

# 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
- Dental & Vision Cigna

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

Thank you!









# 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)<sup>1</sup>



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.



# 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.



# Labs covered at 100% from Site of Service providers

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

- 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.

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

# 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 <sup>2</sup>	\$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	

# Expanded Access (POS) Benefits At a Glance

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

<sup>&</sup>lt;sup>3</sup> Medical necessity required

<sup>&</sup>lt;sup>4</sup> 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

<sup>&</sup>lt;sup>5</sup>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.<sup>6</sup>
- 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 RATING<sup>7</sup>

96% DOCTOR SATISFACTION RATING<sup>7</sup>

99%
ABLE TO BOOK AN APPOINTMENT SOONER

<sup>6</sup> 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

<sup>\*</sup>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 individu	ual, \$9,200 per family	



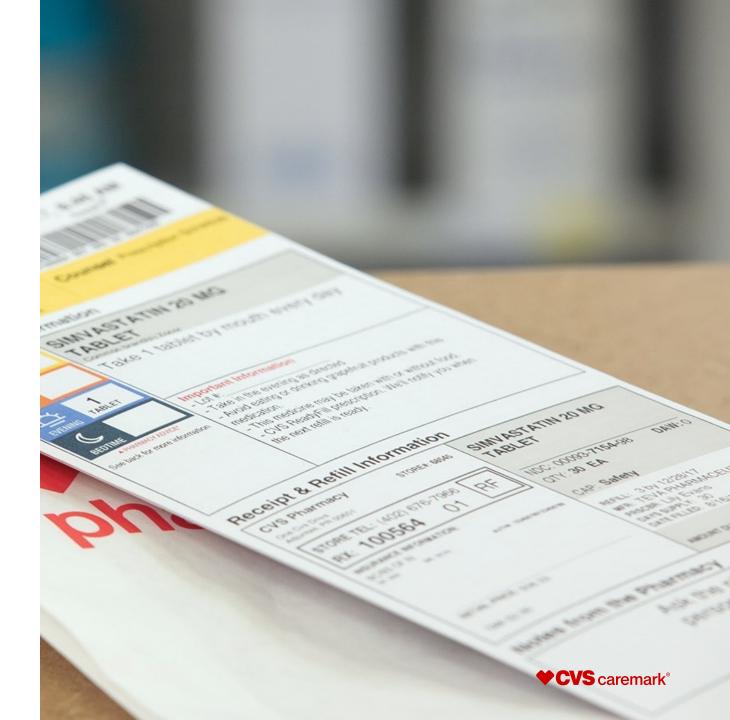
#### **2023-2024 PRESCRIPTION BENEFITS**

# 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.



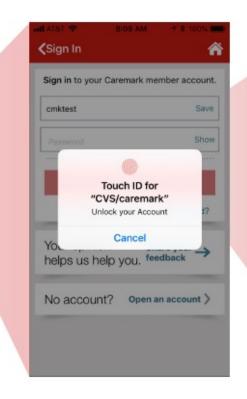
To check the participating pharmacies included in the State of Connecticut Maintenance Drug Network, please visit carecompass.ct.gov/state/pharmacy

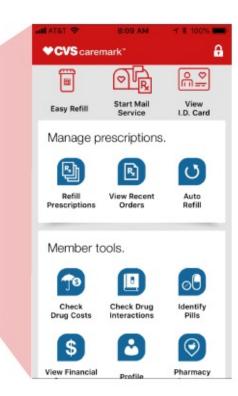
Need to transfer your prescription? Visit Caremark.com/MoveMyMeds



# CVS Caremark mobile app Resources available before and after logging in

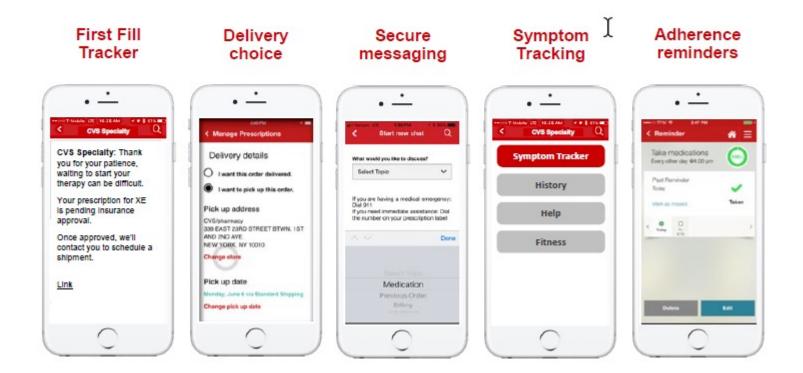








## Digital tools for Specialty patients





## 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	Dependent Requirements	Employee and Spouse Requirements				
SCREENINGS 6-26 years	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit (Changing to every 2 years for all ages in 2025)		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 (for women) (Changing to every 2 years for women age 40+ in 2025)		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening (for women)				o only every 3 years or IPV combo every 5 years		N/A
Colorectal Cancer Screening		Colonoscopy every 10 years (45+),  N/A  Cologuard screening every 3 years,  or Annual FIT/FOBT to age 75		y 3 years,		



# 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



### **器 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.



### firm In-Network Providers

### Register for your health benefits portal

- 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.
- 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.



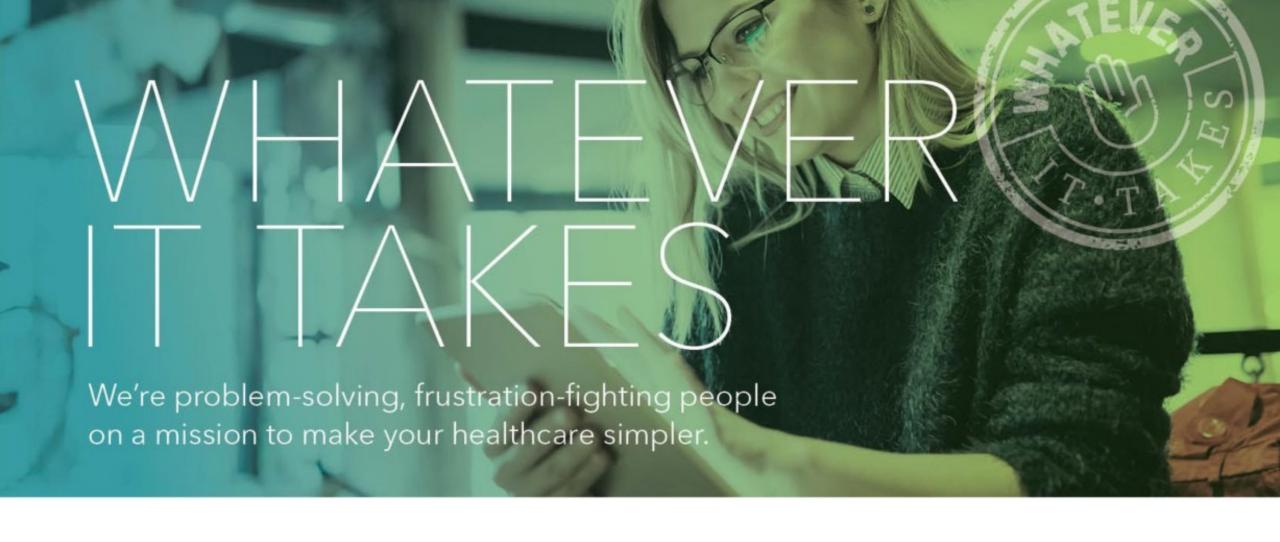
carecompass.ct.gov

(833)740-3258

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



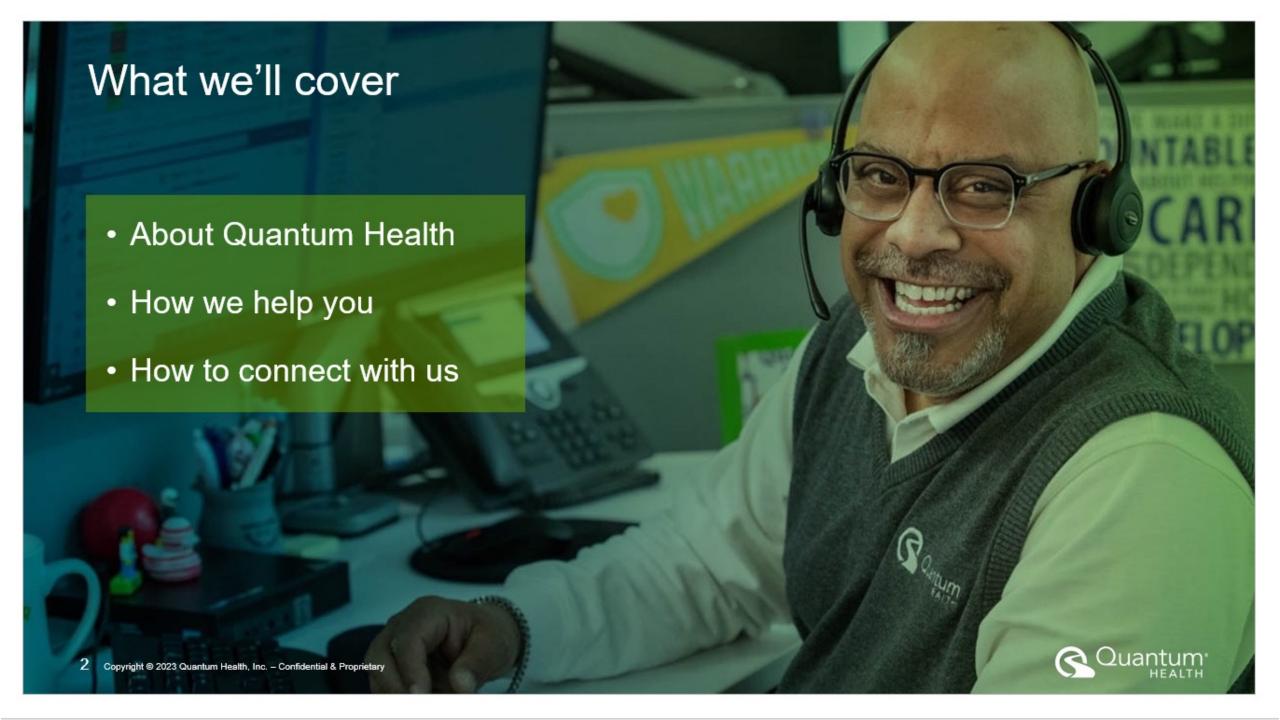




Introducing Your Care Coordinators









# 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, $\bigvee \begin{bmatrix} \bot \\ \bot \end{bmatrix} \begin{bmatrix} \bot \\ \bot \end{bmatrix}$

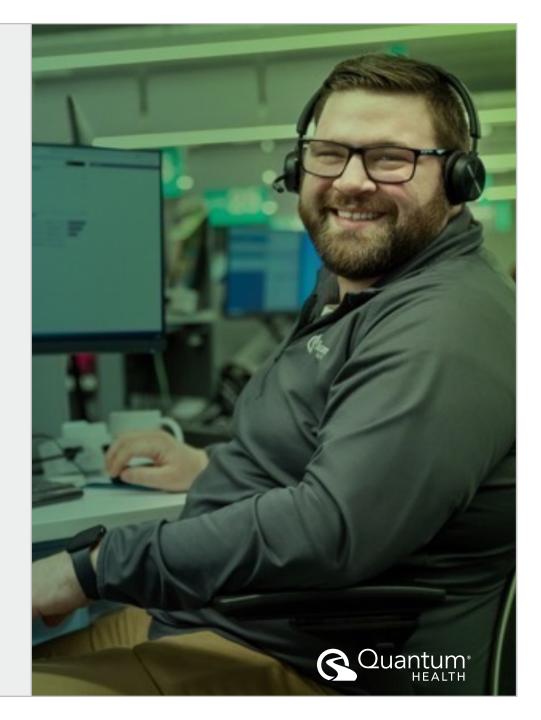
Think of us as your personal team of nurses, benefit experts and claims specialists who will do all we can to support your unique healthcare needs. Each time you contact us, you'll talk to a real person who knows you, your benefits and your health history.

# 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.



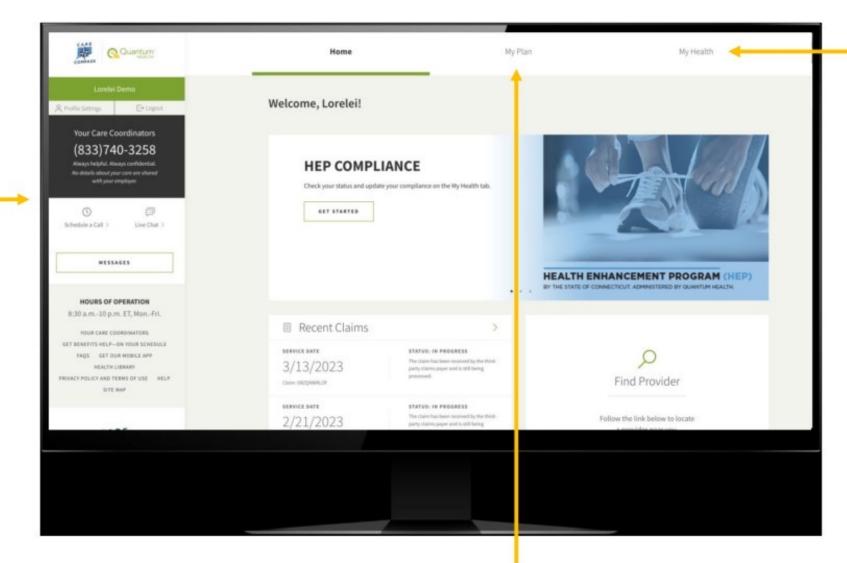
# QUANTUM HEALTH WEBSITE





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

Go to carecompass.ct.gov to access Quantum Health



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 ONLY O

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!



Trumbull Board of Education

# Dental & Vision Plan Options

Plan year: 2024/2025



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates. In Utah, plans are offered by Cigna Health and Life Insurance Company.

Dental Preferred Provider Organization (DPPO)









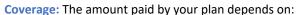












**Specialist:** See a specialist without a referral

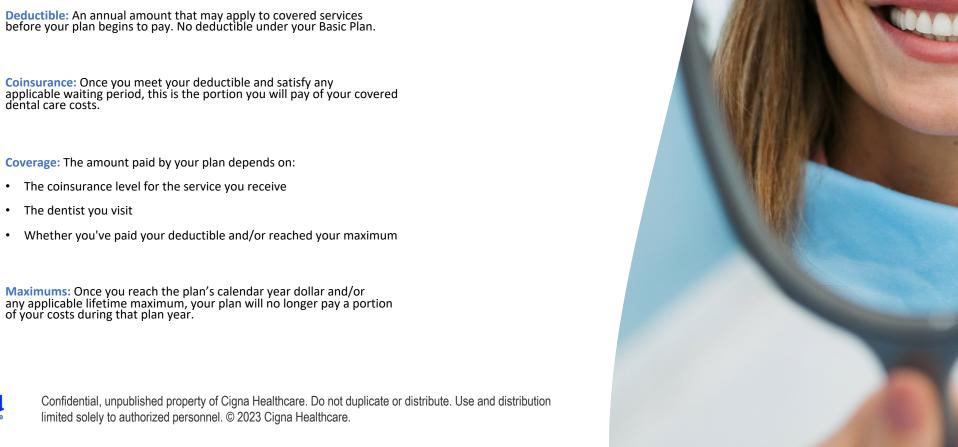
- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum

**Network:** Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.







## Dental Plan Details

Basic Plan	In network	Out-of-network*	
Annual deductible	\$0 Individual / \$0 Family		
Calendar year maximum Applies to classes I, II, III, VI, & VIII	Unlimited		
Class I – Diagnostic and Preventive (x-rays, cleanings, oral evaluations)	Covered at 100%, No Deductible	Covered at 100%, No Deductible	
Class II – Basic restorative (fillings, dentures, bridges, minor oral surgery)	20%, No Deductible	20%, No Deductible	
Class III – Major restorative (crowns, major oral surgery, inlays and onlays)	33%, No Deductible	33%, No Deductible	
Class VI – Periodontics Periodontics/Osseous Surgery	50%, No Deductible	50%, No Deductible	
Class VIII – Periodontal Scaling and Root Planing	50%, No Deductible	50%, No Deductible	

<sup>\*</sup>For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.

<sup>\*\*</sup>Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.

## Your access: Thousands of dentists, one directory



- With the Cigna DPPO network, you have a choice of more than 149,000 dentists nationwide<sup>1</sup>
- Once enrolled in the plan you can access the full directory on <a href="https://my.cigna.com">https://my.cigna.com</a>
  - Under Find Care and Cost
  - You will be able to search for the dentist by type, name, dental practice and access dental virtual care



- All participating dentists are consolidated into one customized microsite for you, which you can easily search online at <a href="https://stateofct.cigna.com/partnership/">https://stateofct.cigna.com/partnership/</a>
  - Click on Find a Dentist
  - Enter your address or zipcode
  - Under Dental Plan DPPO
  - Select Option Basic
  - You will be be able to search for the dentist by type, name, or dental practice

### Estimate dental care costs

Cigna dental estimator tools are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



#### Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



#### The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists

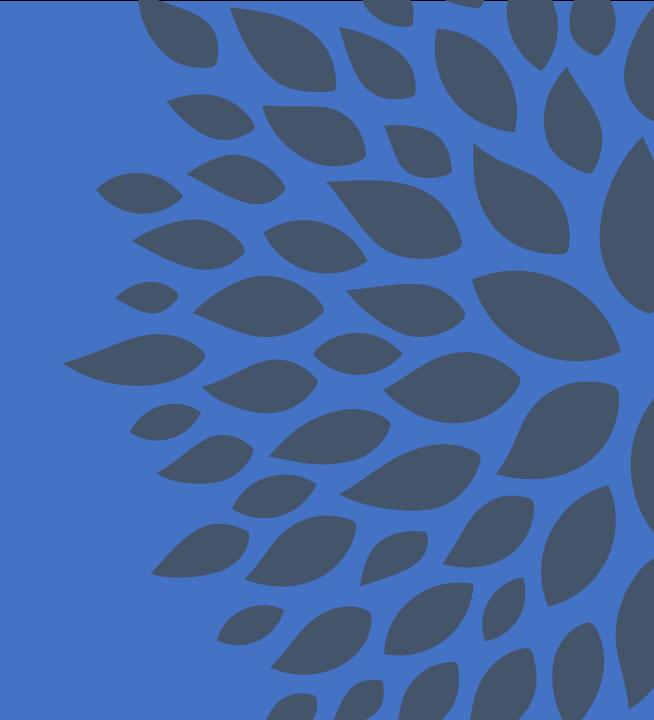


Ready to start estimating dental care costs? Log on to **myCigna**® website or app<sup>2</sup> > Find Care & Costs

- 1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.
- 2. App/online store terms and mobile phone carrier/data charges apply.

# Your vision plan





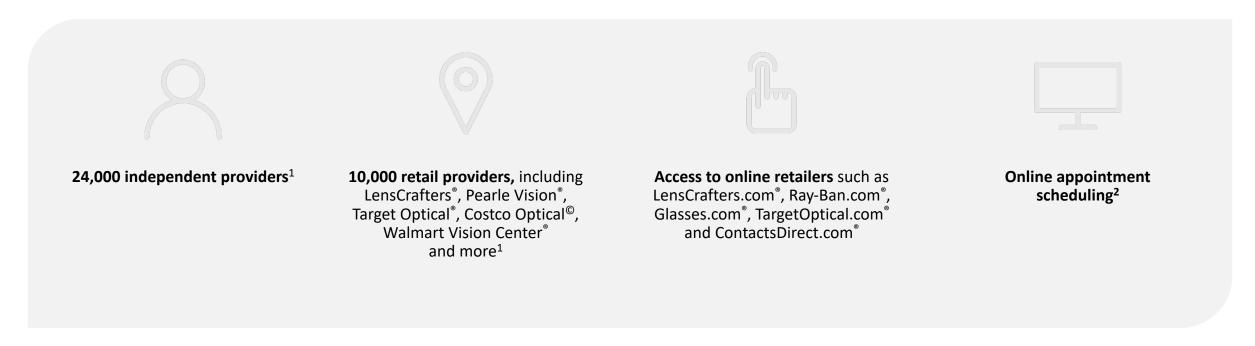
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Vision Plan	In network	Out-of-network	
Exam co-pay Retinal Screening Frequency* : once per 12 month	\$15 \$0	up to \$45 Not Covered	
Eyeglass lens allowance Frequency*: one pair per 12 months			
Single Lined Bifocal Lined Trifocal Lenticular Vision Lenses	Covered at 100% Covered at 100% Covered at 100% Covered at 100%	Up to \$40 Up to \$65 Up to \$75 Up to \$100	
Contact lens allowance Frequency*:one pair or single purchase per 12 months			
Elective Therapeutic	Covered at 100%, up to \$360 Covered at 100%	Up to \$345 Up to \$345	
Frames – retail allowance Frequency*: one per 12 months	Covered at 100%, up to \$175	Up to \$126	

Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.

## Your vision network

### With vision coverage, you have greater access at more locations. Your vision network includes:



- 1. The Cigna Vision Network is serviced by EyeMed. Number of contracted providers as of June 2022, EyeMed internal reporting. Subject to change.
- 2. Online scheduling available with select providers.

## Your vision benefits

#### **Discounts available for:**

- 30% off additional pair of glasses (frames and lenses)
- 20% off nonprescription sunglasses
- \$1,000 discount on LASIK services with select providers available through Cigna Healthy Rewards<sup>®1</sup>

### Once enrolled, visit myCigna.com® to:

- Search for in-network providers and schedule appointments online.<sup>2</sup>
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services.
- View plan benefits, claim details, and your digital ID card
- Learn about international travel benefits such as help finding a provider or replacing glasses/contact lenses
- Access special offers from major retail and online providers.

Healthy Rewards programs are NOT insurance. Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services

Online scheduling available with select providers.

Programs and services for better oral health





# Cigna Dental Virtual Care<sup>1</sup>

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care

- Medications prescribed with guided follow-up care<sup>2</sup>
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

To access Cigna Dental Virtual Care, just log on to your **myCigna.com** account and follow the prompts to the virtual care portal.

- 1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
- 2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

## Cigna Oral Health Integration Program® (OHIP)



Save money with better oral care

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.<sup>1</sup>



### **Qualifying conditions<sup>2</sup> include:**

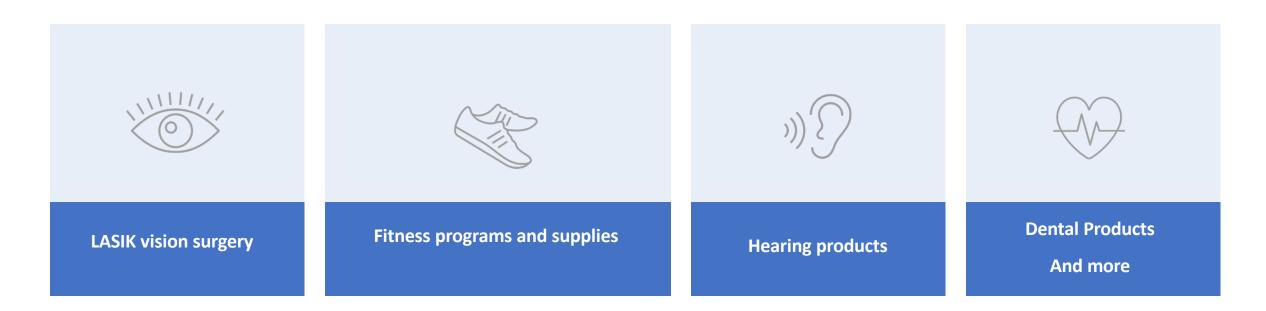
- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

<sup>1.</sup> For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

<sup>2.</sup> Not a full list of conditions.

# Healthy Rewards

### Discounts on programs, products and services that can help you stay healthy



### Learn more at myCigna.com or the myCigna app.

Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.

# Phone, web or app



### **Phone**

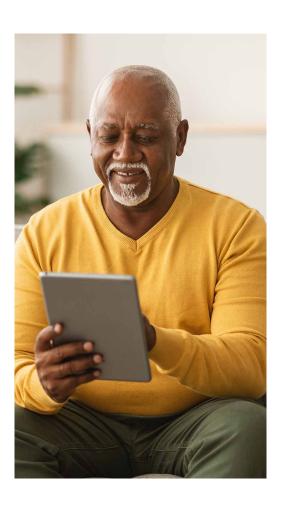
- Call 1-800-Cigna24 for live customer service, 24/7/365
- Ask for Spanish-speaking representatives or request interpreter service in more than 200 languages
- Get help finding a dental office, check your eligibility and more\*



### myCigna.com or the myCigna app\*\*

- Search for network dentists, compare costs, read verified patient reviews and more\*
- Download a digital ID card or print temporary card
- Find Healthy Rewards® discount information
- Dental and Vision Claim Forms

<sup>\*\*</sup> The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



<sup>\*</sup> Actual features may vary by dentist and Cigna Dental plan type. Dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

# Questions

# QUESTIONS?



