



CONNECTICUT
PARTNERSHIP PLAN



ADMINISTRATION



www.osc.ct.gov/ctpartner

Welcome



Today we will be reviewing the State Partnership Plan (SPP), which is a program that offers the State employee health plan to Towns and BOEs throughout CT. We will cover the plan's benefits, which includes:

- Medical – Anthem
- Pharmacy – CVS/Caremark
- Health Enhancement Plan (HEP) – Quantum Health
- Care Coordinator – Quantum Health

We have a full agenda, so please keep yourselves on mute until Q&A at the end.
Thank you!





Medical: Anthem



CONNECTICUT
PARTNERSHIP PLAN 

ADMINISTERED BY **Anthem** 



Welcome to the Connecticut State Partnership Plan 2.0

Administered by Anthem



State Of CT Expanded Access Plan offers a broad network of doctors and hospitals in Connecticut and across the country



Digital tools that make it easy to access plan status, personalized wellness information and guide high-quality care



Preventative care covered at 100%, as well as financial incentives through State of Connecticut Health Enhancement Program (HEP)¹



Flexibility to choose from either in-network or out-of-network doctors and facilities with cost shares adjusted accordingly.



Expanded Access State BlueCare POS

Use in-network providers to pay the least for covered services

- No Primary Care Physician (PCP) referral required to see an in-network specialist
- \$15 copay for in-network physician visits, urgent care centers and walk-ins
- If you select a Value Tier 1 provider, you have no office visit copay (Within the State of CT only)
- No copay for outpatient Lab services at Site of Service (SOS) facility. If non-SOS facility is used 20% coinsurance is the applicable cost share.

NOTE: If employees are currently seeing an in-network provider with their previous carrier who is not part of Anthem's network, they may be eligible for our **Transition of Care program**.





Value Tier 1 and Site of Service Savings



When employees select a Value Tier 1 primary care physician (PCP) or specialist, they have no office visit copay.

In addition to PCPs, here are the specialties that are part of Value Tier 1:

- Allergy and immunology
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Neurology
- Obstetrics/gynecology
- Ophthalmology
- Orthopedic surgery
- Rheumatology
- Urology

Employees can use the Find a Doctor tool on [anthem.com/ctpartner](https://www.anthem.com/ctpartner) for a full list of Connecticut's in-network PCPs, specialists and SOS providers.



Labs covered at 100% from Site of Service providers

- SPP members will continue to have 100% coverage (\$0 copay) for lab tests when they select a Site of Service (SOS) provider.
- Members who choose to have lab services performed at a PCP or specialist's office will pay the plan office visit copay, except where the doctor is a Value Tier 1 PCP or specialist. Then, the office visit copay will be waived.
- Pathology lab services are excluded from the SOS program.



Expanded Access (POS) Benefits At a Glance

Benefit	In-network coverage
Preventive care: adult and pediatric	No copay
Immunizations/vaccines	No copay
Primary care and specialist sick visits	\$0 (Value Tier 1)/\$15 copay
Naturopathic physician visits	\$15 copay
Emergency room ²	\$250 copay (waived if admitted)
Urgent care center	\$15 copay
Routine vision exam and refraction	\$0 (Value Tier 1)/\$15 copay – one exam per calendar year
Outpatient Lab	\$0 (SOS)/20% coinsurance for non-SOS facility

² Waived if admitted



Expanded Access (POS) Benefits At a Glance

Benefit	In-network coverage
Infertility services ³	\$15 copay office No copay inpatient and outpatient hospital
Outpatient physical therapy/occupational therapy (PT/OT) ³	No copay– Unlimited visits
Speech therapy	No copay – Unlimited visits ⁴
Acupuncture	\$15 copay
Durable medical equipment	No copay
Foot orthotics	No copay
Nutritional counseling ⁵	No copay

³ Medical necessity required

⁴ Unlimited visits if the treatment is related to one of the specific diagnoses outlines in the Summary Plan Description (SPD). All other physician-prescribed speech therapy has a 30-visit per calendar-year

⁵ Three (3) visits per person, per calendar year.

LiveHealth Online

Members have access to non-urgent care, LiveHealth Online connects them to a:

Board Certified Doctor

- See a board-certified doctor in about 10 minutes.
- Find care from home or on the go with your smartphone, tablet, or computer with a camera.
- Consider using LiveHealth Online for nonemergency conditions, such as the flu, sore throat, sinus infection, and allergies.

Mental Health Professional

- Connect with a therapist or psychologist to talk to privately.
- Receive medication management support from board-certified psychiatrists.⁶
- Schedule appointments seven days a week by phone or online.
- Access care for stress, anxiety, depression, grief, and other mental health issues.



94%

VISIT SATISFACTION RATING⁷

96%

DOCTOR SATISFACTION RATING⁷

99%

ABLE TO BOOK AN APPOINTMENT SOONER⁷

⁶ Only noncontrolled substances can be prescribed via video visits.

⁷ LiveHealth Online Medical & Psychology consumer post-visit survey results.

Behavioral Health

Helping our members improve overall health



Substance Use Disorder

- *Aware Recovery Care At-home substance abuse program*
- *Kaden Health Virtual opioid addiction treatment*
- *Wheeler's Substance Abuse Treatment and Recovery for youth and families*

Mental health video visits

- *LiveHealth Online Psychology/Psychiatry*

Enhanced virtual programs

- *NOCD (No Compulsive Disorder)**
- *EQUIP Health* Eating disorder recovery*
- *Vita Health* Suicidal intervention program*

*New enhanced virtual behavioral health offering available for 2022



**Pharmacy:
CVS/Caremark**





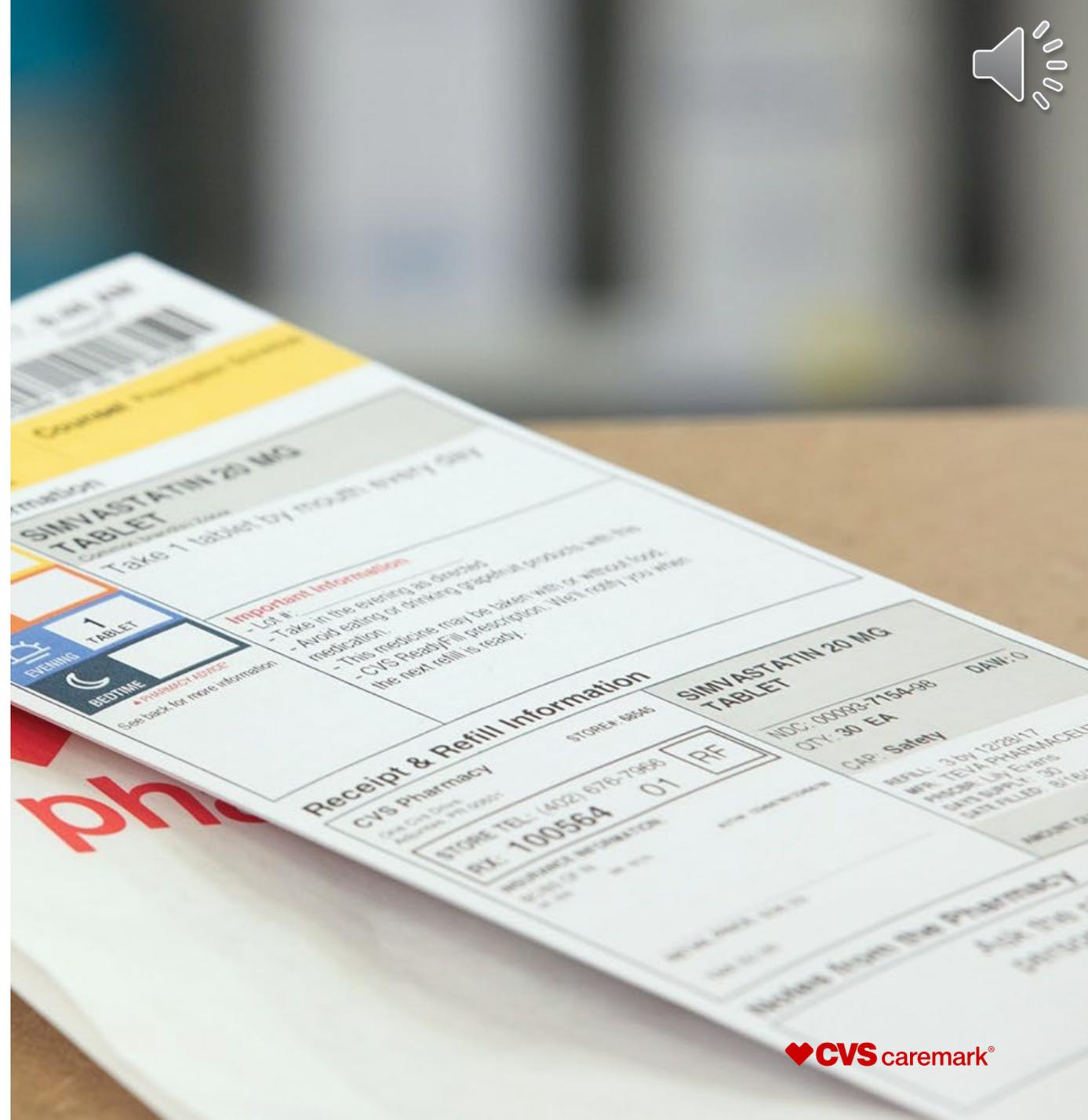
Prescription Drugs	Non-Maintenance (up to a 30-Day supply)	Maintenance (90-Day supply)	Diabetes Maintenance Medications (90-Day supply)	HEP Chronic Conditions
Generic	\$5 for lower cost generic Prescriptions \$10 for higher cost generic prescriptions	\$5 for lower cost generic Prescriptions \$10 for higher cost generic prescriptions	\$0	\$0
Preferred Brands	\$25	\$25	\$0	\$5
Non-Preferred Brands	\$40	\$40	\$0	\$12.50
Maximum out-of-pocket	\$4,600 per individual, \$9,200 per family			

Non-Maintenance Medications



Fill 30-day prescriptions at more than 68,000 participating retail pharmacies nationwide.

These include your one-time fill medications. Such as Antibiotics and Pain Medication.





Maintenance Choice

With Maintenance Choice, medications you take regularly (such as diabetes, asthma or high blood pressure medications) **must** be filled in 90-day supplies at CVS Pharmacy or through CVS Caremark Mail Service Pharmacy or through any pharmacy that participates in the State of Connecticut Maintenance Drug Network.



You can choose pickup or Rx delivery by mail – either way, the cost is the same



One 30-day fill required at any retail pharmacy before filling a 90-Day supply.



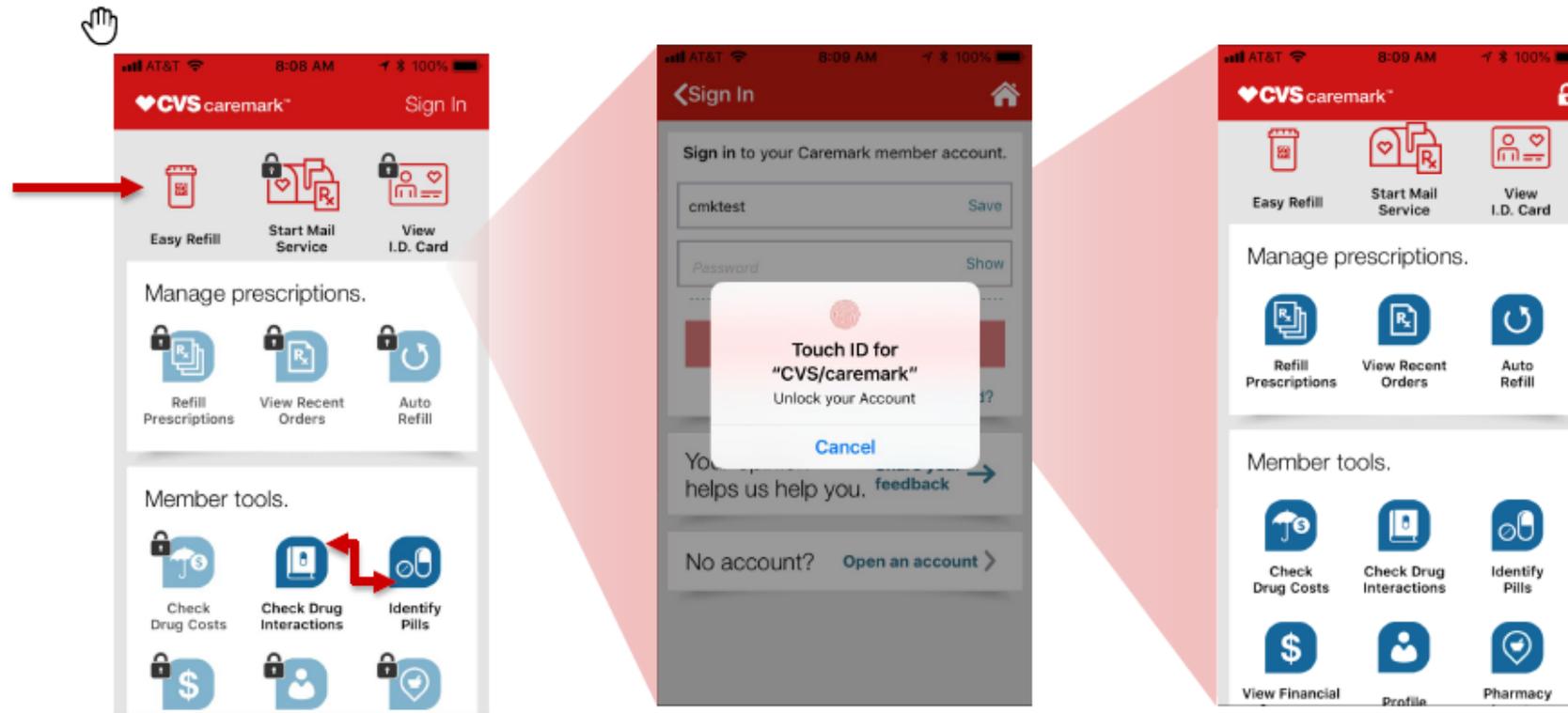
To check the participating pharmacies included in the State of Connecticut Maintenance Drug Network, please visit carecompass.ct.gov/state/pharmacy

**Need to transfer your prescription?
Visit [Caremark.com/MoveMyMeds](https://caremark.com/MoveMyMeds)**



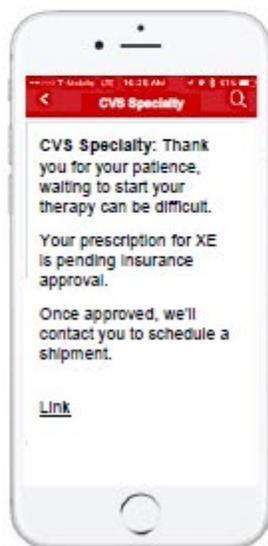
CVS Caremark mobile app

Resources available before and after logging in

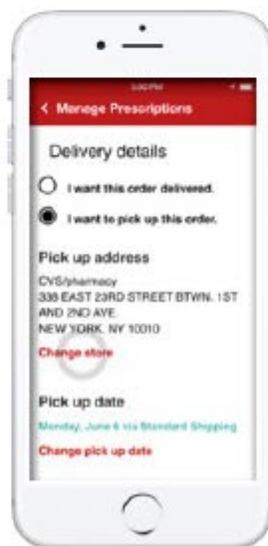


Digital tools for Specialty patients

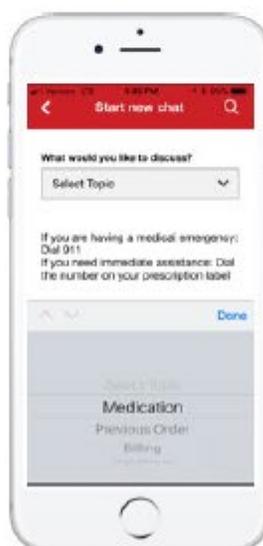
First Fill Tracker



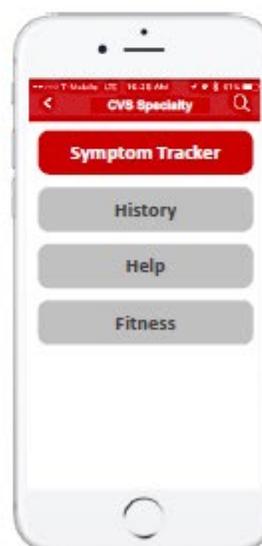
Delivery choice



Secure messaging



Symptom Tracking



Adherence reminders



HEALTH ENHANCEMENT PROGRAM (HEP)



BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.

HEP rewards you for completing your recommended preventive care by reducing your medical premiums and waiving your in-network deductible. By complying with the HEP requirements each year, you save \$100 per month on your medical plan premiums (\$1,200 per year) and earn a waiver of a \$350 in-network deductible for each enrolled family member (up to a maximum of \$1,400 per family).

The requirements are based on your age as of January 1 each year. As Quantum Health receives your claims, your preventive care will be marked complete.

ADDITIONAL STEPS REQUIRED IF YOU HAVE A CHRONIC CONDITION

If you have one of the following chronic conditions, you must complete additional steps to stay in compliance with the program

- Asthma
- Chronic obstructive pulmonary disorder (COPD)
- Coronary artery disease (CAD)
- Diabetes
- Heart failure
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)



TO CONFIRM HEP COMPLIANCE AND LEARN MORE, CONTACT QUANTUM HEALTH

- Go to carecompass.ct.gov, follow the steps to register or log in to Quantum Health, and then click on the **My Health** tab in your Quantum Health account
- Call your Quantum Health Care Coordinators at (833) 740-3258

HEALTH ENHANCEMENT PROGRAM (HEP)

2024 PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit <small>(Changing to every 2 years for all ages in 2025)</small>		Every 3 years		Every 2 years		
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening <small>(for women) (Changing to every 2 years for women age 40+ in 2025)</small>		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening <small>(for women)</small>		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		



Making it easy to find your HEP status and benefits information – all in one place.



Here are a few highlights of what you can do in your health benefits portal: [Overview of Quantum Health](#)

Check your HEP Compliance Status

Effective April 1, 2023, Quantum Health replaces Care Management Solutions, Inc. (CMSI) as the HEP administrator. To view your HEP status, you must register or login to your new benefit portal available at carecompass.ct.gov.

Connect with Care Coordinators

Healthcare can be confusing. Care Coordinators are available to help you understand your plan options and review your current benefits during Open Enrollment and throughout the year.

Confirm In-Network Providers

Register for your health benefits portal

1. Go to carecompass.ct.gov and click **Create an Account** or download the **MyQHealth app** then click **Register**.
2. Register using either the last four of plan holder's SSN or the last four of your Anthem Member ID number found on your Anthem ID card.
3. Click on the **My Health** tab to view your HEP status.

More portal features coming soon! Including access to view medical claims, prescription and dental benefit details, and information on additional benefits available to you.

POINT YOUR
SMARTPHONE
CAMERA AT THIS
CODE TO DOWNLOAD
THE MYQHEALTH APP



carecompass.ct.gov

(833)740-3258

(Monday-Friday, 8:30 a.m.-10 p.m. ET)



WHATEVER IT TAKES

We're problem-solving, frustration-fighting people on a mission to make your healthcare simpler.



Introducing Your Care Coordinators



What we'll cover

- About Quantum Health
- How we help you
- How to connect with us

Our mission



No one navigates healthcare alone.

Navigating healthcare is complicated. You deserve an expert guide. A compassionate listener. Someone on a mission to eliminate expense, complexity and worry along your way. It's why we invented healthcare navigation — to make your benefits smarter, simpler and more cost-effective.

Healthcare and benefits, simplified



- Pharmacy benefit manager
- Prescription claims processing
- Negotiates with pharmacies and drug manufacturers to offer discounted rates
- Development and management of formulary (preferred drug list) and pharmacy network
- Home delivery of prescriptions



- Third-party administrator for claims processing and payment
- Claims review and coverage verification
- Explanation of benefits statements detailing claims submitted from providers, how much the plan covers and how much you owe



- Health Enhancement Program
 - Rewards you for completing recommended preventive screenings by lowering premiums and waiving your INN deductible



IF THERE'S A BETTER WAY FOR
YOU TO EXPERIENCE HEALTHCARE,
WE'LL FIND IT.

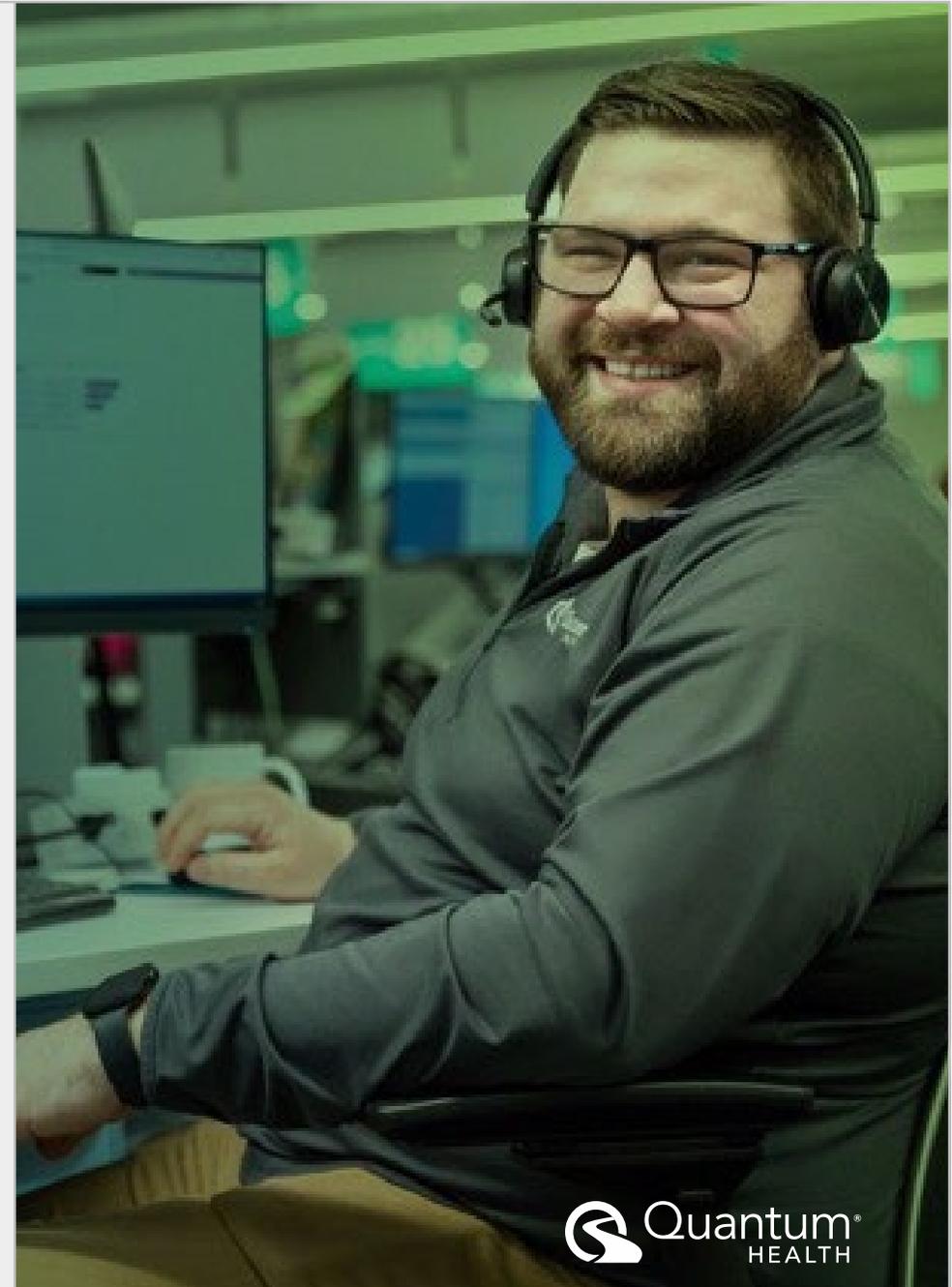
Think of us as your personal team of nurses, benefit experts and claims specialists who will do all we can to support your unique healthcare needs. Each time you contact us, you'll talk to a real person who knows you, your benefits and your health history.

When you need help, contact us

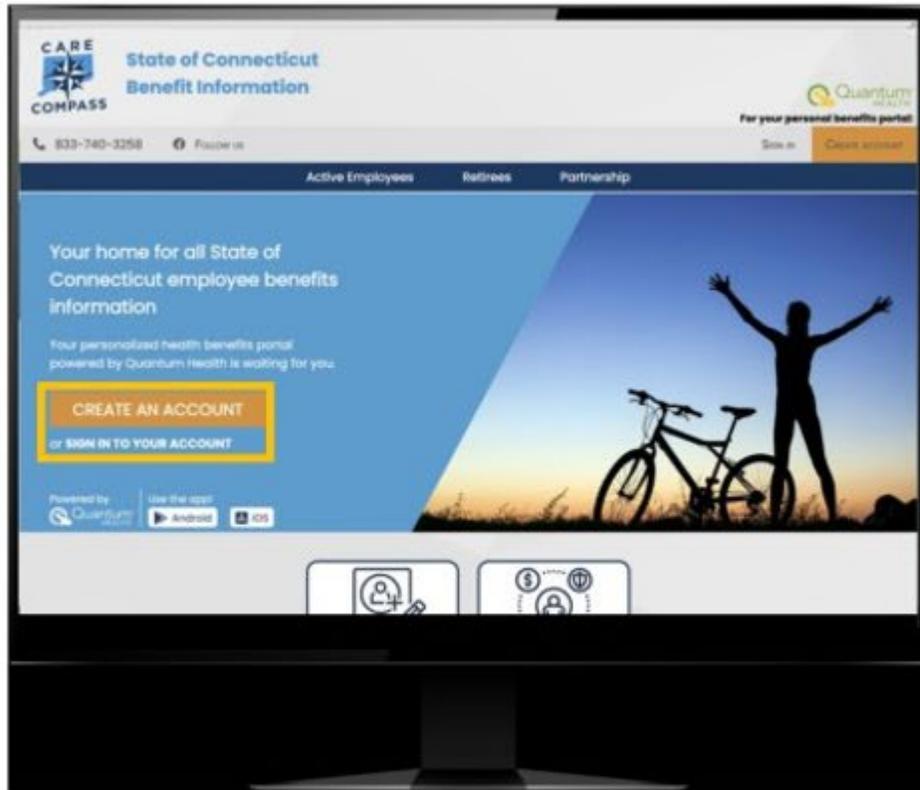
Your Quantum Health Care Coordinators will:

- Answer claims, billing and benefits questions
- Find in-network providers
- Assist in confirming HEP compliance
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Help you save on out-of-pocket costs
- Review your care options
- Provide information on health issues
- Replace ID card

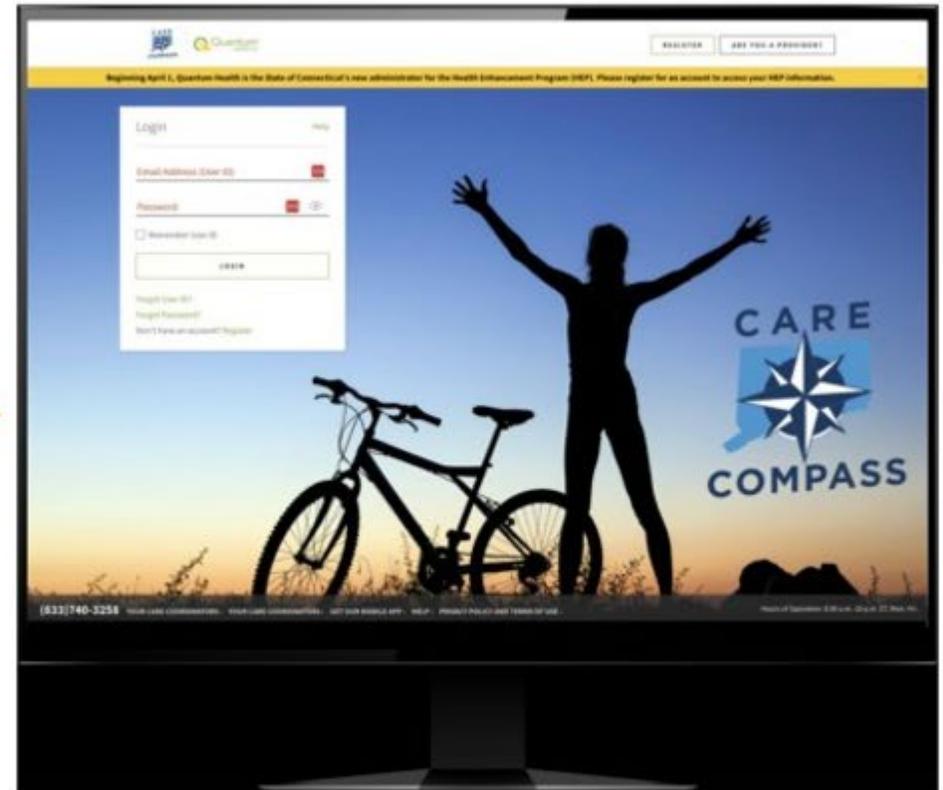
During Open Enrollment, get help understanding your plan options and reviewing your current benefits.



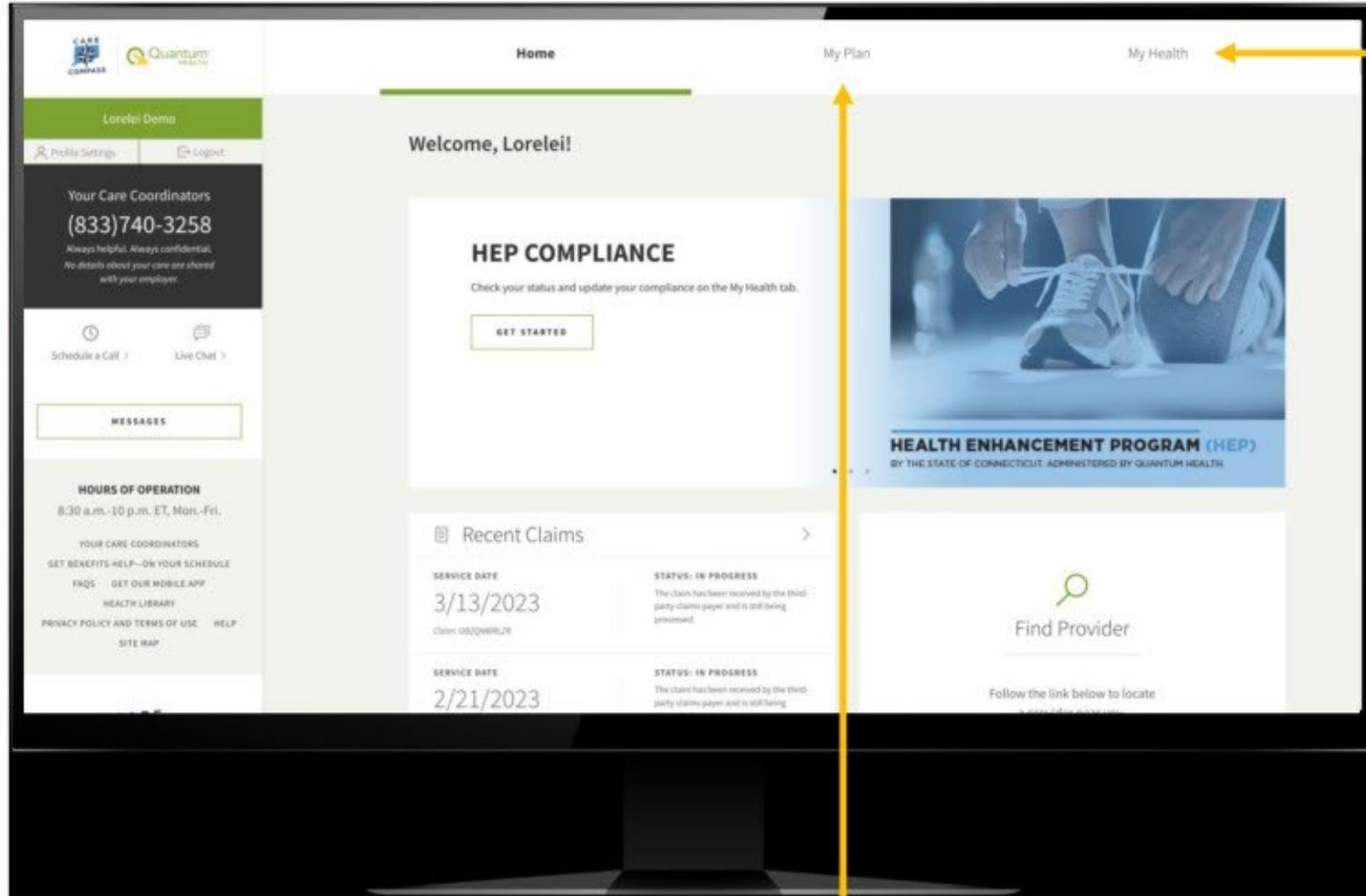
QUANTUM HEALTH WEBSITE



Go to carecompass.ct.gov to access Quantum Health



Follow to the steps to register for an account, then log in with your username and password



Call, chat or message your Quantum Health Care Coordinators

Access HEP information and check your compliance status

See your benefits, search for an in-network provider, see your recent claims and more



WE'RE THE

ONE

ONE PHONE
NUMBER
TO CALL

ONE DEDICATED
TEAM OF HEALTHCARE
EXPERTS

ONE WEBSITE &
ONE MOBILE
APP TO VISIT

Get help with your healthcare with just a tap, click or call!

Questions

QUESTIONS?

