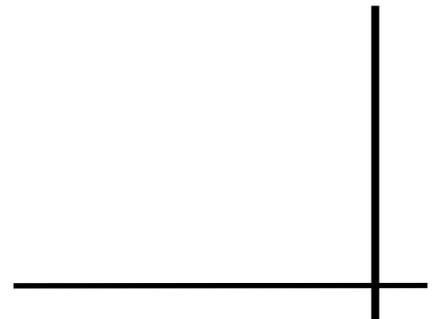


S N A P S H O T: Connecticut's Health Insurance Coverage

*Results of the Office of Health Care Access
2004 Household Survey*



January 2005



S N A P S H O T:

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Results of the Office of Health Care Access 2004 Household Survey

According to the Office of Health Care Access (OHCA) 2004 Household Survey, an estimated 5.8 percent of the state's population, or 196,200 Connecticut residents, are uninsured. The state's uninsured rate has remained fairly stable; OHCA's previous household survey found 5.6 percent of the state's residents were uninsured in 2001.

OHCA's Household Survey was fielded between March and July of 2004 by the University of Connecticut's Center for Survey Research and Analysis (CSRA). It consisted of more than 3,500 telephone interviews of individuals regarding their health insurance coverage, medical costs, and utilization of health care services.

While the survey found that most state residents have health insurance and regularly access the health care system, pockets of uninsurance remain, particularly among certain groups. Low income families, Hispanics, and young adults have a greater chance of being uninsured than others.

The uninsured access the health care system differently than those with coverage. They are less likely to have a regular source of health care services, make fewer physician visits, and are more likely to forego medical care or a prescription when they have an illness or injury.

Mirroring national trends, Connecticut's employment based coverage has declined slightly, while the share of the population obtaining coverage through public programs such as HUSKY (Connecticut's State Children's Health Insurance Program) has increased.

This publication examines Connecticut's uninsured from a variety of perspectives in an effort to study and assess the numerous economic and demographic factors that influence the level of health care coverage in the state.

OHCA's 2004 Household Survey was funded by a State Planning Grant awarded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. These grants assist states in planning health insurance coverage expansions.

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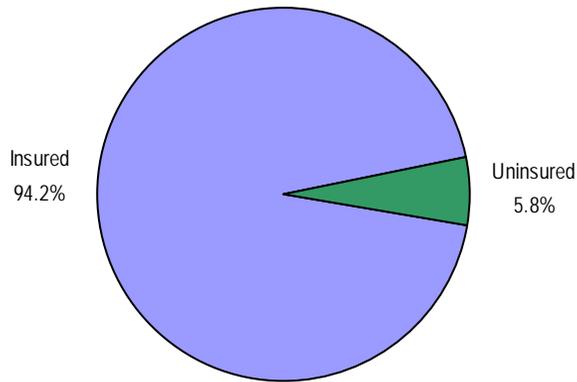
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Health insurance status

Most Connecticut residents have health insurance coverage



Most Connecticut residents have health insurance coverage and the uninsured rate has remained relatively stable since OHCA's previous household survey (estimated at 5.6 percent in 2001).

National surveys such as the U.S. Census Bureau's Current Population Survey (CPS) typically rank Connecticut among the top ten states with the highest rates of insurance coverage.

Health insurance status

Insurance Status	Share of People (%)	95% Confidence Interval*		Estimated People**	95% Confidence Interval*	
		Lower	Upper		Lower**	Upper**
Insured for the entire preceding year	90.6%	89.6%	91.6%	3,063,900	3,031,400	3,096,600
Currently insured, but had been without coverage in the preceding year	3.6%	3.0%	4.2%	122,000	101,300	142,900
Currently uninsured, but had coverage during the preceding year	2.0%	1.6%	2.5%	68,100	52,600	84,000
Uninsured for the entire year	3.8%	3.2%	4.4%	128,200	106,600	149,200
Total intermittently insured***	5.6%	4.9%	6.4%	190,100	164,600	216,100
Uninsured at time of survey	5.8%	5.0%	6.6%	196,200	170,000	222,200
Uninsured at any point during the preceding year	9.4%	8.4%	10.4%	318,300	285,600	350,800

*The 95 percent confidence interval provides a range of estimates, suggesting that if this survey were repeated 100 times, the share of people uninsured at the time of the survey would range from 5.0 percent to 6.6 percent.

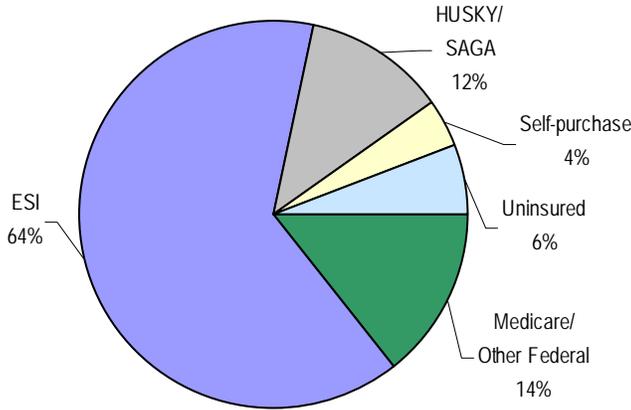
**Rounded to nearest hundred.

***Those who had been both insured and uninsured during the past twelve months.

Health insurance coverage can be examined in different ways. In this report, “uninsured” refers to those without coverage at the time of the survey. This is often referred to as a “point-in-time” estimate. While OHCA’s point-in-time estimate is 5.8 percent (or 196,200 people), an estimated 318,300 people did not have insurance at some point during the preceding year.

Sources of health insurance coverage

Most Connecticut residents have employer sponsored insurance (ESI)

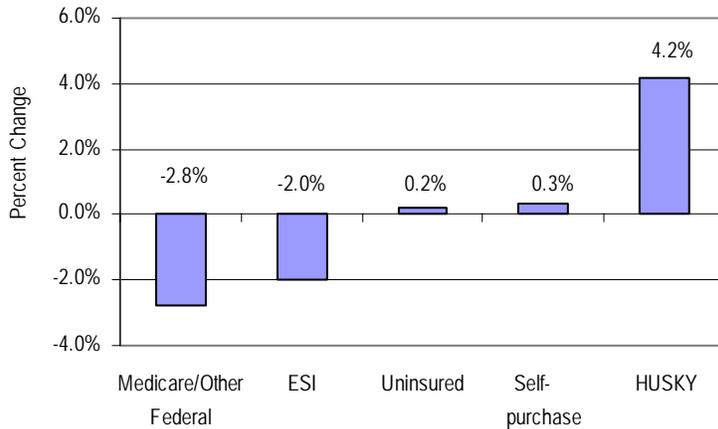


Nearly two-thirds of Connecticut residents have health insurance through an employer (ESI).

More than one-quarter have public coverage, including Medicare, HUSKY (the state Medicaid program), or State Administered General Assistance (SAGA).

A number of Medicare recipients also receive health benefits through a former employer.

The share of people with HUSKY has increased since 2001, while the share of people with ESI has declined



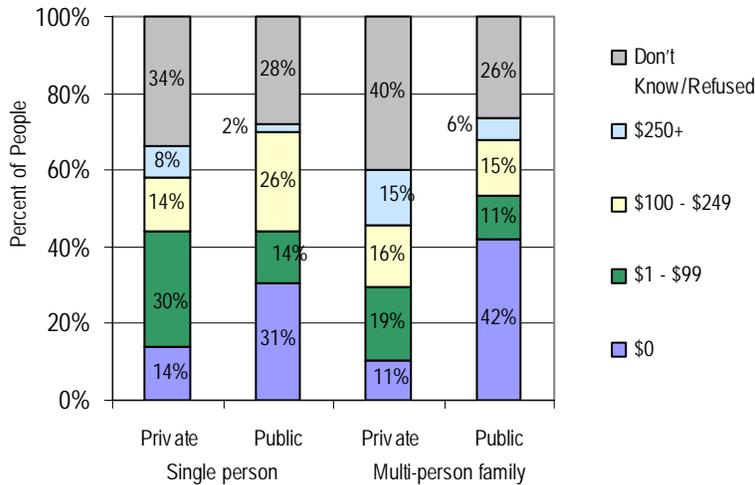
ESI and Medicare/Other Federal coverage has declined since OHCA's 2001 Household Survey.

In Connecticut, declines in ESI were largely offset by increased HUSKY enrollment, helping to keep the state's uninsured rate relatively stable.

ESI declined nationally as well, but increased public insurance enrollment limited the erosion of health insurance coverage overall.

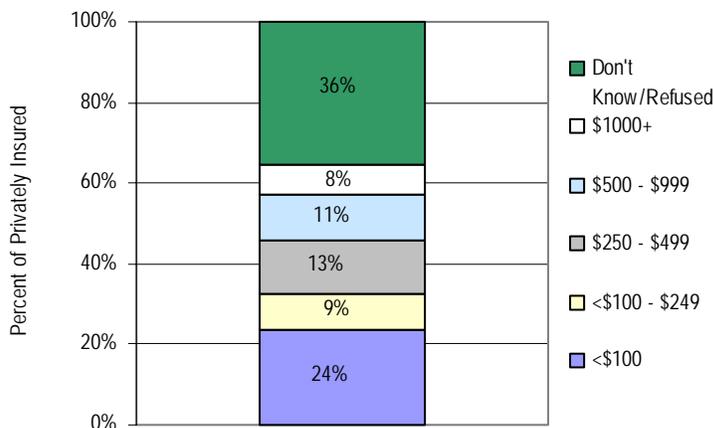
What do people pay for health insurance?

Monthly health insurance premiums for single and multiple person coverage



Not surprisingly, people with private health insurance have higher monthly premiums than those with public coverage. In fact, a large share of those with public coverage do not pay a monthly premium. Similarly, people in multi-person families also pay more per month than single people, most likely because they may have dependent/family coverage. OHCA's 2004 Small Employer Survey found that, on average, employees paid \$89 per month for employee only Employer Sponsored Insurance (ESI) and \$266 for dependent/family coverage. Roughly one-third of people do not know how much they pay for health insurance each month.

Deductible for private health insurance coverage

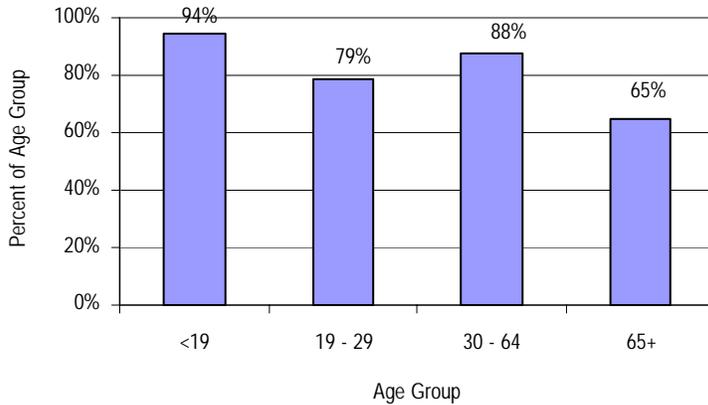


Most privately insured residents have a deductible (62 percent). A sizeable proportion of people do not know the amount of their deductible, again suggesting that people do not have a clear idea of their health coverage costs.

The health insurance deductible for one-quarter of privately insured people is less than \$100, for twenty percent it is between \$100 and \$499, and another twenty percent have a \$500+ deductible.

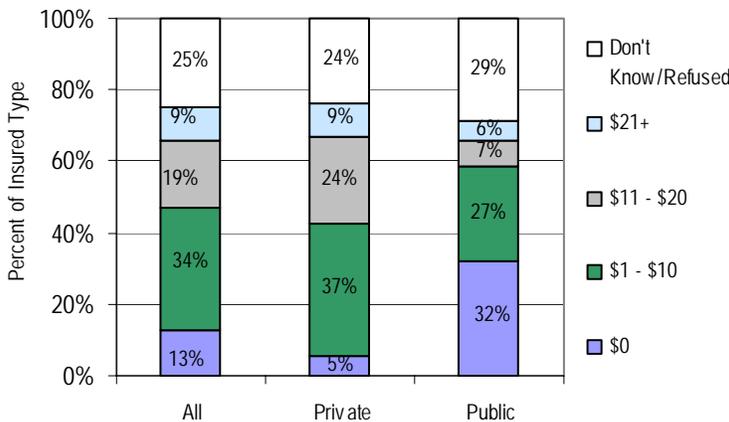
Prescription drug coverage

Senior citizens least likely to have prescription drug coverage



Most Connecticut residents have prescription drug coverage (85 percent), however senior citizens are less likely to be covered.

People with private coverage have higher prescription drug co-payments



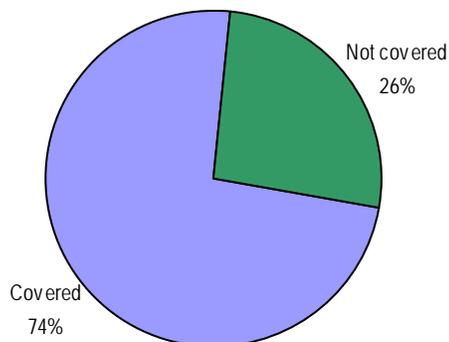
On average, people pay nearly \$15 per prescription out-of-pocket. The most common co-pay for prescription drugs is \$10.

Prescription co-pays differ by the type of coverage:

- Nearly one-third of those with public coverage do not have a co-pay; more than half (59 percent) pay \$10 or less.
- Few people with private coverage do not have a co-pay (5 percent); they pay \$15 per prescription, on average.

Dental insurance

Most people have dental coverage (< age 65)

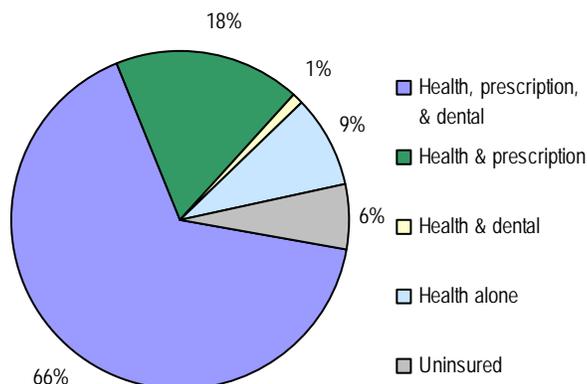


Since 2001, dental coverage among those under age 65 remained relatively steady, falling only slightly (1 percent or approximately 13,000 people).

Dental coverage varies by age as most children (80 percent) and working age adults between 19 and 64 years (72 percent) have dental insurance.

However, less than one-third of senior citizens have dental insurance.

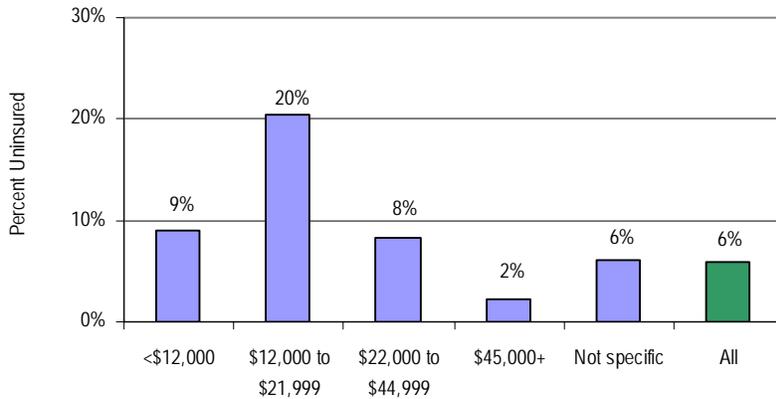
Two-thirds have health insurance, prescription coverage and dental insurance



Two-thirds of Connecticut residents have health insurance along with prescription drug coverage and dental insurance. The disparity between the share of people with health insurance (94 percent) and those with health, prescription and dental coverage (66 percent) is driven by the low percentage of seniors with dental coverage. While nearly all seniors have health insurance, one-third don't have prescription coverage and two-thirds lack dental insurance. Most residents under age 65 have a combination of health, prescription and dental coverage (82 percent).

Family income related to health insurance

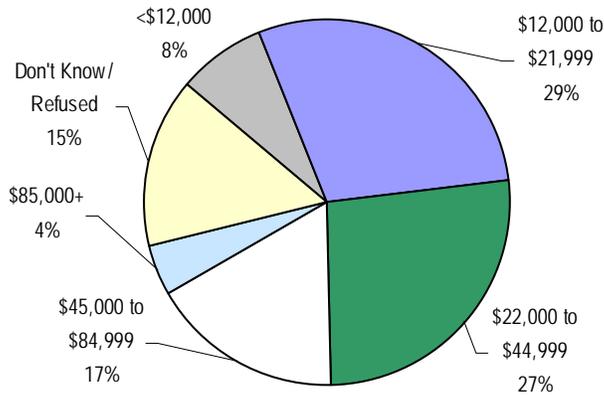
Low income families more likely to be uninsured



Family income is strongly related to health insurance coverage, as poor families are more likely to be uninsured.

However, the poorest families do not have the highest rate of uninsurance. Rather, people earning slightly more (\$12,000 to \$21,999) are more than four and a half times as likely to be uninsured as all others. People in this income bracket may not be able to afford private coverage but may earn too much to be eligible for public coverage (depending upon family size).

A disproportionate share of the uninsured are lower income families

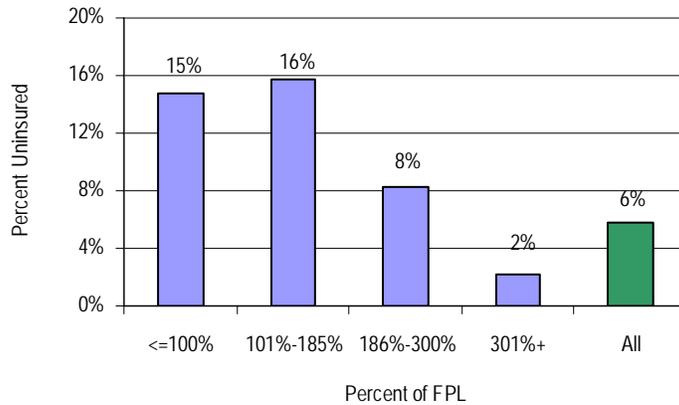


The uninsured are predominantly lower income families. According to OHCA's household survey, less than one-quarter of the uninsured earn as much or more than the median annual Connecticut family income (\$65,000).¹

- *Three quarters of insured lower income families have public health coverage (Medicare, HUSKY, SAGA, TRICARE/CHAMPUS).*

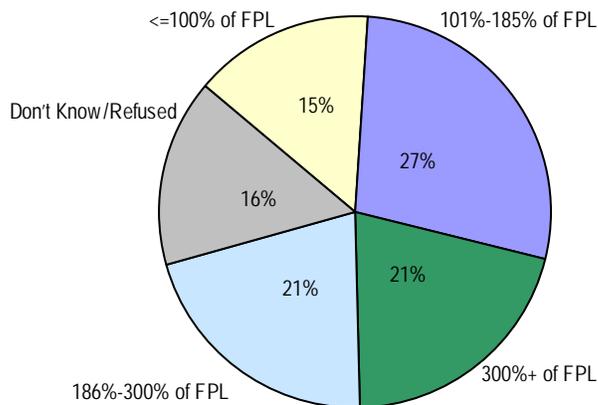
Federal Poverty Level (FPL) a predictor of health insurance status

Families below or near FPL are more likely to be uninsured



FPL is a strong predictor of health insurance coverage, as those earning less than 300% of FPL were five and a half times as likely to be uninsured as those earning above this threshold.

FPL breakdown among the uninsured

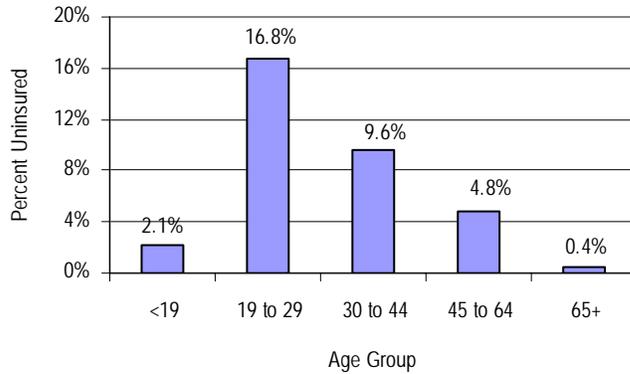


Only one in five uninsured earn more than 300% of the Federal Poverty Level (FPL). In contrast, three of every five insured people earn more than 300% of FPL.

Federal Poverty Level calculated by U.S. Department of Health and Human Services based upon family income and size. This report uses 2003 FPL Guidelines.

Young adults less likely to be covered

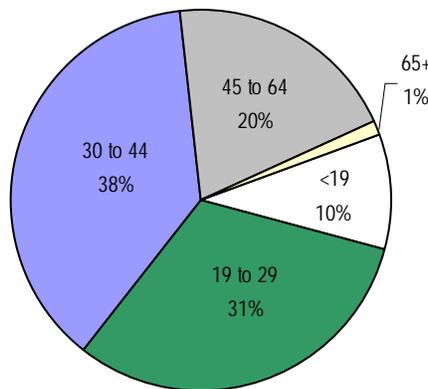
Young adults had the highest likelihood of uninsurance



Compared with all other age groups, young adults (age 19 to 29) are nearly four times as likely to be uninsured, which may be related to various circumstances:

- One third are either full-time students or unemployed
- They are less likely than other working adults to hold a permanent full-time job, which may affect eligibility for employer coverage.
- Two-thirds are single and therefore spousal coverage is not an option.

Over two-thirds of the uninsured were younger working age adults

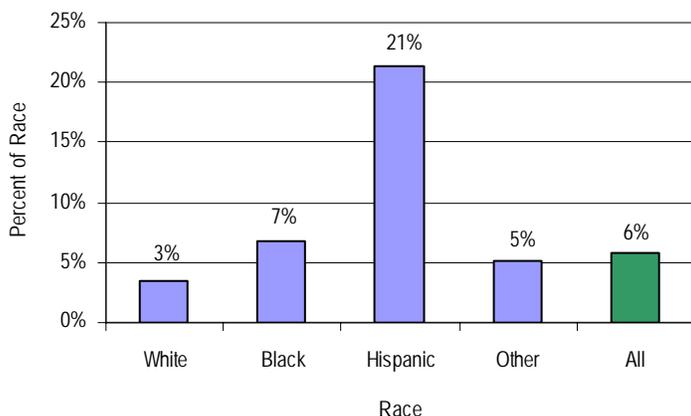


Although young working age adults (19 to 44) comprise just over one-third of Connecticut's population, they account for more than two-thirds of its uninsured.²

Children and the elderly are a relatively small share of Connecticut's uninsured. This may reflect the state's strong system of ESI along with age-specific public programs targeting children (HUSKY) and the elderly (Medicare).

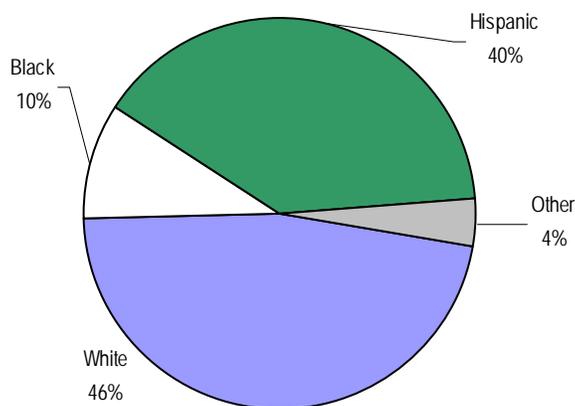
Hispanics disproportionately uninsured

Hispanics have the greatest likelihood of being uninsured



Hispanics are five and a half times more likely to be uninsured as persons from all other ethnic or racial groups. This result reflects a national phenomenon. Hispanics are significantly less likely than non-Hispanics to have health coverage, to have a regular health care provider, and to receive regular preventative care and screenings. As a result, they lose more potential years of life from such things as diabetes, stroke, HIV, and chronic liver disease/cirrhosis.³

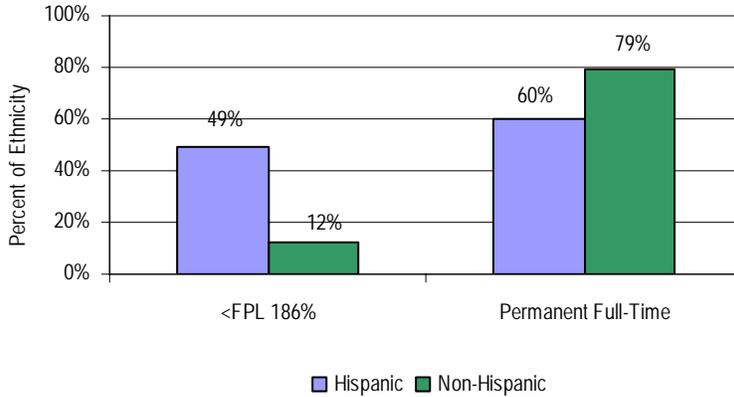
Hispanics are overrepresented among the uninsured



Although Hispanics are 10 percent of Connecticut's total population, they constitute 40 percent of its uninsured. Conversely, non-Hispanic whites comprise 78 percent of Connecticut's population but are less than half of the state's uninsured.⁴

Why are Hispanics disproportionately uninsured?

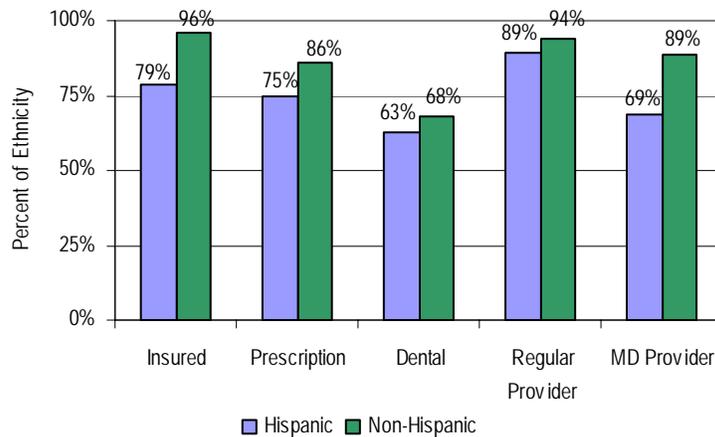
Barriers to coverage: Comparing Hispanics and Non-Hispanics



For Hispanics, family income and employment status are two potential barriers to health insurance coverage.

- According to the survey, nearly half of all Hispanics earn 185% or less of FPL, a range with a high risk for uninsurance.
- Hispanics are less likely to be in a permanent full-time position and therefore less likely to be eligible for ESI.
- Hispanics are more likely to work for an employer who does not offer ESI.

Hispanics access and use health care services less frequently

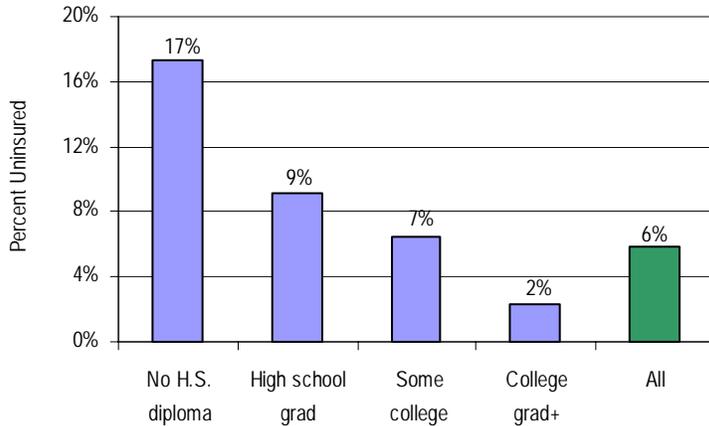


Compared with non-Hispanics, Hispanics are less likely to:

- Have prescription and dental coverage.
- Have a regular health care provider, particularly a physician office.
- Seek needed medical care for a non-emergency illness.
- Have seen a medical professional in the last year.
- Fill a prescription.

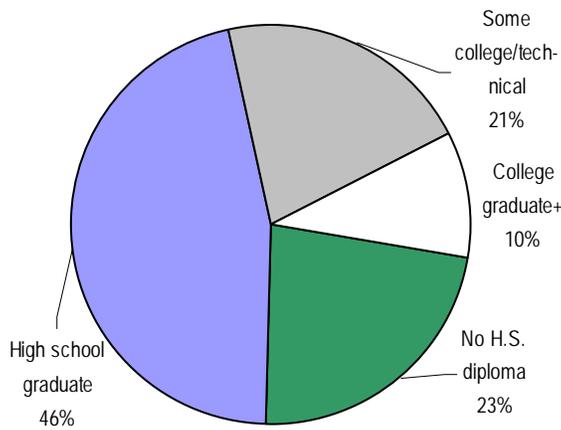
Higher education related to increased coverage

Increased education lowers the risk of being uninsured



Education influences employment opportunities and family income, factors directly related to access to health insurance. The chance of being uninsured declines precipitously as a person's level of education increases. National studies have shown that employers are much more likely to offer high skilled/wage workers ESI in order to attract and retain their services.⁵

More than two-thirds of uninsured adults have a high school diploma or less (Ages 19+)

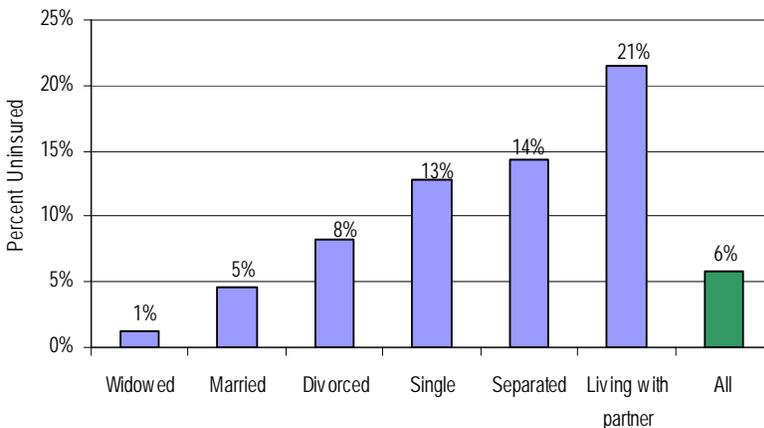


Just under half of Connecticut's adults have a high school diploma or less, yet more than two-thirds of the state's uninsured have that same level of education.⁶

One third of Connecticut's adults have a college degree, however one in every ten of the state's uninsured adults is a college graduate.

Married people have greater access to health insurance coverage

Married and widowed least likely to be uninsured

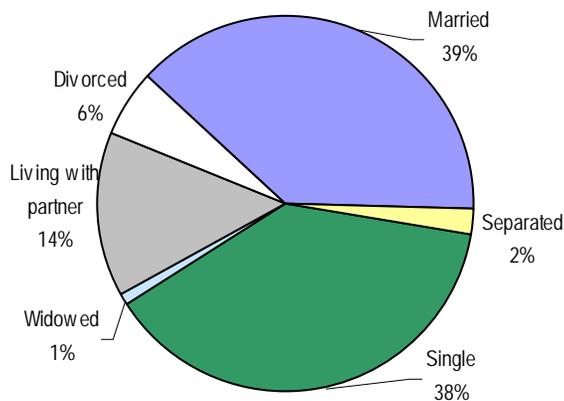


Factors related to likelihood of uninsurance:

- *Singles are least likely to be employed with one third either unemployed or full-time students.*
- *Divorced or separated adults are less likely to have permanent full-time employment and least likely to earn over 300% of FPL.*

Unlike married people, these groups are much less likely to obtain coverage through a partner.

Singles overrepresented among uninsured adults



Although married people are the largest group of uninsured adults, they are a smaller share of the uninsured than of Connecticut's adult population (39 percent versus 55 percent). Conversely, singles (28 percent of adults) are overrepresented among uninsured adults (38 percent).⁷

A demographic profile of the uninsured

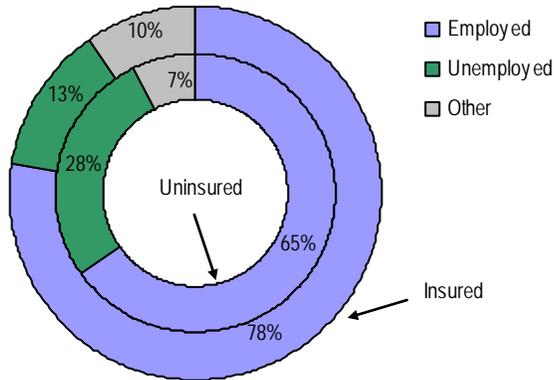
FPL	Race	Age	Share of Uninsured
300%+	White	19 - 34	9.7%
186%-300%	White	35 - 64	8.3%
101% - 185%	Hispanic	19 - 34	8.2%
101% - 185%	Hispanic	35 - 64	6.7%
300%+	White	35 - 64	6.7%
Don't Know/Refused	Hispanic	19 - 34	6.0%
186%-300%	White	19 - 34	5.5%
101% - 185%	White	35 - 64	5.2%
Don't Know/Refused	White	19 - 34	4.6%
101% - 185%	Hispanic	<19	4.3%
<100%	Hispanic	19 - 34	4.2%
All Others			30.6%
TOTAL			100.0%

This chart presents a demographic breakdown of the uninsured. The information contained in a row identifies a subgroup of the uninsured. For example, the first row shows that 9.7 percent of the uninsured earn more than 300 percent of FPL, are white and between the ages of 19 and 34.

The majority of Connecticut's uninsured are young adults, typically below 300% of FPL, and either white or Hispanic. The exceptions include two groups with incomes over 300% of FPL — young white adults age 19 to 34 years (9.7 percent of uninsured) and middle-aged whites (6.7 percent of uninsured).

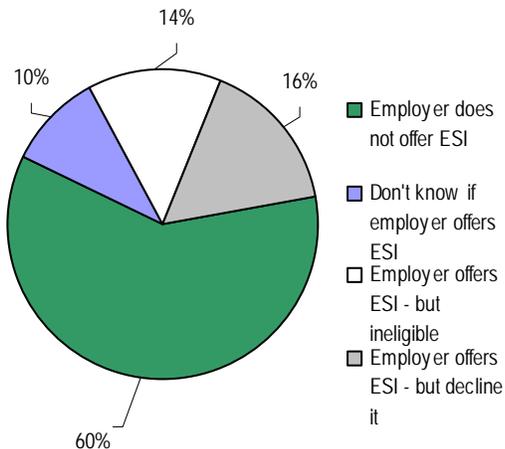
How can the employed be uninsured?

Most uninsured adults are gainfully employed



Nearly two-thirds of all working age uninsured adults are gainfully employed. Since 2001, the share of working uninsured has declined slightly (-2%).

Employers of most working uninsured don't offer ESI

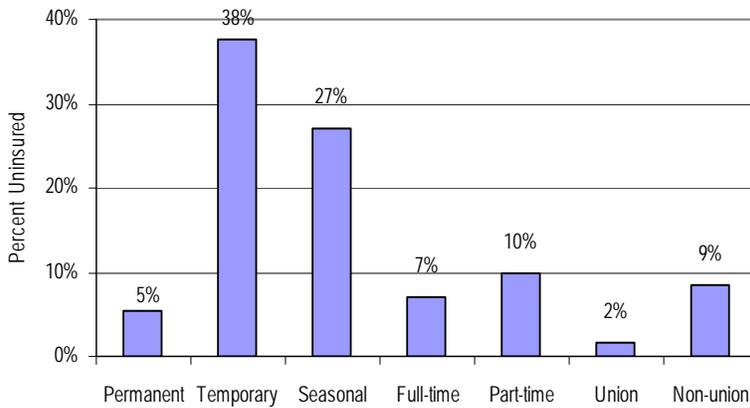


Although ESI in Connecticut is widespread, employment by itself does not guarantee health benefits. Most working uninsured note their employers do not offer ESI (60 percent). For most other uninsured workers, they are either ineligible for their employers' insurance or they decline these health benefits due to cost or because the coverage does not meet their needs.

In contrast to uninsured workers, nearly all insured workers' employers offer ESI (85 percent).

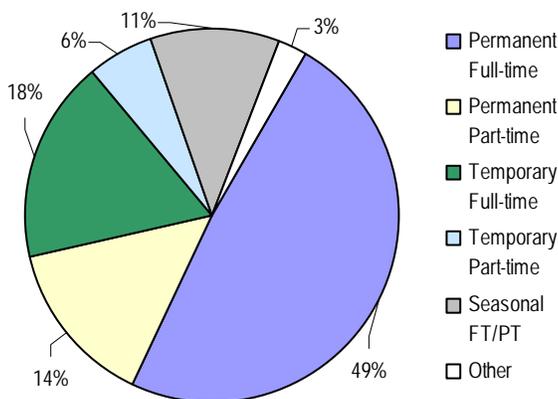
Employment characteristics and health insurance coverage

Temporary, seasonal, part-time, and non-union workers more likely to be uninsured



According to OHCA's survey, temporary, seasonal, part-time, and non-union workers are less likely to have access to ESI than other types or workers. Consequently, more of them are uninsured.

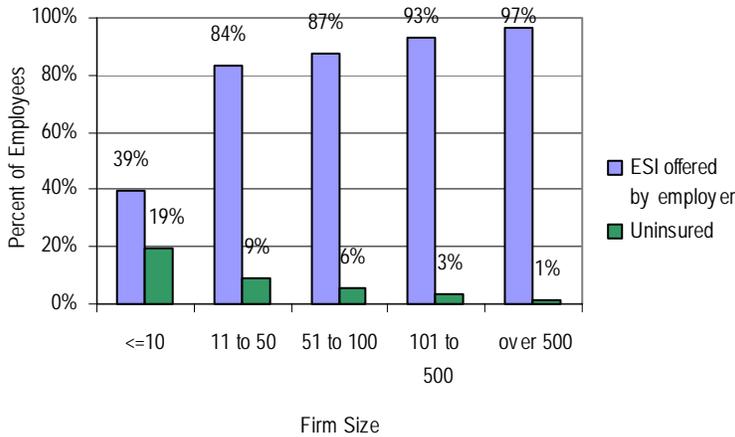
Only half of uninsured workers are in permanent, full-time positions



Half of all uninsured workers are permanent, full-time employees. While three of every four workers holding permanent, full-time positions have health coverage through their employer, only one in four of all other types (part-time, temporary, seasonal, etc.) combined have ESI.

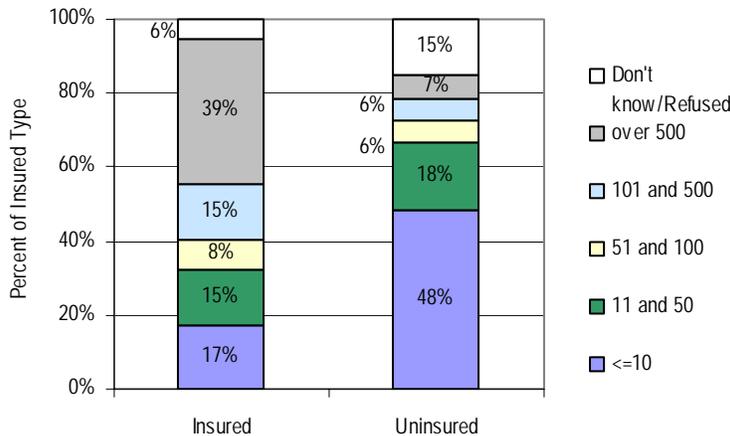
Employer size and insurance coverage

Small firm employees more likely to be uninsured



According to the household survey, the smaller the firm, the less likely it is to offer health benefits and the higher the likelihood its employees will be uninsured. For example, only 39 percent of the state's smallest firm employees report their employers offer health coverage and one in five are uninsured. In contrast, nearly all employees of Connecticut's largest firms work for a company that offers health benefits and are insured.

Nearly half of uninsured workers employed by the smallest firms



One of every two uninsured workers is employed by very small firms (ten or fewer employees), which are significantly less likely to offer ESI. Slightly more than one in four employees in very small firms have ESI through their own employer. In sharp contrast, four out of five employees of larger firms do.

Bringing together employment characteristics to identify the working uninsured

Employment characteristics of the working uninsured

Employment Status	Firm Size	Share of Uninsured Workers
Permanent Full-time	≤10	25.6%
Permanent Full-time	Don't Know	9.1%
Temporary Full-time	≤10	8.3%
Permanent Full-time	50+	8.3%
Temporary Full-time	11 - 50	5.8%
Permanent Full-time	11 - 50	5.0%
Seasonal Full-time	≤10	5.0%
All Others		33.0%

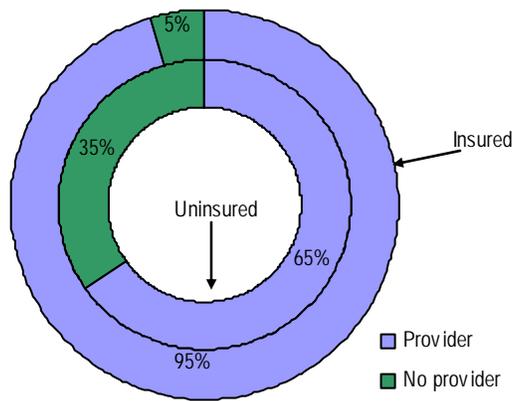
This chart presents a breakdown of the uninsured by employment characteristics. The information contained in a row identifies a subgroup of uninsured workers. For example, the first row shows that 25.6 percent of the uninsured are permanent full-time workers in firms with ten or fewer employees.

One of every four uninsured workers is a permanent, full-time employee of small firm. As previously noted, small firms are less likely to offer ESI. They lack the purchasing power of larger employers and the administrative resources to effectively negotiate lower rates with insurance companies.

Small employers are more likely to experience greater premium volatility from year to year due to medical underwriting practices.

Having a regular health care provider related to insurance coverage

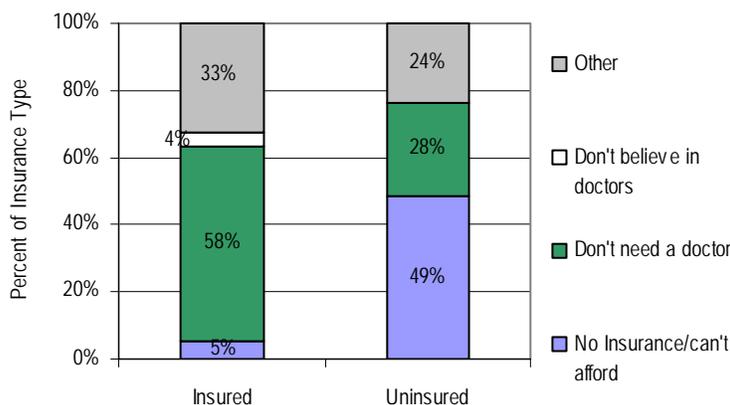
The uninsured are less likely to have a regular health care provider



The uninsured are less likely to have a regular health care provider. Nationally, this has been linked to less frequent preventative care and less continuity of care.⁸

Those with a regular provider made, on average, twice as many physician visits in the last year as those without.

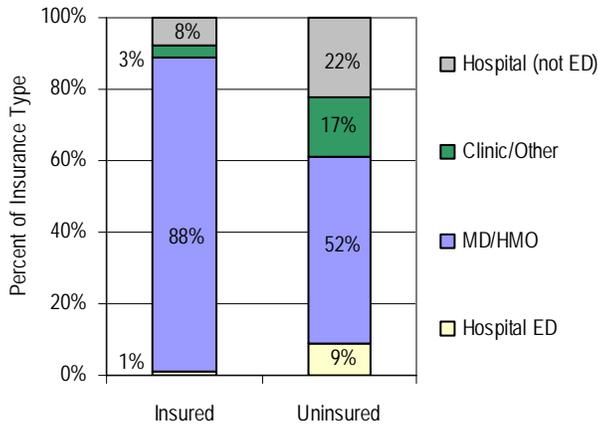
Lack of coverage/cost main reason for not having a regular health care provider



Half of the uninsured who do not have a regular health care provider cite lack of coverage/cost as the main reason for not having a usual source for health care services.

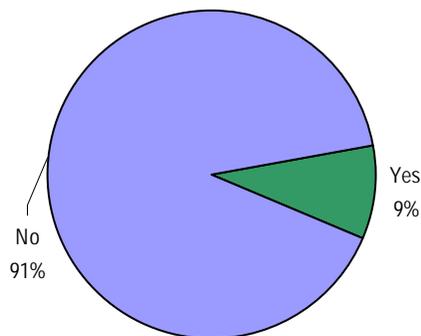
Regular source of health care services

Uninsured are less apt to obtain their medical care in a physician's office



Just over half of the uninsured usually receive their health care services in a physician's office, compared with four of five insured people. Almost one in ten uninsured use the hospital emergency department as their regular source of care. Accessing non-emergency care in an emergency setting is costly and creates resource and financial burdens for providers. It also burdens state government and ultimately taxpayers who provide uncompensated care funds to hospitals treating the uninsured.⁹

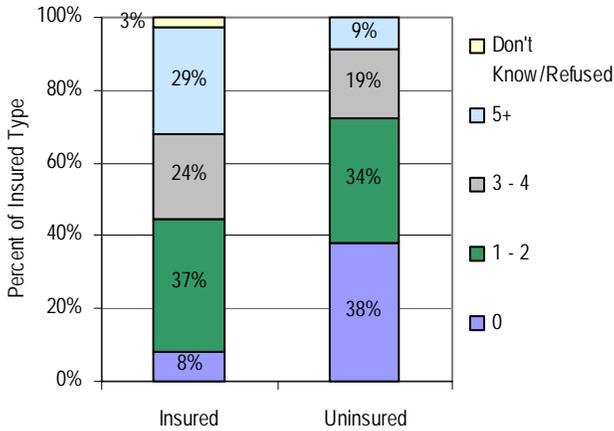
Few insured experience network barriers to health care services



Over the past year, fewer than ten percent of the insured chose not to seek care from a particular health care professional because that provider was outside of their health insurance network.

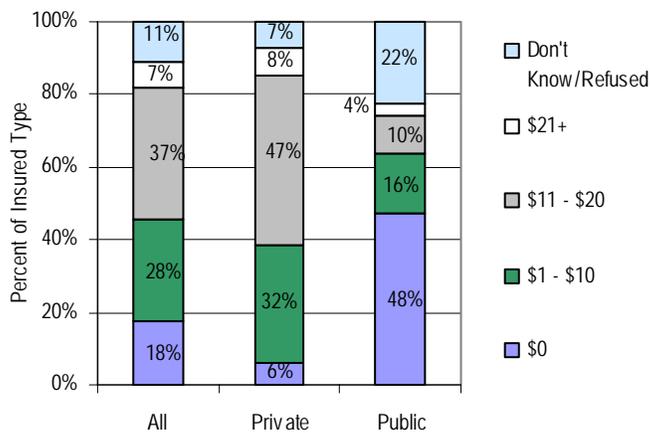
Physician visits

The insured averaged more health provider visits over the last year



Nearly two of every five uninsured did not visit a health care professional during the prior year. Faced with high out-of-pocket costs, the uninsured are more likely to delay care and leave chronic illnesses untreated, leading to poorer health outcomes.¹⁰

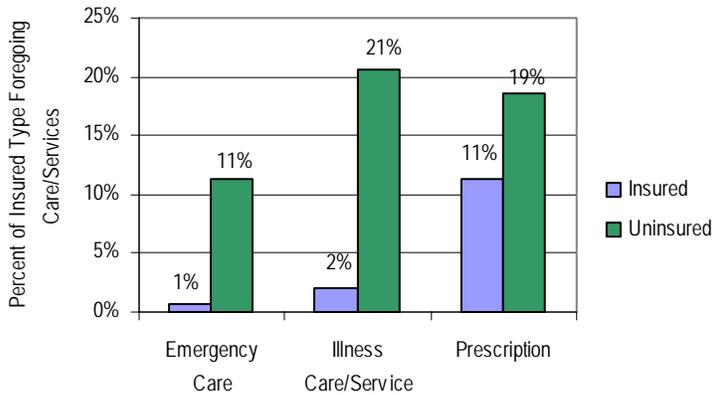
Privately insured have higher physician visit co-payments



On average, the physician visit co-payment for the privately insured is twice that of those with public coverage (\$15 and \$7.50, respectively).

Choosing not to get necessary medical care or prescriptions

Uninsured more likely to forego necessary care or prescriptions



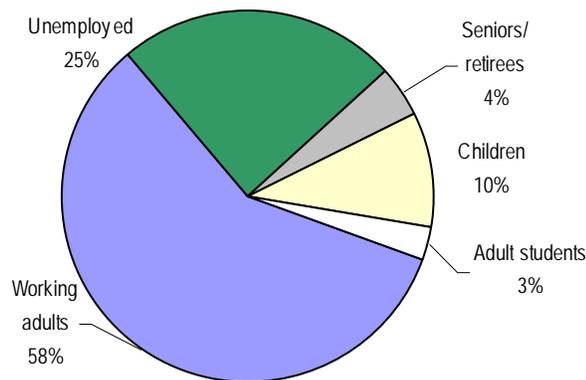
According to the survey, the uninsured are more likely to do without necessary medical care whether for a medical emergency or a non-emergency illness or injury and more likely to not fill a needed prescription.

Refraining from care or prescription drugs may lead to increased severity of illness, poorer health outcomes, and a reduced lifespan. The U.S. loses an estimated minimum of \$65 billion annually in lost productivity from the diminished health of uninsured Americans.¹¹

Summary

Nearly three of every five uninsured Connecticut residents are working adults. Unemployed adults and full-time adult students are other significant portions of the uninsured. Most are uninsured because they do not have access to employer sponsored insurance (ESI), the most common form of coverage among working age adults (74 percent).

The uninsured are predominantly working adults under 65 years



OHCA's 2004 Household Survey also revealed that:

- An estimated 5.8 percent, or 196,200 Connecticut residents, are uninsured.
- Two-thirds of state residents have prescription drug coverage and dental insurance along with health insurance coverage.
- 64 percent have employer sponsored insurance, a slight decline from 2001 (66 percent).
- The share of people with public coverage has increased by two percent since 2001, mostly due to increased HUSKY enrollment.
- Two-thirds of the uninsured are between the ages of 19 and 44.
- Hispanics are disproportionately represented among the uninsured; they are 10 percent of Connecticut's population but 40 percent of the state's uninsured.
- The uninsured are typically working adults, most of whom report their employers do not offer health benefits.
- Nearly half of all uninsured workers are employed by small firms with fewer than 10 employees.
- The uninsured are less likely to have a regular health care provider and to have visited a health professional in the last year. They are more likely to choose not to get needed care for a medical emergency or non-emergency illness or injury.

For technical questions regarding OHCA's 2001 and 2004 Household or Employer Surveys, please contact Michael Sabados at (860) 418-7069 or michael.sabados@po.state.ct.us. For other questions, contact Marybeth Bonadies at (860) 418-7014 or marybeth.bonadies@po.state.ct.us.

ENDNOTES

¹U.S. Census Bureau, Census 2000. The median is a value that splits a sample in half, in this case half of Connecticut families earn less than \$65,000 while half earned more.

²U.S. Census Bureau, 2002 American Community Survey Profile.

³Center for Disease Control, “Health Disparities Experienced by Hispanics – United States,” JAMA 2004 292 (19) 2330-2333.

Center for Disease Control, “Access to Health-Care and Preventive Services Among Hispanics and Non-Hispanics, 2001-2002,” JAMA 2004 292 (19) 2331-2333.

⁴U.S. Census Bureau, 2002 American Community Survey.

⁵Glied, et. al, “The Growing Share of Uninsured Workers Employed by Large Firms,” (The Commonwealth Fund: 2003).

⁶U.S. Census Bureau, Census 2000.

⁷U.S. Census Bureau, 2002 American Community Survey.

⁸Institute of Medicine (2003). Hidden Costs, Value Lost: Uninsurance in America, Washington: National Academies Press.

⁹Ibid.

¹⁰Ibid.

¹¹Ibid.

TECHNICAL NOTES

OHCA’s 2004 Household Survey consisted of 3,519 completed phone interviews of individuals regarding their health insurance coverage, medical costs, utilization of health care services, and demographics. The University of Connecticut Center for Survey Research and Analysis (CSRA) used a random digit dial system to generate a random sample of households in Connecticut. Once contacted, one individual within the household was randomly selected to be the survey subject. The response rate was 35.8 percent (AAPOR RR3).

The survey’s margin of error is 0.8 percent. Therefore, the 95 percent confidence interval for the uninsured estimate (5.8 percent) ranges from 5.0 to 6.6 percent.

The survey was multi-staged comprising a general statewide survey of in which all Connecticut residents were eligible, followed by a more focused sample of Bridgeport, Hartford, New Haven, and Stamford area residents. A post-stratification weight was created to ensure survey results match the demographic characteristics of Connecticut’s civilian non-institutionalized population. Population estimates are generated by a trimmed expansion weight that incorporates the post-stratification weight and generates results based upon the U.S. Census Bureau March 2003 Current Population Survey estimate of Connecticut’s civilian non-institutionalized population (3,382,235).

The survey instrument was designed by the University of Minnesota State Health Access Data Center (SHADAC). SHADAC is funded by the Robert Wood Johnson Foundation to help states collect health insurance information and analyze coverage policy options. Many states have used this survey instrument and their results can be compared. While OHCA has retained much of the SHADAC survey instrument, it has also modified it in order to elicit information more relevant to Connecticut health care access issues. One of the greatest advantages of state surveys over national studies (such as the U.S. Census Bureau’s Current Population Survey) is this ability of states to tailor the survey to obtain the most relevant and timely information.

The survey was also translated into Spanish (“back translation method”) providing Spanish speaking respondents with the option of answering survey question in their primary language. There were 110 surveys completed in Spanish (3.1 percent of total).

LINKS TO OTHER OHCA SURVEY PUBLICATIONS

2004 Small Employer Health Insurance Survey Findings Fact Sheet:
http://www.ct.gov/ohca/lib/ohca/publications/2004_employer_survey_brief11-1_with_banner.pdf

Measuring the Uninsured — Variations in Estimation Methods:
<http://www.ct.gov/ohca/lib/ohca/publications/uninsuredestimatesfinalsingle.pdf>

2001 Medical Expenditure Survey (MEPS) — Employer Based Health Insurance Coverage:
<http://www.ct.gov/ohca/lib/ohca/publications/MEPS.pdf>

Summarizing the Findings of OHCA’s 2001 Household Survey: <http://www.ct.gov/ohca/lib/ohca/publications/CTuninsuredsummary.pdf>
<http://www.ct.gov/ohca/lib/ohca/publications/uninsuredestimatesbrieffinalsingle.pdf>

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