What We Will Review Today

- **Health Insurance**
  - Medical – Prescriptions – Dental
    - Coverage Options
    - Cost
    - Eligibility
    - Effective Date
  - Benefit Enrollment
    - eBenefits Self-Service Module
    - Due Dates
    - Time Lines
- 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

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

- 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

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>
</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>250 co-pay²</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>Preferred: 100% (prior authorization required for diagnostic imaging)</td>
<td>60%³ (prior authorization required for diagnostic imaging)</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>80%¹ (prior authorization required)</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>100% (prior authorization required)</td>
<td>80%¹ (prior authorization required)</td>
</tr>
<tr>
<td>Outpatient Surgical Facility</td>
<td>100% (prior authorization required)</td>
<td>80%¹ (prior authorization required)</td>
</tr>
<tr>
<td>Ambulance</td>
<td>100% (if emergency)</td>
<td>100% (if emergency)</td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$15 co-pay, 1 exam per year³</td>
<td>50%, 1 exam per year</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Individual $350⁴</td>
<td>Individual: $300</td>
</tr>
<tr>
<td></td>
<td>Family $350 each member⁴</td>
<td>Family: $900</td>
</tr>
<tr>
<td></td>
<td>($1,400 maximum)</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximums</td>
<td>Individual: $2,000</td>
<td>Individual: $2,000 (plus deductible)</td>
</tr>
<tr>
<td></td>
<td>Family: $4,000</td>
<td>Family: $4,000 (plus deductible)</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>None</td>
<td>None</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.
# 2019-20 Medical Biweekly Paycheck Deductions

<table>
<thead>
<tr>
<th>HEALTH 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>
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
## 2019 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></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>
<td>Every year</td>
</tr>
<tr>
<td>Vision Exam</td>
<td></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>
<td>50-64: Every 3 years 65+: Every 2 years</td>
</tr>
<tr>
<td>Dental Cleanings*</td>
<td></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>
</tr>
<tr>
<td>Cholesterol Screening</td>
<td></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>
</tr>
<tr>
<td>Breast Cancer Screening (Mammogram)</td>
<td></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>
</tr>
<tr>
<td>Cervical Cancer Screening (Pap Smear)</td>
<td></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 to age 65</td>
<td>Every 3 years to age 65</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></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

Maintenance and Non-Maintenance Drugs

**Same Cost for 30 or 90 Day Supply**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$5</td>
</tr>
<tr>
<td>Tier 2: Non-Preferred Generic</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand Name</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 4: Non-Preferred Brand Name</td>
<td>$40</td>
</tr>
</tbody>
</table>

If your physician certifies the brand name drug is medically necessary.

---

**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)
## 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><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$25/individual, $75/family</td>
<td>None</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>None ($500 per person for periodontics)</td>
<td>$3,000 per person (excluding orthodontics)</td>
<td>None</td>
</tr>
<tr>
<td><strong>Exams, Cleanings, and X-rays</strong></td>
<td>Covered at 100%</td>
<td>Covered at 100%¹</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td><strong>Periodontal²</strong></td>
<td>Covered at 80% (100% if enrolled in HEP)</td>
<td>Covered at 100%¹</td>
<td>Covered³</td>
</tr>
<tr>
<td>- Maintenance</td>
<td>Covered at 50%</td>
<td>Covered at 80%</td>
<td>Covered³</td>
</tr>
<tr>
<td>- Rooting Scaling &amp; Planning</td>
<td>Covered at 80%</td>
<td>Covered at 80%</td>
<td>Covered³</td>
</tr>
<tr>
<td><strong>Simple Restoration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fillings</td>
<td>Covered at 80%</td>
<td>Covered at 80%</td>
<td>Covered³</td>
</tr>
<tr>
<td>- Oral Surgery</td>
<td>Covered at 67%</td>
<td>Covered at 80%</td>
<td>Covered³</td>
</tr>
<tr>
<td><strong>Major Restoration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crowns</td>
<td>Covered at 67%</td>
<td>Covered at 67%</td>
<td>Covered³</td>
</tr>
<tr>
<td>- Dentures, Fixed Bridges</td>
<td>Not covered⁴</td>
<td>Covered at 50%</td>
<td>Covered³</td>
</tr>
<tr>
<td>- Implants</td>
<td>Not covered⁴</td>
<td>Covered at 50% (up to $500)</td>
<td>Covered³</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Not covered⁴</td>
<td>Plan pays $1,500 per person per lifetime</td>
<td>Covered³</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
2019-20 Dental Biweekly Payroll Deductions

**BASIC PLAN**
- **EMPLOYEE ONLY**: $0
- **EMPLOYEE +1**: $13.92
- **EMPLOYEE +FAMILY**: $13.92
- **EMPLOYEE +FLES**: $7.13

**ENHANCED PLAN**
- **EMPLOYEE ONLY**: $0
- **EMPLOYEE +1**: $11.99
- **EMPLOYEE +FAMILY**: $11.99
- **EMPLOYEE +FLES**: $6.14

**DENTAL HMO**
- **EMPLOYEE ONLY**: $0
- **EMPLOYEE +1**: $4.82
- **EMPLOYEE +FAMILY**: $6.84
- **EMPLOYEE +FLES**: $2.82

**CONTACT CIGNA**
Contact Cigna at 1-800-244-6224 or visit cigna.com/stateofct for specific plan details and costs.

¹ For those employees with a spouse who works for the State of CT and is eligible for Health Insurance under a State plan.
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**
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
Supplemental Benefits (continued)

- **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

**Cash Rewards**
- Range from $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
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
Complete Benefit Elections by Deadline

- Notification of access to eBenefits Self-Service module will be emailed to you at your uconn.edu address (or as otherwise designated. Please see Benefit Specialist for assistance):
  - HEP enrollment/waiver election
  - Medical election
  - Dental election
  - Life Insurance election
  - Document Upload for Dependent Proof Documents

- Other Forms attached to be completed:
  - Employee Information Form – listing prior State of CT service (if any)
  - Veteran Status Form
  - CO-1300B Retiree Health Fund Form
Next Steps

- **Review Confirmation Statement**
  - Confirmation will be sent within one week following our receipt of your completed benefits enrollment elections

- **Your Medical/Pharmacy/Dental ID cards will be mailed within 30 days following receipt of completed elections**

  *Please note your initial payroll deductions may not match those reflected in the chart due to retroactive processing*
**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:*

**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

**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
All new hires are required to make a retirement election on or before their first day of employment.

Retirement Plan election is a one-time, irrevocable decision.