



Important Changes Coming to Your State of Connecticut Partnership Plan October 1!



The SEBAC 2017 Agreement includes important changes and improvements to your medical and prescription drug plans. Read this brochure carefully for details on the October 1 changes. After reviewing the changes, if you have questions reach out to your Benefits Contact.



Finding a *Preferred* Provider or Facility. To find a *Preferred* provider, visit

www.welcometouhc.com/stateofct.

What Are The Changes?

- **Avoid costs for lab work and imaging service in Connecticut:** Pay nothing when you see an in-network *Preferred* provider for outpatient lab work, diagnostic x-rays and/or high-cost imaging services like MRIs, CT and PET scans. For tests performed at *Non-Preferred* in-network labs or imaging centers, you'll pay 20% of the cost. If you are in a POS Plan, you'll pay 40% of the cost for out-of-network tests.
- **Avoid costs for primary care physicians and specialists in Connecticut.** Pay nothing when you see an in-network *Preferred* primary care physician (PCP) or specialist for one or more of ten medical specialties (including OB/GYN, cardiology, gastroenterology). The current \$15 copay will be waived when you see a State of Connecticut "*Preferred* Provider."
- **The list of covered drugs—or "formulary"—for the prescription drug plan will change.** If one or more of your current prescriptions will be affected by this change, you should have received a letter from CVS/Caremark in September with information on how to switch to a therapeutically equivalent drug.
- **Prescription drug tiers for non-HEP drugs.** The current generic drug copay will be split into two tiers: *Preferred* generic and *Non-Preferred* generic. New copays: *Preferred* generic: \$5; *Non-Preferred* generic: \$10; *Preferred* brand name: \$25; *Non-Preferred* brand name: \$40; no change to HEP copays.
- **Emergency Room copay for non-emergencies will cost \$250.** In certain circumstances, including actual emergencies or if you're admitted to the hospital, your copay will be waived. Find the ER Copay Waiver Form at www.osc.ct.gov/ctpartner.

There are no changes to the Health Enhancement Program (HEP). HEP encourages you to take an active role in your health by getting age appropriate wellness exams and screenings. In exchange for doing so, HEP participants qualify for lower monthly premiums, reduced copays and don't pay an in-network deductible. There will be no changes to HEP, including copay amounts for drugs used to treat HEP targeted chronic conditions which include diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia (high cholesterol) or hypertension (high blood pressure). For more information on HEP, contact Care Management Solutions (CMSI) at 1-877-687-1448 or visit www.cthep.com.

Be an Informed Consumer and Save!

Health care costs can vary from place to place in Connecticut, as they do in other states. This means smart health care shopping can help you pay less when you need care. Using high-value United Healthcare/Oxford providers and facilities—those that offer higher quality care at lower costs—saves money for you and the State.

Benefit Changes Effective October 1

Preferred Providers for Outpatient Lab Tests and Imaging

United Healthcare/Oxford will have a *Preferred* designation for outpatient lab services and diagnostic imaging (e.g., blood work, urine tests, stool tests, x-rays, Mammograms, MRIs, CT scans). **You'll continue to pay nothing if you receive care at a *Preferred* lab!** Otherwise, you'll pay 20% of the cost for *Non-Preferred* in-network services, or 40% of the cost for out-of-network services.

Cost for Covered Diagnostic Imaging and Lab Services

| <i>Preferred</i> In-Network Facility | <i>Non-Preferred</i> In-Network Facility | Out-of-Network Facility (POS Plan only) |
|---|---|---|
| \$0 copay; Plan pays 100% | 20% coinsurance; Plan pays 80% | 40% coinsurance; Plan pays 60% |

Preferred Provider Networks

United Healthcare/Oxford will have a new designation for in-network providers. While you can still see any in-network primary care provider (PCP) or specialist and pay only a \$15 copay, if you see a *Preferred* in-network provider, the copay will be waived—you'll pay nothing! *Preferred* in-network specialists are currently available for ten medical specialties:

- Allergy and immunology
- Cardiology
- Endocrinology
- Ear, nose and throat (ENT)
- Gastroenterology
- OB/GYN
- Ophthalmology
- Orthopedic surgery
- Rheumatology
- Urology

Your Doctor Might Already Be *Preferred*. If you already use an in-network PCP or specialist, there's a good chance your doctor is a *Preferred* provider. 70% of in-network PCPs and 60% of in-network specialists for the ten medical specialties noted above are considered *Preferred*.

How Much You Pay For In-Network Care

| | Preferred In-Network Provider | Non-Preferred In-Network Provider |
|---|---|-----------------------------------|
| Available in United Healthcare/Oxford's Network | Yes | Yes |
| You Pay | \$0 copay; Plan pays 100% | \$15 copay |
| Preventive Care | \$0 copay; Plan pays 100% | \$0 copay; Plan pays 100% |
| Primary Care Providers (PCPs) | Select list of in-network PCPs | All in-network PCPs |
| Specialists | Select list of in-network specialists in one of ten medical specialties | All in-network specialists |

Prescription Drugs—New Formulary, New Copays

Prescription drug costs are rapidly increasing. To help keep your prescription copays low, we're introducing the CVS/Caremark Standard Formulary or the "Covered Drug List." The formulary focuses on clinically effective, lower-cost alternatives to high-cost drugs.

In addition to the new formulary, the generic drug tier will split into two tiers: *Preferred* and *Non-Preferred*. Here's how much you will pay for your maintenance and non-maintenance prescriptions:

| Prescription Drug Tier | Non-Maintenance Drugs (30-day supply) | Maintenance Drugs (90-day supply) |
|---------------------------------|---------------------------------------|-----------------------------------|
| Tier 1 Preferred Generic | \$5 copay | \$5 copay |
| Tier 2 Non-Preferred Generic | \$10 copay | \$10 copay |
| Tier 3 Preferred Brand Name | \$25 copay | \$25 copay |
| Tier 4 Non-Preferred Brand Name | \$40 copay | \$40 copay |

Diabetes medications and supplies. You'll pay nothing for covered medications and supplies used to treat diabetes (Type 1 and Type 2).

Mandatory 90-day Supply for Maintenance Drugs. If you or a covered family member takes a maintenance medication, you can only receive one 30-day fill at a participating pharmacy. After this initial fill, you must switch to a 90-day fill, available through:

- The CVS/Caremark mail-order pharmacy, or
- A pharmacy that participates in the State's Maintenance Drug Network.

You can find a list of participating pharmacies on the Comptroller's website at www.osc.ct.gov/ctpartner.



No Change to Health Enhancement Program (HEP) Copays.

The copays for medications used to treat chronic conditions continue to be:

- **Tier 1** (generic): \$0 copay
- **Tier 2** (*Preferred* brand name): \$5 copay
- **Tier 3** (*Non-Preferred* brand name): \$12.50 copay.

Physical and Occupation Therapy

Starting October 1, all physical and occupational therapy services are subject to medical necessity review—a determination indicating if your care is reasonable, necessary and/or appropriate based on your needs and condition. If you are seeing an in-network provider, it is the provider's responsibility to submit all necessary information during the medical necessity review process. Your copay will remain the same as it is today.

If you are enrolled in a Point of Service Plan (POS) and visit an out-of-network provider, it is your responsibility to obtain medical necessity review. Out-of-network coverage for physical and occupational therapy remains the same: 20% coinsurance after the out-of-network deductible, with a 30-visit per year limit.

Where to Go When You Need Care

Knowing where to go when you need care can save you time and money. Use the information below as a starting point for determining the best place to go for your health care needs.

| Use This Health Care Option... | ... When You... | And You'll Pay... |
|---|---|---|
| Primary Care Physician (PCP) | Have a non-life-threatening medical concern or long term condition, or need a routine checkup | \$0 copay for Preferred in-network providers; \$15 copay for Non-Preferred in-network providers |
| Nurse Line United Healthcare/Oxford: 800-201-4911, option 4 | Need medical guidance or information related to a symptom, treatment or surgery | \$0 |
| Walk-in Clinic | Have a non-life-threatening minor ailment such as a cold, ear infections or sore throat | \$15 copay |
| Urgent Care | Have a condition that is more than minor but not life-threatening (e.g., cuts or other superficial wounds, moderate burns, sprains) | \$15 copay |
| Emergency Room | Have a life-threatening concern such as shortness of breath, severe chest pain, severe wound or broken bone | \$250 copay; In certain circumstances, including actual emergencies or if you're admitted to the hospital, your copay will be waived. |

Discrimination is Against the Law

The Office of the State Comptroller complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Office of the State Comptroller does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Office of the State Comptroller:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ginger Frasca, Principal Human Resources Specialist.

If you believe that The Office of the State Comptroller has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ginger Frasca, Principal Human Resources Specialist, 55 Elm Street, Hartford, CT 06106, 860-702-3340, Fax 860-702-3324, Ginger.Frasca@ct.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ginger Frasca, Principal Human Resources Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

| | |
|--------------------------------|---|
| Español (Spanish) | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-702-3340. |
| 繁體中文 (Chinese) | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-860-702-3340。 |
| Tiếng Việt (Vietnamese) | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-860-702-3340. |
| Tagalog (Tagalog – Filipino) | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-860-702-3340. |
| Русский (Russian) | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-860-702-3340. |
| Kreyòl Ayisyen (French Creole) | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-860-702-3340. |
| Français (French) | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-860-702-3340. |
| Polski (Polish) | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-860-702-3340. |
| Português (Portuguese) | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-860-702-3340. |
| Italiano (Italian) | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-860-702-3340. |
| Deutsch (German) | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-860-702-3340. |
| हिंदी (Hindi) | नदः यदि आप हिंदी बोलते ह तो आपके लिए मु म भाषा सहायता सेवाएं उपल ह । 1-860-702-3340 पर कॉल कर । |
| اُردو (Urdu) | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-860-702-3340۔ |
| Shqip (Albanian) | KUJDE: Nëse flltni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-860-702-3340. |
| λληνικά (Greek) | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-860-702-3340. |