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

hr.uconn.edu | hr@uconn.edu | Phone: 860-486-3034
Medical & Dental Benefits Information

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 | Support Ordered
  › Guardianship (must live with you)

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, including Dental for Postdoctoral Research Associates
- Effective September 1 for Postdoctoral Research Associates for Medical CTPP coverage

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 from State BlueCare

Employees except Postdoctoral Research Associates
- Prime Plus POS
- Point of Enrollment (POE) Plus
- Point of Enrollment (POE)
- Point of Service (POS)
- Out of Area (*available to non-CT residents only*)

Postdoctoral Research Associates
- Connecticut Partnership Plan (CPP)
# Employee Options: Medical Plan Portfolio

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Prime Plus POS</th>
<th>POE Plus</th>
<th>POE</th>
<th>POS</th>
<th>Out of Area (non-CT residents only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Network Coverage</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Primary Care Physician Required</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Referral</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telehealth</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Away from Home Care</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>National Access</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
## Key Benefit Features

<table>
<thead>
<tr>
<th>Benefit Features</th>
<th>Prime Plus POS</th>
<th>POE Plus and POE</th>
<th>POS and Out of Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network with PCP Referral</td>
<td>In-Network w/o PCP Referral</td>
<td>In-Network Only</td>
</tr>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Individual</td>
<td>$0 for HEP compliant members</td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$350 for HEP non-compliant members</td>
<td>$350 for HEP non-compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000</td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$350 for HEP non-compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$0 for HEP compliant members</td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,400 for HEP non-compliant members</td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$4,000</td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
</tr>
</tbody>
</table>

- **Individual**
  - $0 for HEP compliant members
  - $350 for HEP non-compliant members
  - $1,000

- **Family**
  - $0 for HEP compliant members
  - $1,400 for HEP non-compliant members
  - $4,000

- **In-Network**
  - $0 for HEP compliant members
  - $350 for HEP non-compliant members
  - $4,000

- **Out-of-Network**
  - $0 for HEP compliant members
  - $350 per member for HEP non-compliant members to a maximum of $1,400
  - $4,000
## Key Benefit Features

<table>
<thead>
<tr>
<th>Benefit Features</th>
<th>Prime Plus POS</th>
<th>POE Plus and POE</th>
<th>POS and Out of Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network with PCP Referral</td>
<td>In-Network Only</td>
<td>In-Network</td>
</tr>
<tr>
<td>Outpatient Physician Visits, Walk-in Centers</td>
<td>Plan pays 100%</td>
<td>Center of Excellence: Plan pays 100%</td>
<td>Center of Excellence: Plan pays 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preferred Provider: $0 copay</td>
<td>Preferred Provider: $0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Network of Distinction Tier 2 Provider: $15 copay</td>
<td>Network of Distinction Tier 2 Provider: $15 copay</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Diagnostic X-Ray and Lab</td>
<td>Preferred Provider: Plan pays 100%</td>
<td>Preferred Provider: Plan pays 100%</td>
<td>Preferred Provider: Plan pays 100%</td>
</tr>
<tr>
<td></td>
<td>Other location: You pay 20%</td>
<td>Other location: You pay 20%</td>
<td>Other location: You pay 20%</td>
</tr>
<tr>
<td>Inpatient Hospital and Physician</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
</tbody>
</table>
## 2020-21 Bi-Weekly Medical Paycheck Deductions

### Union New Hires (Hired After July 1, 2017)

<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>Employee</th>
<th>Employee 1</th>
<th>Family</th>
<th>Family Less Employed Spouse*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime Plus POS</td>
<td>$38.12</td>
<td>$96.45</td>
<td>$128.66</td>
<td>$64.81</td>
</tr>
<tr>
<td>POE Plus</td>
<td>$43.58</td>
<td>$117.59</td>
<td>$149.53</td>
<td>$81.77</td>
</tr>
<tr>
<td>POE</td>
<td>$47.55</td>
<td>$133.12</td>
<td>$174.34</td>
<td>$91.81</td>
</tr>
<tr>
<td>POS</td>
<td>$55.74</td>
<td>$149.87</td>
<td>$177.88</td>
<td>$98.65</td>
</tr>
</tbody>
</table>

### Non-Union

<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>Employee</th>
<th>Employee 1</th>
<th>Family</th>
<th>Family Less Employed Spouse*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime Plus POS</td>
<td>$68.12</td>
<td>$150.96</td>
<td>$185.28</td>
<td>$116.65</td>
</tr>
<tr>
<td>POE Plus</td>
<td>$73.29</td>
<td>$161.25</td>
<td>$197.89</td>
<td>$124.60</td>
</tr>
<tr>
<td>POE</td>
<td>$74.86</td>
<td>$164.70</td>
<td>$202.13</td>
<td>$127.27</td>
</tr>
<tr>
<td>POS</td>
<td>$74.11</td>
<td>$163.05</td>
<td>$200.11</td>
<td>$125.99</td>
</tr>
<tr>
<td>Out of Area</td>
<td>$99.15</td>
<td>$218.13</td>
<td>$267.71</td>
<td>$168.56</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.

**Important Note:** If you do not enroll in HEP, you pay an additional $46.15 per paycheck for coverage.
Not Participating Costs You Money
- Additional premium cost of $46.15 per paycheck
- In-network deductible of $350 individual to a $1,400 family maximum

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

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

Health Enhancement Program (HEP)

View HEP information online at www.cthep.com
<table>
<thead>
<tr>
<th>Preventive Screenings</th>
<th>Age</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 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>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</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></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 5 years</td>
</tr>
<tr>
<td>Breast 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>As recommended by physician</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>N/A</td>
<td>N/A</td>
<td>As recommended by physician</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>N/A</td>
<td>N/A</td>
<td>Pap smear every 3 years (21+)</td>
<td>Pap smear every 3 years</td>
<td>Pap smear only every 3 years or Pap and HPV combo screening every 5 years</td>
<td>Pap smear only every 3 years or Pap and HPV combo screening every 5 years</td>
<td>Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65</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>Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years</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.)
### State of Connecticut Preferred Lists

#### If you see an In-Network Specialist designated as PREFERRED PROVIDER: $15 copayment is waived.

**Current Specialties Include:**

<table>
<thead>
<tr>
<th>- Allergy &amp; Immunology</th>
<th>- Rheumatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Orthopedic Surgery</td>
<td>- Ophthalmology</td>
</tr>
<tr>
<td>- OB/GYN</td>
<td>- Gastroenterology</td>
</tr>
<tr>
<td>- Ear, Nose &amp; Throat</td>
<td>- Urology</td>
</tr>
<tr>
<td>- Cardiology</td>
<td>- Endocrinology</td>
</tr>
</tbody>
</table>

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

**Examples Include:**

<table>
<thead>
<tr>
<th>- X-rays</th>
<th>- Bloodwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>- MRIs</td>
<td>- Urine Tests</td>
</tr>
<tr>
<td>- Stool Tests</td>
<td>- CT Scans</td>
</tr>
</tbody>
</table>
Networks of Distinction

**Centers of Excellence**
- Highest quality care standards
- Identified with a gold trophy

**Networks of Distinction**
- High quality, cost effective doctors and care locations
- Identified with a silver star

**Earn Cash Incentives for Qualified procedures**
- Cash reward of up to $1,000 (varies by procedure and location)
- Greater incentive when using Center of Excellence
- Travel benefit

Examples of qualified procedures:
- Hip, shoulder and knee surgery
- Bariatric surgery
- Cardiac procedures
- Colonoscopies
- Prenatal care and delivery
Pharmacy Benefits through Caremark

Maintenance and Non-Maintenance Drugs

Same Cost for 30 or 90 Day Supply

- TIER 1: Preferred Generic
  - $5
- TIER 2: Non-Preferred Generic
  - $10
- TIER 3: Preferred Brand Name
  - $25
- TIER 4: Non-Preferred Brand Name
  - $40

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)

Mandatory 90-Day Supply for Maintenance Medications

- Caremark mail order pharmacy, or
- Maintenance drug network pharmacy

hr.uconn.edu | hr@uconn.edu | Phone: 860-486-3034
Where to Find Benefits Information

Centralized online hub dedicated to state health plan

www.carecompass.ct.gov
Concierge Services

Your first & central point of contact for the state health plan

• Questions about medical, pharmacy or dental benefits?
• Find incentive-eligible procedures
• Get help finding a doctor

Phone:
Call (866) 617-8005

Instant Chat:
Look for Health Navigator at CareCompass.CT.gov

CONTACT HEALTH NAVIGATOR

hr.uconn.edu | hr@uconn.edu | Phone: 860-486-3034
Information from Anthem

**WEB & MOBILE PLAN RESOURCES**

[www.anthem.com/statect](http://www.anthem.com/statect) includes details and plan resources associated with your medical benefits through Anthem. You’ll find:

- Find doctors in-network for your plan
- Registration and login links to secure plan information
- Health and wellness programs that are part of your coverage
- Audio/Video tutorials on our new and enhanced digital resources
- Links to FREE community and caregiver support resources
- Many more tools and resources...

Don’t Forget! Your online plan experience will be more personalized and easier when you access and search for information as a registered anthem.com/statect user.

**FIND DOCTORS & PROVIDERS**

Our enhanced Find Care tool makes it easier to find high-quality doctors and other health professionals in your plan.

- Specialties and quality ratings
- **NEW!** Network of Distinction doctors
- Site of Service and Preferred Value Tier 1 Providers
- Side-by-side comparisons of different doctors
- Whether a doctor is accepting new patients
- More intuitive application and more powerful search capabilities

NEED HELP? Go to anthem.com/statect for detailed ‘Find Care’ search tutorials.

**NEW! SYDNEY HEALTH MOBILE APP**

Sydney Health is Anthem’s Mobile App. **Anthem resources in the palm of your hand!**

Register and log-in to:

- Check benefits information and claims details
- Search for doctors, hospitals and other health care professionals in your plan
- View, email and fax your digital ID card
- Seamless access to other resources through our Sydney Care Health Tool

**PLUS --** Sydney Health can suggest resources to help you understand your benefits, improve your health and save money!

More Online Tools:

- Symptom Checker
- Virtual Health Visits
- Aunt Bertha – Help with food, transportation, job training and more.
- Ianacare – FREE app connects you to a personalized caregiver support team that helps you in providing care for your loved one.
# POS Medical Benefit Summary

<table>
<thead>
<tr>
<th>IN NETWORK</th>
<th>CT Partnership Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Office Visit</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Vision Exams (one per calendar year)</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Outpatient Surgical</td>
<td>$10 Co-pay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$25 Co-pay (waived if admitted)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Walk In</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Lab/ X-Ray; High-Cost Radiological &amp; Diagnostic Tests</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Acupuncture (20 visits/year)</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Nutritional Counseling (3 visits/year)</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Physical/Occupational Therapy</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Routine Hearing Screening (as part of an exam)</td>
<td>$15 Co-pay</td>
</tr>
<tr>
<td>Deductible</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Max out of pocket</td>
<td>$2,000 individual / $4,000 family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUT OF NETWORK</th>
<th>CT Partnership Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100 individual / $900 family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20% of allowable UCR charges</td>
</tr>
<tr>
<td>Max Out-of-Pocket</td>
<td>$2,300 individual / $4,900 family</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

## Prescription Coverage

### Maintenance Drugs

<table>
<thead>
<tr>
<th>Maintenance Drugs</th>
<th>Non-Maintenance Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5</td>
</tr>
<tr>
<td>Preferred/Listed Brand Name</td>
<td>$10 $20</td>
</tr>
<tr>
<td>Non-Preferred/Non-Listed Brand Name</td>
<td>$25 $35</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Max out of pocket</td>
<td>$4,600 individual / $9,200 family</td>
</tr>
</tbody>
</table>

*For maintenance drugs, you are required to get 90-day fills at the Maintenance Drug Network.*
# Postdoctoral Research Associates Medical Plan

## 20-21 Biweekly Premiums

<table>
<thead>
<tr>
<th>Plan</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$25.48</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$51.73</td>
</tr>
<tr>
<td>Family</td>
<td>$75.68</td>
</tr>
</tbody>
</table>

Rates are subject to change each year on September 1st and are communicated during the annual open enrollment.
# Dental Plan Options

Cigna is the Dental Carrier for all State of Connecticut Employee Dental Plans

<table>
<thead>
<tr>
<th>BASIC PLAN</th>
<th>ENHANCED PLAN</th>
<th>DENTAL HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>› Any dentist</td>
<td>› Network of dentists</td>
<td>› Primary care dentist required</td>
</tr>
<tr>
<td>› No deductible</td>
<td>› Can use non-network dentists, subject to higher out-of-pocket costs</td>
<td>› Referrals to specialists</td>
</tr>
<tr>
<td>› Coinsurance based on services</td>
<td>› $25/$75 annual deductible</td>
<td>› In-network services only</td>
</tr>
<tr>
<td>› No annual maximum</td>
<td>› Coinsurance based on services</td>
<td>› No deductible</td>
</tr>
<tr>
<td>› No coverage for orthodontia</td>
<td>› Annual maximum $3000/person</td>
<td>› No annual maximum</td>
</tr>
<tr>
<td></td>
<td>› Lifetime orthodontic coverage $1,500 per person</td>
<td>› Schedule of copayments for services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>› Orthodontia is a covered service</td>
</tr>
</tbody>
</table>

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>$11.11</td>
<td>$11.11</td>
<td>$5.70</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$0</td>
<td>$9.58</td>
<td>$9.58</td>
<td>$4.91</td>
</tr>
<tr>
<td>Dental HMO</td>
<td>$0</td>
<td>$3.86</td>
<td>$5.47</td>
<td>$2.25</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
› 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.
Employee-Paid Supplemental Benefits

LIFE | DISABILITY | LONG TERM CARE

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

Short Term Disability Insurance
- The Hartford
- Colonial Life Insurance Company
- Lincoln National

Long Term Disability Insurance through The Hartford
Long Term Care Insurance through TransAmerica

¹ Deadlines for guaranteed issue
More Employee-Paid Supplemental Benefits

**AUTO | HOMEOWNERS | FLEX SPENDING ACCOUNTS | TRANSPORTATION ACCOUNT**

- **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**
# Enrolling in Medical, Dental & Life Insurance

<table>
<thead>
<tr>
<th>HR emails you enrollment instructions</th>
<th>You enroll for benefits online using ebenefits in Core-CT</th>
<th>Carriers mail benefit ID cards to your home</th>
<th>You review deductions for accuracy</th>
</tr>
</thead>
</table>
| › 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 | › 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 | › Anthem for medical/prescription  
 › CIGNA for dental  
 › Contact Health Navigator if services are needed prior to receipt of cards | › 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
- US Veteran Status Form  
- CO-1300B Retiree Health Fund Form
Retirement Benefits

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

Paid by the State of CT
- Must be enrolled in Basic Life at time of retirement

50% of Basic Life Insurance amount just prior to retirement
- If 25 or more years of service
- Pro-rated amount if less than 25 years of service
Retirement Benefits

Retirement Plans

- 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\% \times \text{years of service} \times \text{average earnings (highest 5 years)} = \text{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
SERS Tier IV

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
SERS Tier IV - Hybrid

Defined Benefit Plan

Same as Tier IV with two differences:

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

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

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
Retirement Election

Irrevocable election due by hire date

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

Thomas Shepherd, CRC®
Retirement Counselor | Prudential Retirement
280 Trumbull Street H16E, Hartford, CT 06103
phone: 860.331.3248
email: thomas.shepherd@prudential.com
Website: ctdcp.com
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

hr.uconn.edu  |  hr@uconn.edu  |  Phone: 860-486-3034