SHIP
State Health Insurance Assistance Program

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

CONNECTICUT GUIDE TO MEDICARE OPEN ENROLLMENT

2026 EDITION

CHOICES Hotline:

1-800-994-9422

CHOICES Website:

https://portal.ct.gov/ads/programs-and-services

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WHAT ARE CHOICES & SMP?

The CHOICES and SMP programs are administered by the State of Connecticut Aging & Disability Services, Bureau of Aging, in partnership with Connecticut's five Area Agencies on Aging, two Centers for Independent Living and the Center for Medicare Advocacy, Inc. CHOICES and SMP are funded, in whole or in part, by the grants from the federal Administration for Community Living. Program services are provided at no cost.

CHOICES is Connecticut's State Health Insurance Assistance Program (SHIP). The national SHIP mission is to empower, educate and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits. CHOICES Team Members, staff, in-kind professionals, and volunteers, provide the following services:

- **Counseling**: CHOICES is not affiliated with any insurance company and offers free, expert, and unbiased assistance with plan comparisons and enrollments into Medicare Part D & Medicare Advantage plans. CHOICES also provides information and plan comparisons for Medicare Supplement (Medigap) plans; conducts eligibility screenings and provides application assistance for programs such as the Medicare Savings Program, Extra Help/Low Income Subsidy, and Medicaid.
- **Outreach & Education**: CHOICES provides Medicare educational presentations to small and large groups throughout the community. Team Members also participate in local outreach events such as Medicare Open Enrollment events, senior fairs, health fairs, and other special events around the state.
- **Training**: CHOICES Regional Coordinators recruit and train Team Members by conducting annual CHOICES New Team Member Training and CHOICES Update Trainings throughout the year.

SMP is Connecticut's Senior Medicare Patrol Program (SMP). The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. SMP Team Members, trained volunteers, and staff, provide the following services:

- **One-on-One Counseling**: Counselors are available to help read Medicare Summary Notices, guide people in resolving errors and in suspicious cases, SMP can help beneficiaries to report fraud to the proper authorities.
- **Outreach & Education**: Counselors conduct outreach activities such as distributing literature at local health airs, senior centers, libraries, distributing media and conducting presentations.

IMPORTANT CONTACT INFORMATION

Agency on Aging of South Central CT 117 Washington Ave, Suite 17 North Haven, CT 06473	203-785-8533	www.aoascc.org Serves locations in New Haven County and Shelton
Center for Medicare Advocacy PO Box 350 Willimantic, CT 06226	1-800-262-4414	www.medicareadvocacy.gov
CHOICES Statewide Hotline	1-800-994-9422	Statewide toll-free number, routes in-state callers to their local Area Agency on Aging
CT Insurance Department 153 Market Street 7th Floor Hartford, CT 06103	1-800-203-3447	www.ct.gov/cid Regulates Medigap plans in CT
Medicare	1-800-MEDICARE (1-800-633-4227)	www.medicare.gov
North Central Area Agency on Aging 151 New Park Avenue, Box 75 Hartford, CT 06106	860-724-6443	www.ncaaact.org Serves Hartford County and locations in Tolland County and Plymouth
Senior Resources Agency on Aging 19 Ohio Avenue Norwich, CT 06360	860-887-3561	www.seniorresourcesec.org Serves New London, Middlesex, and Windham Counties and locations in Tolland County
Senior Medicare Patrol (SMP) Statewide Hotline	1-800-994-9422	Statewide toll-free number, routes in-state callers to their local Area Agency on Aging
Social Security Administration Several local offices in CT	1-800-772-1213	www.ssa.gov
Southwestern CT Agency on Aging 1000 Lafayette Boulevard Bridgeport, CT 06604	203-333-9288	www.swcaa.org Serves locations in Fairfield County
Bureau of Aging 55 Farmington Avenue 12th Floor Hartford, CT 06105	860-424-5274	https://portal.ct.gov/AgingandDisability
Western CT Area Agency on Aging 84 Progress Lane Waterbury, CT 06705	203-757-5449	www.wcaaa.org Serves Litchfield County and locations in New Haven and Fairfield Counties

ENROLLMENT PERIODS

Period	Date	Part A	Part B	Part C	Part D	Explanation
Initial Enrollment (IEP)	3 months before age 65, month of 65th birthday & 3 months following.	X	X	X	X	No penalty for delaying enrollment for those eligible for premium free Part A
Open Enrollment	**October 15 – December 7** Changes effective Jan 1			X	X	Beneficiaries can enroll or change any Medicare benefits
Special Enrollment (SEP) for Medicare Part B	While working & 8 months after large group health employment ends or loss of employer health coverage (whichever comes first).	X	X	X	X	For people still working (or their spouses) who are covered by a large group employer health plan (Medicare ESRD do not have SEP). SEP is 63 days for Med D.
General Enrollment	**Jan 1 – March 31** For premium Part A or Part B	X	X			For those who missed their IEP. Part B is effective first of following month. Penalties may apply.
Medicare Advantage Open Enrollment Period	**Jan 1 – March 31**			X	X	Can change from one MA/MA-PD plan to another. Can also return to traditional Medicare & can elect to enroll in a Medicare D plan &/or Medigap policy. Coverage begins first of following month.
Dual Eligible/Low Income Subsidy SEP	One time change each month	X	X	X	X	Leave MA-PD for Original Medicare and a standalone PDP or switch between PDPs. Active the month following the change.
Other SEPs	Following significant changes: in/out SNF or hospital, geographic move, loss of Medicaid, MSP, or LIS, release from incarceration			X	X	Contact CHOICES to explore other potential SEPs.

OPEN ENROLLMENT 2025-2026

October 15, 2025
Open Enrollment Begins
This is the first day you can enroll or change health coverage for 2026.

December 7, 2025
Open Enrollment Ends
This is the last day you can make certain changes to your health coverage for 2026*.

January 1, 2026
Date New Coverage Starts
Whenever you enroll or make changes during Open Enrollment, your new coverage won't start until January 1, 2025.

*You may be able to make additional changes after Open Enrollment if you qualify for a Special Enrollment Period. You may also make certain changes to your coverage during the Medicare Advantage Open Enrollment Period between Jan 1 and March 31 every year. Ask CHOICES for more information if you need to make changes to your coverage after Open Enrollment ends.

MEDICARE OPTIONS

Original Medicare

- Original Medicare include Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- Beneficiaries can add Part D (Prescription coverage)
- To help pay out of pocket costs (ex. deductibles and co-insurance) beneficiaries can also add supplement coverage (ex. Medigap policy or coverage from a former employer or union).

Medicare Advantage

- Medicare Advantage is an “all in one” alternative to Original Medicare. Plans include Part A and B and usually Part D.
- Some plans offer extra benefits that Original Medicare doesn’t cover, such as vision, hearing and dental.
- Special Needs Plans are available for beneficiaries who meet specific criteria.

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THE PURPOSE OF THIS GUIDE IS TO:

1. Help you decide if you should enroll in Medicare Part D Prescription Drug Plan or a Medicare Advantage Plan.
2. Provide an overview of the various plan options available to you.
3. Provide you with basic plan information to assist in the process of selecting a plan in which to enroll.

There are many factors to consider when selecting a Medicare Prescription Drug Plan or Medicare Advantage Plan. Although this guide provides detailed plan information, you may want to seek help from a certified CHOICES counselor in your community. Medicare beneficiaries are encouraged to re-evaluate their Medicare coverage during the annual "Open Enrollment Period" (October 15 – December 7). This is the time plans frequently change their coverage and it may be the only time you can change to another plan. If you enroll during this period, your coverage begins January 1st of the following year.

Medicare prescription plans are available from private, Medicare-approved, companies that sell Medicare coverage either through a standalone **Medicare Part D Prescription Drug Plan (PDP)** or a **Medicare Advantage Prescription Drug Plan (MA-PD)**.

Medicare Prescription Drug Plans (PDPs) are available to anyone who has Medicare Part A and/or Part B. PDPs provide prescription drug coverage only. "**Benchmark**" plans are those that offer basic benefits and have premiums at or below a certain premium amount, called a benchmark, which is determined regionally each year. **In 2026, the benchmark amount for CT is $35.76.** Beneficiaries who receive the Extra Help/Low Income Subsidy benefit will be randomly assigned to a benchmark plan if they do not select a plan on their own. Beneficiaries with Extra Help who are enrolled in a benchmark plan will have a $0 monthly premium for their coverage and will have low co-pays for formulary medications. In 2026, CT has:

- 11 Medicare-approved Prescription Drug Plans (PDPs)
- 4 Medicare-approved PDP Benchmark plans.

Medicare Advantage, also known as Medicare Part C, is managed by private health insurance companies Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO). Beneficiaries receive some or all of their Medicare benefits – hospital, medical, and/or prescription coverage - together in one plan. Plans may require members to use certain medical providers (physicians and hospitals) that are in the plans' network. To enroll in a Medicare Advantage plan, beneficiaries must have both Medicare Part A and Part B. Members are required to pay their Medicare Part B monthly premiums in addition to their Medicare Part C premium. Members have Maximum Out-of-Pocket (MOOP) limits on their spending that includes costs for all in-network Part A and Part B services. Medicare Advantage plans have the option of

applying step therapy for physician-administered and other Part B drugs. Step therapy requires enrollees to try one or more similar, lower cost drugs to treat their condition before the plan covers a higher priced medication. Plans requiring step therapy must offer enrollees drug management care coordination programs. Incentives such as gift cards may be offered to enrollees to encourage participation in beneficiary engagement programs. *Previously, physician-administered, and other Part B drugs were not subject to step therapy requirements. Additionally, incentives or rewards were not utilized to encourage participation in care coordination program.* ***Source: National Council on Aging (NCOA)***

Medicare Advantage options:

- **MA-Only plans -** do not provide prescription coverage. These plans are appropriate for individuals who have "as good as" or "better than" prescription coverage from another source, also referred to as "creditable coverage". One example of creditable coverage is prescription coverage provided through the Veterans' Administration. Some employer-sponsored and union-sponsored retirement health plans also offer creditable prescription coverage. Please check with your Benefits Administrator to determine if your prescription coverage is creditable. In 2026, CT has:
    - 5 Medicare-approved MA-only plans
- **Medicare Advantage with Prescription Drug Plan (MA-PD) -** members elect to receive all their Medicare benefits, hospital, medical, and prescription drug coverage together in one plan. This is an alternative to enrolling in Original Medicare with a PDP. When considering this option, beneficiaries should review their prescription costs, as well as their medical out of pocket costs. In 2026, CT has:
    - 26 Medicare-approved MA-PDs
- **Medicare Advantage Special Needs Plans (SNP)** -are specifically designed to provide coverage for: 1) dual-eligible beneficiaries (enrolled in Medicare/Medicaid or Medicare/Qualified Medicare Beneficiary), 2) beneficiaries who reside in an institution (like a nursing facility) or require nursing care at home, or 3) beneficiaries who have specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease, HIV/AIDS, chronic heart failure, or dementia). In 2026, CT has:
    - 15 Medicare-approved SNPs for dual-eligible beneficiaries (D-SNPs)
    - 2 Medicare-approved SNPs for beneficiaries who reside in an institution or require nursing care at home (I-SNPs)
    - 1 Medicare-approved SNP for beneficiaries who have certain chronic or disabling conditions (C-SNP). ESRD only.

WHY SHOULD YOU ENROLL IN A PRESCRIPTION DRUG PLAN?

You should consider enrolling in a Medicare prescription drug plan if you do not have any prescription drug coverage, or if the coverage you have is not creditable ("as good as" or "better than") Medicare's prescription drug coverage. For most people, enrollment is voluntary; however, **if you do not enroll when you're first eligible, you could be assessed a "Late Enrollment Penalty" of 1% of the national base beneficiary premium ($38.99 in 2026) for every month you were without creditable coverage if and when you decide to enroll in the future**. This penalty includes a higher monthly premium and a delay in coverage since enrollment would be limited to the Open Enrollment Period. Under most circumstances, this Late Enrollment Penalty will apply for as long as you continue to be eligible for Medicare.

- If your existing drug coverage is creditable, then you may not want to join a Medicare prescription plan. If you have creditable drug coverage you will not be penalized for not enrolling in a Medicare prescription plan. Contact your plan administrator to inquire if your current drug coverage is considered "creditable".
- If cost is a concern, you may be eligible for programs that help with the cost of Medicare and Medicare prescription coverage. **From March 2025 - February 2026, an individual with a gross monthly income below $3,209, or a couple with a combined gross monthly income below $4,336, may qualify for the Medicare Savings Program**, which will help pay Part B premiums, and in some cases may also help with other cost sharing (co-pays, co-insurance, and deductibles). Beneficiaries enrolled in the Medicare Savings Program are automatically enrolled into the Extra Help/Low Income Subsidy program. Extra Help pays the Part D deductible; some or the entire monthly Medicare Part D premium; and lowers the prescription co-pays for medications on your plan's formulary. **In 2026, Extra Help copays are up to $5.10 for covered generic drugs and up to $12.65 for brand name drugs (information coming soon)**. Beneficiaries with Extra Help have a special enrollment period to make plan changes once a month to either leave a Medicare Advantage Plan for Original Medicare and a standalone Prescription Drug Plan or switch between Prescription Drug Plans.

ABOUT THE PLANS

- Everyone who has Medicare Part A and/or Part B can change their Medicare Part D plan or join Part D for the first time during the annual Open Enrollment Period (10/15-12/7).
- Each plan has its own monthly premium, deductible, and co-pay structure. Some plans offer reduced prices if you use mail order or "preferred" network pharmacies.
- Each plan offers its own selection of drugs it will cover, called a "**formulary**". If a medication is not on the plan's formulary it is a "non-formulary" drug and you will be responsible for the full cost of the medication, even if you have other benefits such as Medicaid. **It is important to select your plan carefully; your coverage will be limited to the drugs on your chosen plan's formulary**. To ensure you get the most out of your Medicare prescription plan coverage, it is important to know your medications and find the plan that will best cover your individual prescription needs! Your costs could be lowered by using a preferred pharmacy if one is offered by the plan.
- Plans may have restrictions on certain medications such as Quantity Limits, Step Therapy or Prior Authorization. These restrictions may affect how your medications are covered and should be a consideration when reviewing your plan options for the following year.
- Anyone on Extra Help, Medicare Savings Program (QMB, SLMB, ALMB), or Medicaid, is automatically enrolled in a randomly selected prescription standard "**benchmark**" drug plan if he/she does not have prescription coverage already. There is no guarantee that all your medications will be covered by the randomly selected benchmark plan. To avoid being responsible for the full cost of uncovered medications, CHOICES strongly recommends that you review your current prescription drug plan to ensure you are enrolled in the plan that best covers your medication needs. As a recipient of the above assistance programs, you are also entitled to a Special Enrollment Period (SEP) that allows you to change your PDP or MA-PD plan on a quarterly basis throughout the calendar year.
- **Individuals who are eligible for Extra Help and are awaiting their assignment to a prescription drug plan can be enrolled immediately into a temporary drug plan**

called LINET, at their pharmacy by showing "best available evidence" that they have Extra Help. The letter you received from the Department of Social Services informing you of your benefit coverage is best available evidence. LINET is premium-free and there are no formulary drug restrictions. Individuals on LINET will be auto enrolled into a Medicare Part D plan within two months if they have not selected one for themselves. LINET is managed by Humana. Contact CHOICES for help enrolling in LINET.

STEPS TO HELP YOU CHOOSE A PLAN

If you are taking medications, it is in your best interest to find a plan that will provide you with the best coverage for the lowest cost.

The Federal website, www.Medicare.gov, has an online tool called the "Plan Finder" that sorts the plans by the lowest estimated annual cost and allows you to make a side-by-side comparison of three plans of your choosing. You will also be able to compare costs at up to three pharmacies and add medications to see which plans best cover the medications you currently take. You can also use the "Plan Finder" tool to enroll in the plan online.

Step 1 If you have existing prescription insurance, find out if it is "creditable". (Your insurance company **must** send you this information before October 15.)

Step 2 Make a list of all the prescription drugs you take. Write the name exactly as it appears on your prescription bottle. If you are taking a brand name medication, you want to be sure the screen includes the brand name drug and not the generic version (note: you can discuss with your prescribing physician the possibility of taking generic medications, which may provide some cost savings to you). Be sure to include the dosage you take and the quantity you get each month.

Step 3 If costs are a concern, find out if you qualify for Extra Help or a Medicare Savings Program. If you do, you may save money on premiums, deductibles, and co-pays. If you have Medicaid (Title 19) or the Medicare Savings Program (QMB, SLMB or ALMB), you *automatically* qualify for Extra Help.

Step 4 Think about what features, or benefits are most important to you in a prescription drug plan. For example: Can you take generic drugs, or do you need a brand name? Do you spend part of the year outside Connecticut and need a national plan? Do you take only a few low-cost medications? If so, a less expensive plan may be adequate. Do you take many or costly medications? If so, maybe an enhanced plan would better suit your needs and be well worth the additional premium dollars.

Step 5 Finally, do not be afraid to ask questions to find the best plan for your needs. Questions to consider:

- How much is the monthly premium?
- Is there an annual deductible? How much is it? (Maximum of **$615 for 2026**)
- Does the plan cover the drugs you take now?

- What Tier level are the medications you are taking for the plan you are considering? The co-pay or co-insurance you are responsible for varies depending on what “Tier” your plan considers your medication. Two plans could cover the same drug, but one plan could place it at Tier 1 & the other at Tier 3 causing significant cost differences!
- Are there prior authorization requirements for certain drugs? Is “step-therapy” required? (The requirement that you must try certain drugs first before you can get the medication prescribed by your doctor.)
- Is the plan convenient & accepted at your pharmacy? Does it offer mail order & if so - is it more or less expensive?
- What is the plan’s “exception” process if you are denied a particular drug?
- If you are considering a Medicare Advantage plan (a private Medicare plan that administers your Medicare dollars) have you reviewed your hospital and medical out of pocket expenses? Are your medical providers in the plan’s network? Should you consider a PPO that provides some coverage if you go out of network? Does the plan offer additional coverage benefits, such as dental or gym memberships? Please keep in mind that you are not eligible to change plans outside of the open enrollment period (unless you are on Extra Help) even if your provider leaves the plan’s network, or if your insurance carrier drops hospitals or providers during the course of the year.

HOW TO ENROLL IN A PLAN

There are several ways you can enroll in a plan:

1. Call CHOICES at **1-800-994-9422** to speak to a CHOICES counselor at the Area Agency on Aging serving your area of the state. A counselor will take you step by step through the process to help you as you make an informed decision. They can enroll you into the plan of your choice over the phone. CHOICES holds enrollment events throughout the State where you can receive assistance. Contact the toll-free CHOICES line or visit https://portal.ct.gov/ADS-CHOICES for a list of open enrollment events in your area.

2. Go onto the Medicare "Plan Finder" (www.medicare.gov) and enroll in the plan of your choice online.

3. Call the plan of your choice directly. Plan phone numbers are listed on the following pages for your convenience. You can also go to the plan's website.

4. Call Medicare (1-800-MEDICARE) and tell them you have decided and want to enroll in a Medicare Rx plan.

If you are changing from one Medicare plan to another, you only need to enroll in the new plan, and it will remove you from your current plan. For example: If you are enrolled in a Medicare Advantage plan and want to return to Medicare, you enroll in a Medicare Part D plan, and it will remove you from your Medicare Advantage plan automatically. In this case, beneficiaries should consider purchasing a private, Medicare Supplement plan (also called Medigap plan) to help with out-of-pocket expenses. These plans are standardized, and enrollment is available at any point in the year by contacting the plan directly. CHOICES can help you understand the Medicare supplement plan options and provide a list of current premiums.

IMPORTANT INFORMATION ABOUT NOTICES

Beginning in the fall of 2018, plans will no longer mail copies of the Evidence of Coverage to beneficiaries. Instead, the Evidence of Coverage will be available online and a hard copy must be requested. All of these documents should be reviewed thoroughly to help you decide if your current plan still meets your needs for the upcoming year. Here is a list of notifications and resources which you should review and/or request as you prepare for Medicare Open Enrollment:

- The Annual Notice of Change (ANOC), a 10+ page document sent out to people enrolled in a Medicare Advantage and/or Medicare Part D. The ANOC is sent by your Medicare plan and includes any changes to your current plan's coverage, costs, or service area that will become effective in January. Insurance companies can make changes every year that may increase your out-of-pocket cost or decrease your benefits, so it's important to review this document thoroughly. You should receive this notice by September 30, if not contact your plan directly.

- The Evidence of Coverage is 140+ page document that contains a detailed overview of what your current plan covers, cost, and more. Medicare Advantage and/or Medicare Part D plans are no longer required to mail hard copies of the Evidence of Coverage to plan enrollees. Instead, Medicare Advantage and Medicare Part D plans are required to publish the EOC on their website by October 15.

- Plans are required to mail a printed notice called the Notification of Electronic Materials to all enrollees explaining how to obtain hard copies of plan materials routinely available on the plan's website (EOC, provider directories and formularies). The notice must list the plan's website, the date the documents will be available on the website, and a phone number to request hard copies of the EOC, plan provider directories and/or plan formularies.

- Medicare & You Handbook is sent by The Centers for Medicare and Medicaid Services (CMS) in late September to current enrollees. This handbook contains lots of useful information about when Medicare covers certain services, including preventive care, medical equipment and supplies and much more. If you don't receive one by the second week in October, call 1-800-Medicare to get another copy with your state's specific plan information, or go to www.Medicare.gov to view the general information online.

- Notice of Plan Termination/Reassignment Notice. If your Medicare Part D or Extra Help plan will no longer be available in the upcoming year, CMS will send you a blue notification. You will have the option of selecting a new drug plan for the upcoming year or you will be reassigned to one by CMS. Your decision must be made before December 31st.

If you have not already done so, consider creating a Medicare.gov account to receive all notices via email. In addition, call your plan to learn about their paperless options. You can find their customer service phone number on your insurance card.

COVERAGE LIMITATIONS FOR AT RISK BENEFICIARIES

In April 2018, under the Comprehensive Addiction & Recovery Act (CARA), CMS issued regulations that establish a framework for Medicare prescription drug plans to use to identify beneficiaries who are at-risk of misusing frequently abused drugs and to manage utilization. Plans will identify at-risk beneficiaries based on their opioid use. Beneficiaries with certain medical conditions are exempt from review for potential opioid abuse. When a plan determines that an enrollee is at-risk for opioid misuse, a variety of steps will be taken to address the concerns. Some examples include: 1) case management, 2) a "lock-in" with selected prescribers or network pharmacies, 3) point-of-sale edits at the pharmacy that limit supply amounts, or 4) prohibit at-risk Low Income Subsidy beneficiaries from using the Special Enrollment Period to change plans. Limitations can only be imposed after the plan notifies the beneficiary of their at-risk status. Beneficiaries can appeal an at-risk determination if they believe their plan has made a mistake. These procedures took effect on January 1, 2020.

2025 UPDATE – THE INFLATION REDUCTION ACT

The Inflation Reduction Act of 2022 implemented some Part D improvements as noted below:

- **Insulin available at $35/month per covered prescription**
- **Access to recommended adult vaccines without cost sharing**
- **A yearly cap ($2,100 in 2026) on out-of-pocket prescription drug costs in Medicare. This does not include premiums**
- **The option to pay out-of-pocket prescription drug costs in the form of capped monthly payments instead of all at once at the pharmacy**

CHOICES can help you understand how the Inflation Reduction Act changes impact your benefit

2026 CT MEDICARE PART D PRESCRIPTION DRUG PLANS (PDP)

Plan Name (ID)	National PDP	Monthly Premium	Annual Deductible*	Benefit Type
Aetna Medicare (S5601)	www.aetnamedicare.com Phone: 1-833-526-2445			Member Rating: 79% Star Rating: 3
SilverScript Choice (004)	No	$0/$32.70**	$615	Basic
Anthem Blue Cross and Blue Shield (S2893)	www.rxmedicareplans.com Phone: 877-479-2227			Member Rating: 85% Star Rating: 4
Blue MedicareRx Premier (003)	No	$238.60	$0	Enhanced
Blue MedicareRx Value Plus (001)	No	$0/$20.70**	$615	Basic
Health Care Service Corp. (HCSC) (S5617)	www.healthspringmedicare.com Phone: 877-665-1842			Member Rating: 82% Star Rating: 2.5
HealthSpring Assurance Rx (008)	No	$139.30	$615	Basic
Humana (S5884)	www.humana.com/medicare Phone: 877-529-9871			Member Rating: 83% Star Rating: 3
Humana Basic Rx Plan (102)	Yes	$0/$8.40**		Basic
Humana Premier Rx Plan (149)	Yes	$138.60	$615	Enhanced
Humana Value Rx Plan (182)	Yes	$73.60	$0	Enhanced
United Healthcare (S5921)	www.aarpmedicareplans.com Phone: 800-867-5564			Member Rating: 76% Star Rating: 2
AARP Medicare Rx Preferred from UHC (385)	Yes	$155.10	$130	Enhanced
AARP Medicare Rx Saver from UHC (348)	Yes	$38.70	$615	Basic
Wellcare (S4802)	www.go.wellcare.com/pdp Phone: 844-480-0700			Member Rating: 84% Star Rating: 3.5
Wellcare Classic (076)	Yes	$0/21.70**	$615	Basic
Wellcare Value Script (137)	Yes	$16.40	$615	Enhanced

*The annual deductible can be for some drugs or all drugs. It is recommended to review on Medicare.gov Planfinder tool or check with the plan.

**Benchmark plans are those that offer basic benefits and have premiums at or below a certain premium amount, called a benchmark, which is determined regionally each year. In 2026, the benchmark amount for CT is $35.76. Beneficiaries who receive the Extra Help/Low Income Subsidy benefit will be randomly assigned to a benchmark plan if they do not select a plan on their own. Beneficiaries with Extra Help who are enrolled in a benchmark plan will have a $0 monthly premium for their coverage.

2026 CT Medicare Advantage Prescription Drug Plans (MA-PD)

Plan Name (ID)	Service Area	Part D & MAPD Total Total Monthly Premium	Part D Drug Deductible*	Plan/Benefit Type
Aetna Medicare (H5521)	www.aetnamedicare.com Phone: 833-859-6031			Member Rating: 89% Star Rating: 4.5
Aetna Medicare Elite (PPO) (157)	Connecticut	$0	$615	PPO/MOOP $6,750/$10,000
Aetna Medicare Elite Extra (PPO) (352)	Connecticut	$0	$615	PPO/MOOP $6,750/$6,750
Aetna Medicare Signature (PPO) (446)	Connecticut	$0	$615	PPO/MOOP $6,750/$9,500
Aetna Medicare (H5793)	www.aetnamedicare.com Phone: 883-859-6031			Member Rating: 88% Star Rating: 3.5
Aetna Medicare Elite (HMO) (010)	Connecticut	$0	$615	HMO/MOOP $6,750
Aetna Medicare Signature (HMO) (001)	Connecticut	$72	$615	HMO/MOOP $6,750
Anthem Blue Cross and Blue Shield (H5854)	www.anthem.com/shop Phone: 833-668-2320			Member Rating: 88% Star Rating: 3.5
Anthem Medicare Advantage (HMO) (019-1)	Hartford, Litchfield, Middlesex, Windham	$36	$215	HMO/MOOP $9,250
Anthem Medicare Advantage (HMO) (019-2)	Fairfield, New Haven	$63	$215	HMO/MOOP $9,250
CarePartners of Connecticut (H0342)	www.carepartnersct.com Phone: 833-270-2728			Member Rating: 87% Star Rating: 4
CarePartners Access (PPO) (001)	All Counties Except Fairfield	$0	$550	PPO/MOOP $8,500/$10,100
CarePartners of Connecticut (H5273)	www.carepartnersct.com Phone: 833-270-2728			Member Rating: 86% Star Rating: 3.5
CarePartners of CT CareAdvantage Preferred (HMO) (001)	All Counties Except Fairfield	$0	$450	HMO/MOOP $6,750
ConnectiCare (H3528)	www.connecticare.com/medicare Phone: 866-384-3002			Member Rating: 85% Star Rating: 3.5
ConnectiCare Choice Plan 1 (HMO) (016)	Connecticut	$162	$200	HMO/MOOP $4,250
ConnectiCare Choice Plan 3 (HMO) (014)	Connecticut	$0	$225	HMO/MOOP $6,000
ConnectiCare Flex Plan 2 (HMO) (015)	Connecticut	$119	$200	HMO/MOOP $6,750
ConnectiCare Flex Plan 3 (HMO) (011-1)	Connecticut	$41	$185	HMO/MOOP $6,750
ConnectiCare Flex Plan 3 (HMO) (011-2)	Connecticut	$49	$185	HMO/MOOP $6,750
ConnectiCare Passage Plan 1 (HMO) (010)	Connecticut	$0	$200	HMO/MOOP $6,750
Health Care Service Corp. (HCSC) (H7849)	www.healthspringmedicare.com Phone: 866-617-8713			Member Rating: 83% Star Rating: 3
HealthSpring True Choice (PPO) (148)	Connecticut	$0	$250	PPO/MOOP $6,800/$11,000

Humana (H5216)	www.humana.com/medicare Phone: 888-873-0686			Member Rating: 86% Star Rating: 3.5
HumanaChoice Giveback (PPO) (138)	All Counties but Fairfield, New London & Windham	$0	$395	PPO/MOOP $6,500/$7,750
HumanaChoice Giveback (PPO) (288)	All Counties but Fairfield, New London & Windham	$18.20	$275	PPO/MOOP $5,900/$6,500
HumanaChoice (PPO) (289)	All Counties but Fairfield, New London & Windham	$0	$400	PPO/MOOP $5,200/$6,950
UnitedHealthcare (H0755)	www.uhc.com/medicare Phone: 800-555-5757			Member Rating: 84% Star Rating: 3.5
UHC Medicare Advantage CT-0001 (HMO) (030)	Connecticut	$78	$355	HMO/MOOP $5,900
UHC Medicare Advantage CT-0002 (HMO) (031)	Connecticut	$39	$355	HMO/MOOP $6,400
UHC Medicare Advantage CT-0003 (HMO) (033)	Connecticut	$0	$355	HMO/MOOP $6,700
Wellcare (H0712)	www.go.wellcare.com/medicare Phone: 844-480-0680			Member Rating: Star Rating: 3.5
Wellcare Giveback (HMO) (032)	Connecticut	$0	$615	HMO/MOOP $9,250
Wellcare Simple (HMO) (019)	Connecticut	$0	$615	HMO/MOOP $9,250
Wellcare (H1914)	www.go.wellcare.com/medicare Phone: 844-480-0680			Member Rating: Star Rating: 3.5
Wellcare Giveback Open (PPO) (002)	Connecticut	$0	$615	PPO/MOOP $9,250/$13,900
Wellcare Giveback Open (PPO) (001)	Connecticut	$0	$615	PPO/MOOP $9,250/$13,900

*The annual deductible can be for some drugs or all drugs. It is recommended to review on Medicare.gov Planfinder tool or check with the plan.

2026 CT Medicare Advantage Special Needs Plans (SNPs)

Plan Name (ID)	Service Area	Special Needs Type	Monthly Premium*	Part D Drug Deductible**	Plan/Benefit Type
Aetna Medicare (H5793)	www.aetnamedicare.com Phone: 883-217-9081				Member Rating: 89% Star Rating: 4.5
Aetna Medicare Longevity (PPO) (506)	Connecticut	Institutional	$0	$615	PPO/ISNP/MOOP
Aetna Medicare (H5793)	www.aetnamedicare.com Phone: 883-217-9081				Member Rating: 88% Star Rating:3.5
Aetna Medicare Full Dual (HMO) (017)	Connecticut	Medicaid Only	$0	$615	HMO/DSNP/MOOP $9,250
Aetna Medicare Partial Dual (HMO) (020)	Connecticut	Medicaid & QMB	$0	$615	HMO/DSNP/MOOP $9,250
Anthem Blue Cross Blue Shield (H2836)	www.shop.anthem.com/medicare Phone: 833-859-6031				Member Rating: 83% Star Rating: 3.5
Anthem Dual Advantage (PPO) (007)	Connecticut	Medicaid & QMB	$0	$615	PPO/DSNP/MOOP $9,250/$13,900
Anthem Full Dual Advantage (PPO) (007)	Connecticut	Medicaid Only	$0	$615	PPO/DSNP/MOOP $9,250/$13,900
Anthem Blue Cross and Blue Shield (H5854)	www.shop.anthem.com/medicare Phone: 833-859-6031				Member Rating: 88% Star Rating: 3.5
Anthem Dual Advantage (HMO) (020)	Connecticut	Medicaid & QMB	$0	$615	HMO/DSNP/MOOP $9,250
Anthem Full Dual Advantage Select (HMO) (013)	Connecticut	Medicaid Only	$0	$615	HMO/DSNP/MOOP $9,250
Anthem Kidney Care (HMO) (012)	All counties but Windham & New London	ESRD requiring dialysis	$0	$350	HMO/DSNP/MOOP $9,250
ConnectiCare (H3276)	www.connecticare.com/medicare Phone: 866-384-3002				Member Rating: N/A Star Rating: N/A
ConnectiCare Choice Dual (HMO) (001)	Connecticut	Medicaid Only	$0	$615	HMO/DSNP/MOOP $9,250
Health Care Service Corp. (HCSC) (H2752)	www.healthspringmedicare.com Phone: 866-617-8713				Member Rating: N/A Star Rating: N/A
HealthSpring TotalCare Plus (HMO) (003)	Connecticut	Medicaid & QMB	$0	$615	HMO/DSNP/MOOP $9,250

UnitedHealthcare (H0710)	www.uhc.com/medicare Phone: 888-834-3899				Member Rating: N/A Star Rating:4.5
UHC Nursing Home Plan EX-F003 (PPO) (026)	Connecticut	Institutional	$0	$615	PPO/ISNP/MOOP $9,250/$13,900
UnitedHealthcare (H2001)	www.uhc.com/medicare Phone: 888-834-3721				Member Rating: 88% Star Rating: 3.5
UHC Dual Complete CT-Q001 (PPO) (062)	Connecticut	Medicaid & QMB	$0	$615	PPO/DSNP/MOOP $9,250/$13,900
UHC Dual Complete CT-S001 (PPO) (031)	Connecticut	Medicaid Only	$0	$615	PPO/DSNP/MOOP $9,250/$13,900
UHC Dual Complete CT-S2 (PPO) (066)	Connecticut	Medicaid Only	$0	$615	PPO/DSNP/MOOP $9,250/$13,900
Wellcare (H0712)	www.go.wellcare.com/medicare Phone: 844-480-0680				Member Rating: 81% Star Rating: 3.5
Wellcare Dual Access (HMO) (005)	Connecticut	Medicaid & QMB	$0	$550	HMO/DSNP/MOOP $9,250
Wellcare Dual Liberty (HMO) (029)	Connecticut	Medicaid Only	$0	$515	HMO/DSNP/MOOP $9,250

*Monthly Premium with full extra help is $0.

**The annual deductible can be for some drugs or all drugs. It is recommended to review on Medicare.gov Planfinder tool or check with the plan.

2026 CT Medicare Advantage Plans without Prescription Drug Coverage (MA-only)

Plan Name (ID)	Service Area	Part D & MAPD Total Total Monthly Premium	Part D Drug Deductible	Plan/Benefit Type
Aetna Medicare (H5521)	www.aetnamedicare.com Phone: 833-859-6031			Member Rating: 89% Star Rating: 4.5
Aetna Medicare Eagle Giveback (PPO) (296)	Connecticut	$0	N/A	PPO/MOOP $5,900/$9,500
Anthem Blue Cross and Blue Shield (H5854)	www.anthem.com/shop Phone: 833-668-2320			Member Rating 88% Star Rating: 3.5
Anthem Veteran (HMO) (018)	Connecticut	$0	N/A	HMO/MOOP $5,900
ConnectiCare (H3528)	www.connecticare.com/medicare Phone: 866-384-3002			Member Rating: 85% Star Rating: 3.5
ConnectiCare Choice Plan 2 (HMO) (003)	Connecticut	$0	N/A	HMO/MOOP $6,000
Humana (H5216)	www.humana.com/medicare Phone: 888-873-0686			Member Rating: 86% Star Rating: 3.5
Humana USAA Honor Giveback (PPO) (059)	All counties but Fairfield, New London & Windham	$0	N/A	PPO/MOOP $4,950/$8,950
UnitedHealthcare (H0755)	www.uhc.com/medicare Phone: 800-555-5757			Member Rating: 84% Star Rating: 3.5
UHC Medicare Advantage Patriot No Rx CT-MA01 (HMO) (032)	Connecticut	$0	N/A	HMO/MOOP $6,700