Question	Answer
If the SEBAC 2011 tentative agreement is rejected, could retiree health care coverage be changed for current state employees in 2017?	Yes. Not only retiree health care, but the current SEBAC Agreement regarding pension and health care for current employees would have expired and could have changed effective July 1, 2017.
Could the legislature have imposed SustiNet or other health care changes on state employees without consent if the current contract had simply expired in 2017?	Yes. Those who believe, or say they believe, that the SEBAC 2011 agreement allows the legislature to "force SustiNet" on state employees have it precisely backwards. SEBAC 2011 provides that health care changes will not take place without mutual consent between the state and the employee unions for at least five more years, until 2022.
Will state employees who opt out of the Health Enhancement Program (HEP) in SEBAC 2011 have to change doctors?	No. To avoid the $100 monthly premium increase, the $350 annual per person deductible, and potentially take advantage of lower co-pays for office visits and prescription drugs, you add the health enhancement program to your current plan. Nothing else changes including choice of doctors, hospitals or treatments.
Is it true that some local pharmacies will no longer be able to fill prescriptions for state employees if the SEBAC 2011 agreement is ratified?	Only partly. There is a new mandatory mail order program, but it affects only "maintenance medications" – prescription drugs you take for a long period of time. Other medications, like antibiotics for strep throat, will continue to be available through the local pharmacies. Even for maintenance medications, the first order for any prescription will be available at the local pharmacy. Renewals will be delivered by mail to your home, with a 90-day supply available for a single co-pay.
Are prescription drug co-pays for state employees raised under the SEBAC 2011 agreement?	Yes and no because the new agreement raises some drug co-pays and lowers others. Non-maintenance drugs will have their co-pays moderately raised from$5/10/25, to $5/20/35 for generic, preferred brand name, and other brand name drugs. These are the drugs that affect the smallest number of state employee prescriptions. Maintenance drugs costs, which have a far greater impact on state employees, are unchanged by the proposed agreement. Co-pays for the five listed diseases, which affect about 10,000 state employees, are actually lowered to free for generics, $5 for preferred band names, and $12.50 for non-preferred brand names. Diabetes medications remain free to state employees.
Under the Health Enhancement Program, who will decide if a participating state employee is making the best decisions about their own health care?	You, the state employee, along with your doctor, just as you do now. The HEP is an effort to get the most number of state employees the best information about their health status, and assumes that most people, given the right information, will make the best choices.

If there are no treatment requirements for participating state employees, what does the Health Enhancement Program require?	You must sign a written commitment to get the age appropriate physicals and screenings, examples of which are listed in the agreement, and if you have one of five listed illnesses to sign up for disease counseling and education. You do not make any promise, and will not be judged on whether you actually follow any recommended treatment approach or take any particular medication.
What are the penalties for any state employee who chooses not to participate in the Health Enhancement Program?	If you chose not to join the HEP, you will be assessed an additional $100 per month premium share, and $350 per person per year deductible (with a $1400 family maximum). If you join the HEP but then refuse to comply with its requirements after due notice and opportunity to correct it, you will be assessed those same fees. You can rejoin the program and stop the fees and deductible after 30 days simply by coming into compliance with the requirements of the HEP.
Do all covered family members need to comply with the Health Enhancement Program for a participating state employee?	Yes. If you cover them, they need to comply with the rules of the program. But people choosing not to comply will have sufficient notice, an opportunity to appeal or correct their non-compliance before any premium is assessed, and an opportunity to return to the program once they return to compliance.
Can insurance companies play "gotcha" with state employees participating on the Health Enhancement Program to raise their rates?	No. The State is self-insured, so the insurance vendors are simply paid fees to administer our claims. Those fees will be unaffected whether you choose to participate in the HEP or not.
Should state employees be worried the state may try to move them off the HEP to raise their rates?	No. The administrative costs of taking a state employee out of the HEP for a month -- especially since it is subject to an appeal to a neutral arbitrator -- far exceed savings through increased premiums. The State's savings from the HEP are long-term and come from the assumption that most people will make the best health care choices in consultation with their physician.
If a state employee has one of the Health Enhancement Program's five listed diseases, do they have to let a third party make their healthcare choices -- or pay an extra $100 per month?	No. If you have one of the five listed illnesses, and you choose to participate in the HEP, you will get free office visits for your illness and reduced pharmacy co-pays for that illness. You will also get disease counseling and education through programs already administered by our current insurance carriers. But counseling and education means what it says – you will get information about your illness and telephone suggestions from a nurse practitioner connected to the disease counseling and education program. You are not required to follow these -- the decision about what treatment to get is up to you and your doctor. The details are being established.

Why does the Health Enhancement Program require participating state employees to get two dental cleanings?	It's all part of getting you the information necessary to make your best choices. Some research shows that dental cleanings may be more effective than physicals in early detection of certain kinds of oral cancer, and in detection and treatment of periodontal illness linked to heart disease. The SEBAC 2011 agreement lifts the cap on periodontal treatments, and removes the co-pays for the dental cleanings for those state employees electing the HEP.