



Welcome to the
2024 CBIA Medicare Advantage Agent Training

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

Purpose

The intent of this training is to provide you with an overview of information you will need to sell the ConnectiCare Medicare Advantage plans offered through CBIA.

- CMS requires that carriers who offer Medicare Advantage plans ensure all brokers (employed, captive, or independent) selling Medicare Advantage products are trained annually on Medicare rules, regulations, and details specific to the products they sell.
- Training must take place PRIOR to marketing or selling a Medicare Advantage plan. If you enroll a beneficiary prior to completing this training, you will forfeit commission.

Agenda

- Eligibility & enrollment
- 2024 CBIA Medicare Advantage group plans
- Provider network
- Financial assistance programs
- Involuntary termination
- ConnectiCare Group Medicare Advantage

ELIGIBILITY & ENROLLMENT

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Eligibility

The CBIA ConnectiCare group Medicare Advantage plans are available to employers with fewer than 20 employees where Medicare is primary. CBIA makes these plans available to Medicare eligible employees, spouses and retirees of employers who participate in the Fixed Funding Solutions Medical program.

Beneficiaries are eligible if they:

- Are entitled to Medicare Part A,
- Are enrolled in, and continue to pay for, Medicare Part B, and
- Live in the United States

To enroll a member

- Eligible beneficiaries must complete the Employer Group Health Plan Enrollment Form.
- Applicants select High Option or Low Option.
- The enrollment form must be signed by the applicant prior to the effective date.
- Submit the enrollment form to CBIA.

Race and ethnicity when enrolling a member

- To comply with recent guidance released by the Department of Health and Human Services (HHS), beneficiaries will be required to complete the race and ethnicity questions on the enrollment application.
- This information is designed for the purpose of data collection and will not be used to determine eligibility, rating, or claim payment.

Enrollment materials

CMS requires that all beneficiaries receive the following materials with an enrollment form.

- Summary of Benefits
- Language and Non-Discrimination Notice
- Plan Star Ratings Document

Materials are available at cbia.com/medicare.

Communications after enrollment

- Member ID card for new and renewing members
- Welcome kit for new members
 - Includes the plan's benefit summary and directs a member to their portal to access their Evidence of Coverage, provider directory, drug list and more.

Some members may also receive:

- A health assessment call
 - This is an optional telephone questionnaire about the member's health. The information will help us better understand health care needs.
- In-home health assessment
 - Members may receive a phone call to schedule an appointment with a health care provider for a personal in-home health assessment. This appointment is optional.
- Premium payment assistance call
 - Members may receive this call if they may be eligible for financial assistance through the Medicare Savings Program (MSP) or Low Income Subsidy (LIS).

2024 Highlights

- CBIA will continue to offer two plan options at the below **premium rates for 2024!**:
 - High Option* Monthly Premium **\$404.27** (2023 rate was: \$396.34)
 - Low Option* Monthly Premium **\$305.10** (2023 rate was: \$299.12)

*Members who qualify for LIS may be billed premiums lower than the above

2024 Highlights

We have also expanded coverage for:

- ☑ \$0 eligible vaccines
- ☑ \$35 covered insulins
- ☑ TeleHealth
- ☑ Teladoc – now \$0 cost share

As you will see in the upcoming slides, there are very minimal changes in plan design / cost shares!

2024 \$0 Eligible Vaccines

In 2024, we've added many \$0 cost share vaccines to the Select Care Drug tier!

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
STAMARIL VIAL
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

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ConnectiCare

2024 ConnectiCare \$35 Covered Insulins

FIASP FLEXTOUCH U-100 INSULIN

FIASP PENFILL U-100 INSULIN

FIASP U-100 INSULIN

LANTUS SOLOSTAR U-100

INSULIN

LANTUS U-100 INSULIN

NOVOLIN 70/30 U-100 INSULIN

NOVOLIN 70-30 FLEXPEN U-100

NOVOLIN N FLEXPEN

NOVOLIN N NPH U-100 INSULIN

NOVOLIN R REGULAR U-100

INSULN NOVOLOG NOVOLIN R

FLEXPEN

FLEXPEN U-100 INSULIN NOVOLOG

MIX 70-30 U-100 INSULN NOVOLOG

MIX 70-30FLEXPEN U-100

NOVOLOG PENFILL U-100 INSULIN

NOVOLOG U-100 INSULIN ASPART

SOLIQUA 100/33 SUBCUTANEOUS INSULIN

PEN TOUJEO MAX U-300 SOLOSTAR

TOUJEO SOLOSTAR U-300 INSULIN

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2024 TeleHealth

Now includes coverage for \$0 Cardiac Rehabilitation

2024	
Telehealth	Not Covered Out-of-Network
Primary Care Physician (PCP)	\$15
Specialist	Specialist Cost Share
Individual Mental Health	\$15
Individual Psychiatry	\$15
Individual Substance Abuse	\$15
Cardiac Rehabilitation	\$0

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2024 CBIA GROUP MEDICARE ADVANTAGE PLANS

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2024 HIGH PLAN

(CHANGES HIGHLIGHTED IN RED)

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2024 CBIA (HMO-POS) High Option

	2023	2024
Maximum Out-of-Pocket (Limit on how much you will pay)	\$3,400	\$3,400
Inpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Inpatient Hospital - Acute	Days 1 - 7: \$250 / day \$0 Additional Days	Days 1 - 7: \$250 / day \$0 Additional Days
Inpatient Hospital - Mental Health	Days 1 - 7: \$250 / day \$0 Additional Days	Days 1 - 7: \$250 / day \$0 Additional Days
Skilled Nursing Facility	\$0	\$0
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Acupuncture (up to 20 visits)	\$30 Not Covered Out-of-Network	\$30 Not Covered Out-of-Network
Ambulance	\$0	\$0

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2024 CBIA (HMO-POS) High Option

	2023	2024
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Ambulatory Surgical Center	\$200	\$200
Chiropractic Services (Medicare covered only)	\$20	\$20
Diagnostic Procedures & Tests	\$0	\$0
Diagnostic Radiology (PET scans, MRIs, CT scans, etc.)	\$0	\$0
Emergency Care	\$0	\$0
Hearing Exam	\$30	\$30
Immunizations (Part B)	\$0	\$0
Lab Services	\$0	\$0

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2024 CBIA (HMO-POS) High Option

	2023	2024
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Mental Health & Substance Abuse	\$15	\$15
Outpatient hospital services incl. surgery, observation, clinic	\$300	\$300
Partial Hospitalization	\$15	\$15
Podiatry	\$35	\$35
Preventive	\$0	\$0
Primary Care Physician (PCP)	\$15	\$15
Rehabilitation		
PT / ST/ OT	\$30	\$30
Cardiac	\$0	\$0
Pulmonary	\$0	\$0

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2024 CBIA (HMO-POS) High Option

Physician and Outpatient Services	2023	2024
	In-Network & Out-of-Network	In-Network & Out-of-Network
Renal Dialysis	\$0	\$0
Specialist	\$30	\$30
Telehealth	Not Covered Out-of-Network	Not Covered Out-of-Network
Primary Care Physician (PCP)	\$15	\$15
Specialist	\$30	\$30
Individual Mental Health	\$15	\$15
Individual Psychiatry	\$15	\$15
Individual Substance Abuse	\$15	\$15
Cardiac Rehabilitation	Not Covered	\$0
Therapeutic Radiology	\$0	\$0
Urgently Needed Care	\$30	\$30
Vision Exam	\$30	\$30
World-wide care (\$50,000 limit)	\$30	\$30
X-Ray	\$0	\$0

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2024 CBIA (HMO-POS) High Option

	2023	2024
Other Services & Supplies	In-Network & Out-of-Network	In-Network & Out-of-Network
Diabetes Self-Monitoring & Training	\$0	\$0
Diabetic Supplies	\$0	\$0
Durable Medical Equipment	\$0	\$0
Home Health Agency	\$0	\$0
Part B drugs	\$0	\$0
Prosthetics	\$0	\$0
Supplies	\$0	\$0
Additional Services		
Dental	Not covered	Not covered
Teladoc	\$45	\$0
SilverSneakers by Tivity Health	Covered	Covered

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2024 CBIA (HMO-POS) High Option

	2023	2024
Prescription Drug Coverage	Standard Retail Pharmacy	Standard Retail Pharmacy
Deductible	N/A	N/A
Initial Coverage Limit (30 day supply)	\$0 - 4,660	\$0 - 5,030
Tier 1: Preferred Generic	\$5	\$5
Tier 2: Generic	\$5	\$5
	\$40	\$40
Tier 3: Preferred Brand	\$35 insulins \$0 most vaccines	\$35 insulins
Tier 4: Non-Preferred Brand	\$80	\$80
Tier 5: Specialty	\$80	\$80
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Mail Order (90 day supply)		
Tier 1: Preferred Generic	\$10	\$10
Tier 2: Generic	\$10	\$10
	\$80	\$80
Tier 3: Preferred Brand	\$0 most vaccines	\$80
Tier 4: Non-Preferred Brand	\$160	\$160
Tier 5: Specialty	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines

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2024 CBIA (HMO-POS) High Option

	2023	2024
Prescription Drug Coverage	Standard Retail Pharmacy	Standard Retail Pharmacy
Coverage Gap (30 day supply)	\$4,660 - 7,400	\$5,030 - 8,000
Tier 1: Preferred Generic	\$5	\$5
Tier 2: Generic	\$5	\$5
Tier 3: Preferred Brand	\$40 \$35 insulins \$0 most vaccines	\$40 \$35 insulins
Tier 4: Non-Preferred Brand	\$80	\$80
Tier 5: Specialty	\$80	\$80
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Mail Order (90 day supply)		
Tier 1: Preferred Generic	\$10	\$10
Tier 2: Generic	\$10	\$10
Tier 3: Preferred Brand	\$80 \$0 most vaccines	\$80
Tier 4: Non-Preferred Brand	\$160	\$160
Tier 5: Specialty	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Catastrophic	> \$7,400	> \$8,000
	You pay the greater of:	You pay:
Generic	\$4.15 or 5%	\$0
Brand	\$10.35 or 5%	\$0



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2024 LOW PLAN

(CHANGES HIGHLIGHTED IN RED)

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Maximum Out-of-Pocket (Limit on how much you will pay)	\$5,000	\$5,000
Inpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Inpatient Hospital - Acute	Days 1 - 5: \$300 / day	Days 1 - 5: \$300 / day
Inpatient Hospital - Mental Health	Days 1 - 7: \$175 / day	Days 1 - 7: \$175 / day
Skilled Nursing Facility	Days 1 - 20: \$0 / day Days 21 - 54: \$150	Days 1 - 20: \$0 / day Days 21 - 54: \$150
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Acupuncture (up to 20 visits)	\$30 Not Covered Out-of-Network	\$30 Not Covered Out-of-Network
Ambulance	\$200 (One-Way)	\$200 (One-Way)

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Ambulatory Surgical Center	\$200	\$200
Chiropractic Services (Medicare covered only)	\$20	\$20
Diagnostic Procedures & Tests	10%	10%
Diagnostic Radiology (PET scans, MRIs, CT scans, etc.)	\$175	\$175
Emergency Care	\$75	\$75
Hearing Exam	\$35	\$35

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Immunizations (Part B)	\$0	\$0
Lab Services	10%	10%
Mental Health & Substance Abuse	\$15	\$15
Outpatient hospital services incl. surgery, observation, clinic	\$200	\$200
Partial Hospitalization	\$15	\$15
Podiatry	\$35	\$35
Preventive	\$0	\$0

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2024 CBIA (HMO-POS) Low Option

Physician and Outpatient Services	2023	2024
	In-Network & Out-of-Network	In-Network & Out-of-Network
Primary Care Physician (PCP)	\$15	\$15
Rehabilitation		
PT / ST/ OT	\$35	\$35
Cardiac	\$0	\$0
Pulmonary	\$0	\$0
Renal Dialysis	20%	20%
Specialist	\$40	\$40
Telehealth	Not Covered Out-of-Network	Not Covered Out-of-Network
Primary Care Physician (PCP)	\$15	\$15
Specialist	\$40	\$40
Individual Mental Health	\$15	\$15
Individual Psychiatry	\$15	\$15
Individual Substance Abuse	\$15	\$15
Cardiac Rehabilitation	Not Covered	\$0

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Physician and Outpatient Services	In-Network & Out-of-Network	In-Network & Out-of-Network
Therapeutic Radiology	20%	20%
Urgently Needed Care	\$35	\$35
Vision Exam	\$35	\$35
World-wide care (\$50,000 limit)	\$75	\$75
X-Ray	\$35	\$35
Additional Services		
Dental	Not covered	Not covered
Teladoc	\$45	\$0
SilverSneakers by Tivity Health	Covered	Covered

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Other Services & Supplies	In-Network & Out-of-Network	In-Network & Out-of-Network
Diabetes Self-Monitoring & Training	\$0	\$0
Diabetic Supplies	20%	20%
Durable Medical Equipment	20%	20%
Home Health Agency	\$0	\$0
Part B drugs	20%	20%
Prosthetics	20%	20%
Supplies	20%	20%

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Prescription Drug Coverage	Standard Retail Pharmacy	Standard Retail Pharmacy
Deductible	N/A	N/A
Initial Coverage Limit (30 day supply)	\$0 - 4,660	\$0 - 5,030
Tier 1: Preferred Generic	\$5	\$5
Tier 2: Generic	\$15	\$15
Tier 3: Preferred Brand	\$45 \$35 insulins \$0 most vaccines	\$45 \$35 insulins
Tier 4: Non-Preferred Brand	\$100	\$100
Tier 5: Specialty	33%	33%
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Mail Order (90 day supply)		
Tier 1: Preferred Generic	\$10	\$10
Tier 2: Generic	\$30	\$30
Tier 3: Preferred Brand	\$90 \$0 most vaccines	\$90
Tier 4: Non-Preferred Brand	\$200	\$200
Tier 5: Specialty	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines

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2024 CBIA (HMO-POS) Low Option

	2023	2024
Prescription Drug Coverage	Standard Retail Pharmacy	Standard Retail Pharmacy
Coverage Gap (30 day supply)	\$4,660 - 7,400	\$5,030 - 8,000
Tier 1: Preferred Generic	\$5	\$5
Tier 2: Generic	\$15	\$15
Tier 3: Preferred Brand	25% \$35 insulins \$0 most vaccines	25% \$35 insulins
Tier 4: Non-Preferred Brand	25%	25%
Tier 5: Specialty	25%	25%
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Mail Order (90 day supply)		
Tier 1: Preferred Generic	\$10	\$10
Tier 2: Generic	\$30	\$30
Tier 3: Preferred Brand	25% \$105 insulins \$0 most vaccines	25% \$105 insulins
Tier 4: Non-Preferred Brand	25%	25%
Tier 5: Specialty	N/A	N/A
Tier 6: Select Care Drugs	\$0	\$0 includes most vaccines
Catastrophic	> \$7,400	> \$8,000
	You pay the greater of:	You pay:
Generic	\$4.15 or 5%	\$0
Brand	\$10.35 or 5%	\$0

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Pharmacy coverage 2024

The ConnectiCare group Medicare Advantage plans use a closed formulary.

- If a member is currently taking a drug that is not listed on the formulary, the member should talk to his/her doctor to find out what alternative drug is included in the formulary.
- If the drug alternatives listed on the formulary are not effective for the treatment of the member's condition, then the doctor can ask for an exception from ConnectiCare to have the drug covered. This will require the doctor to provide a supporting medical reason to have the drug covered.
 - If any exception is made, the member will pay the cost-share that applies to drugs in Tier 5 (Specialty).

Pharmacy coverage 2024

- The pharmacy provider network is national and includes major chain pharmacies like: Costco, Walgreens, Walmart, Rite Aid, Stop & Shop, ShopRite, CVS, and Target.
- **Select Drug Tier added in 2023 and expanded in 2024 - \$0 Member Cost share**
 - The select drug tier is for limited maintenance medications used to treat certain diseases such as hypertension (high blood pressure), high cholesterol, and diabetes. Select Drugs can be found on the formulary on cbia.com/medicare.



Please always remind your clients to check the formulary for pharmacy updates.

CONNECTICARE PROVIDER NETWORK

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Provider network



STRONG NETWORKS

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

- The CBIA Medicare Advantage plan, offered by ConnectiCare, is an HMO-POS plan that allows members to seek services from any Medicare-approved provider in the United States.
 - Non-participating providers are not required to see Medicare Advantage members.
 - ConnectiCare will reimburse non-participating providers 100% of the Medicare Fee Schedule (minus the member cost-share).
 - If a member sees a provider who does not participate with Medicare, neither ConnectiCare or Medicare will reimburse.

INVOLUNTARY TERMINATIONS

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Involuntary terminations

- For involuntary member disenrollment (group contract termination OR if a beneficiary is no longer eligible for the group Medicare Advantage plan):
 - ConnectiCare will disenroll individual(s) from the employer/union sponsored MA plan to Original Medicare following prospective notice.

Involuntary terminations

- The employer will provide CBIA with timely notice of contract termination or the ineligibility of an individual to participate in the employer group sponsored MA plan. Such notice must be prospective, not retroactive.
- The employer must provide prospective notice to the beneficiary that his/her plan is changing, including information about benefits, premiums, and/or copayments, **at least 21 calendar days before the effective date of involuntary disenrollment.**

MEDICARE SAVINGS PROGRAM/ LOW INCOME SUBSIDY

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Assistance programs

- **Medicare Savings Program (MSP)**
 - Beneficiaries with limited income and resources may qualify for help with Medicare Part A premium (if any), Medicare Part B premium, and copayments/coinsurance.
- **Low Income Subsidy (LIS)**
 - Beneficiaries with limited income and resources may qualify for “Extra Help” from Medicare to cover all or part of the Part D plan premium and cost-sharing.
- ConnectiCare has an outreach program through “My Advocate” (also referred to as Change Healthcare) to identify members who may be eligible for the Medicare Savings Program (MSP) and/or a Low Income Subsidy (LIS).
- While ConnectiCare does work to identify eligible members, we ask that you encourage beneficiaries to apply through the Connecticut Department of Social Services or the Social Security Administration.
- For more information on MSP, visit ct.gov/dss.
- For more information on LIS, visit ct.gov/dss, call 1-800-MEDICARE (TTY users should call 1-877-486-2048, 24 hours a day/7 days a week, or the Social Security Office at 1-800-772-1213 (TTY: 711).

CONNECTICARE GROUP MEDICARE ADVANTAGE

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2024 Medicare Star Ratings

2024 Star Rating:

ConnectiCare's overall health plan rating is 3.5 out of 5 stars:

- Health Plan Services: 4 stars
- Drug Plan Services: 3.5 stars

Why it's important:

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

Broker Commission

**Remains at 3% of the paid
Medicare Advantage premium**



The ConnectiCare advantage



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.

Ways to stay healthy – all plans include:

- Many no-cost preventive services, including annual physical exams
- Health and wellness support services
- Vision discount program
- The SilverSneakers® fitness program



ConnectiCare group Medicare Advantage plans

Easy access

- ✓ Members have access to our broad network that include thousands of doctors, pharmacies and many hospitals.
- ✓ With our HMO-POS plans, members have the **flexibility** to get care nationally from Medicare-approved doctors and hospitals.
- ✓ Plus, members can use national chain pharmacies, like Costco, Rite Aid, Sam's Club, Walgreens, Walmart, and more!

Ways to stay healthy

All of our plans include:

- ✓ Many preventive services at **no cost**, including an annual physical exam, and important screenings and immunizations.
- ✓ Extra support for our members dealing with chronic or complex medical conditions. ConnectiCare has dedicated care management programs designed specifically for our Medicare members.
- ✓ Important health reminders to help members stay on top of their health.

THANK YOU FOR VIEWING THIS TRAINING PRESENTATION

To report the completion of this training, please click the below link to submit your information.

https://cloud.email.connecticare.com/BRO_CBIA_Training_Confirm

If you have additional questions, please contact your CBIA Account Manager.