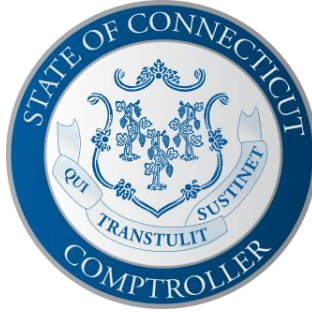


**OFFICE OF THE STATE
COMPTROLLER**

**HEALTHCARE COST
CONTAINMENT COMMITTEE**



**HEALTHCARE POLICY & BENEFIT
SERVICES DIVISION
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Healthcare Policy & Benefit Services Division

Division Memorandum 2019-02

TO THE HEADS OF ALL STATE AGENCIES

**ATTENTION: Personnel and Payroll Officers, Chief Administrative and Fiscal
Officers, Business Managers**

SUBJECT: 2019-2020 Health Insurance Open Enrollment

I. INTRODUCTION

The state employee annual open enrollment period for health insurance will be held from May 6, 2019 through May 31, 2019, for coverage effective July 1, 2019. This memorandum discusses enrollment procedures and how employees can access information about available health plan choices and premiums.

During open enrollment, employees may change medical and/or dental plans, add or drop coverage for family members, or enroll if they previously waived coverage. This is the only time employees may enroll in or change a health plan, unless there is a qualifying mid-year event, such as marriage, divorce, legal separation, birth, adoption, legal guardianship or loss of other health insurance coverage by an eligible dependent. The employee is responsible for contacting their agency personnel/payroll representative to file the appropriate forms within 31 days of the event that necessitates a change in enrollment or plan.

II. DISCUSSION

A. Plan Offerings

1. Medical Plans and Benefits – There are no medical plan changes this year. Full details of plan choices and premium shares are available in the 2019-2020 Active Employee Health Care Options Planner posted on the Comptroller's website. Additional information on Preferred Providers, Site of Service, and SmartShopper are included in the planner.

2. Dental Plans and Benefits – There are no dental plan changes this year. Full details of plan choices and premium shares are available in the 2019-2020 Active Employee Health Care Options Planner posted on the Comptroller’s website.

3. Pharmacy Plans and Benefits – The State of Connecticut employee plan utilizes CVS/Caremark’s Standard Formulary.

The 4-tier co-pay structure for acute and maintenance drugs is as follows:

- Tier 1 – Preferred Generic - \$5
- Tier 2 – Non-Preferred Generic - \$10
- Tier 3 – Preferred Brand - \$25
- Tier 4 – Non-Preferred Brand - \$40

Note: There is a mandatory 90-day supply for maintenance drugs through mail order or CVS/Caremark’s Maintenance Drug Network. The first prescription for any medication (30-day supply) may be filled at any participating retail pharmacy. After that, refills for maintenance medications must be filled through a participating State of Connecticut Maintenance Drug Network pharmacy. These directories are maintained on the Comptroller’s website at www.osc.ct.gov by individual state.

There are no changes to the HEP program. Reduced co-pays to treat HEP targeted chronic conditions are (\$0/\$5/\$12.50).

B. Health Care Options Planner

The 2019-2020 Active Employee Health Care Options Planner is available on the Comptroller’s website:

<http://www.osc.ct.gov/benefits/openenroll.htm>

The Employee Health Care Options Planner contains benefit summaries, information about applicable employee premium shares, and general guidelines on making health benefit choices. In addition, there is contact information for each insurance carrier, as well as the State’s Health Enhancement Program (HEP) administrator.

C. Enrollment Statements

Enrollment statements will not be included with the Planner. Enrollment Statements **must** be system generated by Core-CT. Employees electing or changing coverage may do so by requesting a Core-CT generated enrollment form from their agency Payroll/Human Resources office.

D. Health Enhancement Program and New Enrollment

The State of Connecticut Health Enhancement Program (HEP) administrator recently changed their name from Care Management Solutions, Inc. to WellSpark Health. There are no other changes to the HEP Program.

Participation in the Health Enhancement Program provides incentives (i.e. reduced premiums and co-pays, waived deductibles, etc.) for employees and their dependents that have completed age-based health screenings and exams.

WellSpark Health (formerly Care Management Solutions), is available to assist you, your spouse, and your dependents with HEP compliance, regardless of the carrier or plan you have selected for your medical and/or dental benefits. A key feature of HEP is an online portal at www.CTHEP.com. The portal contains an outline of 2019 HEP requirements and will allow you to more easily and securely access information throughout the year. You will be able to view your personal HEP compliance status and, if applicable, the compliance status of your spouse and dependents. In addition, employees may communicate with HEP nurses and representatives through the message center in the online portal. Members accessing the HEP portal for the first time will need to complete a short registration process.

Employees who are not currently participating in HEP may elect to do so during open enrollment by completing a Health Enhancement Program Enrollment Form (CO-1314). The form is available on the Comptroller's website www.osc.ct.gov. Employees can submit completed forms to their agency Payroll/Human Resources office. Forms must then be forwarded to the Healthcare Analysis Unit of the Office of the State Comptroller by email to osc.cthep@ct.gov or by fax to (860)702-3556. All new HEP enrollments must be completed by May 31, 2019.

Employees who are currently enrolled in HEP but are in a non-compliant status must complete the HEP Application for Reinstatement Form (CO-1320) and submit the required information to WellSpark Health (formerly Care Management Solutions) in order to be reinstated into HEP compliance status. The form is available online at www.cthep.com.