

# 2026 Benefits Guide



**UConn**  
HEALTH | Community  
Network

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# Welcome to Your Benefits!

## **Our Commitment**

UConn Health Community Network has a vision – to be recognized for the quality of service we provide and lead our industry in customer satisfaction. To succeed, we remain committed to hiring and retaining the best, most talented employees for our business.

UConn Health Community Network fosters an environment where your contributions can be appreciated and recognized. We want to make a difference and ultimately build a fulfilling and rewarding career with you.

## **Choose the Coverage that’s Right for You!**

This Employee Benefits Guide provides essential information about the benefit plans available to eligible employees and their families. These plans prioritize your health and well-being.

The goal is to make a difference in your life and career so you can make a difference in the lives of others. No matter where you are, the plans sponsored by UConn Health Community Network will be with you every step of the way.

Our employee benefit program is designed to cover many of life’s most concerning contingencies – health care, prescription drugs, dental treatment, loss of income through disability insurance and family financial protection. These are issues we all must address to have a sense of personal and family security. Each of the benefit selections is summarized throughout this benefit summary guide. More detailed information on each benefit, important benefits information such as the HIPAA Notice of Privacy Practices, uniform summary of benefits, Summary Plan Descriptions, and related forms are available through our internet based Benefits Administration System, Oracle.

# UConn Health Community Network

## Eligibility

Eligibility for benefits is determined by employee classification, number of hours scheduled to work and a waiting period before benefits are effective.

Eligibility for Benefits		
<b>Employee Classification</b>	Full-time employees	Part-time employees
<b>Hours Requirement</b>	36-40 hours/week	20-35 hours/week
<b>Waiting Period</b> (benefits effective date)	1st of month following 30 days of continuous employment	
<b>Benefits Offered</b>	<ul style="list-style-type: none"> <li>■ Medical / Prescription Drugs</li> <li>■ Dental</li> <li>■ Vision</li> <li>■ Flexible Spending Accounts (FSA)</li> <li>■ Basic Life / AD&amp;D</li> <li>■ Employee Assistance Program (EAP)</li> <li>■ Optional Life</li> <li>■ Spouse Life</li> <li>■ Child Life</li> <li>■ Disability</li> <li>■ Identity Theft Protection</li> </ul>	<ul style="list-style-type: none"> <li>■ Medical / Prescription Drugs</li> <li>■ Dental</li> <li>■ Vision</li> <li>■ Flexible Spending Accounts (FSA)</li> <li>■ Basic Life / AD&amp;D</li> <li>■ Employee Assistance Program (EAP)</li> <li>■ Optional Life</li> <li>■ Spouse Life</li> <li>■ Child Life</li> <li>■ Disability</li> <li>■ Identity Theft Protection</li> </ul>
<b>When Benefits Terminate</b>	Medical, Dental, Vision, and FSA benefits end the last day of the month; all other benefits end the date of termination	

### Dependent Eligibility

Your eligible dependents also have access to many of the benefits we offer. Eligible dependents include:

- Legal spouse who is not eligible for coverage under their employer’s health plan.
- If your legal spouse is enrolled or eligible for medical insurance through another group health plan, they are not eligible to be covered under medical, dental or vision benefits.
- Children up to age 26, including natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support and the disability occurred before the age of 26.
- Babies born to dependent children are not covered.
- You may be required to provide supporting documentation, such as a marriage certificate, 1040 tax form, or birth certificate to verify dependent eligibility.

### When You Can Enroll or Make Changes

Newly hired employees have the opportunity to enroll during the eligibility waiting period. Eligible employees may also enroll or make changes to their benefits during the annual open enrollment period. Once elections are completed, no changes can be made until the next annual Open Enrollment period unless you experience a qualifying event status change or life event, such as:

- Marriage, divorce, or legal separation
- Birth, adoption or change in custody of eligible dependent
- Change in eligibility or employment status (i.e., benefit ineligible to benefit eligible, FT to PT and PT to FT)
- Change in your married partner’s employment status
- Gain or loss of eligibility for a dependent due to age change
- Loss of other health coverage (i.e., married partner’s health plan coverage begins or ends or Medicare / Medicaid eligibility ends)
- Legal decree, judgment or order (i.e., Qualified Medical Child Support Order - QMCSO)

You must notify the Benefits Department of any family or employment status changes within 31 days of the status change. This includes divorce or legal separation so the former spouse is removed from insurance. Failure to do so will result in delay of change until the next annual Open Enrollment period.

**Union 1199 members – Please refer to your union for information on plan eligibility and participation**

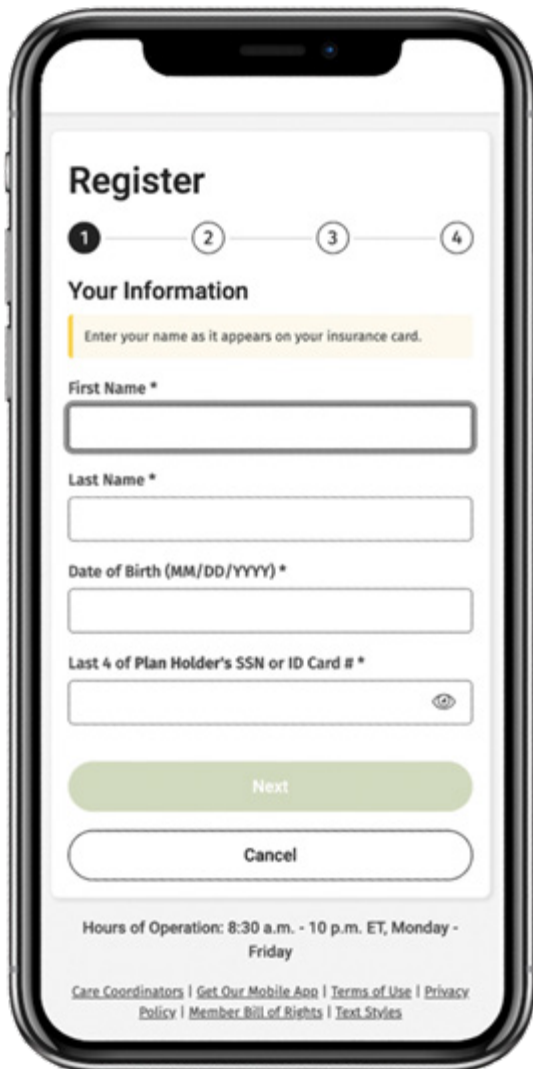
## Quantum Health

Administered by Quantum Health

### If there's a better way for you to experience healthcare, Quantum Health will find it.

Think of Quantum Health as your personal benefits assistants comprised of nurses, benefits experts, and claims specialists who will do all they can to support your unique healthcare and benefits needs. Each time you contact Quantum Health you'll talk to a real person who can help with:

- Finding In-Network providers
- Providing guidance and advice for new diagnoses or illnesses
- Handling confusing claims and bills
- Obtaining a pre-certification for a hospital stay, test or procedure
- Verifying prescription coverage
- Confirming eligibility for your providers
- Replacing lost ID cards
- Maximizing your benefits
- Answering questions about your care or health plan



### Quantum Health, your personal benefits assistant, is just a tap, click or call away!

#### How to register.

(Partial functionality as of 3/01 – full roll out as of 4/01)

The Quantum Health app and website make managing your healthcare and benefits easier than ever.

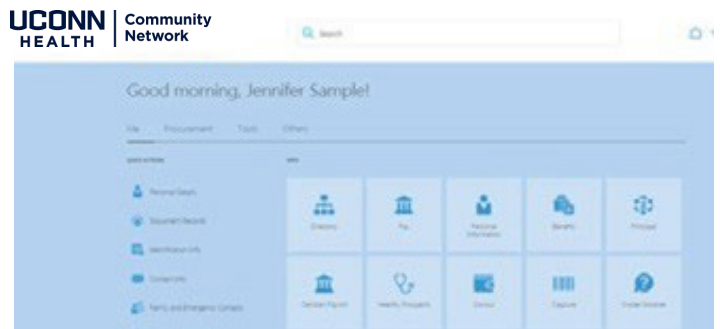
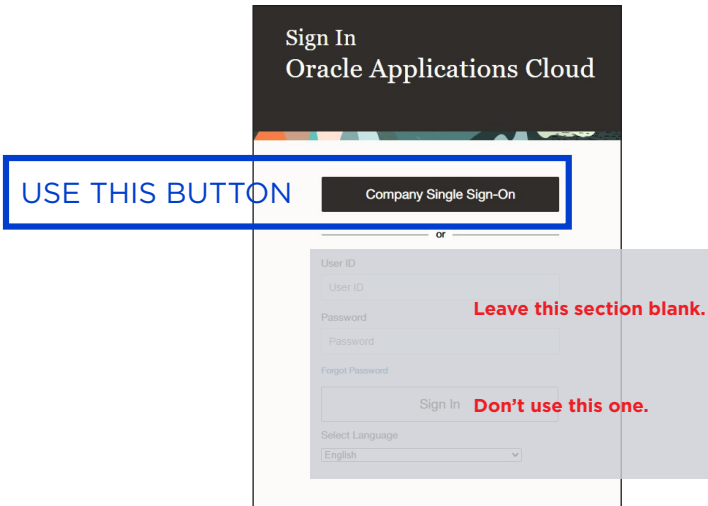
1	<b>Download</b> the Quantum Health app or go to <b>www.UHCN.Quantum-Health.com</b> .
2	Click on <b>Register</b> .
3	<b>Provide the information</b> requested. Anything with an asterisk(*) is required. You'll need to provide your first and last name, date of birth and last four digits of the plan holder's Social Security number.
4	Click <b>Next</b> .
5	<b>Set up two-factor authentication</b> using your email or mobile phone number.
6	<b>Check for a verification code</b> that will be sent to your email or phone.
7	<b>Enter the verification code</b> to complete your registration.

## Benefit Enrollment Summary

# Benefit Enrollment is Easy

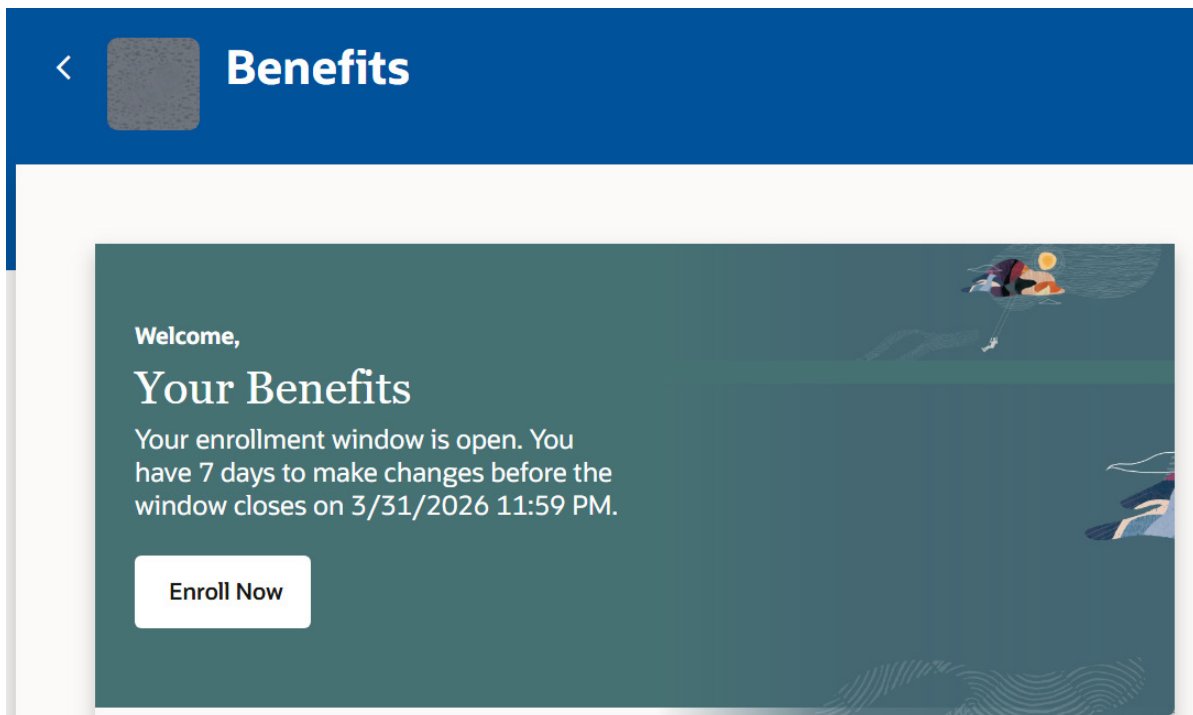
### GET STARTED

1. Log into Oracle at <https://eipp.fa.us6.oraclecloud.com> using the Company Single Sign-On option.
2. From the Oracle home screen, select **Me** and **Benefits**.



### BEGIN ENROLLMENT

Click the **Enroll/Make Changes** button.



## Medical

We value you and your family's health and well-being. That's why we offer comprehensive medical coverage to provide all the benefits and resources you need to support your health throughout the year.

To better evaluate the coverage and features available to you, please review the following brief summary of benefits.

### Your Medical Options

You have a choice of the following plan options:

- EPO
- Limited PPO
- Standard PPO
- Premier PPO
- Value PPO

### Selecting a Plan That's Right for You

Choosing the right medical plan takes careful consideration. Before making your decision, be sure to look closely at these factors:

- **Choice:** Some plans offer greater provider and facility networks than others. If you prefer to seek services both in and out of the network, choose a plan that offers higher levels of coverage and gives you the flexibility to select your provider.
- **Coverage:** Whether routine, surgical, prescription or another type of coverage, determine if the plan covers the services and medical treatments you value most.
- **Cost:** Each plan contains a variety of cost components. Consider the amount of your payroll deduction, as well as other plan expenses such as deductibles, copayments or coinsurance.

*-Union 1199 members are not eligible to enroll - please contact the Union for questions.*



# UConn Health Community Network

## Medical Benefits EPO

### Exclusive Provider Organization (EPO)

The Medical Exclusive Provider Organization (EPO) plan requires that you receive your health care from providers in the Tier 1 Network. The EPO Plan offers a full range of coverage with low out of pocket costs and is designed to be a cost-effective means of obtaining your health care services to protect you and your family in the event of an illness or injury.

All services must be received from providers in the Tier 1 Network when available, regardless of where you reside. If utilizing a Tier 1 Network provider, benefits will be paid based on your covered benefits where you are employed. Out-of-Network benefits are only available for emergency services; otherwise the service will not be covered. If services are not available within the Tier 1 Network, you may access care through the Anthem BlueCross BlueShield BlueCard PPO Network (Tier 2). Tier 2 benefits apply when services are rendered by a Tier 2 provider.

	Anthem BlueCross BlueShield EPO	
	Tier 1 UConn Health Community System Network	Tier 2 Only for Services Not Available in the Preferred EPO Network
<b>LIFETIME PLAN MAXIMUM (PER INDIVIDUAL)</b>		
<b>Essential Health Benefits</b>	Unlimited	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
<b>Individual</b>	\$0	\$250
<b>Family</b>	\$0	\$750
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
<b>Individual</b>	\$2,750	\$2,750
<b>Family</b>	\$8,250	\$8,250
<b>PHYSICIAN SERVICES</b>		
<b>Office Visit</b> (Primary Care Physician)	\$35 copay	
<b>Office Visit</b> (Specialist)	\$40 copay	
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	No charge	No charge*
<b>Teladoc</b> (Telemedicine Visit)	\$10 copay	
<b>INPATIENT SERVICES - FACILITY</b>		
<b>Inpatient Hospital Room &amp; Board</b>	No charge	\$600/admit, then 10%*
<b>OUTPATIENT SERVICES - FACILITY</b>		
<b>Outpatient Lab, X-Ray, Diagnostic</b>	No charge	10%*
<b>Outpatient Surgery</b>	No charge	\$300/service, then 10%*
<b>Ambulatory Surgical Center</b>	No charge	\$300/service, then 10%*
<b>Hospital-Outpatient Treatment</b> (nonsurgical & other expenses)	No charge	\$300/service, then 10%*
<b>EMERGENCY CARE</b>		
<b>Urgent Care</b>	\$35 copay	
<b>Emergency Room</b> (copay waived if admitted)	No charge	\$170 copay*
<b>Emergency Room Physician</b>	No charge	No charge*
<b>Ambulance</b>	10%	10%*
<b>PREVENTIVE CARE / WELLNESS SERVICES</b>		
<b>Physical Exams and Periodic Check-Ups</b>	No charge	No charge
<b>Well Baby and Well Child Care</b>	No charge	No charge
<b>Well Woman Exams</b>	No charge	No charge
<b>Immunizations</b>	No charge	No charge

\*After deductible

# UConn Health Community Network

## Medical Benefits EPO (Continued)

	Anthem BlueCross BlueShield EPO	
	Tier 1 UConn Health Community System Network	Tier 2 Only for Services Not Available in the Preferred EPO Network
<b>OTHER PROVIDER SERVICES</b>		
<b>Physical, Speech &amp; Occupational Therapy</b> (60 combined visits/cal yr)	\$40 copay	\$40 copay
<b>Chiropractic Care</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Services - Primary Care</b>	\$35 copay	\$35 copay
<b>Allergy Services - Specialist</b>	\$40 copay	\$40 copay
<b>Allergy Services - Injections &amp; Serum</b>	No charge	No charge
<b>PREGNANCY AND MATERNITY CARE</b>		
<b>Pre-Natal Care</b> (Initial Visit)	No charge	No charge
<b>Inpatient Hospital Room and Semi Private</b>	No charge	\$600/admit, then 10%*
<b>GENERAL MEDICAL SERVICES</b>		
<b>Physician's Office, Lab and X-Ray</b>	No charge after OV copay	OV copay, then 10%
<b>Independent Lab and X-Ray</b>	No charge	No charge*
<b>Advanced Imaging</b>	No charge	\$100 copay/test*
<b>Skilled Nursing or Extended Care Facility</b> (up to 100 visits/cal year)	No charge	\$100 copay/admit*
<b>Home Health Care</b> (up to 100 visits/cal year)	\$35 copay/visit	\$35 copay/visit
<b>Hospice Care</b>	No charge	\$100 copay/admit*
<b>Durable Medical Equipment</b>	No charge	No charge*
<b>Hearing Aid Services &amp; Ancillary Equipment</b>	No charge, deductible waived \$2,000 allowance every 24 months (does not count towards OOP Max)	
<b>MENTAL OR NERVOUS DISORDERS AND SUBSTANCE ABUSE</b>		
<b>Inpatient Facility</b>	No charge	\$600/admit, then 10%*
<b>Inpatient Physician</b>	No charge	No charge*
<b>Outpatient Visits</b> (physician)	\$35 copay	
<b>Prescription Drug Coverage</b>		
	<b>Medimpact Mandatory Generic Retail</b>	
<b>Deductible</b> (Individual/Family)	None	
<b>Out-of-Pocket Max</b> (Individual/Family)	\$2,500 / \$5,000	\$2,500 / \$5,000
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>		
<b>Generic</b>	\$15 copay	
<b>Formulary Brand</b>	\$45 copay	
<b>Non-Formulary Brand</b>	\$60 copay	
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>		
<b>Generic</b>	\$30 copay	
<b>Formulary Brand</b>	\$90 copay	
<b>Non-Formulary Brand</b>	\$120 copay	
<b>Specialty</b> (30-day supply)	25% (\$150 max.)	

\*After deductible

# UConn Health Community Network

## Medical Benefits Limited PPO

The Limited PPO plan provides the same provider network as the EPO plan except you are not limited to the Tier 1 network. You have flexibility to use the UConn Health Community System Network (Tier 1) or the Anthem BlueCross BlueShield Network (Tier 2). Your cost sharing will depend on whether you use Tier 1 or Tier 2 networks. There is no Out-of-Network coverage unless it is an emergency.

	Anthem BlueCross BlueShield Limited PPO	
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network
<b>LIFETIME PLAN MAXIMUM (PER INDIVIDUAL)</b>		
Essential Health Benefits	Unlimited	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$0	\$1,630
Family	\$0	\$4,890
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>		
Individual	\$2,750	\$5,000
Family	\$8,250	\$10,000
<b>PHYSICIAN SERVICES</b>		
Office Visit (Primary Care Physician)	\$35 copay	20%*
Office Visit (Specialist)	\$40 copay	20%*
Surgeon, Assistant Surgeon, Anesthesia	No charge	20%*
Teladoc (Telemedicine Visit)	\$10 copay	
<b>INPATIENT SERVICES - FACILITY</b>		
Inpatient Hospital Room & Board	\$600/admit, then 10%	20%*
<b>OUTPATIENT SERVICES - FACILITY</b>		
Outpatient Lab, X-Ray, Diagnostic	No charge	20%*
Outpatient Surgery	\$300/service, then 10%	20%*
Ambulatory Surgical Center	\$300/admit, then 10%	20%*
Hospital-Outpatient Treatment (nonsurgical & other expenses)	No charge	20%*
<b>EMERGENCY CARE</b>		
Urgent Care	\$35 copay	
Emergency Room (copay waived if admitted)	No charge	20%*
Emergency Room Physician	No charge	No charge
Ambulance	10%	10%*
<b>PREVENTIVE CARE / WELLNESS SERVICES</b>		
Physical Exams and Periodic Check-Ups	No charge	
Well Baby and Well Child Care	No charge	
Well Woman Exams	No charge	
Immunizations	No charge	

\*After deductible

## UConn Health Community Network

### Medical Benefits Limited PPO (Continued)

	Anthem BlueCross BlueShield Limited PPO	
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network
<b>OTHER PROVIDER SERVICES</b>		
<b>Physical, Speech &amp; Occupational Therapy</b> (60 combined visits/cal yr)	\$40 copay	20%*
<b>Chiropractic Care</b>	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>Allergy Services - Primary Care</b>	\$35 copay	20%*
<b>Allergy Services - Specialist</b>	\$40 copay	20%*
<b>Allergy Services - Injections &amp; Serum</b>	No charge	20%*
<b>PREGNANCY AND MATERNITY CARE</b>		
<b>Pre-Natal Care</b> (Initial Visit)	No charge	No charge
<b>Inpatient Hospital Room and Semi Private</b>	\$600 copay, then 10%	20%*
<b>GENERAL MEDICAL SERVICES</b>		
<b>Physician's Office, Lab and X-Ray</b>	No charge after OV copay	20%*
<b>Independent Lab and X-Ray</b>	No charge	20%*
<b>Advanced Imaging</b>	No charge	20%*
<b>Skilled Nursing or Extended Care Facility</b> (up to 100 visits/cal year)	No charge	20%*
<b>Home Health Care</b> (up to 100 visits/cal year)	\$35 copay/visit	20%*
<b>Hospice Care</b>	No charge	20%*
<b>Durable Medical Equipment</b>	No charge	20%*
<b>Hearing Aid Services &amp; Ancillary Equipment</b>	No charge; \$2,000 allowance every 24 months (does not count towards OOP Max)	20%*
<b>MENTAL OR NERVOUS DISORDERS AND SUBSTANCE ABUSE</b>		
<b>Inpatient Facility</b>	\$600/admit, then 10%*	20%*
<b>Inpatient Physician</b>	No charge	20%*
<b>Outpatient Visits</b> (physician)	\$35 copay	20%*
<b>Prescription Drug Coverage</b>		
	<b>Medimpact Mandatory Generic Retail</b>	
<b>Deductible</b> (Individual/Family)	None	
<b>Out-of-Pocket Max</b> (Individual/Family)	\$2,500 / \$5,000	\$2,500 / \$5,000
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>		
<b>Generic</b>	\$15 copay	
<b>Formulary Brand</b>	\$45 copay	
<b>Non-Formulary Brand</b>	\$60 copay	
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>		
<b>Generic</b>	\$30 copay	
<b>Formulary Brand</b>	\$90 copay	
<b>Non-Formulary Brand</b>	\$120 copay	
<b>Specialty</b> (30-day supply)	25% (\$150 max.)	

\*After deductible

# UConn Health Community Network

## Medical Benefits Standard PPO

The Standard PPO plan offers freedom of choice and allows you the ability to go Out-of-Network. You may obtain services from any provider you choose, but your costs will be lower when utilizing the UConn Health Community System Network (Tier 1) or the Anthem BlueCross BlueShield Network (Tier 2) Provider. Your out-of-pocket costs will be lowest when care is received within the UConn Health Community System Network. For services received Out-of-Network, you will be responsible for any difference between the covered expense and actual charges.

	Anthem BlueCross BlueShield Standard PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>LIFETIME PLAN MAXIMUM (PER INDIVIDUAL)</b>			
<b>Essential Health Benefits</b>		Unlimited	
<b>CALENDAR YEAR DEDUCTIBLE</b>			
<b>Individual</b>	\$0	\$1,630	\$5,080
<b>Family</b>	\$0	\$4,890	\$15,240
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>			
<b>Individual</b>	\$2,750	\$5,000	\$8,650
<b>Family</b>	\$8,250	\$10,000	\$25,950
<b>PHYSICIAN SERVICES</b>			
<b>Office Visit</b> (Primary Care Physician)	\$35 copay	20%*	40%*
<b>Office Visit</b> (Specialist)	\$40 copay	20%*	40%*
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	No charge	20%*	40%*
<b>Teladoc</b> (Telemedicine Visit)		\$10 copay	
<b>INPATIENT SERVICES - FACILITY</b>			
<b>Inpatient Hospital Room &amp; Board</b>	\$600/admit, then 10%	20%*	40%*
<b>OUTPATIENT SERVICES - FACILITY</b>			
<b>Outpatient Lab, X-Ray, Diagnostic</b>	No charge	20%*	40%*
<b>Outpatient Surgery</b>	\$300/service, then 10%	20%*	40%*
<b>Ambulatory Surgical Center</b>	\$300/admit, then 10%	20%*	40%*
<b>Hospital-Outpatient Treatment</b> (nonsurgical & other expenses)	No charge	20%*	40%*
<b>EMERGENCY CARE</b>			
<b>Urgent Care</b>		\$35 copay	40%*
<b>Emergency Room</b> (copay waived if admitted)	No charge		20%*
<b>Emergency Room Physician</b>	No charge	No charge	No charge
<b>Ambulance</b>	10%	10%*	10%*
<b>PREVENTIVE CARE / WELLNESS SERVICES</b>			
<b>Physical Exams and Periodic Check-Ups</b>	No charge	No charge	40%*
<b>Well Baby and Well Child Care</b>	No charge	No charge	40%*
<b>Well Woman Exams</b>	No charge	No charge	40%*
<b>Immunizations</b>	No charge	No charge	40%*

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

## UConn Health Community Network

### Medical Benefits Standard PPO (Continued)

	Anthem BlueCross BlueShield Standard PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>OTHER PROVIDER SERVICES</b>			
<b>Physical, Speech &amp; Occupational Therapy</b> (60 combined visits/cal yr)	\$40 copay	20%*	40%*
<b>Chiropractic Care</b>	Not covered	Not covered	Not covered
<b>Acupuncture</b>	Not covered	Not covered	Not covered
<b>Allergy Services - Primary Care</b>	\$35 copay	20%*	40%*
<b>Allergy Services - Specialist</b>	\$40 copay	20%*	40%*
<b>Allergy Services - Injections &amp; Serum</b>	No charge	20%*	40%*
<b>PREGNANCY AND MATERNITY CARE</b>			
<b>Pre-Natal Care</b> (Initial Visit)	No charge	No charge	40%*
<b>Inpatient Hospital Room and Semi Private</b>	\$600/admit, then 10%	20%*	40%*
<b>GENERAL MEDICAL SERVICES</b>			
<b>Physician's Office, Lab and X-Ray</b>	No charge after OV copay	20%*	40%*
<b>Independent Lab and X-Ray</b>	No charge	20%*	40%*
<b>Advanced Imaging</b>	No charge	20%*	40%*
<b>Skilled Nursing or Extended Care Facility</b> (up to 100 visits/cal year)	No charge	20%*	40%*
<b>Home Health Care</b> (up to 100 visits/cal year)	\$35 copay	20%*	40%*
<b>Hospice Care</b>			
<b>Durable Medical Equipment</b>	No charge	20%*	40%*
<b>Hearing Aid Services &amp; Ancillary Equipment</b>	No charge	20%	40%
	\$2,000 allowance every 24 months (does not count towards OOP Max)		
<b>MENTAL OR NERVOUS DISORDERS AND SUBSTANCE ABUSE</b>			
<b>Inpatient Facility</b>	\$600/admit, then 10%	20%*	40%*
<b>Inpatient Physician</b>	No charge	20%*	40%*
<b>Outpatient Visits</b> (physician)	\$35 copay	20%*	40%*
<b>Prescription Drug Coverage</b>	<b>Medimpact Mandatory Generic Retail</b>		<b>Tier 3</b>
<b>Deductible</b> (Individual/Family)	None		None
<b>Out-of-Pocket Max</b> (Individual/Family)	\$2,500 / \$5,000		N/A
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>			
<b>Generic</b>	\$15 copay		Not covered
<b>Formulary Brand</b>	\$45 copay		
<b>Non-Formulary Brand</b>	\$60 copay		
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>			
<b>Generic</b>	\$30 copay		Not covered
<b>Formulary Brand</b>	\$90 copay		
<b>Non-Formulary Brand</b>	\$120 copay		
<b>Specialty</b> (30-day supply)	25% (\$150 max.)		

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

## UConn Health Community Network

### Medical Benefits Premier PPO

The Premier PPO plan offers the ultimate freedom of choice and is the richest plan offered. You may obtain services from any provider you choose, but your costs will be lower when utilizing the UConn Health Community System Network (Tier 1) or the Anthem BlueCross BlueShield Network (Tier 2) Provider. For services received Out-of-Network, you will be responsible for any difference between the covered expense and actual charges.

	Anthem BlueCross BlueShield Premier PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>LIFETIME PLAN MAXIMUM (PER INDIVIDUAL)</b>			
<b>Essential Health Benefits</b>		Unlimited	
<b>CALENDAR YEAR DEDUCTIBLE</b>			
<b>Individual</b>	\$0	\$500	\$500
<b>Family</b>	\$0	\$1,500	\$1,500
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>			
<b>Individual</b>	\$2,250	\$2,650	\$4,650
<b>Family</b>	\$5,625	\$6,625	\$13,950
<b>PHYSICIAN SERVICES</b>			
<b>Office Visit</b> (Primary Care Physician)	\$20 copay	\$30 copay	30%*
<b>Office Visit</b> (Specialist)	\$25 copay	\$30 copay	30%*
<b>Surgeon, Assistant Surgeon, Anesthesia</b>	No charge	10%*	30%*
<b>Teladoc</b> (Telemedicine Visit)		\$10 copay	
<b>INPATIENT SERVICES - FACILITY</b>			
<b>Inpatient Hospital Room &amp; Board</b>	No charge	10%*	30%*
<b>OUTPATIENT SERVICES - FACILITY</b>			
<b>Outpatient Lab, X-Ray, Diagnostic</b>	No charge	10%*	30%*
<b>Outpatient Surgery</b>	No charge	10%*	30%*
<b>Ambulatory Surgical Center</b>	No charge	10%*	30%*
<b>Hospital-Outpatient Treatment</b> (nonsurgical & other expenses)	No charge	10%*	30%*
<b>EMERGENCY CARE</b>			
<b>Urgent Care</b>	\$25 copay	\$30 copay	30%*
<b>Emergency Room</b> (copay waived if admitted)	No charge	\$120 + 10%*	\$120 + 10%
<b>Emergency Room Physician</b>	No charge	No charge	No charge
<b>Ambulance</b>	10%	10%*	10%*
<b>PREVENTIVE CARE / WELLNESS SERVICES</b>			
<b>Physical Exams and Periodic Check-Ups</b>	No charge	No charge	Not covered
<b>Well Baby and Well Child Care</b>	No charge	No charge	Not covered
<b>Well Woman Exams</b>	No charge	No charge	Not covered
<b>Immunizations</b>	No charge	No charge	Not covered

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

## UConn Health Community Network

# Medical Benefits Premier PPO (Continued)

	Anthem BlueCross BlueShield Premier PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>OTHER PROVIDER SERVICES</b>			
<b>Physical, Speech &amp; Occupational Therapy</b> (60 combined visits/cal yr)	\$25 copay	\$30 copay	30%*
<b>Chiropractic Care</b>	\$30 copay, 12 visits maximum per year	\$30 copay, 12 visits maximum per year	Not covered
<b>Acupuncture</b>	\$30 copay	\$30 copay	\$30 copay
<b>Allergy Services - Primary Care</b>	\$25 copay	\$30 copay	30%*
<b>Allergy Services - Specialist</b>	\$25 copay	\$30 copay	30%*
<b>Allergy Services - Injections &amp; Serum</b>	\$25 copay	\$30 copay	30%*
<b>PREGNANCY AND MATERNITY CARE</b>			
<b>Pre-Natal Care</b> (Initial Visit)	No charge	No charge	No charge
<b>Inpatient Hospital Room and Semi Private</b>	No charge	10%*	30%*
<b>GENERAL MEDICAL SERVICES</b>			
<b>Physician's Office, Lab and X-Ray</b>	No charge after OV copay	No charge after OV copay	30%*
<b>Independent Lab and X-Ray</b>	No charge	\$40 copay*	30%*
<b>Advanced Imaging</b>	No charge	\$40 copay*	30%*
<b>Skilled Nursing or Extended Care Facility</b> (up to 100 visits/cal year)	No charge	10%*	30%*
<b>Home Health Care</b> (up to 100 visits/cal year)	10%	10%*	Not covered
<b>Hospice Care</b>	No charge	10%*	Not covered
<b>Durable Medical Equipment</b>	10%	10%*	30%
<b>Hearing Aid Services &amp; Ancillary Equipment</b>	10%	10%	30%
	\$2,000 allowance every 24 months (does not count towards OOP Max)		
<b>MENTAL OR NERVOUS DISORDERS AND SUBSTANCE ABUSE</b>			
<b>Inpatient Facility</b>	No charge	10%*	30%*
<b>Inpatient Physician</b>	No charge	10%*	30%*
<b>Outpatient Visits</b> (physician)	\$25 copay	\$30 copay	30%*
<b>Prescription Drug Coverage</b>	<b>Medimpact Mandatory Generic Retail</b>		<b>Tier 3</b>
<b>Deductible</b> (Individual/Family)	None		None
<b>Out-of-Pocket Max</b> (Individual/Family)	\$2,500 / \$5,000		N/A
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>			
<b>Generic</b>	\$15 copay		Not covered
<b>Formulary Brand</b>	\$45 copay		
<b>Non-Formulary Brand</b>	\$60 copay		
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>			
<b>Generic</b>	\$30 copay		Not covered
<b>Formulary Brand</b>	\$90 copay		
<b>Non-Formulary Brand</b>	\$120 copay		
<b>Specialty</b> (30-day supply)	25% (\$150 max.)		

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

## UConn Health Community Network

### Medical Benefits Value PPO

The Value PPO offers freedom of choice and allows you the ability to go Out-of-Network. You may obtain services from any provider you choose, but your costs will be lower when utilizing the UConn Health Community System Network (Tier 1) or the Anthem BlueCross BlueShield Network (Tier 2) Provider. This PPO has high deductibles and cost sharing but your annual preventive exams are always covered at 100% within the Tier 1 or Tier 2 networks. For services received Out-of-Network, you will be responsible for any difference between the covered expense and actual charges.

	Anthem BlueCross BlueShield Value PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>LIFETIME PLAN MAXIMUM (PER INDIVIDUAL)</b>			
<b>CALENDAR YEAR DEDUCTIBLE</b>			
<b>Individual</b>	\$3,000	\$5,900	\$10,000
<b>Family</b>	\$6,000	\$11,800	\$20,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)</b>			
<b>Individual</b>	\$5,000	\$5,900	\$30,000
<b>Family</b>	\$10,000	\$11,800	\$60,000
<b>PHYSICIAN SERVICES</b>			
<b>Office Visit</b> (Primary Care Physician)		No charge*	50%*
<b>Office Visit</b> (Specialist)		No charge*	50%*
<b>Surgeon, Assistant Surgeon, Anesthesia</b>		No charge*	50%*
<b>Teladoc</b> (Telemedicine Visit)		\$10 copay	
<b>INPATIENT SERVICES - FACILITY</b>			
<b>Inpatient Hospital Room &amp; Board</b>		No charge*	50%*
<b>OUTPATIENT SERVICES - FACILITY</b>			
<b>Outpatient Lab, X-Ray, Diagnostic</b>		No charge*	50%*
<b>Outpatient Surgery</b>		No charge*	50%*
<b>Ambulatory Surgical Center</b>		No charge*	50%*
<b>Hospital-Outpatient Treatment</b> (nonsurgical & other expenses)		No charge*	50%*
<b>EMERGENCY CARE</b>			
<b>Urgent Care</b>		No charge*	10%*
<b>Emergency Room</b> (copay waived if admitted)		No charge*	No charge*
<b>Emergency Room Physician</b>		No charge*	10%*
<b>Ambulance</b>		No charge*	10%*
<b>PREVENTIVE CARE / WELLNESS SERVICES</b>			
<b>Physical Exams and Periodic Check-Ups</b>		No charge	50%*
<b>Well Baby and Well Child Care</b>		No charge	50%*
<b>Well Woman Exams</b>		No charge	50%*
<b>Immunizations</b>		No charge	50%*

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

# UConn Health Community Network

## Medical Benefits Value PPO (Continued)

	Anthem BlueCross BlueShield Value PPO		
	Tier 1 UConn Health Community System Network	Tier 2 Anthem BlueCross BlueShield Preferred Network	Tier 3 Out-of-Network**
<b>OTHER PROVIDER SERVICES</b>			
<b>Physical, Speech &amp; Occupational Therapy</b> (60 combined visits/cal yr)	No charge*	No charge*	50%*
<b>Chiropractic Care</b>		Not covered	
<b>Acupuncture</b>		Not covered	
<b>Allergy Services - Primary Care</b>	No charge*	No charge*	50%*
<b>Allergy Services - Specialist</b>	No charge*	No charge*	50%*
<b>Allergy Services - Injections &amp; Serum</b>	No charge*	No charge*	50%*
<b>PREGNANCY AND MATERNITY CARE</b>			
<b>Pre-Natal Care</b> (Initial Visit)	No charge	No charge	No charge
<b>Inpatient Hospital Room and Semi Private</b>	No charge*	No charge*	No charge*
<b>GENERAL MEDICAL SERVICES</b>			
<b>Physician's Office, Lab and X-Ray</b>		No charge*	50%*
<b>Independent Lab and X-Ray</b>		No charge*	50%*
<b>Advanced Imaging</b>		No charge*	50%*
<b>Skilled Nursing or Extended Care Facility</b> (up to 100 visits/cal year)		No charge*	50%*
<b>Home Health Care</b> (up to 100 visits/cal year)		No charge*	50%*
<b>Hospice Care</b>		No charge*	50%*
<b>Durable Medical Equipment</b>		No charge*	50%*
<b>Hearing Aid Services &amp; Ancillary Equipment</b>		20%	50%
	\$2,000 allowance every 24 months (does not count towards OOP Max)		
<b>MENTAL OR NERVOUS DISORDERS AND SUBSTANCE ABUSE</b>			
<b>Inpatient Facility</b>		No charge*	50%*
<b>Inpatient Physician</b>		No charge*	50%*
<b>Outpatient Visits</b> (physician)		No charge*	50%*
<b>Prescription Drug Coverage</b>	<b>Medimpact Mandatory Generic Retail</b>		<b>Tier 3</b>
<b>Deductible</b> (Individual/Family)	None		None
<b>Out-of-Pocket Max</b> (Individual/Family)	\$2,650 / \$5,300		N/A
<b>RETAIL RX (UP TO 30-DAY SUPPLY)</b>			
<b>Generic</b>	\$15 copay		
<b>Formulary Brand</b>	\$45 copay		Not covered
<b>Non-Formulary Brand</b>	\$60 copay		
<b>MAIL ORDER RX (90-DAY SUPPLY)</b>			
<b>Generic</b>	\$30 copay		
<b>Formulary Brand</b>	\$90 copay		
<b>Non-Formulary Brand</b>	\$120 copay		Not covered
<b>Specialty</b> (30-day supply)	25% (\$150 max.)		

\*After deductible

\*\*When utilizing Out-of-Network benefits, the Plan payment will be based on the Maximum Allowable Charges for the services. You will be responsible to pay the provider / facility any difference between the Plan's payment and the provider's / facility's full charge for the services

## Prescription Drugs

Administered by Medimpact

Your medical plan includes coverage for prescription medication. When you enroll in the EPO or PPO medical plans, you are automatically enrolled in the prescription drug plan administered by Medimpact. The prescription drug information is combined with your medical ID card. To access a complete listing of Medimpact pharmacies near you, log onto [www.medimpact.com](http://www.medimpact.com).

### Exclusive Home Delivery for Maintenance Medications

If you take maintenance medication, such as those used to treat high blood pressure or high cholesterol, you can avoid higher costs by taking advantage of the convenience of home delivery pharmacy services. This program allows you to refill maintenance medications at a retail pharmacy twice without incurring a higher cost. After the second purchase, you'll be responsible for paying the entire cost of the medication when using a retail pharmacy. You can avoid these higher costs by signing up for home delivery by contacting Medimpact at **877.403.6040** or log in to [www.medimpact.com](http://www.medimpact.com).

### Medimpact Direct Specialty Program

The Medimpact Direct Specialty Program provides access to specialty drugs for chronic and complex conditions. Whether the medication is new for you, or if you have been taking it for a while, the dispensing pharmacy will help you get the most from your medication.

Medimpact Direct Specialty is here to help. Call **877.391.1103** (available Monday through Friday from 8 am to 8 pm Eastern Time). Or email at [specialtyservicecenter@medimpactdirect.com](mailto:specialtyservicecenter@medimpactdirect.com).

## Telemedicine

Virtual Care, or telemedicine, is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors – receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician.

### Telemedicine offers you:

- 24/7/365 convenience
- No Emergency Room Waits
- Quality Doctors

Call **800.835.2362**  
Visit [TeladocHealth.com](http://TeladocHealth.com)  
Download the app



### Remote Health Care Can Treat Many Common Health Issues

Through virtual care, doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

- Abdominal Pain/Cramps
- Animal/Insect Bites
- Backache
- Cold and Flu Symptoms
- Eye Infection/Irritation
- Laryngitis
- Respiratory infection
- Sore Throat
- Strep
- Allergies
- Asthma
- Blood Pressure Issues
- Dizziness
- Headaches/Migraines
- Poison Ivy/Oak
- Sinusitis
- Sprains and Strains
- Bronchitis

Refer to the Medical plans in this Guide for copayment information.

# Medical Expense Reimbursement Plan (MERP)

**The Medical Expense Reimbursement Plan reimburses you (the employee) and your dependents for eligible health care expenses incurred under alternate group health coverage.**

### Who is Eligible?

This plan is voluntary and available to all benefit eligible employees and their eligible dependent child(ren) who are currently enrolled in the UCHCN Medical Plan and who enroll in a qualified, alternate group Medical Plan for 2026.

New hires and those who become newly eligible for medical benefits are not eligible to enroll in MERP in 2026. You may be eligible in 2027 if you meet the above eligibility requirements.

### MERP Benefits

- Copays, deductibles and coinsurance reimbursed by the MERP up to \$10,600/single and \$21,200/family per year.
- This is no cost to you; there is no premium contribution deducted from your paycheck.

### How Does the MERP work?

- Waive coverage for yourself and eligible dependent child(ren) under the UCHCN Medical Plan.
- Enroll yourself and/or dependent child(ren) into a qualified alternate plan, typically your spouse's plan.
- Enroll in the MERP plan using Oracle.
- You will receive a MERP ID card. Present your MERP ID card at the time of service, after the ID card for your alternate plan. The MERP ID card will give the provider information for filing claims for co-pays, co-insurance and deductibles.

### IRS Rules

- You may be enrolled in an HRA or FSA. You CANNOT be reimbursed from both the MERP and your HRA or FSA.
- **You are NOT eligible for the MERP if your alternate coverage is:**
  - A high deductible health plan (HDHP) with active contributions to a Health Savings Account (HSA);
  - Medicare, Medicaid, Tricare (Retiree only);
  - An Individual Policy.

The MERP is administered by Catilize Health, who has a dedicated staff to personally handle your claims.

Any paper claims can be submitted by fax, email or by U.S. mail. Claim forms are available from Catilize Health.

If you have questions regarding claims or benefits, please call Catilize Health at **877.872.4232**, fax **877.599.3724** or email: **info@catilizehealth.com**.

*-Union 1199 members are not eligible to enroll - please contact the Union for questions.*



# Dental Benefits

Administered by Delta Dental PPO

**Your dental options promote and encourage preventive dental care and provide benefits for services that are essential to good oral health.**

Delta Dental PPO offers a network of dentists who have agreed to reduced contracted rates for their services and they cannot “balance bill” enrollees for additional charges. You are able to visit any licensed dentist of your choice, but you will usually have less out-of-pocket expenses when you visit a Delta Dental PPO network dentist. A Delta Dental Premier® dentist is your next best bet; their contracted rates are slightly higher than those of PPO dentists, but you will still enjoy some cost protection.

Enrollees who visit Delta Dental dentists receive the advantages of no billing beyond the charges allowed by the plan and the submission of claims by dentists.

## Dental Plan Overview

	Delta Dental PPO*	
	Delta Dental PPO Dentists**	Non-Delta Dental PPO Dentists**
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Individual	\$25	\$50
Family	\$75	\$150
<b>CALENDAR YEAR PLAN MAXIMUM</b>		
Per Individual	\$2,000	\$1,500
	<b>You Pay</b>	<b>You Pay</b>
<b>PREVENTIVE CARE</b>		
Oral Exams, X-rays, Cleanings, Fluoride, Space Maintainers	No charge (deductible waived)	20% (deductible waived)
<b>BASIC SERVICES</b>		
Oral Surgery, Fillings, Endodontic Treatment, Periodontic Treatment, Repairs of Dentures and Crowns, Sealants	20%	20%
<b>MAJOR SERVICES</b>		
Crowns, Jackets, Dentures, Bridge Implants	50%	50%
<b>ORTHODONTIA</b>		
Covered (Adult & Child to age 26)		50%
Lifetime Orthodontia Plan Maximum (Per Individual)		\$1,500

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist’s submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

### Delta Dental of CT

Phone: **800.452.9310**

Website: **www.deltadentalct.com**

To locate a dentist, create an account and print a temporary ID card, visit the Delta Dental website.

-Union 1199 members are not eligible to enroll - please contact the Union for questions.

# Vision Insurance

Administered by VSP

**Vision care is essential to your overall health. Getting regular eye exams helps your doctor detect a variety of medical conditions before they become big problems.**

Your vision plan is administered by Vision Service Plan (VSP), one of America's oldest and largest eye care organizations. VSP offers a network of thousands of eye care professionals located throughout the country. You may use any provider, but you will receive greater benefits when you select a VSP Choice Network Preferred Provider. To use your VSP plan, just call a VSP provider and make an appointment and identify yourself as a VSP member. There are no claim forms to file when you use a VSP provider; you simply pay any amounts not covered by the plan. To use other providers, you will need to pay in full for the services, and then file a claim with VSP.

	VSP Vision Plan	
	In-Network You Pay	Out-of-Network Reimbursement
<b>EXAM &amp; MATERIALS</b>		
<b>Exam</b>	\$15 copay	Up to \$45 reimbursement after \$15 copay
<b>Materials</b>	\$20 copay	Eye wear reimbursement listed below after \$20 copay
<b>LENSES</b>		
<b>Single</b>	100% after copay	Up to \$45 reimbursement
<b>Bifocals</b>	100% after copay	Up to \$65 reimbursement
<b>Trifocals</b>	100% after copay	Up to \$85 reimbursement
<b>FRAMES*</b>		
<b>Frames</b>	\$250 allowance after copay	Up to \$47 reimbursement
<b>CONTACT LENSES** (IN LIEU OF LENSES &amp; FRAMES)</b>		
<b>Medically Necessary</b>	100% after copay	Up to \$210 reimbursement
<b>Elective</b>	\$200 allowance; copay waived	Up to \$150 reimbursement (lenses / exam combined)
<b>BENEFIT FREQUENCY</b>		
<b>Exams</b>	Once every calendar year	Once every calendar year
<b>Lenses</b>	Once every calendar year	Once every calendar year
<b>Frames</b>	Once every two calendar years	Once every two calendar years
<b>Contacts</b>	Once every calendar year	Once every calendar year

\* You may use your frame allowance toward ready-to-wear non-prescription sunglasses from a VSP doctor.

\*\* Contacts (every calendar year) in lieu of lenses and frames. \$60 allowance for contact lens exam (fitting and evaluation); members also receive 15% discount on contact lens exam and services.

## Vision Service Plan

Phone: **800.877.7195**

Website: **www.vsp.com**

To locate a VSP provider or print an ID card, log on to the VSP website.



-Union 1199 members are not eligible to enroll - please contact the Union for questions.

## Life and AD&D Insurance

Insured by UConn Health Community Network

### Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

UConn Health Community Network provides Basic Term Life to eligible employees. Accidental Death & Dismemberment (AD&D) insurance is an additional benefit offered to employees meeting the eligibility requirements.

- Coverage is provided to full-time and part-time employees by The Standard at no cost to you, paid for by UConn Health Community Network.
- CHCA Nurses: For basic life insurance, you are covered in an amount equal to 1.5x annual earnings, up to \$100,000.
- CHCA Techs: For basic life insurance, you are covered in an amount equal to 1x annual earnings, up to \$100,000.
- Non-Union Employees: For basic life and AD&D insurance, you are covered in an amount equal to 1x annual earnings, up to \$100,000.
- AD&D insurance pays specific benefit amounts for a covered accidental bodily injury that causes dismemberment. If death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary.
- Benefits are paid to the beneficiary you designate. Please keep your beneficiary information up to date.

### Things to Keep in Mind

Life and AD&D insurance provides many benefits, but there are a few points to keep in mind:

- **Imputed Income:** The value of your company-provided life insurance premiums over \$50,000 is considered taxable. Contact your tax professional for more information.
- **Age Reduction:** Benefit amounts reduce as you age. At age 70, reduction to 65% of the benefit amount. At age 75, reduction to 50% of the benefit amount.
- **Portability:** If you leave the company, you may be able to convert your policy to an individual policy and continue your coverage.

### Additional Information

- Annually, during the Open Enrollment period, you may increase your Optional Life election one level without the Evidence of Insurability requirement up to the Guaranteed Issue amount.
- To learn more, please see the schedule of benefits for a full list of benefits and costs.

### Optional Life Insurance

- As a full-time or part-time employee, you may purchase Optional Life insurance for yourself and your dependents for additional financial protection through The Standard. Premiums are determined by your age and will be deducted from your paycheck after tax. You may elect spouse and/or dependent life insurance for your eligible dependent children if you elect Optional Life for yourself. You may not be covered as an employee and as a dependent.
- For any Optional Life amount elected after your initial eligibility period or above the Guarantee Issue amount, you must complete a medical questionnaire (Evidence of Insurability) and be approved for the amount elected. Your coverage will be effective the first of the month following approval. You do not have to purchase the same amount for Optional Life and Optional AD&D.

Coverage	Available benefit
<b>Employee</b>	<ul style="list-style-type: none"> <li>▪ Increments of \$10,000, up to a maximum of \$300,000</li> <li>▪ Guaranteed issue amount: \$100,000</li> </ul>
<b>Spouse</b>	<ul style="list-style-type: none"> <li>▪ Increments of \$5,000 to a max of \$105,000</li> <li>▪ Guaranteed issue amount: \$30,000</li> </ul>
<b>Dependent Child(ren) live birth to 6 months</b>	<ul style="list-style-type: none"> <li>▪ \$500</li> <li>▪ Guaranteed issue amount: \$500</li> </ul>
<b>Dependent Child(ren) 6 months to age 26</b>	<ul style="list-style-type: none"> <li>▪ \$10,000</li> <li>▪ Guaranteed issue amount: \$10,000</li> </ul>

### Guaranteed Issue

Guarantee Issue is the amount of insurance you are guaranteed without having to complete Evidence of Insurability (EOI). Any amounts above the Guaranteed Issue amount are subject to underwriting where you will be required to complete an EOI form.

## Disability Insurance

Insured by UConn Health Community Network

**An unexpected injury or illness can create a financial burden. Disability insurance replaces a portion on your income when you are unable to work.**

**Important:** Disability benefits are reduced by other income you receive, such as Social Security, state disability benefits, pension benefits, and Workers' Compensation.

### Optional Short Term Disability

Short Term Disability (STD) is an optional program provided by The Standard and is offered to full-time and part-time benefit eligible employees. STD insurance provides a portion of your weekly income for a non-work-related short-term injury or illness. You may purchase Short Term Disability coverage with after-tax dollars.

Plan Benefits	Short Term Disability
<b>Eligible Class</b>	Eligible Employees
<b>Weekly Benefit</b>	60% of weekly earnings
<b>Weekly Maximum</b>	\$2,000
<b>Elimination Period</b>	14 days accident / sickness
<b>Benefit Duration</b>	26 weeks
<b>Funding</b>	Voluntary

### Helpful Disability Insurance Terms

**Qualifying disability:** A sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

**Benefit Duration:** Maximum amount of time you may receive proceeds for a continuous disability.

**Elimination or Waiting Period:** The time you must wait before you are eligible to receive benefit payments.

### Additional Information

You will be subject to pre-existing limitations under the STD and LTD plans if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

To learn more, please see the schedule of benefits for a full list of benefits and costs.

*-Union 1199 members are not eligible to enroll - please contact the Union for questions.*

### The Standard

Phone: **800.756.8116**

Website: **www.standard.com**

### Long Term Disability

When your STD benefits end and you are still injured or ill and unable to work, LTD insurance takes over to help pay for ongoing living expenses such as rent, mortgage, car payments, utilities or out-of-pocket medical expenses. You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. LTD is provided by UConn Health Community Network for full-time employees at no cost to you. You have the opportunity to increase your benefit by purchasing additional voluntary coverage.

Plan Benefits	Non-Union
<b>Eligible Class</b>	Eligible Employees
<b>CORE BENEFIT (EMPLOYER PAID)</b>	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$2,000
<b>BUY-UP BENEFIT (EMPLOYEE PAID)</b>	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$10,000
<b>Offset by Other Disability Benefits?</b>	Yes*
<b>Elimination Period</b>	180 days
<b>Benefit Duration</b>	To Social Security normal retirement age (see policy for benefit amounts beyond SSNRA)

Plan Benefits	Union
<b>Eligible Class</b>	Eligible Employees
<b>CORE BENEFIT (EMPLOYER PAID)</b>	
Monthly Benefit	N/A
<b>BUY-UP BENEFIT (EMPLOYEE PAID)</b>	
<b>CHCA Nurses/CHCA Tech</b>	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$6,000
<b>1199</b>	
Monthly Benefit	50% of monthly earnings
Monthly Maximum	\$2,500
<b>Offset by Other Disability Benefits?</b>	Yes*
<b>Elimination Period</b>	180 days
<b>Benefit Duration</b>	To ADEA (see policy for benefit amounts)

\*Refer to the contract for details.

*-Union 1199 members are eligible to elect LTD.*

## Flexible Spending Accounts (FSAs)

**Flexible Spending Accounts (FSAs) allow you to set aside pre-tax funds to pay for health care and dependent care expenses. Since these contributions are not subject to federal, state or payroll tax withholding, you keep more of your paycheck.**

- If you are not making any changes to your current benefit elections but would like to participate in the Health Care and/or Dependent Care FSAs in 2026, you must enroll annually via Oracle.
- Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). This process is called pre-taxing. By pre-taxing, you lower your gross taxable income. As a result, you pay fewer taxes and keep more of what you earn.
- You cannot change your contribution amount during the year unless you have a qualifying event.
- Flexible Spending Accounts are based on the IRS "Use It or Lose It" rule. Estimate your contribution amounts carefully, as unused funds will be forfeited after the end of the closing date.
- Keep your receipts. The FSA Administrator or IRS may request them at any time.
- Keep in mind that you cannot transfer from one FSA to another.
- **For your convenience, you will receive a Health Care Debit Card from Navia.**

### Health Care FSA

**The Health Care FSA can be used to pay out-of-pocket medical, dental, vision and prescription drug expenses not covered by insurance plans with pre-tax dollars.**

- **Annual Contribution Limit:** \$2,833.33
- **Eligible Expenses:** Copays, coinsurance, deductibles, prescription expenses (For a full list, visit [www.irs.gov](http://www.irs.gov) Publication 502)
- **Funds Available:** Full amount is available at the beginning of the plan year
- **Payment or Reimbursement Options:** FSA Debit Card, Direct Deposit, Check
- **Deadline for Services:** December 31, 2026
- **Deadline to Submit Claims for Reimbursement:** April 15, 2027

You must re-enroll in the Health Care FSA in order to use any unspent 2025 HCFSA funds up to \$640 through the end of the 2026 plan year.

### Dependent Care FSA

**The Dependent Care FSA can be used to pay eligible day care expenses for your children under age 13 or a dependent adult to allow you or your spouse to work or attend school full time.**

- **Annual Contribution Limit:** \$6,250 (\$3,125 if married and filing separate tax returns)
- **Eligible Expenses:** Day care, after-school care, babysitting (work-related), nanny (For a full list, visit [www.irs.gov](http://www.irs.gov) Publication 503)
- **Funds Available:** You may only use up to the amount of funds you have in your account
- **Payment or Reimbursement Options:** Direct Deposit or Check
- **Deadline for Services:** December 31, 2026
- **Deadline to Submit Claims for Reimbursement:** April 15, 2027

*-Union 1199 member are eligible to elect the FSA.*

## Travel Assistance

Insured by The Standard

Unforeseen events or circumstances can unravel travel plans. Medical problems or a lost passport can happen at inconvenient times. Travel Assistance through The Standard can help you navigate these issues and more at any time through Assist America, Inc.

### Emergency Travel Assistance

Travel Assistance is available while you are more than 100 miles away from home or internationally for up to 180 days for business or personal travel. With one simple phone call, you can be connected to Assist America's staff of medically trained, multilingual professionals who can advise you 24/7.

You have immediate access to:

- Hospital admission assistance
- Emergency trauma counseling
- Care and transport of unattended minor children
- Emergency medical evacuation
- Prescription replacement assistance
- Legal and interpreter services
- Passport replacement assistance

*-Union 1199 members are eligible for Travel Assistance.*

Within the U.S.: **800.872.1414**  
Outside the U.S.: **609.986.1234**  
Text: **609.334.0807**

Email: **medservices@assistamerica.com**  
Reference number: 01-AA-STD-5201



# UConn Health Community Network

## UConn Health Community Network 401(k) Plan

UCHCN offers a 401(k) plan as a valuable tool for you to save for retirement.

**All employees who are employed by UCHCN on the date of plan start-up, March 15, 2026, will be immediately eligible for the plan.**

- You will be able to enroll in the Plan prior to March 15th at **Principal.com/Welcome**. As soon as the enrollment option becomes available you will be notified. You can use your current Principal username and password to access your new UCHCN 401(k) Plan account.
- If you do not enroll in the plan, you will be automatically enrolled at a Pre-tax contribution rate of 4%. If you are automatically enrolled, your contributions will automatically be increased by 1% each year, up to a maximum of 10%.
- You can enroll in the plan or change your contribution rate at any time.

**When you enroll in the plan, you can make your contributions as either Pre-tax or Roth, or a combination of the two methods.**

- The contribution limit for 2026 is \$24,500. Please keep in mind that this is the total limit for all retirement plans, not just the UCHCN 401(k) Plan.
- If you are 50 or over by December 31, 2026, you are eligible to make a catch-up contribution up to \$8,000 for 2026. If you turn age 60-63 during 2026, you can make an additional catch-up contribution of \$3,250 for 2026.
- Beginning after the transaction to UCHCN, you may be eligible for the new safe harbor match contribution. Please refer to the Summary Plan Description (SPD) for full details regarding eligibility and matching provisions. If you are eligible, UCHCN will match your contributions 100% of the first 3% contributed plus 50% of deferrals between 3% and 5%. You are immediately 100% vested in the new matching contribution. In order to receive the full match contribution of 4%, you must contribute 5% or more from your pay.

**You are able to roll over your balance from the PMH Plan.**

- Communications that you may have received from Principal communicated a March 23, 2026, deadline date to allow for rollover processing; however, as long as you request a rollover by April 2, 2026, it will be processed and rolled to the UCHCN 401(k) Plan.

**There are a variety of mutual fund investment options, including target date funds, available in the Plan.**

- You can access information about the funds and choose how you would like your contributions invested via the Principal website.
- You can transfer your balances between funds or change how your contributions are invested at any time.

### **Account Management**

- You can view your account with Principal at any time using their app, at **www.principal.com** or by calling the Participant Service Center at **800.547.7754**.

*-Union 1199 members are eligible to enroll in the 401k plan on a contribution only basis. CHCA RN Union members are eligible to enroll in the 401k plan on a contribution only basis.*

# Additional Benefits

### **Voluntary Identity Theft Insurance**

LifeLock with Norton Benefit Premier Plus focuses on what matters to you—helping protect your identity.

LifeLock scans millions of transactions per second for potential threats to your personal identity. They monitor for new credit application alerts, bank and investment account activity alerts used to obtain unauthorized loans, credit and services in your name. If a threat is detected, it notifies you via email, text, phone or mobile app alerts.

If you become a victim of identity theft while a LifeLock member, you have access to a dedicated U.S.-Based Identity Restoration Specialist to personally manage your case, including coverage for experts and lawyers, if needed.

*-Union 1199 members are eligible to elect Identity Theft.*



## Important Terms to Know

**As you review the information in this benefits guide, you might come across a word that is unfamiliar. Take a look at these terms to better understand your benefits.**

**Beneficiary:**

A person you designate to receive your financial benefits (i.e. life insurance, 401(k), HSA) in the event of your death.

**Calendar Year Maximum:**

Total amount paid each year by your insurance company for each family member enrolled in the plan.

**Claim:**

A request for payment that you or your health care provider submits to your health insurer after receiving a service or item.

**Coinsurance:**

The percentage you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

**Copay:**

The flat fee you pay toward the cost of covered medical services.

**Deductible:**

The amount you are responsible for paying for covered health care services before the plan pays benefits. Under some plans, the deductible is waived for certain services.

**Dependent:**

A dependent would be a legal spouse not eligible for coverage under their employer's health plan. Children up to age 26 including stepchildren, foster children, legally adopted children, and children for whom you are legal guardian and legally responsible to provide health coverage to. Disabled children over the age of 26 where you provide primary support and the disability occurred before the age of 26.

**Evidence of Insurability (EOI):**

The process in which you provide required health documentation in order to receive certain levels of coverage.

**Formulary:**

A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.

**Guaranteed Issue:**

The amount of coverage pre-approved by the insurance carrier regardless of health status.

**Network:**

A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum:** The highest amount paid for covered services during a benefit period. Both the deductible and the coinsurance apply towards meeting the out-of-pocket maximum, but copayments may not apply.

**Pre-Existing Condition:**

A health problem you had before the date that new health coverage starts.

**Preauthorization:**

A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization may be required for certain services before you receive them.

**Premium:**

The amount you pay for a health plan in exchange for coverage.

**Preventive Care:**

Routine health care that includes screenings, checkups, and patient counseling to prevent illnesses, disease, or other health problems.

**Reasonable and Customary:**

The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or procedure.

**Vesting:**

The point at which benefits become owned by the employee.

# UConn Health Community Network

## Contact Information

Coverage	Carrier/Vendor	Phone	Website
<b>Your Personal Benefits Assistant</b>	Quantum Health	800.899.9120 (Monday-Friday, 5:30am-7:00pm PST)	www.UHCN.Quantum-Health.com
<b>Medical / Prescription Drugs</b>	Quantum Health	800.899.9120 (Monday-Friday, 5:30am-7:00pm PST)	www.UHCN.Quantum-Health.com
<b>Plan ID: PYA</b>	Medimpact Prescription Drugs	877.403.6040	www.medimpact.com
<b>Telemedicine</b>	Teladoc	800-Teladoc	www.teladoc.com/bsc
<b>Medical Expense Reimbursement Plan (MERP)</b>	Catilize Health	Phone: 877.872.4232 Fax: 877.599.3724	Email: info@catilizehealth.com
<b>Wellness</b>	<b>Wellness program launch date targeted Summer 2026</b>		
<b>Dental</b>	Delta Dental of Connecticut	800.452.9310	www.deltadentalct.com
<b>Vision</b>	Vision Service Plan (VSP)	800.877.7195	www.vsp.com
<b>Life/AD&amp;D &amp; Optional Life/Optional AD&amp;D</b>	The Standard	866.756.8116	www.standard.com
<b>Disability (STD &amp; LTD)</b>	The Standard	866.756.8116	www.standard.com
<b>Flexible Spending Accounts (FSA) and COBRA</b>	Navia	425.452.3500	www.naviabenefits.com
<b>Employee Assistance Program (EAP)</b>	The Standard	888.293.6948	Healthadvocate.com/standard3
<b>Travel Assistance</b>	The Standard	800.872.1414	www.standard.com/travel
<b>401(k) Retirement Plan</b>	Principal	800.547.7754	principal.com
<b>HRconnection</b>	HRconnection	203.573.7644	WTBYHRConnection@wtbyhosp.org
<b>Voluntary Identity Theft</b>	LifeLock	800.607.9174	—

All benefits above can be accessed through Quantum Health, they provide guidance and support for everything.



## Legal Notices

### Patient Protections Disclosure

The UConn Health Community System, Inc. Health and Welfare Benefit Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Personify Health or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Quantum at **800.899.9120**.

### Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, please note the deductible and coinsurance applicable to your specific plan.

If you would like more information on WHCRA benefits, please contact Quantum at **800.899.9120**.

### Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# UConn Health Community Network

## 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, 2026. Contact your state for more information on eligibility.**

### ALABAMA - Medicaid

<http://myalhipp.com>  
855.692.5447

### ALASKA - Medicaid

The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/> | 866.251.4861  
CustomerService@MyAKHIPP.com  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS - Medicaid

<http://myarhipp.com>  
855.MyARHIPP (855.692.7447)

### CALIFORNIA - Medicaid

Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
916.445.8322 | Fax: 916.440.5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO - Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)  
<https://www.healthfirstcolorado.com>  
Member Contact Center: 800.221.3943 | State Relay 711  
Child Health Plan Plus (CHP+)  
<https://hcpf.colorado.gov/child-health-plan-plus>  
Customer Service: 800.359.1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI)  
<https://www.mycohibi.com/>  
HIBI Customer Service: 855.692.6442

### FLORIDA - Medicaid

[www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html](http://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html)  
877.357.3268

### GEORGIA - Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
678.564.1162, Press 1  
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reeuthorization-act-2009-chipra>  
678.564.1162, Press 2

### INDIANA - Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
<https://www.in.gov/medicaid/> | 800.457.4584  
Family and Social Services Administration  
<http://www.in.gov/fssa/dfr/> | 800.403.0864

### IOWA - Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
800.338.8366  
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
800.257.8563  
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
888.346.9562

### KANSAS - Medicaid

<https://www.kancare.ks.gov/>  
800.792.4884 | HIPP Phone: 800.967.4660

### KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
855.459.6328 | [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP: <https://kynect.ky.gov/> | 877.524.4718  
Medicaid: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA - Medicaid

Medicaid: [www.ldh.la.gov/healthy-louisiana](http://www.ldh.la.gov/healthy-louisiana)  
Customer Service Line: 888.342.6207  
Medicaid Email: [healthy@la.gov](mailto:healthy@la.gov)  
Louisiana Health Insurance Premium Program (LaHIPP):  
<https://www.ldh.la.gov/lahipp>  
LaHIPP Phone: 877.697.6703 | LaHIPP Email: [La.HIPP@la.gov](mailto:La.HIPP@la.gov)  
LaHIPP Fax: 888.716.9787  
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000  
Tucker, GA 30084

# UConn Health Community Network

## MAINE - Medicaid

Enrollment: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
800.442.6003 | TTY: Maine relay 711  
Private Health Insurance Premium:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
800.977.6740 | TTY: Maine relay 711

## MASSACHUSETTS - Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>  
800.862.4840 | TTY: 711 | Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

## MINNESOTA - Medicaid

<https://mn.gov/dhs/health-care-coverage/>  
800.657.3672

## MISSOURI - Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
573.751.2005

## MONTANA - Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
800.694.3084 | Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA - Medicaid

<http://www.ACCESSNebraska.ne.gov>  
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

## NEVADA - Medicaid

<http://dhcfp.nv.gov>  
800.992.0900

## NEW HAMPSHIRE - Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY - Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>  
800.356.1561  
CHIP: <http://www.njfamilycare.org/index.html>  
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

## NEW YORK - Medicaid

[https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
800.541.2831

## NORTH CAROLINA - Medicaid

<https://dma.ncdhhs.gov>  
919.855.4100

## NORTH DAKOTA - Medicaid

<https://www.hhs.nd.gov/healthcare>  
844.854.4825

## OKLAHOMA - Medicaid and CHIP

<http://www.insureoklahoma.org>  
888.365.3742

## OREGON - Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>  
800.699.9075

## PENNSYLVANIA - Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
800.692.7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 800.986.KIDS (5437)

## RHODE ISLAND - Medicaid and CHIP

<http://www.eohhs.ri.gov>  
855.697.4347 or 401.462.0311 (Direct Rite Share Line)

## SOUTH CAROLINA - Medicaid

<http://www.scdhhs.gov>  
888.549.0820

## SOUTH DAKOTA - Medicaid

<http://dss.sd.gov>  
888.828.0059

## TEXAS - Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
800.440.0493

## UTAH - Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)  
<https://medicaid.utah.gov/upp/> | Email: [upp@utah.gov](mailto:upp@utah.gov) | 888.222.2542  
Adult Expansion: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>  
CHIP: <https://chip.utah.gov/>

## VERMONT - Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>  
800.250.8427

## VIRGINIA - Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid and Chip: 800.432.5924

## WASHINGTON - Medicaid

<https://www.hca.wa.gov/>  
800.562.3022

## WEST VIRGINIA - Medicaid and CHIP

<https://dhr.wv.gov/bms/> or <http://mywvhipp.com/>  
Medicaid: 304.558.1700  
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

## WISCONSIN - Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
800.362.3002

## WYOMING - Medicaid

<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, 2026, 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



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.

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