

STATE OF CONNECTICUT MEDICAL BENEFITS AWARD DECISION EFFECTIVE JULY 1, 2020 FAQS

As of July 1, 2020 Anthem Blue Cross and Blue Shield (Anthem) will administer all health benefits for active state, municipal and pre-Medicare retirees and their dependents on the State of Connecticut health plan. This includes employees in those towns, cities and school districts participating in the State Partnership Plan. UnitedHealthcare will continue to administer benefits under their fully insured Medicare Advantage plan for those retirees and eligible dependents who are Medicare eligible.

Can you confirm that the State of Connecticut (STOCT) has selected Anthem to administer all medical benefits under the STOCT health plan?

Yes, Anthem has been awarded a new contract that becomes effective on July 1, 2020 for the State's covered employees, pre-Medicare retirees and their eligible pre-Medicare dependents. In addition, as of July 1, Anthem will also administer the medical benefits under the State Partnership Plan for the covered employees, pre-Medicare retirees and their eligible pre-Medicare dependents of the cities, towns and school districts that participate in the State Partnership Plan. UnitedHealthcare will continue to provide coverage for retirees and eligible dependents who are Medicare eligible under the Medicare Advantage program.

Are active and non-Medicare retirees moving to Anthem effective July 1, 2020?

Yes, medical benefits sponsored by the State of Connecticut will be available to all enrolled active state employees, non-Medicare retirees and their eligible pre-Medicare dependents on July 1, 2020. As of July 1, 2020, Oxford/UnitedHealthcare will no longer be an option for those covered individuals.

Will Anthem be the sole carrier for the STOCT medical benefits?

Through a competitive bid process, Anthem was selected to be the sole medical benefits carrier beginning 7/1/2020 for employees, non-Medicare retirees and eligible pre-Medicare dependents of the State of Connecticut as well as the cities, towns and school districts across the state who are covered through the State Partnership Plan.

Are my benefits remaining the same according to the state collectively bargained agreement?

Yes, the State of Connecticut will continue to offer benefits in accordance with the State collectively bargained agreement. The State of Connecticut has indicated that any new programs or plan changes will be in accordance with the collective bargaining process.

I am a STOCT retiree covered under a UnitedHealthcare Medicare Advantage plan. How does this change affect me?

You are not impacted by this decision; UnitedHealthcare will continue to administer benefits for Medicare eligible retirees and covered Medicare eligible dependents of retirees.

I am a STOCT employee whose medical benefits are currently administered by Oxford/UnitedHealthcare. How does this change impact me?

If you are an active state employee, a non-Medicare eligible retiree or an eligible pre-Medicare dependent of such an individual whose medical benefits are administered by Oxford/UnitedHealthcare, your medical benefits will be administered by Anthem beginning July 1, 2020.

STATE OF CONNECTICUT MEDICAL BENEFITS AWARD DECISION EFFECTIVE JULY 1, 2020 FAQS

Are the medical benefits under the Anthem administered plan the same as those under my current Oxford/UnitedHealthcare plan?

Yes. The medical benefits available today to STOCT employees, non-Medicare eligible retirees and their eligible pre-Medicare dependents are identical whether they are administered by Anthem Blue Cross and Blue Shield or by Oxford/UnitedHealthcare. When your benefits transition to Anthem in July 2020, coverage will be administered in accordance with the collectively bargained agreement. The State of Connecticut has indicated that any new programs or plan changes will be in accordance with the collective bargaining process.

How will Anthem work with former Oxford/UnitedHealthcare members with the transition of care?

Most often, continuity of care is a concern for new Anthem members receiving prenatal care or in active treatment for an acute or chronic condition with a provider who is participating in their current plan but does not participate in the Anthem network. The good news is that, because of our broad local and national network, this is an uncommon occurrence. In most cases you will find that your current provider participates in Anthem's network so you will continue to receive the care you receive today for your condition from your provider and no transition is necessary. In addition, Anthem will be making efforts to reach out to providers who are in network with Oxford/UnitedHealthcare, but not Anthem, to determine if they qualify for, and would be interested in, participation in Anthem's network.

In the event that your provider is not a participant in Anthem's network as of July 1, 2020, our Connecticut team of more than 20 Utilization Management Nurses (all RNs) are able to assist in transitioning to an in-network provider over a period of time (generally 90 days or less) to promote a seamless transition and avoid lapses in care. All services received from your current provider(s) during the approved transition period will be covered as in network benefits. We include a clinical transition form with open enrollment materials that you can complete and submit (according to the instructions on the form) to alert our team to your need for support and to begin the process.

However, if you currently receive your benefits through Oxford/UnitedHealthcare, we recommend that you reach out to our Enhanced State of Connecticut Member Services team (800-922-2232) as early as possible prior to the July 1, 2020 plan effective date if you believe that your current provider is not participating in the Anthem network to understand your options and begin the transition of care process that meets your specific care needs.

Will I need to obtain prior authorization through Anthem for care that was previously authorized through Oxford/UnitedHealthcare?

Anthem's Utilization Management team will need to review information regarding care that was approved under the Oxford/UnitedHealthcare prior authorization process. That does not mean the care will need to go through an entire re-review. It does mean that Anthem will request complete information about that care from Oxford/UnitedHealthcare (for example, procedure name, dates of service, facility, etc.) during the transition period prior to the July 1, 2020 effective date of your Anthem benefits. If there are questions or incomplete information, the Anthem team will follow up with affected members and providers to document the needed details. Anthem and the State of Connecticut will work together to communicate with affected members to ensure they are aware of any actions they need to take in order to avoid any interruption of important care.

How is Anthem supporting the State Partnership Plan?

STATE OF CONNECTICUT MEDICAL BENEFITS AWARD DECISION EFFECTIVE JULY 1, 2020 FAQS

Beginning July 1, 2020, Anthem will be the sole medical carrier for the State Partnership Plan for the employees, pre-Medicare retirees and eligible pre-Medicare dependents covered by participating towns, cities and school districts. When your benefits transition to Anthem in July 2020, coverage will continue to be administered in accordance with the State of Connecticut's collectively bargained agreement. The State of Connecticut has indicated that any new programs or benefit changes will be in accordance with this bargaining agreement.

I am a STOCT employee with pharmacy benefits through CVS/Caremark and dental benefits through Cigna. How does this change affect me?

Your coverage for pharmacy and dental are not currently impacted by this decision. CVS/Caremark will continue to administer your pharmacy benefits and, as of the date of this press release, Cigna will continue to provide dental benefits. The Health Enhancement Program (HEP) will also continue to be administered through Care Management Solutions, Inc./WellSpark, as it has been.

How do I determine if my provider is participating with Anthem health plans?

Even if you are not an Anthem member today, you can use the Anthem provider finder tool to see if your current provider participates in Anthem's network.

Here's how:

1. Go to <http://www.anthem.com/stoct>
2. Select 'Menu' on the top left side of the screen.
3. Under 'Care' choose 'Find Care'.
4. Scroll down to select 'Find all other provider types' by clicking on the plus sign on the right.
5. Choose the appropriate plan.
6. Complete the input fields (select provider type, enter your zip code, etc.)
7. Select search.

In addition, you may also contact the Enhanced State of Connecticut Member Services Unit at (800) 922-2232 for assistance. Remember, provider participation status can change from time to time so we always recommend verifying with your provider directly regarding their continued participation status.

Is coverage under the plan available nationwide?

Yes, no matter where covered employees, non-Medicare eligible retirees or covered pre-Medicare dependents live in the country; they will be eligible to receive benefits through the National Bluecard Network. For help contact 800-810-BLUE.

What happens if State employees travel outside the U.S. and need medical coverage?

Enrolled employees, non-Medicare eligible retirees or covered pre-Medicare dependents will have worldwide access to benefits for covered emergency and urgently needed care. Depending on the country or the specific foreign provider, you may need to pay the entire claim when receiving care and then submit the claim to Anthem for reimbursement after returning to the U.S.

Who are the vendors the state references in the press release issued by the State Comptroller's Office?

According to the State's original Request for Proposal (which is a matter of public record and can be found online [here](#)) the State will introduce a "Centers of Excellence" (COE) component into the employee health plan in July 2020 that will be administered nationally by [Carrum Health](#) and in-state by

STATE OF CONNECTICUT MEDICAL BENEFITS AWARD DECISION EFFECTIVE JULY 1, 2020 **FAQS**

Remedy Partners. In addition, full concierge services to steer members to high quality, lower cost providers for certain medical procedures or screening and surgeries via COE will be provided by Health Advocate, Inc. You can learn more about each of these organizations online at <http://www.carrumhealth.com>, <http://www.remedypartners.com> and <http://www.healthadvocate.com>. Additional information will come from the State of Connecticut Office of the State Comptroller in early 2020 and in greater detail during this spring's open enrollment events.

How will Anthem work alongside with the state, Remedy Health Partners, Health Advocate and Carrum Health?

Anthem will collaborate with the STOCT and its vendors to administer medical benefits (and facilitate the transfer of necessary health information) in accordance with the programs, fee schedules and structures that are designed and negotiated.

What is the new option Anthem is working on with the State Comptroller's Office?

The State is preparing to expand the number of plan options that employees can choose from in time for the coming plan year (which begins July 1). The State is currently working on the development of a new plan option – an option that will be *in addition* to the current offerings – and will provide details once the plan option is finalized, which is anticipated before open enrollment.

END