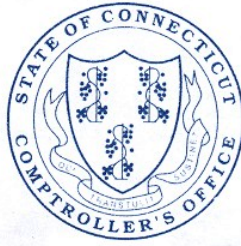


HEALTHCARE COST  
CONTAINMENT COMMITTEE



55 ELM STREET  
HARTFORD, CONNECTICUT  
06106-1775  
Telephone (860) 702-3480  
Facsimile (860) 702-3556

**STATE OF CONNECTICUT**  
HEALTHCARE POLICY & BENEFIT SERVICES DIVISION  
OFFICE OF THE STATE COMPTROLLER

**ATTENTION ADOPTIVE AND FOSTER PARENTS**  
**IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE**  
**BENEFITS**

The State of Connecticut Annual Open Enrollment period is currently in progress. The deadline for changing health insurance is June 20, 2016. An election or change in health insurance made during this open enrollment period will take effect July 1, 2016. You will notice an adjustment on your next bill to account for the new rates.

If you do not respond during this year's Open Enrollment period, your health insurance status will remain unchanged, except that you will be affected by any change in the premium amount for your plan. You will not be able to enroll in, change, or add dependents to a plan during the benefit year other than during this open enrollment period, except under limited circumstances such as a change in your family status.

**What's New for 2016 – 2017**

- **New rates effective 7/1/2016**

If you require more information about a plan, the Health Care Options Planner for State of Connecticut Employee's is available online at [www.osc.ct.gov](http://www.osc.ct.gov).

The **2016 – 2017** adoptive and foster parent rates are listed below. If you would like additional details about a plan, please contact the carrier directly using the toll free telephone number listed in the Planner. Questions regarding Open Enrollment procedures and/or monthly premium billing should be directed to the COBRA Administrator at (800) 433-5436.

If you intend to change your coverage, complete the relevant portions of the enclosed enrollment application and return no later than June 20, 2016 to:

**Anthem Blue Cross & Blue Shield**  
**Attn: COBRA Unit**  
**P.O. Box 719**  
**North Haven, CT 06473-0719**

**Note: The deadline for changing health insurance is June 20, 2016**

**2016-2017 Rates (Adoptive and Foster Parents)**

RATES EFFECTIVE July 1, 2016 – June 30, 2017		Total Rate
Point of Enrollment - Gatekeeper	Employee Only	\$783.05
	Employee +1	\$1,722.71
	Family	\$2,114.23
Point of Enrollment	Employee Only	\$785.65
	Employee +1	\$1,728.43
	Family	\$2,121.25
Point of Service	Employee Only	\$809.74
	Employee +1	\$1,781.43
	Family	\$2,186.30
Anthem Out of Area	Employee Only	\$1,105.33
	Employee +1	\$2,431.73
	Family	\$2,984.39
Preferred	Employee Only	\$1,145.02
	Employee +1	\$2,519.05
	Family	\$3,091.55
HMO	Employee Only	\$583.45
	Employee +1	\$1,283.59
	Family	\$1,575.32
HMO Select	Employee Only	\$632.21
	Employee +1	\$1,390.86
	Family	\$1,706.97
Freedom Select POS	Employee Only	\$662.28
	Employee +1	\$1,457.02
	Family	\$1,788.16
Oxford Out of Area	Employee Only	\$701.54
	Employee +1	\$1,543.39
	Family	\$1,894.16

RATES EFFECTIVE July 1, 2016– June 30, 2017		Monthly Dental Rate
CIGNA Dental HMO	Employee Only	\$27.95
	Employee +1	\$61.49
	Family	\$75.46
CIGNA HealthCare Basic Dental Plan	Employee Only	\$51.58
	Employee +1	\$157.32
	Family	\$157.32
Enhanced Dental Plan	Employee Only	\$44.45
	Employee +1	\$135.57
	Family	\$135.57