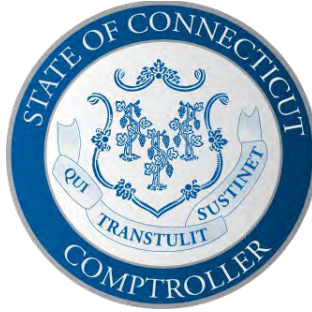


**OFFICE OF THE STATE  
COMPTROLLER**

**HEALTHCARE COST  
CONTAINMENT COMMITTEE**



**HEALTHCARE POLICY & BENEFIT  
SERVICES DIVISION  
165 CAPITOL AVENUE  
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**Healthcare Policy & Benefit Services Division**

**Division Memorandum 2022-04**

**TO THE HEADS OF ALL STATE AGENCIES**

**ATTENTION: Personnel and Payroll Officers, Chief Administrative and Fiscal Officers,  
Business Managers**

**SUBJECT: 2022-2023 Health Insurance Open Enrollment**

**I. INTRODUCTION**

The state employee annual open enrollment period for health and dental benefits will be held from May 2, 2022 through May 27, 2022, for coverage effective July 1, 2022. This memorandum discusses enrollment procedures and how employees can access information about health plan choices and premiums.

This year we will be hosting four live event question and answer sessions during open enrollment. The dates, times, and links to each of these events can be found on the open enrollment dedicated landing page on Care Compass: [Open Enrollment - Care Compass \(ct.gov\)](https://www.ct.gov/carecompass).

We will be highlighting the plan features below during open enrollment:

- Medical Plan Name Changes – New plan names have been created to better align with each plan's network access. All 2022-23 open enrollment communications will include the new name with the Anthem plan name. Plan benefits have not changed, except for the Quality First Select Access/BlueCare Prime Tiered POS Plan noted in the next bullet. The new plan names are as follows:

<b>New Plan Name</b>	<b>Anthem Name</b>	<b>Core-CT Benefit Plan</b>
Quality First Select Access	BlueCare Prime Tiered POS	ANTM06
Primary Care Access	State BlueCare POE Plus	ANTM03
Standard Access	State BlueCare POE	ANTM02
Expanded Access	State BlueCare POS	ANTM01

Note: State Preferred plan (ANTM04) is still available but closed to new enrollment.  
Out-of-Area Plan (ANTM05) is available for members living out of state.

- Updated Quality First Select Access/BlueCare Prime Tiered POS Plan – This plan will be transitioned from Primary Care Physician (PCP) directed to tiered network access. High performing PCP's and Specialists will have a \$0 co-pay (Value Tier 1). Other in-network PCP's will have a \$50 co-pay and Specialists will have a \$100 co-pay (Tier 2). Out-of-network coverage is available with a 20% coinsurance. Note: Hartford Healthcare is considered out-of-network for this plan.
- As part of the SEBAC 17 agreement, union employee share premium was split between existing employees and new hires. New hires after 10/2/2017 paid an employee share of up to 16% and existing union employee's premium share increased by 1% each year until they reached 16%. As of 7/1/2022, they have reached the premium share equivalent to the new hires post 10/2/17 group. In addition, as of July 1, 2022, per the direction of DAS, managerial employee share premium will be aligned with that of union employees. As a result, effective 7/1/2022, there is now one set of bi-weekly employee share rates for all employees.
- eBenefits – The Core-CT eBenefits Module has been rolled out to all state employees. Employees can use this self-service option to make 2022-23 open enrollment elections. The Core-CT job aid can be found at the following link:

[eBenefits Open Enrollment Job Aid.docx \(live.com\)](#)

Employees may also use the Core-CT generated open enrollment form or the CO-744A.

- Providers of Distinction - The highest quality doctors, hospitals and medical groups in the state have been identified for some of the most common procedures. Over 1,400 doctors and over 300 provider groups have met these high-quality standards and are designated as "Providers of Distinction". By using one of these providers for a covered procedure, members will automatically receive a cash incentive in the mail.
- Prudent Rx – A voluntary specialty drug discount program will be available 7/1/2022. Under this program members will have a \$0 cost share for all specialty medications. In exchange for the \$0 cost share, members using specialty medications are required to enroll in available manufacturer assistance programs. They will be assisted by the specialty discount program administrator--Prudent Rx. Members will be automatically enrolled in the program may opt out during open enrollment by filling out a form or contacting Health Navigator.
- Dental Eligibility to age 26 – Eligible dependents can remain enrolled in State-sponsored dental coverage through the end of the year in which they turn age 26. Dependents who were previously removed from dental coverage because they reached the maximum age of 19, and are still under age 26, can be re-enrolled in dental coverage during open enrollment. Coverage will be effective July 1, 2022.

During open enrollment, employees may change medical and/or dental plans, add or drop coverage for family members, or enroll if they previously waived coverage. This is the only time employees may enroll in or change a health plan, unless there is a qualifying mid-year event, such as marriage, divorce, legal separation, birth, adoption, legal guardianship, or loss of other health insurance coverage by an eligible dependent. The employee is responsible for contacting their agency personnel/payroll representative to file the appropriate forms within 31 days of the event that necessitates a change in enrollment or plan.

## **II. DISCUSSION**

### **A. Plan Offerings**

**1. Medical Plans and Benefits** – Anthem will be the only carrier administering our medical plans for active employees and non-Medicare retirees. Plan details can be found on [Medical - Care Compass \(ct.gov\)](#).

**2. Dental Plans and Benefits** – Cigna administers all dental plans, which include the Basic Plan, Enhanced Plan, Total Care DHMO and DHMO. Plan details can be found on Care Compass, [Dental - Care Compass \(ct.gov\)](#).

**3. Pharmacy Plans and Benefits** – The State of Connecticut employee plan utilizes CVS/Caremark’s Standard Formulary. Plan details can be found on Care Compass, [Pharmacy - Care Compass \(ct.gov\)](#).

The 4-tier co-pay structure for acute and maintenance drugs is as follows:

- Tier 1 – Preferred Generic - \$5
- Tier 2 – Non-Preferred Generic - \$10
- Tier 3 – Preferred Brand - \$25
- Tier 4 – Non-Preferred Brand - \$40

Effective July 1, 2022, members can get a \$0 copay for all specialty drugs through the Prudent Rx specialty discount program. Impacted members will receive letters regarding the Prudent Rx program in May 2022.

**Note:** There is a mandatory 90-day supply for maintenance drugs through mail order or CVS/Caremark’s Maintenance Drug Network. The first prescription for any medication (30-day supply) may be filled at any participating retail pharmacy. After that, refills for maintenance medications must be filled through a participating State of Connecticut Maintenance Drug Network pharmacy. Reduced co-pays to treat HEP-targeted chronic conditions will remain the same at \$0/\$5/\$12.50.

### **B. Care Compass Website for all Benefit Information**

All open enrollment information can be found on Care Compass, [Open Enrollment - Care Compass \(ct.gov\)](#).

Care Compass contains information on the scheduled Q&A sessions, Carrier Spotlight presentations, benefit summaries, information about applicable employee premium shares, and general guidelines on making health benefit choices. You will also find contact information for Health Navigator, a service to assist members with all benefit related questions.

### **C. eBenefits/Enrollment Statements**

eBenefits is available to all employees making a benefit change during open enrollment. In addition to eBenefits, the Core-CT generated open enrollment form issued by the employee’s agency or the manual Form CO-744-A may also be used to make open enrollment elections. This form can be found on Care Compass, [Forms and Documents - Care Compass \(ct.gov\)](#).

#### **D. Health Enhancement Program and New Enrollment**

Employees who are not currently participating in HEP may elect to do so during open enrollment by completing a Health Enhancement Program Enrollment Form (CO-1314). The form is available on Care Compass. Employees can submit completed forms to their agency Payroll/Human Resources office. Forms must then be forwarded to the Healthcare Analysis Unit of the Office of the State Comptroller by email to [osc.cthep@ct.gov](mailto:osc.cthep@ct.gov) or by fax to (860)702-3556. All new HEP enrollments must be completed by May 27, 2022.

Employees who are currently enrolled in HEP but are in a non-compliant status must complete the HEP Application for Reinstatement Form (CO-1320) and submit the required information to Care Management Solutions, Inc. in order to be reinstated into HEP compliance status. The form is available online at [www.cthep.com](http://www.cthep.com). All compliance questions should be directed to HEP Customer Service at 877-687-1448 or [HEPquestions@Connect2YourHealth.com](mailto:HEPquestions@Connect2YourHealth.com).

#### **III. CONCLUSION**

Care Compass has a dedicated landing page for the 2022-2023 Open enrollment, [Open Enrollment - Care Compass \(ct.gov\)](#). Personnel or payroll staff members who have questions concerning the Open Enrollment process should contact the Central Benefits Unit in the Comptroller's Healthcare Policy & Benefit Services Division at (860) 702-3535.

Very truly yours,



Joshua Wojcik  
Director

Attachments:  
[2022-2023 Employee Health Care Options Planner](#)