Employee Benefits Overview

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

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

- Legally married spouse or civil union partner
- Children to age 26 (end of year) for Medical and to age 19 (end of year) for Dental, 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)
## 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 w/o PCP Referral</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td>Out-of-Network</td>
<td></td>
<td>Out of Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td><strong>Individual</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 for HEP compliant members</td>
<td>$1,000</td>
<td>$0 for HEP compliant members</td>
</tr>
<tr>
<td></td>
<td>$350 for HEP non-compliant members</td>
<td></td>
<td>$350 for HEP non-compliant members</td>
</tr>
<tr>
<td></td>
<td>$0 for HEP compliant members</td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
<td></td>
</tr>
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<td></td>
<td>$350 per member for HEP non-compliant members to a maximum of $1,400</td>
<td>$0 for HEP compliant members</td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td>$1,400 for HEP non-compliant members</td>
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<td>$1,400 for HEP non-compliant members</td>
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<td>$1,400 for HEP non-compliant members</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,400 for HEP non-compliant members</td>
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</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>Out-of-Network</td>
</tr>
<tr>
<td><strong>Outpatient Physician Visits, Walk-in Centers</strong></td>
<td>Plan pays 100%</td>
<td>You pay 30%</td>
<td>You pay 30%</td>
</tr>
<tr>
<td></td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>You pay 30%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>$250 copay</td>
<td>$250 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td><strong>Diagnostic X-Ray and Lab</strong></td>
<td>Preferred Provider: Plan pays 100%</td>
<td>Preferred Provider: Plan pays 100%</td>
<td>You pay 40%</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><strong>Inpatient Hospital and Physician</strong></td>
<td>Plan pays 100%</td>
<td>You pay 30%</td>
<td>You pay 30%</td>
</tr>
<tr>
<td>Feature</td>
<td>POS</td>
<td>POE</td>
<td>POE Plus</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Out-Of-Network Coverage</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Primary Care Physician Required</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialist Referral Required</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Network</td>
<td>State BlueCare</td>
<td>State BlueCare</td>
<td>State BlueCare</td>
</tr>
<tr>
<td>Participates with Hartford Healthcare</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## 2021-22 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>$35.35</td>
<td>$95.06</td>
<td>$121.97</td>
<td>$70.12</td>
</tr>
<tr>
<td>POE Plus</td>
<td>$44.99</td>
<td>$121.38</td>
<td>$154.37</td>
<td>$84.41</td>
</tr>
<tr>
<td>POE</td>
<td>$48.87</td>
<td>$136.82</td>
<td>$179.19</td>
<td>$94.36</td>
</tr>
<tr>
<td>POS</td>
<td>$57.90</td>
<td>$155.69</td>
<td>$184.78</td>
<td>$102.48</td>
</tr>
<tr>
<td>Out-of- Area</td>
<td>$61.42</td>
<td>$190.44</td>
<td>$222.76</td>
<td>$108.38</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>$70.70</td>
<td>$155.55</td>
<td>$190.91</td>
<td>$120.20</td>
</tr>
<tr>
<td>POE Plus</td>
<td>$75.66</td>
<td>$166.46</td>
<td>$204.29</td>
<td>$128.63</td>
</tr>
<tr>
<td>POE</td>
<td>$76.94</td>
<td>$169.28</td>
<td>$207.75</td>
<td>$130.80</td>
</tr>
<tr>
<td>POS</td>
<td>$76.99</td>
<td>$169.38</td>
<td>$207.88</td>
<td>$130.88</td>
</tr>
<tr>
<td>Out of Area</td>
<td>$104.04</td>
<td>$228.90</td>
<td>$280.93</td>
<td>$176.88</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

View HEP information online at www.cthep.com
## 2021 HEP Preventive Care Requirements

<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>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></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 (Mammogram)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1 screening between age 45-49**</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).
If you see an In-Network Specialist designated as PREFERRED PROVIDER: $15 copayment is waived.

Current Specialties Include:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Rheumatology</td>
</tr>
<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>Example</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-rays</td>
<td>Bloodwork</td>
</tr>
<tr>
<td>MRIs</td>
<td>Urine Tests</td>
</tr>
<tr>
<td>Stool Tests</td>
<td>CT Scans</td>
</tr>
</tbody>
</table>
Pharmacy Benefits through Caremark

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>

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.

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

CARE COMPASS

Centralized online hub dedicated to state health plan

www.carecompass.ct.gov
Concierge Services

**HEALTH NAVIGATOR**

**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) 611-8005

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

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

WEB & MOBILE PLAN RESOURCES

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

[For Postdoctoral Research Associates in Partnership]

## In Network

<table>
<thead>
<tr>
<th>Service</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>$0 Co-pay</td>
</tr>
<tr>
<td>Outpatient Surgical</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$35 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</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>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 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>

## Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>CT Partnership Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care (Adult and Child Wellness Exams)</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Gynecologist Wellness</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Mammogram</td>
<td>$0 Co-pay</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

## Out of Network

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

## Prescription Coverage

<table>
<thead>
<tr>
<th>Category</th>
<th>Maintenance Drugs*</th>
<th>Non-Maintenance Drugs</th>
<th>Hepatic Chronic Condition Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5 / $10</td>
<td>$5 / $10</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred/ Listed Brand Name</td>
<td>$25</td>
<td>$25</td>
<td>$5</td>
</tr>
<tr>
<td>Non-Preferred/ Non-Listed Brand Name</td>
<td>$40</td>
<td>$40</td>
<td>$12.50</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>Unlimited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max out of pocket</td>
<td>$4,600 individual / $9,200 family</td>
<td></td>
<td></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

### 2021-2022 Biweekly Premiums

<table>
<thead>
<tr>
<th>Plan Type</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>
<th>TOTAL CARE DENTAL HMO</th>
</tr>
</thead>
</table>
| › Any dentist  
› No deductible  
› Coinsurance based on services  
› No annual maximum  
› No coverage for orthodontia | › 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 | › 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 | › Primary care dentist required  
› Referrals to specialists  
› In-network services only  
› No deductible  
› No annual maximum  
› Coinsurance Structure  
› 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>$12.27</td>
<td>$12.27</td>
<td>$6.29</td>
</tr>
<tr>
<td>Enhanced</td>
<td>$0</td>
<td>$10.37</td>
<td>$10.37</td>
<td>$5.31</td>
</tr>
<tr>
<td>Dental HMO</td>
<td>$0</td>
<td>$4.10</td>
<td>$5.81</td>
<td>$2.39</td>
</tr>
<tr>
<td>Total Care Dental HMO</td>
<td>$0</td>
<td>$5.11</td>
<td>$7.25</td>
<td>$2.99</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.
# 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>
<tbody>
<tr>
<td>› HR verifies your hire transaction in State system (Core-CT), which can take up to 10 days</td>
<td>› Upload proof documents required for dependents you are enrolling</td>
<td>› Anthem for medical/prescription</td>
<td>› Paychecks can be viewed in Core-CT</td>
</tr>
<tr>
<td>› HR sends an email to your UConn account notifying you of the system availability and instructions for enrolling</td>
<td>› A system-generated confirmation statement will be emailed to you after HR processes your enrollment</td>
<td>› CIGNA for dental</td>
<td>› Initial deductions may be higher to make up for missed paycheck deductions</td>
</tr>
<tr>
<td>› A job aid for enrolling in benefits is available at <a href="http://www.ess.uconn.edu">www.ess.uconn.edu</a></td>
<td>› Review the statement and notify HR of any changes within the printed deadline</td>
<td>› Contact Health Navigator if services are needed prior to receipt of cards</td>
<td>› Basic and Supplemental Life Insurance deductions will not appear until 6 months following your hire date</td>
</tr>
</tbody>
</table>

### 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

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

LIFE | DISABILITY

Life Insurance
- Term Life Insurance through Dearborn National¹
- Aetna Universal Life Insurance¹

Short Term Disability Insurance
- The Hartford¹
- Colonial Life Insurance Company¹
- Lincoln National

Long Term Disability Insurance through The Hartford¹

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

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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
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:
   - 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
- Long-Term Disability (LTD) included
- 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