FlyteHealth FAQs

What is FlyteHealth?

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.

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

This is a covered benefit for eligible state plan employees and their adult dependents. To participate, there is a required $12.50 monthly program fee. You will also be responsible for the cost of any prescriptions, which will be billed according to your existing CVS/Caremark coverage and standard tier structure.

Why is a $12.50 program fee* mandatory to participate in the state's Medical Weight Management Program?

The State of Connecticut is investing significantly in providing a comprehensive medical weight loss program; to ensure shared responsibility, a monthly fee will be added beginning August 1, 2025. Participants who complete all of the required activities will continue to pay $12.50 per month in subsequent months. Participants who do not complete the required activities will pay $25 per month. The fee does not apply to a plan member's Out-of-Pocket maximum or deductible.

*Medicare Advantage plan members are excluded from the program fee.

When does the program fee start?

The program fee will be charged to the stored debit or credit card on the 15th of the month following your first appointment. For example:

- **If your first appointment occurs in August**, the monthly program fee will begin on September 15th, and you will be charged then.
- **If your first appointment occurs in September**, the program fee will begin on October 15th, and you will be charged then.

How do I enter my debit/credit card into the FlyteHealth mobile app?

You must log in to the FlyteHealth mobile app to enter your credit or debit card information. FlyteHealth staff cannot enter this on your behalf via email or phone, and fees cannot be deducted from an active payroll or pension check.

1. Open and log in to the **FlyteHealth Mobile App**
2. On the home, screen click the "Go" button
3. Tap "Payment Method"
4. Follow the prompts to securely add your card

What specific activities must be completed by the plan year's end (June 30) to continue paying the $12.50 program fee?

To qualify for the $12.50 monthly program fee after the first year, you must complete all five of the following activities during each plan year (July 1 - June 30):

- Bloodwork/Labs: Complete one set of labs (initial or follow-up) within the plan year.
- Remote Patient Monitoring (RPM) Device Readings: Submit at least one reading per month for each remote patient monitoring (RPM) device provided by FlyteHealth. Devices may include a body weight scale and, for some members, a blood pressure cuff.
- Food Tracking: Log a minimum of one day of meals (breakfast, lunch, dinner, and any snacks) and one day of exercise activity within a week prior to any upcoming clinical appointment.
- Medication Adherence*: Weekly responses in the FlyteHealth app to the prompt: "Are you taking your medications as prescribed in your care plan by your doctor or nurse practitioner?" If no medications are prescribed, this requirement is waived.
- Appointment Attendance*: Attendance at all scheduled appointments with FlyteHealth providers. Missed appointments or late cancellations will count against this requirement.

*Extenuating circumstances will be considered. Contact support at flytehealth.com.

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

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 eligibility, click the **Get Started** button to apply and see if you're eligible.

Is there a minimum age requirement?

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.

Is my family eligible for this program?

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

How do I sign up?

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.

How does the program work?

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 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.

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

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.

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

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**.

What happens if I don't show up for a FlyteHealth appointment?

A no-show fee will apply if an appointment is missed without proper notice. For visits with the medical team (medical doctor or nurse practitioner), the fee is $75. For visits with a registered dietitian, the fee is $50. If FlyteHealth has a credit card on file for you, it will be automatically charged. If a credit card is not on file, an invoice will be sent to you via email and text. Your next appointment cannot be scheduled until payment of any existing no-show or late cancellation fees is complete.

What happens if I need to cancel my FlyteHealth appointment?

Appointments can be canceled 48 hours before the appointment. A late cancellation fee will apply if an appointment is canceled less than 48 hours in advance. For visits with the medical team (medical doctor or nurse practitioner), the cancellation fee is $75. For visits with a registered dietitian, the cancellation fee is $50. If FlyteHealth has a credit card on file for you, it will be automatically charged. If a credit card is not on file, an invoice will be sent to you via email and text. Your next appointment cannot be scheduled until payment of any existing no-show or late cancellation fees is complete.

What happens if I miss multiple FlyteHealth appointments?

If you miss three (3) or more appointments within a 12-month period (in any combination of no-shows and/or late cancellations), you may be dismissed from our practice.

What happens if a FlyteHealth provider cancels or misses an appointment?

While this is uncommon, if a FlyteHealth provider cancels or misses a scheduled appointment, it will not count against the Appointment Attendance requirement for the Program Fee. A team member will reach out to reschedule the visit.

Participants are encouraged to double-check their Zoom link prior to every appointment to ensure they are using the most up-to-date information. For assistance, contact **support@flytehealth.com**.

After my first appointment with FlyteHealth, are follow-up appointments required?

Attending follow-up appointments with the FlyteHealth care team (medical doctors, nurse practitioners, registered dietitians) is a requirement of the program and necessary for medication safety. FlyteHealth is unable to process prescription refills for patients who have not been seen in the past six months by their FlyteHealth MD/NP.

Why was my prescription denied?

As of July 1, 2023, medications prescribed for weight loss or weight management are covered if they are prescribed by a FlyteHealth physician. FlyteHealth is a medical weight loss program offered to eligible State of Connecticut and Partnership health plan members and their enrolled adult family members. (More information about FlyteHealth: **joinflyte.com/care-compass**).

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

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**.

What is the FlyteHealth Patient app?

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.

How can primary care providers (PCPs) or specialists stay informed and involved in my care under the FlyteHealth program?

At FlyteHealth, we value collaboration with our patients' existing healthcare teams. To support care coordination:

- Patients are asked to identify their primary care provider (PCP) and any specialists during enrollment.
- If you listed your PCP or specialist, they will automatically receive visit notes unless you opted out.
- If you did not list your PCP or specialist at the time of enrollment, you can ask a FlyteHealth clinician to add them to your chart.

Can I see an in-person provider instead of using telehealth?

FlyteHealth is designed as a telehealth-based program to increase accessibility and convenience. In-person visits are not part of the current model, however, if you share your Primary Care Provider (PCP) with Flyte, they will send them updates about your treatment process.

What if I disagree with the treatment plan or medication prescribed?

Talk to your FlyteHealth provider—your care is collaborative and personalized. Sharing health details can help your care team align your treatment to your needs and goals.

Do I need to use the FlyteHealth-issued devices to stay eligible?

While using the Remote Patient Monitoring (RPM) devices is not required to maintain eligibility in the program, submitting at least two readings each month does qualify you for a partial refund of your program fee. More importantly, regularly submitting readings helps your healthcare providers see your progress and trends over time, allowing them to offer more personalized support and guidance tailored to your needs. We strongly encourage you to use your FlyteHealth-issued devices to get the most out of your care experience.

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