2023/2024 New Hire Overview

State of Connecticut

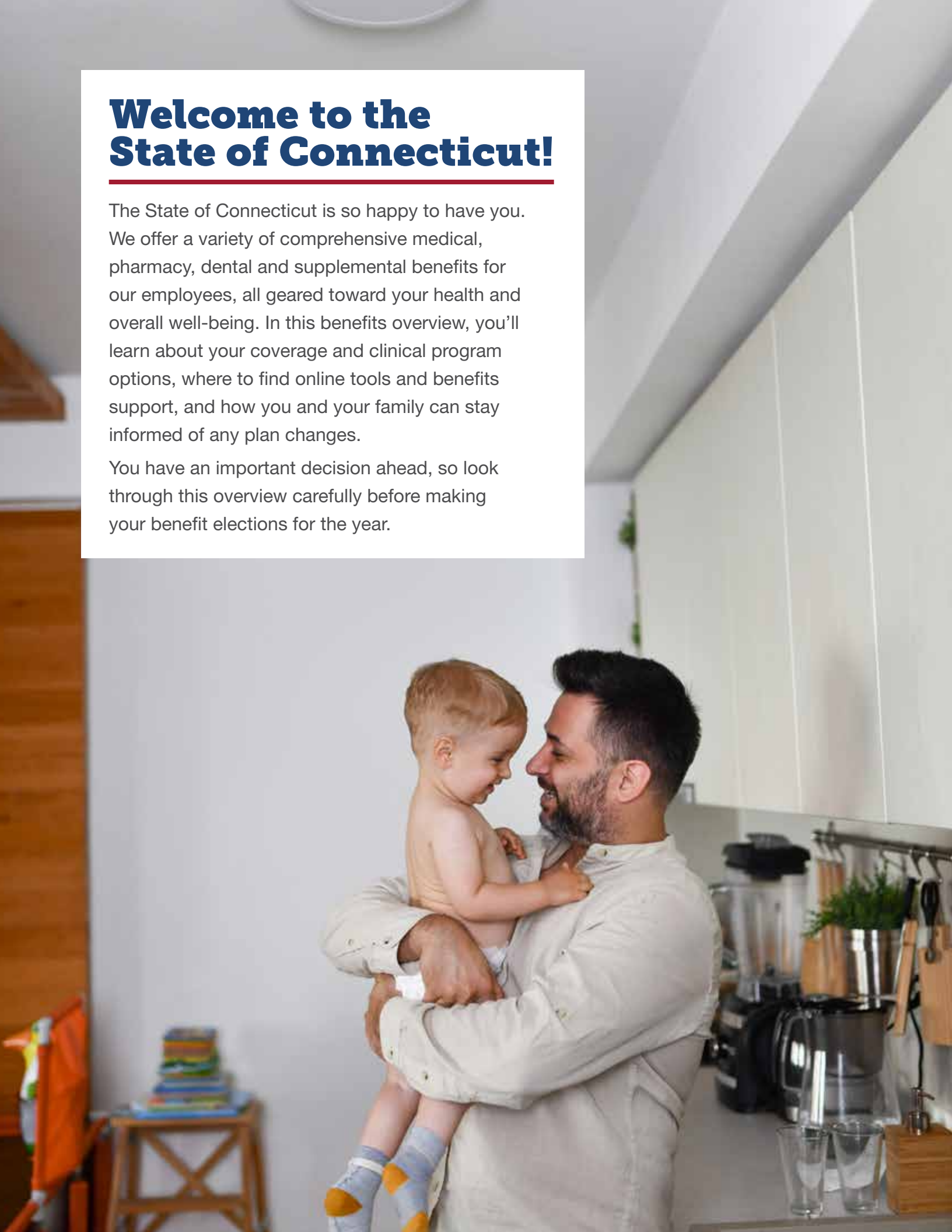
CARE COMPASS

CareCompass.CT.gov

Welcome to the State of Connecticut!

The State of Connecticut is so happy to have you. We offer a variety of comprehensive medical, pharmacy, dental and supplemental benefits for our employees, all geared toward your health and overall well-being. In this benefits overview, you'll learn about your coverage and clinical program options, where to find online tools and benefits support, and how you and your family can stay informed of any plan changes.

You have an important decision ahead, so look through this overview carefully before making your benefit elections for the year.



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Don't delay!

You have only 31 days from the date you were hired to complete your enrollment. After your new hire eligibility period, the next time you can make a change to your benefit selections is during Open Enrollment in May or if you have a qualifying life event (see **page 6**). More information on qualifying life events can be found at **CareCompass.CT.gov/benefits-enrollment**.

For assistance, visit our Benefits Enrollment page (**CareCompass.CT.gov/benefits-enrollment**) or contact a Care Coordinator at 833-740-3258.

Benefit Resources Overview

Care Compass

Care Compass is the online benefits hub created by the Office of the State Comptroller. It serves as a comprehensive source of information on the state's health plan, offering a wealth of valuable resources.

We encourage you to explore **CareCompass.CT.gov** and use its resources to make informed decisions regarding your health plan. Select **Active Employees** on the navigation bar for more information about medical, pharmacy, dental and supplemental benefits. **CareCompass.CT.gov/benefits-enrollment** is also a great resource for plan decision tools, provider finders, and plan information.

Quantum Health

Once you receive your Anthem medical ID card, you and your enrolled adult dependents can access a personal benefits and Health Enhancement Program (HEP) portal, managed by Quantum Health. This portal provides you valuable personal information, including details regarding your claims, digital ID cards and HEP status. You can conveniently access your own medical, dental and pharmacy logins through this portal, streamlining your access to essential health care resources.

You or your adult dependents can speak with a Quantum Health Care Coordinator at 833-740-3258 for personalized help understanding your benefits, finding a doctor, or resolving a claim issue.

Once you receive your Anthem medical ID card, register for the portal at CareCompass.CT.gov.

Your Agency Benefits Specialist

Every agency has at least one person who is considered to be a benefits specialist. That person is often the one who sent you benefits enrollment information when you were first hired (such as Human Resources). Contact your agency benefits specialist for:

- Enrollment/eligibility information (for example, adding or removing dependents from coverage)
- Personal or dependent information changes (for example, home address, phone number, email address, date of birth, or Social Security number corrections)
- COBRA notices
- Payroll deduction questions
- Issues with accessing Core-CT or eBenefits
- Qualifying life event benefit changes and documentation

Enrollment and Eligibility

Enrollment

- Review this new hire guide or visit **CareCompass.CT.gov**, and select **Benefits Enrollment** for benefits information, such as online plan comparison tools, provider network lookups, plan costs, and the Active Employee Health Care Planner.
- Select your medical, dental and group life insurance coverage using the Core-CT generated form (provided by your agency) or on eBenefits. Contact your agency benefits specialist if you need assistance logging in to Core-CT.
- Submit your elections **within 31 calendar days** of the date you were hired. Paper forms can be faxed, emailed or dropped off at your agency benefits office.

Your coverage begins the first day of the month following your hire date. For example, if you're hired on October 15, your coverage begins November 1.

The elections you make now will be in effect through the current plan year unless you have a qualifying life event. You can make changes to your coverage during the annual Open Enrollment period, which takes place in May for a July 1 effective date.

Online benefit elections

Log in to Core-CT (corect.ct.gov) and select Self-Service > Benefits > Life Events.

If you do not have access to Core-CT, contact your agency benefits specialist. For step-by-step instructions, visit CareCompass.CT.gov/benefits-enrollment and review page 2 of the eBenefits Tipsheet.

Eligibility

Dependents you can cover under your plans generally include:

- Your legally married spouse or civil union partner
- Your children through the end of the year in which they become age 26. Coverage eligibility for disabled children beyond age 26 must be verified through Anthem. Contact Anthem at 800-922-2232 for details.
- Children living with you for whom you are the legal guardian (to age 18), unless proof of continued dependency is provided.

Documentation of an eligible relationship is required when you enroll a family member. For each dependent you have enrolled, enter the required documentation (for example, a long-form birth certificate or a marriage certificate) as an attachment on the Proof Document Upload page.

You and the family members you enroll must all have the same medical option and/or the same dental option. However, you can enroll certain family members in medical and different family members in dental. To enroll an eligible family member in a plan, you must enroll in that plan as well. For example, you can enroll yourself and your child for medical but only yourself for dental.

After You Enroll

Once you receive your Anthem medical ID card, you can register for the benefits and HEP portal (**carecompass.quantum-health.com**). The Health Enhancement Program (HEP) is a voluntary benefit that helps keep you and your family healthy while also saving you money on health care costs. See **page 9** for more details. The benefits and HEP portal, powered by Quantum Health, makes it easy to navigate your coverage and find the right care for your needs. Your personalized information is accessible 24/7 from your phone, tablet, computer or the MyQHealth app.

Visit the benefits and HEP portal for:

- **Care Coordinator:** Support to help you with all your benefits questions and concerns
- **Tailored information:** Your claims, digital ID cards and HEP status
- **Provider search tool:** Advanced search engine to help you locate in-network providers
- **Benefits checker:** Search for benefits by condition and confirm plan costs
- **One-click access:** Gain access to your medical, pharmacy and dental information through a single sign-on
- **Clinical health programs:** Find diabetes, weight management, orthopedic care and more clinical program information—all at no additional cost to you!
- **A one-stop shop:** Request authorization and precertification for physical therapy and occupational therapy
- **MyQHealth app:** Get all your online portal information from your smartphone or tablet

Log in or register today by visiting **carecompass.quantum-health.com**. To contact a Care Coordinator, call 833-740-3258.

MyQ Health

Get the MyQHealth mobile app

Download on the App Store

GET IT ON Google Play

When You Can Make Changes

Open Enrollment

Each May, you can make plan changes, add or remove dependents, and waive/add coverage.

Qualifying Life Event

Once you make your coverage elections and the election period ends, you cannot make any changes during the plan year unless you have a qualifying life event, which includes changes in:

- Legal marital/civil union status
- Number of dependents
- Employment status, including events that change your or your dependents' employment status and eligibility for coverage
- Dependent status
- Employee moves out of or into Connecticut
- Loss of coverage

If you have a qualifying life event, changes can be made on Core-CT. The required documentation must be provided **within 31 days** of the qualifying event. To get started, log in to Core-CT (**corect.ct.gov**) and select **Self-Service** > **Benefits** > **Life Events**.

If you do not have access to Core-CT, contact your agency benefits specialist. For more information on qualifying life events and step-by-step instructions, visit **CareCompass.CT.gov/benefits-enrollment** and review **page 2 of the eBenefits Tipsheet**.

Medical Coverage

You can choose from the following medical plan options, administered by Anthem:

- **Quality First Select Access (State BlueCare Prime Tiered POS):** Referrals to specialists are not required. Provider network is Connecticut-based. Use the provider search tool to find Tier 1 providers near you for $0 copay.
- **Primary Care Access (State BlueCare POE Plus):** You are required to select a PCP. Referrals to specialists are required from your PCP. Out-of-network services are not covered, except in an emergency.
- **Standard Access (State BlueCare POE):** Referrals to specialists are not required. Out-of-network services are not covered, except in an emergency.
- **Expanded Access (State BlueCare POS):** Referrals to specialists are not required. Includes out-of-network services.
- **Out-of-Area:** Available if you move out of Connecticut.

For more medical plan information, go to **CareCompass.CT.gov**, select **Active Employee**, then **Medical**. You can also call a Care Coordinator at 833-740-3258.

Need help choosing a plan?

Use our medical plan decision support tool on the Benefits Enrollment page: **CareCompass.CT.gov/decisionguide.**

Here's how much you will pay for covered services depending on which plan you choose and where you receive your care. For more information, refer to the Planner for active employees: **CareCompass.CT.gov/wp-content/uploads/2023/05/ActiveEmployees_Planner_2023_web.pdf**.

Benefit Features		Quality First Select Access[1]			Primary Care Access Standard Access	Expanded Access Out-of-Area	
		In-Network Value Tier 1	In-Network Tier 2	Out-of-Network[2]	In-Network ONLY	In-Network	Out-of-Network[2]
Office visit[3]		You pay $0	PCP: You pay $50 Specialist: You pay $100	You pay 20% plus deductible	You pay $15	You pay $15	You pay 20% plus deductible
Preventive care		You pay $0	You pay $0	You pay 20% plus deductible	You pay $0	You pay $0	You pay 20% plus deductible
Walk-in clinic/urgent care center[1]		You pay $35	You pay $35	You pay 20% plus deductible	You pay $15	You pay $15	You pay 20% plus deductible
Emergency care (waived if admitted)		You pay $250	You pay $250	You pay $250	You pay $250	You pay $250	You pay $250
Diagnostic lab and radiology (prior authorization required for diagnostic imaging)	Site of service	You pay $0	You pay $0	N/A	You pay $0	You pay $0	N/A
	Non-site of service	You pay 20%	You pay 20%	You pay 40% plus deductible	You pay 20%	You pay 20%	You pay 40% plus deductible
LiveHealth Online (telemedicine)		You pay $0	N/A	N/A	You pay $5	You pay $5	N/A
Inpatient physician/hospital (prior authorization required)		You pay $0	You pay $0	You pay 20% plus deductible	You pay $0	You pay $0	You pay 20% plus deductible
Outpatient surgical facility (prior authorization required)		You pay $0	You pay $0	You pay 20% plus deductible	You pay $0	You pay $0	You pay 20% plus deductible
Inpatient mental health/substance abuse (prior authorization required)		You pay $0	You pay $0	You pay 20% plus deductible	You pay $0	You pay $0	You pay 20% plus deductible
Outpatient mental health/substance abuse		You pay $0	You pay $0	You pay 20% plus deductible	You pay $0	You pay $0	You pay 20% plus deductible
Annual deductible[4]		$0		Individual: $500 Family: $1,500	You pay $0	You pay $0	Individual: $300 Family: $900
Annual out-of-pocket maximum		Individual: $3,000 Family: $6,000		Individual: $6,000 Family: $12,000	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000	Individual: $2,000 plus deductible Family: $4,000 plus deductible

[1] *Hartford Hospital Centers are considered out-of-network.*

[2] *You pay coinsurance plus 100% of any amount your provider bills over the allowable charge (balance billing).*

[3] *PCP telemedicine visits are covered the same as office visits.*

[4] *Non-HEP-compliant: Additional $350 per individual; $1,400 maximum per family*

Prescription Drug Coverage

Your prescription drug coverage is administered by CVS Caremark. Prescription drug benefits are the same no matter which medical plan you choose.

The amount you pay depends on whether your prescription is for a generic drug, a brand name drug listed on CVS Caremark's preferred drug list (the formulary), or a non-preferred brand name drug.

Here's what you'll pay for covered prescription drugs.

Benefit Features	Maintenance Drugs (90-Day Supply)	Non-Maintenance Drugs (30-Day Supply)
Tier 1: Preferred generic	$5	$5
Tier 2: Non-preferred generic	$10	$10
Tier 3: Preferred brand name	$25	$25
Tier 4: Non-preferred brand name[5]	$40	$40

[5] *$25 if your physician certifies as necessary by completing the Exception Request form found at **CareCompass.CT.gov/forms**.*

If you are enrolled in HEP, you'll pay lower copays for medications used to treat certain chronic conditions:

- Tier 1: $0 copay
- Tier 2: $5 copay
- Tier 3: $12.50 copay

You'll pay nothing for medications and supplies used to treat diabetes (type 1 and type 2).

For more pharmacy coverage information, go to **CareCompass.CT.gov**, select **Active Employees**, then **Pharmacy**. You can also call a Care Coordinator at 833-740-3258.

Health Enhancement Program (HEP)

The Health Enhancement Program (HEP) is a voluntary benefit that helps keep you and your family healthy while also saving you money on health care costs. HEP provides guidelines to follow for preventive and chronic care management so that, with early detection, you can avoid serious illnesses.

If you participate in HEP, you'll receive a lower monthly premium and you'll pay **no in-network deductible** for the plan year. If you have a chronic condition, you'll save on prescription drug costs and receive a cash incentive for meeting the annual preventive and chronic education requirements by December 31.

Requirements

HEP enrollees and all family members must get age-appropriate wellness exams and early diagnosis screenings.

Chronic Condition Requirements (if applicable)

You and/or your family members will be required to participate in a disease education and counseling program if you have diabetes (type 1 or 2), asthma, COPD, heart disease/heart failure, hyperlipidemia (high cholesterol), or hypertension (high blood pressure).

You will pay $0 copays for office visits and reduced pharmacy copays for treatments related to your condition. To be compliant, you and/or your family members must meet all preventive and chronic-disease education requirements.

Required Exams and Screenings

For a list of required exams and screenings based on your age, FAQs and HEP well-being seminars, visit **CareCompass.CT.gov/hep**.

Clinical Health Programs

The State of Connecticut offers clinical programs designed to prevent, and support you when you have, common health conditions. These clinical programs are offered to all eligible plan members at no additional cost. To learn more about our clinical programs, visit **CareCompass.CT.gov/state/medical**.

Diabetes Care

Diabetes Prevention

The virtual Diabetes Prevention Program (DPP) helps you build healthy habits to prevent the onset of diabetes. WellSpark's 12-month program provides powerful education and motivating support. New classes are run every quarter. Sign-up for the next class using the contact information on **carecompass.ct.gov/diabetes**.

Diabetes Management and Diabetes Reversal Programs

The **Diabetes Management Program** helps type 1 and type 2 diabetics choose healthy habits and make lifestyle changes to manage their A1c level. Free test strips are supplied every month. This is a virtual program administered by Virta Health.

The **Diabetes Reversal Program** is a virtual clinic that is administered by Virta Health and can help you lose weight, lower your blood sugar and reduce your medications. Participants learn to eat their way to better health with personalized nutrition plans and support from medical providers, professional coaches and digital health tools. No medication, surgery or calorie counting is required to see results. This program is available for those with type 2 diabetes only.

Weight Management

Flyte is a medical weight loss program that incorporates anti-obesity medications and lifestyle modification. You'll meet with physicians, nurse practitioners and registered dietitians who specialize in helping people manage their weight. The care team will check in with you to monitor your progress, troubleshoot any challenges, make modifications if necessary, and make sure you have everything you need on your weight loss journey. You must be 18 years or older **and** have a BMI of 30+ or a BMI of 27+ with one weight-related condition (for example, diabetes, heart disease, sleep apnea). **Important:** Medications prescribed for weight loss or weight management are covered only if they are prescribed by a Flyte physician.

Orthopedic Care

Whether you've been feeling back pain for years or your knee or shoulder pain is keeping you from doing activities you enjoy, Upswing Health's licensed medical professionals are available to answer your questions. In less than 15 minutes, you can connect with a coach through video chat or a phone call and start the process of feeling better. Dependent children under the age of 18 can use Upswing with parental consent and supervision.

Providers of Distinction

Doctors, hospitals and provider groups that meet the highest patient care standards are designated "Providers of Distinction." Providers of Distinction members will coordinate your care throughout your entire treatment process, from evaluation through recovery.

If you select a Provider of Distinction for a qualifying procedure, you can earn a cash reward! There are many qualifying procedures, including low back, hip, shoulder and knee surgery; cardiac procedures; colonoscopy; and prenatal care and delivery.

For more information on the Providers of Distinction and to look up providers in the program, visit **CareCompass.CT.gov/providersofdistinction**.

Dental Coverage

The State of Connecticut fully covers the cost of employee dental coverage. This means that if you have Employee Only coverage, you'll pay $0 in dental premiums! You'll pay to cover any dependents; see **page 13** for premiums. Cigna is the administrator for all State of Connecticut dental plans.

	Cigna Dental Care DHMO Plan	Total Care DHMO Plan	Enhanced Plan	Basic Plan
Primary care dentist	Required	Required	Not required	Not required
Specialist referral from primary care dentist	Required	Required	Not required	Not required
In- and out-of-network coverage[6]	No	No	Yes	Yes
What you pay when you get care	Copays	Coinsurance	Coinsurance	Coinsurance

[6] *When you visit an out-of-network dentist, you are responsible for all charges above the maximum allowable charge—the amount the plan would have paid if you had visited an in-network dentist.*

Need help choosing a dental plan?

Try Cigna's decision support tool, available at **CareCompass.CT.gov/benefits-enrollment** > **Plan Decision Tool** (under **Dental**).

Here's a snapshot of what you'll pay for covered dental services:

	Cigna Dental Care DHMO Plan	Total Care DHMO Plan	Enhanced Plan	Basic Plan
Annual deductible	None	None	Individual: $25 Family: $75	None
Annual maximum	None	None	$3,000 per person (excluding orthodontia)	None
Exams, cleanings and x-rays	Plan pays 100%	Plan pays 100%	Plan pays 100%, deductible does not apply[7]	20% (if enrolled in HEP, plan pays 100%)
Periodontal maintenance[8]	Copay[9]	15% coinsurance, plan pays 85%	Plan pays 100%[7]	Coinsurance
Orthodontia	Copay[9]	45% coinsurance, plan pays 55%	50%, plan pays maximum of $1,500 per person per lifetime[10]	Not covered[11]

[7] *In the Enhanced plan, use an in-network dentist to ensure your care is covered 100%; with out-of-network dentists, you will be subject to balance billing if your dentist charges more than the maximum allowable charge.*

[8] *If you're enrolled in the Health Enhancement Program (HEP), frequency limits and cost share are applicable.*

[9] *Contact Cigna at 800-244-6224 for patient copay amounts.*

[10] *Benefits are prorated over the course of treatment.*

[11] *While these services are not covered, you will get the discounted rate if you visit a network dentist, unless prohibited by state law.*

Supplemental Benefits

The State of Connecticut offers many additional benefits, including resources for retirement, protection for your family, and more. **Supplemental benefits are not a part of Open Enrollment—you can enroll in most supplemental programs at any time!** For more information, visit **CareCompass.CT.gov/supplementalbenefits**.

Voluntary Defined Contribution Plans

The state's defined contribution retirement savings plans can help you save for a financially secure retirement through pretax or after-tax (Roth) contributions to a retirement account. There are two defined contribution plan options:

- **457 Plan:** Employees are eligible to enroll in this plan on their first day of employment. The minimum contribution is $20 per pay period.
- **403(b) Plan:** Employees are eligible to enroll in this plan on their first day of employment. The minimum contribution is $200 annually ($8 per pay period). Enrollment in the 403(b) Plan is limited to employees of certain agencies.

Group Life Insurance

The state offers basic and supplemental group life insurance. For the basic plan, you and the state share the cost. The benefits of the basic life insurance plan are based on your annual salary.

Employees who enroll in the basic plan are also eligible to participate in an employee-pay-all supplemental life insurance plan, which provides additional benefits.

If you waive coverage or fail to enroll within 31 days of hire and later choose to enroll, you will be subject to evidence of insurability guidelines.

Disability Insurance

Short-Term and Long-Term Disability Insurance replaces a portion of your income when you are unable to work due to a covered injury or illness.

New employees who enroll during the first 90 days of employment will have guaranteed coverage for up to 66 2/3% of income to a maximum of $3,000 in monthly benefits.

Voluntary Life Insurance

Voluntary Life Insurance pays your designated beneficiary up to $500,000 for a covered loss.

Flexible Spending Accounts

The state offers three types of flexible spending accounts administered by TASC. Open enrollment for these accounts is held October 1-31. If you wish to participate in these accounts, you must enroll in the DCAP and MEDFLEX accounts within 31 days of hire, within 31 days of a status change, or during annual open enrollment in October.

- **Dependent Care Assistance Program (DCAP):** Use to cover the cost of caring for qualified dependents, including children under the age of 13, a disabled spouse, or other disabled dependents who spend at least eight hours a day in your home.
- **Medical Flexible Spending Account (MEDFLEX):** Use to cover medical expenses for yourself, your spouse and your eligible dependent(s). **Reenrollment is required during the annual open enrollment in October.**
- **Qualified Transportation Account (QTA):** Use pretax dollars to pay eligible transit and parking expenses for your regular daily direct commute from home to work. You can enroll in the QTA at any time.

You enroll for flexible spending accounts each year in October.

Home and Auto Insurance

Home and Auto Insurance protects against the financial loss and/or liability expenses due to an accident, the damage to, or loss of, your automobile, home and/or other personal property.

NortonLifeLock

NortonLifeLock protects you from identity theft and helps to detect any potential threats to your identity.

2023/2024 Biweekly Payroll Deductions

July 1, 2023 Through June 30, 2024 (26 Pay Periods)

If you do not enroll in HEP, you'll pay an additional $46.15 per paycheck for the cost of coverage. (Employees on semimonthly pay schedules will have slightly higher premiums.)

Medical Plans	Employee	Employee + 1	Family	FLES[12]
Quality First Select Access (State BlueCare Prime Tiered POS)	$42.07	$113.12	$145.15	$83.45
Primary Care Access (State BlueCare POE Plus)	$53.54	$144.46	$183.71	$100.45
Standard Access (State BlueCare POE)	$58.16	$162.82	$213.25	$112.30
Expanded Access (State BlueCare POS)	$68.90	$185.28	$219.90	$121.96
Out-of-Area	$73.09	$226.62	$265.09	$128.98

Dental Plans	Employee	Employee + 1	Family	FLES[12]
Basic	$0	$11.28	$11.28	$5.78
Enhanced	$0	$9.53	$9.47	$4.88
Cigna Dental Care DHMO	$0	$3.78	$5.35	$2.20
Total Care DHMO	$0	$4.71	$6.67	$2.75

[12] *The Family Less Employed Spouse (FLES) rate is available only when both spouses are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least one child. If you are enrolled in the FLES coverage level, both you and your spouse must enroll in order to participate in the Health Enhancement Program.*

Know Who to Call: Your Benefit Resources

Coverage	Provider	Phone	Website
General benefit questions, medical, and Health Enhancement Program (HEP)	Quantum Health	833-740-3258	carecompass.quantum-health.com Send a secure message or schedule a phone call through your benefits and HEP portal or the MyQHealth app
Prescription drugs	CVS Caremark	800-318-2572	CareCompass.CT.gov/state/pharmacy Or log in to your benefits and HEP portal from Care Compass
Dental	Cigna	800-244-6224	CareCompass.CT.gov/state/dental
Enrollment and eligibility, Core-CT, payroll deductions, qualifying life events, holidays, personal time, retirement accounts	Contact your agency benefits specialist		