



STATE OF CONNECTICUT

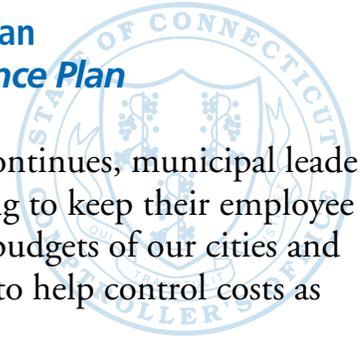
ENHANCED MEHIP



Substantial healthcare savings for taxpayers and employees — learn more inside!



A Message from State Comptroller Nancy Wyman about the *Enhanced Municipal Health Insurance Plan*



As the national debate over affordable healthcare continues, municipal leaders across our state and the entire country are struggling to keep their employee healthcare costs down. Increases have strained the budgets of our cities and towns, and elected officials are clamoring for ways to help control costs as property taxes continue to rise.

I am pleased to announce the availability of the Enhanced Municipal Employee Health Insurance Plan (MEHIP). It is a self-funded insurance plan that uses the state’s enormous buying power to leverage lower rates. It pools municipal employee populations together in one big group, spreading risk and consequently driving down costs.

Leaders of municipalities and unions came to me for help in lowering the health insurance costs that are choking municipal budgets and threatening jobs. Both management and labor, in conjunction with my office, have put together a plan that will achieve significant savings.

I am confident that our product has the potential to save cities and towns millions of taxpayer dollars, which can subsequently translate to real property tax relief. The Enhanced MEHIP program provides quality health care insurance options at affordable rates, and I encourage you to consider participating in the program.

Nancy Wyman

Municipal Healthcare Cost Containment Committee Members

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Executive Director
Council 4

James Howell
Executive Director
Council 15

AFT

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First Selectwoman
Redding

Doug Cutler
Town Administrator
Putnam

Woody Bliss
First Selectman
Weston

Frequently Asked Questions

What is the Enhanced MEHIP?

MEHIP has introduced an enhanced option for healthcare coverage offered by the State of Connecticut to Connecticut municipalities and their employees. Under the enhanced program, MEHIP offers three different benefit designs for your employees and their families to choose from – all at large-group rates.

How is it different than the current MEHIP?

The Enhanced MEHIP offering provides for a consistent statewide plan design. That means you can take advantage of large-group rating – everyone enrolled in this enhanced MEHIP option will be pooled together. Large claim costs and risk will be spread among all MEHIP participants utilizing this option. The State will maintain reserves, including a claims stabilization reserve and, if necessary, stop loss insurance, to protect participating groups from claims fluctuations.

Why is it less expensive than the plans we currently offer?

The new program lets you take advantage of the substantial savings resulting from large-group purchasing power, pooled risk, administrative economies of scale and no commercial advertising.

Can I add these MEHIP plans to my current healthcare plan lineup?

For all those participating to realize the savings potential, this MEHIP offering must be exclusive. You'll find that the plan design options offer a range of choices and provider networks for your employees.

What will the premiums be?

Final rates will be available once all claims and/or rate histories and employee census information for prospective participating towns are reviewed.

What carriers participate in the Enhanced MEHIP?

Anthem Blue Cross and Blue Shield of Connecticut, Health Net, and Oxford/UnitedHealthcare are the medical benefit carriers. Caremark (formerly Pharmicare) is the pharmacy benefit manager.

What kind of administrative support is available for Enhanced MEHIP employers?

Enhanced MEHIP will be administered by Mercer, the same firm that administers the current MEHIP program. Mercer handles eligibility, billing and enrollment, and provides communication assistance. Mercer will also continue to provide COBRA billing administration.

When do we need to sign up to put Enhanced MEHIP in place for next year?

Your rate and claim history (if available) has to be returned immediately, but no later than April 10, 2008. Final rates will be determined in early May, at which time enrollment will begin with enrolling towns contracting with the State through completion of a group enrollment application. At the same time, enrolling employees must sign up through completion of member applications. Towns that complete and submit their group and member applications by the 1st of June will be effective as of July 1, 2008. Thereafter, all applications will need to be completed by the 15th of the prior month (i.e. June 15th for an August 1st effective date).

How can I learn more?

More information will be available soon at the MEHIP website, www.mehip.org.

Or you may call the MEHIP at 1-800-572-7891 or 1-860-723-5751. If you would like us to work through your broker, just include the contact information and we will include his/her commission in your rate proposal. You may then have the broker follow up for you.

How do we join?

Email two years of your rate history, claim history if available, and benefit plans to Thomas.L.Reilly@mercer.com. Or send hard copy to:

MEHIP
One State Street, 19th floor
Hartford, CT, 06103-3187

All groups joining the Enhanced MEHIP plan will be expected to sign a participation agreement for three years to ensure stable claims for all groups joining.

ENHANCED MEHIP PLANS

	PPO \$15/\$25 OFFICE; \$100 HOSPITAL		HMO/EPO \$15 OFFICE; \$100 HOSPITAL	COMPREHENSIVE PPO \$15/\$25 OFFICE; \$100 HOSPITAL	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
FINANCIAL:					
Deductible	N/A	\$1,000/\$1,500/\$2,000	None	\$250/\$500/\$750	\$250/\$500/\$750
Co-Insurance	N/A	80%/20%	None	90%/10%	70%/30%
Cost Share Maximum	N/A	\$2,000/\$3,000/\$4,000	\$1,500/\$2,500	\$1,000/\$1,500/\$2,000	\$2,500/\$3,500/\$5,000
Maximum Lifetime Benefit Per Member	Unlimited	\$1,000,000	Unlimited	Unlimited	\$1,000,000
Gatekeeper Network	No	No	No	No	No
DEPENDENT LIMITING AGE:	19/23	19/23	19/23	19/23	19/23
PREVENTIVE CARE:					
Physical Examination-Child (standard schedule)	No copay	Ded. & Coins.	No copay	Deductible Waived	Ded. & Coins.
Physical Examination-Adult (standard schedule)	No copay	Ded. & Coins.	No copay	No copay	Ded. & Coins.
Immunization	No copay	Ded. & Coins.	No copay	No copay	Ded. & Coins.
OUTPATIENT CARE:					
Physician Office Visits	\$15 copay	Ded. & Coins.	\$15 copay	\$15 copay	Ded. & Coins.
Specialist Office Visits	\$25 copay	Ded. & Coins.	\$15 copay	\$25 copay	Ded. & Coins.
Outpatient Surgical Services	\$100 copay	Ded. & Coins.	\$100 copay	Ded. & Coins.	Ded. & Coins.
Diagnostic X-Ray or Lab Examination	\$15 copay	Ded. & Coins.	\$15 copay	Ded. & Coins.	Ded. & Coins.
PET/CAT/MRI Exams	\$25 copay	Ded. & Coins.	\$25 copay	Ded. & Coins.	Ded. & Coins.
Outpatient Rehabilitation	\$15 copay	Ded. & Coins.	\$15 copay	Ded. & Coins.	Ded. & Coins.
Physical Therapy/Occupational Therapy	Limited to 50 visits combined per year	Limited to 50 visits per years subject to ded. & coins.	Limited to 50 visits combined per year	Limited to 50 visits combined per year	Limited to 50 visits per years subject to ded. & coins.
Speech Therapy	Limited to 30 visits combined per year	Limited to 30 visits per years subject to ded. & coins.	Limited to 30 visits per year	Limited to 30 visits per year	Limited to 30 visits per years subject to ded. & coins.
Prenatal and Postnatal Maternity Care	\$15 initial visit	Ded. & Coins.	\$15 initial visit	\$15 initial visit	Ded. & Coins.
MENTAL HEALTH CARE:					
Outpatient Treatment (60 days per year)	\$15 copay	Ded. & Coins.	\$15 copay	Ded. & Coins.	Ded. & Coins.
Inpatient Treatment (30 days per year)	\$100 copay	Ded. & Coins.	\$100 copay	Ded. & Coins.	Ded. & Coins.
SUBSTANCE ABUSE:					
Detox	7 days max benefit	Ded. & Coins.	7 days max benefit	7 days max benefit	Ded. & Coins.
Outpatient Treatment	\$15 copay, 60 days per year	Ded. & Coins.	\$15 copay, 60 days per year	Ded. & Coins., 60 days per year	Ded. & Coins.
Inpatient Treatment	\$100 copay, 30 days per year	Ded. & Coins.	\$100 copay, 30 days per year	Ded. & Coins., 30 days per year	Ded. & Coins.
ALLERGY CARE:					
Visits (30 per year)	\$15 copay	Ded. & Coins.	\$15 copay	\$15 copay	Ded. & Coins.
Injections	No copay	Ded. & Coins.	No copay	No copay	Ded. & Coins.
HOSPITAL CARE:					
Semi-Private Hospital Room Admission**	\$100 copay	Ded. & Coins.	\$100 copay	Ded. & Coins.	Ded. & Coins.
Skilled Nursing and Rehabilitation Facilities (120 day max.)	\$100 copay, if admitted from hospital no copay	Ded. & Coins.	\$100 copay, if admitted from hospital no copay	Ded. & Coins. if admitted from hospital no ded.	Ded. & Coins.
HOME HEALTH CARE:	No copay	Ded. & Coins.	No copay	Ded. & Coins.	Ded. & Coins.
EMERGENCY CARE					
Emergency Room (waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Ambulance Services	No copay	No copay	No copay	No copay	No copay
Urgent Care (participating centers only)	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
PRESCRIPTION DRUGS:*					
Drugs	\$5 copay	Ded. & Coins.	\$5 copay	\$5 copay	Ded. & Coins.
Listed Brand Tier 2 Drugs	\$20 copay	Ded. & Coins.	\$20 copay	\$20 copay	Ded. & Coins.
Non-Listed Brand Tier 3 Drugs	\$35 copay	Ded. & Coins.	\$35 copay	\$35 copay	Ded. & Coins.
Mail Order	1.5 x mail copay	N/A	1.5 x mail copay	1.5 x mail copay	N/A
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

*Managed pharmacy plan: Includes No OTC substitution, mandatory generic, step therapy, maintenance medication 2 refill maximum at retail pharmacy must go to mail order.

**No hospital copay if readmitted within 90 days.