

OPEN ENROLLMENT - PREVENTIVE CARE CAMPAIGN

Preventive Care Campaign 2024

The credit/surcharge will be provided as follows:

Coverage Level	Bi-Weekly Credit
Employee Only	\$12.58
Employee + Spouse	\$25.15
Employee + Child(ren)	\$12.58
Employee + Family	\$25.15

Available to Employees & Spouses who enroll in Medical Coverage January 1, 2024:

The University is committed to the health and wellbeing of our employees. We have redeveloped our wellness program where employees and their spouses will receive a credit on their medical plan payroll deductions for taking the basic step of obtaining a routine wellness exam.

We feel that having this routine exam provides an opportunity for their personal physician to assess their current health situation and create a plan to become their healthiest.

This program is only applicable to employees and spouses enrolled in our health plan; this program does not apply to children.

Employees that enroll in the health plan as of January 1, 2024 and **submit their Physician Attestation Forms** will be provided a \$327 annual credit or a \$654 annual credit for employee & spouse.

If both employee and spouse are enrolled in the medical coverage, **both** must provide the Physician Attestation Form as evidence of a current physical in order to receive the credit.

Partial credit will NOT be provided.

Those employees and spouses who choose not to submit the Attestation Form(s) will not be eligible for the credit(s) and will pay a higher medical premium.

We encourage all employees and applicable spouses to participate, as employees only have this option during open enrollment.

The Physician Attestation Form must be submitted to Human Resources no later than January 5, 2024.

UNITED HEALTHCARE - MEDICAL & PRESCRIPTION PLAN HIGHLIGHTS & EMPLOYEE RATES

Employees electing this coverage share in the cost of this benefit with Goodwin University & University of Bridgeport

You have five medical plan choices administered by **United HealthCare**. All five options include prescription drug coverage. To locate a participating, in-network provider, visit www.myuhc.com

Plan Features	Plan 1 - CORE \$30/\$45 - \$3,000/30%	Plan 2 –Buy Down \$30/\$45 - \$3,000/30%
IN-NETWORK	Choice Plus	Choice
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Coinsurance	30%	30%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	No charge
PCP/Specialist Office Visits	\$30/\$45 Copay	\$30/\$45 Copay
Diagnostic Test - Outpatient (x-ray, blood work)	No Copay	No Copay
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	\$75 Copay	\$75 Copay
Inpatient/Outpatient	Deductible, then 30%	Deductible, then 30%
Urgent Care Facility	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$150 Copay	\$150 Copay
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$5,000 Individual \$10,000 Family	N/A
Coinsurance	50%	N/A
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$10,000 Individual \$20,000 Family	N/A
Prescription Deductible	N/A	N/A
Retail Pharmacy, up to 30-day supply		
Tier 1	\$5	\$5
Tier 2	\$30	\$30
Tier 3	\$60	\$60
Mail Order, 90-day supply		
Tier 1/Tier 2/Tier 3	\$12.50/\$75/\$150	\$12.50/\$75/\$150
Bi-Weekly Rates <i>Without Wellness Rates</i>	Plan 1 - CORE \$30/\$45 - \$3,000/30%	Plan 2 –Buy Down \$30/\$45 - \$3,000/30%
Employee Only	\$94.90	\$76.75
Employee + Spouse	\$308.61	\$269.58
Employee + Child(ren)	\$236.58	\$203.90
Employee + Family	\$406.03	\$357.01

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Plan Features	Plan 3 – Buy Up 1 \$30/\$45 - \$2,500/20%	Plan 4 - Buy Up 2 \$20/\$40 - \$1,500/20%
IN-NETWORK		
	Choice Plus	Choice Plus
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family	\$1,500 Individual \$3,000 Family
Coinsurance	20%	20%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family
PREVENTIVE SERVICES		
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge	No charge
OFFICE VISITS, LABS, AND TESTING		
PCP/Specialist Office Visits	\$30/\$45 Copay	\$20/\$40 Copay
Diagnostic Test - Outpatient (x-ray, blood work)	No Copay	No Copay
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	\$75 Copay	\$75 Copay
HOSPITAL		
Inpatient/Outpatient	Deductible, then 20%	Deductible, then 20%
URGENT AND EMERGENCY CARE		
Urgent Care Facility	\$75 Copay	\$75 Copay
Hospital Emergency Room	\$150 Copay	\$150 Copay
OUT-OF-NETWORK		
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family
Coinsurance	40%	40%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$10,000 Individual \$20,000 Family	\$6,000 Individual \$12,000 Family
PRESCRIPTION DRUGS		
Prescription Deductible	N/A	N/A
Retail Pharmacy, up to 30-day supply		
Tier 1	\$5	\$5
Tier 2	\$30	\$30
Tier 3	\$60	\$60
Mail Order, 90-day supply		
Tier 1/Tier 2/Tier 3	\$12.50/\$75/\$150	\$12.50/\$75/\$150
Bi-Weekly Rates		
<i>Without Wellness Rates</i>	Plan 3 – Buy Up 1 \$30/\$45 - \$2,500/20%	Plan 4 - Buy Up 2 \$20/\$40 - \$1,500/20%
Employee Only	\$105.79	\$130.87
Employee + Spouse	\$332.03	\$385.94
Employee + Child(ren)	\$256.19	\$301.33
Employee + Family	\$435.44	\$503.15

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Plan Features	Plan 5 - HSA \$2,500/10%
IN-NETWORK	Choice Plus
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family
Coinsurance	10%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$3,275 Individual \$6,550 Family
PREVENTIVE SERVICES	
Well-child visits and immunizations, routine GYN visit, annual adult physical, and other age/gender appropriate screenings as outlined in the Affordable Care Act	No charge
OFFICE VISITS, LABS, AND TESTING	
PCP/Specialist Office Visits	Deductible, then 10%
Diagnostic Test - Outpatient (x-ray, blood work)	Deductible, then 10%
Advanced Imaging – Outpatient (CT/PET scans, MRIs)	Deductible, then 10%
HOSPITAL	
Inpatient/Outpatient	Deductible, then 10%
URGENT AND EMERGENCY CARE/HOSPITAL	
Urgent Care Facility	Deductible, then 10%
Hospital Emergency Room	Deductible, then 10%
OUT-OF-NETWORK	
Annual Deductible Amount you must pay before the plan will begin to pay for certain services	\$2,500 Individual \$5,000 Family
Coinsurance	30%
Annual Out-of-Pocket Maximum Maximum amount you pay per year for covered expenses	\$5,000 Individual \$10,000 Family
PRESCRIPTION DRUGS	
Prescription Deductible	Combined with Medical Deductible
Retail Pharmacy, up to 30-day supply Tier 1 Tier 2 Tier 3	Deductible, then \$5 Deductible, then \$30 Deductible, then \$60
Mail Order, 90-day supply Tier 1/Tier 2/Tier 3	Deductible, then \$12.50/\$75/\$150
Bi-Weekly Rates <i>Without Wellness Rates</i>	Plan 5- HSA \$2,500/10%
Employee Only	\$56.88
Employee + Spouse	\$226.88
Employee + Child(ren)	\$168.15
Employee + Family	\$303.39

Get the most out of your medical plan with value-added resources from United HealthCare

Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



Scan the QR code or go to [myuhc.com](https://www.myuhc.com) and click **Register Now**

Additional Information: Plans 1, 3, 4 & 5:

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Plan 5: Once you've met your deductible, you start sharing costs with your plan – coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the year.

****Out-of-Network Reimbursement**

Out-of-Network reimbursement is based on the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your employer's health plan description for more information.

How to Look Up a Prescription:

- Go to www.uhc.com
- Click on **"Member Resources"** and then click **"Pharmacy Benefits"**
- Click **"Pharmacy Drug Lists"** on the left-hand side
- Scroll down and click **"Connecticut Plans"** and select **"UHC Traditional Tier 3 Prescription Drug List (01/01/2024)"**

How to Register:

- Go to [myuhc.com](https://www.myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- Complete the required fields and create your username/password
- Enter your contact information and security questions
- Agree to the terms and conditions and select your email preferences
- Go paperless! From your account settings, choose communication preferences → paperless

Need to locate a participating, in-network provider?

Go to www.myuhc.com and select **"Find a Provider"** and select from the type of provider you are looking for, then select **"Employer and Individual Plans"** and click **"Shopping Around"**

For **Plans 1, 3, 4 & 5** select **"Choice Plus"** and for **Plan 2** select **"Choice"**.

UNITED HEALTHCARE MEMBER RESOURCES

Get in on UHC Rewards! Good news-your health plan comes with a new way to earn up to \$1,000. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There is so much good to get! With UHC Rewards, a variety of actions-including many things you may already be doing-lead to rewards. The activities you go for are up to you-same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you and look for new ways of earning rewards to be added throughout the year.

There are two ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you-and start earning

Get the most out of your benefits

Register for your personalized website on myuhc.com® and download the UnitedHealthcare® app.

These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits - Connect with providers by phone or video* to discuss common medical conditions and get prescriptions;* if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills

