

FlyteHealth FAQs

Q: Why was my prescription denied?

A: Starting July 1, 2023, medications prescribed for weight management will only be covered if prescribed by a FlyteHealth physician. The FlyteHealth medical weight management program is offered to eligible State employees, Partnership health plan members, and adult family members enrolled in the plan.

If your prescription was written before July 1, 2023, and covered by the state of Connecticut health plan, you can continue refilling your prescriptions and are not required to join FlyteHealth. However, you can join this comprehensive weight management program at any time.

Q: Is there a minimum age requirement?

A: The FlyteHealth program is available to enrolled State of Connecticut health plan members and dependents who are 18 years or older and meet the program requirements.

Q: What is FlyteHealth?

A: FlyteHealth is your care team that will guide your weight loss journey. These medical professionals consist of physicians, nurse practitioners, and registered dietitians who specialize in helping people manage their weight as well as treat some of the complications that come with excess weight, including diabetes, heart disease, sleep apnea, and liver disease.

Q: How do I sign up?

A: Visit joinflyte.com/care-compass, click the Get Started button, and fill out the application form. If you are deemed eligible, you will be automatically enrolled in the FlyteHealth program. If you are not eligible, you will receive an email or phone call with further instructions.

Q: Is this a covered benefit? How does my insurance cover this?

A: This is a covered benefit for eligible state plan employees and their adult dependents. You will be charged for any prescriptions associated with your care in accordance with the coverage you have under CVS/Caremark and the same tier structure applies.

Q: How will I get refills going forward?

A: If your prescription was written before June 30, 2023, you will be able to continue refilling your prescriptions. However, you are welcome to take advantage of this new benefit at any time, which offers access to a premier weight loss program.

Q: Why was the prescription from my FlyteHealth provider denied at the pharmacy?

A: Many Weight Management Medications require a Prior Authorization (PA). Once a medication is prescribed, it can take up to 5 business days to process. If your medication was prescribed by a FlyteHealth provider and denied, you can wait 5 days and call the pharmacy to reprocess your prescription. We do not recommend going to your pharmacy without calling first as there may be other issues delaying processing. If your prescription is still getting denied after 5 business days, please contact Caremark at (800) 318-2572.

Q: How do I know if I'm eligible for this program?

A: Eligible state plan employees and their adult dependents who have a BMI of 30 or higher or who have a BMI of 27 or higher AND a weight-related health condition (such as diabetes, sleep apnea, cardiovascular disease, or liver disease) can apply for the FlyteHealth program. To determine your BMI, [click here](#) and enter your weight and height into the BMI Calculator.

Q: Is my family eligible for this program?

A: Family members who meet the above criteria and are eligible for the FlyteHealth program.

Q: How does the program work?

A: You will meet with a doctor who will create a personalized treatment plan for you based on your health history, genetics, lifestyle, and readiness to change. Your doctor will likely order a series of lab tests and will ask you to fill out a Health Risk Assessment on the FlyteHealth Patient app to help them create your customized plan.

You'll have more frequent check-ins with your dietitian and nurse practitioner to monitor your progress, troubleshoot any challenges, make modifications if necessary, and to make sure you have everything you need to succeed.

Your treatment plan will be as unique as you are, but it may include starting new prescription medications or changing the ones you are already on; meal and recipe planning; goal setting; using connected devices to track your weight and blood pressure; slowly adding activity to your schedule; telehealth visits with your care team as well as regular communication with them through the app; and reading articles and taking courses that will arm you with knowledge throughout your journey.

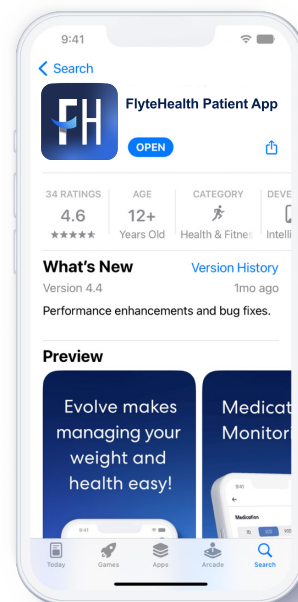
Q: What is the FlyteHealth Patient app?

A: The app is how you will connect with your providers. It's also where you can log meals, exercise, and your weight, and it has a ton of educational content about losing and maintaining weight.

Q: Once I'm registered, what should I do first?

A: If you haven't already, you will receive an email notifying you of your enrollment in FlyteHealth and asking you to create a password. Click the link in the email and create a very secure password known only to you. Registration for the FlyteHealth program is required before using the app. A link to download the app will also be included in your registration email.

After that, complete all the items in the checklist (uploading insurance info, signing consent forms, completing all of the questionnaires, etc.) and then you'll be ready to schedule your first appointment.



Q: Who do I talk to if I'm having trouble registering for FlyteHealth?

A: If you have filled out the application at joinflyte.com/care-compass and haven't received a notification, or if you have questions about downloading the app or filling out the Health Risk Assessment, please call FlyteHealth at **844-359-8363**.