

For State of Connecticut



Employees



Open Enrollment Is Now Through September 15, 2011

The annual open enrollment period generally held in May was delayed this year due to SEBAC discussions. Open enrollment this year runs through September 15, 2011. During open enrollment, you may change medical and/or dental plans, add or drop coverage for your eligible family members, or enroll yourself if you previously waived coverage. In addition, during this open enrollment, you need to decide if you want to participate in the Health Enhancement Program for 2011-2012.

What's Happening

New Health Enhancement Program

Effective October 1, 2011, the state will implement the voluntary Health Enhancement Program (HEP). HEP has several important benefits. First, it will help you and your family work with the medical providers that you choose from the existing state provider network to get and stay healthy. Second, it will save you money on your healthcare. Third, it will save money for the state by focusing our healthcare dollars on prevention. It's your choice whether or not to participate, but there are many advantages to doing so.

Other Changes

Keep reading this newsletter for some other changes, including how you purchase certain prescriptions.



What You Need to Do

Read details about the new program in this brochure. **If you want to participate in the Health Enhancement Program for the 2011-2012 plan year, you must enroll yourself and your eligible family members during open enrollment – August 22, 2011 through September 15, 2011.**

You Save Money by Participating!

When you and all of your enrolled family members participate in the Health Enhancement Program, you will pay lower monthly premiums and have no deductible for in-network care for the plan year. If one of you has one of the five chronic conditions identified below, you will also receive a \$100 cash payment, providing you and all enrolled family members comply with Program requirements. You will also save money on prescription drugs to treat that condition (see the next page).

If You Do Not Enroll in the Health Enhancement Program

If you do not participate in the Health Enhancement Program, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible. You will have the opportunity to choose whether or not to participate in the Health Enhancement Program each year during open enrollment – you cannot change your mind mid-year.

How to Enroll in the Health Enhancement Program

Enrollment is accessible online at www.cthep.com. On-site enrollment will be available at the 2011 Open Enrollment fairs. Check with your agency Payroll/Human Resources office for fair schedules. If you do not have access to the internet and if you are not able to make it to an Open Enrollment fair you may complete an enrollment form manually. Forms are available at your agency Payroll/Human Resources office or by visiting the Office of the State Comptroller website, www.osc.ct.gov.

Requirements for Everyone Enrolled in the Health Enhancement Program

When you enroll in the Health Enhancement Program, you and your enrolled family members will need to get age-appropriate wellness exams and immunizations, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams).

Those enrolled in the plan's dental program must also get annual dental cleanings. All of the plans cover up to two cleanings per year. Annual dental cleanings and unlimited periodontal care are included in the Health Enhancement Program.

When you enroll online, you will have a chance to review the requirements and decide whether you want to commit to them.

Additional Requirements for Those With Certain Conditions

If you or any of your enrolled family members have **1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure)**, you or that family member may be required to participate in a disease education and counseling program for that particular condition. They will receive free office visits and reduced pharmacy co-pays for treatments related to their condition (see Prescription Drug Changes for cost details).

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to disease education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

The new Health Enhancement Program encourages employees and enrolled family members to take charge of their health and healthcare by following health guidelines defined by the Program.

Additional Benefit Plan Changes

The following changes affect your healthcare benefits whether or not you participate in the Health Enhancement Program:

Emergency Room

Effective October 1, 2011, you will pay a \$35 co-pay for emergency room visits, unless you are admitted to the hospital from the emergency room or there was no reasonable medical alternative. Co-pays for use of urgent care and walk-in clinics will be the same as your plan's office visit co-pay.

Prescription Drug Changes

If you or your family takes a maintenance medication, you will be able to get your first fill of that medication at any participating pharmacy. After that you have 2 choices, you can:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the state's new Maintenance Drug Network (all CVS pharmacies will participate and other participating pharmacies will be announced on the Comptroller's website at www.osc.ct.gov when available).

A list of maintenance medications is posted at www.osc.ct.gov.

PRESCRIPTION DRUG CO-PAYS ARE AS FOLLOWS EFFECTIVE OCTOBER 1, 2011:

For...	Maintenance Drugs 90-Day Supply	Non-Maintenance Drugs 30-Day Supply
Tier 1: Generic drug	\$5	\$5
Tier 2: Preferred brand-name drug	\$10	\$20
Tier 3: Non-preferred brand-name drug	\$25 (\$10 if your physician certifies the non-preferred brand-name drug is medically necessary)	\$35 (\$20 if your physician certifies the non-preferred brand-name drug is medically necessary)

For those enrolled in the Health Enhancement Program, medications used to treat chronic conditions covered by the Program's disease education and counseling programs cost even less:

- \$0 co-pay for Tier 1 (generic)
- \$5 co-pay for Tier 2 (preferred)
- \$12.50 co-pay for Tier 3 (non-preferred).

There is zero co-pay for medications used to treat diabetes (Type 1 and Type 2).

New Healthy Behavior Programs

Voluntary programs for weight management and tobacco cessation are also being offered. Watch for more information coming soon about these programs.

Pre-Certification of Outpatient Diagnostic Imaging

Making sure you get the right care – not too little and not too much – is one of the ways we can make the best use of our healthcare dollars. Before you have a diagnostic imaging procedure such as an MRI, CT, CAT, or PET scan, it must be pre-certified. If you use a network doctor, your doctor will take care of this for you. If you use an out-of-network provider, you are responsible for getting pre-certification.



Frequently Asked Questions

1. *By joining the Health Enhancement Program, will my family and I have access to the same network of doctors and healthcare practitioners?*

Yes, the network of participating providers is the same whether or not you participate in the Health Enhancement Program.

2. *If I participate in the Program, will the State have access to my private healthcare information?*

No. All claim and diagnosis data is kept strictly confidential, and will only be reviewed by the health insurance carrier to ensure you follow the Program requirements.

3. *If I don't follow the Program requirements, what will happen?*

If you do not get required tests or screenings, or participate in the disease counseling and education program for your chronic condition, if applicable, you will be given appropriate notice and opportunity to meet Health Enhancement Program requirements. You may be removed from the Program and required to pay an increased premium and an in-network deductible for the next year.

4. *If I participate in the disease education and counseling program for me but my health condition gets worse, will I be removed from the Program?*

Not at all! The program is designed to enhance the patient's ability to work with their doctors to make the most informed decisions about staying healthy, and, if ill, to treat their illness. The purpose of the disease education and counseling program is to encourage healthy behaviors, and whether or not your condition actually improves or gets worse will not affect your eligibility to continue participating and receiving the financial discounts.

