



2025
2026

NEW HIRE GUIDE

FOR *NEW* STATE OF CONNECTICUT EMPLOYEES



carecompass.ct.gov

Welcome to the State of Connecticut!

Welcome to Connecticut state employment — we're glad to have you! You now have access to comprehensive medical, pharmacy, dental, and supplemental benefits designed to support your health and well-being.

This New Hire Guide will walk you through your coverage, health programs, online tools, support resources, and how to stay informed about any plan updates.

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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 5). More information on qualifying life events can be found at carecompass.ct.gov/benefits-enrollment.

Need Help?

Easy-to-use, online decision-making tools can be found at carecompass.ct.gov/benefits-enrollment.
If you have questions about your options, using your benefits, or what they cover, call a Care Coordinator at **(833)-740-3258**.

Getting Started

Explore Your Benefits Website

Care Compass is your home for all benefits information. It serves as a comprehensive online source of information on the state's health plan, including medical, dental, pharmacy, and supplemental benefit options.



There are many helpful tools and resources to help you understand your benefits. Explore carecompass.ct.gov to stay healthy, save money, and make informed decisions regarding your health plan. Select **State Employees** on the navigation bar to view medical, pharmacy, dental, or supplemental benefits for you.

Need help picking a plan? Visit carecompass.ct.gov/benefits-enrollment for 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 official state health benefits communications.

For a simple overview of enrollment steps, visit carecompass.ct.gov/state/new-hire.

Register For Personalized Access

Once you receive your Anthem medical ID card in the mail, you can register for a personalized benefits experience using an online portal managed by **Quantum Health**.



This secure portal allows you and your dependents to view claims, get a digital ID card, check your Health Enhancement Program (HEP) status and use find doctors and providers. Customized search tools show in-network providers and copays or incentives (where available) based on your medical and dental plans.

The portal also centralizes your account access for your own medical, dental and pharmacy logins, making it easy to access essential health care resources.

You can also send secure messages through the portal to a personal Care Coordinator (available by phone at 833-740-3258) for help understanding your benefits, finding a doctor, or resolving a claim issue.

To register for the portal, go to:
carecompass.ct.gov > **Benefits Login** > **Register**

» Your Benefits Enrollment Checklist



Receive your New Hire Guide



Research your coverage options

Use this guide or visit:
carecompass.ct.gov/benefits-enrollment



Enroll in coverage

Through your agency benefits specialist or eBenefits



Set up your benefits portal

Once you receive your Anthem ID card, visit carecompass.ct.gov to register for the portal.



Access your benefits in one place

Log in to your benefits portal online or in the **MyQHealth** app. Under "**My Plan**," register your dental, pharmacy, and medical accounts. Once connected, all your benefits will be linked in one place for easy access.

When to Contact Your Agency Benefits Specialist

Each agency has at least one benefits specialist—often the person who first sent you your enrollment information. Contact your agency's benefits specialist for help with:

- Enrollment and eligibility (like adding or removing dependents)
- Updating personal or dependent info (address, contact details, DOB, SSN)
- COBRA notices
- Payroll deduction questions
- Issues accessing Core-CT or eBenefits
- Benefit changes due to qualifying life events

Enrollment and Eligibility

Enrollment

To enroll in the medical and dental plans that meet your personal needs, review this guide or visit carecompass.ct.gov, and select **State Employee > Benefits Enrollment > New Hire** for personalized decision guides, provider search tools, plan rates, and documents about your benefits.

Select your medical, dental and group life insurance coverage by using the eBenefits function in Core-CT, or by filling out the Core-CT generated form provided by your agency. 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, 2025- June 30, 2026) 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 with changes going into effect in July.

Eligibility

In addition to yourself, you can enroll dependents in coverage under your plans. Eligible dependents generally include:

- Your legally married spouse
- Your children through the end of the year they turn 26
- Children living with you for whom you are the legal guardian (to age 18, unless proof of continued dependency is provided)
- Disabled children over age 26

You will need to provide documentation to confirm an eligible relationship when enrolling a family member (for example, a long-form birth certificate or a marriage certificate) on the **Proof Document Upload** page.

Dependent Coverage

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



It is your responsibility to only cover eligible dependents. This information will be subject to audit.



Online Benefits Selection

It's easy to enroll in the plans you want

Log in to Core-CT (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**.

After You Enroll

Once you receive your Anthem medical ID card, you can register for the Benefits and HEP Portal at carecompass.quantum-health.com.

The Health Enhancement Program (HEP) is a voluntary benefit that helps keep you and your family healthy while lowering your healthcare costs. Learn more on [page 8](#).

The portal, powered by Quantum Health, makes it easy to manage your coverage and find the care you need. Access personalized information 24/7 from your phone, tablet, computer, or the MyQHealth app.

Use the portal to:

- Contact Care Coordinators for help with any benefits questions
- View your medical, pharmacy, and dental info in one place
- Check your claims, digital ID cards, and HEP status
- Search for in-network providers using advanced filters
- Confirm plan costs by condition with the Benefits Checker
- Explore free Healthy Living Programs (e.g., diabetes, weight, orthopedic care)

Register at carecompass.quantum-health.com or call a Care Coordinator for help at 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 or add coverage.

Qualifying Life Event

Once you make your coverage elections, you cannot make changes for the current 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) 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 and review page 2 of the eBenefits Guide.

Medical Coverage

Understanding Your Plan Options

Choosing a medical plan might feel overwhelming, but it can be simple! All the medical plans cover the same medical benefits, services and supplies, just at different prices and with different networks.

Ask yourself these questions:

- Am I okay with selecting a primary care provider (PCP) to coordinate my care?
- Am I okay with seeking a referral before seeing a specialist?
- Do I need out-of-network options for care?
- Would I rather pay more in payroll deductions (premiums) or more out-of-pocket when I need care?

Are my current providers in the network? If you're not sure, use the **Find Provider tool** found at carecompass.ct.gov/benefits-enrollment.

Once you've answered those questions, find the plan that best meets your needs using the table below.

- **Quality First Select Access (State BlueCare Prime Tiered POS):** This is the most affordable plan, with a smaller network of providers primarily in Connecticut and some nearby states. Employees and covered dependents must live in Connecticut to enroll. As of October 1, 2024, Hartford Healthcare providers and facilities are included. No referrals are needed to see specialists.
- **Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G Plus]):** A Primary Care Provider (PCP) is required in this plan; you must have a referral to see a specialist. Out-of-network services are not covered, except in an emergency.
- **Standard Access (State BlueCare Point of Enrollment [POE]):** This plan does not require referrals for specialists, or the selection of a Primary Care Provider (PCP). Out-of-network services are not covered, except in an emergency.
- **Expanded Access (State BlueCare Point of Service [POS]):** The most expensive plan, it allows you in- and out-of-network coverage. Out-of-network services are covered at 80% of the allowable charge.
- **Out-of-Area (OOA):** Available if the employee moves out of Connecticut.

	Quality First Select Access	Primary Care Access	Standard Access	Expanded Access
Primary Care Physician	Not Required	Required	Not Required	Not Required
PCP Referral	Not Required	Required	Not Required	Not Required
Includes In- and Out-of-Network Coverage	Yes	No	No	Yes
Provider Network Size	Connecticut-based providers	Broad	Broad	Broad
Premiums	Lowest	Lower	Midrange	Highest

COMPARE PREMIUMS
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What is an "allowable charge?"

If you visit an out-of-network provider, the allowable charge is the amount your plan would pay had you visited an in-network provider. When you visit an out-of-network provider, you are responsible for all charges above the allowable charge, up to that provider's usual charge for those services.

Medical Coverage

What you pay for covered services depends on your plan and where you get care. For more information, refer to the Health Care Options Planner for active employees on carecompass.ct.gov (select **State Employees**).

<i>Benefit Features</i>		Quality First Select Access			Primary Care Access Standard Access	Expanded Access Out-of-Area	
		In Network Value Tier 1	In Network Tier 2	Out of Network ¹	In Network ONLY	In Network	Out of Network ¹
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 ²		\$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

¹You pay coinsurance plus 100% of any amount your provider bills over the allowable charge.

² 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 benefits are the same no matter which medical plan you choose.

What you pay depends on whether your prescription is a generic, a preferred brand-name (on the CVS Caremark formulary), or a non-preferred brand-name drug.

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).

Check your prescription's tier in your benefits portal by clicking **My Plan > Pharmacy**. Select *Look Up Copay and Formulary Status*, enter the drug name, and view its cost, copay, and alternatives.



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

	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	\$40*	\$40*

* \$25 if your physician certified the non-preferred brand name drug is medically necessary

Health Enhancement Program (HEP)

HEP is a voluntary benefit that helps keep you and your family healthy while saving you money on health care costs. It promotes preventive care and chronic condition management by guiding you to stay on schedule with important exams and routine screenings.

By participating in HEP, you'll pay lower monthly premiums and have no in-network deductible for the plan year.

If you do not wish to participate, you can opt out during your benefits enrollment. The HEP opt-out form (**CO-1316**) is available from your agency benefits office or at carecompass.ct.gov/forms.

Requirements

HEP enrollees and their adult dependents (like a 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 your adult dependents must participate in a disease education and counseling program if diagnosed with diabetes (type 1 or 2), asthma, COPD, heart disease or heart failure, high cholesterol, or high blood pressure. You'll receive \$0 copays for related office visits and reduced pharmacy copays. To stay compliant, all preventive and chronic care requirements must be completed by December 31.

Required Exams and Screenings

For a list of required exams and screenings based on your age, FAQs and access to free HEP well-being seminars, visit carecompass.ct.gov/HEP. After registering and logging into the benefits and HEP portal, you can see your personal requirements and status by selecting the **My Health** tab.

Healthy Living Programs

Manage or Reverse Diabetes

Get support managing Type 1 or Type 2 diabetes with Virta Health. You'll get a personal health coach, free testing supplies, and tips to manage your A1c. If you have Type 2 diabetes, you may qualify for Virta's reversal program, which offers personalized nutrition plans, support from medical providers and coaches, and digital tools to help you improve your health through lifestyle changes.

Prevent Diabetes

If you have prediabetes, the digital Diabetes Prevention Program offered by Wellspark can help you prevent diabetes by focusing on lifestyle changes.

Learn more: carecompass.ct.gov/diabetes

Providers of Distinction

You can easily find the providers with the highest patient care standards for common procedures and conditions such as back, hip, shoulder, or knee surgery; cardiac procedures; colonoscopy; or prenatal care and delivery. The **"Providers of Distinction"** program is simple to use and rewards you for participating; you'll earn an incentive!

Visit carecompass.ct.gov/providersofdistinction for more information, a complete list of incentives, and a tool to find participating providers.

Mental Health Care

It's important to care for your mental and emotional health and your plan makes it easy to find providers and resources. Your benefits include coverage for behavioral health, substance use treatment, and addiction recovery.

Learn more at carecompass.ct.gov/mental-health.

Orthopedic Care

Whether you've had ongoing back pain or new knee or shoulder issues, licensed professionals from Hinge Health and Upswing Health are here to help. In under 15 minutes, you can connect with a coach by video or phone and start feeling better. Dependent children under 18 can use Upswing with parental consent and supervision.

Learn more at carecompass.ct.gov/orthopedics.

Well-being Seminars

Join free 30-minute health seminars led by professionals on topics like stress management, quitting smoking, boosting immunity, healthy eating, meditation, chair exercises, and more. The seminars are hosted by Wellspark. Attending a "Basics" seminar can also meet your HEP Chronic Condition education requirement.

See the upcoming schedule of wellbeing seminars at carecompass.ct.gov/wellbeing-seminars



View more programs and resources
carecompass.ct.gov/healthy-living



Scan with
your smartphone



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 12](#) for premiums. Cigna is the administrator for all State of Connecticut dental plans.

	Total Care DHMO Plan	Enhanced Plan	Basic Plan
Primary care dentist	Required	Not required	Not required
Specialist referral from primary care dentist	Required	Not required	Not required
In- and out-of-network ¹ coverage	No	Yes	Yes
What you pay when you get care	Coinsurance	Coinsurance	Coinsurance
Here's a snapshot of what you'll pay for covered dental services			
Annual deductible	None	\$0 in-network, \$25 & \$75 out-of-network	None
Annual maximum	None	\$5,000; \$2,500 out-of-network (excluding orthodontia)	None
Exams, cleanings and x-rays	You pay \$0	You pay \$0, deductible does not apply ²	You pay \$0
Periodontal maintenance ³	You pay 15%	You pay 0% in-network, and out-of-network ²	You pay 20% in-network and out-of-network, \$0 for HEP enrollees
Orthodontia	You pay 45% (24 month course of treatment – lifetime maximum)	You 50%, plan pays maximum of \$2,000, \$1,000 out-of-network, per person per lifetime ⁴	Not covered ⁵

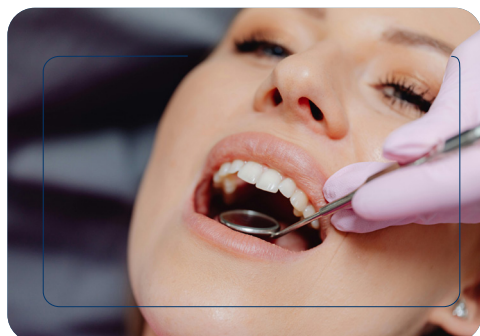
¹ When you visit an out-of-network dentist, you are responsible for all charges above the maximum allowable charge—the amount the plan would have paid if you had visited an in-network dentist.

² 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.

³ If you're enrolled in the Health Enhancement Program (HEP), frequency limits and cost share are applicable.

⁴ Benefits are prorated over the course of treatment.

⁵ While these services are not covered, you will get the discounted rate if you visit a network dentist, unless prohibited by state law.



**Need help
picking a plan?
Try the Dental Plan
Decision Tool**

Scan or visit
[carecompass.ct.gov/benefits-enrollment/Plan Decision Tool](https://carecompass.ct.gov/benefits-enrollment/Plan-Decision-Tool) (under Dental).

Supplemental Benefits

The State of Connecticut offers employees many additional benefits, including retirement savings tools, protections for your family, additional insurance options, and more. Most can be enrolled in anytime, outside of Open Enrollment.

Learn more at carecompass.ct.gov/supplementalbenefits.

Voluntary Defined Contribution Plans

State employees can save for retirement with pre-tax or Roth (after-tax) contributions through the 457 and 403(b) plans.

- **457 Plan:** Available to all employees on day one of employment.
- **403(b) Plan:** Available to employees of eligible educational institutions.

There's no minimum contribution, and you can choose a flat dollar amount or a percentage of pay. Changes can be made anytime. IRS contribution limits apply.

Group Life Insurance

Basic and supplemental group life insurance plans are available.

- **Basic Plan:** Cost is shared between you and the state. Coverage is based on annual salary.
- **Supplemental Plan:** Optional, employee-paid coverage for additional protection.

If you waive or miss the 31-day enrollment window after hire, you'll need to meet evidence of insurability requirements to enroll later.

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 365 days of employment can obtain guaranteed short-term coverage for up to 60% of their income, up to a maximum of \$4,000 in monthly disability benefits. For long-term coverage, new employees who enroll during the first 60 days of employment can obtain guaranteed coverage. If you waive participation and choose to enroll after the 60-day period, you will be subject to evidence of insurability guidelines.

Voluntary Life Insurance

Pays up to \$500,000 to your designated beneficiary in the event of a covered loss.

CSE Credit Union

The Connecticut State Employees Credit Union (CSE) is a member-owned, not-for-profit financial institution. Members benefit from higher dividends, lower loan rates, reduced fees, and some free services.

Flexible Spending Accounts

Three FSAs are available through TASC. You must enroll within 31 days of hire, a qualifying status change, or during the October open enrollment.

- **DCAP (Dependent Care):** Covers costs for dependent care (e.g., children under 13, disabled spouse or dependents needing at least 8 hours of daily care at home).
- **MEDFLEX (Medical):** Covers out-of-pocket medical expenses for you, your spouse, and eligible dependents. Requires re-enrollment each October.
- **QTA (Qualified Transportation):** Use pre-tax dollars for commuting expenses, including transit and parking. You can enroll anytime.

Home and Auto Insurance

Optional protection for your home, car, and personal property in case of accidents, damage, or liability.

NortonLifeLock

Provides comprehensive identity theft protection, credit and banking monitoring, device security, and parental controls. Alerts are sent if potential threats are detected.



2025/2026 Biweekly Payroll Deductions

July 1, 2025 Through June 30, 2026 (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.)

<i>Medical Plans</i>	Employee		Employee +1		Family		FLES*	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
Quality First Select Access <small>STATE BLUECARE PRIME NETWORK (TIERED POS)</small>								
NEW ENROLLMENT (ON/AFTER JUL. 1, 2025) »	\$56.96	\$1,481.04	\$149.20	\$3,879.12	\$190.43	\$4,951.08	\$110.68	\$2,877.60
IF ENROLLED PRIOR TO JUL. 1, 2025	\$51.54	\$1,340.04	\$137.26	\$3,568.68	\$175.78	\$4,570.20	\$101.45	\$2,637.72
Primary Care Access <small>STATE BLUECARE NETWORK (POE PLUS)</small>	\$60.04	\$1,561.08	\$161.99	\$4,211.76	\$206.00	\$5,355.96	\$112.64	\$2,928.72
Standard Access <small>STATE BLUECARE NETWORK (POE)</small>	\$65.22	\$1,695.60	\$182.57	\$4,746.72	\$239.10	\$6,216.72	\$125.92	\$3,273.84
Expanded Access <small>STATE BLUECARE NETWORK (POS)</small>	\$77.26	\$2,008.68	\$207.75	\$5,401.44	\$246.57	\$6,410.76	\$136.75	\$3,555.60
Out-of-Area	\$81.87	\$2,128.56	\$253.83	\$6,599.52	\$296.91	\$7,719.72	\$144.46	\$3,755.88

<i>Dental Plans</i>	Employee		Employee +1		Family		FLES*	
	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total	Biweekly Rate	Annual Total
Total Care DHMO	\$0.00	\$0.00	\$4.90	\$127.44	\$6.94	\$180.48	\$2.86	\$74.28
Enhanced	\$0.00	\$0.00	\$11.19	\$291.00	\$11.19	\$291.00	\$5.73	\$149.04
Basic	\$0.00	\$0.00	\$11.43	\$291.12	\$11.43	\$297.12	\$5.85	\$152.16

* The Family Less Employed Spouse (FLES) rate is available only when both spouses work for the state of Connecticut and 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.

» Direct Contacts

General Benefit Questions, Medical, Health Enhancement Program (HEP)

Provider: Quantum Health • Phone: 833-740-3258 • Website: carecompass.quantum-health.com

Prescription Drugs

Provider: CVS Caremark • Phone: 800-318-2572 • Website: carecompass.ct.gov/state/pharmacy

Log in to your benefits portal, go to "My Plan," then select "Pharmacy" to connect to your CVS account

Dental

Provider: Cigna • Phone: 800-244-6224 • Website: carecompass.ct.gov/state/dental

Log in to your benefits portal, go to "My Plan," then select "Dental" to connect to your Cigna account.