Employee Benefits
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, 80/20 coinsurance
- Emergencies covered as in-network
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.
## BIWEEKLY DEDUCTIONS FOR EMPLOYEES ON REGULAR PAYROLL

July 1, 2015 – June 30, 2016

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Empl Only</th>
<th>Empl + 1</th>
<th>Family</th>
<th>FLES*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Point-of-Enrollment – Gated (POE-G)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem State BlueCare POE Plus</td>
<td>$26.81</td>
<td>$ 77.54</td>
<td>$ 99.63</td>
<td>$ 52.14</td>
</tr>
<tr>
<td>United Healthcare Oxford HMO</td>
<td>$20.26</td>
<td>$ 58.01</td>
<td>$ 74.53</td>
<td>$ 39.00</td>
</tr>
<tr>
<td><strong>Point-of-Enrollment (POE)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem State BlueCare</td>
<td>$29.45</td>
<td>$ 88.73</td>
<td>$118.10</td>
<td>$ 59.28</td>
</tr>
<tr>
<td>United Healthcare Oxford HMO Select</td>
<td>$23.76</td>
<td>$ 71.59</td>
<td>$ 95.28</td>
<td>$ 47.82</td>
</tr>
<tr>
<td><strong>Point-of-Service (POS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem State BlueCare</td>
<td>$ 37.93</td>
<td>$131.05</td>
<td>$151.40</td>
<td>$ 67.90</td>
</tr>
<tr>
<td>United Healthcare Oxford Freedom Select</td>
<td>$ 31.09</td>
<td>$107.42</td>
<td>$124.11</td>
<td>$ 55.66</td>
</tr>
<tr>
<td><strong>Out of Area Point-of-Service (POS)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(non-CT residents only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem State Preferred</td>
<td>$ 37.93</td>
<td>$131.05</td>
<td>$151.40</td>
<td>$ 67.90</td>
</tr>
<tr>
<td>United Healthcare Oxford USA</td>
<td>$ 31.09</td>
<td>$107.42</td>
<td>$124.11</td>
<td>$ 55.66</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.
Health Enhancement Program (HEP)

Key components
- Preventive physical examinations
- Preventive screenings
- Disease counseling and education programs

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
## 2015 HEP Preventive Care Requirements

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Birth – Age 5</th>
<th>Age 6 - 17</th>
<th>Age 18 - 24</th>
<th>Age 25 - 29</th>
<th>Age 30 - 39</th>
<th>Age 40 - 49</th>
<th>Age 50+</th>
</tr>
</thead>
<tbody>
<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>
<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 4 years</td>
<td>Age 50-64: Every 3 years Age 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>
</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 3 years</td>
<td>Every 2 years</td>
<td>Every year</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>
</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</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>
</tr>
</tbody>
</table>

*Financial incentive: office visit copayments waived/rebated*

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

**Or as recommended by your physician**
HEP-Counseling, Education & Incentives

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

• **Health Care Counselor** –
  • Explains current strategies to control the disease, provides written materials and info about online resources

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

<table>
<thead>
<tr>
<th>For...</th>
<th>Maintenance Drugs 90-Day Supply</th>
<th>Non-Maintenance Drugs 30-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Generic drug</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Tier 2: Preferred brand-name drug</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 3: Non-preferred brand-name drug</td>
<td>$25 ($10 if your physician certifies the non-preferred brand-name drug is medically necessary)</td>
<td>$35 ($20 if your physician certifies the non-preferred brand-name drug is medically necessary)</td>
</tr>
<tr>
<td>Where filled</td>
<td>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</td>
<td>Participating pharmacies</td>
</tr>
</tbody>
</table>

Note: Copays for medications to treat chronic conditions under the HEP program:
• Tier I (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><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%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td><strong>Periodontal Maintenance</strong></td>
<td>Covered at 80%^2</td>
<td>Covered at 100%</td>
<td>Covered^3</td>
</tr>
<tr>
<td><strong>Simple Restoration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fillings - Oral Surgery</td>
<td>Covered at 80% Covered at 67%</td>
<td>Covered at 80% Covered at 80%</td>
<td>Covered^3 Covered^3</td>
</tr>
<tr>
<td><strong>Major Restoration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crowns - Dentures, Fixed Bridges - Implants</td>
<td>Covered at 67% Not covered^4 Not covered^4</td>
<td>Covered at 67% Covered at 50% Covered at 50% (up to $500)</td>
<td>Covered^3 Covered^3 Not covered</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>Not covered</td>
<td>Plan pays $1,500 per person per lifetime</td>
<td>Covered^3</td>
</tr>
</tbody>
</table>

1. If using 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: No annual maximum on services for periodontal maintenance (2 per calendar year) or scaling and root planing.
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.
# Dental Biweekly Payroll Deductions

**BIWEEKLY DEDUCTIONS FOR EMPLOYEES ON REGULAR PAYROLL**

**July 1, 2015 – June 30, 2016**

<table>
<thead>
<tr>
<th>Plan Type</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>$ 13.94</td>
<td>$ 13.94</td>
<td>$ 7.14</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$ 0.00</td>
<td>$ 11.94</td>
<td>$ 11.94</td>
<td>$ 6.12</td>
</tr>
<tr>
<td>DHMO</td>
<td>$ 0.00</td>
<td>$ 4.55</td>
<td>$ 6.45</td>
<td>$ 2.65</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 (including same-sex), or party to a civil union
- Dependent children
  - Medical to age 26
  - Dental to 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
Life Insurance

• Basic Life Insurance (Contributory plan)

• Supplemental Life Insurance (Employee pay 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

• Continue a reduced amount of life insurance in retirement at no cost
Retirement Plans

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

State Employees Retirement System (SERS) Tier III
- Defined benefit plan
- Based on years of service and salary
- Employee contributes 2% (hazardous duty employees contribute 5%)
- Vesting: 10 years service

Options available to AAUP, UCPEA, Managerial/Confidential, Law School Faculty in lieu of SERS
- Alternate Retirement Program (ARP)
- Hybrid Plan
Alternate Retirement Program (ARP)
- Defined contribution plan
- Employee contributes 5%, State contributes 8% (total 13%)
- Employee directs how monies are invested
- Vesting: immediate
- Administered through Prudential

Hybrid Plan
- Defined benefit plan
- Employee contributes 5%
- Vesting: 10 years service
- Upon retirement, vested employees have a choice:
  - SERS benefit
  - Cash out option: employee contributions, matched by employer, plus 4% interest
Employees with choice have 60 days following hire date to make their election

Decision is irrevocable

Long Term Disability insurance plan automatically provided to ARP participants
Retiree Health Benefits

Employees contribute 3% of pay for first 10 years of state service
  • Only employees with vested retiree health benefits from former employer can waive coverage and contributions

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
Additional Benefits

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

**Retirement Savings:** 403(b), 457, Roth 403(b), Roth 457 through

**Long Term Disability** through Aetna *(for employees enrolled in SERS or Hybrid)*

**Short Term Disability**
- The Hartford *(for employees enrolled in ARP)*
- Colonial Supplemental Insurance Company
- Dearborn National
Additional Benefits

Flexible Spending Accounts
- Dependent Care Assistance Program
- MEDFLEX

Qualified Transportation Account

Long Term Care

Auto and Homeowner Insurance
- Metropolitan Casualty & Property Insurance Company & Affiliates
- Liberty Mutual Insurance Company
- Travelers
Work/Life Connections

It is a constant challenge to balance the many facets of our lives; UConn promotes flexibility in meeting the demands of work and personal life.

The University's Statement on Work/Life Flexibility

It is a constant challenge to balance the many facets of our lives. The University of Connecticut is committed to providing an educational and working environment for students, faculty, and staff that recognizes the demands of study, work, and personal life, and promotes flexibility in meeting these demands. While the University must fulfill its mission of striving for excellence, it is also committed to fostering an environment that is responsive to employees' and students' personal obligations and commitments. Flexibility that does not diminish operating standards and the achievement of academic goals is not only possible, but desirable. The University benefits in improved recruiting and retention, reduced absenteeism, and increased levels of productivity, motivation, and morale, all of which contribute toward excellence.
Complete Forms by Deadline

Personalized enrollment form will be emailed to you at your uconn.edu address:

- Medical election
- Dental election
- Life Insurance election

The email will include a link to the e-Forms packet on the HR website:

- Employee Information and Change Form
- Equal Employment Opportunity Information Sheet
- Voluntary Self-Identification of Disability
- Retiree Health Fund Enrollment Form
- Health Enhancement Program Enrollment
- Designation of Retirement System-Tier-Plan-Beneficiary
- Retirement Credit Purchase Request for Prior Miscellaneous Service
Form Submission & Verification

- Original forms can be mailed or delivered in person and should include copies of proof documents

- Option to schedule appointment with a Benefits Representative

- Review Confirmation Report
  - Mailed within two weeks following receipt of completed paperwork

- Look for Medical/Pharmacy/Dental ID cards
  - Mailed within 30 days following receipt of completed paperwork

- Verify accuracy of payroll deductions