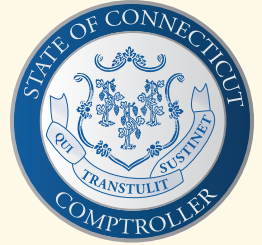




2024/2025



# New Hire Guide



For New State of Connecticut Employees

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

## Table of Contents

Getting Started.....	3
Enrollment and Eligibility .....	4
After You Enroll.....	5
Medical Coverage .....	6
Prescription Drug Coverage.....	8
Health Enhancement Program (HEP).....	8
Healthy Living Programs .....	9
Dental Coverage.....	10
Supplemental Benefits.....	11
2024/2025 Biweekly Payroll Deductions .....	12
Know Who to Call: Your Benefit Resources.....	12

**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 5**). 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.

# Getting Started



## Benefits Website

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 and supplemental benefit options, offering a wealth of valuable resources.

We encourage you to explore [CareCompass.CT.gov](https://carecompass.ct.gov) and use its resources to make informed decisions regarding your health plan. Select [State Employees](#) on the navigation bar, then choose medical, pharmacy, dental, or supplemental for more information about these benefits.

[CareCompass.CT.gov/benefits-enrollment](https://carecompass.ct.gov/benefits-enrollment) includes excellent resources like quizzes, plan comparison charts, and more to help you choose the best health and dental plans for your needs. You will spot the Care Compass logo on emails, mailers, and all state health benefits information sent to you by our office.

## Your Personal Benefits Portal

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 secure portal provides valuable information for you to view claims, get a digital ID card, check your HEP status and a customized provider search tool that shows in network providers and copays (where available) based on your medical plan. 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.

## Your Benefits Enrollment Checklist

### 1. Research your coverage

Use this guide or visit: [carecompass.ct.gov/benefits-enrollment](https://carecompass.ct.gov/benefits-enrollment)

### 2. Enroll in coverage

Through your agency benefits specialist or eBenefits.

### 3. Set Up Your Benefits Portal

Once you receive your Anthem ID card, visit [CareCompass.ct.gov](https://carecompass.ct.gov) to register for the portal.

### 4. Access all your health benefits in one place

Log in to your benefits portal on the web or the MyQHealth app. Go to [My Plan](#) and register your dental, pharmacy, and medical accounts. Once you connect them, all your benefits will be linked in one place for easy access.

## When to Contact 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. 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 guide or visit [CareCompass.CT.gov](https://carecompass.ct.gov), and select [State Employee](#), [Benefits Enrollment](#), then [New Hire](#) for decision quizzes, provider search tools, plan rates, 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 (July 1 - June 30) 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](https://corect.ct.gov)) and select [Benefit Details](#) > [Benefits Enrollment](#).

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](https://carecompass.ct.gov/benefits-enrollment) and [review page 2 of the eBenefits Guide](#).

## 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 Quantum Health at 833-740-3258.
- Children living with you for whom you are the legal guardian (under age 18). Note: this election cannot be processed through eBenefits

Documentation of an eligible relationship is required when you enroll a family member. For each dependent you have enrolled, attach the required documentation (for example, a long-form birth certificate or a marriage certificate) 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](https://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 8](#) 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 Coordinators** who will support you with all your benefits questions and concerns
- **One-click access** to your medical, pharmacy and dental information
- **Review your medical claims**, get your digital ID cards or check your HEP status
- **Provider search tool** that uses an advanced search engine to help you locate in-network providers
- **The benefits checker** to search by condition and confirm plan costs
- **Finding Healthy Living Programs** for diabetes, weight management, orthopedic care and more —all at no additional cost to you!
- **Convenient access** to your portal information via the web or MyQHealth app

Log in or register today by visiting [carecompass.quantum-health.com](https://carecompass.quantum-health.com). To contact a Care Coordinator, call 833-740-3258.



Get the  
**MyQHealth**  
mobile app



## 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, you have **31 days** from the event date to make changes and submit required documentation. The changes can be made through self-service (eBenefits). Effective 7/1/2024, newborns can be enrolled in coverage up to 91 days after the date of birth. Contact your agency benefits specialist with any questions. To get started, log in to Core-CT ([corect.ct.gov](https://corect.ct.gov)) and select **Benefit Details > 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](https://CareCompass.CT.gov/benefits-enrollment) and review [page 2 of the eBenefits Guide](#).



## Medical Coverage

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

- **Quality First Select Access (State BlueCare Prime Network [Tiered POS]):**  
Referrals to specialists are not required. Provider network is Connecticut-based and you (and your covered dependents) must live in Connecticut to select this plan. Pay \$0 when using an in-network, Tier 1 provider.
- **Primary Care Select Access (State BlueCare Network [POE Plus]):**  
You are required to select a primary care provider (PCP). Referrals to specialists are required from your PCP. Out-of-network services are not covered, except in an emergency.
- **Standard Access (State BlueCare Network [POE]):**  
Referrals to specialists are not required. Out-of-network services are not covered, except in an emergency.
- **Expanded Access (State BlueCare Network [POS]):**  
Referrals to specialists are not required. Includes out-of-network services.
- **Out-of-Area:** Available if you move out of Connecticut or live outside of Connecticut upon hire.

For more medical plan information, go to [CareCompass.CT.gov](https://carecompass.ct.gov), select **State 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](https://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, then select State Employees, then Healthcare Options Planner.**

Benefit Features		Quality First Select Access			Primary Care Access	Expanded Access	
		In-Network Value Tier 1	In-Network Tier 2	Out-of-Network <sup>1</sup>	In-Network ONLY	In-Network	Out-of-Network <sup>1</sup>
Office/PCP telemedicine visit		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		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	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
Radiology (prior authorization required for diagnostic imaging)		You pay \$0	You pay \$0	You pay 20%, plus deductible	You pay \$0	You pay \$0	You pay 20%, 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 \$15	You pay \$15	You pay 20% plus deductible
Annual deductible <sup>2</sup>		\$0			You pay \$0	You pay \$0	Individual: \$300 Family: \$900
Annual out-of-pocket maximum		Individual: \$3,000 Family: \$6,000			Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 plus deductible Family: \$4,000 plus deductible

<sup>1</sup> You pay coinsurance plus 100% of any amount your provider bills over the allowable charge (balance billing).

<sup>2</sup> 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 <sup>5</sup>	\$40	\$40

<sup>5</sup> \$25 if your physician certifies as necessary by completing the Exception Request form found at [CareCompass.CT.gov/forms](https://www.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](https://www.carecompass.ct.gov), select **State 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.

HEP participants will receive a lower monthly premium and you'll pay **no in-network deductible** for the plan year. If you do not wish to participate in HEP, you can opt-out when you make your benefit elections. The HEP opt-out form (CO-1316) is available at your agency benefits office or by visiting [CareCompass.CT.gov/forms](https://www.carecompass.ct.gov/forms).

### Requirements

HEP enrollees and their spouse must get age-appropriate wellness exams and early diagnosis screenings. Dependent children age 6-26 must complete one dental exam at least once a year. You will not have to meet HEP requirements until December 31 of the first full calendar year in which you are enrolled in coverage.

#### Chronic Condition Requirements (if applicable)

You and/or your spouse 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 by December 31.

#### 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](https://www.carecompass.ct.gov/hep). Once registered for your benefits and HEP portal, you can see your personal requirements and status by selecting the My Health tab.



# Healthy Living Programs



The State of Connecticut offers Healthy Living Programs designed to prevent, and support you when you have, common health conditions. These programs are offered to all eligible plan members at no additional cost. To learn more about our programs, visit [CareCompass.CT.gov/healthy-living](https://carecompass.ct.gov/healthy-living).

## 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](https://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.

## 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

The state of Connecticut has identified providers that meet the highest patient care standards for specific procedures and conditions as "Providers of Distinction". By completing your care with a designated "Provider of Distinction", you will receive a cash incentive in the mail.

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

## Well-being Seminars

30-minute health seminars led by WellSpark health professionals for anyone on the State of Connecticut health plan. Seminar topics include ways to manage stress, quit smoking, boost immunity, choose healthy foods, practice meditation, chair exercises, and more.

If you are in the HEP Chronic Condition program, you can meet your education requirement by attending the corresponding "Basics" seminar. You can also participate in general well-being seminars for tips and information to support your health.

To see the upcoming schedule, visit [CareCompass.CT.gov/healthy-living](https://carecompass.ct.gov/healthy-living), and click "Wellbeing Seminars".

# 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 <sup>6</sup>	No	No	Yes	Yes
What you pay when you get care	Copays	Coinsurance	Coinsurance	Coinsurance

<sup>6</sup> 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](https://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 <sup>7</sup>	20% (if enrolled in HEP, plan pays 100%)
Periodontal maintenance <sup>8</sup>	Copay <sup>9</sup>	15% coinsurance, plan pays 85%	Plan pays 100% <sup>7</sup>	Coinsurance
Orthodontia	Copay <sup>9</sup>	45% coinsurance, plan pays 55%	50%, plan pays maximum of \$1,500 per person per lifetime <sup>10</sup>	Not covered <sup>11</sup>

<sup>7</sup> 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.

<sup>8</sup> If you're enrolled in the Health Enhancement Program (HEP), frequency limits and cost share are applicable.

<sup>9</sup> Contact Cigna at 800-244-6224 for patient copay amounts.

<sup>10</sup> Benefits are prorated over the course of treatment.

<sup>11</sup> 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](https://CareCompass.CT.gov/supplementalbenefits).

## Voluntary Defined Contribution Plans

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

- **457 Plan:** All state employees are eligible to enroll in the 457 plan starting on the first day of employment.
- **403(b) Plan:** Eligible employees can enroll in the 403(b) plan starting on the first day of employment. Participation in the 403(b) plan is limited to employees of certain educational agencies.

There is no minimum contribution to either plan. You have the option of contributing a flat dollar amount or a percentage of your pay. Contributions are deducted each pay period and may be changed at any time. IRS limits apply.

## 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 may 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.

## CSE Credit Union

As a member-owned, not-for-profit institution, Connecticut State Employees Credit Union (CSE) is run exclusively for members' benefit. A portion of CSE profits are returned to members as higher dividends on shares (savings), lower interest rates, lower fees, and free services.

## 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 provides comprehensive all-in-one identity theft protection, credit monitoring, device security, parental control, credit card and banking monitoring services sending you alerts if they detect potential threats to your identity.

# 2024/2025 Biweekly Payroll Deductions

## July 1, 2024 Through June 30, 2025 (26 Pay Periods)

If you opt out of 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 <sup>12</sup>
Quality First Select Access (State BlueCare Prime Tiered POS)*	\$42.94	\$115.46	\$148.14	\$85.16
Primary Care Access (State BlueCare POE Plus)	\$54.61	\$147.35	\$187.38	\$102.46
Standard Access (State BlueCare POE)	\$59.32	\$166.06	\$217.48	\$114.53
Expanded Access (State BlueCare POS)	\$70.27	\$188.96	\$224.27	\$124.38
Out-of-Area	\$74.40	\$230.65	\$269.80	\$131.27

Dental Plans	Employee	Employee + 1	Family	FLES <sup>12</sup>
Basic	\$0	\$11.59	\$11.59	\$5.94
Enhanced	\$0	\$9.79	\$9.79	\$5.01
Dental Care DHMO	\$0	\$3.78	\$5.35	\$2.20
Total Care DHMO	\$0	\$4.71	\$6.67	\$2.75

\*The Quality First Select Access plan is only available to employees (and their dependents) who live in Connecticut.

<sup>12</sup> 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	<a href="https://carecompass.quantum-health.com">carecompass.quantum-health.com</a> 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	<a href="https://CareCompass.CT.gov/state/pharmacy">CareCompass.CT.gov/state/pharmacy</a> Or log in to your benefits and HEP portal from Care Compass
Dental	Cigna	800-244-6224	<a href="https://CareCompass.CT.gov/state/dental">CareCompass.CT.gov/state/dental</a>
Enrollment and eligibility, Core-CT, payroll deductions, qualifying life events, holidays, personal time, retirement accounts	Contact your agency benefits specialist		