



GPOA Hired Before 7/1/2019

Benefits Guide

Effective July 1 2024 - June 30 2025

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Getting started

Making benefit selections

Enrollment

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

[Enroll now](#)

Who can I add to my coverage?

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

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

Mid Year Changes // Qualifying Life Events

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

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

[See Full Event List Here](#)

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



Employee Benefit Help Center (EBHC)

Do you have questions about your benefits? The best place to start is with member services at your insurance carrier --- If you've done that and still require assistance, our Employee Benefit Help Center (EBHC) can help! You'll get one-on-one access to a local, licensed OneDigital team member who will help answer questions you may have regarding your benefits. This is not a call center, but an extension of your employer's local service team dedicated to helping you.

wecanhelp@onedigital.com
833-268-5528

Available Monday - Friday, 8am - 5pm EST
Be sure to provide your name, employer name, and your question or issue.

We can help you to:

Understand how benefits work
Understand your covered benefits

Understand pre-tax accounts
Understand and lower costs
Navigate escalated claim issues

Eligibility



Coverage	Who is Eligible	Coverage Starts	Coverage Ends
Medical	Generally, employees in benefit eligible positions working 30+ hours per week are eligible for benefits.	On the first day of employment.	On the last date of the month that you or your dependents are no longer eligible. (Children: through the end of the month they turn 26.)
Dental	Generally, employees in benefit eligible positions working 30+ hours per week are eligible for benefits.	On the first day of employment.	On the last date of the month that you or your dependents are no longer eligible. (Children: through the end of the month they turn 26.)
Life	Generally, employees in benefit eligible positions working 30+ hours per week are eligible for benefits.	On the first day of employment.	On the last day of employment.
Accident Hospital Indemnity	Generally, employees in benefit eligible positions working 30+ hours per week are eligible for benefits.	On the first day of employment.	On the last date of the month that you or your dependents are no longer eligible. (Children: through the end of the month they turn 26.)

Pre-Tax Account or Funding Type	Who is Eligible + Details
Health Savings Account (HSA)	Only for employees enrolled in a High Deductible Health Plan (HDHP). Can be used for medical, dental and vision expenses.
Flexible Spending Accounts (FSA)	Set aside pre-tax money to pay for out-of-pocket health costs and/or child and elder care expenses. FSAs are a form of self-insurance.



Medical Insurance

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

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

[Find a Doctor](#)

[Telemedicine](#)

[Medicare Basics](#)



Where to Seek Care
Make the right Call!

	HDHP 1	HDHP 2	PPO 1	PPO 2	HMO 2
In-network care	SBC	SBC	SBC	SBC	SBC
Medical Network Name:	Century Preferred	Century Preferred	Century Preferred	Century Preferred	Century Preferred
Deductible (DED)	\$2,000 Employee Only \$4,000 Family	\$2,000 Employee Only \$4,000 Family	n/a	n/a	n/a
Deductible Type	Aggregate	Aggregate	n/a	n/a	n/a
Out-of-pocket maximum	\$3,000 Employee Only \$6,000 Family	\$3,000 Employee Only \$6,000 Family	\$7,900 Employee Only \$15,800 Family	\$7,900 Employee Only \$15,800 Family	\$7,900 Employee Only \$15,800 Family
Pre-tax account availability	HSA	HSA	FSA	FSA	FSA
Preventive care	Deductible then, 100% covered (no cost)	Deductible then, 100% covered (no cost)	100% covered (No Cost)	100% covered (No Cost)	100% covered (No Cost)
Primary care visit	Plan pays 100%	Plan pays 100%	\$30 copay	\$30 copay	\$30 copay
Specialist visit	Plan pays 100%	Plan pays 100%	\$40 copay	\$40 copay	\$40 copay
Urgent care	Deductible then, Plan pays 100%	Deductible then, Plan pays 100%	\$40 copay	\$40 copay	\$40 copay
Emergency room	Plan pays 100%	Plan pays 100%	\$100 copay	\$100 copay	\$100 copay
Outpatient hospital care	Plan pays 100%	Plan pays 100%	\$30 copay	\$30 copay	\$30 copay
Inpatient hospital care	Plan pays 100%	Plan pays 100%	\$100/day up to \$500/year	\$100/day up to \$500/year	\$100/day up to \$500/year
Pharmacy					
Prescription drugs	(30 days / 90 days) Deductible then,	(30 days / 90 days) Deductible then,	(30 days / 90 days)	(30 days / 90 days)	(30 days / 90 days)
Generic	\$5 copay \$10 copay	\$5 copay \$10 copay	\$15 copay \$30 copay	\$15 copay \$30 copay	\$15 copay \$30 copay
Preferred brand	\$15 copay \$30 copay	\$15 copay \$30 copay	\$30 copay \$60 copay	\$30 copay \$60 copay	\$30 copay \$60 copay
Non-preferred brand	\$30 copay \$60 copay	\$30 copay \$60 copay	\$45 copay \$90 copay	\$45 copay \$90 copay	\$45 copay \$90 copay
Specialty	\$60 Copay \$120 copay	\$60 Copay \$120 copay	n/a	n/a	n/a
Out-of-network care available?	Yes	Yes	Yes	Yes	No

NOTE: For HDHP Plan 2, PPO Plan 2 and HMO Plan 2 there are prior authorization required for PT/OT/ST services and for High Cost Diagnostics, such as CAT Scans, PET Scans and MRIs.

For those who to decide to opt out of medical and dental insurance, you will receive a benefit of \$1,000 per year.

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Total wellbeing: caring for all of you

Support for your health, finances, and life.



The recipe to living well

There are **five** ingredients to wellbeing — each just important as the others:



Healthcare Access and Quality

Having good health and the energy to perform your job life outside of work, such as spending time with family, friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Social and Community

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges.



Neighborhood and Built Environment

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.



Economic Stability

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members.



Education Access and Quality

Learning does not end when you leave school. You have invested in learning your job and role, but learning and knowledge extends to your personal wellbeing and self improvement.

[Physical Wellness Toolkit](#)

[Just One Thing: Reach Out](#)

[Chronic Condition: Self Management](#)

[Estimate your Healthcare Costs](#)

[Financial Academy](#)

[CDC: How Right Now](#)

[Tips to Manage Your Mind](#)

[Emotions and our Finances](#)

[40+ Ideas to Get Started!](#)

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

Employee Assistance Program (EAP)

Care for your mind – and your life.

KGA EAP Summary

Everyone needs support sometimes (even superheroes)

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

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

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

EAP FAQs

Will anyone know I contacted the EAP?

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

Who can use the EAP?

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

Face to Face Visits?

For no cost, each person can receive face-to-face (or virtual) visits with a licensed counselor per issue per year. Additional visits – if needed – will go through your health insurance.



24/7/365 access to care.

800-648-9557

My.KGALifeServices.com

National Crisis Helplines

Suicide and Crisis: 988

Sexual Assault: 800-656-4673

Domestic Violence: 800-799-7233

Child Abuse: 800-422-4453

Substance Abuse: 800-662-4357

Trevor Project: 866-488-7386



Find a full list of helplines here

Health Savings Account (HSA)

Those enrolled in the company qualified High Deductible Health Plan (HDHP) are eligible for an HSA.

[HSA Enrollment Form](#)

Contributions

IRS Contribution Limits

	Employee Only	Family
2024 Maximum	\$4,150	\$8,300

55 or older? You can contribute an extra **\$1,000** per year in catch-up contributions.

Employer Contributions

	Employee Only	Family
Contributions divided evenly and deposited per pay.	\$1,000	\$2,000

The combination of your contributions and your employer's contributions cannot exceed the IRS limits.

Triple tax savings

1. Reduce your taxable income by contributing into this account.
2. Pay for qualified healthcare expenses free of tax.
3. Earn tax-free interest on HSA dollars and invest tax free.

Learn how HSAs can help you save for today and tomorrow.



Key Features

- The money you save in your account can be spent on qualified Medical, Dental, and/or Vision expenses. [View a full list HERE.](#)
- The money you save stays with you if you change jobs, just like any other bank account. Unspent funds remain in your bank account.
- Save for your future by contributing to the limit – an HSA is a great way to save for your immediate expenses and for retirement.
- The money in the account is available as it's deposited.
- Start, stop, or change your contributions at any time (limitations may apply - consult HR).

You cannot have an HSA and ...

- Be enrolled in Medicare or Medicaid, or a non-HDHP plan (if you gain this coverage, you must stop HSA contributions, but you can spend down any money in your account).*
- Be claimed as another person's tax dependent.
- Have a full purpose/healthcare Flexible Spending Account (FSA) – nor can your spouse, even if you are not participating in their medical plan and/or they are not enrolled with you.

*Those Medicare eligible should speak with a licensed Medicare consultant. For high level HSA considerations reference [Medicare.gov](https://www.medicare.gov) (look for 'I have a Health Savings Account (HSA)').

Flexible Spending Accounts (FSAs)

Set aside pre-tax dollars to pay for qualified expenses.

Flexible Spending Account is a blanket term that covers a number of pre-tax savings options. Flexible Spending Accounts are a form of self-insurance and follow the same laws as other types of pre-tax benefits (like medical or dental). Once elected, you must have a qualifying life event to stop or change your deduction amount. If you do not elect when eligible/available, you cannot newly enroll without a qualifying life event.

Full Purpose FSA

Eligible expenses

Allowed Expenses	Medical, Dental, and Vision
2024 IRS maximum contribution	\$3,200
Annual rollover amount	\$640
Balance Availability	Full annual election available day one
Special Considerations	You cannot also contribute to an HSA

Dependent Care Account (DCA)

Eligible expenses

Allowed Expenses	Childcare or adult daycare
2024 IRS maximum contribution	\$5,000
Annual rollover amount	Rollover not allowed by the IRS
Balance Availability	Funds available as they are deposited
Special Considerations	Funds can only be spent on tax dependents and are to be used so you (and your spouse if applicable) can go to work. Funds are forfeited if you leave employment.



Where did my money go?
Budget for success!

Dental insurance

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

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



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

[Find a Provider](#)

Full Plan

Flex Plan

In-network care

Summary

Summary

Network name:	PPO Plus Premier	PPO Plus Premier
Annual Deductible (DED)	n/a	\$25 per person \$75 family max
Annual maximum benefit	Unlimited	\$2,000
Preventive care	100% covered	100% covered
Basic care	Deductible then you pay 0%	Deductible then you pay 20%
Major care	Deductible then you pay 50%	Deductible then you pay 50%
Orthodontic care		
Coverage	40% up to \$600 (dependent children up to age 19)	50% up to \$1,000 (adult & dependent children)
Lifetime maximum benefit		
Out-of-Network Coverage?	Yes	Yes



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

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Life and AD&D insurance

Financial peace of mind.

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

Basic life and AD&D insurance

Summary

This coverage is no cost to you.

	Basic life	Basic AD&D
Coverage	\$50,000	\$50,000
Age Reduction	Reduces to 67% at age 70; then to 50% at age 75.	
Accelerated Benefit	If you are terminally ill, you may be able to receive a portion of your life benefit.	

What's AD&D?

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

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



How much life insurance do I need?



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

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

Additional Benefit Offerings



Additional benefit plans are a great way to customize your benefits package.

NEW! Accident coverage



Summary

Accident coverage pays you a cash benefit for events like: stitches, an emergency room visit, ambulance ride, broken bone, concussion, and much more. You cannot plan for an accident, but you can help protect your wallet! This benefit pays a lump sum directly to you to spend however you need. You can spend the money on medical bills – or use it for parking, groceries, a babysitter, etc.

NEW! Hospital indemnity



Summary

Hospital Indemnity coverage pays you a cash benefit to help with your expenses – your deductible or copays, transportation, groceries and more – if you or a covered family member is admitted to the hospital. The money is yours to use as you choose.

457 Retirement Account & Roth IRA

Plan Document

All full and part-time employees have the opportunity to save for retirement on a pre-tax basis by participating in our 457 retirement plan and the opportunity to save post-tax by contributing to a Roth IRA. Employees are eligible to contribute up to \$23,000 and certain employees may be eligible for make-up provisions, based on individual circumstances. Enrollment into either of these plans may be done at any time of the year. Contact the Town of Glastonbury's Mission Square Retirement Plan Specialist, Peter Crowe.

Email: pcrowe@missionsq.org

Phone: 202-759-7066

Website: <http://www.missionsq.org>

Helpful terms



We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

In-network

Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service. In-network care is always your lowest-cost option. Out-of-network providers can charge you whatever amount they deem fair – typically much higher than in network.

Out-of-pocket maximum

The most you'll pay for covered medical and pharmacy care in a year. This includes your deductible and any coinsurance or copays. The out-of-pocket maximum does not include your premium (the amount you pay for coverage) and non-covered expenses.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internal medicine, or pediatrician (for children).

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts sharing in the cost of your medical and pharmacy (if applicable) expenses.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Referral/pre-authorization

Some specialty medical providers/services and prescriptions require additional supporting information from your doctor. Examples include – but are not limited to – inpatient or outpatient surgical procedures, brand name medications, or specialty medications.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Balance billing

When you use an out-of-network provider, they may bill you the difference between what they charge and the amount your insurance pays.

Required Notices

OneDigital Privacy Policy

HIPAA Privacy Notice

Newborns' and Mothers' Health Protection Act

Women's Health and Cancer Rights Act

HIPAA Special Enrollment Notice

Continuation of Coverage Rights Under COBRA

Marketplace Coverage Options

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

Medicare D Creditable Coverage Notice

CT Residents: Employee Rights under CTFMLA and CTPL

2024 Benefits

