

2020/2021 Payroll Deductions

Biweekly Payroll Deductions

October 1, 2020, Through June 30, 2021 (26 Pay Periods)

If you do not enroll in HEP, you'll pay an additional \$46.15 per paycheck for the cost of coverage. (Employees on semimonthly pay schedules will have slightly higher premiums.)

Union

Medical Plans	Employee	Employee + 1	Family	FLES**
State BlueCare Prime Plus POS	\$38.12	\$96.45	\$128.66	\$64.81
State BlueCare POE Plus	\$39.51	\$108.63	\$138.54	\$74.84
State BlueCare POE	\$43.39	\$123.96	\$163.11	\$84.74
State BlueCare POS	\$51.62	\$149.87	\$173.15	\$91.65
State Preferred POS*	\$95.58	\$279.12	\$328.08	\$191.37
Out of Area	\$52.90	\$168.94	\$196.92	\$93.71

New Hires (Hired After July 1, 2017)

Medical Plans	Employee	Employee + 1	Family	FLES**
State BlueCare Prime Plus POS	\$38.12	\$96.45	\$128.66	\$64.81
State BlueCare POE Plus	\$43.58	\$117.59	\$149.53	\$81.77
State BlueCare POE	\$47.55	\$133.12	\$174.34	\$91.81
State BlueCare POS	\$55.74	\$149.87	\$177.88	\$98.65
State Preferred POS*	N/A	N/A	N/A	N/A
Out of Area	\$58.53	\$181.48	\$212.28	\$103.28

Non-Union

Medical Plans	Employee	Employee + 1	Family	FLES**
State BlueCare Prime Plus POS	\$68.62	\$150.96	\$185.28	\$116.65
State BlueCare POE Plus	\$73.29	\$161.25	\$197.89	\$124.60
State BlueCare POE	\$74.86	\$164.70	\$202.13	\$127.27
State BlueCare POS	\$74.11	\$163.05	\$200.11	\$125.99
State Preferred POS*	\$97.82	\$215.20	\$264.12	\$166.29
Out of Area	\$99.15	\$218.13	\$267.71	\$168.56

Dental Plans	Employee	Employee + 1	Family	FLES**
Basic	\$0.00	\$11.11	\$11.11	\$5.70
Enhanced	\$0.00	\$9.58	\$9.58	\$4.91
DHMO	\$0.00	\$3.86	\$5.47	\$2.25

* Closed to new enrollment

** The Family Less Employed Spouse (FLES) rate is available only when both spouses are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least one child. If you are enrolled in the FLES coverage level, both you and your spouse must enroll in order to participate in the Health Enhancement Program.

Frequently Asked Questions

Where can I learn more about what the state health insurance plan covers?

All medical plans offered by the State of Connecticut cover the same services and supplies. For questions, please contact a state Health Navigator: 866-611-8005.

Can I enroll after Open Enrollment or when I'm first eligible for coverage, or switch plans midyear?

The elections you make at Open Enrollment or when you're first eligible for coverage are in effect through June 30, 2021. If you have a qualifying status change, you may be able to change your elections midyear (see page 2).

If you decline coverage now, you may enroll during any future Open Enrollment period or if you experience certain qualifying status changes.

Can I enroll myself in one option and my eligible family member in another?

No. You and the family members you enroll must all have the same medical option and/or the same dental option. However, you can enroll certain family members in medical and different family members in dental. For example, you can enroll yourself and your child for medical, but yourself only for dental. To enroll an eligible family member in a plan, you must enroll as well.

My spouse and I will be eligible for Medicare soon. Should I sign up for Medicare? What else do I need to do?

If you are enrolled in the active health insurance plan as an active employee or a dependent of an active employee, you don't need to sign up for Medicare Part B. The state employee active health plan is primary, and Medicare is secondary as long as you're enrolled as an active employee. This means that Medicare will only pay for services after your employee plan has paid.

Medicare Part A does not typically have a premium cost associated with enrollment.

When you and your spouse (if applicable) cease enrollment in the active employee state plan (i.e., upon retirement), you will have a limited time to sign up for Medicare Part B with no penalty.

How do I know which plan is best for me?

This is a question only you can answer. Each plan offers different advantages. To help choose which plan might be best for you, compare the plan-to-plan features in the chart on pages 6 and 7 for medical and page 14 for dental. You can also contact Health Navigator for help choosing the best medical plan for you and your enrolled family members.

Can my children be covered under my dental plan until age 26, like they can under my medical plan?

The Affordable Care Act extended benefits for children until age 26 only under medical and prescription drug coverage, not dental. Dental coverage ends for dependent children at age 19 (unless they are disabled*).

* For your disabled child to remain an eligible dependent, they must be certified as disabled by your medical insurance carrier before they turn age 19 for dental benefits or age 26 for medical benefits. Contact Anthem's Enhanced Dedicated Member Services team at 800-922-2232 for information.

Do any of the dental plans cover orthodontia for adults?

Yes, the Enhanced plan and DHMO both cover orthodontia for adults up to certain limits. The Enhanced plan pays \$1,500 per person (adult or child) per lifetime. The DHMO requires a copay. The Basic plan does not cover orthodontia for adults or children.

If I participate in HEP, are my regular dental cleanings 100% covered?

Yes, up to two per year. However, if you are in the Enhanced plan, you must use an in-network dentist to get the full coverage. If you go out of network, you may be subject to balance billing (if your out-of-network dentist charges more than the maximum allowable charge). In the DHMO you must use an in-network dentist, or your exam won't be covered at all.