



Human Resources

Employee Benefits Overview

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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



Medical & Dental Benefits Information

Who is Eligible

- Legally married spouse or civil union partner
- Children to age 26 (end of year), 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

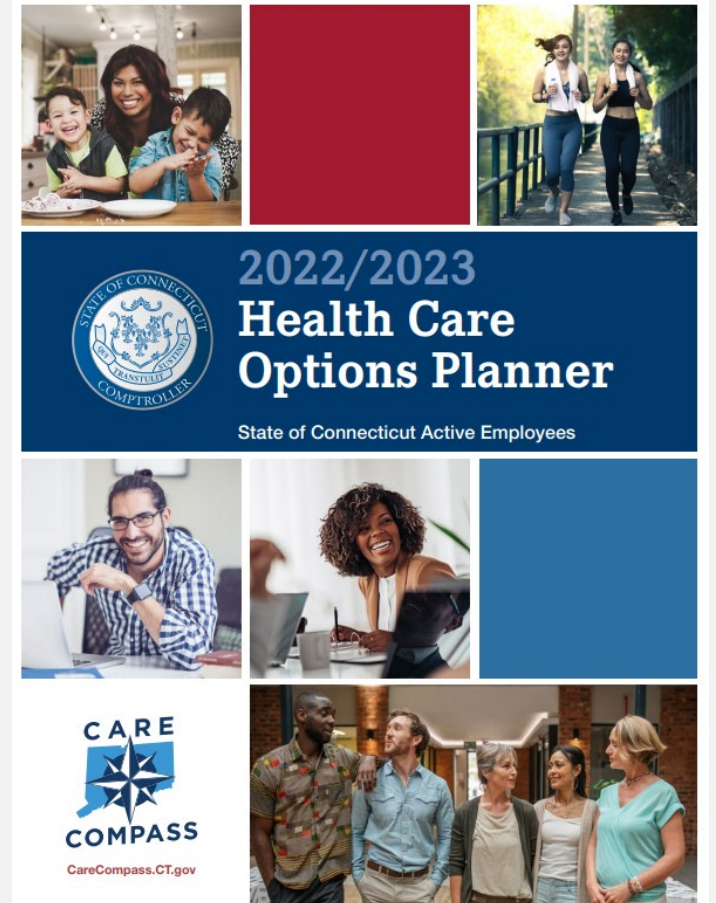
Medical Plan Options from State BlueCare

Employees except Postdoctoral Research Associates

- Quality First Select Access (Prime Plus POS)
- Primary Care Access (POE-Plus/POE-G)
- Standard Access (POE)
- Expanded Access (POS)
- Out of Area (*available to non-CT residents only*)

Postdoctoral Research Associates

- Connecticut Partnership Plan (CPP)



Key Benefit Features

Benefit Features		Quality First Select Access (Prime Plus POS)			Primary Care Access (POE-Plus) & Standard Care Access (POE)	Expanded Access (POS) & Out of Area	
		In-Network with PCP Referral	In-Network w/o PCP Referral	Out-of-Network	In-Network Only	In-Network	Out of Network
Annual Deductible	Individual	\$0 for HEP compliant members \$350 for HEP non-compliant members	\$1,000		\$0 for HEP compliant members \$350 for HEP non-compliant members	\$0 for HEP compliant members \$350 for HEP non-compliant members	\$300
	Family	\$0 for HEP compliant members \$1,400 for HEP non-compliant members	\$4,000		\$0 for HEP compliant members \$350 per member for HEP non-compliant members to a maximum of \$1,400	\$0 for HEP compliant members \$350 per member for HEP non-compliant members to a maximum of \$1,400	\$900

Key Benefit Features

Benefit Features	Quality First Select Access (Prime Plus POS)			Primary Care Access (POE-Plus) & Standard Care Access (POE)	Expanded Access (POS) & Out of Area	
	In-Network with PCP Referral	In-Network w/o PCP Referral	Out-of-Network	In-Network Only	In-Network	Out of Network
Outpatient Physician Visits, Walk-in Centers	Plan pays 100%	You pay 30%	You pay 30%	Center of Excellence: Plan pays 100% Preferred Provider: \$0 copay Network of Distinction Tier 2 Provider: \$15 copay	Center of Excellence: Plan pays 100% Preferred Provider: \$0 copay Network of Distinction Tier 2 Provider: \$15 copay	You pay 20%
Preventive Care	Plan pays 100%	Plan pays 100%	You pay 30%	Plan pays 100%	Plan pays 100%	You pay 20%
Emergency Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Diagnostic X-Ray and Lab	Preferred Provider: Plan pays 100% Other location: You pay 20%	Preferred Provider: Plan pays 100% Other location: You pay 20%	You pay 40%	Preferred Provider: Plan pays 100% Other location: You pay 20%	Preferred Provider: Plan pays 100% Other location: You pay 20%	You pay 40%
Inpatient Hospital and Physician	Plan pays 100%	You pay 30%	You pay 30%	Plan pays 100%	Plan pays 100%	You pay 20%

Comparing Plan Differences

	Expanded Access (POS)	Standard Access (POE)	Primary Care Access (POE-Plus)	Quality First Select Access (Prime Plus POS)	Out of Area
Out-Of-Network Coverage	Yes	No	No	Yes	Yes
Primary Care Physician Required	No	No	Yes	No	No
Specialist Referral Required	No	No	Yes	No	No
Network	State BlueCare	State BlueCare	State BlueCare	State BlueCare Prime	Out of Area
Participates with Hartford Healthcare	Yes	Yes	Yes	No	Yes

2023-24 Bi-Weekly Medical Paycheck Deductions

Medical Plans	Employee	Employee + 1	Family	Family Less Employed Spouse*
Quality First Select Access (Prime Plus POS)	\$42.07	\$113.13	\$145.15	\$83.45
Primary Care Access (POE-Plus/POE-G)	\$53.54	\$144.46	\$183.71	\$100.45
Standard Access (POE)	\$58.16	\$162.82	\$213.25	\$112.30
Expanded Access (POS)	\$68.90	\$185.28	\$219.90	\$121.96
Out-of- Area	\$73.09	\$226.62	\$265.09	\$128.98

* FLES: Available when employee and spouse both work for a state agency and have at least 1 child under coverage. One enrolls in Employee Only coverage and the other enrolls self and child(ren) in FLES coverage. Must be enrolled in same dental plan.

Important Note: If you do not enroll in HEP, you pay an additional \$46.15 per paycheck for coverage.

Health Enhancement Program (HEP)

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

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



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

2023 HEP Preventive Care Requirements

2023 HEP REQUIREMENTS

MORE INFO: WWW.CTHEP.COM | (877) 687-1448

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49**	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening [†]	N/A	N/A	N/A	N/A	N/A	UPDATED 40-44: N/A 45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	

* Dental cleanings are required for family members who are participating in a dental plan sponsored by your employer

** Or as recommended by your physician

† NEW: colorectal screening age requirements lowered to 45 years of age for calendar year 2022 as recommended by US Task Force on Preventive Services

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.

State of Connecticut Preferred Lists

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

Current Specialties Include:

- Allergy & Immunology	- Rheumatology
- Orthopedic Surgery	- Ophthalmology
- OB/GYN	- Gastroenterology
- Ear, Nose & Throat	- Urology
- Cardiology	- Endocrinology

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

Examples Include:

- X-rays	- Bloodwork
- MRIs	- Urine Tests
- Stool Tests	- CT Scans

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.	
	\$25

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



***Anthem ID Card used for Prescription/Rx coverage (ID cards not produced by Caremark)**

Where to Find Benefits Information



Concierge Services




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

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.

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

IN NETWORK	CT Partnership Plan
Medical Office Visit	\$15 Co-pay
Specialist Office Visit	\$15 Co-pay
Vision Exams (one per calendar year)	\$15 Co-pay
Inpatient Hospital	\$0 Co-pay
Outpatient Surgical	\$0 Co-pay
Emergency Room	\$35 Co-pay (waived if admitted)
Urgent Care	\$15 Co-pay
Walk In	\$15 Co-pay
Lab/ X-Ray High Cost Radiological & Diagnostic Tests	\$0 Co-pay
Acupuncture (20 visits/year)	\$15 Co-pay
Chiropractic	\$0 Co-pay
Nutritional Counseling (3 visits/year)	\$0 Co-pay
Physical/Occupational Therapy	\$0 Co-pay
Durable Medical Equipment	\$0 Co-pay
Routine Hearing Screening (as part of an exam)	\$15 Co-pay
Deductible	Not applicable
Coinurance	Not applicable
Max out of pocket	\$2,000 individual / \$4,000 family
PREVENTIVE SERVICES	CT Partnership Plan
Primary Care (Adult and Child Wellness Exams)	\$0 Co-pay
Gynecologist Wellness	\$0 Co-pay
Mammogram	\$0 Co-pay
Lifetime Maximum	Unlimited

OUT OF NETWORK	CT Partnership Plan
Annual Deductible	\$300 individual/\$900 family 20%
Coinurance	of allowable UCR charges
Max Out-of-Pocket	\$2,300 individual / \$4,900 family
Lifetime Maximum	Unlimited

PRESSCRIPTION COVERAGE	MAINTENANCE DRUGS*	NON- MAINTENANCE DRUGS	HEP CHRONIC CONDITION DRUGS
Generic	\$5 / \$10	\$5 / \$10	\$0
Preferred/Listed Brand Name	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name	\$40	\$40	\$12.50
Annual Maximum	Unlimited		
Max out of pocket	\$4,600 individual / \$9,200 family		
<small>*For maintenance drugs, you are required to get 90-day fills at the Maintenance Drug Network</small>			

Postdoctoral Research Associates Medical Plan

2023-2024 Biweekly Premiums	
Employee Only	\$31.87
Employee + 1	\$64.70
Family	\$94.66

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

BASIC PLAN	ENHANCED PLAN	DENTAL HMO	TOTAL CARE DENTAL HMO
<ul style="list-style-type: none">› Any dentist› No deductible› Coinsurance based on services› No annual maximum› No coverage for orthodontia	<ul style="list-style-type: none">› 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	<ul style="list-style-type: none">› 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	<ul style="list-style-type: none">› 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.

2023-2024 Dental Plan Bi-Weekly Payroll Deductions

Dental Plan	Employee	Employee +1	Family	FLES
Basic	\$0.00	\$11.28	\$11.28	\$5.78
Enhanced	\$0.00	\$9.53	\$9.53	\$4.88
Dental HMO	\$0.00	\$3.78	\$5.35	\$2.20
Total Care Dental HMO	\$0.00	\$4.71	\$6.67	\$2.75

FLES: Available when employee and spouse both work for a state agency and have at least 1 child under coverage. One enrolls in Employee Only coverage and the other enrolls self and child(ren) in FLES coverage. Must be enrolled in same dental plan.



Life Insurance Through UNUM

BASIC LIFE INSURANCE (Contributory Plan) | SUPPLEMENTAL LIFE INSURANCE (Employee-Paid)



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

HR emails you enrollment instructions	You enroll for benefits online using ebenefits in Core-CT	Carriers mail benefit ID cards to your home	You review deductions for accuracy
<ul style="list-style-type: none">› 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	<ul style="list-style-type: none">› 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	<ul style="list-style-type: none">› Anthem for medical/prescription› CIGNA for dental› Contact Quantum Health if services are needed prior to receipt of cards	<ul style="list-style-type: none">› 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

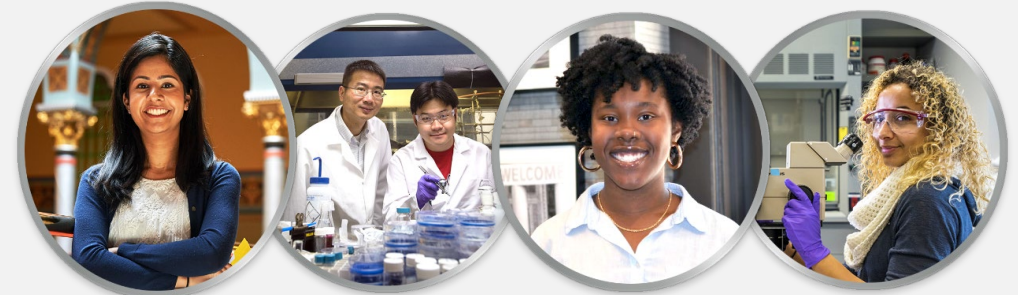
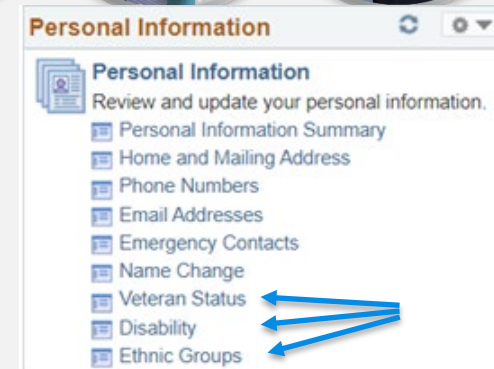
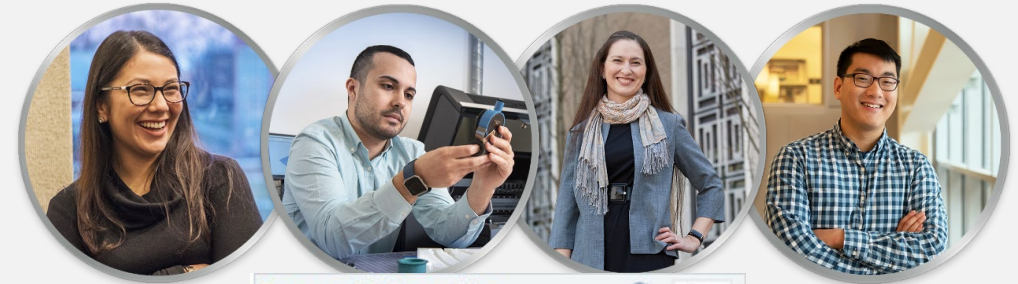
Additional Form to Complete:

Employee Service Information Form
- List any prior State of CT employment

Voluntary Demographic Self-Identification in CORE-CT

The University of Connecticut is an affirmative action/equal employment opportunity employer, committed to employing and advancing all qualified individuals. As a federal contractor and state agency, the University of Connecticut is required to report demographic data about the workforce including race/ethnicity, veteran, and disability data.

The University invites employees to voluntarily self-identify their ethnicity, veteran, and disability data via the Core-CT Self-Service System. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government.



Employee-Paid Supplemental Benefits

LIFE | DISABILITY



Life Insurance

- Term Life Insurance through UNUM ¹
- Aetna Universal Life Insurance ¹

Short Term Disability Insurance

- The Hartford ¹
- Colonial Life Insurance Company ¹
- Lincoln National

Long Term Disability Insurance through The Hartford ¹

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 Total Administrative Services Corporation (TASC)

- Dependent Care Assistance Program
- MEDFLEX
- Must enroll within 31 days of hire date

Qualified Transportation Account through Total Administrative Services Corporation (TASC)

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

*Postdoctoral Research Associates not eligible

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)
- J1 and F1 visa holders are ineligible for retirement benefits (J1 and F1 Postdoctoral Research Associates are eligible)



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 (**increase effective 7/1/23 – 6/30/24**)
- **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

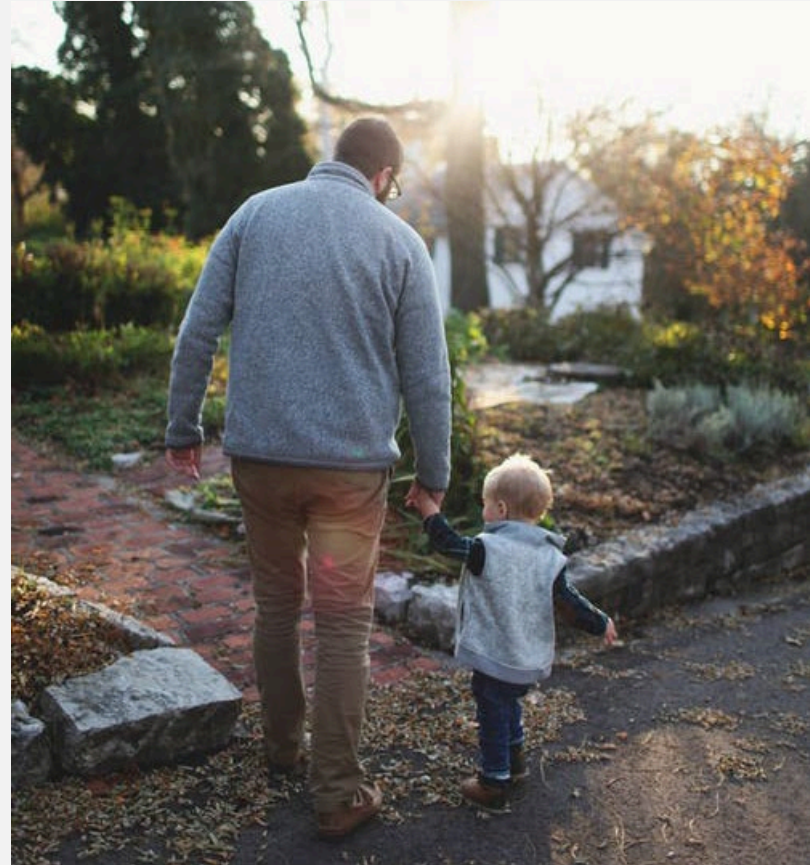
- You contribute 1% that is matched by the State
- Contributions go into an account at Prudential that you manage
- Balance becomes available to you at retirement



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
(increase effective 7/1/23 – 6/30/24)



Alternate Retirement Program

Defined Contribution Plan

- Your pre-tax contribution, choice of 5% or 6.5%
 - Postdocs cannot elect 6.5% contribution
- State contribution 6.5%
- Immediate vesting
- Long-Term Disability included (*N/A for Postdocs)
- Account at Empower 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



Postdoctoral Research Associate – ARP Retirement Option

Defined Contribution Plan

Postdoctoral Research Associates may enroll in ARP at 5% employee contribution or may Waive participation completely. Default is enrollment in ARP.

If you ENROLL:

- Your pre-tax contribution of 5%
- State contribution 6.5%

If you WAIVE:

- You waive the option to elect ARP in the future under a Postdoc title
- Should you waive and be hired into Regular Payroll full-time non-Postdoc position in the future, you would be eligible to make an election out of the available retirement plan options at that time



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®

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