2020-2021 Benefits Open Enrollment
Graduate Assistants, eligible Graduate Interns and eligible Graduate Fellows
August 1, 2020 - August 31, 2020
Change Options

- Enroll for medical and/or dental coverage in which you are not currently enrolled
- Drop medical or dental coverage in which you are currently enrolled
- Change the dependents you cover for medical and/or dental

UCONN
Department of Human Resources
Point-of-Service (POS) Medical Plan

In-Network Benefits – when you use providers who participate in the network:
- No out-of-pocket cost for preventive care
- $15 office visit copayments
- Hospitalization covered at 100%
- Prior authorizations done by providers

Out-of-Network Benefits – when you use providers who do not participate in the network:
- $300 annual deductible
- 80%/20% coinsurance for most covered services
- Prior authorizations the responsibility of member
Medical Carrier and Network

- Regional Network (Anthem) for care received in CT, MA, RI
- Nationwide Network (BlueCross BlueShield) for care received outside of CT, MA, RI
# 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>
</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 | Participating pharmacies |

Participating pharmacies

Department of Human Resources
# Medical Payroll Deductions

<table>
<thead>
<tr>
<th>Per Paycheck Medical Deduction</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$16.67</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$120.00</td>
</tr>
<tr>
<td>You Plus Family</td>
<td>$151.83</td>
</tr>
</tbody>
</table>

**Fall 2020 Deductions:** 5  
- 09/25/2020  
- 10/09/2020  
- 10/23/2020  

**Spring 2021 Deductions:** 7  
- 01/29/2021  
- 02/12/2021  
- 02/26/2021  
- 03/12/2021  
- 01/29/2021  
- 03/26/2021  
- 04/09/2021  
- 04/23/2021

Note: Graduate Fellows will be billed on their fee bill or directly by the Payroll Department.
## Dental Plan through CIGNA

<table>
<thead>
<tr>
<th></th>
<th>State of CT CSN</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50/individual, $150/family</td>
<td>$50/individual, $150/family</td>
</tr>
<tr>
<td>Calendar Year Maximum (Class I, II, III Expenses)</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Class I Expenses – Preventive &amp; Diagnostic Care</td>
<td>Covered at 100% with no deductible</td>
<td>Covered at 100% with no deductible</td>
</tr>
<tr>
<td>Class II Expenses – Basic Restorative Care</td>
<td>Covered at 80% after deductible</td>
<td>Covered at 80% after deductible</td>
</tr>
<tr>
<td>Class III Expenses – Major Restorative Care</td>
<td>Covered at 50% after deductible subject to 12-month waiting period</td>
<td>Covered at 50% after deductible subject to 12-month waiting period</td>
</tr>
<tr>
<td>Class IV Expenses - Orthodontics</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Bleaching</td>
<td>50% after deductible annual maximum is $250 subject to 6-month waiting period</td>
<td>50% after deductible annual maximum is $250 subject to 6-month waiting period</td>
</tr>
</tbody>
</table>

**Note:** When using providers who do not participate in the network, the member is responsible for charges beyond what the plan reimburses.
# Dental Payroll Deductions

## Per Paycheck Dental Deductions

### Fall 2020 Deductions: 5
- 09/25/2020
- 10/09/2020
- 10/23/2020
- 11/06/2020
- 11/20/2020

### Spring 2021 Deductions: 7
- 01/29/2021
- 02/12/2021
- 02/26/2021
- 03/26/2021
- 03/12/2021
- 04/09/2021
- 04/23/2021

## Deductions for Family Members

<table>
<thead>
<tr>
<th>Membership</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Only</td>
<td>$12.83</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$25.66</td>
</tr>
<tr>
<td>Family</td>
<td>$51.33</td>
</tr>
</tbody>
</table>

*Note: Graduate Fellows will be billed on their fee bill or directly by the Payroll Department.*
Medical & Dental Information

Eligible Dependents
- Spouse (including same-sex), or party to a civil union
- Dependent children through the year they reach age 26 for Medical, unless disabled
- Dependent children through the month they reach age 19 for Dental, unless disabled

Effective Date of Open Enrollment Changes
- September 1, 2020

Changing Your Elections
- Open Enrollment: effective September 1 each year
- Qualifying status change/Life Event (Marriage, Birth of Child, Divorce, Loss of Coverage, Death)
Current elections are automatically continued, no action required

Complete online Open Enrollment process only if making changes
- Link available at https://hr.uconn.edu/ga-health-insurance/
- Deadline: August 31, 2020
- Effective date of changes: September 1, 2020

Contact Human Resources with questions
- HR@uconn.edu
- (860) 486-3034