

# 2023 Benefit Guide

Helping you make informed choices  
about your employee benefits.



University of New Haven

**Important Reminder**

**New Hire elections must be made within 30 days of hire. Elections continue through June 30 unless you have a Qualifyin Life Event (QLE). QLEs must be initiated within 30 days of event.**

**Log into Benefitfocus in the Benefits section of the myCharger Human Resources page.**

**Plan Information**

- Medical Plan
- Health Savings Account
- Dental Plan
- Vision Plan
- Flexible Spending Accounts (FSA)
- Group Life and Disability Coverage
- Secure Travel
- Employee Assistance Program

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This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Open Enrollment

Federal legislation requires all health plans to allow employees an opportunity to change their health plan elections without penalty and without requiring evidence of good health. This opportunity is called “open enrollment”. For the University of New Haven employees, this occurs from May 11th through May 26th.

During this period the University employees may make the following changes:

- » Enroll yourself or any eligible family member in the medical or dental program
- » Drop the medical and/or dental coverage for yourself or any eligible family member
- » Change between plans
- » Change your election to single, dual or family coverage
- » Change your election from the Base dental plan to the Buy-Up dental plan or vice versa
- » Enroll in the Flexible Spending Accounts (FSA's) – Healthcare and/or Dependent Care
- » Enroll in the Voluntary Vision plan
- » Change your HSA election amount

## Some Life Event Change Examples

You and your spouse have your first child. The IRS allows you to change from dual to family for both the medical and dental plans. You can also increase your contribution to the healthcare flexible spending account and elect the dependent day care account. You and your spouse obtain a divorce. You can change your medical and dental election from dual to single. You can decrease your healthcare flexible spending account election.

## If I don't make changes during open enrollment, when can I make changes to my benefit elections?

The IRS rules that regulate Employees being able to pay for their medical and dental contributions on a pre-tax basis state that you can change only (a) at open enrollment or (b) if an incident called a “life event” occurs.

A life event is the occurrence of one of the following situations: Marriage, Divorce, Birth or adoption of a child, Death of a spouse or child, Loss/Gain of employment by the spouse, Loss/ Gain of employment by the Employee, Losing/ Gaining eligibility for benefit coverage (such as a spouse going from full time to part time).

## How long after the life event do I have to make a change in my benefits?

If during the year you experience a life event and you wish to change your election, you must report it to Human Resources within 31 days of the date the change in status occurred. If you notify Human Resources more than 31 days after the incident, you will not be able to change your medical or dental election until the next open enrollment period.



## Medical Plan Options

Quantum Health | 877.219.2955 | [www.UnhHealthPlan.com](http://www.UnhHealthPlan.com)

All employees enrolled in the University of New Haven medical plans have one ID card.

**Please keep your new ID card with you at all times.**

### High Deductible Health Plan (HDHP)

The HDHP plan consists of both in-network and out-of-network coverage with a high deductible. It can be paired with an Health Savings Account (HSA). Please note that both medical and prescription drug costs are subject to the deductible. To be eligible for the HSA you must meet all of the following criteria:

- » You must be covered by an HSA-compatible health plan, such as the University HDHP HSA plan
- » You cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage, or an executive medical plan. Note: Federal law requires minimum deductible levels for individual and family coverage for HSA-compatible health plans
- » You must not be enrolled in Medicare
- » You must not be eligible to be claimed as a dependent on another individual's tax return
- » You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa
- » If you are a veteran, you have a service connected disability
- » You must not be active military

### EPO Plan

In an EPO medical plan, members will have access to Aetna's national network of participating providers (in-network). There is no coverage for services received from a non-participating provider (out-of-network).

### POS Plan

(This plan is frozen and not open to new participants)

The POS medical plan consists of a network of Aetna's national participating providers. You are also allowed to go to any non-participating providers (out-of-network providers). For this freedom of choice you will pay more out of pocket and higher premiums.



## Prescription Coverage

Express Scripts | [800.282.2881](tel:800.282.2881) | [www.express-scripts.com](http://www.express-scripts.com)

**All members that are enrolled in the University medical plans have Express Scripts as their pharmacy vendor. Members will have one ID card that can be used for medical & Rx services.**

Express Scripts currently has CVS pharmacy, Walgreens, and Rite Aid in their network.

Express Scripts Specialist Pharmacists are available by phone 24/7 to help you understand and manage the medications used to treat conditions such as those listed below.

These pharmacists can help identify potential health risks, such as side effects and unsafe drug interactions. They also know our plan, so they can talk with you or your doctor about potentially lower- cost medication alternatives, such as generics and preferred brand-name medications.

Conversations with Express Scripts Specialist Pharmacists are private and 100% confidential. We encourage you to utilize the Express Scripts Specialist Pharmacists.

**Diabetes Care Value Program (DCV)** utilizes specialist pharmacists at the Diabetes Therapeutic Resource Center<sup>SM</sup>. Patients will fill 90-day diabetes prescriptions through the Express Scripts Pharmacy or a new network of preferred retail pharmacies.

**The Pulmonary Care Value Program (PCV)** will support adherence and help control healthcare costs: Patients will fill 90-day supplies of inhaled medications using a preferred quality retail network or the Express Scripts Pharmacy. Drug preference will be managed through the National Preferred Formulary and Preferred Step Therapy. A team of extensively trained specialist pharmacists at the Pulmonary Therapeutic Resource Center will assist and educate patients, helping them minimize exacerbations and maximize their health. The program includes Mango Health, an app-based platform that increases adherence by gamifying health and rewarding patients for healthy decisions. High-risk patients will be offered remote monitoring devices to attach to their inhalers, enabling interactions with our pulmonary TRC pharmacists.



## CVS Smart90

### Questions & Answers About Your Three-Month Supply Network

Smart90 (CVS 90-day supply) is a feature of your prescription plan managed by Express Scripts. With it, you have two ways to get a 90-day supply of your long-term medications. You can conveniently fill prescriptions either through home delivery from the Express Scripts Pharmacy or from any CVS pharmacy.

#### How many CVS (Trademark) pharmacies are available to me?

There are more than 9,000 CVS pharmacies. To locate one, visit [express-scripts.com](https://www.express-scripts.com) and click “Prescriptions,” then “Find a Pharmacy”; participating CVS pharmacies will be noted in your search results.

#### What happens if I fill a 30-day prescription of my long-term medication or use a pharmacy other than CVS Pharmacy or Express Scripts Pharmacy?

Per your plan, if you fill a one-month supply instead of a three-month supply, or if you’re using a non-CVS pharmacy to fill your long-term medication, you’ll pay the full cost for your medication.

#### What does “full cost” mean?

“Full cost” is the actual cost of your medication. For example, the actual cost of the medication might be \$75, but if you have a copayment or coinsurance, your payment might only be \$20. “Full cost” means that your payment would be the entire \$75.

#### What is the advantage of getting a three-month supply vs. a one-month supply?

By getting a three-month supply, you’ll make fewer trips to the pharmacy, and you’ll only need to make one payment every three months. Also, there’s a savings for getting one three-month supply vs. three one-month supplies at retail “buy 2, get 1 free”.

After the second time you purchase a one-month supply of a long-term drug at a non-CVS network pharmacy, you will pay the entire cost. But you can avoid paying more by choosing a three-month option — either through home delivery from the Express Scripts Pharmacy or from a CVS pharmacy. You will pay the same copayment for your three month supply whether you fill through home delivery from the Express Scripts Pharmacy or from a CVS pharmacy.

Find out more at [express-scripts.com/KyleAndNick](https://www.express-scripts.com/KyleAndNick).

#### How do I get a three-month supply of my medication?

You can have the Express Scripts Pharmacy deliver it (with FREE standard shipping) by visiting [express-scripts.com/90day](https://www.express-scripts.com/90day). You can also fill your prescription at a CVS pharmacy.

“My physician prescribes me a medication and there is a generic equivalent available at the pharmacy. Is there an additional charge if I want the brand medication instead of the generic?”

Express Scripts will charge the cost difference between the brand and generic medication when you request a brand medication and a generic equivalent is available. This means that you will have to pay the generic copay plus the cost difference between the brand and generic medication for your prescription.”

Mail order and CVS Smart 90 are available under all plans. If enrolled in the HSA HDHP Plan, your prescription would be subject to the deductible. Once you have satisfied the deductible, the applicable copay would apply.

## Accredo

Express Scripts uses Accredo, a specialty pharmacy, to provide specialty-focused care and monitoring that can help you maximize the effectiveness of your medicine to enjoy an improved quality of life.

Specialty-trained pharmacists and nurses are available 24/7 for any questions about your therapy and to help manage possible side effects.

Accredo provides personalized clinical support care for a wide range of complex conditions, including:

- » Severe asthma
- » Cancer
- » Crohn's disease
- » Cystic fibrosis
- » Hemophilia
- » Hepatitis C
- » Infertility
- » Multiple sclerosis
- » Osteoarthritis
- » Rheumatoid arthritis
- » And many more, including rare and ultra-rare conditions.

Call **877.895.9697** or visit **[www.express-scripts.com/NPF](http://www.express-scripts.com/NPF)** for a complete list of conditions or more information on the following:

- » Accredo – Specialty Pharmacy
- » Mail order / Home Delivery
- » Using the Mobile App
- » Prescription Formulary



**HSA HDHP Plan**

	In-Network	Out-of-Network
<b>Copays</b>	Deductible: \$1,500 Individual / \$3,000 Family	
<b>Routine Preventive Care</b>	\$0	You pay 40% (after deductible)
<b>Office Visit</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Allergy Testing, Evaluation &amp; Treatment</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Specialist Visit</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Inpatient Hospital Services</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Outpatient Hospital Services</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Emergency Room</b>	You pay 20% (after deductible)	You pay 20% (after deductible)
<b>Chiropractic Benefit</b>	You pay 20% (after deductible)	You pay 40% (after deductible)
<b>Out-of-Pocket Maximum</b>	\$5,000 Individual / \$10,000 Family	
<b>Prescriptions</b> 30-day Retail Supply	Deductible applies, then \$20 Generic \$35 Preferred \$45 Non-preferred	Deductible applies, then \$20 Generic \$35 Preferred \$45 Non-preferred
<b>90-day Retail Supply</b> CVS ONLY	Deductible applies, then \$40 Generic \$70 Preferred \$90 Non-preferred	Member pays 100% copay
<b>90-day Mail Order Supply</b>	Deductible applies, then \$40 Generic \$70 Preferred \$90 Non-preferred	Member pays 100% copay





	EPO Plan		POS Plan
Copays	In-Network (No deductible)	In-Network (No deductible)	Out-of-Network Deductible: \$500 per individual; \$1,000 per family
Routine Preventive Care	\$0	\$0	You pay 30%
Office Visit	\$25	\$25	You pay 30%
Allergy Testing, Evaluation & Treatment	\$35	\$35	You pay 30%
Specialist Visit	\$35	\$35	You pay 30%
Inpatient Hospital Services	\$750 Individual / \$1,500 Family Cap of 2x per year	\$500	You pay 30%
Outpatient Hospital Services	\$200	\$150	You pay 30%
Emergency Room	\$250 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)
Chiropractic Benefit	\$35	\$35	You pay 30%
Out-of-Pocket Maximum	\$6,350 Individual / \$12,700 Family	\$6,350 Individual / \$12,700 Family	\$3,500 Individual / \$7,000 Family
Prescriptions 30-day Retail Supply	\$20 Generic \$35 Preferred \$45 Non-preferred	\$20 Generic \$35 Preferred \$45 Non-preferred	
90-day Retail Supply CVS ONLY	40 Generic \$70 Preferred \$90 Non-preferred	\$40 Generic \$70 Preferred \$90 Non-preferred	Member pays 100% copay
90-day Mail Order Supply	\$40 Generic \$70 Preferred \$90 Non-preferred	\$40 Generic \$70 Preferred \$90 Non-preferred	Member pays 100% copay

Refer to Meritain (Aetna) plan summary for out of network benefits and complete benefit details, exclusions and provisions.

**Note:** Enrollment in the traditional POS has been frozen. Only individuals currently enrolled in the POS may keep the plan.



<p style="text-align: center;">made available through </p> <ul style="list-style-type: none"> <li>» Strong network of local and national providers</li> <li>» Medical services negotiated at discounted rates</li> </ul>	<p style="text-align: center;"> An Aetna Company</p> <ul style="list-style-type: none"> <li>» Third-party administrators for UNH health plans</li> <li>» Insurance claims processing and payment</li> <li>» Claims review and coverage verification</li> <li>» Explanation of benefits (EOB) statements informing of claims submitted from providers, how much insurance covers, and how much you owe</li> </ul>	<p style="text-align: center;"> Quantum HEALTH</p> <ul style="list-style-type: none"> <li>» Helps members find in network hospitals so they can save money</li> <li>» Provides customer support for all members so they can better navigate their health plans</li> <li>» Offers a comprehensive EAP program through ACI</li> </ul>	<p style="text-align: center;"> EXPRESS SCRIPTS®</p> <ul style="list-style-type: none"> <li>» Pharmacy benefit manager (PBM) for UNH health plans</li> <li>» Claims processing, covering the medicine your doctor prescribes</li> <li>» Savings negotiated with drugmakers</li> <li>» Formulary management for network</li> <li>» Home delivery of pharmacy services</li> </ul>
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**YOUR MYQHEALTH CARE COORDINATORS WILL DO WHATEVER IT TAKES TO HELP**

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your MyQHealth Care Coordinators. Contact us whenever you need help with your medical, wellness or pharmacy benefits

**Quantum Health**

**Who is Quantum Health?**

Quantum Health is a leading care coordination and consumer navigation company that exists to guide members through their unchosen healthcare journey. The Care Coordinators at Quantum Health are a team of empathetic, resourceful and highly responsive team of nurses, social workers, patient service representatives and benefits experts who will be dedicated to serving you and your family’s healthcare needs.

The Care Coordinators are your single go-to resource for all your medical and prescription drug customer service needs. You will only need to contact one toll-free number or visit the dedicated University of New Haven member website to chat with Care Coordinators when you have questions about the University of New Haven medical plans, claims or healthcare in general.

Quantum’s toll-free number and website is printed on your ID card. The Care Coordinators are your one source to resolve issues and eliminate confusion on your healthcare journey.

The Care Coordinators help you and your family get the most out of your benefits while simplifying the healthcare process. All you need to do is contact Quantum, and they will handle the rest!

**Download the Your Care Coordinators mobile app!**


You can use the mobile app to find in-network providers, access your ID card, check claims information, schedule a call with a Care Coordinator, and much more!

Need to confirm if your doctor participates in the Aetna network?

Log onto [www.unhhealthplan.com](http://www.unhhealthplan.com).

Make sure to select Aetna Choice POS II as this is the name of our network.

## How To Request An ID Card!

 **Download** ✕

*Fill out the required fields below.*


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First, choose the specialty of the physician you or your family member will be visiting.

Physician Specialty\* ▾

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**DOWNLOAD**



### Request ID Card

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Please choose how you would like to receive your new ID card.

[Download >](#) [Print >](#) [Mail >](#)

**MyQHealth™**  
by QUANTUM HEALTH

Fritz Demo

 Profile Settings

 Logout

Your Care Coordinators

**(877)219-2955**

Always helpful. Always confidential.  
*No details about your care are shared with your employer.*



Schedule a Call >



Live Chat >

**MESSAGES** 5

### HOURS OF OPERATION

8:30 a.m. - 10:00 p.m. EST, Mon. - Fri.

YOUR CARE COORDINATORS

GET BENEFITS HELP—ON YOUR SCHEDULE

FAQS GET OUR MOBILE APP

HEALTH LIBRARY

PRIVACY POLICY AND TERMS OF USE HELP

SITE MAP



University of  
New Haven

### MinuteClinic

High-quality care that's affordable and reliable

- » MinuteClinic is a walk-in clinic inside select CVS Pharmacy® and Target stores, and is the largest provider of retail health care in the United States — with over 1,100 locations in 33 states.
- » It's open every day, including evenings. MinuteClinic offers both walk-in and scheduled appointment options.
- » MinuteClinic health care providers treat a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.

Questions? Call Quantum at 887.219.2955



## Price Your Care With Healthcare Bluebook

Healthcare Bluebook is an online tool that lets you find the best prices for the healthcare services you need. When you shop Healthcare Bluebook and use Fair Price facilities for your care, you can earn rewards on select procedures.

You can shop to get the most affordable care available in your area, from the best providers.

- » Search for services by using the drop-down menu or by searching for key terms.
- » Learn about the Fair Price you should pay in your area and how much you can save by making cost-effective choices, based on your local area.
- » You can compare costs for specific providers.



## Inpatient Engagement Rewards List

Procedure	Green Quality Green Price	Green Quality Yellow Price
Benign Breast Tumor Removal	\$750	\$500
Hysterectomy	\$1,000	\$750
Revision of Hip Replacement	\$1,000	\$700
Revision of Knee Replacement	\$1,000	\$700
Spinal Fusion	\$1,500	\$1,000
Total Hip Replacement	\$1,000	\$750
Total Knee Replacement	\$1,000	\$750
Total Shoulder Replacement	\$1,000	\$700

For a full list of rewards, please visit [unhealthplan.com](http://unhealthplan.com)

## Teladoc

Teladoc | [800.362.2667](tel:800.362.2667) | [www.teladoc.com](http://www.teladoc.com)

**Teladoc doctors are:** experienced, progressive, U.S. board certified and state licensed, and specially trained in telemedicine.

Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

With Teladoc, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc for medical advice and care when:

- » Your primary care doctor is not open.
- » You are at home, traveling or do not want to take time off work to see a doctor.
- » You need a prescription or refills. Please note, there is no guarantee you will be prescribed medication.

You will need to register before you can use the Teladoc service. The cost for POS and EPO members is \$25 per call. The cost for members on the HSA HDHP is \$49 until their deductible is met then just the 20% coinsurance thereafter.

**You can also access Teledoc directly through [unhhealthplan.com](http://unhhealthplan.com)**

### Among the most common issues treated using Teladoc are:

- » Allergies
- » Bronchitis
- » Cold/flu
- » Headaches/ migraines
- » Eye/ear infections
- » Rash/skin infections
- » Sinus infections
- » Stomach ache/ diarrhea
- » Urinary tract infections
- » Many other conditions



There's more than one way to reach a doctor:

**By phone**  
Just call **1-800.362.2667**.

**Online**  
Simply request a video consultation online at **[www.teladoc.com](http://www.teladoc.com)**.

**On the go**  
You can download the Teladoc mobile app by visiting the App Store or Google Play.

## Dental Insurance

Delta Dental of CT | 800.452.9310 | [www.deltadentalct.com](http://www.deltadentalct.com)

	Buy-Up	Base
Deductible Single	\$25	\$25
Deductible Family	\$75	\$75
Preventive Care	100%	100%
Basic Restorative (subject to deductible)	80%	80%
Major Restorative (subject to deductible)	50%	Not covered
Orthodontics (\$1,500 lifetime maximum)	50%	Not covered
Plan Year Maximum (per person for all services other than Orthodontia)	\$2,000	\$1,000

Refer to Delta Dental of CT plan summary for complete benefit details, exclusions and provisions.

**UNH has added implant coverage, which falls under major restorative services, to the buy-up plan.**

### Carryover Max<sup>SM</sup>

Delta Dental offers a carryover feature allowing members to roll over part of their unused annual maximum. Remaining carry over balances will increase total benefit amounts in the following year.

Carryover Max<sup>SM</sup> allows you to carry over up to 25% of your unused annual maximum up to \$500. In order to qualify you must receive at least one cleaning or one oral exam during the plan year. Any accumulated carryover will be lost if you fail to receive one cleaning or exam in the plan year.

The accumulated amount can never exceed your standard annual maximum. The standard annual maximum dollars are used first, then the Carryover Max<sup>SM</sup> dollars are used after the standard annual maximum is met. Please see Delta Dental of CT's website for more information.



## Vision

EyeMed Vision Care | [866.9EYEMED](tel:866.9EYEMED) | [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

The University of New Haven will continue to offer voluntary vision discount through EyeMed. All In-Network benefits remain the same as last year.

	Standard Features In-Network	Standard Features Out-of-Network
<b>Frames</b> (once every 24 months)	\$0 copay; (\$160 allowance, 20% off balance over \$160)	Up to \$80 reimbursement
<b>Standard Plastic Lenses</b> (once every 12 months) - Single Vision - Bifocal - Trifocal - Standard Progressive - Premium Progressive	\$10 copay \$10 copay \$10 copay \$10 copay 80% of charge less \$110 allowance	Up to \$42 reimbursement Up to \$78 reimbursement Up to \$130 reimbursement Up to \$130 reimbursement Up to \$130 reimbursement
<b>Other Lens Options Network Discounts</b> (employee pays)	UV Coating - \$15 copay Tint (solid and gradient) - \$15 copay Standard Scratch Resistance - \$15 copay Standard Polycarbonate - Covered in full Standard Anti-reflective Coating - \$45 copay Other Add-Ons - 20% off retail price	N/A N/A N/A \$26 N/A N/A
<b>Contact Lenses</b> (in lieu of eyeglass lenses, includes materials only)	Conventional - \$175 allowance, 15% off balance over \$175 Disposable - \$0 copay, \$175 allowance, plus balance over \$175	Up to \$140 reimbursement
<b>Laser Vision Correction</b>	15% off retail or 5% off promotional price from U.S. Laser Network	No coverage

Refer to EyeMed plan summary for complete benefit details, exclusions and provisions.

**Please note:** Members currently enrolled in the vision plan will not be receiving new ID cards. You will only receive an ID card if you are enrolling for the first time. ID cards will be mailed directly to your home from EyeMed.

## Vision Insurance Hearing Discount

If you are enrolled in the EyeMed voluntary vision plan, take advantage of the hearing discount that is available.

1 in 9 Americans has hearing loss. Did you know there's also a connection between hearing and vision loss? In fact, mature adults and diabetics are more likely to experience both.

EyeMed offers a hearing discount through Amplifon, the world's largest distributor of hearing aids and services. Call [844.526.5432](tel:844.526.5432) to find a hearing care provider near you.

**Your hearing discount through Amplifon includes:**

 <p>40% off hearing exams at thousands of convenient locations nationwide</p>	 <p>Discounted, set pricing on thousands of hearing aids, including those with the newest, most advanced technology</p>	 <p>Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%</p>
 <p>60-day hearing aid trial period with no restocking fees</p>	 <p>Free batteries for 2 years with initial purchase</p>	 <p>3-year warranty plus loss and damage coverage</p>



## Employee Contributions

### Medical: HSA HDHP as University base plan

Full Time Employee Monthly Medical Premium Contribution										
Base Salary*										
Class of Coverage	Monthly Premium	<\$40,000	\$40,001 – \$50,000	\$50,001 – \$70,000	\$70,001 – \$90,000	\$90,001 – \$110,000	\$110,001 – \$130,000	\$130,001 – \$150,000	\$150,001 – \$170,000	>\$170,000
<b>HDHP</b>										
Single	\$1,158.20	\$107.42	\$125.09	\$144.78	\$167.94	\$194.00	\$217.39	\$246.70	\$272.99	\$350.93
Two People	\$2,496.54	\$231.55	\$269.63	\$312.07	\$362.00	\$418.17	\$468.60	\$531.76	\$588.43	\$756.45
Family	\$3,230.45	\$299.62	\$348.89	\$403.81	\$468.42	\$541.10	\$606.36	\$688.09	\$761.42	\$978.83
<b>EPO</b>										
Single	\$1,327.20	\$276.42	\$294.08	\$313.77	\$336.94	\$363.00	\$386.39	\$415.69	\$441.98	\$519.93
Two People	\$2,870.13	\$605.15	\$643.22	\$685.66	\$735.59	\$791.76	\$842.19	\$905.36	\$962.03	\$1,130.04
Family	\$3,712.92	\$782.09	\$831.35	\$886.27	\$950.88	\$1,023.56	\$1,088.82	\$1,170.55	\$1,243.88	\$1,461.29
<b>POS</b>										
Single	\$1,567.32	\$516.55	\$534.21	\$553.90	\$577.06	\$603.12	\$626.52	\$655.82	\$682.11	\$760.06
Two People	\$3,386.33	\$1,121.34	\$1,159.41	\$1,201.85	\$1,251.79	\$1,307.96	\$1,358.39	\$1,421.55	\$1,478.22	\$1,646.24
Family	\$4,380.38	\$1,449.55	\$1,498.82	\$1,553.74	\$1,618.35	\$1,691.03	\$1,756.29	\$1,838.02	\$1,911.35	\$2,128.76

Spousal Surcharge: If your spouse has medical coverage available elsewhere, and they choose to enroll in the University's health plan, an additional \$1,000 (\$83.33 per month) will be added to your employee contribution every year.

Part Time Employee Monthly Medical Premium Contribution			
Class of Coverage	Monthly Premium	You Pay	University of New Haven Pays
<b>HDHP</b>			
Single	\$1,158.20	\$579.10	\$579.10
Two People	\$2,496.54	\$1,248.27	\$1,248.27
Family	\$3,230.45	\$1,615.23	\$1,615.23
<b>EPO</b>			
Single	\$1,327.20	\$748.10	\$579.10
Two People	\$2,870.13	\$1,621.86	\$1,248.27
Family	\$3,712.92	\$2,097.70	\$1,615.23
<b>POS</b>			
Single	\$1,567.32	\$988.22	\$579.10
Two People	\$3,386.33	\$2,138.06	\$1,248.27
Family	\$4,380.38	\$2,765.16	\$1,615.23

Employee Contributions Cont.

Dental

Delta Dental of CT	Base Plan	Buy-Up Plan
Single	\$31.45	\$54.30
Two People	\$62.13	\$106.27
Family	\$112.38	\$185.55

\*Monthly contributions

Vision

EyeMed Vision Care	
Single	\$7.84
Two People	\$14.87
Family	\$21.79



## Health Savings Account

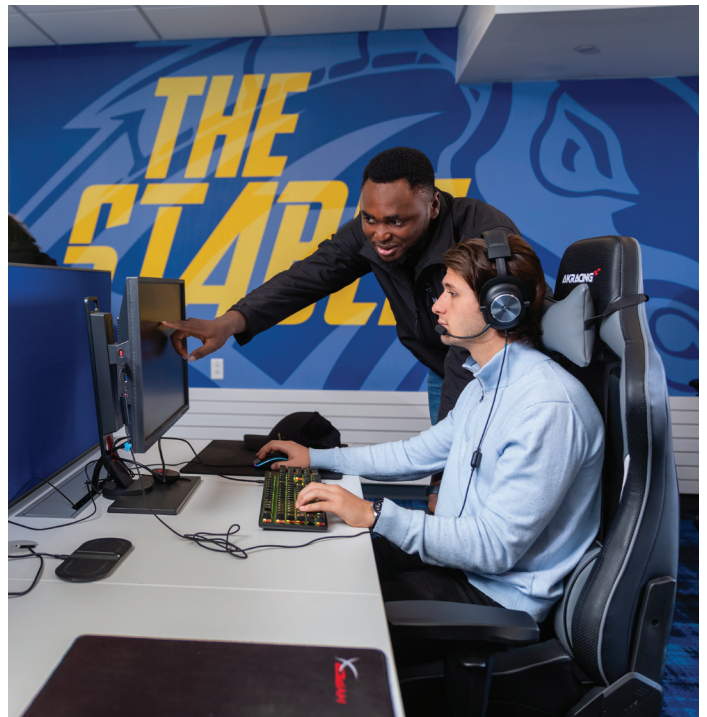
### Facts About an HSA

- » A Health Savings Account is a tax-advantaged savings account that an individual may establish and put money into on a tax-advantaged basis to save for current and future qualifying medical expenses such as doctor visits and prescriptions
- » HSA's are portable — individuals can keep their HSA's if changing jobs or becoming unemployed
- » No "Use-it-or-lose-it" — unused contributions roll over each year, with interest and/or investment earnings compounding on a tax-free basis, like an IRA or 403(b)
- » Can be used for future healthcare expenses, such as Medicare premiums and certain long-term care expenses and insurance
- » No income limitations to participate in an HSA

### Some HSA Qualified Expenses

Medical	Over-the-Counter (OTC)*	Other Qualified Expenses
<ul style="list-style-type: none"> <li>» Blood Tests</li> <li>» Hospital Bills/Physician Visits</li> <li>» Prescription: Eyeglasses, Medicines, Vitamins</li> <li>» Ophthalmologist</li> <li>» Specialist Visits</li> <li>» Surgeon</li> <li>» Vaccines</li> <li>» X-rays</li> </ul>	<ul style="list-style-type: none"> <li>» Antacids</li> <li>» Allergy &amp; Cold Medicines</li> <li>» Pain Relievers</li> <li>» First Aid Creams</li> <li>» Cough Drops</li> <li>» Sinus Medication and Nasal Sprays</li> <li>» Pedialyte</li> <li>» Antibiotic Ointments</li> </ul>	<ul style="list-style-type: none"> <li>» Dental Treatment</li> <li>» Dental X-rays</li> <li>» Home Diagnostic Tests</li> <li>» Non-medicated Band-Aids</li> <li>» Rolled Bandages/Dressings</li> <li>» Reading Glasses</li> <li>» Braces and Supports</li> <li>» Contact Lens Solution</li> </ul>

\*As of 4/1/11, most OTC medication requires a doctor's prescription in order to be eligible for reimbursement using the HSA. Refer to Section 213 (d) of the Internal Revenue Code for complete listing of eligible expenses.



## Health Savings Account Cont.

**How much can I contribute annually to my HSA?** The IRS sets the statutory maximum annual contribution each calendar year. For 2023 the maximum contribution is \$3,850 for Self-only coverage and \$7,750 for Family coverage. (The IRS considers 2+ people as a Family.) The IRS allows you to make up to a \$1,000 catch-up contribution to your HSA if you are age 55 or over.

### **Who can contribute to my HSA?**

Anyone can contribute to your HSA. While usually the source of contributions will be either your employer or you (through pre-tax payroll contributions or after-tax personal deposits), anyone can make a contribution on your behalf to your HSA. However, be sure that the contributions don't exceed your maximum for that year.

### **My spouse has a traditional Health Flexible Spending Account (FSA) through Their employer. Does that program affect my HSA eligibility?**

Yes, A traditional Health FSA provides coverage to the subscriber (employee) and the subscriber's spouse and dependents, regardless of any other health insurance coverage. In this case, you have coverage through your health plan and your spouse's traditional Health FSA, which is not a qualified HDHP (because it pays benefits without your satisfying a deductible). You therefore cannot gain HSA eligibility before the end of your spouse's traditional Health FSA plan year (or longer if it has a grace period). See Human Resources for more details.

### **For what purpose can my HSA funds be used?**

Funds can be withdrawn for any purpose, at any time. However, if funds are withdrawn for reasons other than to pay for qualified medical expenses by someone under age 65, the amount withdrawn is taxable and subject to a 10% penalty by the IRS. After age 65, there is no penalty for non-qualified withdrawals but amounts are taxable.

### **Am I allowed to have other insurance like dental and vision and still be HSA eligible?**

Yes, Section 223 of the Internal Revenue Code describes "permitted coverage" and "permitted insurance" from which you can receive benefits without losing your HSA eligibility, including dental insurance, vision insurance and long-term care insurance.

### **What happens to my HSA if I leave University of New Haven ?**

Your HSA is your personal bank account. They are portable so individuals can keep their HSA's if changing jobs or becoming unemployed.

### **Questions on your HSA account?**

Contact Fidelity at [800.343.0860](tel:800.343.0860).



## Flexible Spending Accounts

Benefit Resources, Inc (BRI) | [800.473.9595](tel:800.473.9595) | [www.benefitresource.com](http://www.benefitresource.com)

**Flexible Spending Accounts (FSAs)** are tax advantaged plans that allow you to save money on a tax free basis to be used towards out-of- pocket healthcare expenses (copays, deductibles, coinsurance, and even some “over-the-counter” medical FSA eligible expenses\*), along with Dependent/Child-Care costs or daycare, some summer day camps, etc. Save money on expenses you already incur for both Health Care Savings and Dependent/Child-Care Savings through the Flexible Spending Account plans.

Whatever money you set aside through payroll deductions will be deducted **BEFORE** taxes — reducing the amount of income you are taxed upon. This savings is on the first dollar you set aside. For example — if you were to set aside the Plan Year maximum of \$3,050, and you are taxed at 15% (Federal), your immediate savings is \$412.50 for the year!

### Use your BRI – Beniversal Card to pay for:

- » Copays on medical insurance
- » Copays on Prescription Drugs
- » Eye glasses / Contact Lenses
- » Over the counter drugs\* and medicines
- » Dental deductibles / coinsurance / orthodontia

To check your account balance go to [www.benefitresource.com](http://www.benefitresource.com) or call [800.473.9595](tel:800.473.9595).

If you are currently not participating in the FSA program, please be sure to attend one of the open enrollment meetings and learn how to make your money go further!

\*Refer to BRI plan summary for complete benefit details, exclusions and provisions.

## Maximum Amounts for Saving:

**HealthCare FSA: \$3,050/year Dependent/Child-Care FSA: \$5,000/year**

The BRI Card will allow you to pay for eligible healthcare expenses at the time of expense just like a credit card.



## Travel Assistance

On Call International | **800.456.3893** (Inside the U.S.) | **603.328.1966** (From anywhere in the world)

Travel incidents can range from slightly inconvenient to severely disruptive. If you experience an emergency when traveling — no matter how big or how small — you have around-the-clock access to On Call International's 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents!) have access to a personal travel emergency companion anytime you're more than 100 miles away from home.

### Pre-Trip Assistance

- » Inoculation requirements information
- » Passport/visa requirements
- » Currency exchange rates
- » Consulate/embassy referral
- » Health hazard advisory
- » Weather information

### Emergency Medical Transportation

- » Emergency evacuation
- » Medically necessary repatriation
- » Visit by family member or friend
- » Return of traveling companion
- » Return of dependent children
- » Return of vehicle
- » Return of mortal remains

### Emergency Personal Assistance Services

- » Urgent message relay
- » Interpretation/translation services
- » Emergency travel arrangements
- » Recovery of lost or stolen luggage/ personal possessions
- » Legal assistance and/or bail bond

### Medical Assistance Services

- » Medical referrals for local physicians/dentists
- » Medical case monitoring
- » Prescription assistance and eyeglasses replacement
- » Convalescence arrangement



## Employee Assistance

ACI Specialty Benefits | **855.775.4357** | <http://rsli.acieap.com>

ACI's Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues. The EAP can help with any issue affecting overall health, well-being and life management.

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number.

### 403(b) Retirement and Savings Plan

Fidelity Retirement Services | 800-FIDELITY (800-323-3548)

Invest in your retirement, and yourself, with help from the UNH Retirement and 403(b) Savings Plan through Fidelity.

The University has a passive enrollment so newly eligible employees will automatically be enrolled at the minimum contribution level of 6%. The University provides a 9% contribution, for a total of 15% upon hire.

Eligible employees may make a change to their elections at any time by accessing their online account at [www.netbenefits.com](http://www.netbenefits.com), or by calling the Participant Service center at 1-800-FIDELITY. You may contribute any percentage up to the maximum IRS contribution limits. These limits may change effective January 1 of each year. Contributions below 6% are not eligible for the University 9% match.

Eligible employees age 50 or over may contribute a catch-up contribution in addition to their elective deferral. This catch-up contribution is limited to the IRS contribution limit set annually.

Any newly eligible employee electing to waive participation must notify Human Resources immediately to avoid any payroll deductions.

Based on your date of birth, and assuming a retirement age of 65, you will be invested in a target date fund. These are an asset mix of stocks, bonds, and other investments that automatically become more conservative as the fund approaches its target retirement date and beyond. Additionally, you have the option of selecting your own investment fund allocation from the University's line up of over 20 funds. These range in risk level.

Enrollment is automatic; no action is required on the part of newly eligible employees. Once your account is created, you should register as a first time user on [www.netbenefits.com](http://www.netbenefits.com) and designate a beneficiary online.



## Voluntary Life and AD&D

Employees may purchase Voluntary Life and AD&D in increments of \$10,000 to a maximum benefit of \$300,000.

Employees currently enrolled in the optional life plan are entitled to \$10K annual buy-ups, with no evidence of insurability, up to \$100,000. Anyone who is enrolled for an amount at or above \$100,000, will need to provide evidence for any increases in coverage. Employees wishing to enroll for the first time will be required to provide evidence of insurability for all amounts elected.

All spousal coverage elections or increases will require evidence of insurability. Please note: if you would like to enroll in Employee Voluntary AD&D, you must also enroll in Employee Voluntary Life coverage. You must enroll in Employee Voluntary Life in order to enroll in Spouse Life and/or Dependent Child Life coverage.

All dependent child amounts are guarantee issue.

Below are the monthly rates for Employee, Spouse, and Child Voluntary Life and Employee Voluntary AD&D coverage. The monthly rate for employee AD&D coverage is \$.02 per \$1,000. The monthly rate for child life coverage is \$.06 per \$1,000.

Employee Age	Rate per \$1,000
Under 25	\$0.051
25 to 29	\$0.051
30 to 34	\$0.051
35 to 39	\$0.071
40 to 44	\$0.109
45 to 49	\$0.169
50 to 54	\$0.264
55 to 59	\$0.460
60 to 64	\$0.512
65 to 69	\$0.869
70 to 74	\$1.545
75+	\$5.858

Employee Age	Rate per \$1,000
Under 25	\$0.051
25 to 29	\$0.051
30 to 34	\$0.051
35 to 39	\$0.071
40 to 44	\$0.109
45 to 49	\$0.169
50 to 54	\$0.264
55 to 59	\$0.460
60 to 64	\$0.512
65 to 69	\$0.869





### Allstate Whole Life with Long Term Care Rider

This insurance program custom designed for the Coalition for College Cost Savings combines three types of financial protection in one insurance policy. As we all move through different stages in our life, there are changing needs and factors to consider when planning for the financial needs of you or your family. Whether you are working and need mortgage protection or planning for retirement, the Allstate Life with LTC rider provides you with financial resources to cover your different needs while alive or in death.

1. Traditional Whole Life Insurance with a cash Death Benefit to your beneficiary
2. Access to the Death Benefit to cover Long Term Care Expenses, if needed
3. Cash Value Accumulation to assist in a financial emergency

Additional features of this program include:

- » Allstate Benefits: A+ rated carrier.
- » Life Insurance with a LTC rider (state specific) which eliminates the “use it or lose it” drawback of a traditional LTC product.
- » Is setup to be a payroll deduction.
- » Easy turn key enrollment - driven towards online employee entered enrollment — no agent pressure.



## Medical Plan Discounts

### Claim Your Wellness Savings

#### LIFEMART EMPLOYEE DISCOUNT PROGRAM

Browse major savings on major brands for all your health and wellness needs. LifeMart is your employer's way of saying thanks for your hard work and helping you keep more of your paycheck.

Access LifeMart anywhere, anytime, on any device. It's the fast and easy way to:

- » Save money on all your health and wellness needs, from gyms, to diet plans and groceries and everything in between.
- » Access offers on personal wellness products and services. LifeMart also offers deals on everyday needs such as travel, tickets, car rentals, electronics and more.
- » Get deals for the family – pet products, child care discounts, products for aging loved ones and more!
- » Save time with instant, one-stop shopping — no need to run out to the store or search the web.
- » Have fun discovering exclusive new deals on the brands you love — offers are updated regularly.

### Getting Started with LifeMart

Accessing LifeMart is easy. Just complete the online registration by filling out your first name, last name, email address and a password. Once you're registered, you will be able to view and access discounts. Members also have the option to sign up for or opt out of email notifications.

#### THERE ARE A FEW DIFFERENT WAYS TO ACCESS LIFEMART

- » By following this link: <http://meritain.lifemart.com>.
- » With the LifeMart mobile app, you can access LifeMart discounts anywhere, anytime. Simply download the app and you can browse major savings on the go. Available for download in the Google Play Store and iTunes Store.

Please note: you need to register online to get access to the LifeMart mobile app.

### Discounts Available to Meritain Health Members Now enjoy healthy discounts with your Meritain Health plan.

You can access the following discount offerings at no extra cost to you. You can use these discounts whenever you want, as many times as you want. There are no claim forms or referrals. And your family members may be able to save, too.

#### AT HOME PRODUCTS

You can save on Omron Healthcare, Inc. blood pressure monitors, a body composition scale, ElectroTHERAPY Pain Relief TENS Unit and ElectroTHERAPY TENS Long Life Replacement Pads.

## Medical Plan Discounts Cont.

### Hearing

You can take care of your hearing and save money with Hearing Care Solutions and Amplifon Hearing Health Care (formerly Hear PO®).

### Hearing Care Solutions

Hearing Care Solutions has over 2,000 providers at more than 1,800 locations and offers you:

- » A discounted rate of \$42 for hearing exams
- » Hundreds of hearing aid models at low prices. Save up to 63 percent
- » A three-year supply of batteries (up to 240 cells). After that, you can join a discount battery mail order program
- » Free in-office service of hearing aids for one year after purchase
- » Free routine services (cleanings, checks and battery door replacements) for one year after purchase from the original provider.

### How to get your discount

- » To schedule an appointment, call Hearing Care Solutions at **1.866.344.7756**.
- » Identify yourself as a Meritain Health member.
- » Hearing Care Solutions will help you find a provider located near you and schedule an appointment.
- » Before your appointment, you will receive a welcome packet that includes:
  - Information on hearing loss
  - Information on hearing aids
  - What to expect at your first appointment

### Amplifon Hearing Health Care (formerly Hear PO®)

You can take care of your hearing and save money with Hearing Care Solutions and Amplifon Hearing Health Care (formerly Hear PO®).

- A discounted rate of \$48 for hearing exams
- Discounted prices on many styles of hearing aids including programmable and digital instruments from leading manufacturers.
- Discounts on hearing aid repairs
- Free follow-up services for one year
- A two-year supply of batteries (up to 160 cells per hearing aid)

### How to get your discount

- To receive the discounted rates, call Amplifon Hearing Health Care at **1.877.785.3791** to order a validation packet.
- Identify yourself as a Meritain Health member.
- Amplifon Hearing Health Care will send you information about the program and what to expect at your first appointment. They can also help you locate providers in your area.
- When you receive the packet, make an appointment with a provider.
- Take your packet to your visit to get your discount

Discounts provide access to discounted products and services and are not part of a health benefits plan or policy. The member is responsible for the full cost of the discounted products and services. Aetna may receive a percentage of the fee you pay to a discount vendor. Vendors are independent of Meritain Health and Aetna, not agents or employees thereof. None of Meritain Health, Aetna, nor its or their affiliates direct, manage or control the products and services provided by Vendors, and do not assume any responsibility or liability for those products and services.

Discount offers are not guaranteed and may be discontinued at any time. Meritain Health or Aetna does not endorse any vendor, product or service associated with these discount offers. This material contains only a partial description of these products and services. While this material is believed to be accurate as of the production date, it is subject to change.

## If There's A Better Solution For Your Health Needs, We'll Find It.

Healthy and happy employees thrive at home and at work. That's why we offer a comprehensive package of benefits and resources for our employees and their families to find the right care at the right time. Some of our benefits include:

HEALTH PLAN GUIDANCE	 MyQHealth <sup>®</sup> by QUANTUM HEALTH	<b>MyQHealth:</b> We're your one resource to contact whenever you need help with your medical benefits. From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your MyQHealth Care Coordinators. We're just a tap, click or call away!
	 MERITAIN <sup>®</sup> HEALTH <small>An Access Company</small>	<b>Meritain Health:</b> An advocate for healthier living, Meritain provides the information, tools and services you need to make the most of your benefits and wellness programs.
STAY HEALTHY	 TELADOC <sup>™</sup>	<b>Teladoc:</b> A 24/7 telemedicine tool to help with treating many medical and mental health conditions. It is affordable and convenient.
	 DELTA DENTAL <sup>®</sup>	<b>Delta Dental:</b> Comprehensive dental coverage for the services employees want and dentists recommend, with access to a broad provider network and discounts.
	 eye Med	<b>EyeMed (vision):</b> Get quality vision care and all your benefit resources in one place, whether you're looking for a provider, need to view claims and benefits, want to read up on the latest in vision care, and so much more.
COUNSELING & WORK-LIFE RESOURCES	 ACI SPECIALTY BENEFITS <small>AN ACCESS COMPANY</small>	<b>ACI Specialty Benefits EAP:</b> Comprehensive clinical assessment, support and referral services to help address a wide range of personal and professional concerns covering mental and behavioral health issues.
	 findhelp.org	<b>Findhelp.org:</b> The nation's leading social care network, featuring thousands of human-verified programs to help millions of people facing socioeconomic insecurities find the help they need with dignity and ease.
PHARMACY SOLUTIONS	 EXPRESS SCRIPTS <sup>®</sup>	<b>Express Scripts:</b> Around-the-clock information and support in finding the best prices and managing medicine for your household.
FINANCIAL SOLUTIONS	 Healthcare Bluebook.	<b>Healthcare Bluebook:</b> A free resource that helps you easily compare procedure prices, to help avoid paying more than necessary.
	 BRI	<b>Benefit Resource FSA:</b> Save up to 40% on expenses you already have. Flexible spending accounts (FSAs) allow you to pay for certain medical and dependent care expenses tax-free, through payroll deductions. Accounts feature online tools, secure online resources, real-time alerts and more.
	 Fidelity <sup>®</sup>	<b>Fidelity HSA:</b> With a health savings account (HSA), you can pay for a range of qualified medical expenses in a tax-advantaged way, now through retirement.
EXTRA PROTECTION	 RELIANCE STANDARD <small>A MEMBER OF THE TOKIO MARINE GROUP</small>	<b>Reliance Standard Group and Voluntary Life and AD&amp;D:</b> Ensures a measure of protection against the very aspects of life no one wants to think about. Should you experience a disabling illness, injury or even death, your income is covered by a leading provider of financial protection since 1907.
	 ON CALL INTERNATIONAL	<b>On Call International:</b> Get the medical coverage you need to succeed internationally, with round-the-clock access to emergency medical and travel assistance, easy-to-use online tools, multilingual claims specialists and more.
	 Allstate.	<b>Allstate Long-term Care Insurance:</b> Nursing home care can quickly deplete your savings if you're not prepared. Allstate provides custodial care and skilled care assistance to help fill the gap between short-term Medicare and private insurance coverage and long-term out of pocket expenses.
EVERYDAY DISCOUNTS	 LifeMart <sup>®</sup>	<b>LifeMart:</b> Keep more of your paycheck with major savings on major brands and everyday needs. Enjoy exclusive national and local discounts on travel, entertainment, wellness, apparel, groceries, child care and much, much more.

## Legal Notices

### **Women's Health & Cancer Rights Act Notice**

In the case of a covered person receiving benefits in connection with a mastectomy who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- » Reconstruction of the breast on which the mastectomy was performed
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance
- » Prostheses and treatment of physical complications at all states of the mastectomy, including lymph edemas

Deductibles, coinsurance, and co-payment amounts are the same as those applied to other similarly covered medical services, such as surgery and prosthesis.

Source: The Women's Health and Cancer Rights Act of 1998

### **HIPAA Privacy Notice Availability**

We take your privacy seriously. We will provide

a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resource Department if you have any questions.

### **Dependent Adult Children Coverage**

Coverage for adult children, married or unmarried and without respect to student or dependency status, has been extended to your dependent children under the age of 26. During open enrollment, employees are given the opportunity to re-enroll their dependents who were terminated but now meet the new eligibility rule.

### **Mental Health Benefit Changes**

The Federal Emergency Economic Stabilization Act of 2008 went into effect for employees on January 1, 2011. This Act requires group health plans that provide physical and mental health/ substance abuse disorder benefits, ensure member financial requirements and treatment limitations that apply to mental health and substance abuse disorder benefits are no more restrictive than the financial requirements and treatment limitations on physical benefits. Consequently, deductibles, co insurance, copays, and out-of-pocket expenses for mental health and substance abuse disorder benefits will be no more restrictive than those for medical/surgical benefits. Also, treatment limits, such as frequency and number-of-visit limits, and coverage days will be no more restrictive than those for medical/surgical services.

### **The Newborns' and Mothers' Health Protection Act (NMHPA)**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans may be subject to State law requirements, please refer to the Plan Summary Plan Document for details describing any applicable State law.

## **Uniformed Services Employment and Reemployment Rights Act**

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

## **Notice on Your Prescription Drug & Medicare Coverage**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The University of New Haven and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current prescription drug coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. University of New Haven has determined that the prescription drug coverage offered by the University of New Haven Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

If you decide to join a Medicare drug plan, your coverage in the University of New Haven Health Plan will not be affected.

### **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

You should also know that if you drop or lose your current coverage with University of New Haven and you do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...**

Please contact Human Resources for further information.

NOTE: You will receive this notice each year during open enrollment, before the next period you can join a Medicare drug plan, and if your prescription drug coverage through University of New Haven changes. You also may request a copy of this notice at any time.

#### **FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:**

» Visit [www.medicare.gov](http://www.medicare.gov).

» Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.

» Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

#### **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102 percent of the cost to the plan.

#### **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.**

<b>ALABAMA – Medicaid</b>
<a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
<a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP 855.692.7447
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Medicaid and CHIP</b>
Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855.692.6442
<b>FLORIDA – Medicaid</b>
<a href="http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> 877.357.3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   877.438.4479 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366 Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563 HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562
<b>KANSAS – Medicaid</b>
<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884   HIPP Phone: 800.766.9012
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> 855.459.6328   KIHIPPPROGRAM@ky.gov KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b>
<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> 800.977.6740   TTY: Maine relay 711

<b>MASSACHUSETTS – Medicaid and CHIP</b>
<a href="https://www.mass.gov/mashealth/pa">https://www.mass.gov/mashealth/pa</a> 800.862.4840   TTY: 617.886.8102
<b>MINNESOTA – Medicaid</b>
<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> 800.657.3739
<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 609.631.2392 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> 800.692.7462 CHIP Website: <a href="https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx">https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx</a> CHIP Phone: 800.986.KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820



<b>SOUTH DAKOTA – Medicaid</b>
http://dss.sd.gov 888.828.0059
<b>TEXAS – Medicaid</b>
http://gethipptexas.com 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
<b>VERMONT – Medicaid</b>
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
https://www.hca.wa.gov/ 800.562.3022
<b>WEST VIRGINIA – Medicaid</b>
https://dhhr.wv.gov/bms/ or http://mywhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyVWHIPP 855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
<b>WYOMING – Medicaid</b>
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

## Notes



Notes

This benefit summary prepared by



# Gallagher

Insurance | Risk Management | Consulting

