

OFFICE OF THE STATE  
COMPTROLLER

HEALTHCARE COST  
CONTAINMENT COMMITTEE



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

**Division Memorandum 2017-08**

**TO THE HEADS OF ALL STATE AGENCIES**

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

**SUBJECT: Implementation of SEBAC 2017 changes to Health Insurance**

**I. INTRODUCTION**

The 2017 SEBAC agreement was ratified by union membership and approved by the State of Connecticut Legislature on July 31, 2017. The purpose of this memo is to describe the benefit changes to the State of Connecticut Employee Health Plan in the 2017 SEBAC agreement effective October 1, 2017. The State of Connecticut Comptroller's Office in conjunction with our Healthcare Insurance Carriers will sponsor informational meetings at various locations throughout the State beginning September 25, 2017. The schedule of informational meetings is posted on the Comptroller's website [www.osc.ct.gov](http://www.osc.ct.gov).

**II. DISCUSSION**

**1) SEBAC 2017 Healthcare Changes**

**Site of Service** - For outpatient lab work, diagnostic x-rays and/or high-cost imaging services, such as MRI's, CT and PET scans, that are conducted in Connecticut, employees will have no cost share as long as their tests are performed at preferred in-network labs or imaging centers. Members will pay 20% coinsurance for tests that are performed at non-preferred in-network labs or imaging centers. Members in POS plans that have out-of-network coverage will pay 40% coinsurance for tests performed at out-of-network lab or imaging centers. To find a *Preferred* Lab or Imaging facility, visit [www.Anthem.com/statect](http://www.Anthem.com/statect) or [www.welcometouhc.com/stateofct](http://www.welcometouhc.com/stateofct).

**Preferred Provider Networks for Primary Care Physicians (PCP) and certain Specialists** - Members who utilize a Preferred Primary Care Physician (PCP) or a

Preferred provider in the following Specialties (Allergy & Immunology, Cardiology, Endocrinology, ENT, Gastroenterology, OB-GYN, Ophthalmology, Orthopedic Surgery, Rheumatology, Urology) in Connecticut will now have a \$0 copay for office visits. Members who utilize a non-preferred in-network provider (PCP or specialist) will continue to have a \$15 copay. To find a Preferred Provider, visit [www.Anthem.com/statect](http://www.Anthem.com/statect) or [www.welcometouhc.com/stateofct](http://www.welcometouhc.com/stateofct).

**Prescription Drug Tiers** - The current generic drug copay will be split into two tiers: Preferred generic and Non-Preferred generic.

The New Copay structure for both maintenance and non-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

The mandatory 90-day supply for maintenance drugs through mail order or the State of CT Maintenance Drug Network is still required.

There are no changes to the HEP program. Reduced co-pays to treat HEP- targeted chronic conditions will remain at the 3-tier structure:

- Tier 1 – Generic - \$0
- Tier 2 – Preferred Brand - \$5
- Tier 3 – Non-Preferred Brand - \$12.50

**Covered Drugs (Formulary)** - The list of covered drugs – or “formulary” – for the prescription drug plan will transition to CVS/Caremark’s standard formulary effective October 1, 2017. Members affected by this transition should have received a letter from Caremark in September with information on how to switch to a therapeutically equivalent drug.

**Emergency Room Copay** – The emergency room copay for non-emergencies will increase to \$250. In certain circumstances, including actual emergencies or you’re admitted to the hospital, your copay will be waived. The Emergency Room Copayment Waiver Request Form (CO-1315) can be found at [www.osc.ct.gov](http://www.osc.ct.gov).

- 2. Health Enhancement Program (HEP)** – There is no change to the HEP program.
- 3. Dental Plans and Benefits** – There are no changes to the dental plans.
- 4. Rates** – There will be reduced employee share rates effective 10/1/2017 to reflect the savings in the agreement. There will now be three categories of active rates: bargaining unit employees, non-bargaining unit employees, and new hires after 7/1/17. The updated rates sheets are attached to this memo.

## II. CONCLUSION

Additional details about these and other benefit changes will be posted on the Comptroller's website as information becomes available. Personnel or payroll staff members who have questions concerning the SEBAC 2017 health benefit changes should contact the Comptroller's Healthcare Policy & Benefit Services Division at (860) 702-3535.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas Woodruff".

Thomas Woodruff, Ph.D.  
Director

Attachments:  
SEBAC 2017 Informational Fair Schedule  
10/1/17 Rate Sheets