Employee Benefits Overview

State Funded Benefit Plans
- Medical
- Dental
- Life Insurance
- Retirement Plans

Employee Paid Supplemental Benefits
- Life Insurance
- Disability Insurance
- Long Term Care Insurance
- Flexible Spending Accounts
- Auto and Home Insurance
- Retirement Savings
Who is Eligible

- Legally married spouse or civil union partner
- Children to age 26 for medical (end of year) and age 19 for dental (end of month), unless disabled
  - Biological
  - Adopted
  - Step
  - Guardianship (must live with you)
  - Support Ordered

Important:

- You may only enroll dependents who are eligible under the rules of the plan.
- As your family situation changes, be sure that the people you have covered are still eligible.
- It can be a costly oversight if you continue to cover an ineligible person.
Medical & Dental Benefits Information

Effective Date
- First of month following hire date

Changing Your Elections
- Annual open enrollment: Effective July 1 each year

Qualifying Status Change/Life Event:
- Notify HR within 31 days
- Changes effective first of the month following life event date
- Proof documentation required

Life Event Examples
- Marriage
- Divorce/Legal Separation
- Birth/Adoption
- Loss of Coverage through another source
Medical Plan Options

Each medical plan covers the same medical benefits, services and supplies. The differences are: 1) How you access care, 2) the provider networks, and 3) what you pay each paycheck.

<table>
<thead>
<tr>
<th>Medical Plan Options</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Point of Enrollment - Gated (POE-G)** | - Primary care physician required  
- Referrals to specialists  
- Network-based care only |
| **Point of Enrollment (POE)** | - No primary care physician required  
- No referrals to specialists  
- Network-based care only |
| **Point-of-Service (POS)** | - No primary care physician required  
- No referrals to specialists  
- In-Network and Out-of-Network |
| **Out of Area (OOA)** | - Available only to non-CT residents  
- No primary care physician required  
- No referrals to specialists  
- In-Network and Out-of-Network |

*Emergencies under all plans are covered as in-network.*
Medical Carriers

Anthem Blue Cross Blue Shield
- Regional Network (Anthem): CT, MA, RI
- Nationwide Access (Blue Cross Blue Shield)

UnitedHealthcare Oxford
- Regional Network (Oxford): CT, NJ, NY
- Nationwide Network (UHC): Outside CT, NJ, NY

If you do not live/work in the carrier’s regional network, your only option for that carrier is Out of Area.
## 2019-20 Bi-Weekly Medical Paycheck Deductions

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>BARGAINING UNIT EMPLOYEES HIRED ON OR AFTER 7/1/17</th>
<th>NON-BARGAINING UNIT EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMPLOYEE ONLY</td>
<td>EMPLOYEE +1 DEPENDENT</td>
</tr>
<tr>
<td><strong>POE-G</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem</td>
<td>$ 43.92</td>
<td>$ 118.49</td>
</tr>
<tr>
<td>UHC</td>
<td>$ 32.52</td>
<td>$ 87.15</td>
</tr>
<tr>
<td><strong>POE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem</td>
<td>$ 47.08</td>
<td>$ 131.79</td>
</tr>
<tr>
<td>UHC</td>
<td>$ 37.57</td>
<td>$ 105.21</td>
</tr>
<tr>
<td><strong>POS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem</td>
<td>$ 57.56</td>
<td>$ 154.80</td>
</tr>
<tr>
<td>UHC</td>
<td>$ 46.75</td>
<td>$ 125.82</td>
</tr>
<tr>
<td><strong>OUT OF AREA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem</td>
<td>$ 62.77</td>
<td>$ 194.63</td>
</tr>
<tr>
<td>UHC</td>
<td>$ 47.46</td>
<td>$ 129.01</td>
</tr>
</tbody>
</table>

FLES: Available when employee and spouse work for the state and have at least 1 child. One person enrolls in Employee Only coverage and the other enrolls self and child(ren) in FLES. Must be enrolled in same medical plan.
# Highlights of Medical Plans

<table>
<thead>
<tr>
<th>Benefit Features</th>
<th>Both Carriers</th>
<th>Both Carriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POE, POE-G and Out-of-Area In Network</td>
<td>POS In Network</td>
</tr>
<tr>
<td>Outpatient Physician Visits, Walk-in Centers and Urgent Care Centers</td>
<td>$15 co-pay</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No co-payment for preventive care visits and immunizations</td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$250 co-pay²</td>
<td></td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>Preferred: 100% (prior authorization required for diagnostic imaging)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Preferred: 80% (prior authorization required for diagnostic imaging)</td>
<td></td>
</tr>
<tr>
<td>Pre-Admission Testing</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Inpatient Physician</td>
<td>100% (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>100% (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgical Facility</td>
<td>100% (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>100% (if emergency)</td>
<td></td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$15 co-pay, 1 exam per year³</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Individual $350⁴ Family $350 each member⁴ ($1,400 maximum)</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximums</td>
<td>Individual: $2,000 Family: $4,000</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

¹ You pay 20% of the allowable charge plus 100% of any amount your provider bills over the allowable charge.
² Waived if admitted.
³ HEP participants have $15 co-pay waived once every two years.
⁴ Waived for HEP-Compliant Members.
⁵ You pay 40% of the allowable charge plus 100% of any amount your provider bills over the allowable charge.
Cost Savings

<table>
<thead>
<tr>
<th>Preferred Site of Service List</th>
<th>Lower out-of-pocket costs for using Preferred Site of Service or Preferred Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Provider List</td>
<td>Pays you cash rewards for certain procedures performed at high quality locations</td>
</tr>
<tr>
<td>Smart Shopper</td>
<td>Focuses on prevention and the management of chronic conditions</td>
</tr>
<tr>
<td>Health Enhancement Program</td>
<td></td>
</tr>
</tbody>
</table>
If you see an In-Network Specialist designated as PREFERRED PROVIDER: $15 copayment is waived.

Current Specialties Include:
- Allergy & Immunology
- Orthopedic Surgery
- OB/GYN
- Ear, Nose & Throat
- Cardiology
- Rheumatology
- Ophthalmology
- Gastroenterology
- Urology
- Endocrinology

If you receive care at a PREFERRED LAB or IMAGING CENTER: $0 cost to you.

Examples Include:
- X-rays
- MRIs
- Stool Tests
- Bloodwork
- Urine Tests
- CT Scans
Smart Shopper Program

**STEP 1: SHOP**
When your doctor recommends a medical test, service or procedure, call the Personal Assistant Team or visit SmartShopper online to search for a reasonably priced location in your area.

**STEP 2: GO**
Have the procedure at one of the facilities on the SmartShopper list.

**STEP 3: EARN**
Four to six weeks after the procedure, SmartShopper mails a check to your home. No forms. No hassles. It’s that easy.

<table>
<thead>
<tr>
<th>Sample Procedure</th>
<th>Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Surgery</td>
<td>up to $500</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>up to $500</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>up to $250</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>up to $500</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>up to $500</td>
</tr>
<tr>
<td>Knee Replacement</td>
<td>up to $500</td>
</tr>
<tr>
<td>Knee Surgery (Arthroscopic)</td>
<td>up to $250</td>
</tr>
<tr>
<td>Mammogram</td>
<td>up to $50</td>
</tr>
<tr>
<td>Shoulder Surgery (Arthroscopic)</td>
<td>up to $250</td>
</tr>
<tr>
<td>Spinal Fusion</td>
<td>up to $500</td>
</tr>
<tr>
<td>Upper GI Endoscopy</td>
<td>up to $250</td>
</tr>
</tbody>
</table>
Health Enhancement Program (HEP)

Participating Saves you Money
- No added premium cost
- No plan deductible for in-network care
- No out of pocket costs for:
  - Physicals
  - Eye exams once every two years
  - Dental cleanings - up to two per year

Additional incentive for members with:
- Diabetes (Type 1 or 2)
- Asthma or COPD
- Heart disease/heart failure
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Waived co-payment for office visits
- Lower prescription co-pays
- $100 annual compliance payment

Not Participating Costs You Money
- Additional premium cost of $100 per month
- In-network deductible of $350 individual, $1,400 family

New Hires have until December 31st of the year following hire date to be in compliance.
Non-Compliance
- Given notice and opportunity to rectify
- Can re-enroll the start of the next month

HEP information online at www.cthep.com
hr.uconn.edu | hr@uconn.edu | Phone: 860-486-3034
# 2019 HEP Preventive Care Requirements

<table>
<thead>
<tr>
<th>Preventive Screenings</th>
<th>Age</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 5</td>
<td>6-17</td>
<td>18-24</td>
<td>25-29</td>
<td>30-39</td>
<td>40-49</td>
</tr>
<tr>
<td>Preventive Visit</td>
<td>1 per year</td>
<td>1 every other year</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>N/A</td>
<td>N/A</td>
<td>Every 7 years</td>
<td>Every 7 years</td>
<td>Every 7 years</td>
<td>Every 4 years</td>
</tr>
<tr>
<td>Dental Cleanings*</td>
<td>N/A</td>
<td>At least 1 per year</td>
<td>At least 1 per year</td>
<td>At least 1 per year</td>
<td>At least 1 per year</td>
<td>At least 1 per year</td>
</tr>
<tr>
<td>Cholesterol Screening</td>
<td>N/A</td>
<td>N/A</td>
<td>Every 5 years (20+)</td>
<td>Every 5 years</td>
<td>Every 5 years</td>
<td>Every 5 years</td>
</tr>
<tr>
<td>Breast Cancer Screening (Mammogram)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1 screening between age 35-39**</td>
<td>As recommended by physician</td>
</tr>
<tr>
<td>Cervical Cancer Screening (Pap Smear)</td>
<td>N/A</td>
<td>N/A</td>
<td>Every 3 years (21+)</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Dental cleanings are required for family members who are participating in one of the state dental plans

** Or as recommended by your physician

*For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.*
Pharmacy Benefits through Caremark

<table>
<thead>
<tr>
<th>Maintenance and Non-Maintenance Drugs</th>
<th>Tier 1: Preferred Generic</th>
<th>Tier 2: Non-Preferred Generic</th>
<th>Tier 3: Preferred Brand Name</th>
<th>Tier 4: Non-Preferred Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Cost for 30 or 90 Day Supply</td>
<td>$5</td>
<td>$10</td>
<td>$25</td>
<td>$40</td>
</tr>
</tbody>
</table>

- **More Savings**
  - For chronic conditions covered by HEP’s disease education and counseling program:
    - $0 copay for Tier 1 (generic)
    - $5 copay for Tier 2 (preferred)
    - $12.50 copay for Tier 3 (non-preferred)

- **Mandatory 90-Day Supply for Maintenance Medications**
  - Caremark mail order pharmacy, or
  - Maintenance drug network pharmacy

If your physician certifies the brand name drug is medically necessary.
# Dental Plan Options

**BASIC PLAN**
- Any dentist
- No deductible
- Coinsurance based on services
- No annual maximum
  - $500 per person limit on periodontics
- No coverage for orthodontia

**ENHANCED PLAN**
- Network of dentists
- Can use non-network dentists, subject to higher out-of-pocket costs
- $25/$75 annual deductible
- Coinsurance based on services
- Annual maximum $3000/person
- Lifetime orthodontic coverage $1,500 per person

**DENTAL HMO**
- Primary care dentist required
- Referrals to specialists
- In-network services only
- No deductible
- No annual maximum
- Schedule of copayments for services
- Orthodontia is a covered service

Contact Cigna at 1-800-244-6224 or visit cigna.com/stateofct for specific plan details and costs.
# Dental Plan Bi-Weekly Payroll Deductions

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Family</th>
<th>FLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$0</td>
<td>$13.92</td>
<td>$13.92</td>
<td>$7.13</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$0</td>
<td>$11.99</td>
<td>$11.99</td>
<td>$6.14</td>
</tr>
<tr>
<td>Dental HMO</td>
<td>$0</td>
<td>$4.82</td>
<td>$6.84</td>
<td>$2.82</td>
</tr>
</tbody>
</table>

FLES: Available when employee and spouse work for the state and have at least 1 child. One person enrolls in Employee Only coverage and the other enrolls self and child(ren) in FLES. Must be enrolled in same dental plan.
BASIC LIFE INSURANCE (Contributory Plan) | SUPPLEMENTAL LIFE INSURANCE (Employee-Paid)

Basic Life Insurance
- Coverage amount based on salary
- Reduced amount of insurance continued at no cost in retirement

Supplemental Life Insurance
- Available to AAUP, UCPEA and Unclassified Employees
- Must be enrolled in basic life insurance
- Coverage amounts from $5,000 to $50,000

No evidence of good health required if you enroll within 31 days of hire. Effective date is six months following hire date

hr.uconn.edu | hr@uconn.edu | Phone: 860-486-3034
Employee-Paid Supplemental Benefits

**LIFE | DISABILITY | LONG TERM CARE**

**Life Insurance**
- Term Life Insurance through Dearborn National
- Aetna Universal Life Insurance
- VOYA Universal Life Insurance

**Short Term Disability Insurance**
- The Hartford
- Colonial Life Insurance Company
- Lincoln National
- Long Term Disability Insurance through Aetna
- Long Term Care Insurance through TransAmerica

¹ Deadlines for guaranteed issue
More Employee-Paid Supplemental Benefits

**Auto and Homeowner Insurance**
- Metropolitan Casualty & Property Insurance Company & Affiliates
- Liberty Mutual Insurance Company
- Travelers

**Flexible Spending Accounts through Progressive Benefits Solutions**
- Dependent Care Assistance Program
- MEDFLEX
- Must enroll within 31 days of hire date

**Qualified Transportation Account through Progressive Benefits Solutions**

hr.uconn.edu  |  hr@uconn.edu  |  Phone: 860-486-3034
Enrolling in Medical, Dental & Life Insurance

1. HR verifies your hire transaction in State system (Core-CT), which can take up to 10 days
   - HR sends an email to your UConn account notifying you of the system availability and instructions for enrolling
   - A job aid for enrolling in benefits is available at www.ess.uconn.edu

2. You enroll for benefits online using ebenefits in Core-CT
   - Upload proof documents required for dependents you are enrolling
   - A system-generated confirmation statement will be emailed to you after HR processes your enrollment
   - Review the statement and notify HR of any changes within the printed deadline
   - FLES elections cannot be made online; contact HR

3. Carriers mail benefit ID cards to your home
   - Carriers in which you have enrolled in coverage mail ID cards to your home address (listed in Core-CT) including:
     - Medical (Anthem/UHC)
     - Prescription (Caremark)
     - Dental (CIGNA)
   - If you need care prior to receipt of ID cards, contact the carrier directly for ID numbers

4. You review deductions for accuracy
   - Paychecks can be viewed in Core-CT
   - Initial deductions may be higher to make up for missed paycheck deductions
   - Basic and Supplemental Life Insurance deductions will not appear until 6 months following your hire date

Additional Forms to Complete
- Employee Service Information Form
- List any prior State of CT employment
- CO-1300B Retiree Health Fund Form
- US Veteran Status Form
## Retiree Health Benefits

- Employees contribute 3% of pay for 15 years
- Exemptions available for those who have lifetime retiree health benefits through former employment
- Vested in benefit after 15 years of service
  - Under age 65: same medical and dental benefit options as active employees
  - Age 65+ Medicare replacement plan
  - Highly subsidized by State
- Contributions will be refunded to employees who leave State service prior to 15 years, upon request

## Retiree Life Insurance

<table>
<thead>
<tr>
<th>Paid by the State of CT</th>
<th>50% of Basic Life Insurance amount just prior to retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Must be enrolled in Basic Life at time of retirement</td>
<td>- If 25 or more years of service</td>
</tr>
<tr>
<td></td>
<td>- Pro-rated amount if less than 25 years of service</td>
</tr>
</tbody>
</table>
New hires: SERS Tier IV

AAUP, UCPEA, and unclassified employees can waive participation in SERS Tier IV by electing one of the following options:

- Hybrid Tier IV
- Alternate Retirement Program (ARP)
- Teachers’ Retirement (available only to prior members of CT Teachers’ Retirement who have yet to retire)

Postdocs, J1 and F1 visa holders are ineligible for retirement benefits.
SERS Tier IV

Defined Benefit Plan

• Contributory Plan
  • Employees pay 5% pre-tax
  • Hazardous duty employees pay 8% pre-tax
  • Can be increased by up to 2% in years that the state pension fund underperforms
• Funds are professionally managed by State
• Monthly lifetime payments in retirement based on formula (not fund performance):
  • 1.3% x years of service x average earnings (highest 5 years) = annual income starting at normal retirement
• Service purchase opportunities
  • Prior military service
  • Service at CT municipality
  • Full-time service in another state with reciprocity
SERS Tier IV

Defined Benefit Plan

- Added Feature: Defined contribution benefit
  - You contribute 1% that is matched by the State
  - Contributions go into an account at Prudential that you manage
  - Balance becomes available to you at retirement
When you leave state service

- Less than 3 years of service: Refund of your contributions, forfeit state match
- Less than 10 years of service: Refund of your contributions, including state match
- After 10 years of service, but before retirement: Vested right to retirement benefit starting as early as age 58
- Retirement eligibility:
  - Minimum 10 years of service
  - Normal retirement:
    - Age 63 with 25 or more years of service
    - Age 65 with 10 to 25 years of service
  - Early retirement: Age 58
Same as Tier IV with two differences:

1. One-time election to cash out. Payout formula:
   - Your contributions, plus state match of 5% of earnings, plus annual interest of 4%

2. Your contributions are 3% higher
   - Employees pay 8%
   - Hazardous duty employees pay 11%
   - Can be increased by up to 2% in years that the state pension fund underperforms
Alternate Retirement Program (ARP)

**Defined Contribution Plan**

- Your pre-tax contribution, choice of 5% or 6.5%
- State contribution 6.5%
- Immediate vesting
- Account at Prudential that you manage
- Options at retirement
  - Partial or lump-sum withdrawal
  - Systematic withdrawal
  - Annuity
  - Rollover
- If you leave state service with less than 10 years
  - Option to leave in or roll over to new employer plan
- If you leave state service with 10 or more years
  - Must wait until age 55 to access funds
Things to consider:

• Do you anticipate working for the State for 10 or more years?
  • SERS Tier IV and Hybrid requires 10 years to vest
• Do you have service that may be eligible for purchase under the SERS options, such as military time?
• Are you likely to change employment to another State agency?
  • If you become employed by a State agency that is not Higher Education, you will have to change to SERS Tier IV, if not already enrolled
• Do you prefer stability or flexibility?
  • Formula-based payout versus accumulation based on investment performance
  • Monthly payments versus full access to funds
Supplemental Retirement Plans

403(b) & 457

- Pre-Tax Contributions
- Post-Tax Contributions (Roth)
- Convenient payroll deductions
- No State match
Human Resources Contact Information

Depot Campus
9 Walters Ave.
Storrs, CT 06269-5075

Human Resources: 860-486-3034
Fax Line: (860) 486-0378
Email: hr@uconn.edu