



Partners for a Healthy Connecticut

CT Partnership Plan 2012 - 2013

Join the CT Partnership Plan by July 1, 2012 and you may be able to lower your premium rates.

Introducing the CT Partnership Plan

When it comes to health care, large employers have an advantage. Through economies of scale and risk pooling, large employers often get better administration fees, lower premium rates and more innovative plan designs. Now, you have the chance to get these same advantages by joining forces with the largest employer in the state - the State of Connecticut.

The CT Partnership Plan is a new program that opens the State of Connecticut Employee Health Benefits Plan to non-state government employers including municipalities and boards of education.

At a Glance

Medical

- Same point-of-service (POS) plan design offered to state employees
- In- and out-of-network coverage
- Innovative wellness program - the Health Enhancement Program (HEP)
- 100% coverage for preventive care in network
- No referrals necessary
- Low prescription drug co-pays
- Extensive local and national network through UnitedHealthcare

Dental options

- 2 dental plan options
- 100% coverage for preventive care
- Low deductibles
- Orthodontia coverage optional

Vision option

- Buy-up for vision hardware (routine eye exams included in medical coverage)

Financial stability

- Great rates for excellent coverage
- Rate stability

Reasons to consider the CT Partnership Plan

- Comprehensive coverage
- Extensive national provider network
- Lower costs
- Stable premium rates
- Lower risk





Cost and Funding

Over 50 non-state groups we initially evaluated had lower rates with the CT Partnership Plan than with their current coverage. And, 30% of those with lower rates had reductions greater than 5%.

When you join the CT Partnership Plan you'll get more value for your health plan dollars. In many cases, the CT Partnership Plan benefits are better than what is currently offered to non-state government employees. Plus, your financial risk is lower.

Initial Group Rate

Your initial premium rate is determined as follows:

- Projected claims
- Current risk charge
- Current administration costs
- +/- Adjustment for state benefits
- + State administration costs
- + [3.5% rate stabilization reserve](#)
- = Your initial rate

Initial premiums will be calculated by Milliman, an independent consulting firm.

We will provide a checklist for standard documents required to provide an accurate quote. Documents will include a detailed census, plan summary and claims experience.

Dental and vision rates are the same for all groups who join the CT Partnership Plan.

Rate Stability

One of the best features of the CT Partnership Plan is the rate stability it provides. Annual medical plan increases are tied to the state employee pool and your exposure is capped. Your renewal rate will be:

[State employee plan % change, plus or minus 3%](#)
(based on your group's claim experience)

For example, let's say the renewal increase for state employees is 5%. Based on your group's claim experience, your renewal increase should be 10%. Because you participate in the CT Partnership Plan, your increase is only 8% (the 5% state employee plan increase + 3% = 8%).

The risk of one catastrophic medical claim sending your rates soaring is greatly reduced under the CT Partnership Plan. And, if your claim experience is really good, your renewal can come in lower than the state employee plan's increase.

More About the Reserve

With the rate stability offered under the CT Partnership Plan, there is no longer a need to carry a stop-loss policy. A portion of your CT Partnership Plan rate is a 3.5% rate stabilization fee that goes into a reserve. This reserve is used to cover the costs of the rate stabilization feature. CT Partnership Plan participants are protected from rate increases higher than 3% over the increase to the state employee plan. The reserve will be used to offset the cost of capping renewal increases for participating groups.

Who's Eligible

Non-state government entities such as municipalities and boards of education are eligible to join the CT Partnership Plan. It does not matter whether your plan is currently fully insured or self-funded. The plan is available for active and retiree populations.

When you join, the plan must be a total replacement of your current option(s). You cannot offer the CT Partnership Plan alongside other plan options for the same employee group. In addition, your entire benefits-eligible group must join. (An individual can still waive coverage if your plan allows.)

The definitions for eligible employees and dependents are set by your entity's plan rules.

More About the Medical Plan

In addition to potentially paying less for medical coverage under the CT Partnership Plan, you'll likely get better benefits. The state employee plan has very good benefits with low out-of-pocket expenses for participants. See the enclosed summary of medical benefits for details.

The medical plan is administered by UnitedHealthcare. The CT Partnership Plan has only one medical plan design. This one plan provides maximum flexibility for participants with:

- A robust local and national provider network
- A large network of convenient labs
- In- and out-of-network care
- No referrals required.

Prescription Drug Coverage

The plan has a three-tier co-pay structure and is administered by CVS Caremark. Participating pharmacies include many major chains and independent pharmacies. See the description of prescription drug benefits on the enclosed summary of medical benefits for co-pays.

Caremark determines which tier a drug is placed in. There is a mandatory generic component to the plan. If the participant's doctor believes a brand-name drug is medically necessary, they can submit a Coverage Exception Request form. If approved, the participant will pay the preferred brand co-pay amount.

Ninety-day refills are mandatory for maintenance medications. However, participants do not have to use mail order. The initial 30-day supply can be filled at any participating pharmacy. After that, a participant can fill their medication at a pharmacy that participates in the state's Maintenance Drug Network, or use Caremark's mail order service. A link to the complete list of pharmacies in the Network can be found on the Office of the State Comptroller's website at www.osc.ct.gov.

Health Enhancement Program

The plan includes the voluntary Health Enhancement Program. This program provides incentives to encourage employees and enrolled family members to take charge of their health by following preventive health guidelines defined by the Program.

Those who enroll in the Health Enhancement Program and follow the requirements will pay no deductible for in-network medical care for the plan year. (All CT Partnership Plan participants will have the in-network deductible waived in their first year of enrollment, regardless of Health Enhancement Program enrollment.) Program requirements primarily include age-appropriate wellness exams and screenings.

Program participants with certain chronic conditions (such as diabetes or hypertension) may be required to participate in a disease education program. They will receive free office visits and reduced pharmacy co-pays for treatments related to their condition.

The Health Enhancement Program will be phased in over the first 12 months, giving participants a year to get physical exams and required screenings. After the first year, individuals who do not meet the requirements will be subject to an annual deductible for network medical care and \$100 per month higher premiums than those enrolled in the Health Enhancement Program.



Two-Year Minimum Commitment Required

Participation in the CT Partnership Plan is a multi-year commitment. Your group must remain enrolled for a minimum of 2 years. If you decide to leave after 2 years and you have had negative claim experience while in the plan, you will be subject to an exit penalty:

- After 2 years:** 5% of the previous year's premiums
- After 3 years:** 3% of the previous year's premiums
- After 4 years:** 2% of the previous year's premiums
- After 5 years:** No penalty

How to Enroll

To obtain more information about how this program may specifically benefit your municipality and your employees, contact our Healthcare Analysis Unit at 860-702-3560 or email us at PartnershipPlan@po.state.ct.us.

Once you decide to enroll, UnitedHealthcare will facilitate your enrollment and implement the plan as early as July 1, 2012.



Thank you for considering the CT Partnership Plan!

Health care is a significant financial investment for employers – especially for our state's municipalities which are continually balancing strained budgets and fiscal challenges.

The CT Partnership Plan is an unprecedented opportunity for Connecticut towns and cities to partner with and leverage the savings potential of the largest employer in the state.

By joining the CT Partnership Plan, your municipality will see greater rate stability and lower administration fees along with a benefits structure that includes a national (POS) network and comprehensive medical, dental and pharmaceutical coverage.

As State Comptroller, I am committed to identifying additional opportunities for the state to work with you in order to deliver more services efficiently and cost effectively.

Please take the time to contact my office and find out what you can save through this initiative.

Sincerely,

Kevin Lembo
State Comptroller