

CONNECTICUT
PARTNERSHIP PLAN



March 2026 Partnership Plan Update

Office of the State Comptroller

osc.ct.gov/ctpartner

Agenda

- SPP Meeting/Benefit Fair Requests
- Quantum Health
- Medicare Advantage Enrollment 7/1/26
- CVS Caremark Update
- RFP (Request for Proposal) Updates
- July 1st, 2026 Rate Renewal
- Financial Overview

**Please remain on mute and ask any questions through the chat.
Thank you.**

SPP Meeting/Benefit Fair Requests

- We have a new process for requesting SPP Meetings and coverage for Benefit Fairs
 - The SPP Event Request Form is available on the SPP website. Once you complete the form and click 'Submit', your event request is sent to the State team & Quantum Health
 - Events should be requested with at least two-week's notice, to guarantee coverage
 - If a group requires more than three dates, please call our office at 860-702-3560
 - To encourage high turnouts at these events, please make every effort to promote to your employees

SPP Meeting/Benefit Fair Requests

Why Join CT Partnership 2.0

Rate Stability: Claims from Partnership 2.0 are being pooled with all the state claims and will be factored into the yearly renewal rating thus reducing exposure to volatile claims.

Rich Plan Design: Same point-of-service (POS) plan design offered to state employees providing: in- and out-of-network coverage, 100% coverage for preventive care, an extensive local and national network through Anthem, and low co-pays for maintenance drugs available at local pharmacies.

Health Enhancement Program (HEP): The Health Enhancement Program (HEP) is also included in the Partnership Plan 2.0. It is a program designed to promote preventive screenings, wellness visits and chronic disease education and counseling for employees and, as a result, saves money on health care in the long term by focusing health care dollars on prevention.

Dedicated Service Team: The Partnership Plan 2.0 has a dedicated team of individuals who are your point of contact throughout the process. You will not be lost in the shuffle with questions or concerns about enrollment, billing, or claims.

Ease of Applying: Simply fill out an application on the partnership website to start the process. Fixed (quarterly) rates are posted on the website so you know exactly what you are paying and can budget appropriately.

[PARTNERSHIP BROCHURE](#)

[APPLICATION](#)

[SCHEDULE A BENEFIT'S EVENT](#)

Quantum Health



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Quantum Client Team Update

Quantum Health

- HEP Update
 - 2026 Program has launched; self-entry available later this Spring/early Summer
 - Current household compliance:
 - 2024: 90% household compliance, 10% non-compliant
 - 2025: 80% household compliance, 20% non-compliant
 - 2025 NC letters being sent next week
 - Reminder: 2025 penalty doesn't go into effect until Summer 2026
- Providers of Distinction now live in the new QH portal!
 - Please continue to encourage your population to re-register for the new site if they haven't already

Quantum Health

Providers of Distinction (cont.)

Providers of Distinction

Get rewarded for eligible healthcare services.

Your employer rewards you for making smart healthcare choices by getting eligible services done by a high-quality provider. Get a prepaid gift card anytime you get an eligible service performed by a high-performing doctor or provider.

[See eligible services](#)

Your incentives

Incentive that are available to be redeemed after a healthcare service or procedure will be displayed below.

Incentives available for **Standard Access - HEP Demo**

There are no available incentives to redeem at this time.

Providers of Distinction

View Notifications View ID Card

- 1 Find a high-quality provider**
Use Embold Health Provider Guide to find a provider specializing in the service you want performed. Look for the "Incentives Eligible" listed on a provider card or profile. [Find eligible providers](#)
- 2 Schedule your service or procedure**
Once a qualifying provider has been identified, schedule a service or procedure to be performed.
- 3 Redeem your incentive**
After you have received your healthcare service, we will verify your claim and notify you when your incentive is ready to be redeemed.

Eligible services

Below is a list of all services that are eligible for incentives and the amount for each. For additional information about finding eligible providers, please visit [this page](#).

\$100 Incentive	Colonoscopy	▼
\$100 Incentive	Endoscopy	▼
\$500 Incentive	Hip Replacement and Hip Revision	▼
\$150 Incentive	Knee Arthroscopy	▼
\$500 Incentive	Knee Replacement and Knee Revision	▼
\$250 Incentive	Pregnancy and Delivery	▼
\$100 Incentive	Spine Care Management: Comprehensive Spine Program Evaluation	▼
\$200 Incentive	Spine Care Management: Conservative Treatment Series	▼
\$100 Incentive	Spine Care Management: Spine Care Provider	▼

Medicare Advantage Enrollment 7/1/26

- As a reminder, we require a 90-day notice from groups looking to join the SPP Medicare Advantage (MA) plan
 - For example: If you're adding MA for 7/1/26, you'll need to notify our office by 4/1/26
 - Please send your email of intent to Partnershipplan@ct.gov and CC the Aetna Account Manager, Ashley Hetrick (HetrickA@aetna.com)

CVS Caremark Update

- Some members received a letter for CVS regarding brand name maintenance drugs moving from a 90-day fill to a 30-day fill
 - This change was retracted and a communication from CVS was sent to the affected members
 - Any member questions or claim concerns, please call Quantum Health: 833-740-3258

RFP (Request for Proposal) Updates

- Closed RFP(s)
 - Medical/Care Coordinator
 - Medical claims administration and utilization management awarded to Anthem with their TPA, AmeriBen's claims platform
 - Member advocacy, care management, and Health Enhancement Program administration awarded to Quantum Health
 - Members will receive new ID cards with new ID numbers for 7/1/26
- Upcoming RFP(s)
 - Pharmacy
 - Rx RFP to be released this summer
 - The current PBM contract is with Caremark/CVS until 6/30/27

July 1st, 2026 Rate Renewal

Actives

Current Annual Rates

Rates			
Area	EE	EE+1	FAM
1-Fairfield	\$1,381.13	\$2,927.24	\$3,571.45
2-Hartford	\$1,208.48	\$2,561.34	\$3,125.02
3-Litchfield	\$1,221.27	\$2,588.44	\$3,158.09
4-Middlesex	\$1,291.61	\$2,737.51	\$3,339.97
5-New Haven	\$1,323.58	\$2,805.27	\$3,422.64
6-New London	\$1,304.40	\$2,764.62	\$3,373.04
7-Tolland	\$1,189.30	\$2,520.68	\$3,075.42
8-Windham	\$1,253.24	\$2,656.20	\$3,240.76

Renewal Rates

Area	Rate			Rate Action		
	EE	EE+1	FAM	EE	EE+1	FAM
1-Fairfield	\$1,554.38	\$3,294.46	\$4,019.49	12.5%	12.5%	12.5%
2-Hartford	\$1,340.48	\$2,841.09	\$3,466.35	10.9%	10.9%	10.9%
3-Litchfield	\$1,354.74	\$2,871.32	\$3,503.23	10.9%	10.9%	10.9%
4-Middlesex	\$1,440.30	\$3,052.66	\$3,724.49	11.5%	11.5%	11.5%
5-New Haven	\$1,454.56	\$3,082.89	\$3,761.36	9.9%	9.9%	9.9%
6-New London	\$1,440.30	\$3,052.66	\$3,724.49	10.4%	10.4%	10.4%
7-Tolland	\$1,340.48	\$2,841.09	\$3,466.35	12.7%	12.7%	12.7%
8-Windham	\$1,354.74	\$2,871.32	\$3,503.23	8.1%	8.1%	8.1%

Non-Medicare Retirees Under 65

Current Annual Rates

Rates			
Area	EE	EE+1	FAM
1-Fairfield	\$1,696.12	\$3,617.87	\$4,418.58
2-Hartford	\$1,484.11	\$3,165.63	\$3,866.26
3-Litchfield	\$1,499.81	\$3,199.13	\$3,907.17
4-Middlesex	\$1,586.19	\$3,383.38	\$4,132.19
5-New Haven	\$1,625.45	\$3,467.12	\$4,234.48
6-New London	\$1,601.90	\$3,416.88	\$4,173.11
7-Tolland	\$1,460.55	\$3,115.39	\$3,804.89
8-Windham	\$1,539.08	\$3,282.88	\$4,009.46

Renewal Rates

Area	Rate			Rate Action		
	EE	EE+1	FAM	EE	EE+1	FAM
1-Fairfield	\$1,885.84	\$4,029.07	\$4,922.06	11.2%	11.4%	11.4%
2-Hartford	\$1,626.32	\$3,474.61	\$4,244.71	9.6%	9.8%	9.8%
3-Litchfield	\$1,643.63	\$3,511.57	\$4,289.87	9.6%	9.8%	9.8%
4-Middlesex	\$1,747.43	\$3,733.36	\$4,560.81	10.2%	10.3%	10.4%
5-New Haven	\$1,764.74	\$3,770.32	\$4,605.97	8.6%	8.7%	8.8%
6-New London	\$1,747.43	\$3,733.36	\$4,560.81	9.1%	9.3%	9.3%
7-Tolland	\$1,626.32	\$3,474.61	\$4,244.71	11.3%	11.5%	11.6%
8-Windham	\$1,643.63	\$3,511.57	\$4,289.87	6.8%	7.0%	7.0%

Non-Medicare Retirees Over 65

Current Annual Rates

Rates			
Area	EE	EE+1	FAM
1-Fairfield	\$2,997.88	\$6,483.50	\$7,935.88
2-Hartford	\$2,623.15	\$5,673.06	\$6,943.90
3-Litchfield	\$2,650.91	\$5,733.09	\$7,017.38
4-Middlesex	\$2,803.58	\$6,063.27	\$7,421.52
5-New Haven	\$2,872.97	\$6,213.35	\$7,605.22
6-New London	\$2,831.33	\$6,123.30	\$7,495.00
7-Tolland	\$2,581.51	\$5,583.01	\$6,833.68
8-Windham	\$2,720.30	\$5,883.17	\$7,201.08

Renewal Rates

Area	Rate			Rate Action		
	EE	EE+1	FAM	EE	EE+1	FAM
1-Fairfield	\$3,323.25	\$7,193.25	\$8,805.80	10.9%	10.9%	11.0%
2-Hartford	\$2,865.93	\$6,203.36	\$7,594.00	9.3%	9.3%	9.4%
3-Litchfield	\$2,896.41	\$6,269.35	\$7,674.78	9.3%	9.4%	9.4%
4-Middlesex	\$3,079.35	\$6,665.31	\$8,159.51	9.8%	9.9%	9.9%
5-New Haven	\$3,109.83	\$6,731.30	\$8,240.29	8.2%	8.3%	8.4%
6-New London	\$3,079.35	\$6,665.31	\$8,159.51	8.8%	8.9%	8.9%
7-Tolland	\$2,865.93	\$6,203.36	\$7,594.00	11.0%	11.1%	11.1%
8-Windham	\$2,896.41	\$6,269.35	\$7,674.78	6.5%	6.6%	6.6%

Medical/Rx
base increase
is 11.5%



Financial Overview

Actives & Non-Medicare Retirees

All Plans

Utilization Dashboard

Current Period: Dec 2024 – Nov 2025

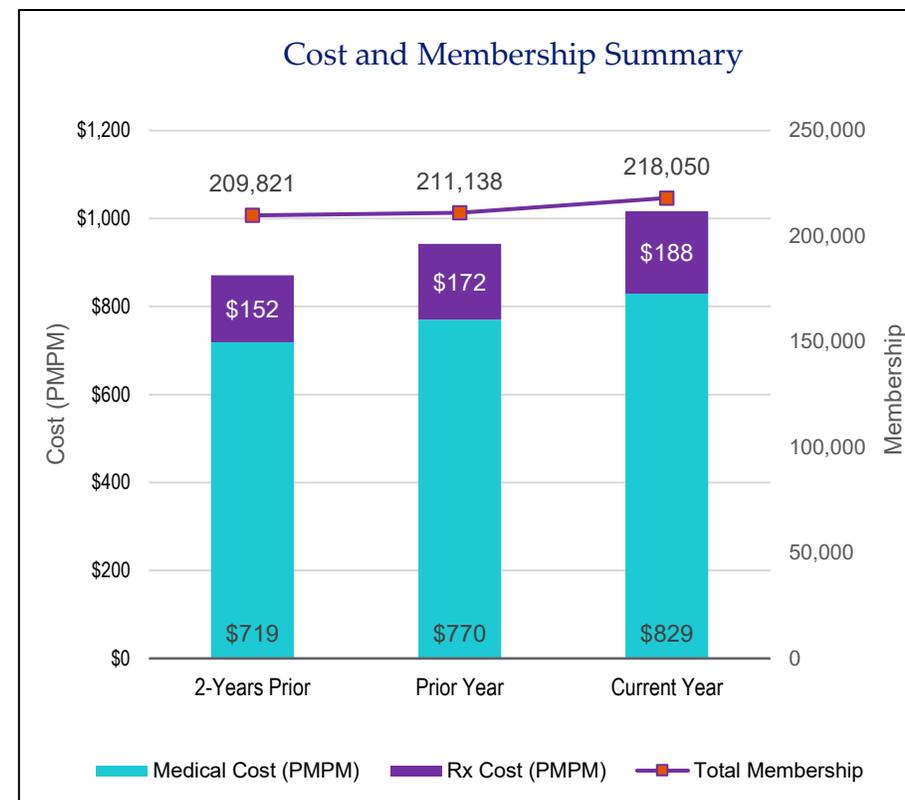
Prior Period: Dec 2023 – Nov 2024

Claims Summary¹

	Total Cost (PMPM)	% of Total Cost	Current Trend
Medical	\$828.82	82%	▲ 7.7%
Inpatient Facility	\$165.69	16%	▲ 5.3%
Outpatient Facility	\$321.56	32%	▲ 7.9%
Professional Services	\$320.32	32%	▲ 9.6%
Ancillary	\$21.25	2%	▼ 4.7%
Pharmacy²	\$187.82	18%	▲ 8.9%
Total Cost	\$1,016.64		▲ 7.9%

Drivers of Trend

Service Category	Current PMPM	Prior PMPM	Change
Pharmacy - Specialty	\$69.98	\$52.10	▲ \$17.88
Outpatient - Surgery	\$105.09	\$93.66	▲ \$11.43
Inpatient - Medical	\$52.92	\$46.54	▲ \$6.37
Professional -E&M	\$60.14	\$54.59	▲ \$5.55
Pharmacy - Generic	\$22.52	\$27.65	▼ \$5.14



Observations

- PMPM medical costs have increased 7.7% Year-over-Year (“YoY”) and accounted for 82% of total spend.
- PMPM Rx costs have increased 8.9% YoY and accounted for 18% of total spend.
- The second table above illustrates the top 5 drivers of trend. Pharmacy - Specialty was the top driver of spend on a PMPM basis, increasing \$17.88 PMPM over last year.

¹ Reflects paid claims through January 2026. Claims for the current period have been completed using a factor of 0.95

² Pharmacy costs reflect PrudentRx savings through December 2025.

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Questions?

Please remain on mute and use the chat function.

The presentation will be posted to the Partnership Site: [The CT Partnership Plan 2.0](#)

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Appendix

- State of CT & Partnership Utilization Dashboard
 - Key Utilization Metrics
 - Disease Prevalence
 - Care Gaps & Compliance Rates
 - High-Cost Claimants

Actives & Non-Medicare Retirees

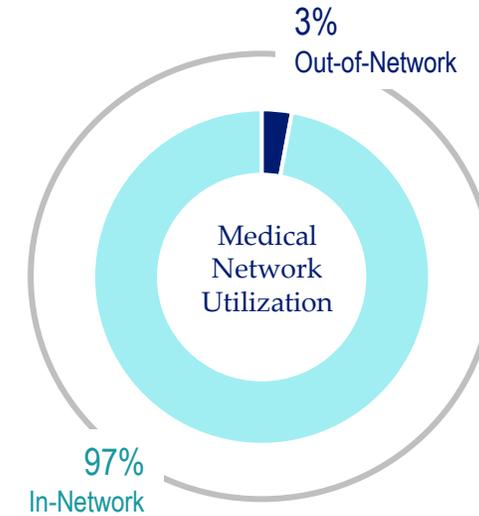
All Plans

Utilization Dashboard

Current Period: Dec 2024 – Nov 2025
 Prior Period: Dec 2023 – Nov 2024

Key Utilization Metrics

Category (Utilization per 1,000)	Current Period	Prior Period	% Change
Office Visits	5,153	5,056	1.9%
Preventive Services	4,402	4,376	0.6%
Inpatient Admissions	82	75	9.6%
Average Cost Per Admission	\$24,201	\$25,192	-3.9%
Emergency Room (ER) Visits	201	202	-0.9%
Average ER Visit Cost	\$3,087	\$2,800	10.2%
Urgent Care (UC) Visits	439	359	22.1%
Average UC Visit Cost	\$254	\$232	9.5%
Rx Scripts	12,164	11,835	2.8%
Average Cost ¹ per Script	\$185	\$175	6.0%



Observations

- Office visits per 1,000 increased 1.9% YoY, while preventive services remained relatively stable YoY.
- Inpatient admissions per 1,000 increased 9.6% YoY, and average cost per admission decreased 3.9% YoY.
- ER visits per 1,000 remained relatively stable YoY, the average cost per visit increased 10.2% YoY.
- Urgent care visits per 1,000 increased 22.1% YoY, while the average cost per visit increased 9.5% YoY.
- Rx scripts per 1,000 increased 2.8% YoY, and unit cost trend increased 6.0% YoY.

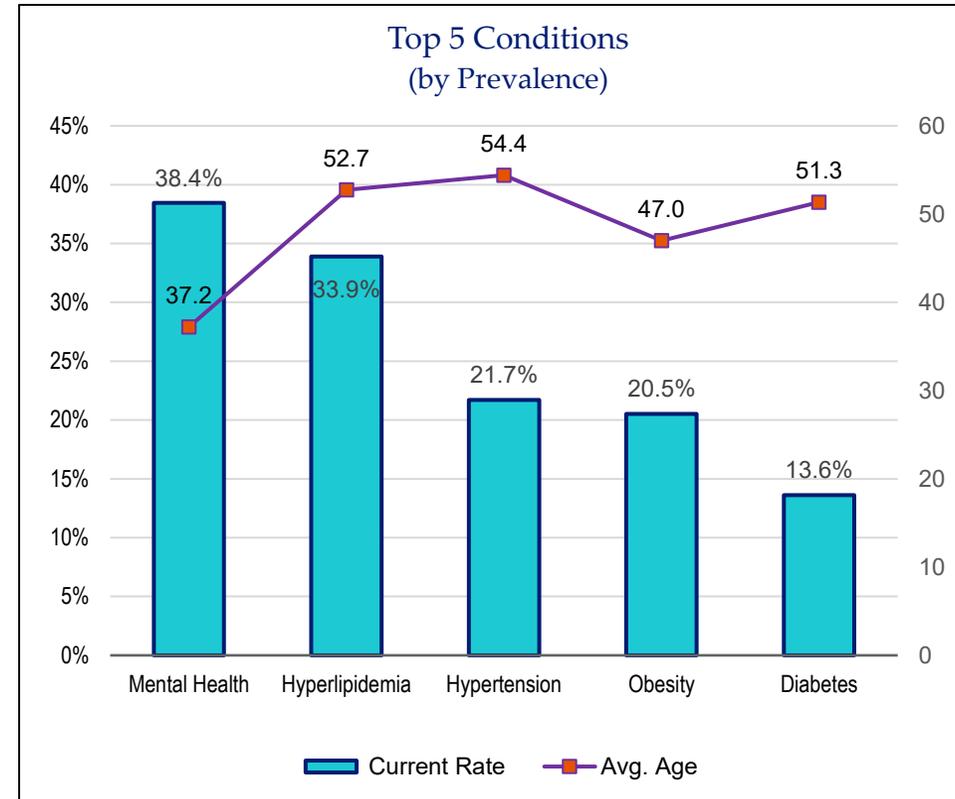
¹ Pharmacy costs are net of PrudentRx savings.

Actives & Non-Medicare Retirees

All Plans

Disease Prevalence (sorted by prevalence)

Chronic Condition	Current Rate	Prior Rate
Mental Health	38.4%	37.0%
Hyperlipidemia	33.9%	31.6%
Hypertension	21.7%	21.5%
Obesity	20.5%	19.5%
Diabetes	13.6%	11.7%
Asthma	7.1%	7.3%
Substance Abuse	4.0%	4.0%
Coronary Artery Disease (CAD)	3.9%	3.3%
Breast Cancer	1.0%	0.9%
Chronic Obstructive Pulmonary Disease (COPD)	0.6%	0.6%
Prostate Cancer	0.6%	0.6%
Congestive Heart Failure (CHF)	0.5%	0.5%
Colorectal Cancer	0.2%	0.2%
Cervical Cancer	0.0%	0.0%



Observations

- Mental health remained the State's top disease condition with 38.4% of total members (prevalence) and has increased 1.4 percentage points (pp) YoY.
- Continuing increases in Hyperlipidemia, Obesity, and Diabetes

Actives & Non-Medicare Retirees

All Plans

Care Gaps and Compliance Rates

Chronic Condition	Clinical Quality Metrics	All Members				Gender Distribution		Compliance Rate by Gender	
		Population	Current Period	Change (pp)	SHAPE BoB ¹	F	M	F	M
Diabetes	At least 1 hemoglobin A1C test	30,308	84%	▲ 2.1	82%	61%	39%	83%	86%
	Screening for diabetic nephropathy	30,308	64%	▲ 4.7	62%	61%	39%	64%	65%
	Screening for diabetic retinopathy	30,308	49%	▼ 0.6	25%	61%	39%	49%	48%
Hypertension	On anti-hypertensives and serum potassium	30,779	65%	▲ 1.6	61%	42%	58%	66%	65%
Hyperlipidemia	Total cholesterol testing	75,487	80%	▲ 2.5	72%	50%	50%	82%	78%
COPD	Spirometry testing	1,268	36%	▼ 0.5	26%	51%	49%	35%	36%
CAD	Patients currently taking an ACE-Inhibitor or ARB Drug	8,664	39%	▼ 0.7	41%	34%	66%	30%	43%
	Patients currently taking a statin	8,664	81%	▲ 0.8	70%	34%	66%	72%	86%
Preventive Screening	Breast cancer	56,899	71%	▲ 6.0	56%	100%		71%	
	Cervical cancer	92,612	52%	▲ 0.3	46%	100%		52%	
	Colorectal cancer	72,863	51%	▼ 1.3	41%	54%	46%	54%	47%
	Prostate cancer	33,563	71%	▲ 2.7	38%		100%		71%

Observations

- All preventive screening compliance rates are critically important. Early detection of chronic conditions gives the patient a higher probability of a positive outcome. Expensive treatments in the future can be avoided if these conditions are caught/managed early.
- While some compliance rates are down YoY, the State's compliance rates remained favorable in most categories when compared to the SHAPE BoB.
- The Plan should continue to frequently communicate the value and importance of preventive screenings.

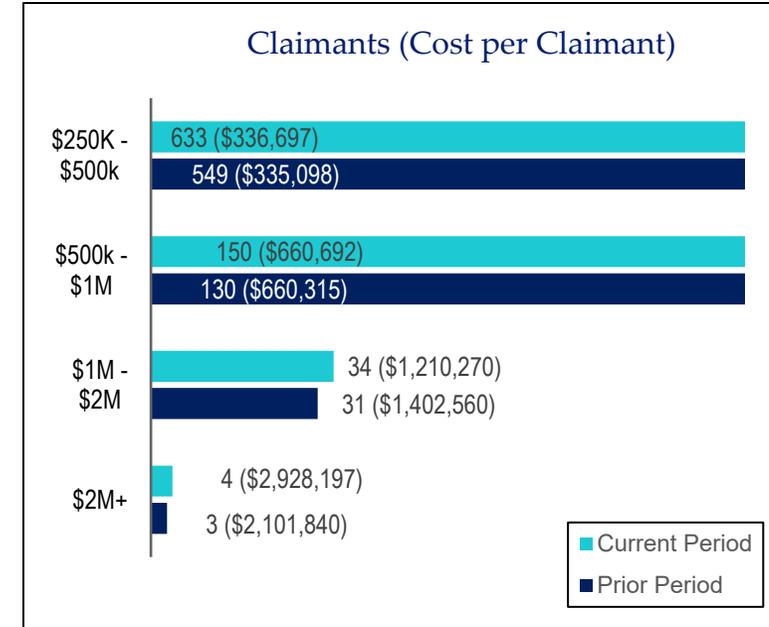
¹ SHAPE Book-of-Business reflects compliance rates for calendar year 2023. Compliance statistics have not been adjusted for risk or severity.

Actives & Non-Medicare Retirees

All Plans

High-Cost Claimants (Medical & Rx \$250k+)

Category (sorted by Members)	Current Period		Prior Period	
	Claimants	Cost per Claimant	Claimants	Cost per Claimant
Episodic w/ Underlying Health Conditions ¹	195	\$479,504	184	\$473,737
Chronic	178	\$430,371	137	\$443,152
Non-Screenable Cancer	169	\$469,778	157	\$505,950
Rx Dominant	117	\$399,560	101	\$405,224
Screenable Cancer	99	\$400,597	85	\$406,503
Episodic w/o Underlying Health Conditions ¹	32	\$526,216	17	\$354,623
Mental Health	23	\$392,267	21	\$358,550
Substance Use	8	\$415,604	11	\$294,783
Total High-Cost Members	821	\$444,696	713	\$448,239



Observations

- 821 claimants exceeded the \$250k in combined medical and Rx spend during the current period. Compared to 713 in the prior period.
- Episodic w/ Underlying Health Conditions was the top category with about 24% of high-cost claimants falling into this category. Chronic was the second highest category.
- Rx dominant, which reflects claimants exceeding the threshold mainly due to prescription drug costs rather than medical costs, ranked fourth.

¹ Underlying conditions reflect members with the following conditions: Mental Health, Hyperlipidemia, Hypertension, Obesity, Diabetes, Asthma, Substance Abuse, Coronary Artery Disease (CAD), Chronic Obstructive Pulmonary Disease (COPD), and Congestive Heart Failure (CHF).