

2012 ConnectiCare VIP Medicare Plans

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Benefits, formulary, pharmacy network, premiums and/or co-payments/co-insurance may change on January 1, 2013. For more information contact the plan. Or, if you prefer, [click here](#) to view the Summary of Benefits.

ConnectiCare VIP Medicare Plans	Prime 1	Prime 3	Prime 4	Option 1		Option 3	
				In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premium Plus Medicare Part B Premium	\$0	\$119	\$0	\$179		\$0	
Annual Deductible	NO	NO	NO	NO	NO	NO	NO
Prescription Drug Coverage	YES	YES	NO	YES	NO	YES	NO
Primary Care Physician Office Visit	\$15	\$10	\$20	\$15	\$40	\$25	20%
Specialist Physician Office Visit	\$30	\$25	\$30	\$25	\$40	\$40	20%
Routine Annual Physical Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services & Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0	20%	\$0	20%
Routine Annual Vision & Hearing Exams**	\$30	\$25	\$30	\$25	\$40	\$40	20%
Outpatient Surgery/ Services***	\$175	\$125	\$125	\$125	20%	\$225	20%
Ambulance Services	\$175	\$175	\$100	\$150	\$150	\$175	20%
Urgent Care	\$30	\$25	\$30	\$25	\$40	\$40	\$40
Emergency Care \$50,000 limit for services outside of the U.S.	\$65	\$65	\$65	\$65	\$65	\$65	\$65
Inpatient Acute Hospital Care Daily Copayment	\$250 each day Days 1-7	\$200 each day Days 1-7	\$200 each day Days 1-7	\$200 each day Days 1-7	\$300 each day Days 1-7	\$250 each day Days 1-7	
	\$0 each day Days 8 and beyond	\$0 each day Days 8 and beyond	\$0 each day Days 8 and beyond	\$0 each day Days 8 and beyond	\$0 each day Days 8 and beyond	\$0 each day Days 8 and beyond	20%
Annual Out-of-Pocket Limit	\$5,400	\$3,400	\$5,500	\$5,500		\$6,700	

* Preventive Services include: Abdominal Aortic Aneurysm Screenings, Bone Mass Measurement, Cardiovascular Screenings, Pap Tests, Pelvic Exams, Colorectal Cancer Screenings, Diabetes Screenings, Influenza (Flu), Hepatitis B, and Pneumonia Vaccines, HIV Screenings, Mammograms, Medical Nutritional Therapy Services, and Prostate Cancer Screenings.

** Refractions are not covered with routine annual eye exam.

*** \$0 copayment for Preventive Colonoscopies.

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