Open Enrollment sales kit that will grow your book of business.

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# 2020 MAPD/MA Plan Designs



# 2020 Plan Designs

Plan	Monthly plan premiums		Seperate premium for Optional Dental Plan
	Fairfield/New Haven/ New London/Windham	Hartford/Litchfield/ Middlesex/Tolland	
Choice Plan 3 (HMO)	\$0	\$0	\$29
Choice Plan 2 (HMO) MA only	\$0	\$0	\$29
Choice Plan 1 (HMO)	\$182	\$182	\$39
Passage Plan 1 (HMO)	\$0	\$0	\$29
Flex Plan 3 (HMO-POS)	\$69	\$49	\$29
Flex Plan 2 (HMO-POS)	\$133	\$133	\$39
Flex Plan 1 (HMO-POS)	\$240	\$240	\$39
Choice Dual Plan (D-SNP)	\$0	\$0	NA

# 2019 Medicare Star Ratings

## 2019 Stars Rating:

ConnectiCare's overall health plan rating is a 4 out of 5 Stars:

- Health Plan Services: 4 Stars
- Drug Plan Services: 4.5 Stars

## Why it's important:

- For comparing health plans 
- Medicare Advantage Organization reimbursement is directly tied to Star rating



*\*2020 updated Star rating to be released in October*

**ConnectiCare**

# Choice Plan 3 (HMO)

- No Referrals
- \$0 Sanitas PCP/\$0 all other PCPs
- \$45 Specialist
- \$200 Eyewear limit every 2 yrs
- \$250 deductible on select covered medical services
- Preventive Dental included
- **NEW** \$29 Optional Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- **NEW** \$200 eyewear limit per yr
- SilverSneakers® Fitness benefit

## Part D prescription drug coverage

- \$0 Part D deductible for Tier 1 & 2 drugs
- \$0 Tier 1 preferred generic drugs through mail order
- \$2 Preferred Generics at preferred pharmacy
- \$10 Generics at preferred pharmacy



ConnectiCare		CHOICE PLAN 3 (HMO)
		Premiums You Pay
Hartford/Litchfield/Middlesex/Tolland		\$0
Fairfield/New Haven/New London/Windham		\$0
<b>Benefits</b>		<b>In-Network</b>
Primary care at Sanitas Medical Centers		\$0
All other primary care providers (PCPs)		\$0
Specialist		\$45
Inpatient Hospital		\$479/day* Days 1-3
Annual physical, screenings & immunization		\$0
Urgently Needed Services		\$45
Lab Services		\$15
Hearing Services: Hearing Aids		Not Covered
Dental Services		Preventive-2 exams and cleaning per year plus xrays \$29-Comprehensive rider \$2000 annual limit in/out \$100 deductible on comprehensive
Vision Services		\$45 exam plus \$200 eyewear every 2 years
Ambulance-Ground		\$385
Ambulatory Surgical Centers		\$300
Plan Medical Deductible		250*
MOOP		\$6,700
SilverSneakers®		Yes
Prescription Drug Coverage		Preferred/Non-Preferred Pharmacy
Annual Deductible (Tiers 3-5)		\$435
Tier 1: Preferred Generic Medications		\$2/\$9
Tier 2: Generic Medications		\$10/\$20
Tier 3: Preferred Brand Medications		\$42/\$47
Tier 4: Non-Preferred Drugs		\$95/\$100
Tier 5: Specialty Tier		25% coinsurance
Mail Order		\$0 Tier 1 Preferred Generics



# Choice Plan 2 (HMO)

- No Referrals
- MA Only
- \$0 Premium
- \$0 Sanitas PCP/\$0 all other PCPs
- \$10 Specialist
- Preventive Dental included
- **NEW** \$29 Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit



ConnectiCare		CHOICE PLAN 2 (HMO) MA Only
		Premiums You Pay
Hartford/Litchfield/Middlesex/Tolland		\$0
Fairfield/New Haven/New London/Windham		
Benefits		In-Network
Primary care at Sanitas Medical Centers		\$0
All other primary care providers (PCPs)		\$0
Specialist		\$10
Inpatient Hospital		\$295/day Days 1-6
Annual physical, screenings & immunization		\$0
Urgently Needed Services		\$10
Lab Services		\$10
Hearing Services: Hearing Aids		Not Covered
Dental Services		Preventive-2 exams and cleaning per year plus xrays \$29-Comprehensive rider \$2000 annual limit in/out \$100 deductible on comprehensive
Vision Services		\$10 exam
Ambulance-Ground		\$50
Ambulatory Surgical Centers		\$100
Plan Medical Deductible		\$0
MOOP		\$6,000
SilverSneakers®		Yes
Prescription Drug Coverage		Not Covered
Annual Deductible (Tiers 3-5)		NA
Tier 1: Preferred Generic Medications		
Tier 2: Generic Medications		
Tier 3: Preferred Brand Medications		
Tier 4: Non-Preferred Drugs		
Tier 5: Specialty Tier		
Mail Order		

# Choice Plan 1 (HMO)

- No Referrals
- **NEW** Available in Fairfield County
- \$0 Sanitas PCP/\$10 all other PCPs
- \$30 Specialist
- Lower plan premiums based on LIS levels
- **NEW** \$39 Optional Preventive and Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit
- Part D prescription drug coverage
  - \$0 Part D deductible for Tier 1 & 2 drugs
  - \$0 Tier 1 preferred generic drugs through mail order
  - \$2 Preferred Generics at preferred pharmacy
  - \$10 Generics at preferred pharmacy

ConnectiCare		CHOICE PLAN 1 (HMO)	
		Premiums You Pay	What You Pay w/LIS
Hartford/Litchfield/Middlesex/Tolland	\$182	\$147.20-\$173.30	
Fairfield/New Haven/New London/Windham			
<b>Benefits</b>	<b>In-Network</b>		
Primary care at Sanitas Medical Centers	\$0		
All other primary care providers (PCPs)	\$10		
Specialist	\$30		
Inpatient Hospital	\$345/day Days 1-5		
Annual physical, screenings & immunization	\$0		
Urgently Needed Services	\$30		
Lab Services	\$10		
Hearing Services: Hearing Aids	Not Covered		
Dental Services	\$39-Preventive & Comprehensive rider \$2000 annual limit in/out \$100 deductible on comprehensive		
Vision Services	\$30 exam		
Ambulance-Ground	\$200		
Ambulatory Surgical Centers	\$100		
Plan Medical Deductible	\$0		
MOOP	\$3,000		
SilverSneakers®	Yes		
Prescription Drug Coverage	Preferred/Non-Preferred Pharmacy Tier 1 & 2 copays through coverage gap		
Annual Deductible (Tiers 3-5)	\$300		
Tier 1: Preferred Generic Medications	\$2/\$9		
Tier 2: Generic Medications	\$10/\$20		
Tier 3: Preferred Brand Medications	\$42/\$47		
Tier 4: Non-Preferred Drugs	\$95/\$100		
Tier 5: Specialty Tier	27% coinsurance		
Mail Order	\$0 Tier 1 Preferred Generics		



# Passage Plan 1 (HMO)

- No Referrals
- \$0 premium
- In 2020, Passage Plan 1 will **not require referrals**: A Passage PCP is still required.
- \$0 Sanitas PCP/\$20 all other PCPs
- \$50 Specialist
- \$100 Eyewear limit every 2 yrs
- Preventive Dental included
- **NEW** \$29 Optional Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit
- Part D prescription drug coverage
  - \$0 Part D deductible for Tier 1 & 2 drugs
  - \$0 Tier 1 preferred generic drugs through mail order
  - \$2 Preferred Generics at preferred pharmacy
  - \$10 Generics at preferred pharmacy

ConnectiCare		PASSAGE PLAN 1 (HMO)
		Premiums You Pay
Hartford/Litchfield/Middlesex/Tolland		\$0
Fairfield/New Haven/New London/Windham		
<b>Benefits</b>		<b>In-Network</b>
Primary care at Sanitas Medical Centers		\$0
All other primary care providers (PCPs)		\$20
Specialist		\$50
Inpatient Hospital		\$490/day Days 1-4
Annual physical, screenings & immunization		\$0
Urgently Needed Services		\$50
Lab Services		\$15
Hearing Services: Hearing Aids		\$500 Allowance
Dental Services		Preventive-1 exam and cleaning included per year \$29-Comprehensive Rider \$2000 annual limit in/out \$100 deductible on comprehensive
Vision Services		\$45 exam plus \$100 eyewear every 2 years
Ambulance-Ground		\$325
Ambulatory Surgical Centers		\$200
Plan Medical Deductible		\$0
MOOP		\$6,700
SilverSneakers®		Yes
Prescription Drug Coverage		Preferred/Non-Preferred Pharmacy
Annual Deductible (Tiers 3-5)		\$275
Tier 1: Preferred Generic Medications		\$2/\$9
Tier 2: Generic Medications		\$10/\$20
Tier 3: Preferred Brand Medications		\$42/\$47
Tier 4: Non-Preferred Drugs		\$95/\$100
Tier 5: Specialty Tier		28% coinsurance
Mail Order		\$0 Tier 1 Preferred Generics

# Flex Plan 3 (HMO)

- No Referrals
- In/Out-of-network for covered services
- \$0 Sanitas PCP/\$5 all other PCPs
- \$50 Specialist
- \$300 Eyewear limit every yr
- Preventive Dental included
- **NEW** \$29 Optional Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit
- Part D prescription drug coverage
  - \$0 Part D deductible for Tier 1 & 2 drugs
  - \$0 Tier 1 preferred generic drugs through mail order
  - \$2 Preferred Generics at preferred pharmacy
  - \$10 Generics at preferred pharmacy

ConnectiCare	FLEX PLAN 3 (HMO-POS)	
	Premiums You Pay	What You Pay w/LIS
Hartford/Litchfield/Middlesex/Tolland	\$49	\$14.20-\$40.30
Fairfield/New Haven/New London/Windham	\$69	\$34.20-\$60.30
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary care at Sanitas Medical Centers	\$0	50%
All other primary care providers (PCPs)	\$5	50%
Specialist	\$50	50%
Inpatient Hospital	\$465/day Days 1-4	50%
Annual physical, screenings & immunization	\$0	\$0
Urgently Needed Services	\$50	\$50
Lab Services	\$20	50%
Hearing Services: Hearing Aids	Not Covered	Not Covered
Dental Services	Preventive-2 exams and cleaning per year plus xrays \$29-Comprehensive rider	
Vision Services	\$50 exam plus \$300 eyewear every year	Not covered
Ambulance-Ground	\$325	\$325
Ambulatory Surgical Centers	\$200	50%
Plan Medical Deductible	\$0	
MOOP	\$5,500 In Network \$10,000 Out of network	
SilverSneakers®	Yes	No
Prescription Drug Coverage	Preferred/Non-Preferred Pharmacy	
Annual Deductible (Tiers 3-5)	\$300	
Tier 1: Preferred Generic Medications	\$2/\$9	
Tier 2: Generic Medications	\$10/\$20	
Tier 3: Preferred Brand Medications	\$42/\$47	
Tier 4: Non-Preferred Drugs	\$95/\$100	
Tier 5: Specialty Tier	27% coinsurance	
Mail Order	\$0 Tier 1 Preferred Generics	

# Flex Plan 2 (HMO)

- In/Out-of-network for covered services
- No Referrals
- **NEW** Available in Fairfield County
- \$0 Sanitas PCP/\$15 all other PCPs
- \$35 Specialist
- **NEW** \$39 Optional Preventive and Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit
- Part D prescription drug coverage
  - \$0 Part D deductible for Tier 1 & 2 drugs
  - \$0 Tier 1 preferred generic drugs through mail order
  - \$2 Preferred Generics at preferred pharmacy
  - \$10 Generics at preferred pharmacy

ConnectiCare	FLEX PLAN 2 (HMO-POS)	
	Premiums You Pay	What You Pay w/LIS
Hartford/Litchfield/Middlesex/Tolland	\$133	\$98.20-\$124.30
Fairfield/New Haven/New London/Windham		
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary care at Sanitas Medical Centers	\$0	\$50
All other primary care providers (PCPs)	\$15	\$50
Specialist	\$35	\$50
Inpatient Hospital	\$375/day Days 1-4	30%
Annual physical, screenings & immunization	\$0	\$0
Urgently Needed Services	\$35	\$35
Lab Services	\$15	40%
Hearing Services: Hearing Aids	Not Covered	Not Covered
Dental Services	\$39-Preventive & Comprehensive rider \$2000 annual limit in/out \$100 deductible on comprehensive	
Vision Services	\$35 exam	Not covered
Ambulance-Ground	\$300	\$300
Ambulatory Surgical Centers	\$150	40%
Plan Medical Deductible	\$0	\$0
MOOP	\$6,000 Network \$10,000 Out of network	
SilverSneakers®	Yes	No
Prescription Drug Coverage	Preferred/Non-Preferred Pharmacy	
Annual Deductible (Tiers 3-5)	\$300	
Tier 1: Preferred Generic Medications	\$2/\$9	
Tier 2: Generic Medications	\$10/\$20	
Tier 3: Preferred Brand Medications	\$42/\$47	
Tier 4: Non-Preferred Drugs	\$95/\$100	
Tier 5: Specialty Tier	27% coinsurance	
Mail Order	\$0 Tier 1 Preferred Generics	



# Flex Plan 1 (HMO)

- In/Out-of-network for covered services
- No Referrals
- \$0 Sanitas PCP/\$15 all other PCPs
- \$30 Specialist
- **NEW** \$39 Optional Preventive and Comprehensive Dental Rider
- **NEW** \$45 Teladoc® benefit
- SilverSneakers® Fitness benefit
- Part D prescription drug coverage
  - \$0 Part D deductible for Tier 1 & 2 drugs
  - \$0 Tier 1 preferred generic drugs through mail order
  - \$2 Preferred Generics at preferred pharmacy
  - \$10 Generics at preferred pharmacy

ConnectiCare	FLEX PLAN 1 (HMO-POS)	
	Premiums You Pay	What You Pay w/LIS
Hartford/Litchfield/Middlesex/Tolland	\$240	\$205.20-\$231.30
Fairfield/New Haven/New London/Windham		
<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary care at Sanitas Medical Centers	\$0	\$40
All other primary care providers (PCPs)	\$15	\$40
Specialist	\$30	\$40
Inpatient Hospital	\$285/day Days 1-6	\$450/day Days 1-6
Annual physical, screenings & immunization	\$0	\$0
Urgently Needed Services	\$30	\$30
Lab Services	\$10	20%
Hearing Services: Hearing Aids	Not Covered	Not Covered
Dental Services	\$39-Preventive & Comprehensive rider \$2000 annual limit in/out \$100 deductible on comprehensive	
Vision Services	\$30 exam	Not covered
Ambulance-Ground	\$200	\$200
Ambulatory Surgical Centers	\$100	\$250
Plan Medical Deductible	\$0	\$0
MOOP	\$5,300 In Network \$10,000 Out of network	
SilverSneakers®	Yes	No
Prescription Drug Coverage	Preferred/Non-Preferred Pharmacy Tier 1 & 2 copays through coverage gap	
Annual Deductible (Tiers 3-5)	\$300	
Tier 1: Preferred Generic Medications	\$2/\$9	
Tier 2: Generic Medications	\$10/\$20	
Tier 3: Preferred Brand Medications	\$42/\$47	
Tier 4: Non-Preferred Drugs	\$95/\$100	
Tier 5: Specialty Tier	27% coinsurance	
Mail Order	\$0 Tier 1 Preferred Generics	

## Choice Dual (HMO D-SNP)

- No referral within the Choice network
- \$0 plan premium
- \$0 copay for all medical benefits
- **NEW** Preventive and Comprehensive Dental
- **NEW** SilverSneakers® benefit
- \$50 Over the Counter(OTC) monthly drug benefit, no rollover
- Transportation benefit- 24 One way trips
- \$300 Eyewear limit every 2 years
- \$1500 Hearing Aid benefit every 3 yrs
- 24 hour Nurse Hotline
- Members must be enrolled in one of the Medicaid benefit levels below:
  - Full Medicaid
  - Qualified Medicare Beneficiary Plus (QMB-Plus)
  - Specified Low-Income Medicare Beneficiary Plus (SLMB-Plus)

ConnectiCare		CHOICE DUAL Plan (HMO D-SNP)
		Premiums You Pay
Hartford/Litchfield/Middlesex/Tolland		\$0
Fairfield/New Haven/New London/Windham		
Benefits		In-Network
Primary care at Sanitas Medical Centers		\$0
All other primary care providers (PCPs)		\$0
Specialist		\$0
Inpatient Hospital		\$0
Annual physical, screenings & immunization		\$0
Urgently Needed Services		\$0
Lab Services		\$0
Hearing Services: Hearing Aids		\$1,500 every 3 yrs
Dental Services		\$0 Preventive dental-2 exams and cleaning per year plus xrays \$0-Comprehensive dental \$1000 annual limit in/out
Vision Services		\$0 exam \$0 eyewear (\$300 Limit every 2 yrs)
Ambulance-Ground		\$0
Ambulatory Surgical Centers		\$0
Plan Medical Deductible		N/A
MOOP		\$6,700
SilverSneakers®		Yes
Transportation		24 One way Trips
Over the Counter (OTC) Drugs		\$50 per month
Prescription Drug Coverage		
Deductible (The amount you pay before your plan starts to pay)		\$0
		Generics: \$0/\$1.30/\$3.60/15%
		Brands: \$0/ \$3.90/\$8.95/15%

# Over the counter Benefit

To get your OTC item(s), take your Connecticut OTC debit card and your covered OTC item(s) to the checkout at any store or pharmacy in the OTC network. You can use this debit card to pay for covered OTC items at any OTC network pharmacy. Our Network includes but is not limited to; CVS, Rite Aid, Walgreens, Family Dollar and other stores in the plan.

## Covered items

- Acid controllers, liquids and tablets
- Adult aspirin, and pain relief
- Allergy, sinus and combination liquids and tablets
- Cough, cold and flu liquids and tablets
- Denture/dental care (floss, toothbrush, toothpaste, and denture care)
- Ear drops and eye wash
- Foot care (corn/callus/bunion pads and removers, anti-fungal powders/creams/liquids/sprays)
- Incontinence
- Laxatives (stool softeners and fiber acid)
- Vitamins and minerals



[www.otcnetwork.com/  
member](http://www.otcnetwork.com/member)

### How to buy your OTC item(s)

To get your OTC item(s), take your ConnectiCare OTC card and your eligible OTC item(s) to the checkout at any store or pharmacy in the OTC network. You can use this card to pay for eligible non-prescription drugs and health items. Our network includes, but is not limited to, CVS, Rite Aid, Walgreens, Walmart and other stores in the plan.\*

Need more information? We're here to help.  
Call us at 1-877-200-9361 (TTY: 1-800-842-9710)  
Seven days a week, 8 a.m. to 8 p.m.

**Personal Care:** First aid dressings/treatments, first aid kits & supplies, hot/cold therapy, braces, orthopedic support



**Vitamins/Dietary Supplements:** Multi-vitamins, single entity vitamins, mineral supplements, specialty supplements, hormones



**Oral Care:** Toothbrushes and floss/flossers, denture products, toothpaste, dry mouth, temporary dental repair, mouth guards



**Cold & Allergy/Pain Relief:** Cough, cold, flu & sinus, cough drops, sore throat relief, nasal relief, sleep aids, external pain relief, stimulants, motion sickness



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# 2020 DENTAL BENEFITS




# Dental Benefits

Four of our Medicare Advantage plans have preventive dental benefits included for no additional monthly premium.

Preventive Dental Coverage	Passage Plan 1	Choice Plan 2, Choice Plan 3 and Flex Plan 3
Covered Services	1 cleaning & 1 exam each year	2 cleanings, 2 oral exams and 2 standard x-rays each year Complete series x-rays: 1 every 36 months Flouride not covered
Member Copay	\$25	\$0

With Passage Plan 1, Choice Plan 2, Choice Plan 3 and Flex Plan 3, you have the option to add comprehensive dental benefits for an additional \$29 monthly premium.

Monthly premium \$29 Calendar-year benefit maximum \$2,000 Calendar-year deductible \$100		NEW!
Comprehensive Dental services		Member Cost Share
<b>Basic (Minor restorative)</b> – Restorations (fillings)		20% after the \$100 calendar-year deductible
<b>Major (Endodontics, periodontics and oral surgery)</b> – Crowns – Fixed bridgework – Partial and full dentures – Denture adjustments – Repairs to fixed bridges, 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		50% after the \$100 calendar-year deductible



# Dental Benefits

**Flex Plan 1, Flex Plan 2 and Choice Plan 1 do not have preventive dental benefits included.** For these plans, you have the option to add preventive and comprehensive dental benefits for an additional monthly premium of \$39.

<b>Monthly premium \$39</b> <b>Calendar-year benefit maximum \$2,000</b> <b>Calendar-year deductible \$100</b>		<b>NEW!</b>
<b>Dental services</b>	<b>Member Cost Share</b>	
<b>Preventive and diagnostic:</b>	<b>\$0</b> (Not subject to calendar-year deductible)	
– 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)	<b>20% after the \$100 calendar-year deductible</b>	
<b>Basic (minor restorative)</b>		
– Restorations (fillings)	<b>50% after the \$100 calendar-year deductible</b>	
<b>Major (endodontics, periodontics and oral surgery)</b>		
– Crowns		
– Fixed bridgework		
– Partial and full dentures		
– Denture adjustments		
– Repairs to fixed bridges, 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		

You'll save more when you receive care from one of our many in-network dental providers. You can get care from an out-of-network dental provider, but you may pay more.

The benefit maximum is the most that ConnectiCare will pay for covered services. You will be responsible for costs above the benefit maximum.



# Dental Network Update



- ConnectiCare's Dental product is administered by DentaQuest.
- All members should validate that their dental provider is participating through our online provider directory
  - [Connecticare.com/Medicare](https://connecticare.com/Medicare) > Find a Doctor > Type of Coverage? > Dental\*
  - Reminder – Dental is a PPO network which allows members to see out of network dentists for a higher cost-share
- If a member is adding or dropping rider for the dental, they will receive a new id card.
- Dental riders can be added or dropped **any time of the year**
- To make **changes** after the application has been submitted:
  - Beneficiary needs to call Member Services at 1-800-224-2273 or
  - Complete a new application or change form
- Dental Plan **disenrollments**:
  - Accepted during any month of the year but will be effective 1<sup>st</sup> of the month following receipt of request
  - Retroactive disenrollments are not allowed

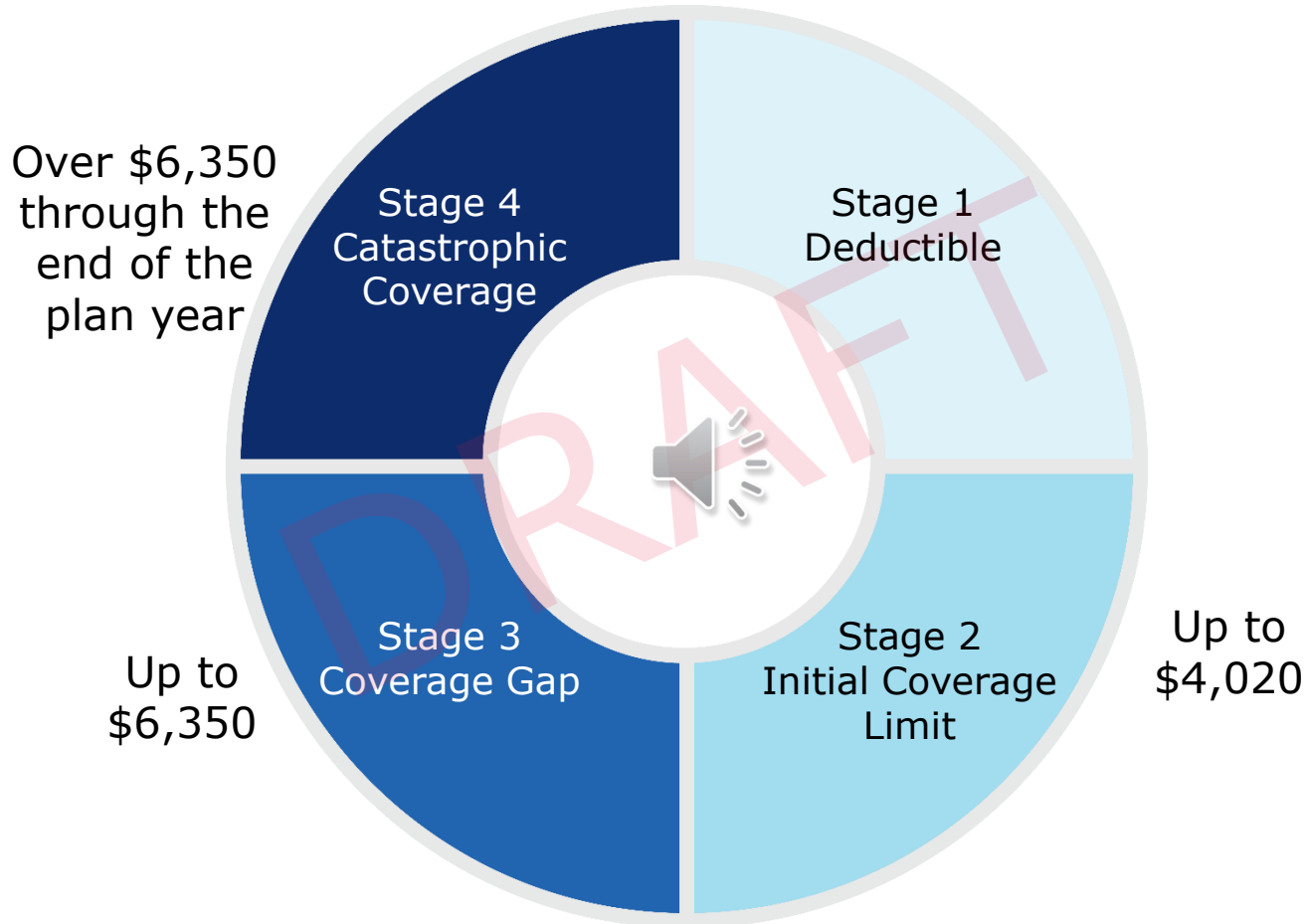
\*The ConnectiCare dental vendor continues to add providers to the network so members should check back frequently.

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# 2020 PHARMACY OVERVIEW



# Part D Drug Cycle Changes



On January 1 of each year, the coverage cycle starts over and the dollar limits can change. Amounts listed reflect the 2020 plan year.



# Part D Deductible and Drug Phases

- All our Medicare Advantage Plans use the same 5 Tier formulary
- All cost-sharing expenses and costs paid by the plan count toward meeting the ICL
- Member responsibility for **generic** drugs in the gap *decreased 37%* to 25%
- Member responsibility for **brand** drugs in the gap *remains 25%*
- **Catastrophic Coverage New** Beneficiaries will be charged \$3.60 for those generic or preferred multisource drugs with a retail price under \$72 and 5% for those with a retail price greater than \$72. For brand-name drugs, beneficiaries would pay \$8.95 for those drugs with a retail price under \$179 and 5% for those with a retail price over \$179.

Plan Year	2020			
Plan	Passage 1	Choice 1/Flex 1	Flex 2/Flex 3	Choice 3
Initial Coverage Limit (ICL)	\$4,020	\$4,020	\$4,020	\$4,020
Catastrophic Limit	\$6,350	\$6,350	\$6,350	\$6,350

Plan Year	2020			
Plan	Passage 1	Choice 1/Flex 1	Flex 2/Flex 3	Choice 3
Pharmacy Network	Preferred/Non Preferred			
Deductible	\$275	\$300 Tier 1 & 2 copays through coverage gap	\$300	\$435
Tier 1: Preferred Generic Drugs	\$2/\$9	\$2/\$9	\$2/\$10	\$2/\$10
Tier 2: Generic Drugs	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20
Tier 3: Preferred Brand Drugs	\$42/\$47	\$42/\$47	\$42/\$47	\$42/\$47
Tier 4: Non-Preferred Drugs	\$95/\$100	\$95/\$100	\$95/\$100	\$95/\$100
Tier 5: Specialty Tier	28% coinsurance	27% coinsurance	27% coinsurance	25% coinsurance
Mail Order	\$0 Tier 1 Preferred Generics	\$0 Tier 1 Preferred Generics	Preferred Generics	\$0 Tier 1 Preferred Generics



# Drug Phase D-SNP Plans

- All D-SNP plans have a separate formulary without tiers. The drugs are the same as the non D-SNP formulary
- Low Income Full Subsidy beneficiaries will increase to \$3.60 for generic or preferred drug that is a multi-source drug and \$8.95 for all other drugs in 2020.



Plan Year	2020
Plan	Coice Dual
<b>Copays based Extra Help Level</b>	
Generic	\$0/\$1.30/\$3.60/15%
Brand	\$0/\$3.90/\$8.95/15%
Catastrophic Limit	\$6,350

# Prescription Drug Coverage

**Preferred Pharmacies** include, but are not limited to:

Costco	Rite Aid
Stop & Shop	Walgreens
Walmart	ShopRite
Sam's Club	

**Standard (non-preferred) Pharmacies** include, but are not limited to:

Big Y	CVS
Target	Price Chopper

*To find a preferred or standard pharmacy, visit [ConnectiCare.com/Medicare/Find-Your-Pharmacy](https://ConnectiCare.com/Medicare/Find-Your-Pharmacy). List of preferred and standard pharmacies are subject to change.*


*Other pharmacies are available in the ConnectiCare network.*





# Low Income Subsidy(LIS) or "Extra Help"


Individual's Countable Resources*	Couple's Countable Resources*	Individual's/Couple's Countable Income	Amount of the Premium Subsidy
\$7,730 or less	\$11,600 or less	At or below 135% FPL	100%
\$7,730.01 to \$12,890	\$11,600.01 to \$25,720	At or below 135% FPL	100% but less help with co-pays or deductibles
\$12,890 or less	\$25,720 or less	More than 135% of FPL, but at or below 140%	75%
\$12,890 or less	\$25,720 or less	More than 140% of FPL, but at or below 145%	51%
\$12,890 or less	\$25,720 or less	More than 145% of FPL, but less than 150%	25%
\$12,890.01 or more	\$25,720.01 or more	Any amount	Not eligible for premium subsidy


Medicare will send you a color reflecting your Medicare Low-Income Subsidy qualification, such as:

 **Purple:** receive Medicare and Medicaid; enrolled in a Medicare Savings Program; or receive Supplemental Security Income (SSI) benefits.

 **Green:** receive SSI benefits; are enrolled in a Medicare Savings Program; or you applied for Extra Help.

 **Yellow:** qualify for full Medicaid and Medicare benefits and are enrolled in Original Medicare.

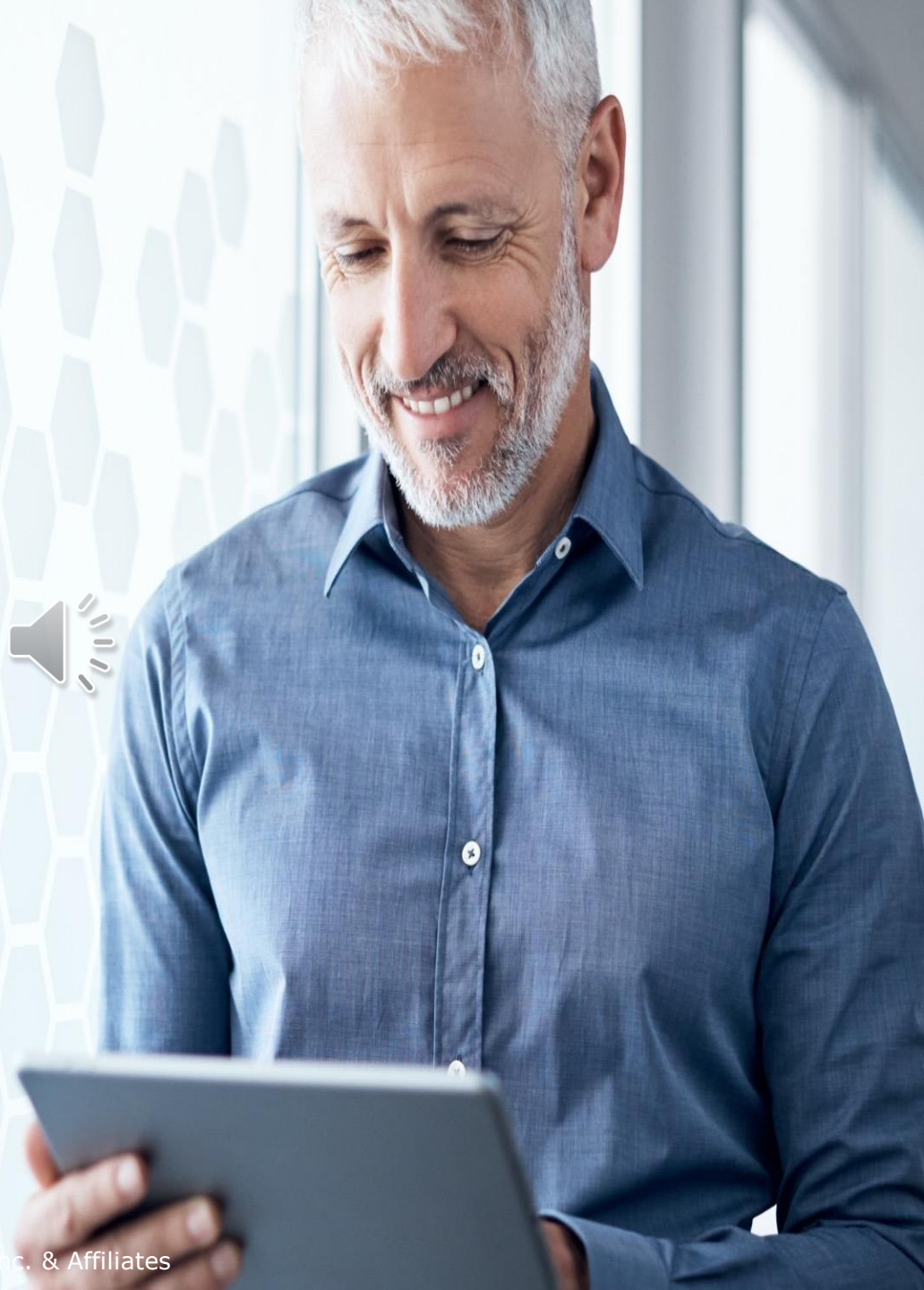
 **Orange:** automatically qualify for Extra Help, but your co-payment amounts will change for the upcoming year.

 **Gray** means you will no longer automatically qualify for extra help for the following year.

NOTE: If an individual expects to use some of his or her resources for funeral or burial expenses, REDUCE the individual's countable resources by \$1,500 and \$3,000 for couple's before applying them to the chart limits. Meaning, you can take \$1,500 or \$3,000 off of your resources before determining your level of subsidy.

The resources allowable were updated in April, 2019 for the remainder of contract year 2019 and contract year 2020. .

# Enrollment Process and Sales Information



***Please be sure to review and follow all 2020 CMS Enrollment and Marketing Guidelines.***



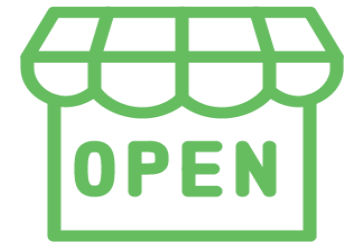
# Important Dates






# Basic Election Periods

Election	Frequency	Dates
Initial Coverage Election Period (ICEP)	Once in a Beneficiary's Lifetime	3 months immediately before the individual's first entitlement to both Medicare Part A and Part B and ends 3 months after the month of eligibility.
Initial Enrollment Period (IEP) for Part D	Once in a Beneficiary's Lifetime	3 months before becoming eligible for Part D, the month of eligibility, and the 3 months following eligibility for Part D.
Annual Election Period (AEP)	Each Year	October 15 <sup>th</sup> to December 7 <sup>th</sup>
Open Enrollment Period (OEP)	One time within period	January 1st to March 31st
Open Enrollment Period for Institutionalized Individuals (OEPI)	Continuous	Continuous for an individual who moves into, resides in, or moves out of an institution and ends 2 months after the month the individual moves out of the institution
Special Election Period (SEP)	When Circumstances Apply	Depends on circumstances



# Election Period

- Before completing an Enrollment Application be sure to confirm that:
  - The beneficiary has a valid election period
  - The beneficiary has **PROOF** of Medicare Part B (Part B must be approved prior to application submission)
    - Broker must see Medicare card showing Part A and B dates or the Medicare entitlement letter from Social Security
- SEP reminders:
  - A newly MA eligible individual who is enrolled in a MA/MAPD plan may change his/her election once during the period that begins the month the individual is entitled to both Part A and Part B. This ends on the last day of the third month of the entitlement.
  - If a beneficiary is still working and/or gets Medicare Part B at a later date, the enrollment period is 3 months PRIOR to the Part B effective date

# OEP Guidelines



- The MA OEP takes place from **Jan. 1<sup>st</sup> – Mar. 31<sup>st</sup>**, beginning Jan. 2019
- During the MA OEP, MA and MAPD enrollees **may**;
  - Change to a different MA or MAPD plan
  - Disenroll from their plan and return to Original Medicare
  - Change Part D coverage
- Beneficiaries **may** only change plans once during this period
- The OEP **does not** provide enrollment rights to an individual who is not enrolled in a MA or MAPD plan
- Marketing representatives **may not** do targeted marketing related to the OEP or target MA/MAPD enrollees
- Plans and Agents **may not** target the OEP as an opportunity to make further sales



# Agent Oversight



**In order to ensure compliance with CMS regulations, ConnectiCare does the following:**

- Send Outbound Enrollment Verification (OEV) letters to all new agent-assisted enrollments
- Evaluate Sales presentations and seminars
- Rapid disenrollment monitoring
- Secret shop seminars to ensure compliance with appropriate marketing practices
- Conduct an application verification process, to validate:
  - Applications were sent to ConnectiCare within 24 hours of broker's receipt
  - A proper Scope of Appointment (SOA) form was submitted
  - There were no administrative errors
- Review complaints and alleged marketing incidents
  - Marketing incident lookback is an 18 month period



# Appointment Reminders



- Thorough coverage review
  - Don't rush through the appointment
  - You are not permitted to talk about 2020 benefits until Oct 1.
  - Prospects enrolling for a 2019 effective date must be informed that benefits and/or premiums may change in 2020. Yellow Stickers should be placed on all 2019 material on and after Oct 1.
- Use the tools available to conduct a compelling, comprehensive and compliant sales appointment including the Pre-Enrollment booklet which includes:
  - Summary of Benefits
  - Enrollment Form-Be sure to use 2020 application(electronic/paper)
  - Medicare Basics-Multi language insert, Grievance and Appeals, Enrollment periods
  - Plan Ratings
  - Scope of Appointment
- Confirm eligibility
  - Enrolled in Medicare Parts A & B and live in service area
  - Review that monthly Part B premium will still need to be paid, unless otherwise paid for by Medicaid or another third party
  - Medicaid status
  - Election period



# Appointment Reminders



- Review Pharmacy Coverage Phases and Current Prescriptions
  - Initial Coverage, Coverage Gap and Catastrophic Phase
  - Have the prospect provide a list or pull out their Rx drugs and review the formulary(list of all covered drugs.)The formulary is available online.
- Provider review and referral process
  - Have the prospect provide a list of their doctors and review the directory. The directory is available online, and is always the most up to date resource.
  - Please make sure that you provide a PCP on application.
  - Make sure the doctors are in the specific plan network the member selected.
- Prospective member makes the decision to join the plan:
  - Assist with the enrollment application (if necessary)
  - All fields including attestation date fields must be completed.
  - Make sure they *understand disclosure statement*
  - Leave prospect with application copy or confirmation number.
- Prospective member's effective date of coverage will be the first day of the month following the month in which the completed application is received.



# Application Reminders

- The Secure the Scope of Appointment (SOA) must be documented by the Sales Agent or health plan when scheduling the appointment.
- Scope of appointments can be recorded either by calling the Scope of Appointment Line at ConnectiCare or by submitting a paper SOA. All scope of appointment compliance rules still apply.
- The Sales agent may complete or accept enrollment applications with future effective dates **ONLY** for beneficiaries who are “Aging In” (or those who have specific SEPs.)
- Sales agents must turn in all completed enrollment applications within **24 hours of the agents’ received date.**
- CMS considers the “received date” as the date the Sales Agent completes the enrollment form. The processing time frame begins once you received it.
- The “**Date Accepted**” should be completed by the agent if you physically take the application. If you leave the application, write **NA.**

Staff Member/Agent/Broker Signature: _____	Agent/Broker ID#: _____
Date Accepted: _____	Source Code: _____ Location: _____
Election Period: ICEP/IEP: _____	AEP: _____ SEP (type): _____
Scope of Appointment (required if not seminar): <input type="checkbox"/> Yes Seminar <input type="checkbox"/> No Seminar	

- The **Agent/Broker Id** is used to identify and credit the Sales Agent of Record. Please make sure that you enter your **4 digit agent code.**
- **Broker Online Submission** should not be completed on paper and entered into the system. Client/POA should be present while enrolling to avoid data entry problems.

# Scope of Appointment



A Scope of Appointment (SOA) form should be submitted at the time you submit the application for **any sales appointment\*** (including over the phone appointments, client drop-ins, current member plan changes, etc.).

## 4 Components to a Complete SOA:

1. Products need to be acknowledged (*initialed or checked*)
2. Beneficiary must sign the SOA
  - If an authorized rep is present, authorized representative section must be completed
3. Agent must sign the SOA
4. Agent must date "Date Appointment Completed"

**2** Beneficiary or Authorized Representative (Representative):  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If Authorized Rep., your relationship to the Beneficiary: \_\_\_\_\_

**To be completed by Agent**

Beneficiary Name:	Beneficiary Phone:
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if Beneficiary is not in U.S.)	
Agent Name:	Agent Signature:
Agent/Broker ID:	Agent Phone:
Plan(s) Represented:	Date Appointment Completed:

**3** **4**

\*Scope of appointment documentation is subject to CMS record retention requirements.\*

A Scope of Appointment is required for all sales discussions except seminars.  
Did this application originate at a seminar?

YES  NO



# Connecture – Online Enrollment



## Getting Started

- Once 2020 certified, you will **receive** a secure email with the 2020 online enrollment URL
  - It will contain your username and default password for 2020
  - Each year a new URL is issued. The URL you are accessing must match the effective date, as it does with paper apps.

## Downloadable Connecture app – Discontinued for 2020

### Important reminders

- Broker is still required to complete SOA and fax to ConnectiCare
- The beneficiary must be present at the time of completion of the online enrollment
- You must use the broker version of the online enrollment portal
  - There is online enrollment submission via our Medicare website however that is not intended for broker use (member only)
- You may send a beneficiary an email invitation to complete the enrollment on their own if they are not in your presence
  - A SOA is still required when plans are being discussed

# Ways to Submit 2020 Applications



- 1. Online** via Connecture, ConnectiCare's Broker Online Enrollment Portal for MAPD
- 2. Fax** – One fax and cover sheet for all app types
  - **2020 Apps** Non D-SNP & DSNP 1(800) 871-5281
  - **Email** (Secure email only) [CCIMedicareEnrollment@Emblemhealth.com](mailto:CCIMedicareEnrollment@Emblemhealth.com)
- 3. Overnight mail**
- 4. Hand deliver** to ConnectiCare Farmington office
  - ConnectiCare
  - 175 Scott Swamp Road
  - Farmington, CT 06032
  - Secure application in a clearly marked envelope
  - Give to receptionist at the front desk during normal business hours, Monday-Friday, 8 a.m. – 5 p.m. and complete the **Medicare Applications Log**

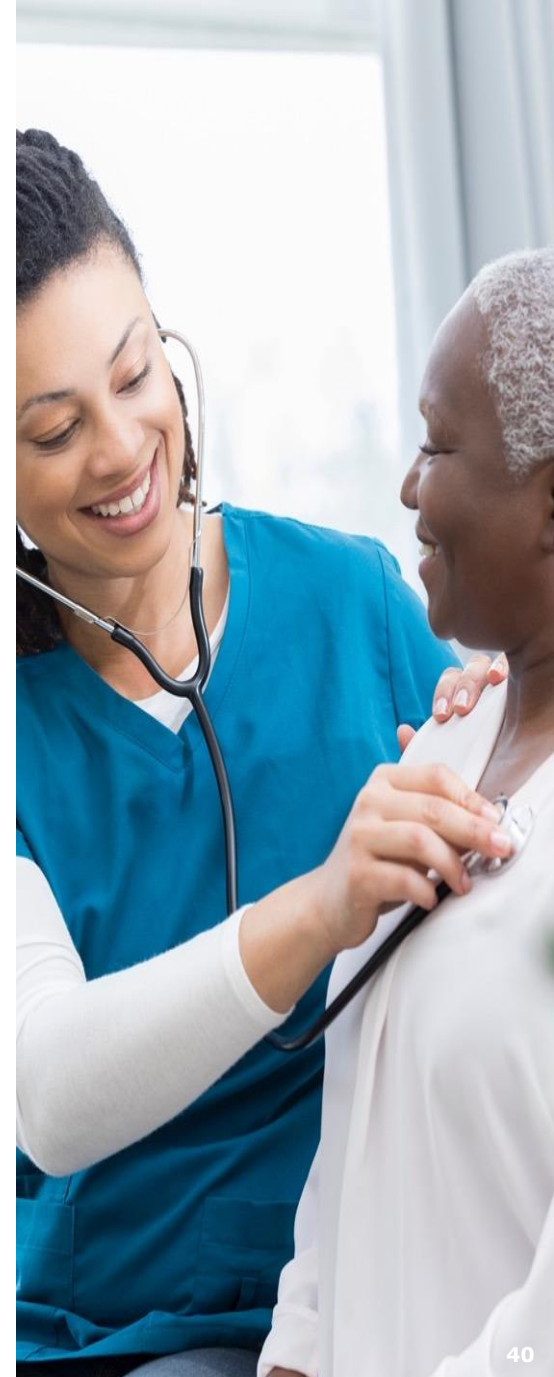


# ConnectiCare Enrollment Process

- A Welcome Kit is mailed to the member after CMS confirms the beneficiary's enrollment in the plan. The Welcome Kit includes:
  - Confirmation of Enrollment Letter
  - Evidence of Coverage, Provider/Pharmacy directory and formulary
  - Mail-Order Pharmacy forms
  - Product specific brochures
- Members with concerns or problems getting services they believe are covered should contact Member Services toll-free at **1-800-224-2273**
- Individuals who currently have MA, MA-PD, or Part D coverage are **AUTOMATICALLY** dis-enrolled from their plan by CMS upon their effective date with Connecticare Medicare Advantage Plans

# General Reminders

- Build rapport
- Be on time
- Be prepared with plan materials
- Be clear, concise and comprehensive when communicating
- Keep detailed records of client meetings including permission to call, SOA, completed business reply cards (BRC), documentation of conversations and dates for 10 years per CMS.
- Soft referrals – No phone numbers.
  - “Here is my card, if you know anyone that may need help”
- Check in with the member periodically
- Answer calls and follow up in a timely manner





# Know when to walk away

- ConnectiCare might not be the best fit for all Medicare beneficiaries
- You must follow all **Medicare Marketing and Enrollment Guidelines**.
- Medicare Marketing Guidelines strictly prohibit high-pressure sales techniques so if a beneficiary is “on the fence” or if they are signing the application with any apprehension, DO NOT enroll the beneficiary!
- These situations often result in rapid disenrollments, cancellations or complaints against the agent.
  - The beneficiary may cancel enrollment within seven (7) calendar days from the date of enrollment by letter or phone call or by the day before the enrollment effective date, whichever is later. For AEP enrollment requests, the cancellation date is December 31.
  - All disenrollment requests must be submitted via letter.
- It’s in the beneficiary’s and the agent’s best interest to end the appointment rather than proceed with the enrollment process if the beneficiary is not committed to the plan you have presented.

# The ConnectiCare Advantage

Medicare Advantage plans with the benefits beneficiaries are looking for!



Savings on prescriptions with copays as low as \$0



Financial protection with maximum out-of-pocket limit for your medical expenses



Routine vision and hearing exams



Broad networks of doctors, hospitals and pharmacies



FREE fitness membership at participating gyms, with SilverSneakers®



Many no-cost preventive services



Plans with national coverage



Extra support for chronic or complex medical conditions



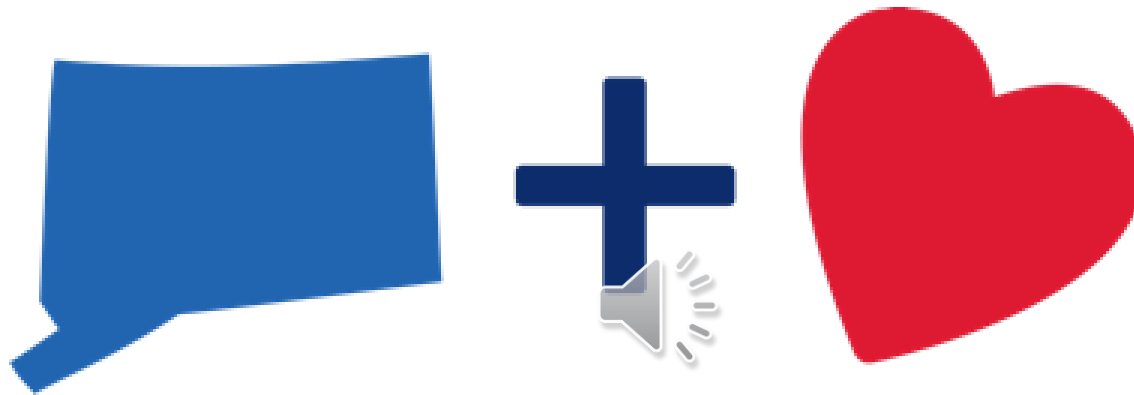
Worldwide emergency and urgent care benefits



Plans with dental coverage plus optional dental plan

ConnectiCare

# The ConnectiCare Advantage



When your health plan is  
ConnectiCare, you know that  
caring just goes with the territory.

ConnectiCare<sup>®</sup>

You are now ready for the exam and will be appointed to sell all MA & MAPD plans once you pass.

You have a total of three (3) attempts to complete the exam. No additional retakes will be permitted.

Please note – once you open the final exam it counts as an attempt. Please do not open the exam until you are ready to take it in its entirety.

You are required to score an 85% or higher.

Your score will be displayed at the end of your exam and your results sent to your organization.

Thank you for being a partner!

ConnectiCare<sup>®</sup>