

ADMINISTRATION

carecompass.ct.gov/ctpartner

Griswold BOE – Claims History

Griswold BOE

Medical & Pharmacy Incurred Claims and Premium

	Headcount		Claims		Budget				
MONTH	TOTAL CONTRACTS	TOTAL MEMBERS	MEDICAL CLAIMS	PHARMACY CLAIMS	TOTAL INCURRED CLAIMS	PEPM INCURRED CLAIMS	EARNED PREMIUM	PEPM PREMIUM	Loss Ratio
Jul-24	205	447	$179,907	$133,750	$313,657	$1,530	$380,318	$1,855	82.47%
Aug-24	204	445	$224,233	$51,272	$275,505	$1,351	$384,213	$1,883	71.71%
Sep-24	212	465	$290,017	$154,285	$444,302	$2,096	$365,389	$1,724	121.60%
Oct-24	213	474	$261,360	$119,951	$381,311	$1,790	$411,964	$1,934	92.56%
Nov-24	214	469	$216,418	$85,856	$302,274	$1,412	$396,818	$1,854	76.17%
Dec-24	214	466	$334,921	$171,956	$506,877	$2,369	$395,028	$1,846	128.31%
Jan-25	213	467	$390,118	$124,786	$514,904	$2,417	$391,316	$1,837	131.58%
Feb-25	212	465	$404,564	$149,071	$553,635	$2,611	$393,289	$1,855	140.77%
Mar-25	212	465	$425,246	$143,696	$568,942	$2,684	$390,512	$1,842	145.69%
Apr-25	211	464	$298,043	$163,708	$461,751	$2,188	$385,620	$1,828	119.74%
May-25	209	461	$432,571	$121,902	$554,473	$2,653	$390,684	$1,869	141.92%
Jun-25	208	460	$619,043	$129,500	$748,544	$3,599	$386,887	$1,860	193.48%
Jul-25	200	440	$482,943	$150,884	$633,827	$3,169	$413,955	$2,070	153.11%
Aug-25	198	438	$589,416	$129,275	$718,690	$3,630	$416,057	$2,101	172.74%
Sep-25	201	438	$649,261	$175,769	$825,030	$4,105	$409,341	$2,037	201.55%
Oct-25	202	443	$249,360	$168,193	$417,553	$2,067	$399,509	$1,978	104.52%
Nov-25	201	442	$619,684	$227,999	$847,683	$4,217	$421,523	$2,097	201.10%
Dec-25	201	442	$281,872	$137,305	$419,177	$2,085	$418,825	$2,084	100.08%
Jan-26	199	440	$256,726	$160,488	$417,214	$2,097	$406,409	$2,042	102.66%
Feb-26	200	439	$783,856	$216,637	$1,000,493	$5,002	$409,965	$2,050	244.04%

MONTH	TOTAL CONTRACTS	TOTAL MEMBERS	MEDICAL CLAIMS	PHARMACY CLAIMS	TOTAL INCURRED CLAIMS	PEPM INCURRED CLAIMS	EARNED PREMIUM	PEPM PREMIUM	Loss Ratio
FY2023-2024	2553	5708	$3,026,234	$1,140,698	$4,166,932	$1,632	$4,432,548	$1,736	94.01%
FY2024-2025	2527	5548	$4,076,441	$1,549,733	$5,626,174	$2,226	$4,294,710	$1,700	131.00%
FY2025-2026	1602	3522	$3,913,118	$1,366,549	$5,279,667	$3,296	$3,295,584	$2,057	160.20%
Prior R12	2,558	5,620	$3,533,751	$1,441,119	$4,974,870	$1,945	$4,621,500	$1,807	107.65%
Current R12	2442	5372	$5,688,021	$1,925,355	$7,613,376	$3,118	$4,849,286	$1,986	157.00%
FYTD 9/30/2024	1,687	3,716	$2,301,538	$990,927	$3,292,465	$1,952	$3,118,335	$1,848	105.58%
FYTD 9/30/2025	1602	3522	$3,913,118	$1,366,549	$5,279,667	$3,296	$3,295,584	$2,057	160.20%

Premium Comparison Current, Renewal, SPP

Griswold BOE

Teachers Cost Comparison
July 1, 2026 - June 30, 2027

MONTHLY		Current $2,250 / $4,500 HIGH DEDUCTIBLE PLAN (HDHP) (Moving to $2,500/$5,000)				CT SPP	
Tier	Cost Share	Monthly Premium - July 1, 2025	Employee Monthly Premium July 1, 2025	Monthly Premium - July 1, 2026	Employee Monthly Premium July 1, 2026	Monthly Premium - Blended July 1, 2026	Employee Monthly Premium July 1, 2026
Single	22.0%	$1,164.09	$256.10	$1,701.35	**$374.30**	$1,443.21	**$317.51**
2P	22.0%	$2,508.71	$551.92	$3,666.54	**$806.64**	$3,093.04	**$680.47**
FAM	22.0%	$3,074.75	$676.45	$4,493.82	**$988.64**	$3,780.47	**$831.70**

ANNUAL		Current $2,250 / $4,500 HIGH DEDUCTIBLE PLAN (HDHP) (Moving to $2,500/$5,000)				CT SPP	
Tier	Cost Share	ANNUAL Premium - July 1, 2025	Employee ANNUAL Premium July 1, 2025	ANNUAL Premium - July 1, 2026	Employee ANNUAL Premium July 1, 2026	ANNUAL Premium - Blended July 1, 2026	Employee ANNUAL Premium July 1, 2026
Single	22.0%	$13,969.08	$3,073.20	$20,416.20	**$4,491.56**	$17,318.52	**$3,810.07**
2P	22.0%	$30,104.52	$6,622.99	$43,998.48	**$9,679.67**	$37,116.48	**$8,165.63**
FAM	22.0%	$36,897.00	$8,117.34	$53,925.84	**$11,863.68**	$45,365.64	**$9,980.44**

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 save questions until Q&A at the end. Thank you!

CONNECTICUT PARTNERSHIP PLAN 2.0

Medical: Anthem



CONNECTICUT 2.0 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

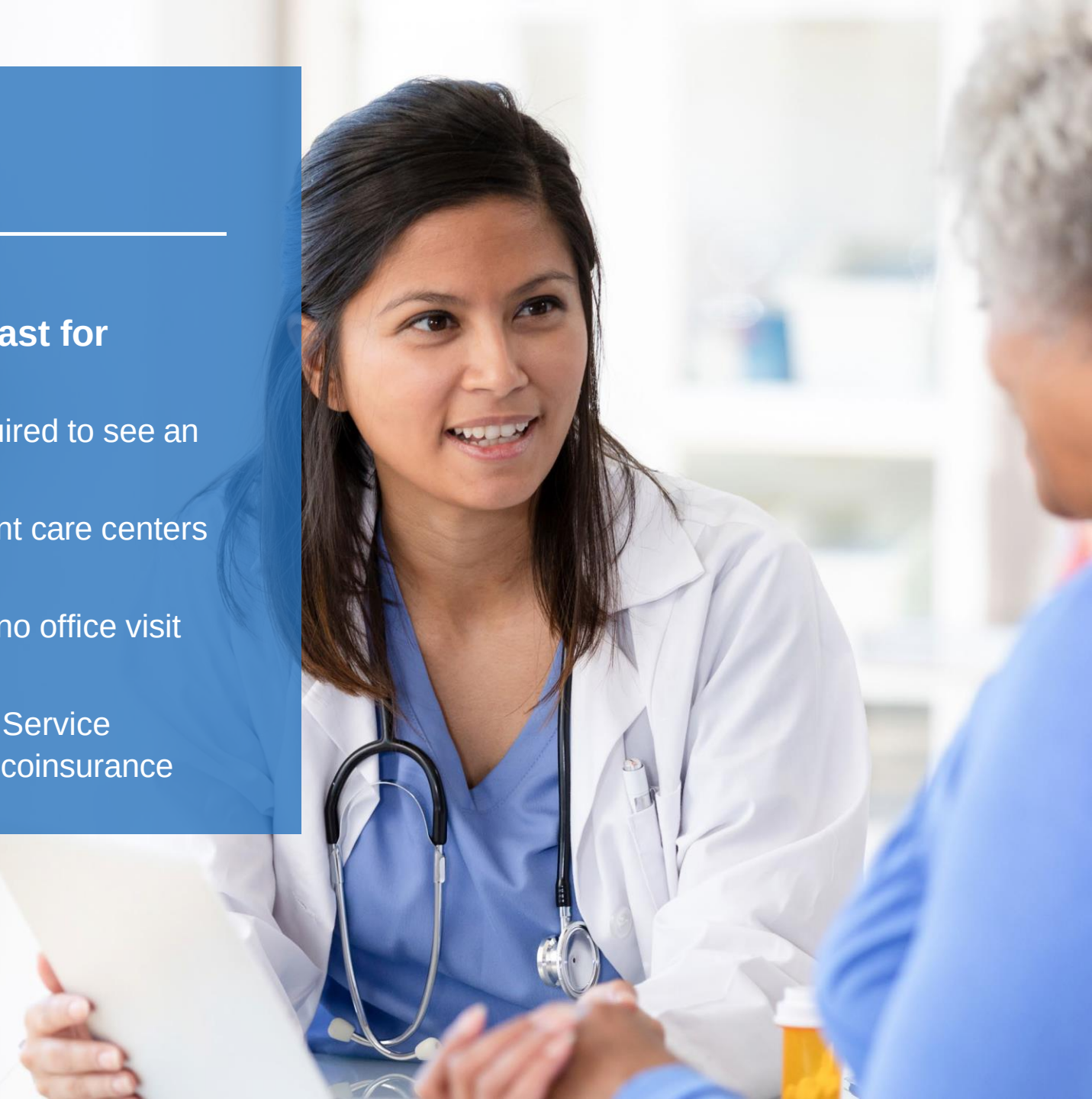
Preventative care covered at 100%, as well as financial incentives through State of Connecticut Health Enhancement Program (HEP)[1]

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** 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.

Pharmacy: CVS/Caremark



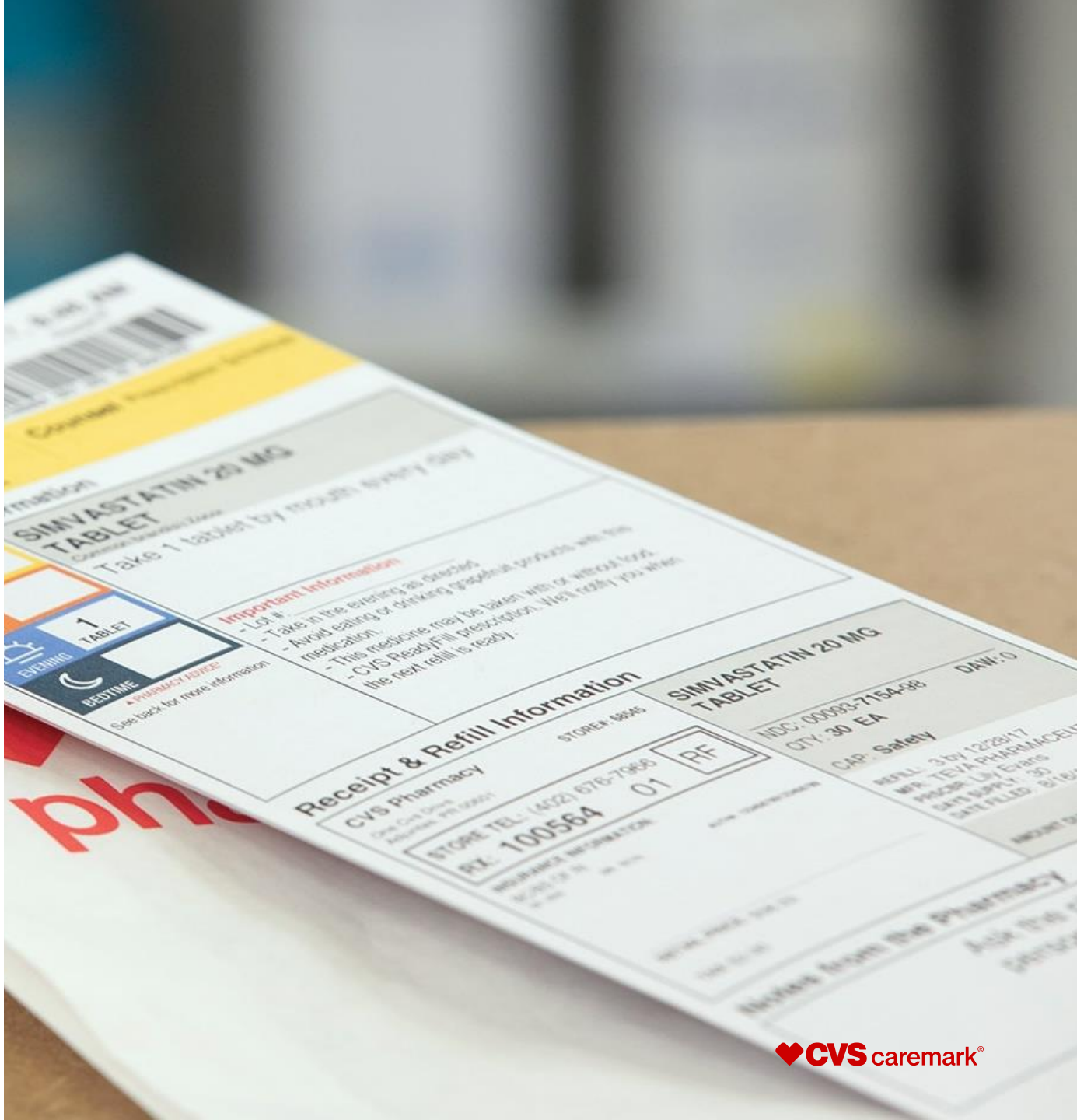
Prescription Drugs	Non-Maintenance (up to a 30-Day supply)	Maintenance (90-Day supply)	Diabetes Maintenance Medications (90-Day supply)	HEP Chronic Conditions
Generic	**$5** for lower cost generic Prescriptions **$10** for higher cost generic prescriptions	**$5** for lower cost generic Prescriptions **$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			

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Non-Maintenance Medications

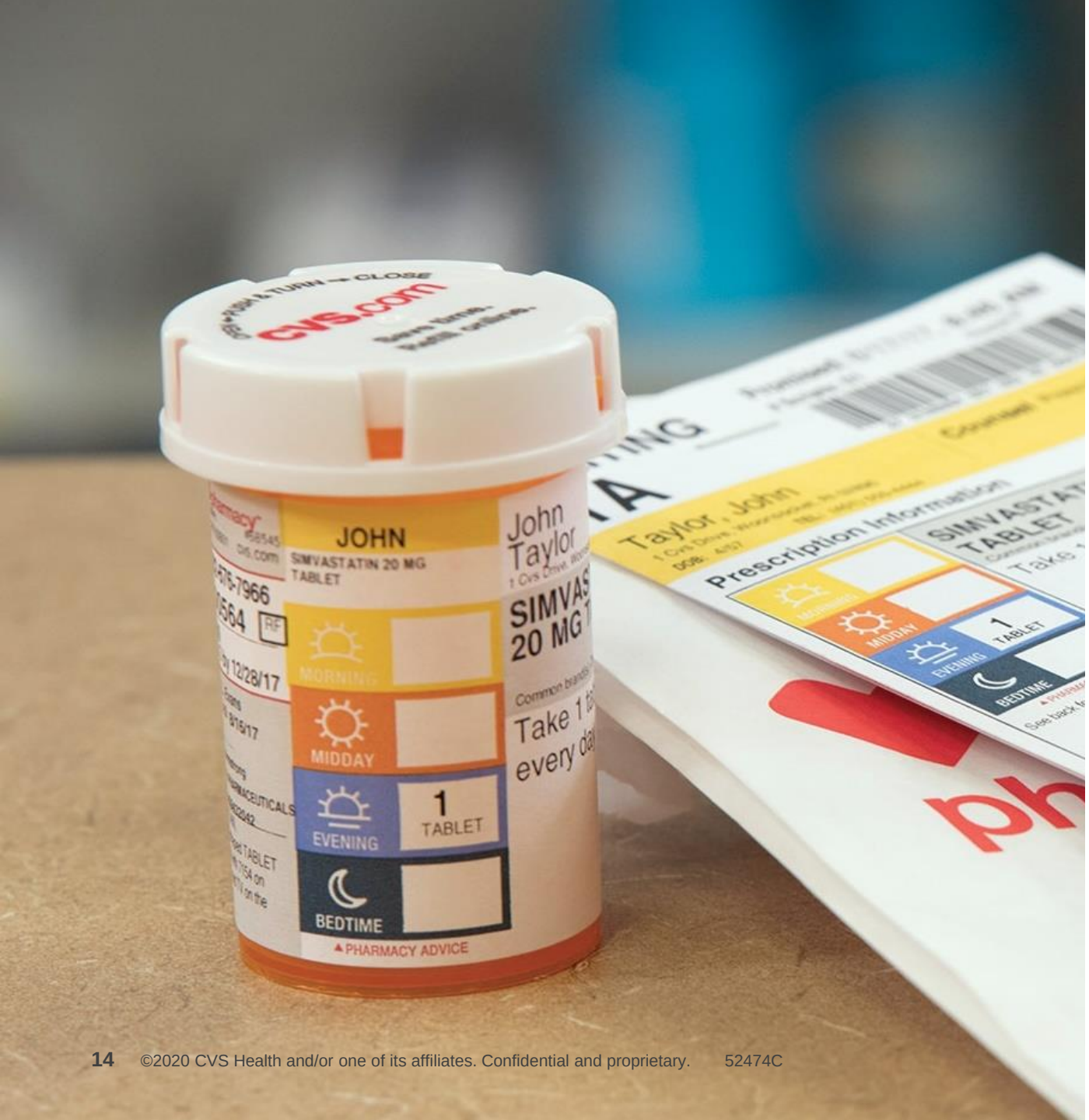
Fill 30-day prescriptions at more than 68,000 participating retail pharmacies nationwide.

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



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CVS caremark®



2022-2023 PRESCRIPTION BENEFITS

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

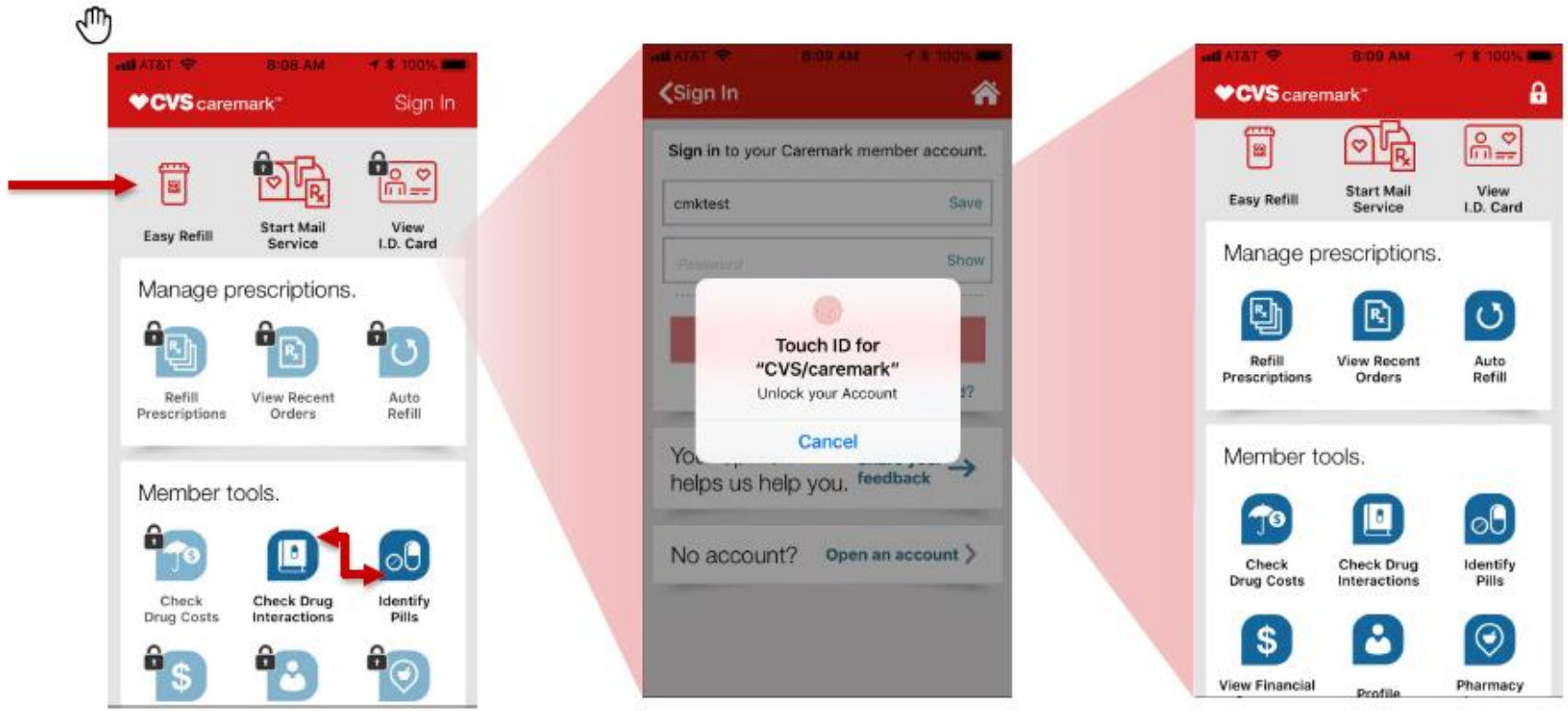
Need to transfer your prescription?
Visit Caremark.com/MoveMyMeds

CVS caremark®

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CVS Caremark mobile app

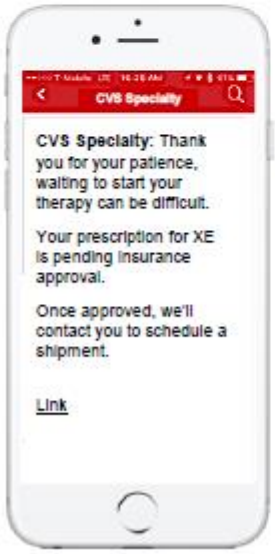
Resources available before and after logging in



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Digital tools for Specialty patients

First Fill Tracker



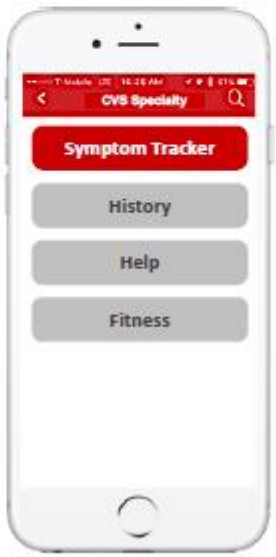
Delivery choice



Secure messaging



Symptom Tracking



Adherence reminders



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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)

CONNECTICUT PARTNERSHIP PLAN 2.0

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)

PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-25 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit		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)		N/A		Mammogram every 2 years		
Cervical Cancer Screening (for women)		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		

CONNECTICUT PARTNERSHIP PLAN 2.0

Healthcare Is Complex.
We Make It Easier.

Confidential & Proprietary

We’re here to help

Healthcare is complicated and we’re on a mission to make it smarter, simpler, and more cost effective for you.



Healthcare and benefits, simplified



One portal.
One team.
One place.

CVS caremark®

Anthem®

CARE COMPASS

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



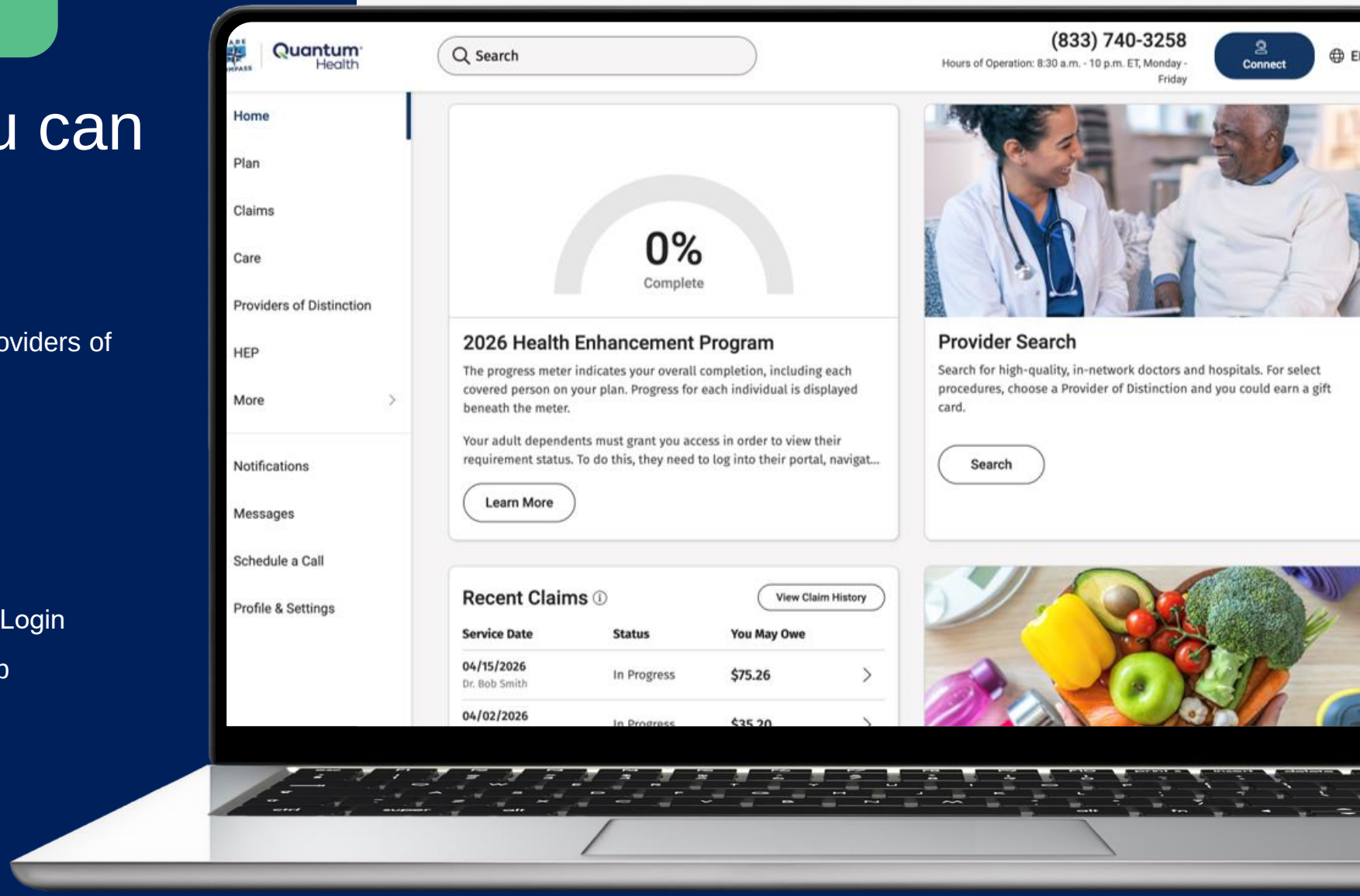
Your Benefits Portal

Some things you can do:

- View and manage your HEP status
- Search for in-network doctors and Providers of Distinction
- Connect with Care Coordinators
- Access benefit information

To register:

- Visit carecompass.ct.gov → Benefits Login
- Or download the Quantum Health app



Helpful Tools. Real People. Clear Answers.

Quantum Health gives you real people and easy tools to help you every step of the way.



One number: (833) 740-3258

To call with any questions

One app

For self-service help

One team

Of experts dedicated to helping you

Questions

QUESTIONS?

CONNECTICUT PARTNERSHIP PLAN 2.0