

# 2022 ConnectiCare Benefits Inc. (CBI) Small Group Health Plans

## Medicare Part D Creditable Coverage Compliance Summary



According to the Centers for Medicare and Medicaid Services, your employer-group clients are required to notify their Medicare-eligible employees annually, by October 15, about whether their employer-sponsored prescription drug plan is at least as good as the standard Medicare prescription drug program. This is defined as “creditable coverage.”

Employers are also required to notify eligible members of creditable coverage status when a member becomes newly eligible for Medicare, at any time a request for notification is received, and any time there’s a change to a member’s drug plan. Below is a summary of ConnectiCare’s 2022 small group plans offered to Connecticut employers for informational purposes only. *The creditable or non-creditable status of any plan design should be verified independently.*

|   | Medicare Part D Creditable | Year Type |
|---|----------------------------|-----------|
| <b>Upfront Deductible Copay or Coinsurance Plans:</b> |                            |           |
| Choice Silver A POS                                   | Yes                        | CNT       |
| Choice Silver B POS                                   | Yes                        | CNT       |
| Choice Bronze POS                                     | No                         | CNT       |
| <b>HSA Compatible Plans:</b>                          |                            |           |
| Choice Bronze POS HSA                                 | No                         | CNT       |
| Choice Silver POS HSA                                 | Yes                        | CNT       |
| <b>Passage Plans:</b>                                 |                            |           |
| Passage Gold POS PCP                                  | Yes                        | CNT       |

\*This document does not apply to Fixed Funding Solutions plans

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. Group and individual coverage offered through the exchange Access Health CT is underwritten by ConnectiCare Benefits, Inc. ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).