2021-2022 Benefits Open Enrollment
Graduate Assistants, eligible Graduate Interns and eligible Graduate Fellows
April 15, 2021 - May 15, 2021
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
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>
<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>
Medical Payroll Deductions

Per Paycheck Medical Deduction

- You Only: $16.67
- You Plus One: $120.00
- You Plus Family: $151.83

Fall 2021 Deductions: 5
- 09/24/2021
- 10/08/2021
- 10/22/2021
- 11/05/2021
- 11/19/2021

Spring 2022 Deductions: 7
- 01/28/2022
- 02/11/2022
- 02/25/2022
- 03/11/2022
- 03/25/2022
- 04/08/2022
- 04/22/2022

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

<table>
<thead>
<tr>
<th>Fall 2021 Deductions: 5</th>
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<tr>
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<td>04/08/2022</td>
</tr>
</tbody>
</table>

#### Deductions:

- **You Only**: $12.19
- **You Plus One**: $24.38
- **Family**: $48.76

**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, 2021

Changing Your Elections
- Open Enrollment: effective September 1 each year
- Qualifying status change/Life Event (Marriage, Birth of Child, Divorce, Loss of Coverage, Death)

UCONN
Department of Human Resources
Open Enrollment Elections

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: May 15, 2021
- Effective date of changes: September 1, 2021

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