



2025  
2026

PREPARED  
JANUARY 2026

# NEW HIRE GUIDE

FOR *NEW* STATE OF CONNECTICUT EMPLOYEES



[carecompass.ct.gov](https://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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Scan to visit  
[carecompass.ct.gov](https://carecompass.ct.gov) –  
your home for  
benefits information.



## 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](https://carecompass.ct.gov/benefits-enrollment).

## Need Help?

Easy-to-use, online decision-making tools can be found at [carecompass.ct.gov/benefits-enrollment](https://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](https://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](https://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](https://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 find doctors and providers. The Provider Search automatically tailors results to your medical plan, helping you find the right providers, programs, and facilities.

The portal also centralizes your account access (under "Plan") 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](https://carecompass.ct.gov) > **Benefits Login** > **Register**

## Your Benefits Enrollment Checklist



Receive your New Hire Guide



Research your coverage options  
Use this guide or select "New Hire" at [carecompass.ct.gov/benefits-enrollment](https://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](https://carecompass.ct.gov) to register for the portal.



Access your benefits in one place  
Log in to your benefits portal online or in the **Quantum Health** app. Under "Plan," choose your dental, pharmacy, and medical accounts to connect all your benefits in one place.

## 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](https://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 on July 1.

## 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.

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

## Contributions to Retiree Health

Employees hired on or after July 1, 2017, are required to contribute 3% of their salary for 15 years to the Retirement Health Fund (OPEB), which helps fund health benefits for retired state employees. Ask your agency benefits specialist for details.

### Online Benefits Selection

It's easy to enroll in the plans you want

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**.

# 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](https://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 Quantum Health app.

## Use the portal to:

- Check your claims, digital ID cards, and HEP status
- Send a secure message or chat with a Care Coordinator if you need help with your benefits.
- View your medical, pharmacy, and dental info in one place
- Search for in-network providers using advanced filters
- Explore free Healthy Living Programs (e.g., diabetes, mental health, orthopedic care)

Register at [carecompass.quantum-health.com](https://carecompass.quantum-health.com) or call a Care Coordinator for help at 833-740-3258.

## »» Get the Quantum Health 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](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



## Need help choosing a plan?

Easy-to-use, online decision-making tools at [carecompass.ct.gov/decisionguide](https://carecompass.ct.gov/decisionguide)  
 Or call a Care Coordinator at (833-740-3258) for help choosing the best plans for you.

## 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](https://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. 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]):** This is the most expensive plan. It includes 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 |
|---|-----------------------------|---------------------|-----------------|-----------------|
| <b>Primary Care Physician</b>                   | Not Required                | Required            | Not Required    | Not Required    |
| <b>PCP Referral</b>                             | Not Required                | Required            | Not Required    | Not Required    |
| <b>Includes In- and Out-of-Network Coverage</b> | Yes                         | No                  | No              | Yes             |
| <b>Provider Network Size</b>                    | Connecticut-based providers | Broad               | Broad           | Broad           |
| <b>Premiums</b>                                 | 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](http://carecompass.ct.gov) (select **State Employees**).

| Benefit Features   |                     | Quality First Select Access            |  |   | Primary Care Access                    | Expanded Access                        |  |
|--|---------------------|--|--|---|--|--|--|
|  |                     | In Network Tier 1                      | In Network Tier 2                              | Out of Network <sup>1</sup>             | Standard Access                        | Out-of-Area                            |  |
|  |                     | In Network ONLY                        | In Network ONLY                                | Out of Network ONLY                     | In Network ONLY                        | In Network ONLY                        | Out of Network ONLY  |
| Office/PCP telemedicine visit  |                     | You pay \$0                            | PCP: You pay \$50<br>Specialist: You pay \$100 | You pay 20% plus deductible             | You pay \$15                           | You pay \$15                           | You pay 20% plus deductible  |
| Preventive care visit  |                     | 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  |
| Mental health/substance abuse visit (outpatient)                       |                     | 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                                    |  | Individual: \$500<br>Family: \$1,500    | You pay \$0                            | You pay \$0                            | Individual: \$300<br>Family: \$900                                     |
| Annual out-of-pocket maximum   |                     | Individual: \$3,000<br>Family: \$6,000 |  | Individual: \$6,000<br>Family: \$12,000 | Individual: \$2,000<br>Family: \$4,000 | Individual: \$2,000<br>Family: \$4,000 | Individual: \$2,000 plus deductible<br>Family: \$4,000 plus deductible |

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

<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 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<br>90-Day Supply | Non-Maintenance Drugs<br>30-Day Supply |
|-------------------------------------|------------------------------------|--|
| Tier 1:<br>Preferred generic        | \$5                                | \$5                                    |
| Tier 2:<br>Non-preferred generic    | \$10                               | \$10                                   |
| Tier 3:<br>Preferred brand name     | \$25                               | \$25                                   |
| Tier 4:<br>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 completing your HEP requirements, 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, but you will pay a higher premium and have an in-network deductible.. The HEP opt-out form ([CO-1316](#)) is available from your agency benefits office or at [carecompass.ct.gov/forms](#).

### Requirements

HEP compliance does not apply to new hires until you have had health coverage for a full calendar year. For example, if your coverage begins in May 2026, your HEP requirements are due by December 31, 2027. 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.

### 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 or logging in to the benefits portal, view your HEP compliance status and any outstanding requirements for each year.

# 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 Vitality can help you prevent diabetes by focusing on lifestyle changes.

Learn more: [carecompass.ct.gov/diabetes](https://carecompass.ct.gov/diabetes)

## Providers of Distinction

Find providers with proven high patient care standards for common procedures and conditions such as spine care, hip, shoulder, or knee surgery; endoscopy; 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](https://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](https://carecompass.ct.gov/mental-health).

## Orthopedic and Musculoskeletal Care

Whether you've had ongoing back pain or sudden 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](https://carecompass.ct.gov/orthopedics).

## Well-being Seminars

Free 30-minute online health seminars led by professionals cover a wide range of topics, including stress management, quitting smoking, healthy eating, meditation, chair exercises, and more. Attend a "Basics" seminar to meet your HEP Chronic Condition education requirement, or explore well-being and mental health topics that interest you.

See the upcoming schedule of wellbeing seminars at [carecompass.ct.gov/wellbeing-seminars](https://carecompass.ct.gov/wellbeing-seminars)



View more programs and resources  
[carecompass.ct.gov/healthy-living](https://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 <sup>1</sup> coverage                            | No  | Yes   | Yes  |
| What you pay when you get care  | Coinsurance   | Coinsurance   | Coinsurance  |
| <b>Here's a snapshot of what you'll pay for covered dental services</b> |   |   |  |
| 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 <sup>2</sup>   | You pay \$0  |
| Periodontal maintenance <sup>3</sup>                                    | You pay 15%   | You pay 0% in-network, and out-of-network <sup>2</sup>  | 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 <sup>4</sup> | Not covered <sup>5</sup>   |

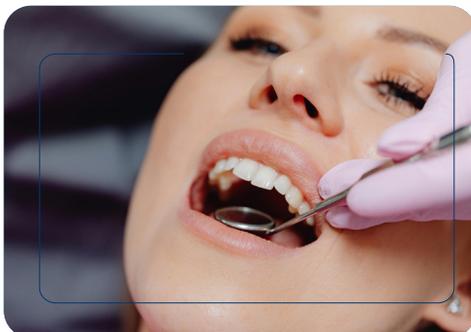
<sup>1</sup> Save by using an in-network dentist. These providers accept discounted Cigna rates and cannot balance bill you for amounts above those rates.

<sup>2</sup> Balance billing happens when you see an out-of-network dentist and are charged more than your plan pays.

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

<sup>4</sup> Benefits are prorated over the course of treatment.

<sup>5</sup> 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](https://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.

## 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/or parking. You can enroll anytime.

## 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.

## 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 |
| <b>Quality First Select Access</b><br>STATE BLUECARE PRIME NETWORK (TIERED POS) |                |              |                 |              |                 |              |                 |              |
| <b>NEW ENROLLMENT (ON/AFTER JUL 1, 2025)</b> >>>                                | <b>\$56.96</b> | \$1,481.04   | <b>\$149.20</b> | \$3,879.12   | <b>\$190.43</b> | \$4,951.08   | <b>\$110.68</b> | \$2,877.60   |
| <b>IF ENROLLED PRIOR TO JUL 1, 2025</b>   | \$51.54        | \$1,340.04   | \$137.26        | \$3,568.68   | \$175.78        | \$4,570.20   | \$101.45        | \$2,637.72   |
| <b>Primary Care Access</b><br>STATE BLUECARE NETWORK (POE PLUS)                 | \$60.04        | \$1,561.08   | \$161.99        | \$4,211.76   | \$206.00        | \$5,355.96   | \$112.64        | \$2,928.72   |
| <b>Standard Access</b><br>STATE BLUECARE NETWORK (POE)                          | \$65.22        | \$1,695.60   | \$182.57        | \$4,746.72   | \$239.10        | \$6,216.72   | \$125.92        | \$3,273.84   |
| <b>Expanded Access</b><br>STATE BLUECARE NETWORK (POS)                          | \$77.26        | \$2,008.68   | \$207.75        | \$5,401.44   | \$246.57        | \$6,410.76   | \$136.75        | \$3,555.60   |
| <b>Out-of-Area</b>  | \$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 |
| <b>Total Care DHMO</b> | \$0.00        | \$0.00       | \$4.90        | \$127.44     | \$6.94        | \$180.48     | \$2.86        | \$74.28      |
| <b>Enhanced</b>        | \$0.00        | \$0.00       | \$11.19       | \$291.00     | \$11.19       | \$291.00     | \$5.73        | \$149.04     |
| <b>Basic</b>           | \$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](https://carecompass.quantum-health.com)

### Prescription Drugs

Provider: CVS Caremark • Phone: 800-318-2572 • Website: [carecompass.ct.gov/state/pharmacy](https://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](https://carecompass.ct.gov/state/dental)

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