

CAHC BENEFITS GUIDE

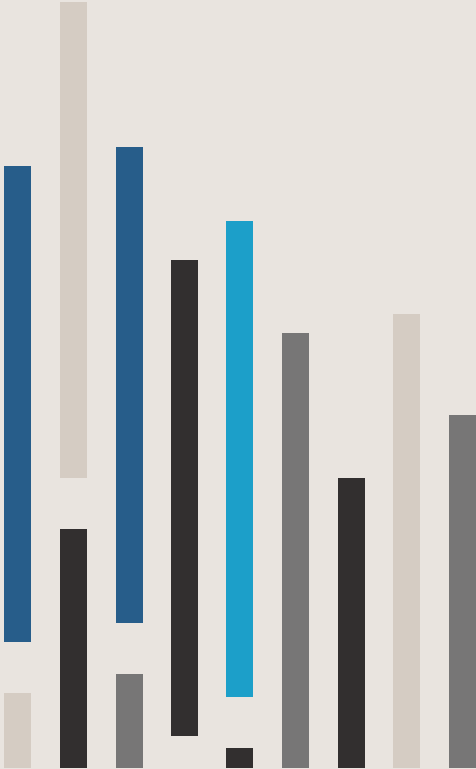
July 1, 2026 -
June 30, 2027



Your guide to physical,
financial & personal
wellbeing support.

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BENEFITS OVERVIEW

Capital Area Health Consortium is proud to offer a comprehensive benefits package to eligible employees with no waiting period. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets which give you more detailed information about each program.

You share the costs of some benefits (medical, dental & vision), and Capital Area Health Consortium provides other benefits at no cost (i.e.: group life and accidental death & dismemberment insurance, counseling services).

Benefit Plans Offered

- Medical and Prescription Drug
- Dental
- Vision
- Group Life Insurance
- Group Accidental Death & Dismemberment (AD&D) Insurance
- Group Long Term Disability
- Financial Seminar Programs
- Counseling Services

Eligibility

You and your dependents are eligible for the benefit plans with Capital Area Health Consortium available without a waiting period. Insurance is effective 7/1 for all academic year hires and is effective on the first day of employment for off-cycle starts. Eligible dependents are your spouse, children under age 26 or disabled dependents of any age.

Elections made now will remain until the next open enrollment unless you or an eligible family member experiences a qualifying event. If you experience a qualifying event, you must contact CAHC within 30 days or you will have to wait until the next open enrollment period for coverage effective the next July 1st.

MEDICAL BENEFITS

Administered by Anthem

Comprehensive and preventive healthcare coverage protects you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Minor problems can potentially develop into significant expenses. When problems are identified early, they can often be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through CAHC.

Capital Area Health Consortium offers you a PPO plan that allows you to select where you receive medical services without needing to designate a primary care provider or get referrals. With this plan you have the opportunity to take advantage of the large provider network that has agreed to pre-negotiated rates, and you will also have the choice to see providers who have not contracted with the network. If you choose to seek care out-of-network, you can expect higher out of pocket costs and may be subject to balance billing in certain situations.

MEDICAL BENEFITS

	Century Preferred PPO \$15 / \$0 / \$0 / \$50	
	In-Network	Out-of-Network
Annual Deductible	n/a	\$200 per member / \$600 per family
Annual Out of Pocket Maximum	\$6,600 per member / \$13,200 per family	\$1,200 per member / \$1,600 per family
Coinsurance	0%	20% will apply after you've fulfilled your deductible

DOCTOR'S OFFICE

Wellness Care (routine exams, x-rays/ tests, immunizations, well baby care and mammograms)	No charge	Deductible, then 20%
Primary Care Office Visit	\$15 copayment	Deductible, then 20%
Specialist Office Visit	\$20 copayment	Deductible, then 20%
Telemedicine / Virtual Visits (PCP, specialist and behavioral health)	No charge	Deductible, then 20%

PRESCRIPTION DRUGS - ANTHEM NATIONAL FORMULARY

Retail - Generic Drugs (34 day supply)	\$10 copayment	20% coinsurance
Retail - Preferred Brand Drugs (34 day supply)	\$20 copayment	20% coinsurance
Retail - Non-Preferred Brand Drugs (34 day supply)	\$20 copayment	20% coinsurance

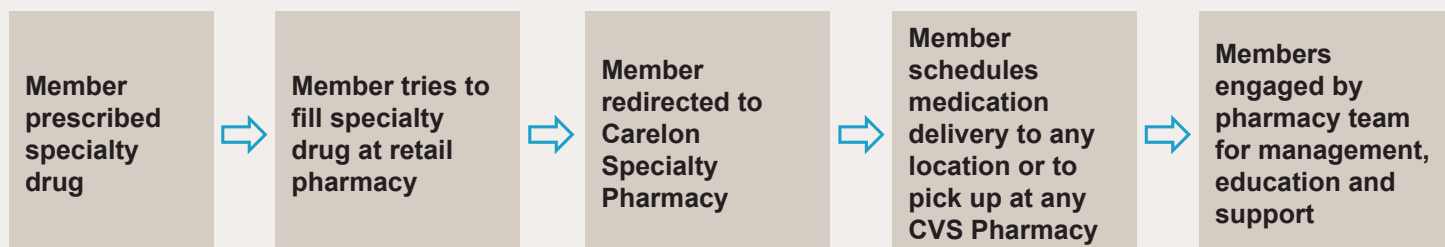
Highlight on Mail Order Program

Order a 100 day supply of your generic, preferred brand or non-preferred maintenance medication through the mail order program to receive your medication at no charge with the added convenience of having your prescriptions delivered to your home.

Highlight on Specialty Medications

Members on specialty medications (self-injectables, drugs requiring special handling or administration, and other high-cost medications) must have their specialty medication filled through Carelon Pharmacy. The care team at Carelon will help schedule delivery at a location most convenient for the member or will schedule delivery to a CVS pharmacy designated by the member. A team of dedicated pharmacy representatives experienced in specialty drugs and complex, chronic conditions will help members stay on track with their medications to manage their conditions better. Copay assistance programs may be available for certain specialty medications. If you think your prescription may be eligible, see the Cost Relief Program flyer for more information.

Member Specialty Experience



MEDICAL BENEFITS

Century Preferred PPO \$15 / \$0 / \$0 / \$50

	In-Network	Out-of-Network
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URGENT CARE SERVICES

Walk-In Services	\$15 copayment	deductible, then 20%
Urgent Care Facility	\$25 copayment	not covered
Emergency Services	\$50 copayment	

HOSPITAL SERVICES

Outpatient Freestanding Facility	no charge	deductible, then 20%
Outpatient Hospital Services	no charge	deductible, then 20%
Inpatient Hospital	no charge	deductible, then 20%

MENTAL HEALTH & SUBSTANCE USE SERVICES

Office Visit	no charge	deductible, then 20%
Telemedicine Visit	no charge	deductible, then 20%
Outpatient Hospital	no charge	deductible, then 20%
Inpatient Hospital	no charge	deductible, then 20%

OTHER SERVICES

Physical, Speech, Occupational & Chiropractic Therapy Services (combined 50 visit limit per calendar year)	no charge	deductible, then 20%
Acupuncture (up to 50 visit limit per calendar year)	no charge	deductible, then 20%
Diabetic Equipment & Supplies	no charge	deductible, then 20%
Diagnostic Laboratory	no charge	deductible, then 20%
Diagnostic Radiology	no charge	deductible, then 20%
High Cost Radiology (MRI, CAT, CT scans, PET scans, etc.)	no charge	deductible, then 20%
Durable Medical Equipment	no charge	deductible, then 20%

Notes:

- Covered in-network providers are those that contract with Anthem to provide services to you.
- Covered in-network providers outside Connecticut use the Blue Cross Blue Shield National BlueCard Network.
- Please note this is not an all inclusive list of covered services.

For specific details regarding coverage please see the [plan booklet](#). If there is a discrepancy between this guide and the carrier document, the carrier document will govern.

HIGHLIGHT ON INFERTILITY SERVICES

Administered through our Medical Plan by Anthem

Infertility services are the medically necessary expenses for the diagnosis and treatment of infertility. Infertility support and resources may be an important consideration during your time with CAHC. We are pleased to offer comprehensive Infertility Services to our employees as part of our program. Fertility preservation services are not covered under this plan. This includes elective egg freezing and sperm cryopreservation.

For services to be considered covered under the plan, **infertility services must be provided by providers located in the State of Connecticut, participating with Anthem's Century Preferred Network**. Infertility Services provided at non-participating providers or any location outside of the State of Connecticut are considered not covered under the CAHC plan, regardless of a provider's participating status with Anthem's National Network.

Prior Authorization is not required to seek services for infertility treatment. While not all forms of infertility treatment are covered, some services covered under the plan include:

- Diagnostic laparoscopy
- Endometrial biopsy
- Laboratory analysis
- Services to treat underlying causes of infertility
- Medications to treat underlying causes of infertility (subject to inclusion in formulary)
- Ovulation induction
- In-Vitro Fertilization
- GIFT or ZIFT services

** Fertility preservation services are not covered under this plan. This includes elective egg freezing and sperm cryopreservation.

PRIMARY PROVIDER NOT AVAILABLE? YOU HAVE OPTIONS.

Where can you go for a diagnosis when you can't get in to see your regular doctor? With long wait times and required copays, the emergency room is sometimes not the best option. You have choices—urgent care clinics, convenience care clinics, and telemedicine are great medical care options when the unexpected happens, and your Anthem Plan covers them.

Location	Typical Out of Pocket Costs	Common Symptoms	Pros & Cons
Telemedicine / Virtual Visits Access to care online at any time (24x7x365) via phone or video consult through Live Health Online with your Anthem plan.	\$ In accordance with your medical plan design, you will pay <u>no copay</u> for a virtual visit.	◆ Cold, sore throat, flu, fever ◆ Sinus problems ◆ Ear infection ◆ Pink eye ◆ Rash ◆ Bladder, UTI ◆ Bronchitis ◆ Allergies ◆ Migraine ◆ Respiratory infection	◆ Avoid hospital emergency room visit for non-emergent condition ◆ Consult with US board-certified physician, licensee in your state ◆ Most consults take 10-15 minutes ◆ Doctors can write prescriptions for pick-up at local pharmacies ◆ Not good for conditions requiring exams or tests, or which are complex or chronic
Convenience Care / Retail Clinic Convenience care or retail clinic (e.g. CVS Minute Clinic).	\$\$ You will pay a \$15 copay when going to a participating walk-in center.	◆ Bronchitis ◆ Ear infections ◆ Eye infections ◆ Skin conditions like poison ivy or ringworm ◆ Strep throat	◆ For common illnesses typically requiring straightforward treatment ◆ Open seven days a week, including evenings and weekends
Urgent Care Clinic Walk-in clinic for urgent care.	\$\$\$ You will typically pay a \$25 copay when going to an urgent care facility.	◆ Burns, rashes, bites, cuts and bruises ◆ Infections ◆ Coughs, colds and flu ◆ Minor injuries ◆ Respiratory infections ◆ Sprains and strains	◆ Offers medical treatment for illnesses or injuries that require immediate attention but are not life threatening ◆ Same-day appointments, walk-in service ◆ Extended hours, including evenings and weekends ◆ Shorter wait times and lower costs than ER
Emergency Room (ER) Part of a local hospital.	\$\$\$\$ You will pay a \$50 copay when going to an emergency room.	◆ Choking ◆ Convulsions ◆ Heart attack ◆ Loss of consciousness ◆ Major blood loss ◆ Seizures ◆ Severe head trauma ◆ Shock ◆ Stroke	◆ Open 24/7 ◆ Longer wait times due to life-threatening emergencies being treated first ◆ Costs more than urgent care or convenience care clinics

DENTAL BENEFITS

Administered by Anthem

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Capital Area Health Consortium dental benefits plan.

In-and Out-of-Network Costs	
Participating Provider Network	Flex Dental Network
Annual Deductible	None
Annual Benefit Maximum	Unlimited
Preventive Dental Services (cleanings, exams, x-rays, fillings)	100% covered by plan
Basic Dental Services (anesthesia, oral surgery, extraction, crowns)	80% covered by plan
Out-of-Network Reimbursement	At in-network fee

*Please note this is not an all-inclusive list of covered services. For specific details regarding coverage, please see the **plan booklet**.



VISION BENEFITS

Administered by Anthem

Regular eye examinations can determine your need for corrective eyewear and may detect general health problems in their earliest stages. Capital Area Health Consortium is pleased to offer employees the ability to purchase vision coverage for themselves and their families to provide discounts on eyeglass frames and contact lenses. The medical plan covers annual eye exams.

Anthem BlueView Vision		
Benefit	In-Network	Out-of-Network
Eyeglass Frames (covered once per calendar year)	\$130 allowance, then 20% off any remaining balance	Reimbursement up to \$45
Eyeglass Lenses (covered once per calendar year, instead of contacts)	\$25 copayment	Reimbursement up to \$40 single vision / \$60 bifocal / \$80 trifocal lenses
Contact Lenses (covered once per calendar year, instead of eyeglass lenses)		
Elective Conventional OR	\$130 allowance, then 15% off any remaining balance	Reimbursement up to \$105
Elective Disposable OR	\$130 allowance, no additional discount	Reimbursement up to \$105
Non-Elective (medically necessary)	Covered in full	Reimbursement up to \$210

*Please note this is not an all-inclusive list of covered services. For specific details regarding coverage, please see the **plan booklet**.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by The Standard

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum if you die while employed by Capital Area Health Consortium. The company provides basic life insurance of one times your base annual earnings to a maximum of \$50,000 at no cost to you.

Accidental Death & Dismemberment

Accidental death and dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Capital Area Health Consortium provides AD&D coverage of 3 times your earnings to a maximum of \$150,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

LONG TERM DISABILITY INSURANCE

Administered by Guardian

If you had an unexpected illness or injury and could not work, how long would you be able to pay your bills? Long term disability insurance pays a portion of your salary if you cannot work due to a covered disability. You will be automatically enrolled without needing to complete a health application or paperwork.

Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period	Pre-Existing Condition Limitations
\$3,500	90 days	Social Security Normal Retirement Age	3 month look back; covered after 12 months

Opportunity to convert policy to individual policy upon graduation is available.

Guardian also offers employees the opportunity to purchase guaranteed standard issue (GSI) disability insurance. Flexible elections are available with many benefit features.

For details regarding the group long term disability outlined above, as well as options for when your program is complete, please get in touch with one of the authorized representatives found [here](#).



DEPENDENT CARE ACCOUNT

Administered by Capital Area Health Consortium

The Dependent Care Spending Account lets you pay for out-of-pocket, work-related dependent daycare costs. Dependents may include, if eligible, children under age 13, incapacitated parents or spouses, and incapacitated children regardless of age. If you are married, you can use the account if you and your spouse work, or in some situations, if your spouse goes to school full-time. Single employees can also use the account to pay for childcare expenses.

You may contribute up to \$7,500 annually to pay for daycare, pre-school, day camp, or expenses for dependent care inside your home by a licensed childcare provider. The deduction amount is credited to a non-interest-bearing account and will be used to reimburse you for qualified expenses.

The plan year is January 1–December 31 of each year. Unused balances at the plan year's end are forfeited per IRS regulations. Reimbursement of the held funds will be made upon receipt of documentation of payment to a qualified care provider. Receipts may be mailed, emailed, or faxed to CAHC, and funds will be added to the next payroll cycle.

TAX SHELTERED INVESTMENT PROGRAM (403B)

CAHC offers a tax-sheltered investment plan (403b) for its employees. Monies can be deducted from each paycheck on a pre-tax (403b) or post-tax (Roth) basis.

403b

Reduces the amount of income that is taxed, increasing your net pay. Funds in a 403b become taxable to you upon distribution at retirement.

Roth 403b

Post-tax contributions are subject to all withholdings; however, contributions are not taxable upon distribution to you at retirement (see IRS rules for clarification).

Regardless of the investment option chosen, there is no matching contribution from Capital Area Health Consortium. CAHC is only responsible for directing your payroll deduction and remitting the contribution to the investment institution—CAHC is not responsible for any investment decisions.

Upon separation from employment, your account may be transferred to another qualified plan or an individual IRA. If distribution occurs while employed or upon separation of service, taxation and forfeiture penalties will be assessed per IRS rules. The plan does not allow for loans from invested funds.





COUNSELING SERVICES

Maintaining your mental health is most important, especially during your residency. While the Anthem medical plan offered to you has comprehensive mental health coverage without the need for a referral, there are several other programs offered that may provide you with faster access to services when you need them most without the need to be enrolled in the medical program provided by CAHC with Anthem.

Anthem Live Health Online – Behavioral Health Telemedicine Services – Available to all insured under the Anthem Medical Plan

Telemedicine is not just for when you are experiencing a physical illness. Through Anthem’s Live Health Online, you can access board-certified therapists and psychiatrists to assist with stress, depression, anxiety, grief, as well as family and relationship issues. Initial visits are scheduled in as little as 4 days and can be accessed with no copay under the Anthem plan. This telemedicine service allows you to access behavioral health services in the privacy and convenience of your home or any other location without needing to travel to a provider’s office. Clinicians under the Live Health Online behavioral health platform can prescribe medication; however, they cannot prescribe controlled substances.

Guardian Employee Assistance Program – ComPsych – Available to employees and their household members

Offering more than just behavioral health services, the ComPsych EAP program provides support in three main categories:

Health	Family	Financial
◆ Healthy living & overall wellness ◆ Stress management ◆ Mental health ◆ Diet & fitness	◆ Parenting support ◆ Child & elder care support ◆ Learning programs ◆ Special needs support	◆ Legal issues ◆ Will preparation ◆ Taxes & debt ◆ Financial planning tools & assistance

Available 24 hours a day, 7 days a week via email, phone, or web, you can access these valuable EAP services at the most convenient time.

Confidential Counseling Services – Available to employees only

Confidential, no-cost counseling services are available to all residents/fellows without using your health insurance. You may access services by contacting UConn’s Employee Assistance Program or contacting directly one of many mental health providers in the greater Hartford area. An updated list of providers can be found [here](#). Employment is verified with a copy of your current pay stub or by showing an active badge at each appointment when seeking care through the program.

TRAVEL ASSISTANCE PROGRAM

Included at no cost to you with Assist America, Inc. through your long-term disability insurance coverage with Guardian

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You, your spouse and your kids through age 25 are covered with Travel Assistance at no cost to you, with no enrollment needed!

Security that travels with you

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 90 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories.
- Credit card and passport replacement and missing baggage and emergency cash coordination.
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains.
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond.
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization.
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded.
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability.

Get the app

The Assist America Travel App will provide you with these valuable services at your fingertips. Enter your reference number and name to set up your account. Then you will be able to conveniently access these resources:

- One touch access to Assist America's Emergency Operations Center.
- Worldwide travel alerts.
- Mobile ID Card.
- Embassy locator.

Activate your services by contacting Assist America:

- Use the Tap for Help button on the mobile app
- Call **1.800.872.1414** (within the US)
- Call **1.609.986.1234** (outside the US)
- Email **medservices@assistamerica.com**

Your Assist America Reference number is:
01-AA-GLI-10231



EMPLOYEE CONTRIBUTIONS FOR HEALTH PLANS

Anthem Medical

Benefit Plan	Bi-Weekly Employee Contribution
Employee Only	\$17.50
Employee + One	\$70.00
Family	\$90.00

Anthem Dental

Benefit Plan	Bi-Weekly Employee Contribution
Employee Only	\$5.00
Employee + One	\$10.00
Family	\$15.00

Anthem Vision

Benefit Plan	Bi-Weekly Employee Contribution
Employee Only	\$1.85
Employee + One	\$3.23
Family	\$5.17

Important Reminders

- Benefit changes will be effective on July 1 if enrolling during open enrollment.
- Elections made during open enrollment (or upon initial eligibility if after the OE period) are in effect until the next annual open enrollment period unless you experience a qualifying event.
- Qualifying events include loss of other coverage under your parents or a spouse's employer plan, marriage, divorce, or birth of a child.
- You have 30 days from the date of the qualifying event to notify CAHC of your potential qualifying event to change your benefit elections; notification after 30 days may result in an inability to elect, alter, drop, or otherwise modify coverage.
- The booklet summarizes the benefits offered. For specific details, terms, and limitations of the plans outlined here, please see the applicable plan materials on the CAHC Benefits & Payroll found [here](#).
- For questions regarding the benefits summarized here, please contact CAHC at **860.676.1110** or cahcgroup@uchc.edu.



CONTACT INFORMATION

If you have specific questions about a Capital Area Health Consortium benefit plan, please reach out to a contact listed below.

Anthem

Medical (833.899.7070) | Dental (800.440.3619) | Vision (866.723.0515)

www.anthem.com

The Standard

Life & AD&D (800.628.8600)

www.standard.com

Assist America, Inc.

Travel Assistance Program: Within the US (**800.872.1414**) | Outside the US (**1.609.986.1234**) |

Reference Number: 01-AA-GLI-10231

medservices@assistamerica.com

Guardian

Long Term Disability

www.glic.com

EAP (855.239.0743)

www.guidanceresources.com | App: GuidanceNow | Organization Web ID: Guardian





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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