



Benefits Guide

Effective July 2024 – June 2025

What's New?

Cigna Dental



In 2023, Cigna enhanced their networks and completed 100% of non-contracted Dental Provider Outreaches.

Another change under the current contract: If a dentist leaves the network in the middle of the plan year, the member's cost share will remain at the in-network level until the start of the next plan year.

Cigna Vision



Cigna Vision is moving their network from VSP to EyeMed as of 7/1/24.

- Currently Enrolled (and new members) will receive new Cigna cards prior to 7/1/24.
- While the network will be expanding, the benefits will not be changing.



Getting started

Making Benefit Selections



Enrollment

Enrollment is completed by filling out enrollment forms and submitting them to your Human Resource contact.

You must complete your enrollment during your new hire/newly eligible waiting period or annually before open enrollment ends.

Who can I add to my coverage?

Note: You the employee must be enrolled in the coverage you wish to enroll a dependent into.

- Legally Married Spouse
- Biological Children
- Stepchildren
- Adopted Children
- Children in your custody for adoption
- Children under your legal guardianship
- Permanently disabled children over plan age restrictions

Mid Year Changes // Qualifying Life Events

You may only enroll in benefits when you are first eligible or make changes to your benefits during open enrollment. However, you can make changes/enroll during the plan year if you experience a qualifying life event:

- Marriage
- Divorce
- New Baby/Adoption
- Death of Dependent
- Your Dependent's Open Enrollment
- You/Dependent lose other coverage
- You/Dependent gain other coverage
- You/Dependent lose Medicaid coverage
- You/Dependent gain Medicaid/Medicare coverage

[See Full Event List Here](#)

If you have a qualifying life event, you must submit your changes within 30 days of the event (60 days for Medicaid events), or you must wait until annual open enrollment to make any benefits changes. These events should be entered online through your enrollment platform. You may also be required to provide proof of the event to HR.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation act of 1985 (COBRA). COBRA continuation coverage can become available to you and other family members when group health coverage would otherwise end. Complete the confirmation of receipt of the COBRA general notice whenever you receive the notice and return to Human Resources.

[Confirmation Of Receipt Of COBRA Notice](#)



Getting started

Eligibility



Coverage	Who is Eligible	Coverage Starts	Coverage Ends
Medical	You are eligible as defined by your individual contract.	Elected coverage starts the first day of the month following date of hire.	On the last date of the month that you or your dependents are no longer eligible. (Children through the end of the calendar year (December 31st) they turn 26)
Dental	You are eligible as defined by your individual contract.	Elected coverage starts the first day of the month following date of hire.	On the last date of the month that you or your dependents are no longer eligible. (Children through the end of the calendar year (December 31st) they turn 26)
Vision	You are eligible as defined by your individual contract.	Elected coverage starts the first day of the month following date of hire.	On the last date of the month that you or your dependents are no longer eligible. (Children through the end of the calendar year (December 31st) they turn 26)
Life	You are eligible as defined by your individual contract.	Elected coverage starts the first day of the month following date of hire.	On the last date of employment.
Disability	You are eligible as defined by your individual contract.	Elected coverage starts the first day of the month following date of hire.	On the last date of employment.



Medical Insurance

All plan coverage shown represents in-network coverage. For out-of-network coverage reference your plan documents.

Your medical insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. Access the resources below to make the most of the medical benefit you choose.



[Expanded BlueCare Network](#)

[2024 State Partnership Brochure](#)

[Emergency Room Copay Waiver Request](#)

[Lab Site of Service Waiver](#)

[Medical Presentation](#)

[Medical Summary](#)

[Medical SPD](#)

 **Where to Seek Care**
Make the right Call!

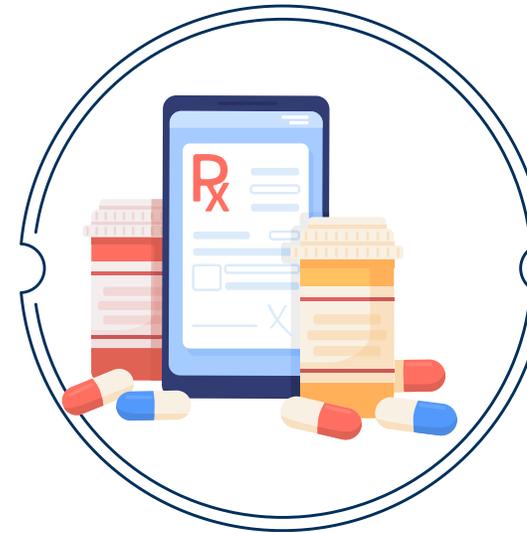
Medical Network Name:	State BlueCare POS
Deductible (DED)	\$350 Employee Only \$350 per Family member (\$1,400 maximum) Deductible is waived for HEP enrollees
Coinsurance	Not Applicable
Out-of-pocket maximum	\$2,000 Employee Only \$4,000 Family
Preventive care	100% covered (No Cost)
Primary care visit	\$15 Copay \$0 for Tier 1
Specialist visit	\$15 Copay \$0 for Tier 1
Urgent care	\$15 Copay
Emergency room	\$250 Copay (Waived if Admitted)
Outpatient hospital care	\$0 Copay
Inpatient hospital care	\$0 Copay
Diagnostic Testing	\$0 copay for Tier1
Lab/X-Ray/Radiology	80%/20% Coinsurance for Tier 2
Out-of-network care available?	Yes

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Pharmacy

Your prescription benefit plan, administered by CVS Caremark is designed to bring you quality pharmacy care that will help you save money.

- Pharmacy Look up Tool
- Check Your Cost Tool
- Pharmacy SPD
- CVS Coverage Exception Request Form
- Formulary Exception Prior Authorization Request Form
- Mandatory Mail Exception Request Form
- PrudentRX Opt-Out Form



CVS/Caremark Pharmacy

Prescription Drugs	Maintenance Drugs (31 to 90 day supply)	Non-Maintenance Drugs (Up to 30 day supply)	HEP Chronic Conditions
Generic (Preferred/Non-Preferred)	\$5/\$10	\$5/\$10	\$0
Preferred /Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred /Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-pocket maximum	\$4,600 Employee Only \$9,200 Family	\$4,600 Employee Only \$9,200 Family	\$4,600 Employee Only \$9,200 Family

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The Health Enhancement Program (HEP)



The Health Enhancement Program (HEP) is a wellness program attached to your health plan, that targets preventive care and chronic disease management

[HEP Overview](#)

[HEP FAQs](#)

[Check Your HEP Status](#)

Program Summary

Members enrolled in the health plan are required to get age-appropriate wellness exams and preventative screenings.

Chronic Condition Management targets diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia, and hypertension. You and/or your family will be required to participate in disease education and counseling if you have any of the five chronic conditions.

- \$0 Copay for office visits related to the targeted conditions
- Lower copays for maintenance drugs used to treat the targeted conditions (3 tier \$0, \$5, \$12.50)

The HEP program requires members enrolled in the health plan to fulfill the requirements.

(Note: HEP medical requirements and chronic condition education do not apply to dependent children. There are no Vision requirements for any members.)

If the HEP requirements are not completed the following penalties are implemented:

- The health plan deductible will apply: \$350 per individual (up to \$1,400 per family).
- Additional \$100 per month

2024 HEP Requirements

2024 PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit (Changing to every 2 years for all ages in 2025)		Every 3 years		Every 2 years		
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women) (Changing to every 2 years for women age 40+ in 2025)		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

The requirements are based on your age as of January 1 each year.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Quantum Health



MyQHealth Care

MyQHealth Care by Quantum Health is a team of nurses, benefit experts and claims specialists who will support your unique healthcare needs. You will get in contact with a live person who understands your benefits and your health history.

- A few things that the MyQHealth Care Team can assist with includes:

<ul style="list-style-type: none">• Replacing ID cards	<ul style="list-style-type: none">• Contact providers to discuss treatment
<ul style="list-style-type: none">• Claim Solutions	<ul style="list-style-type: none">• Create health improvement plans
<ul style="list-style-type: none">• Health Enhancement Program (HEP) Status	<ul style="list-style-type: none">• Avoid unnecessary out-of-pocket costs
<ul style="list-style-type: none">• Medical Benefits	<ul style="list-style-type: none">• Find in-network providers
<ul style="list-style-type: none">• Dental Benefits	<ul style="list-style-type: none">• Manage chronic conditions
<ul style="list-style-type: none">• Vision Benefits	<ul style="list-style-type: none">• Provide health education resources
<ul style="list-style-type: none">• Pharmacy Benefits	<ul style="list-style-type: none">• Verify coverage

MyQHealth Care wants to make your healthcare, simplified

Phone: 833-740-3258

Website: carecompass.quantum-health.com

Register for the Quantum Health portal by visiting the website or download the mobile app.



Additional Programs



FLYTE



A clinical obesity program that provides access to virtual care from a dedicated care team, that includes an obesity trained specialist.

Eligibility requirements:

- 18+ years old
- BMI of 30 or higher
- BMI of 27 with one weight-related condition (i.e. diabetes, heart disease, sleep apnea, etc.)

Check you BMI by clicking

<https://www.joinflyte.com/care-compass/#BMI>

For additional information, visit

<https://www.joinflyte.com/care-compass/>

NOTE:

Starting July 1, 2023, medications prescribed for weight loss or weight management will only be covered if they are prescribed by a Flyte physician. Flyte is a medical loss program offered to eligible State health plan members and their adult dependents.

Virta Health (formerly Livongo)



Virta is on a mission to reverse type 2 diabetes in 100 million people, while setting a new standard of medical care for people living with diabetes.

- Diabetes management and reversal program
- Changing metabolic care to help people regain their health and live the life they deserve.
- For additional information, visit <https://www.virtahealth.com/>

Diabetes Prevention Program (DPP)



A program, specifically for those at risk of diabetes, that helps improve lifestyle behaviors to reduce the chance of diabetes.

This is a 12-month program run by WellSpark that is focused on improving lifestyle behaviors to reduce diabetes risk.

To learn more about this program, visit

[CareCompass.CT.gov/diabetes](https://carecompass.ct.gov/diabetes).

Upswing Health



- Virtual orthopedic services
- Monthly webinars
- Back injury prevention program

To learn more about this program, visit

<https://carecompass.ct.gov/orthopedics/>

Employee Assistance Program (EAP)

Care for your mind – and your life.

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources at no cost for:

- Depression & anxiety – and other mental health concerns
- Family relationships and parenting
- Addiction and substance abuse
- Financial issues
- Legal problems
- Childcare and eldercare
- Grief and loss

Essentially, if it's part of your life, our EAP is here for you.

EAP FAQs

Will anyone know I contacted the EAP?

The EAP is confidential. No one will know you called or what was discussed.

Who can use the EAP?

Your spouse and children all have access to the EAP and it's services.

The Hartford offers Ability Assist Counseling Services for employees and their families. Unlimited Telephonic sessions and 3 face to face sessions per occurrence per year. Call 800-964-3577 for assistance or visit guidanceresources.com. [Plan Documents](#)

TotalCare EAP is also offered for employees and their families. Telephonic sessions are available by calling 800-252-4555 or 800-225-2527 or visit theEAP.com [Plan Documents](#)

COMPSYCH
Columbia Insurance Company

ESI
EMPLOYEE ASSISTANCE PROGRAM



24/7/365 access to care.

The Hartford

1-800-964-3577

guidanceresources.com

TotalCare EAP

1-800-252-4555 or

1-800-225-2527

theEAP.com

National Crisis Helplines

Suicide and Crisis: 988

Sexual Assault: 800-656-4673

Domestic Violence: 800-799-7233

Child Abuse: 800-422-4453

Substance Abuse: 800-662-4357

Trevor Project: 866-488-7386



Find a full list of
helplines here

Dental Insurance

Your dental insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. Access the resources below to make the most of your coverage.



[Find a Provider](#)

[Dental & Vision Presentation](#)

[Plan Documents](#)

 Don't sacrifice your smile!
4 ways to save on dental

Network name:	Option 2: DPPO Plan 2 with or without DHMO
	In-network
Annual Deductible (DED)	\$1,500
Annual maximum benefit	None
Preventive care	100%
Basic care	80%
Major care	67%
Orthodontic care	
Coverage	50%
Lifetime maximum benefit	\$1,500



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision Insurance

Your vision insurance comes with a lot of different resources to help you save money, make good health choices, and better understand your health. Access the resources below to make the most of your coverage.



[Find a Provider](#)

[Dental & Vision Presentation](#)

[Plan Documents](#)

 **Vision Coverage**
More than just your eyes!

	In-network care	Out-of-network care
Annual eye exam (every 12 months)	\$15 copay	up to \$45
Lenses (every 12 months)	Single: \$0 Bifocal: \$0 Trifocal: \$0	Single: up to \$40 Bifocal: up to \$65 Trifocal: up to \$75
Frames (every 12 months)	up to \$175 allowance; 20% off balance	up to \$126
Contact lenses (every 12 months)	\$360 allowance	up to \$345
Frequency of Services	Lenses: 1 x per 12 Months Frames: 1 x per 12 Months Contact Lenses: 1 x per 12 Months	Lenses 1 x per 12 Months Frames 1 x per 12 Months Contact Lenses: 1 x per 12 Months

Your vision plan covers either glass lenses (lenses in your frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glass lenses benefit.

Life And AD&D Insurance



Financial peace of mind.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if you pass away or are seriously injured due to an accident.

Basic life and AD&D insurance



Refer to your current Collective Bargaining Agreement for coverage information.



How much life insurance do I need?

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- your **beneficiary** if you pass away due to an accident
- you a partial benefit due to the loss, or the loss of use, of body parts or functions such as limbs, speech, eyesight, and hearing

Colonial Life



A beneficiary is the person, persons, or organization who would receive your benefit in the event you lose your life.

Make sure your beneficiaries are up to date – you can change them at any time!

Voluntary Benefit Plans with Colonial Life

Contact the Manchester CT Office: 860-665-8833 x803 or email ColonialHR@colcapitol.com for details on the available plans and rates.

In addition, for Pension Plan, Defined Benefit Plan and Defined Contribution Plan participants, group life insurance in the amount of one and one-half (1 1/2) times the employee's salary is provided as part of the Retirement Plan. This amount cannot exceed \$150,000.

Disability Insurance



Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Short-term Disability This benefit applies only to FOB Lodge 43.

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time.

Refer to your current Collective Bargaining Agreement for eligibility and coverage information.

Long-term Disability

Long-term disability coverage can provide lasting income protection if you remain unable to work.

Refer to your current Collective Bargaining Agreement for eligibility and coverage information.



Understanding Disability, FMLA, and the ADA

Pre-existing condition limitations

Check your plan details to see how pre-existing condition limitations might impact your coverage.

Duration of Benefits

The maximum is the longest length your disability will be covered. Most disabilities are shorter than the maximum and the length is determined by standardized measurements and medical advice.

Additional Services Provided Through the Hartford

Health Champion Flyer

Beneficiary Assistance

Travel & ID Theft Flyer

Estate Guidance Flyer

Funeral Concierge Flyer

Required Notices

OneDigital Privacy Policy

HIPAA Privacy Notice

Newborns' and Mothers' Health Protection Act

Women's Health and Cancer Rights Act

HIPAA Special Enrollment Notice

Continuation of Coverage Rights Under COBRA

Marketplace Coverage Options

Medicaid and the Children's Health Insurance Program (CHIP)

Medicare D Creditable Coverage Notice

CT Residents: Employee Rights under CTFMLA and CTPL

2024/25 Benefits

