



# 2020 Open Enrollment Frequently Asked Questions

## Table of Contents | [\(Click on title to jump to page\)](#)

General Open Enrollment .....	2
<b>NEW</b> State BlueCare Prime Plus POS.....	3
Benefit Programs and Enhancements .....	4
Oxford Health Transition to Anthem .....	6
Medical Plan Details .....	6
Medical Benefit Family Plans.....	9
Cigna Dental Plans .....	10
Retiree Health and Dental Benefits.....	11
Health Enhancement Program (HEP) .....	12

## General Open Enrollment



**Health Navigator 1.866.611.8005**



**[Carecompass.ct.gov](https://carecompass.ct.gov)**

### When does this benefit year begin and end?

Due to COVID-19, we delayed open enrollment until September. Your 2020-2021 health care benefits period will run from October 1, 2020 – June 30, 2021. Your new Anthem card will be effective on October 1, 2020.

### Where can we find open enrollment forms?

- **Retirees** can find the Open Enrollment change form in the Retiree Healthcare Options Planner: [https://carecompass.ct.gov/wp-content/uploads/2020/09/CT\\_RTRPLNR\\_20200910-WEB.pdf](https://carecompass.ct.gov/wp-content/uploads/2020/09/CT_RTRPLNR_20200910-WEB.pdf)
- **Active employees** must obtain their change form from their agency HR/payroll staff. The original form must be mailed or handed in to your HR/payroll personnel. If you are currently working remotely, a faxed copy will suffice until you can drop-off or mail-in the original.

### I missed the Open Enrollment presentation. Would you please share the link to access the recording?

You can access an on-demand version of this presentation on the [CareCompass website](https://carecompass.ct.gov)

### How do I know if my doctor, dentist, or medical group (i.e. UConn Health, St. Francis, etc.) are in network?

- **Medical:** Use [Anthem's Find Care](#) link to look up your doctors under your plan network
- **Dental:** Use [Cigna's Find a Dentist](#) link to look up your dentist under your plan

### How do I search for a Doctor on Anthem's Find Care site? Which one should I select for State BlueCare POE?

- Click on this [Find Care link](#)
- Look under "How to avoid higher out of pocket costs"
- Click on the link for "Find State Preferred, Out of Area, State BlueCare POE Plus, POE and POS Preferred Primary Care Physicians or Specialists"
- Scroll down to search by plan; for example, "State BlueCare POE Plus, POE, POS". (There are also separate links to search for providers in the "State Preferred" and "Out of Area" plans).
- Insert your zip code when starting your online search
- Click on the type of provider you are searching (Physicians, Hospital, Labs, Urgent Care, etc.)
- You can also call Anthem directly at 800-922-2232 for assistance with looking up providers

### If I am currently an Oxford UHC plan member, how do I know which Anthem plan I will default into?

Current Oxford members will automatically default to their Anthem equivalent benefit plan:

OLD OXFORD PLANS	default to	NEW ANTHEM PLANS
Oxford Freedom Select POS	→	Anthem State BlueCare POS
Oxford HMO Select	→	Anthem State BlueCare POE
Oxford HMO	→	Anthem State BlueCare POE Plus (Gatekeeper)
Oxford OOA	→	Anthem Out of Area

### Where do I find the name of my benefit plan on my new card?

On the right-hand side of the card, just below "State of Connecticut".

### Where do I look to find the 2020 Plan Rates?

- **Active state employees:** The Active employee Healthcare Options Planner is posted on Care Compass: [https://carecompass.ct.gov/wp-content/uploads/2020/09/ActivePlanner\\_2020-21.pdf](https://carecompass.ct.gov/wp-content/uploads/2020/09/ActivePlanner_2020-21.pdf)
- **Retirees:** An updated Retiree Health Care Options Planner is available on Care Compass: [https://carecompass.ct.gov/wp-content/uploads/2020/09/CT\\_RTRPLNR\\_20200910-WEB.pdf](https://carecompass.ct.gov/wp-content/uploads/2020/09/CT_RTRPLNR_20200910-WEB.pdf)
- **Partnership employees:** The rates are posted on Care Compass: <https://www.osc.ct.gov/ctpartner/index.html>

**Do you have to join the union to get the union-employee deduction rates (if you are not a manager/supervisor)?**

No, you do not. Your position classification is what designates you as union or non-union. If your position is a union eligible position, then you will follow the union payroll deduction tables.

**Why do non-union employees pay so much more for coverage than union and new hires?**

Non-Union employees pay 18% of the full cost of coverage. The other groups pay a percentage of cost based on prior SEBAC agreements. These values range from 8.6% - 23.3% of the full cost of coverage, and average approximately 13% across all benefit plan options and number of people enrolled.

**Do we have to always stick with one pharmacy with both maintenance drugs and other drugs, or we can have more than one pharmacy?**

You are not required to use just one pharmacy for all your prescriptions, however, for maintenance drugs you must use a maintenance drug network pharmacy or mail order. For acute drugs, you can use any pharmacy in Caremark's pharmacy network. Click here to find a [maintenance drug network pharmacy](#) near you.

**Are we able to get additional cards for our spouses and dependents?**

All enrolled members will receive a new Anthem (combined) Medical and Prescription card before October 1<sup>st</sup> and all Cigna enrolled members will get a new dental card by October 15<sup>th</sup>. To request additional cards, you can contact Anthem directly at 800-922-2232, or call a Health Navigator at 866-611-8005. You may also access your card and request additional cards via Anthem's Sydney Health App. Your new benefits year begins on October 1st. You will use your current card for all medical, pharmacy and dental until September 30th. Any election processed in Core-CT will result in a new card issue once our carriers have received and processed that update to coverage (typically about 7-10 business days).

**Will we receive a health booklet in the mail?**

If you are an active employee, you should have received a postcard and a brochure with high-level information in the mail. The healthcare options planner can be found on <https://CareCompass.ct.gov/>

[Return to Table of Contents](#)

**\*NEW\* BlueCare Prime Plus POS**



**Health Navigator 1.866.611.8005**



**[2020/2021 Health Care Planner](#)**

**Do the PCPs in the new BlueCare Prime Network understand they have a responsibility to recommend only an in-network physicians and will they work toward that outcome? I want to make sure they're truly vested in this plan.**

Yes, that is correct. Providers will be utilizing a referral tool specific to this plan.

**Considering that Prime Plus is a new plan, will any employee default into it?**

No. New enrollees will have to actively elect the new benefit plan.

**Since the doctors in the networks are different, is there a list somewhere of the narrow network of doctors you need to look under for the Prime Plus plan?**

A direct link to the State BlueCare Prime Plus POS Find Care tool is: <https://www.anthem.com/find-care/?alphaprefix=X6G>

**Did I hear you correctly that Hartford Healthcare refuses to participate in the State BlueCare Prime Network?**

Yes, that is correct. While Hartford Healthcare continues to be in network with our BlueCare and Preferred network, they chose not to participate in the State BlueCare Prime Plus network for the current year. If you have elected the new Anthem State BlueCare Prime Plus POS, and you currently use providers within Hartford Healthcare, you will either need to select new providers, or you may want to change your election with your agency before Open Enrollment ends on Sept 30<sup>th</sup>.

**Is there a difference in cost for POS vs POS Prime Plus?**

Yes! The BlueCare Prime Plus POS is less expensive than the POS plan! All rates are posted in our Active HealthCare Options planner available on Care Compass. See above for the link to the Health Care Planner.

**Does the new plan offering (Prime Plus) include coverage for students that are away at college?**

The State BlueCare Prime Plus POS will have National Access which includes all 50 states including Puerto Rico. Most members find the National Access network works just fine; however, some opt to enroll in the Away From Home Care (AFHC) program which is available for students away at college. The AFHC allows members who are enrolled in State BlueCare POE, POE Plus, POS or State BlueCare Prime Plus POS plans to receive in-network coverage from the local BCBS plan while living out of state for at least 90 consecutive days. Members enrolled in the State BlueCare Prime Plus POS plan who will be out of state for a period of time and choose not to enroll in AFHC must select a CT plan PCP and must obtain referrals from their CT plan PCP for services that require a referral.

**What are the main differences between the new plan and the regular POE plan?**

The main differences between the State BlueCare Prime Plus POS and the State BlueCare POE is the POE plan has in-network coverage (no OON coverage) only and utilizes the State BlueCare network locally. The State BlueCare Prime Plus POS (gatekeeper plan) has out-of-network coverage which utilizes the State BlueCare Prime network and requires a PCP to be selected and referrals to see specialists. Both plan options have National Access which means there are providers available in all 50 states including Puerto Rico.

[Return to Table of Contents](#)

## Benefit Programs and Enhancements



**Health Navigator 1.866.611.8005**



**[2020/2021 Health Care Planner](#)**

**Will Site of Service still be in place?**

Yes. Site of Service (SOS) will still apply for lab and x-ray services as noted in our healthcare options planner.

**Where can I get blood work, a mammogram, and an ultra-sound in-network?**

Mammograms are not subject to site of service. You can go to any in-network service provider. Routine lab or imaging should be obtained by Site of Service provider. Anthem Site of Service providers can be found on the [Anthem's Find-Care](#) site.

**Why is Walgreen's unable to fill my prescriptions?**

Walgreens opted not to participate with the State of Connecticut Maintenance Drug Network. You can get a 30-day fill of a new medication at Walgreen's. However, for a maintenance drug you will need to use pharmacies in the Maintenance Drug network, which includes, CVS pharmacies, Stop & Shop, Walmart, and many others. To view all [maintenance drug pharmacies, click here](#).

**Can caregivers (Parents and Parents-in-law), that are not on the insurance, access Health Navigator help?**

Understanding that parents and parents-in-law often provide support to our members, they may utilize Health Navigator to assist with benefit related concerns for our enrolled members. Family members may also seek support services via Health Navigator.

**Are preferred providers the same as Networks of Distinction?**

No, Tier 1 preferred providers are the primary care providers and those within certain specialties designated as high-quality based on certain criteria. Members will receive a \$0 co-pay for seeing these providers. Network of Distinction providers have been designated as high-quality for purposes of targeted incentive eligible procedures. New providers are being added to this network every day. Contact Health Navigator at 1-866-611-8005 for additional information.

**Is there still cash incentive for having preventive tests like a colonoscopy?**

The Networks of Distinction and Centers of Excellence program offers incentives for specific services provided at a high-quality participating facility. Click on this [list of eligible services](#) to view services and corresponding incentive levels. New provider groups are being added every day. Check in with Health Navigator after October 1, 2020 to schedule incentive-eligible procedures.

**Is Smart Shopper still in use?**

No, Networks of Distinction has replaced our Smart Shopper program. By working with a Health Navigator, you can earn incentives for using high quality providers designated as a Network of Distinction or Center of Excellence. To view the list of eligible services and their incentive levels, click on this [Care Compass link](#). New providers are being added every day, so check this list frequently.

**Do I have to call the Navigator ahead of the scheduled mammogram or colonoscopy to receive the monetary benefit?**

To receive the incentive from the Networks of Distinction program, you must call Health Navigator at 1-866-611-8005 to schedule your service. The list of procedures available for incentives has changed and is available on our [Care Compass site](#). Please note, mammography is no longer eligible for an incentive.

**Can an employee access Health Navigator before becoming a health plan member or prior to the hire event in CORE-CT?**

Yes. If you have questions about benefits prior to enrolling, you can contact Health Navigator at 866-611-8005. They will be able to assist you with your questions.

**Where can I get a provider list for hearing aids?**

Hearing Aids are available under all our plans. In-network hearing aid providers may be found on the [Anthem's Find-Care](#) tool.

**Will acupuncture coverage be expanded?**

Acupuncture is covered for any condition with a 20-visit limit.

**Is a Chiropractor or Naturopath a specialist that requires a referral from my PCP in the Plus plans?**

Yes, these are both specialists that would require a referral in the State BlueCare Plus plans. All our benefit plans include coverage for naturopath providers and chiropractor services. For details related to a specific service you may contact Health Navigator. They may be reached by calling 866-611-8005 or online by clicking on Health Navigator quick link at the bottom of our Care Compass site (<https://members.healthadvocate.com/Home>)

**Is there any kind of coverage /reimbursement for weight loss programs?**

Anthem does offer several discounted services and products. For details you may contact Anthem directly at 800-922-2232

**Are tiered 1 eye docs charging copays?**

If you are utilizing a Value Tier 1 Ophthalmologist, you will have a \$0 copay. Your routine annual eye exam does have a \$15 copay; however, Health Enhancement Program participants will have this \$15 copay waived once every two years regardless of whether your provider is classified as Value Tier 1.

**What are the vision benefits?**

The plan covers your routine vision exams as well as medical visits related to your eye health. The plan does not provide coverage for hardware including glasses and contacts; however, Anthem does offer discounts for lenses and contacts. For details you may contact Anthem directly at 800-922-2232

**How will telehealth visits work this year?**

Starting October 1, 2020, the plan will cover *visual* telehealth visits the same way it covers office visits with doctors and health care professionals in network for non-COVID related visits. Members will pay their usual cost shares when they have a visual telehealth visit with a doctor or other health care professional in network.

[Return to Table of Contents](#)



## Oxford Health Transition to Anthem



**Health Navigator 1.866.611.8005**



**[2020/2021 Health Care Planner](#)**

### Which Oxford plans compare to similar Anthem plans?

The UHC/Oxford plans default as follows:

OLD OXFORD PLANS	default to	NEW ANTHEM PLANS
Oxford Freedom Select POS	→	Anthem State BlueCare POS
Oxford HMO Select	→	Anthem State BlueCare POE
Oxford HMO	→	Anthem State BlueCare POE Plus (Gatekeeper)
Oxford OOA	→	Anthem Out of Area

### I am a new employee who signed-up for Oxford effective September 1. Am I covered under Oxford for the month of September and do I need to re-enroll to continue to be covered?

You will have Oxford coverage for the month of September and will auto default to the equivalent Anthem benefit as of 10/1, unless you make a change to your plan during open enrollment.

### If someone has Oxford is it mandatory that they complete a new enrollment form? Have the costs changed for each medical dental choice?

No action is needed on your part. We will automatically have the Core-CT system default all current Oxford members to their equivalent Anthem coverage. (See Oxford Health Transition section). A form is only necessary should they wish to change their benefit elections. Active payroll rates are available in our Active Healthcare Options Planner.

[Return to Table of Contents](#)

## Medical Plan Details



**Health Navigator 1.866.611.8005**



**[2020/2021 Health Care Planner](#)**

### How can we compare the different plans (for example, POE, POE Plus and the new Prime Plus POS)?

For all medical plan comparisons, click on the Health Care Options Planner link listed on this page to view rates and plan details. Below is a chart that Anthem representatives presented during the Open Enrollment presentation.

The on-demand recording of this presentation is available on [carecompass.ct.gov](https://carecompass.ct.gov)

BENEFIT	State BlueCare POS	State BlueCare POE	State BlueCare POE Plus	State Preferred/ State Out-of-Area	NEW in 2020 State BlueCare Prime Plus POS
Out-of-Network Coverage	X			X	X
Preventive Care	X	X	X	X	X
PCP Required			X		X
Specialist Referral			X		X
Telehealth	X	X	X	X	X
Away From Home Care	X	X	X	X	X
National Access	X	X	X	X	X

**Which medical plan is no longer being offered?**

The State Preferred plan is no longer being offered to new enrollees. Those employees enrolled in this plan, will remain covered at the rates listed, unless they elect to switch plans.

**If I use Hartford Healthcare and I have the State BlueCare Point of Enrollment (POE) plan, will Hartford Healthcare facilities and doctors be participating in this plan after October 1, 2020?**

Hartford Healthcare is currently in Anthem's network for POE and POS and preferred networks. Both parties are in the process of negotiating a new contract that will be effective later this year. The only plan in which Hartford healthcare is out of network is State BlueCare Prime Plus POS plan.

**So, if you had POE in the past will it virtually be the same? Are there any major changes to that plan?**

That's right. There are no major changes. The structure of the plan has not changed.

**It is my understanding that if I enroll in the POS plan option, I can see out of network doctors, but I need to pay a higher premium per pay period. Is this correct? Will my copays be higher as well?**

In the POS plan, you have an option to see out of network providers. You pay 20%, the plan would pay 80% of the allowable cost for out of network services after the deductible is met. In the POS, if you stay in-network, your copays are the same as the POE plan (\$0 or \$15) for office visits. The benefits under both plans are the SAME. The only difference is the POS gives you the option to go out of network.

**Can POE go out of network? If so, what is the deductible?**

No, there is no out-of-network coverage in the POE plan. The out of network deductible would not apply. POE members have coverage ONLY in the event of an emergency.

**Is a PCP required for the POE or POS plans? My PCP retired and finding a new PCP has been challenging.**

While it is always recommended to have a Primary Care Physician (PCP), PCP referrals are not required in the POE, or POS, Preferred or Out of Area plans. You can call Anthem directly at 800-922-2232 for assistance with looking up providers or you can search online by clicking on [Anthem's Find Blue link](#). You can also contact Health Navigator at 866-611-8005 to assist you in finding a new PCP.

**I am in the middle of care and don't want to be interrupted during the transition in Sept. and Oct. Can we ask for pre-approval care before Oct 1, 2020?**

For services that have been prior authorized by Oxford, the prior authorization will be automatically transfer to Anthem. For Transition of Care issues, where your provider is not in-network with Anthem, you can contact the Enhanced Dedicated Customer Service Team at Anthem for assistance at 1-800-922-2232.

**I currently have an Oxford/United plan that does not require a referral. If I switch into an Anthem plan that does require a referral, will I then need obtain referrals for all the doctors that I'm currently seeing?**

Yes. If you elect to participate in either the Anthem POE Plus (Gatekeeper) or the new Anthem State BlueCare Prime Plus POS plan, you will need to contact Anthem to assign your designated PCP and you will then need to request referrals for your specialists. Health Navigator can assist you with this by calling 866-611-8005

**So, we need a referral always from our primary care doctor?**

Members of the Point of Enrollment (POE) Plus and the BlueCare Prime Plus POS require a referral from a primary care doctor. With the BlueCare Prime Plus POS you may see an in-network provider without a PCP referral, but you will then be subject to a deductible and 30% coinsurance.

**Is it acceptable to have a PA as your PC? I couldn't select my PA as my PCP on the Anthem site.**

In many cases a PA is available as a PCP. Contact Anthem directly to formally assign your PCP to your record. You may reach their dedicated team by clicking on this [Anthem link](#).

**If I go to any emergency room, will it be covered? If so, what is the co-pay?**

Emergency room services are covered and subject to a \$250 co-pay. The copay is waived if you are admitted to the hospital. There is also an ER Co-pay waiver form available if you meet certain criteria. The form can be found by [clicking here](#).

**Will we still have our \$15.00 copays for office visits?**

Yes. This copay is waived when utilizing a Value Tier 1 preferred provider or for HEP participants to obtain care specific to their HEP targeted chronic condition.

**Do you need a referral for urgent care?**

No, while we recommend making an appointment with your PCP when you are not feeling well, there are times when this is not possible. You can go to a walk-in center for care.

**I'm in the POE plan. Would I only be covered at the Walk-In if the PCP can't be seen that day?**

No, while we recommend making an appointment with your PCP when you are not feeling well, there are times when this is not possible. You can go to a walk-in center for care. For the POE plan, if the Urgent Care Center is listed as a Value Tier 1 provider, your plan pays 100%; if it is outside of your plan network, you will have \$15 copay.

**Are there deductibles that did not exist before?**

No, there are no new deductible in the existing plans. If you elect the new plan option, State BlueCare Prime Plus POS, and you utilize a BlueCare Prime Plus PCP to coordinate all your care, you will not be subject to a deductible. You will have \$0 copays for office visits with your Prime Plus PCP and obtaining your PCP referrals to specialists in the network.

However, there are certain circumstances in which you could pay a deductible:

- 1 - You see a primary care provider that is not in the State BlueCare Prime Plus network
- 2 - You see a specialist without a referral from your primary care provider
- 3 - You go to an out-of-network provider

In all these situations you will pay a deductible (\$1000 individual/\$4000 family) and coinsurance (you pay 30%, plan pays 70% after deductible).

**So, we now must pay deductibles before coverage starts?**

Deductibles apply to any member that is already non-compliant with the Health Enhancement Program for non-copay services. Deductibles apply for any services received out-of-network for any for our POS plans. Additionally, a deductible will apply to State BlueCare Prime Plus services that are rendered without first receiving a PCP referral.

**For POE, is it just two tiers or are there more?**

Just two. You have Value Tier 1 that allows for a \$0 copay and all other providers that will charge their traditional \$15 copay.

**Understanding that all plans include national access, do members electing POE or POE Plus have access to network providers in the tri-state area, MA and/or RI?**

Absolutely! These two plans utilize the Anthem BlueCare network which offers substantial nationwide coverage, especially in the tri-state area.

**What is the difference between BlueCare POS and BlueCare POE?**

The difference between the two plans are simply how you could access out of network providers. The BlueCare POS plan offers benefit coverage out-of-network, while the POE plan requires that you utilize in-network providers (except for emergencies).

**Why are POS plans now less expensive than POE plans?**

The full cost of coverage for each benefit plan is set according to the population enrolled and the utilization of each benefit plan. Because our BlueCare network is so large, historically, there has been very little, if any, out-of-network utilization. In the prior year, the utilization cost per member under the POE plan was higher than that of the members in the POS plan.

**I have an FSA. Will I have to renew it annually or does it automatically roll over each year?**

You must renew your enrollment each year. The Open Enrollment for the state's MedFlex, DCAP, and Qualified Transportation funds will begin October 1, 2020. All current enrollees will receive a notice of re-enrollment within the coming weeks.



**Will we be notified if our current Primary doctors or dentists change networks?**

If you are currently utilizing an in-network provider and they go out-of-network within the covered year, you will be notified of this update.

[Return to Table of Contents](#)

## Medical Benefit Family Plans



**Health Navigator 1.866.611.8005**



[carecompass.ct.gov](https://carecompass.ct.gov)

**Did the family planning benefit change?**

No this has not changed

**Currently my plan includes myself and my spouse, but we are planning a family. Should we opt for the family plan or continue the employee +1 until that happens?**

While open enrollment is the only time when all employees can make benefit election changes, there are exceptions called 'qualifying status changes that can allow you to make a change when it occurs. One of the qualifying status changes is a birth of a child. So, when you have your child, you can ask your HR/payroll contact for the form so you can elect a family plan. Your newborn child will automatically be covered for the 31-day period following birth.

**Does it cost extra to insure multiple children under the family plan?**

No, the family plan rate listed under any plan is the amount deducted per paycheck, regardless of the number of your dependents.

**Can college students be covered under the family plan? What is the age limit?**

The Affordable Care Act extended medical and prescription drug coverage for children until the end of the calendar year in which they turn 26. Dental is covered until the end of the month in which the dependent turns 19 (unless they are disabled). For this year ONLY due to Covid-19, dental was extended through the end of the year.

**Are stepchildren able to be added as dependents?**

Yes. Stepchildren are considered eligible dependents. They may be enrolled in medical, dental and prescription benefits. The maximum age for medical coverage is 26 and for dental is age 19, unless certified as disabled.

**If my kids are insured on a catastrophic plan with their father, can I still enroll them in the POS? If so, will that cause coverage conflicts?**

Yes, your children are eligible dependents and you may enroll them in your plan. Any coordination of benefits would follow the coordination of benefit rules which can be found in the plan document which will be posted on [carecompass.ct.gov](https://carecompass.ct.gov) by October 1<sup>st</sup>.

**My daughter is turning 26 before 12/31/20. She is certified ADA can I keep her n my insurance?**

You will receive a letter from Anthem later this year informing you of the process for certifying your dependent as disabled. You must submit the requested information to [Anthem](#) for a determination to be made on whether your daughter has temporary or permanent disability status and explain the process moving forward.

**I have children away at college. Do I have to sign up for something called Away from Home coverage, or do I just find a doctor in-network?**

You do not have to enroll in the Away from Home program, as it is completely optional. All our plans allow for national networks of providers. First, check to see if your dependent can find in-network providers in their area. If unable, then you may want to participate in a POS plan or sign up for the Away from Home option. To check the status of available providers, visit [Anthem's Find-Care](#) tool or call Anthem at 800.922.2232.

**If my husband and I are each employed by UConn but do not have a child to cover, can we still get FLES? Any discounts for employees that are married?**

No, the FLES option is only for a family sized contract. It is likely less expensive to cover for you and your husband to enroll in individual (employee only) coverage.

**In a family of 4 can the parents choose a separate PCP than the children or does everyone on a plan have to have the same PCP.**

Everyone that is covered under your plan may select their own PCP within the network.

[Return to Table of Contents](#)

## Cigna Dental Plans



**Health Navigator 1.866.611.8005**



[Cigna.com/StateofCT](https://cigna.com/StateofCT)

**Do we still have Cigna for dental?**

Yes, Cigna is still our Dental carrier.

**How can I sign up for dental?**

Active employees can enroll in dental during open enrollment by requesting an enrollment form from your agency HR/payroll staff.

**What age do children stay on Dental insurance?**

Dental coverage ends at the end of the month in which the dependent turns age 19.

**What plan covers mouth guards?**

We suggest contacting Cigna to verify what type of mouth guard you are referring to. They are available 24/7 to answer your questions at 1.800.244.6224

**DHMO dental plan has the term "covered". Does this mean that is 100% covered and we do not pay anything?**

No, the DHMO has a charge schedule which means that you pay a set co-pay as opposed to a percentage of billed amount. Click here to view the [charge schedule](#).

**My Dentist does not participate in the DHMO network. Will I be required to get a new Dentist?**

If you elect to enroll in the DHMO plan and your current dentist does not participate, then yes, you will need to select a new dentist.

**If I read it correctly, dentures/implants are not covered under Basic, 50% is covered under Enhanced and a Copay applies to the DHMO plan. I was hoping to find a chart with the co-pays, but I don't see one.**

Dentures and implants are covered under the Enhanced and DHMO plans. The Enhanced plan covers these services at 50% with an annual maximum benefit while the DHMO is a copay based structured plan. For the best comparison of potential costs and available providers I would suggest contacting Cigna directly at (800) 244-6224. You can also find the DHMO charge schedule on Cigna's dedicated website <https://stateofct.cigna.com/>

**If I have a dental problem while I am away from home, am I without options?**

A Cigna representative is available 24/7 to help find a participating dentist or specialists. Call them at 1.800.244.6224. This number is on your dental card for your convenience.

**My son turns 22 this month and we received a letter regarding Dental cut -off. Do I need to do anything else?**

The limiting age for dependent dental coverage is age 19. You may have received a letter from the Cobra Unit if your dependent elected Cobra and is reaching the end of their Cobra eligibility period. If this is the case, the dependent will be automatically terminated, and you do not need to take further action.

**Is teeth whitening included in all dental plans?**

It is only included in the DHMO plan. It is considered a cosmetic treatment in the Basic and Enhanced plan.

[Return to Table of Contents](#)

## Retiree Health and Dental Benefits



**Health Navigator 1.866.611.8005**



**[Retiree Health Care Planner](#)**

**Where can I find the Retiree healthcare options planner?**

You can get to this planner on Care Compass using this link [Retiree Health Care Options Planner](#)

**How can I sign up or make changes to my medical or dental benefits?**

Retirees can print and complete the [Retiree Health enrollment/Change Form \(CO-744-OE\)](#) or go to page 57 of the Planner and cut-out the application. If you decide to make changes, you can mail, email, or fax your form.

Be sure to:

- Select the type of change you’re requesting
- List all dependents you’re covering and provide supporting documentation for new dependents
- Sign your application
- Return your form by mail, email, or fax:

Mail: Office of the State Comptroller  
ATTN: Retiree Health Insurance Unit  
165 Capitol Avenue Hartford, CT 06106

Email: [osc.rethealth@ct.gov](mailto:osc.rethealth@ct.gov)

Fax: 860-702-3556

**How will this affect October 1 retirees, since they'll transition to retiree insurance effective November 1? Will they be receiving two different cards?**

Yes. All currently enrolled active employees will receive a new card for coverage effective October 1st. New retirees will receive that card and will receive an additional card noting their updated retiree health coverage following their retirement with benefits effective November 1st.

**Will this also apply to State retirees and/or their eligible dependents?**

These updates will also apply to all non-Medicare eligible retirees. Medicare eligible retirees will continue with their Medicare Advantage plan with UnitedHealthcare

**How does any of this affect Retiree plans?**

As noted above, these updates are all available to non-Medicare retirees. There are no changes to Medicare eligible retirees.

**So, the State BlueCare Network is different from the State Preferred Network? How so?**

While they are two separate networks, they are extremely comparable. When a provider contracts with Anthem Blue Cross and Blue Shield they may contract with both networks. Almost all the same providers are in both networks, however you may find a handful of providers that are in-network with State BlueCare, but not in State Preferred. You may also find that there are a handful of providers that are in the State Preferred network that are not in the State BlueCare network.

**If I move out-of-state, would my doctors in CT still be considered In-Network?**

The Out-of-Area plan utilizes the Preferred national network. The network is very comparable to the current BlueCare network of in CT providers. To confirm your current physicians continue in this network you may check the Anthem [Find Care](#) tool or by calling 800-922-2232

**Can Retirees in Group 3 join HEP or, is HEP only for Groups 4 and 5?**

At this time, the Health Enhancement Program is available to those that retired after October 1, 2011 (Groups 4 and 5). It is not available for retirees in Groups 1, 2, or 3.

**I am a current retiree and cover my husband on my health insurance. I will be turning 65 in March and will be on Medicare; however, my husband will NOT be turning 65 until 2022. What do I need to do as we will be considered a Split Family come March 2021?**

As a state retiree, about two months prior to your 65th birthday you will need to contact CMS and request enrollment in Medicare Part A and B. The state will enroll you automatically in the UnitedHealthcare Group Medicare Advantage (PPO) plan and will need a copy of your Medicare ID card to ensure your successful enrollment. Your state-sponsored medical and prescription coverage through the UnitedHealthcare Group Medicare Advantage (PPO) plan will become your only medical and prescription plan. Just before your 65th birthday, you will receive a letter from the Retiree Health Insurance Unit with more information about the UnitedHealthcare Group Medicare Advantage (PPO) plan. Be sure to send the Retiree Health Insurance Unit a copy of your red, white, and blue Medicare card. Your standard premium for Medicare Part B will be reimbursed by the state starting on the date a copy of your Medicare Part B card is received by the Retiree Health Insurance Unit. Medicare premiums paid before a copy of your card is received will not be reimbursed. While you will be enrolled in the UnitedHealthcare Medicare Advantage plan, your spouse will continue their health coverage under Anthem and Caremark with no change to their benefit.

**Please Explain Out-of-Area vs Out-of-Network.**

Out-of-Area is a plan option for retirees who are permanently residing out of State. In this plan, you have seamless access to Anthem's national network. Out-of-Network refers to physicians and/or facilities that are not in Anthem's provider network. In the OOA plan and the POS Plan, you have an option to see Out of Network providers, however, you pay 20% of the cost, the plan pays 80%, as opposed to the copay you would pay by utilizing in-network providers.

[Return to Table of Contents](#)

## Health Enhancement Program (HEP)



**Health Navigator 1.866.611.8005**



**[CTHEP.com](http://CTHEP.com)**

**Do we need to re-enroll for the HEP program?**

Those who met all the 2019 HEP requirements will be automatically re-enrolled for 2020/2021.

**How do I enroll or disenroll in HEP?**

If you are not currently participating in HEP, you can enroll during Open Enrollment. If you wish to participate in HEP, you can disenroll during open enrollment. Forms are available at your agency's Payroll/Human Resources office or by visiting [cthep.com](http://cthep.com).

**When employees that are Non-Compliant in Oxford are switched to Anthem will they be enrolled as compliant in HEP?**

No, HEP compliance will follow through. If an Oxford member is currently non-compliant, they will continue to be non-compliant under Anthem. To come into compliance members must contact Care Management Solutions.

**At the beginning of presentation, there was reference to "bonus payment" Can you elaborate a bit on that?**

Although general HEP compliance has been suspended for 2019 and 2020, to be eligible for a \$100 chronic condition bonus payment everyone in your household must complete all their regularly scheduled HEP compliance requirements.

**Is HEP still necessary**

We like to say that HEP is always necessary. The preventive measures outlined in the Health Enhancement Program are intended to keep everyone in their best health possible. HEP requirements for calendar years 2019 and 2020 will not be monitored for the purpose of assessing noncompliance penalties. Members must be compliant to be eligible for the annual chronic condition bonus payments.

**You mentioned that the HEP penalties are on hold for 2019. The penalties have been deducted from my paycheck for 2019 until now. Who should I contact?**

HEP penalties for a prior year's noncompliance will continue to be deducted. The review of additional non-compliant members for 2019 and 2020 is currently suspended. If you believe you are compliant, you may contact Care Management Solutions to request reinstatement.

**What does HEP 'non-compliant - on hold' mean? Deferred? Removed?**

Penalties for non-compliance have been put on hold for the 2020 year due to the ongoing Covid-19 pandemic. We are still encouraging members to get their age appropriate wellness and exams and screenings where possible but will not implement the penalty if you are not able to this year.

**Can non-compliant employees sign up for compliance with an OE form?**

Employees who are currently in a non-compliant status from a prior year must follow the normal procedure for applying for reinstatement. Additional information can be found on the HEP website, [www.cthep.com](http://www.cthep.com).

**What are dates again that HEP penalties are on hold?**

HEP penalties are on hold for the 2019 and 2020 compliance years.