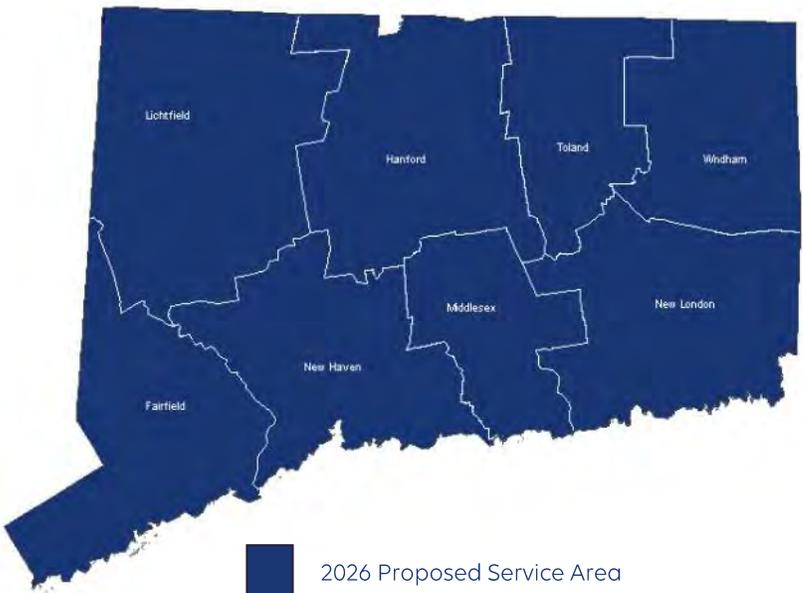


Connecticut - Medicare Advantage 2026

MARKET HIGHLIGHTS



- #2 D-SNP player in Connecticut
- Lead HMO D-SNP plan with Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- New HMO D-SNP and PPO D-SNP plans for QMB only (Partial Dual Eligible)
- HMO in 6 counties with Vision and Hearing benefits

SERVICE AREA

All Counties

SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Service Area Reduction (# of Counties)	Non-Renewal (# of Counties)
HMO	2	
Anthem Medicare Advantage (PPO) H2836-005		All
Anthem Extra Help (HMO-POS) H5854-011		All



Connecticut 2026 Plan Highlights

NEW

Anthem Medicare Dual Advantage (HMO D-SNP) H5854-020

Anthem Medicare Full Dual Advantage (HMO D-SNP) H5854-013

	Partial Dual	QMB	Full Dual	QMB+, SLMB+, FBDE
MEDICAID STATUS				
PREMIUM		\$0		\$0
PART B GIVEBACK		\$0		\$0
MEDICAL DEDUCTIBLE		\$0		\$0
MAX OUT-OF-POCKET		\$9,250		\$9,250
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 - T5)		\$0 - \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 - \$35 copay for a one-month supply of select insulin		\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties		All Counties

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Connecticut 2026 Plan Highlights

NEW

Anthem Medicare Dual Advantage (HMO D-SNP) H5854-020

Anthem Medicare Full Dual Advantage (HMO D-SNP) H5854-013

MEDICAID STATUS	Partial Dual	QMB	Full Dual	QMB+, SLMB+, FBDE
ESSENTIAL EXTRAS		N/A		N/A
DENTAL	\$1,000 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year		\$1,200 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year	
VISION	\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year	
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	
EVERYDAY OPTIONS ALLOWANCE	\$50 per month OTC, Assistive Devices, Healthy Foods and Utilities		\$120 per month OTC, Assistive Devices, Healthy Foods and Utilities	
FITNESS	\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®	
TRANSPORTATION	\$0 copay – 60 one-way trips per year		\$0 copay – 60 one-way trips per year	
PERS	\$0 copay		\$0 copay	
PODIATRY	N/A		N/A	
HEALTHY MEALS	14 post discharge		14 post discharge	



Connecticut 2026 Plan Highlights

NEW

Anthem Medicare Dual Advantage (PPO D-SNP) H2836-007

Anthem Medicare Full Dual Advantage (PPO D-SNP) H2836-006

	Partial Dual	QMB	Full Dual	QMB+, SLMB+, FBDE
MEDICAID STATUS				
PREMIUM		\$		\$0
PART B GIVEBACK		\$0		\$0
MEDICAL DEDUCTIBLE		\$0		\$0
MAX OUT-OF-POCKET		\$9,250 (IN) / \$13,900 (OON)		\$9,250 (IN) / \$13,900 (OON)
PCP		\$0 copay		\$0 copay
SPECIALIST		\$0 copay		\$0 copay
INPATIENT HOSPITAL		\$0 copay		\$0 copay
SKILLED NURSING FACILITY		\$0 copay		\$0 copay
RX DEDUCTIBLE		\$0 - \$615 (T2 - T5)		\$0 - \$615 (T2 - T5)
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 - \$35 copay for a one-month supply of select insulin		\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties		All Counties

*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



Connecticut 2026 Plan Highlights

NEW

Anthem Medicare Dual Advantage (PPO D-SNP) H2836-007

Anthem Medicare Full Dual Advantage (PPO D-SNP) H2836-006

	Partial Dual	QMB	Full Dual	QMB+, SLMB+, FBDE
MEDICAID STATUS				
ESSENTIAL EXTRAS		N/A		N/A
DENTAL		\$1,200 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year		\$1,500 allowance for preventive and comprehensive services per year; \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year		\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		N/A		N/A
OVER THE COUNTER		\$72 per quarter		\$150 per quarter
FITNESS		\$0 copay - SilverSneakers®		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 60 one-way trips per year		\$0 copay – 60 one-way trips per year
PERS		\$0 copay		\$0 copay
PODIATRY		N/A		\$0 copay – unlimited visits per year
HEALTHY MEALS		42 post discharge		42 post discharge



Connecticut 2026 Plan Highlights

Anthem Kidney Care HMO-POS (C-SNP) H5854-012

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,250 (IN) / \$13,900 (OON)
PCP	\$0 copay
SPECIALIST	\$0 copay nephrologists 20% coinsurance all others
INPATIENT HOSPITAL	Medicare Fee For Service
SKILLED NURSING FACILITY	Medicare Fee For Service
RX DEDUCTIBLE	\$350 (T3 - T6)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$2 / 25% / 25% / 29% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Tolland



Connecticut 2026 Plan Highlights

Anthem Kidney Care HMO-POS (C-SNP) H5854-012

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,500 allowance for preventive and comprehensive services per year; In Network: \$0 copay - \$2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; and comprehensive dental services per year; Out of Network: 20% for preventive, 50% for comprehensive per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
OVER THE COUNTER + HEALTHY FOODS	\$50 per month
FITNESS	N/A
TRANSPORTATION	\$0 copay – 36 one-way trips to PAL per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge



Connecticut 2026 Plan Highlights

Consolidation & Segmentation

Anthem Medicare Advantage (HMO) H5854-019-001

Anthem Medicare Advantage (HMO) H5854-019-002

PREMIUM	\$36	\$63
PART B GIVEBACK	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$0
MAX OUT-OF-POCKET	\$9,250	\$9,250
PCP	\$5 copay	\$0 copay
SPECIALIST	\$50 copay	\$50 copay
INPATIENT HOSPITAL	\$425 copay (days 1 – 5)	\$450 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$215 (T3 – T5)	\$215 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay – T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 - \$35 copay for a one-month supply of select insulin	\$0 - \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Hartford, Litchfield, Middlesex, Windham	Fairfield, New Haven



Connecticut 2026 Plan Highlights

Consolidation & Segmentation

	Anthem Medicare Advantage (HMO) H5854-019-001	Anthem Medicare Advantage (HMO) H5854-019-002
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ESSENTIAL EXTRAS	N/A	N/A
DENTAL	N/A	N/A
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	N/A	N/A
FITNESS	N/A	N/A
TRANSPORTATION	N/A	N/A
PERS	N/A	N/A
PODIATRY	N/A	N/A
HEALTHY MEALS	N/A	N/A



Connecticut 2026 Plan Highlights

Anthem Veteran (HMO-POS) H5854-018

PREMIUM	\$0
PART B GIVEBACK	\$80
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	Fairfield, Hartford, Litchfield, Middlesex, New Haven, Windham



Connecticut 2026 Plan Highlights

Anthem Veteran (HMO-POS) H5854-018

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive dental services per year; Out of Network: 20% for preventive, 50% for comprehensive per year</p>
VISION	<p>\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting & evaluation per year; \$1,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$45 per quarter
FITNESS	\$0 copay - SilverSneakers®
TRANSPORTATION	\$0 copay – unlimited trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge
ACUPUNCTURE	\$15 copay – 24 visits per year

