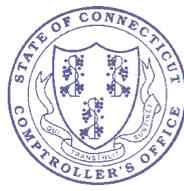


For State of Connecticut



2011-2012

Retirees



Open Enrollment: Now Through September 15, 2011

For more 2011 Open Enrollment information, please go to the Comptroller's website at www.osc.ct.gov or check with the Retirement Health Insurance Unit at 860-702-3533.

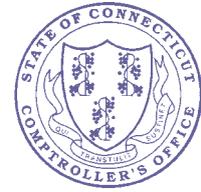
The annual open enrollment period generally held in May was delayed this year due to SEBAC discussions. Open enrollment this year runs through September 15, 2011.

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.

Please read this newsletter to find out what's new for 2011-2012 and how the changes may affect you.



A Message from State Comptroller Kevin Lembo



How you live your life every day affects your health and what you pay out of pocket for your healthcare. Even if you're happy with your current coverage, it's a good idea to review the plans each year during open enrollment.

All of the State of Connecticut medical plans cover the same services, but there are differences in each network's providers, how you access treatment and care, and how each plan helps you manage your family's health. If you decide to change your healthcare plan now, you may be able to keep seeing the same doctors yet reduce your cost for healthcare services.

Please take a few minutes to consider your options and choose the best value for you and your family. Everyone wins when you make smart choices about your health and your healthcare.

Kevin Lembo, State Comptroller
August 2011

What's Happening

New Dental Rates/No Change to Medical Rates: As you are aware, new dental plan rates went into effect July 1, 2011. If you are enrolled in dental, you are already paying the 2011-2012 premium share amount. There is no change to medical plan premium share amounts for 2011-2012. See pages 5-6 for the 2011-2012 premium share amounts.

New Prescription Drug Plan Card in 2012 - for retirees eligible for Medicare: Recent changes in Federal law have made it more effective to offer prescription drug coverage that "wraps-around" the coverage Medicare provides. See page 4 for more on this upcoming change.

Important Mail to Come!

Important: Benefits information will be sent to you via mail. It is your responsibility to make sure this important information reaches you.

- Contact the Retirement Health Insurance Unit if your address changes.
- Forward your mail before leaving for your winter home.
- Watch for mail from the State, Caremark/Silver Script, and your medical plan carrier.

We will be sending more detailed information over the next several months to help you understand the changes described here and share any news as a result of the SEBAC agreement vote.

Open Enrollment Now Through September 15, 2011

How to Enroll or Make Changes

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. If you have a question concerning your enrollment, contact the Retirement Health Insurance Unit at the address below or call (860) 702-3533.

Complete and return the form in the back of this booklet if you'd like to make a change for 2011-2012. **The form must be postmarked by September 15, 2011.** Any changes you make are effective October 1, 2011 through June 30, 2012 unless you have a qualifying status change. If you don't want to make changes, you don't need to do anything; your current coverage will continue automatically at the new rates listed on pages 5-6 (as applicable).

Return completed enrollment forms to:

**Office of the State Comptroller,
Healthcare Policy and Benefit Services Division
Retirement Health Insurance Unit
55 Elm Street
Hartford, CT 06106-1775**

Make Sure You Cover Only Eligible Dependents

It's important to understand who you can cover under the plan. It's critical that the State only provide coverage for eligible dependents. **If you obtain coverage for a person who is not eligible, you will have to pay penalties including federal and state income tax on the fair market value of benefits provided to that individual.**

Eligible dependents include: your legally married spouse or civil union partner and eligible children until age 26 for medical and age 19 for dental. The following are eligible for coverage to age 26: your natural children, your stepchildren, adopted children (or children placed with you for adoption). Minor children for whom you are the legal guardian are only eligible for coverage until age 18. Disabled children may be covered beyond age 26. **An ex-spouse is not eligible for coverage.**

It is your responsibility to notify the Retirement Health Insurance Unit when any dependent is no longer eligible for coverage.

Choose Carefully

Once you choose your medical and dental plans, you cannot make changes during the plan year (now - June 30, 2012) unless you experience a qualifying status change. Qualifying status changes are events that affect eligibility for benefits such as a change in legal marital/civil union status, the number of your dependents, employment status, etc.

If you do have a qualifying status change, you must notify the Retirement Health Insurance Unit **within 31 days of the event.** The change you make must be consistent with your change in status - for example, if you get divorced, you must drop your ex-spouse from coverage.

If you experience a change in your life that affects your benefits, contact the Retirement Health Insurance Unit. They'll explain which changes you can make and let you know if you need to send in any paperwork (for example, a copy of your marriage certificate).

Want More Information?

Visit the
Comptroller's
website at
www.osc.ct.gov
for the latest news
about benefits.



More About the Changes for 2011-2012

Retirees and dependents eligible for Medicare Part A (Hospital Insurance) must enroll in Medicare Part B (Medical Insurance), regardless of age. Your Medicare Part B premium will be reimbursed by the State effective from the date your Medicare Part B card is received by the Retirement Health Insurance Unit. (Medicare premiums paid before your card is received will not be reimbursed.)

Medicare-Eligible: New Prescription Drug Card

Effective January 1, 2012

Effective January 1, 2012, Silver Script (a subsidiary of CVS Caremark) will administer prescription drugs to retirees and dependents eligible for Medicare. Because of some of the changes in the Affordable Care Act and Medicare, prescription drug benefits will be structured similarly to the way the medical plans work – by “wrapping around” Medicare’s prescription drug benefits.

Will the Coverage Change?

No. The coverage will be the same. If you are eligible for Medicare, you will receive a new Caremark/Silver Script ID card to use when you fill your prescriptions – and that may be the only change you notice. The changes are behind the scenes for the most part – your copays will not change. If a drug is not covered by Medicare, it will most likely be covered by the “wrap around” portion of the plan.

Those in the family who are not yet eligible for Medicare should continue to use their Caremark or Pharmacare prescription card.

What You Need to Do

You don’t need to do a thing other than watch for your new Caremark/Silver Script ID card in December and more details to come about the plan. You’ll use the new card to fill prescriptions beginning January 1, 2012. You do **not** need to enroll in a Medicare Drug Plan – all retirees and dependents eligible for Medicare will be automatically enrolled through the State plan.

Your 2011-2012 Premium Share

RETIREMENT DATE PRIOR TO JULY 1997

There is no premium share for medical plans.

Monthly Dental Premiums July 1, 2011 through June 30, 2012

COVERAGE LEVEL	United Basic	United Enhanced	CIGNA DHMO
1 Person	\$26.42	\$24.30	\$27.86
2 Persons	\$52.85	\$48.61	\$61.30
3 or More Persons	\$52.85	\$48.61	\$75.23

RETIREMENT DATE JULY 1, 1997 - MAY 1, 2009

AND THOSE WHO RETIRED UNDER THE 2009 RETIREMENT INCENTIVE PROGRAM

Monthly Medical Premiums July 1, 2011 through June 30, 2012

Medical plan options with no retiree premium share:

Point of Enrollment - Gatekeeper Plans

Anthem State BlueCare POE Plus
UnitedHealthcare Oxford HMO

Point of Enrollment Plans

Anthem State BlueCare POE
UnitedHealthcare Oxford HMO Select

Out-of-Area Plans

UnitedHealthcare Oxford USA Out of Area plan
Anthem Out-of-Area plan

COVERAGE LEVEL	ANTHEM STATE BLUECARE POS	ANTHEM STATE PREFERRED POS Closed to New Enrollment		UNITEDHEALTHCARE OXFORD FREEDOM SELECT POS
	Retirement Date 7/1/99 and Later	Non-ERIP Retirement Date 7/97 - 6/99	Retirement Date 7/1/99 and Later	Retirement Date 7/1/99 and Later
1 Person on Medicare	\$0.00	\$0.00	\$0.00	\$0.00
1 Person not on Medicare	\$12.85	\$41.73	\$44.38	\$13.23
1 Person not on Medicare and 1 on Medicare	\$12.85	\$39.08	\$43.87	\$13.23
1 not on Medicare and 2 on Medicare	\$12.85	\$7.16	\$32.05	\$13.23
2 on Medicare	\$0.00	\$0.00	\$0.00	\$0.00
2 not on Medicare	\$28.27	\$92.18	\$98.00	\$29.10
2 not on Medicare and 1 on Medicare	\$28.27	\$87.41	\$95.72	\$29.10
3 or more on Medicare	\$0.00	\$0.00	\$0.00	\$0.00
3 or more not on Medicare	\$34.69	\$112.08	\$119.24	\$35.71
3 or more not on Medicare and 1 on Medicare	\$34.69	\$90.20	\$100.29	\$35.71

Dental Premiums July 1, 2011 through June 30, 2012

COVERAGE LEVEL	United Basic	United Enhanced	CIGNA DHMO
1 Person	\$26.42	\$24.30	\$27.86
2 Persons	\$52.85	\$48.61	\$61.30
3 or More Persons	\$52.85	\$48.61	\$75.23

RETIREMENT DATE JUNE 1, 2009 AND LATER

Monthly Medical Premiums July 1, 2011 through June 30, 2012

Medical plan options with no retiree premium share:

Point of Enrollment - Gatekeeper Plans

Anthem State BlueCare POE Plus
UnitedHealthcare Oxford HMO

Point of Enrollment Plans

Anthem State BlueCare POE
UnitedHealthcare Oxford HMO Select

Out-of-Area Plans

UnitedHealthcare Oxford USA Out of Area plan
Anthem Out-of-Area plan

COVERAGE LEVEL	ANTHEM STATE BLUECARE POS	UNITEDHEALTHCARE OXFORD FREEDOM SELECT POS
1 Person on Medicare	\$0.00	\$0.00
1 Person not on Medicare	\$12.85	\$13.23
1 Person not on Medicare and 1 on Medicare	\$12.85	\$13.23
1 not on Medicare and 2 on Medicare	\$12.85	\$13.23
2 on Medicare	\$0.00	\$0.00
2 not on Medicare	\$28.27	\$29.10
2 not on Medicare and 1 on Medicare	\$28.27	\$29.10
3 or more on Medicare	\$0.00	\$0.00
3 or more not on Medicare	\$34.69	\$35.71
3 or more not on Medicare and 1 on Medicare	\$34.69	\$35.71

Dental Premiums July 1, 2011 through June 30, 2012

COVERAGE LEVEL	United Basic	United Enhanced	CIGNA DHMO
1 Person	\$26.42	\$24.30	\$27.86
2 Persons	\$52.85	\$48.61	\$61.30
3 or More Persons	\$52.85	\$48.61	\$75.23



This Notice is directed to State of Connecticut Employees and/or their Spouses who are:

- 1. Enrolled in State of Connecticut Employee Health Insurance, and*
- 2. Eligible for Medicare.*

(If you do not meet these requirements please disregard this Notice)



STATE OF CONNECTICUT

KEVIN LEMBO
STATE COMPTROLLER

OFFICE OF THE STATE COMPTROLLER
55 ELM STREET
HARTFORD, CONNECTICUT 06106-1775

MARTHA CARLSON
DEPUTY COMPTROLLER

NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE IMPORTANT NOTICE Regarding Your State of Connecticut Prescription Drug Coverage

This notice is being sent to you, as a Medicare eligible person enrolled in the State of Connecticut employee health plan, in order to inform you of your prescription drug coverage and choices you will have for Medicare drug coverage. **Your drug coverage offered through the State of Connecticut is more comprehensive than the standard Medicare Part D prescription drug coverage. THERE IS NO NEED FOR YOU TO ENROLL IN A MEDICARE PRESCRIPTION DRUG PLAN.**

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Since the State of Connecticut employee health plan provides you drug coverage that is more comprehensive than the Medicare Part D coverage, you will not need to enroll in any Medicare Rx prescription drug plans.

An individual can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiaries losing employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Medicare drug plan enrollment materials or communications may highlight potential penalties if you do not sign up when you are first eligible. **Since you already have qualified coverage and will maintain your coverage through the State of Connecticut, the late enrollment penalties will not apply to you if you decide to enroll in Medicare Rx at some later date.**

However, if you drop or lose coverage with the State of Connecticut employee health plan and do not enroll in a Medicare prescription drug plan after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without any prescription drug coverage that is at least as good as the Medicare prescription drug coverage, your monthly premium may go up by at least 1% of the base premium per month, for every month that you did not have coverage. For example, if you drop the State's coverage and do not sign up for Medicare prescription drug coverage for 19 months, your Medicare D premiums will be 119% of the standard Medicare D premium.

This notice is proof to Medicare that you have maintained coverage and that coverage is at least as good as the benefits offered by Medicare. You will not incur the penalty if you do not have a lapse in equivalent coverage.

If you decide to enroll in a Medicare prescription drug plan, be aware: You may not be able to get the State of Connecticut prescription drug coverage back.

It is very important for you to know the following information:

- The annual enrollment period for Medicare prescription drug plans is October 15 through December 7 – **You do not need to take any action.**
- The Medicare prescription drug coverage (Medicare D) is available to everyone eligible for Medicare. – **You do not need to take any action.**
- The State of Connecticut employee health plan has determined that your prescription drug benefits are better than the standard Medicare prescription drug coverage. – **You need to keep a copy of this notice for your records.**

Detailed information regarding Medicare plans will be available in the *Medicare and You Handbook*. If you are Medicare-eligible you will receive a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You may also obtain more information about Medicare prescription drug plans from the following:

- On the web at www.medicare.gov,
- Call your State Health Insurance Assistance Program (In Connecticut, CHOICES at 1-800-994-9422)
- Call 1-800-Medicare (1-800-633-4227)
- People with limited income and resources can contact the Social Security Administration at www.socialsecurity.gov, or call 1-800-772-1213 to discuss potential financial assistance.

Should you have any questions regarding this notice, please contact the Retirement Health Insurance Unit at 860-702-3533.

KEEP THIS NOTICE. If you enroll in one of the new prescription drug plans approved by Medicare, you may need to give a copy of this notice when you join in order to show that you are not required to pay a premium penalty. **This notice is proof to Medicare that the State of Connecticut's prescription drug plan is at least as good as the benefits offered by Medicare.**



Retirement Health Insurance Open Enrollment Application



State Of Connecticut
Office of the State Comptroller
Healthcare Policy & Benefit Services Division
Retirement Health Insurance Unit
55 Elm Street
Hartford, CT 06106-1775
www.osc.ct.gov

**TYPE OR PRINT AND FORWARD TO THE RETIREMENT SERVICES DIVISION
INSURANCE IS EFFECTIVE THE FIRST OF THE MONTH FOLLOWING THE RETIREMENT DATE**

RETIREE NAME (Person Receiving Benefit) (Last Name, First Name, MI)		RETIREMENT DATE	EMPLOYEE NUMBER (From Active Employment)
MAILING ADDRESS			TELEPHONE NUMBER

YOUR OPTIONS

This statement lists your benefit options. Use this page to select your medical and dental coverage. Note that your choices will remain in effect throughout this plan year unless you experience a change in family status. Please keep a copy of this form for your records. Please be aware that you and any dependents who enroll in medical coverage must also enroll in prescription coverage and that prescription coverage is not available to individuals who are not enrolled in a medical plan.

Check the box to the left of the plan you wish to select.

- ANTHEM**
- State BlueCare POS
 - State BlueCare POE
 - State BlueCare POE Plus POE-G
 - State Preferred POS – **Currently Enrolled Only**
 - Out of Area Plan – **Only if Retiree's Permanent Residence is Outside of Connecticut**

MEDICAL

- OXFORD**
- Oxford Freedom Select POS
 - Oxford HMO Select POE
 - Oxford HMO POE-G
 - Oxford USA - Out of Area Plan – **Only if Retiree's Permanent Residence is Outside of Connecticut**

DENTAL

- CIGNA Dental DHMO United Basic Dental United Enhanced Dental PPO

RETIREE/DEPENDENTS

List you and all of your dependents to be enrolled in health coverage. Note that the retiree must be enrolled in a health plan to be able to enroll eligible dependents. Attach sheets to list additional dependents. If any listed dependent age 19 or over is disabled, attach special application for covered dependent, which may be obtained from the Retirement Health Insurance Unit.

NAME	RELATIONSHIP (i.e., Spouse, Son, Daughter)	GENDER		DATE OF BIRTH	SOCIAL SECURITY NUMBER	MEDICAL & PRESCRIPTION	DENTAL
		F	M				
	<i>Retiree</i>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Dependent 1:	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Dependent 2:	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Dependent 3:	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

COORDINATION OF BENEFITS – APPLICATION IS INVALID UNLESS THIS SECTION IS COMPLETED

When you are covered by the Health Plan selected will you or your dependent(s) have any other coverage? Yes No
If yes, which family member(s) will be covered by that insurance? (Check off as many that apply)

- Self Spouse Children (List Names):

NAME OF PLAN	ADDRESS
POLICY NUMBER	NAME OF PERSON(S) POLICY ISSUED TO
EFFECTIVE DATE	COMPANY THROUGH WHICH COVERAGE OBTAINED

Is any member listed above eligible for Medicare? Yes No
If yes give Medicare Part A (Hospital Insurance) and Medicare B (Medical Insurance) effective date(s):

RETIREE		Dependent 1		Dependent 2		Dependent 3	
PART A (MO/YR)	PART B (MO/YR)						

ARE YOU PRESENTLY RECEIVING WORKERS' COMPENSATION? YES NO

I hereby apply for membership in the plan(s) above. I understand that if I am changing plans, my current coverage will be canceled when my new coverage takes effect. I understand that the services will be available subject to exclusions, limitations, and conditions described by the health plan.
I certify that all information on this form is correct to the best of my knowledge and belief, and understand that providing false and/or incomplete information may result in the rescission of coverage and/or nonpayment of claims for myself or my eligible dependent(s). I hereby authorize the State Comptroller to make deductions, if applicable, from my pension check for the medical and/or dental insurance indicated above.

RETIREE SIGNATURE (Person Receiving Benefit)	DATE
--	------

Forms must be postmarked by September 15, 2011.

To enroll or make changes, clip out this form,
complete it and return it to:

**Office of the State Comptroller
Retirement Health Insurance Unit
55 Elm Street
Hartford, CT 06106-1775**

Your Benefit Resources

For details about specific plan benefits and network providers, contact:

<p>Anthem Blue Cross and Blue Shield</p> <ul style="list-style-type: none"> • Anthem State Preferred POS (POS) • Anthem State BlueCare (POS) • Anthem State BlueCare (POE) • Anthem State BlueCare POE Plus (POE-G) • Anthem Out-of-Area 	<p>www.Anthem.com/statedct</p>	<p>1-800-922-2232</p>	
<p>UnitedHealthcare (Medical)</p> <ul style="list-style-type: none"> • Oxford Freedom Select (POS) • Oxford HMO Select (POE) • Oxford HMO (POE-G) • Oxford USA Out-of-Area 	<p>www.OXHP.com/stateofct</p>	<p>1-800-385-9055 Call 1-800-760-4566 for questions before you enroll</p>	
<p>Caremark (Prescription drug benefits, any medical plan)</p>	<p>www.Caremark.com</p>	<p>1-800-318-2572</p>	
<p>UnitedHealthcare (Dental)</p> <ul style="list-style-type: none"> • Basic Plan • Enhanced PPO 	<p>www.Myuhcdental.com/statedct</p>	<p>1-800-896-4834</p>	
<p>CIGNA</p> <ul style="list-style-type: none"> • DHMO Plan 	<p>www.Cigna.com</p>	<p>1-800-244-6224</p>	

For information about eligibility, enrolling in the plans, making changes to your coverage, or premium share amounts, contact:

<p>Office of the State Comptroller Retirement Health Insurance Unit 55 Elm Street Hartford, CT 06106-1775</p>	<p>www.osc.ct.gov</p>	<p>(860) 702-3533</p>	
--	---	------------------------------	---



OPEN ENROLLMENT

2011-2012

For State of Connecticut



Retirees

Important Information About Your Benefits

Important Information About Your Benefits

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
NEW HAVEN, CT
PERMIT NO. 344

Healthcare Policy & Benefit Services Division
Office of the State Comptroller
55 Elm Street
Hartford, CT 06106-1775
www.osc.ct.gov

