What We Will Review Today

• Health Insurance
  • Medical – Prescriptions – Dental
    • Coverage Options
    • Cost
    • Eligibility
    • Effective Date
  • Benefit Enrollment
    • Forms
    • Due Dates
    • Time Frames
  • Life Insurance
  • Retiree Health Benefits

• Supplemental Benefits
  • Insurance
    • Life
    • Short Term Disability
    • Long Term Care
    • Auto and Homeowners
  • Flexible Spending Accounts
  • Qualified Transportation Accounts
  • Additional Saving Plans: Retirement
  • SmartShopper Program
  • Family and Medical Leaves (FMLA)
  • Retirement Plans
Medical Insurance Carriers

**Anthem**
- Regional network: CT, MA, RI
- Nationwide access

**UnitedHealthcare**
- Regional network: CT, NJ, NY (Oxford network, not UnitedHealthcare)
- Nationwide access: UnitedHealthcare network (outside of CT, NJ, NY)

**NOTE:**
You must live or work within a plan’s regional service area to enroll in that plan – even though the plan has a national network
Medical Options

Point of Enrollment-Gated (POE-G)
- Network-based care only except in emergencies
- Primary care physician referrals required

Point-of-Enrollment (POE)
- Network-based care only except in emergencies
- No referrals to specialists required

Point-of-Service (POS)
- In-Network
- Out-of-Network: $300/person deductible, coinsurance
- Emergencies covered as in-network
Preferred “Site of Service” (SOS) Providers

Starting March 1, 2018 the State has identified Preferred SOS Providers of Labs, Radiology & Imaging Services to save State employees money

Preferred SOS Providers:
• SOS Labs, Radiology and Imaging Centers
• Generally community-based providers offering outpatient services
• Deliver high-quality, low-cost services
• Employees have 100% of cost covered ($0 copay)

In-Network Providers that are NOT SOS Providers:
• Employees are charged:
  • 20% of the cost of the service (potentially hundreds of dollars out-of-pocket)
  • $15 copay for services performed during an office visit at physician or specialist’s office

Out-of-Network Providers (not SOS Providers)
• Employees are charged:
  • Up to 40% of the costs for using an out-of-network provider

To Find Preferred SOS Providers:
• Call the Provider directly
• Contact Anthem at https://www13.anthem.com/cp/web/statect/find-a-doctor
• Contact UnitedHealthcare Oxford at https://stateofct.welcometouhc.com

For more information see Frequently Asked Questions at http://www.osc.ct.gov/siteofservice.html
## Highlights of Medical Plans

<table>
<thead>
<tr>
<th>BENEFIT FEATURES</th>
<th>BOTH CARRIERS</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>
<td>POS OUT-OF-NETWORK</td>
</tr>
<tr>
<td>Outpatient Physician Visits, Walk-in Centers and Urgent Care Centers</td>
<td>$15 co-pay</td>
<td>$15 co-pay</td>
<td>$80%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No co-payment for preventive care visits and immunizations</td>
<td>$250 co-pay&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$250 co-pay&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Preferred: 100% (prior authorization required for diagnostic imaging)</td>
<td>$250 co-pay&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$250 co-pay&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Non-Preferred: 80% (prior authorization required for diagnostic imaging)</td>
<td>60%&lt;sup&gt;5&lt;/sup&gt; (prior authorization required for diagnostic imaging)</td>
<td></td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>100%</td>
<td>100%</td>
<td>80%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pre-Admission Testing</td>
<td>100%</td>
<td>100%</td>
<td>80%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Inpatient Physician</td>
<td>100% (prior authorization required)</td>
<td>80%&lt;sup&gt;1&lt;/sup&gt; (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>100% (prior authorization required)</td>
<td>80%&lt;sup&gt;1&lt;/sup&gt; (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgical Facility</td>
<td>100% (prior authorization required)</td>
<td>80%&lt;sup&gt;1&lt;/sup&gt; (prior authorization required)</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>100% (if emergency)</td>
<td>100% (if emergency)</td>
<td></td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$15 co-pay, 1 exam per year&lt;sup&gt;3&lt;/sup&gt;</td>
<td>50%, 1 exam per year</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Individual $350&lt;sup&gt;4&lt;/sup&gt; Family $350 each member&lt;sup&gt;4&lt;/sup&gt; ($1,400 maximum)</td>
<td>Individual: $300 Family: $900</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>Individual: $2,000 Family: $4,000</td>
<td>Individual: $2,000 (plus deductible) Family: $4,000 (plus deductible)</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<sup>1</sup> You pay 20% of the allowable charge plus 100% of any amount your provider bills over the allowable charge.

<sup>2</sup> Waived if admitted.

<sup>3</sup> HEP participants have $15 co-pay waived once every two years.

<sup>4</sup> Waived for HEP-Compliant Members.

<sup>5</sup> You pay 40% of the allowable charge plus 100% of any amount your provider bills over the allowable charge.
Medical Biweekly Paycheck Deductions

Your 2018-2019 Payroll Deductions

Health Enhancement Program Bi-Weekly Payroll Deductions | July 1, 2018 through June 30, 2019 (26 Pay Periods)

If you do not enroll in the Health Enhancement Program, an additional $46.16 will be deducted from your paycheck bi-weekly.
(Employees on semi-monthly pay schedules will have slightly higher deductions.)

<table>
<thead>
<tr>
<th>MEDICAL PLANS</th>
<th>EMPLOYEE UNION</th>
<th>EMPLOYEE NEW HIRE AFTER 2/27</th>
<th>EMPLOYEE NON-UNION</th>
<th>EMPLOYEE +1 UNION</th>
<th>EMPLOYEE +1 NEW HIRE AFTER 2/27</th>
<th>EMPLOYEE +1 NON-UNION</th>
<th>FAMILY UNION</th>
<th>FAMILY NEW HIRE AFTER 2/27</th>
<th>FAMILY NON-UNION</th>
<th>FAMILY +1 UNION</th>
<th>FAMILY +1 NEW HIRE AFTER 2/27</th>
<th>FAMILY +1 NON-UNION</th>
<th>FAMILY +1 FLES** UNION</th>
<th>FAMILY +1 FLES** NEW HIRE AFTER 2/27</th>
<th>FAMILY +1 FLES** NON-UNION</th>
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</thead>
<tbody>
<tr>
<td>Point of Enrollment – Gatekeeper Plans (POE-G)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem State BlueCare POE Plus</td>
<td>$28.99</td>
<td>$40.28</td>
<td>$67.74</td>
<td>$83.84</td>
<td>$108.68</td>
<td>$149.04</td>
<td>$107.72</td>
<td>$138.21</td>
<td>$182.90</td>
<td>$56.38</td>
<td>$75.57</td>
<td>$115.16</td>
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<tr>
<td>UnitedHealthcare Oxford HMO</td>
<td>$21.62</td>
<td>$29.91</td>
<td>$49.72</td>
<td>$61.92</td>
<td>$80.85</td>
<td>$109.39</td>
<td>$79.55</td>
<td>$101.93</td>
<td>$134.25</td>
<td>$41.64</td>
<td>$55.72</td>
<td>$84.53</td>
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<tr>
<td>Point of Enrollment Plans (POE)</td>
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<tr>
<td>Anthem State BlueCare</td>
<td>$31.85</td>
<td>$43.38</td>
<td>$67.98</td>
<td>$95.95</td>
<td>$120.88</td>
<td>$149.56</td>
<td>$127.72</td>
<td>$158.51</td>
<td>$183.54</td>
<td>$64.11</td>
<td>$83.37</td>
<td>$115.56</td>
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<tr>
<td>UnitedHealthcare Oxford HMO</td>
<td>$25.48</td>
<td>$34.51</td>
<td>$54.18</td>
<td>$76.79</td>
<td>$96.66</td>
<td>$119.21</td>
<td>$102.20</td>
<td>$126.59</td>
<td>$146.30</td>
<td>$51.30</td>
<td>$66.65</td>
<td>$92.11</td>
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<tr>
<td>Point of Service Plans (POS)</td>
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<tr>
<td>Anthem State BlueCare</td>
<td>$41.08</td>
<td>$52.78</td>
<td>$70.19</td>
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<td>$161.93</td>
<td>$221.95</td>
<td>$163.98</td>
<td>$189.50</td>
<td>$272.39</td>
<td>$73.54</td>
<td>$93.43</td>
<td>$119.32</td>
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<td></td>
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<tr>
<td>Anthem State Preferred POS*</td>
<td>$98.57</td>
<td>$100.88</td>
<td>$110.18</td>
<td>$287.87</td>
<td>$316.36</td>
<td>$392.29</td>
<td>$358.36</td>
<td>$427.39</td>
<td>$532.29</td>
<td>$197.37</td>
<td>$197.37</td>
<td>$217.50</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>UnitedHealthcare Oxford Freedom Select</td>
<td>$33.44</td>
<td>$42.93</td>
<td>$56.94</td>
<td>$115.52</td>
<td>$115.52</td>
<td>$125.27</td>
<td>$133.47</td>
<td>$153.74</td>
<td>$196.80</td>
<td>$59.85</td>
<td>$75.99</td>
<td>$96.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of Area Plans (OOA)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anthem OOA</td>
<td>$41.08</td>
<td>$52.74</td>
<td>$72.25</td>
<td>$141.93</td>
<td>$178.00</td>
<td>$213.96</td>
<td>$163.98</td>
<td>$208.21</td>
<td>$262.58</td>
<td>$73.54</td>
<td>$101.30</td>
<td>$165.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnitedHealthcare Oxford Out of Area</td>
<td>$35.44</td>
<td>$43.55</td>
<td>$60.53</td>
<td>$115.52</td>
<td>$183.38</td>
<td>$233.38</td>
<td>$133.47</td>
<td>$145.28</td>
<td>$163.44</td>
<td>$59.85</td>
<td>$77.04</td>
<td>$102.91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** The Family Loss Employed Spouse (FLES) rate is available only when both spouses are enrolled in active coverage, eligible for health insurance, and enrolled in the same plan, along with at least one child. For those in FLES, both employees must enroll in order to participate in the Health Enhancement Program.
Health Enhancement Program (HEP)

- **Key Components**
  - Preventive physical examinations
  - Preventive screenings
  - Disease counseling and education programs
  - Must be compliant after first full calendar year of enrollment

- **Election Covers Employees and Covered Family Members**

- **Financial Incentives to Participate**
  - Copayment waived for physicals
  - Two free dental cleanings per year, plus no limit on periodontal care (for covered members enrolled in dental)
  - Disease management: waived office visit copays, reduced prescription drug copays, $100 compliance payment

- **Financial Disincentive for Non-participation/Non-compliance**
  - $100/month premium
  - $350 per person annual deductible ($1,400 family max)

- **Participants Who Are Non-compliant**
  - Given appropriate notice and opportunity to improve
  - Ineligible to re-enroll until start of following month
# 2018 HEP Preventive Care Requirements

<table>
<thead>
<tr>
<th>Preventive Screenings</th>
<th>Age</th>
<th>0-5</th>
<th>6-17</th>
<th>18-24</th>
<th>25-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Visit</td>
<td>1 per year</td>
<td>1 ea</td>
<td>every other year</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
<td>Every 3 years</td>
<td>Every 2 years</td>
<td>Every year</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 7 years</td>
<td>Every 4 years</td>
<td>50-64: Every 3 years 65+: Every 2 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>
<td>At least 1 per year</td>
<td></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>
<td>Every 2 years</td>
<td></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>
<td>As recommended by physician</td>
<td></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>
<td>Every 3 years to age 65</td>
<td></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>
<td>N/A</td>
<td>Colonoscopy every 10 years or Annual FIT/FOBT to age 75</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.
**HEP-Counseling, Education & Incentives**

- **Disease Counseling and Education Programs**
  - Diabetes, both Type 1 and 2
  - Heart failure/heart disease
  - Hypertension
  - Asthma and COPD
  - Hyperlipidemia

- **Health Care Counselor**
  - Current strategies to control the disease
  - Written materials
  - Online resources

- **Financial Incentives**
  - Office visit copayments waived/rebated
  - Prescription drug copayments reduced: $0/5/12.50 (waived for prescribed diabetes drugs)
  - $100 cash payment for compliance in disease management program
## Pharmacy Benefits through Caremark

<table>
<thead>
<tr>
<th>For...</th>
<th>Prescription Co-Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic drug</td>
<td>$5 Preferred</td>
</tr>
<tr>
<td></td>
<td>$10 Non-Preferred</td>
</tr>
<tr>
<td>Brand-name drug</td>
<td>$25 Preferred</td>
</tr>
<tr>
<td></td>
<td>$40 Non-Preferred</td>
</tr>
<tr>
<td>CVS/Caremark Standard Formulary</td>
<td>Prior authorizations to fill certain drugs</td>
</tr>
</tbody>
</table>
| Where filled                                | First 30-day fill can be at any participating pharmacy. After that, choice:  
|                                             | • Caremark mail order pharmacy                           |
|                                             | • Pharmacy that participates in State’s Maintenance Drug Network |

**Note:** Copays for medications to treat chronic conditions under the HEP program:
- Tier 1 (generic): $0
- Tier 2 (preferred): $5
- Tier 3 (non-preferred): $12.50
- $0 for medications and supplies to treat diabetes (Type 1 and Type 2)
# Dental Options through CIGNA

<table>
<thead>
<tr>
<th></th>
<th>Basic Plan (any dentist)</th>
<th>Enhanced Plan (network)</th>
<th>DHMO (network only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$25/individual, $75/family</td>
<td>None</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>None ($500 per person for periodontics)</td>
<td>$3,000 per person (excluding orthodontics)</td>
<td>None</td>
</tr>
<tr>
<td>Exams, Cleanings, and X-rays</td>
<td>Covered at 100%</td>
<td>Covered at 100%$1</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Periodontal$2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maintenance</td>
<td>Covered at 80% (100% if enrolled in HEP)</td>
<td>Covered at 100%$1</td>
<td>Covered$3</td>
</tr>
<tr>
<td>- Rooting Scaling &amp; Planning</td>
<td>Covered at 50%</td>
<td>Covered at 80%</td>
<td>Covered$3</td>
</tr>
<tr>
<td>Simple Restoration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fillings</td>
<td>Covered at 80%</td>
<td>Covered at 80%</td>
<td>Covered$3</td>
</tr>
<tr>
<td>- Oral Surgery</td>
<td>Covered at 67%</td>
<td>Covered at 80%</td>
<td>Covered$3</td>
</tr>
<tr>
<td>Major Restoration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crowns</td>
<td>Covered at 67%</td>
<td>Covered at 67%</td>
<td>Covered$3</td>
</tr>
<tr>
<td>- Dentures, Fixed Bridges</td>
<td>Not covered$4</td>
<td>Covered at 50%</td>
<td>Covered$3</td>
</tr>
<tr>
<td>- Implants</td>
<td>Not covered$4</td>
<td>Covered at 50% (up to $500)</td>
<td>Covered$3</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered$4</td>
<td>Plan pays $1,500 per person per lifetime</td>
<td>Covered$3</td>
</tr>
</tbody>
</table>

1. In the Enhanced plan, be sure to use an in-network dentist to ensure 100% coverage; with out-of-network dentists, you will be subject to balance billing if your dentist charges more than the maximum allowable charge.
2. If enrolled in HEP, frequency limits and cost share are applicable; however, periodontal maintenance and periodontal root scaling & planning do not apply to the annual $500 maximum.
3. Contact CIGNA for patient co-pay amounts.
4. While not covered, you will get the discounted rate on these services if you visit a network dentist, unless prohibited by state law.
<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Family</th>
<th>FLES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>$0.00</td>
<td>$14.20</td>
<td>$14.20</td>
<td>$7.27</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$0.00</td>
<td>$12.24</td>
<td>$12.24</td>
<td>$6.27</td>
</tr>
<tr>
<td>DHMO</td>
<td>$0.00</td>
<td>$4.82</td>
<td>$6.84</td>
<td>$2.82</td>
</tr>
</tbody>
</table>

*Family Less Employed Spouse (FLES) rate is available only when both spouses are employed by the State of Connecticut, eligible for health insurance, and enrolled in the same plan, along with at least one child.
Medical & Dental Information

• **Eligible Dependents**
  - Spouse *(can include civil unions depending on the issuing state)*
  - Dependent children
    - Medical to age 26: Child remains active for entire **year** in which they reach age 26.
    - Dental to age 19: Child remains active for entire **month** in which they reach age 19.
    - No age limit if disabled

• **Effective Date**
  - First of month following hire date/transfer

• **Changing Your Elections**
  - Open enrollment: effective July 1 each year
  - Qualifying status change
  - Defaults to your current coverage if you do not elect a change
Life Insurance

- Basic Life Insurance (Contributory plan)
- Supplemental Life Insurance (Employee pays all)
  - Available to AAUP, UCPEA, Managerial/Confidential, Postdoctoral Fellows and Law School faculty with annual earnings of $45,500 or more
- Administered by Dearborn National
- No Evidence of Good Health Required if you Enroll Within 31 Days of Hire
- Effective Date is Six Months Following Hire Date
- At Retirement, Life Insurance continues at a Reduced Amount at No Cost
Retiree Health Benefits

- Employees Contribute 3% of Pay for First 15 Years of State Service
  - Only exempt if you already have retiree health insurance coverage (proof documents required)
- Vested in Retiree Health Benefits After 15 Years of Actual State Service
  - Retiree health benefits available at retirement
  - For employees who leave prior to early or normal retirement, retiree health insurance commences when age and service equals 75 or more
- Employees Who Leave State Service Prior to 15 Years Can Request a Refund of Contributions

UCONN Human Resources
Supplemental Benefits

- **Life Insurance**
  - Term life insurance through Dearborn National
  - Aetna Universal Life Insurance
  - Voya Universal Life Insurance

- **Short Term Disability Insurance**
  - The Hartford *(only available to those employees enrolled in ARP)*
  - Colonial Life Insurance Company
  - Lincoln National

- **Long Term Disability Insurance through Aetna** for employees enrolled in SERS or Hybrid plans *(coverage already provided at no cost to employees enrolled in ARP)*

- **Long Term Care Insurance through TransAmerica**
Supplemental Benefits (continued)

- **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**

- **Additional Savings Plans for Retirement through Prudential**
  - 403(b), 457, Roth 403(b), Roth 457
• **SmartShopper Program through Vitals SmartShopper**
  - For employees and dependents enrolled in State Medical
  - Select high value, low cost providers, and earn cash rewards

**Providers**
- Search for reward eligible providers at [https://vitalssmartshopper.com](https://vitalssmartshopper.com)

**Cash Rewards**
- Range form $25 - $500 based on provider and service
- Check is mailed after procedure completed

**Partial List of Services**
- Inpatient: Bariatric Surgery, Knee/Hip Replacement
- Outpatient: Knee/Shoulder Arthroscopy
- Outpatient Diagnostic: Colonoscopy, Upper GI Endoscopy
- Radiology: Mammogram, Analog and Digital

**Activate Membership**
- Call PAT (Personal Assistant Team) at 1-844-328-1579
- Visit Website at [https://vitalssmartshopper.com](https://vitalssmartshopper.com)
Family & Medical Leave (FMLA) & Others

- **Family and Medical Leave**
  - Federal FMLA provides up to 12 weeks of leave in a 12 month period for qualifying employees
  - State Family & Medical leave provides for up to 16 weeks of leave in a two year period for qualifying employees
  - Your position is held and you will have a continuation of medical benefits

- **Other Leaves**: Military, Educational, Personal, Voluntary Schedule Reduction, Workers’ Compensation

- **For more information contact Human Resources**
• Personalized enrollment form will be emailed to you at your uconn.edu address (or personal email address or via other arrangements):
  • *Medical election
  • Dental election
  • Life Insurance election

• The email will include a link to the e-Forms packet on the HR website:
  • Employee Service Information
  • US Veteran Status
  • Retiree Health Fund Enrollment Form
  • * Health Enhancement Program Enrollment (HEP)

* If you enroll in Medical, your completed HEP form must accompany your enrollment form or your forms cannot be processed.
Next Steps

• Mail or deliver your forms in person (no email or faxes)
  We need:
  • **Originals** of all your completed forms (single sided);
  • **Copies** of your proof documents (such as a birth certificate or marriage certificate)

• Review Confirmation Statement
  • It will be sent within two weeks following our receipt of your completed paperwork

• Your Medical/Pharmacy/Dental ID cards will be mailed within 30 days following receipt of completed paperwork

*Please note your initial payroll deductions may not match those reflected in the chart due to timing*
Retirement Plans

Employees Ineligible for Retirement Plan
- Postdoctoral Fellows
- J1 or F1 visa holders

State Employees Retirement System (SERS) Tier IV
- Defined benefit plan
- Based on years of service and salary
- Employee contributes 5% (hazardous duty employees contribute 8%). Plus up to an additional 2% for adverse actuarial performance.
- Mandatory 1% contribution to 401a, matched by the State
- Vesting: 10 years service

Options available to AAUP, UCPEA, Managerial/Confidential, Law School Faculty in lieu of SERS
- Alternate Retirement Program (ARP)
- Hybrid Plan
Retirement Plans

Options available to AAUP, UCPEA, Managerial/Confidential, Law School Faculty in lieu of SERS:

Alternate Retirement Program (ARP)
- Defined contribution plan
- Employee contributes 5% or 6.5%, State contributes 6.5%
- Employee directs how monies are invested
- Vesting: immediate
- Administered through Prudential
- Long Term Disability Coverage provided at no cost to employee

Hybrid Plan
- Defined benefit plan with cash out option
- Employee contributes 8%. Plus up to an additional 2% for adverse actuarial performance.
- Mandatory 1% contribution to 401a, matched by the State
- Vesting: 10 years service
- Upon retirement, vested employees have a choice of:
  - SERS benefit or
  - Cash out of employee contributions, matched by employer, plus 4% interest
All new hires are required to make a retirement election on or before their first day of employment.

Decision is irrevocable.