



City of Waterbury

Benefits Review

for

Teachers & School Administrators



Website

- Forms, documents, and information are available online.

www.waterbury.k12.ct.us

(Human Resources / New Teacher Links)

www.waterburyct.org/benefits

Website



enter keywords...

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Waterbury Public Schools

Today's Students, Tomorrow's Leaders

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OUR MISSION

The mission of the Waterbury School System is to establish itself as the leader in Connecticut for urban education reform in partnership with the State Department of Education and the entire Waterbury community. The school system will provide opportunities for all students to maximize their skills and talents in an atmosphere where teaching and learning flourish under the never-wavering belief that all students can be exemplary students, while becoming respectful, responsible, productive citizens vital to our community.

- Welcome
- Talent Recruitment Program
- Employment Opportunities
- Personnel & Talent Department Forms
- Staff Resources
- Teacher Education & M...
- New Teacher Links

Chase Building, Spring 2015

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What we will cover



- Retirement
- Life Insurance
- Healthcare Benefits
- Flexible Spending Accounts
(Section 125 Plans)

Retirement Plan Eligibility



Board of Education

Teachers and School Administrators

- ***Teachers Retirement System***

- Administered by the State of Connecticut.

(City of Waterbury's Pension office only handles the City's Plan, not the State)

- Most questions can be answered at the State Teachers Retirement Board Website.

- www.ct.gov/trb

- Phone: (800) 504-1102

- Beneficiary Forms are maintained by the State and a copy is kept in your payroll file. Beneficiaries can be changed through the state or with the Payroll Department anytime.

Life Insurance



Carrier: MetLife

- ⑩ *2 X Annual Pay Rounded up to the next \$1,000*
 - City pays full premium for Basic Coverage
 - Imputed Income on Basic Coverage over \$50,000

- ⑩ *Supplemental Life Insurance – 1 X Pay*
 - Optional - \$.188 per \$1,000
 - Example: \$50,000 Salary: $50 \times .188 =$ **\$9.40 monthly**
 - Must enroll within 31 days of Hire Date
 - After 31 Days - Late enrollments – must be approved through Underwriting.

Medical, Dental and Pharmacy Benefits



- **Medical Plans**

- *Carrier: Cigna*

- Open Access Plus – OAP
- Choice Fund – High Deductible Health Plan (HDHP)

- **Dental Plan**

- *Carrier: Cigna*

- 2 plans to choose from
Flex Dental 2 or DHMO
- Cannot have Dental only
- Optional coverage

- **Pharmacy Plan**

- *Carrier: Express Scripts*

- Coverage depends on Healthcare plan you choose
- Not optional, included in the medical plan

Employee Cost Share – Payroll Deduction



- Your cost spread:
 - *Sept – Dec covers you for those months*
 - *Jan – June covers you for those months AND July and August.*
 - Even if you choose not to return to the City for the following school year, coverage will continue through August 31.
- Your cost depends upon the plan you elect
- Rates are subject to change annually. Refer to CBA for cost share changes.
- You are responsible for your premiums.

Annual Premium Costs



- Premium comparison for the 2 plans:

Coverage	HDHP	OAP	Difference
Single	\$1,875	\$3,712	\$1,837
Two-Person	\$3,735	\$8,254	\$4,519
Family (3+)	\$4,943	\$10,128	\$5,185

- Above are WTA rates, please review the rates that are provided online if you are **SAW**
- Deductible is not included

Medical Coverage



Carrier: Cigna

- Cigna Website – www.cigna.com
- REGISTER once you are a member: www.mycigna.com
- **One NETWORK** : Open Access Plus – Best network offered by Cigna. Doctors found throughout the country
- 2 Plans to choose from for
 - *Open Access Plus – OAP*
 - *Open Access Plus – HDHP*
- Plans run from September 1st – August 31st

Medical Coverage - OAP



■ OAP Plan

- Most expensive in Premiums
- In-Network Benefits / Out-Of-Network Benefits

- In-Network Benefits:

	<u>WTA</u>	<u>SAW</u>
	\$25 Office visits	\$30 Office visits
	\$50 Urgent Care	\$50 Urgent Care
	\$100 ER	\$100 ER
	\$200 Outpatient	\$400 Outpatient
	\$300 Inpatient	\$800 Inpatient

- Out-of-Network Benefits (WTA & SAW):

- \$400 Individual Deductible (\$800 for 2 person/\$1200 Family)
 - 30% co-insurance
 - \$1,600 out of pocket individual max (\$3200 for 2 person/\$4800 Family)
 - \$0 co-insurance after out of pocket met
- Additional Oral Surgery Rider
 - Unlimited/100% Coverage for Infertility Services
 - Preventative services covered at 100% (no co-pay)
 - No cap on pharmacy coverage

Medical Coverage - HDHP



■ **High Deductible Health Plan**

⑩ *Member pays full cost of negotiated fee for medical and pharmacy services until deductible is met*

➤ Annual Deductible:

- \$2,000 deductible – Individual coverage
- \$4,000 deductible – Family (2+) coverage

➤ Once Deductible is met

- MEDICAL: plan pays 100% of covered medical services
 - PHARMACY: co-pay applies
- Preventative services covered at 100% - not subject to deductible

Medical Coverage – HSA/HRA



Health Savings Account (created with initial contribution from City to use for deductible expenses)

⑩ WTA & SAW

- \$1,000 contribution – Individual coverage
 - \$2,000 contribution – Family (2+) coverage
 - Funded quarterly (Sept, Dec, March, June)
-
- *Contribute more than the deductible*
 - *Your money. Take it if you leave the City*
 - *Use funds for items other than the deductible*
-
- Employee contributions can be made per paycheck, pre-tax

Medical Coverage – HSA/HRA



- Health Reimbursement Account
 - *Opened if employee is covered by another plan that is not a HDHP or on Medicare A or B (note that if you collect any type of social security you are automatically enrolled in Medicare A)*
 - *Same available employer portion*
 - *No cash value*
 - *Cannot contribute*
 - *“balance” will not go with you if you leave employment*



Prescription Coverage

- **Carrier: Express Scripts**
 - Retail Pharmacy - 30 day supply
 - Mail Order - 90 day supply
 - Tier Drug Plan (Generic, Preferred, Non-Preferred)
 - ⑩ *May be balanced billed if you do not take the available generic brand*

WTA

Plan	Participating Retail Pharmacy Co-payment for a 30-day supply			Express Scripts By Mail Co-payment for a 90-day supply		
	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
OAP	\$5.00	\$30.00	\$45.00	\$10.00	\$60.00	\$90.00
HDHP	\$5.00	\$30.00	\$45.00	\$10.00	\$60.00	\$90.00

SAW

Plan	Participating Retail Pharmacy Co-payment for a 30-day supply			Express Scripts By Mail Co-payment for a 90-day supply		
	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
OAP	\$10.00	\$30.00	\$45.00	\$20.00	\$60.00	\$90.00
HDHP	\$10.00	\$30.00	\$45.00	\$20.00	\$60.00	\$90.00

- \$0 Co-payment for Diabetic Medications/Supplies
- No annual cap for any plan offered



Flex Dental Plan

- **Annual Deductible**
 - *\$50 per member; \$150 maximum per family*
- **Annual Maximum - \$1,000**
(Per Participant – Per CALENDAR Year)
 - **Diagnostic & Preventative Services**
 - 100% Coverage ; no deductible
 - **Basic Restorative**
 - 100% Coverage; after Deductible
 - **Major Restorative**
 - 50% Coverage; after Deductible
- **Orthodontic Services – not covered**

DHMO



NARROW NETWORK – Fewer dentists in the network.

No Deductibles or No Plan Maximum – First dollar coverage for most procedures, some copayments/coinsurance.

Coverage for “big ticket items” – Orthodontia, implants, anesthesia, sealants, bleaching; increased coverage for crowns, bridges and other major procedures.

In order to enroll in this plan, **each family member must select a primary care (general) dentist from the network and the Dentist ID # must be entered on the enrollment form.**

Call Cigna at 1-855-511-6366 or go to www.cigna.com.

This is a Dental Health Maintenance Organization (DHMO) so it works like a regular medical HMO. If employees or dependents require special care or services not performed by their primary care dentist, their primary care dentist will make a referral to the appropriate in-network specialist.

Re-Cap of Healthcare Benefits



- Coverage is effective the 1st of the month following employment. No late enrollments.
 - ⑩ *Waiver form must be completed if you are not enrolling in the City's benefit plan*
- Supporting Documents needed for dependents
 - *birth certificates, marriage certificates, court orders*
- Dental is Optional; Cannot elect dental coverage only
- Fill out enrollment form and affidavit (if applicable) and return ASAP
- Rates are subject to change annually.
- Open Enrollment is in the Spring every year

Flexible Spending Account (Section 125 Plan)



- ❖ **Health Care FSA** (if you do not have HSA)
 - ⑩ *Set Aside Pre-tax contributions to pay for deductibles, co-pays, dental care/Orthodontics, medical supplies, chiropractic services, eye exams/Lasik Surgery, eye glasses, contact lenses, solutions & supplies etc.*

- ❖ **Limited Purpose Health Care FSA** (if you have HSA)
 - ⑩ *Set Aside Pre-tax contributions to pay for dental care/Orthodontics, eye exams/Lasik Surgery, eye glasses, contact lenses, solutions & supplies etc. Can not be used for medical expenses.*

 - ⑩ *Annual Maximum - \$2,700*
 - ⑩ *\$500 carry over to the next calendar year*
 - ⑩ *Any claims not submitted must be done by March 31st for previous year's benefit*

NOTE: FSA's are on a calendar year

Flexible Spending Account (Section 125 Plan)



- Dependent Care Account

- ⑩ *Set Aside Pre-tax contributions to pay for Licensed Day Care*
- ⑩ *Annual Maximum - \$5,000*
- ⑩ *No carryover*
- ⑩ *All claims must be submitted by March 31st of the following year*

Please note: You must enroll each year to continue your plan. Contribution deduction elections do not continue, even if you have funds that “carry over” into the new year.

FSA's are on a calendar year

Deferred Compensation



❖ 403(b) Plan

❖ Pre-Tax Payroll Deductions

❖ Save toward Retirement

⑩ *Plan Smart Invest Wisely Retire w/Confidence*

➤ **Contact: Rei Augustine - Lincoln Sr. Retirement Consultant**

Phone: 1 (888) 889-5679

E-mail: Rei.Augustine@lfg.com

Voluntary Benefits



Carrier: Trustmark

- ❖ **Universal Life Plan** *includes Long Term Care*
- ❖ **Disability Product – Short Term Disability**
- ❖ For guaranteed issue you need to enroll within 60 days of your date of hire. After that you will need to complete a short questionnaire with your application. Open Enrollment each year will be held in the Fall.
- ❖ **Contact: Chris Hiza (203) 513-6156**

Required Notices



- Notice to Employees Participating in the Flexible Benefit Plan
- City of Waterbury & Waterbury Board of Education Notice of Privacy Practices
- HIPAA Special Enrollment Notice
- General Notice of COBRA Continuation Coverage Rights
- State of Connecticut – Insurance Exchange – Access Health CT
- New Health Insurance Marketplace Coverage Options and your Health Coverage
- Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)
- Women’s Health and Cancer Rights Act (WHCRA) Notice

Verifying your Paycheck



- Review your check !
you are responsible for what comes out of your check
- Proper Deductions
 - ⑩ *CIT, FIT – State and Federal Taxes*
 - ***EEMEDC – is not medical; it is Medicare Tax***
 - *OAP3TS, HDTS – medical/pharmacy deduction*
 - *DEN TCH or HMO TCH – dental deduction*
 - *TRB – Defined Contribution*
 - Pension Plan mandated for all certified educators in CT
 - Deductions are:
 - TRB7 (Contract Salary x 7% / 20)
 - TRB1 (Contract Salary x 1.25% / 20)



- **Bi weekly pay**

- Based on Contract Salary divided by pay plan. 22 or 26 equal payments without regard for holidays or breaks

Example: BA/1 \$43,110 / 22 = \$1,959.55

\$43,110 / 26 = \$1,658.08

- **Leave No Pay (LNP)**

- The adjustment is calculated as follows:

Contract Salary divided by # of school days (186 for 2017-18 school year) = per diem rate (daily rate)

\$43,110. / 186 = \$231.77 per day for each day of LNP

- **Extra Classes**

- Notify payroll when the assignment ends to ensure that your pay is corrected.

It is your responsibility to review your paystub and notify payroll of any errors.

Forms Due Today:



City of Waterbury New Hire – Employee Benefits Checklist

Employee Benefits Checklist

Metropolitan Life Insurance Company



Group Term Life Insurance Beneficiary Designation

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

Things to know before you begin

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (*primary or contingent*) and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we can't record your choices.

! If you make a mistake anywhere on this form, cross it out and initial it.

SECTION 1: About the Insured

First name		Middle name		Last name	
Date of birth (mm/dd/yyyy)		Social Security number		Phone number	
Address			City	State	ZIP
Employer name City of Waterbury				Customer number	

Basic Life Insurance Beneficiary Form

Forms Due Within 31 Days:



City of Waterbury Health, f

Employee # []

1. Tell Us About You

Employee Name (Last) (First) (M.I.)

Address (Street) (Apt #)


(City) (State) (Zip Code)

Home Phone () Cell or Work Phone ()

MARITAL STATUS Single Legally Separated Widowed
 Married Civil Union Divorced

Do you work in Education? Yes No

3. List All Covered Members


The City of Waterbury
Connecticut

Eligibility Affidavit

If enrolling in a City Health Plan, you must provide proof of e

PLEASE PRINT YOUR NAME: _____

Spouse: CHECK A RELATIONSHIP AND INCLUDE A COPY CERTIFICATE IF YOU ARE LEGALLY MARRIED.

- **Healthcare Enrollment/Change Form**
- **If adding a spouse or children:**
 - ⑩ ***Dependent Eligibility Affidavit***
 - ⑩ ***Supporting Documents (Marriage Certificate, Birth Certificates, etc.)***

Forms Due Within 31 Days:



City of Waterbury

Pension and Benefits Office
235 Grand Street
Waterbury, CT 06702
Phone 203-574-6844 Fax 203-346-2685



INSURANCE WAIVER FORM

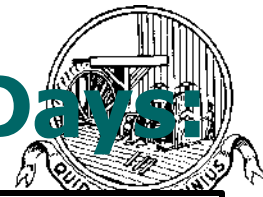
I, _____, hereby waive participation in the medical and
(print name)
dental insurance programs with The City of Waterbury.


I understand that if I and my dependents, if any, desire to participate at a later date, I/we
will only be eligible for coverage:

If not enrolling in medical insurance:

Insurance Waiver Form

Optional Forms Due Within 31 Days:





CITY OF WATERBURY, CT

FLEXIBLE BENEFIT PLAN ENROLLMENT FORM

A. Employee Information *Please Print Clearly!*

Name: _____ Social Security Number (Required): _____

Home Address: _____

Check if New: _____

➤ Flexible Spending Account Enrollment

Optional – Supplemental Life Insurance form

MetLife

Metropolitan Life Insurance Company, New York, NY

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer City of Waterbury, CT	Group Customer # 126919	Report #	Sub Code	Branch
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)