Medicare First Look

2025 Plan Year

ConnectiCare

New Year. New Growth Opportunities.

We're excited to share ConnectiCare's extensive portfolio of Medicare products — a portfolio that offers you more opportunities to grow your book of business.

We're here to support you every step of the way with online training and certification. A broker concierge unit is available weekdays from 8 a.m. to 5 p.m., and we have 24/7 broker manager support.

Let's make great things happen in 2025!

ConnectiCare®

ConnectiCare – Creating Healthier Futures, Together

ConnectiCare has been a leading health plan in the state of Connecticut for over 40 years. We're recognized for our extraordinary commitment to customer service, our collaboration with doctors and hospitals, and our range of health plans and services for individuals, families, businesses, and municipalities.

Local, Personal Service

ConnectiCare local broker support team.

Strong Networks

ConnectiCare offers a statewide network with the ability to utilize EmblemHealth's network.

ConnectiCare

What You Need To Know 2025

Why ConnectiCare:

- AOR protection (internal call-center, individual AOR request, etc.).
- HRA $100 Duals - $125 Non-Duals.
- Full renewals paid mid-January.
- Leading-edge broker manager support.

Let us simplify your AEP. Capabilities include:

- Timely and accurate responses.
- Provider and formulary look-up.
- Check LIS, Medicaid eligibility.
- Assist with member inquiries and concerns.

Broker portal capabilities:

- Electronic SOA and applications.
- Adding OSB (Dental).
- Certifications.
- Ordering materials.
- Managing books of business, commissions.
- Docusign.

2025 Plan Information

Plan Highlights

- ***New*** No medical and drug deductible for Choice Plan 3.
- ***New*** $2,000 Dental included in Passage Plan 1 and Choice Plan 3. Removed OSB options.
- ***New*** Reduced MOOP on Passage Plan 1 and Choice Plan 3.
- ***New*** Reduced diagnostic radiology copays on Choice Plan 3.
- ***New*** $0 routine eye and hearing exam.
- ***New*** $0 for prescription Tier 1 through preferred pharmacies for Passage Plan 1.
- ***New*** $0 worldwide emergency coverage except Choice Plan 2.
- ***New*** $0 diagnostic colonoscopy and mammograms.
- ***New*** Unlimited glasses or contacts up to $750 yearly allowance.

Additional Plan Highlights

- $0 for prescriptions Tier 1, 2, 6 through preferred mail order on most plans.
- $0 copay for labs done at Quest, Labcorp, or at the doctor's office.
- $0 Teladoc® copay.
- Up to $75 OTC amounts per month.
- More than $150 in Member Rewards.
- SilverSneakers® on all plans.
- Choice Dual Vista D-SNP Plan exit and crosswalked to Choice Dual Plan.

Choice Plan 3 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Choice Plan 3 (HMO-POS)
Monthly Premium	$0[1]
Primary care providers (PCPs)	$0
Specialists	$35
Inpatient hospital	$430/day Days 1-4
Annual physical, screenings, and immunizations	$0
Lab services	$0 office, independent facility/$15 all other locations
Ambulatory surgical centers	$250
Outpatient surgery	$280
Maximum out-of-pocket (MOOP)	$6,750
Hearing services: hearing aids	Not covered
Dental services	Preventive included — 1 exam, cleaning, fluoride treatments, and standard x-rays every 6 months. Comprehensive included $2,000 POS annual limit $100 deductible on Comprehensive (In-network: plan pays 100% Preventive shown above, plus 80% minor, 50% major services)
Vision services	$0 exam plus $400 eyewear every year
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$0
Over-the-counter (OTC) items	$50 per month, mail order only
Prescription Drug Coverage Annual Deductible (The amount you pay before your plan starts to pay.) Preferred Mail Order	Preferred/non-preferred pharmacy $0 deductible $0 Tier 1, 2, and 6 Generics
Tier 1: Preferred Generic	$2/$9
Tier 2: Generic	$10/$20
Tier 3: Preferred Brand	$42/$47
Tier 4: Non-Preferred Drugs	$95/$100
Tier 5: Specialty	33% of the total cost
Tier 6: Select Care Drugs	$0/$0 retail/mail order

[1] $2 monthly Part B giveback.

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

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.

Passage Plan 1 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Passage Plan 1 (HMO-POS)
Monthly Premium	$0[1]
Primary care providers (PCPs)	$0
Specialists	$35
Inpatient hospital	$375/day Days 1-4
Annual physical, screenings, and immunizations	$0
Lab services	$0 office, independent facility/$15 all other locations
Ambulatory surgical centers	$250
Outpatient surgery	$250
Maximum out-of-pocket (MOOP)	$6,500
Hearing services: hearing aids	$3,000 allowance every year
Dental services	Preventive included — 1 exam, cleaning, fluoride treatments, and standard x-rays every 6 months. Comprehensive included $2,000 POS annual limit $100 deductible on Comprehensive (In-network: plan pays 100% Preventive shown above, plus 80% minor, 50% major services)
Vision services	$0 exam plus $550 eyewear every year
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$0
Over-the-counter (OTC) items	$75 per month, mail order only
Prescription Drug Coverage Annual Deductible (The amount you pay before your plan starts to pay.) Preferred Mail Order	Preferred/non-preferred pharmacy $150 deductible (Applies to Tier 4, 5) $0 Tier 1, 2, and 6 Generics
Tier 1: Preferred Generic	$0/$5
Tier 2: Generic	$10/$20
Tier 3: Preferred Brand	$42/$47
Tier 4: Non-Preferred Drugs	$95/$100
Tier 5: Specialty	30% of the total cost
Tier 6: Select Care Drugs	$0/$0 retail/mail order

[1] $3 monthly Part B giveback.

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

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.

Flex Plan 3 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Flex Plan 3 (HMO-POS)	
Hartford/Litchfield/Middlesex/Tolland Monthly Premium	$29 (May be reduced based on Low-Income Subsidy (LIS) level)	
Fairfield/New Haven/New London/Windham Monthly Premium	$36 (May be reduced based on Low-Income Subsidy (LIS) level)	
	In-Network	Out-of-Network
Primary care providers (PCPs)	$5	40%
Specialists	$50	40%
Inpatient hospital	$495/day Days 1-5	40%
Annual physical, screenings, and immunizations	$0	$0
Lab services	$0 office, independent facility $15 all other locations	40%
Ambulatory surgical centers	$200	40%
Outpatient surgery	$325	40%
Maximum out-of-pocket (MOOP)	$6,350 In-Network $10,000 Out-of-Network	
Hearing services: hearing aids	Not covered	Not covered
Dental services	Preventive included — 1 exam, cleaning, fluoride treatments, and standard x-rays every 6 months **POS Comprehensive riders** $100 deductible on Comprehensive **$27** a month $2,000 annual limit or **$35** a month $3,000 annual limit **Indemnity Preventive and Comprehensive rider** **$128** a month $3,500 annual limit	
Vision services	$0 exam plus $300 eyewear every year	Not covered
SilverSneakers®	Yes	Not covered
Telehealth	Yes	Not covered
Teladoc®	$0	Not covered
Over-the-counter (OTC) items	$50 per quarter, mail order only	Not covered
Prescription Drug Coverage Annual Deductible (The amount you pay before your plan starts to pay.) Preferred Mail Order	Preferred/non-preferred pharmacy $300 deductible (Applies to Tier 3-5) $0 Tier 1, 2 and 6 Generics	Not covered
Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier 6: Select Care Drugs	$2/$9 $10/$20 $42/$47 $95/$100 27% of the total cost $0/$0 retail/mail order	

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.

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

Choice Plan 2 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Choice Plan 2 (HMO-POS) MA Only
Monthly Premium	$0
Primary care providers (PCPs)	$0
Specialists	$10
Inpatient hospital	$295/day Days 1-6
Annual physical, screenings, and immunizations	$0
Lab services	$0 office, independent facility $10 all other locations
Ambulatory surgical centers	$100
Outpatient surgery	$200
Maximum out-of-pocket (MOOP)	$6,000
Hearing services: hearing aids	$3,000 allowance every 3 years
Dental services	Preventive included — 1 exam, cleaning, fluoride treatments, and standard x-rays every 6 months. Comprehensive included $3,000 annual limit $100 deductible on Comprehensive (In-network: plan pays 100% Preventive shown above, plus 80% minor, 50% major services)
Vision services	$0 exam plus $750 eyewear every year
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$0
Over-the-counter (OTC) items	$50 per month, mail order only
Prescription Drug Coverage Annual Deductible (The amount you pay before your plan starts to pay.) Preferred Mail Order Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier 6: Select Care Drugs	Not covered

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

Choice Dual (HMO-POS D-SNP)

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Choice Dual (HMO-POS D-SNP)

Statewide — all counties in Connecticut

Benefit	ConnectiCare Choice Dual (HMO-POS D-SNP)
Monthly premium	$0
Primary care providers (PCPs)	$0
Specialists	$0
Inpatient hospital	$0
Annual physical, screenings, and immunizations	$0
Lab services	$0
Ambulatory surgical centers	$0
Outpatient surgery	$0
Hearing services: hearing aids	$2,500 every year
Dental services	In-network $0 Preventive dental — 1 exam, cleaning, fluoride treatments, and standard x-rays every 6 months, $0 Comprehensive dental (POS) $3,000 annual limit
Vision services	$0 exam plus $500 for eyewear every year
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$0
Over-the-counter (OTC) items	$60 per month (OTC card)
Prescription Drug Coverage Deductible (The amount you pay before your plan starts to pay.)	$0 deductible
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.

$0 eligible vaccines with no deductible. **FOOD NOT INCLUDED.**

Must be QMB+, SLMB+, and FBDE eligible.

Over-the-Counter (OTC) Items

Personal care: first-aid dressings/treatments, first-aid kits and supplies, hot/cold therapy, braces, orthopedic support.

Vitamins/dietary supplements: multivitamins, 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 and allergy/pain relief: cough, cold, flu and sinus, cough drops, sore throat relief, nasal relief, sleep aids, external pain relief, stimulants, motion sickness.

Scan QR code to view Non-Dual plans mail order catalog

Nations (**877-239-2942**)

Scan QR code to view Choice Dual Plan mail order catalog

Convey (**855-858-5940**)

Preferred Retail Pharmacy Network

ConnectiCare's Preferred Pharmacy Network Includes:

- Walgreens
- Walmart
- Big Y Foods Inc.
- Costco
- Rite Aid
- Sam's Club
- And many more

ConnectiCare's Medicare mail order is managed by Express Scripts, Inc. (ESI). **$0 copay for Tier 1, 2, and 6 generics through preferred mail order on most plans.**

Tier 6: Select Care Drugs

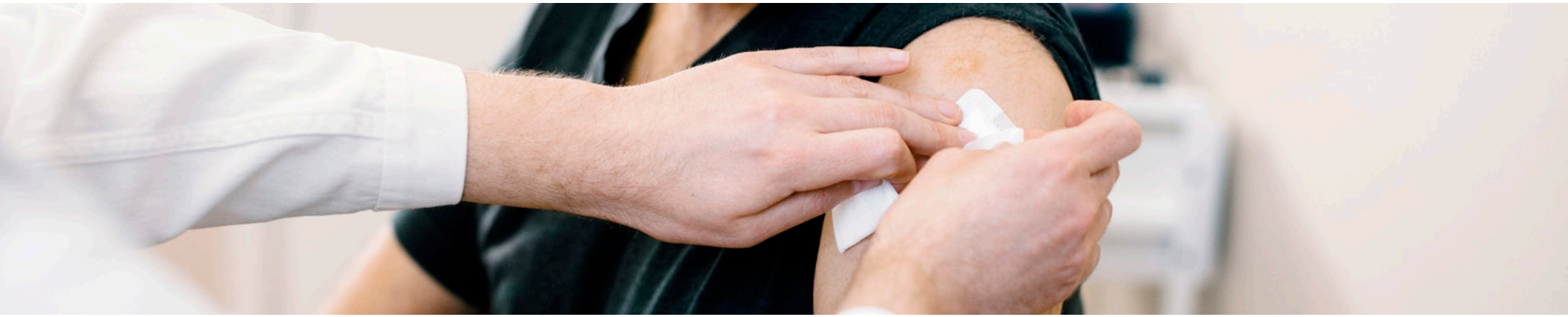
Includes Diabetic, Hypertension, and High Cholesterol Drugs

- AMLODIPINE-VALSARTAN
- ATORVASTATIN CALCIUM
- BENAZEPRIL HCL
- BENAZEPRIL-HYDROCHLOROTHIAZIDE
- ENALAPRIL MALEATE
- ENALAPRIL-HYDROCHLOROTHIAZIDE
- FOSINOPRIL SODIUM
- GLIMEPIRIDE
- GLIPIZIDE
- GLIPIZIDE ER
- GLIPIZIDE-METFORMIN
- IRBESARTAN
- IRBESARTAN-HYDROCHLOROTHIAZIDE
- LISINOPRIL
- LISINOPRIL-HYDROCHLOROTHIAZIDE
- LOSARTAN POTASSIUM
- LOSARTAN-HYDROCHLOROTHIAZIDE
- LOVASTATIN
- METFORMIN HCL
- METFORMIN HCL ER
- PIOGLITAZONE HCL
- PRAVASTATIN SODIUM
- QUINAPRIL HCL
- RAMIPRIL
- ROSUVASTATIN CALCIUM
- SIMVASTATIN
- TRANDOLAPRIL
- VALSARTAN
- VALSARTAN-HYDROCHLOROTHIAZIDE

2025 ConnectiCare $35 Covered Insulin

FIASP FLEXTOUCH U-100 INSULIN	NOVOLIN R REGULAR U-100 INSULN
FIASP PENFILL U-100 INSULIN	NOVOLOG FLEXPEN U-100 INSULIN
FIASP U-100 INSULIN	NOVOLOG MIX 70-30 U-100 INSULN
LANTUS SOLOSTAR U-100 INSULIN	NOVOLOG MIX 70-30FLEXPEN U-100
LANTUS U-100 INSULIN	NOVOLOG PENFILL U-100 INSULIN
NOVOLIN 70/30 U-100 INSULIN	NOVOLOG U-100 INSULIN ASPART
NOVOLIN 70-30 FLEXPEN U-100	SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN
NOVOLIN N FLEXPEN	TOUJEO MAX U-300 SOLOSTAR
NOVOLIN N NPH U-100 INSULIN	TOUJEO SOLOSTAR U-300 INSULIN
NOVOLIN R FLEXPEN	

$0 Eligible Vaccines



- ADACEL TDAP SYRINGE
- ADACEL TDAP VIAL
- BCG VACCINE (TICE STRAIN) VIAL
- BEXSERO PREFILLED SYRINGE
- BOOSTRIX TDAP VACCINE SYRINGE
- BOOSTRIX TDAP VACCINE VIAL
- ENGERIX-B 20 MCG/ML SYRN
- ENGERIX-B 20 MCG/ML VIAL
- ENGERIX-B PEDI 10 MCG/0.5 SYRN
- HAVRIX 1,440 UNIT/ML SYRINGE
- HEPLISAV-B 20 MCG/0.5 ML SYRNG
- IMOVAX RABIES VACCINE VIAL
- IPOL VIAL
- IXIARO 6 MCG/0.5 ML SYRINGE
- IXIARO 6 UNIT(6 MCG)/0.5ML SYR
- JYNNEOS 0.5 ML VIAL(STOCKPILE)
- MENACTRA VIAL
- MENQUADFI VIAL
- MENVEO 1 VIAL-A-C-Y-W-135-DIP
- MENVEO A-C-Y-W KIT (2 VIALS)
- M-M-R II VACCINE VIAL
- PREHEVBRIO 10 MCG/ML VIAL
- PRIORIX VIAL
- RABAVERT RABIES VACC W-DILUENT
- RECOMBIVAX HB 10 MCG/ML SYR
- RECOMBIVAX HB 10 MCG/ML VIAL
- RECOMBIVAX HB 40 MCG/ML VIAL
- RECOMBIVAX HB 5 MCG/0.5 ML SYR
- RECOMBIVAX HB 5 MCG/0.5 ML VL
- SHINGRIX VIAL KIT
- TDVAX VIAL
- TENIVAC SYRINGE
- TENIVAC VIAL
- TRUMENBA 120 MCG/0.5 ML VACCIN
- TWINRIX VACCINE SYRINGE
- TYPHIM VI 25 MCG/0.5 ML SYRNG
- TYPHIM VI 25 MCG/0.5 ML VIAL
- VAQTA 50 UNITS/ML SYRINGE
- VAQTA 50 UNITS/ML VIAL
- VARIVAX VACCINE VIAL
- VARIVAX VACCINE WITH DILUENT
- YF-VAX 1 DOSE VIAL
- YF-VAX 5 DOSE VIAL

ConnectiCare Member Rewards

Members can earn over $150 for getting health services that they need (examples are listed below). Once they join the program, they can see additional services that can earn rewards.

Member Rewards Program	
Preventive Measures	**Reward**
Initial New-to-Medicare Annual Wellness Visit*	$50
Initial Health Assessment (HA)*	$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.

Our Benefit Partners

DENTAL:

healthplex

VISION:

eyemed

(Insight network)

FITNESS:

SilverSneakers® by Tivity Health

OVER-THE-COUNTER:

nationsOTC

(Non-dual plans mail order)

OTC Network®

HEARING:

nations hearing

convey™

(Choice Dual (HMO-POS D-SNP) mail order)

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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

Medicare Supplement Plans

ConnectiCare

Medicare Supplement Plans Overview

Plan Carrier	Region	Plan A	Plan B	Plan F	Plan F+	Plan G	Plan G+	Plan N
ConnectiCare	State of Connecticut	$303.00	$321.04	$260.00	$75.00	$247.71	$60.00	$160.00

Benefits	A	B	F[1]	G[1]	N[2]
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	Yes	Yes	Yes	Yes	Yes
Medicare Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes (copays apply)
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes
Skilled nursing facility care coinsurance	No	No	Yes	Yes	Yes
Part A deductible	No	Yes	Yes	Yes	Yes
Part B deductible	No	No	Yes	No	No
Part B excess charges	No	No	Yes	Yes	No
Foreign travel emergency (up to plan limits)	No	No	Yes	Yes	Yes

1. Plan F and Plan G also offer a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,800 in 2024 before the Medicare Supplement plan pays anything.
2. Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Note: Plan F and Plan F+ are only available to those who became Medicare-eligible before January 1, 2020.

Broker commission rate for Plan G+ — 18%, Plan G, N & F+ — 12.5%, and Plan A, B & F — 3%.

Appendix

ConnectiCare

Flex Plan 2 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Flex Plan 2 (HMO-POS)	
Monthly Premium	$93 (May be reduced based on Low-Income Subsidy (LIS) level)	
	In-Network	Out-of-Network
Primary care providers (PCPs)	$15	$50
Specialists	$35	$50
Inpatient hospital	$375/day Days 1-4	30%
Annual physical, screenings, and immunizations	$0	$0
Lab services	$0 office, independent facility $15 all other locations	40%
Ambulatory surgical centers	$150	40%
Outpatient surgery	$250	40%
Maximum out-of-pocket (MOOP)	$6,350 In-Network $10,000 Out-of-Network	
Hearing services: hearing aids	Not covered	Not covered
Dental services	**POS Preventive and Comprehensive riders** $100 deductible on Comprehensive **$39** a month $2,000 annual limit or **$49** a month $3,000 annual limit **Indemnity Preventive and Comprehensive rider** **$128** a month $3,500 annual limit	
Vision services	$0 exam	Not covered
SilverSneakers®	Yes	Not covered
Telehealth	Yes	Not covered
Teladoc®	$0	Not covered
Over-the-counter (OTC) items	Not covered	Not covered
Prescription Drug Coverage	Preferred/Non-Preferred Pharmacy	Not covered
Annual Deductible (The amount you pay before your plan starts to pay.) Preferred Mail Order	$300 deductible (Applies to Tier 3-5) $0 Tier 1, 2, and 6 Generics	
Tier 1: Preferred Generic	$2/$9	
Tier 2: Generic	$10/$20	
Tier 3: Preferred Brand	$42/$47	
Tier 4: Non-Preferred Drugs	$95/$100	
Tier 5: Specialty	27% of the total cost	
Tier 6: Select Care Drugs	$0/$0 retail/mail order	

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.

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

Choice Plan 1 (HMO-POS) Statewide — all counties in Connecticut

Benefit	ConnectiCare Choice Plan 1 (HMO-POS)
Monthly Premium	$152 (May be reduced based on Low-Income Subsidy (LIS) level)
Primary care providers (PCPs)	$10
Specialists	$30
Inpatient hospital	$345/day Days 1-5
Annual physical, screenings, and immunizations	$0
Lab services	$0 office, independent facility $10 all other locations
Ambulatory surgical centers	$100
Outpatient surgery	$200
Maximum out-of-pocket (MOOP)	$4,150
Hearing services: hearing aids	Not covered
Dental services	**POS Preventive and Comprehensive riders** $100 deductible on Comprehensive **$39** a month $2,000 annual limit or **$49** a month $3,000 annual limit **Indemnity Preventive and Comprehensive rider** **$128** a month $3,500 annual limit
Vision services	$0 exam
SilverSneakers®	Yes
Telehealth	Yes
Teladoc®	$0
Over-the-counter (OTC) items	No
Prescription Drug Coverage Annual Deductible (The amount you pay before your plan starts to pay.)	Preferred/non-preferred pharmacy $300 deductible (Applies to Tier 3-5)
Preferred Mail Order	$0 Tier 1, 2, and 6 Generics
Tier 1: Preferred Generic	$2/$9
Tier 2: Generic	$10/$20
Tier 3: Preferred Brand	$42/$47
Tier 4: Non-Preferred Drugs	$95/$100
Tier 5: Specialty	27% of the total cost
Tier 6: Select Care Drugs	$0/$0 retail/mail order

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.

In-network: $0 diagnostic colonoscopy covered outpatient & ambulatory surgery, $0 diagnostic radiology mammography.

We look forward to a successful 2025 and beyond.

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