

Enrolling in the Health Enhancement Program (HEP)

- Go to the following website: www.CTHEP.com
- You will then be directed to the following webpage:

**Welcome to the
State of Connecticut
Employee and Retiree
Health Enhancement Program
On-Line Enrollment**

Below you will be asked to login using your Last Name or Employee ID and the Last 4 Digits of your Social Security Number. Following this login screen you will elect whether you do or do not wish to participate in the State of Connecticut Health Enhancement Program.

Login

→ Last Name

→ Employee ID

Submit

If you are not able to log in, please contact your agency Human Resources or Payroll office.

- Enter the information requested above at the sections marked by the red arrows and click on the “Submit” button
- You will now be directed to the following webpage:

Health Enhancement Program
My Enrollment Information

Full Name

Birthday

Employee Home/Cell Phone Number: Phone number is required, but will only be used for interacting with your medical insurance carrier for health related info. (Due to privacy reasons, work phone numbers are not recommended.)

format: ###-####-####

Optional Contact Email Address (Due to privacy reasons, work email addresses are not recommended.)

Please check that all contact information is correct before submitting.
Check if this information is yours and correctly entered

Submit

submitbutton

- Verify that the Full Name and Birthday that is listed for you at the left-hand side of the screen is correct. If this information is not correct please contact Fred Cratty in the Human Resources Department at 203-837-8665.
- Enter a home or cell phone number and e-mail address as requested.
- Double check the information you are submitting, check the verification box, and then click on the “Submit” button.
- You will now be directed to the following webpage:


Health Enhancement Program

Health Enhancement Program Selection

Program Description

This program is designed to enhance the ability of patients with their doctors to make the most informed decisions about staying healthy, and, if ill, to treat their illness. As is currently the case under the State Health Plan, any medical decisions will continue to be made by the patient and his or her physician.

For additional information on the plan, please click this link to the [2011 SEBAC agreement document](#).



- I will participate in the Health Enhancement Program. I understand I must comply with the requirements outlined in the 2011 SEBAC Agreement.
- I do NOT elect to participate at this time. I understand I will not be given another opportunity to enroll in the Health Enhancement Program until the next year's annual Open Enrollment period.

Consent to Participate

My enrolled spouse and dependents and I agree to participate in the State of Connecticut Health Enhancement program sponsored by my employer, the State of Connecticut. Information regarding my personal health and the health of my dependents will continue to be protected by all applicable state and federal laws and regulations. I and my enrolled dependents agree to comply with the requirements of the program including the applicable schedule of physical examinations, the applicable schedule of preventive screenings and participation in any of the five disease counseling and education programs should I or any dependent be diagnosed with one or more of the five listed chronic diseases (Diabetes, Chronic Obstructive Pulmonary Disorder or Asthma, Hypertension, Hyperlipidemia (high cholesterol), or coronary artery disease (heart disease/heart failure) I understand my participation may be revoked should I not comply with my commitment to the health enhancement program. I understand and agree that my revocation will make me responsible for higher premium co-shares of \$100 per month, a \$350 per participant per year deductible, and would make me ineligible for reductions in the co-pays for certain prescriptions and office visits. I recognize that I am required to sign this authorization as a condition of my participation and the participation of my enrolled dependents, if any, in the Health Enhancement Program.

I accept the terms of the Health Enhancement Program as listed in the open enrollment materials.

Check here to consent

- Once at the above page you need to click the radio dial button next to the option that you are selecting.
- After doing so check the box labeled “Check here to consent” and then click on the “Submit” button at the bottom of the screen.
- You will then be directed to the following webpage:

State of Connecticut Health Enhancement Program

Thank you. Your Participation Election Has
Been Successfully Submitted.

[Click Here for a Printer Friendly Confirmation Statement](#)

- Make sure to click on the “Click Here for a Printer Friendly Confirmation Statement” and print a copy for your records.
- At this point you have completed the necessary election designation and will not have to do so again until the next open enrollment period next year.