



## Benefits Summary: GEA

This is a brief summary of your benefits. For more detailed information, please see the Summary Plan Descriptions (SPDs). When you enroll for Medical, you are also enrolled automatically in the Prescription Drug Plan and Dental Plan. Employees may enroll in Dental Only.

CT PARTNERSHIP PLAN		CIGNA
<p><b>Anthem State BlueCare POS</b></p> <ul style="list-style-type: none"> <li>• Copay Plan</li> <li>• In- and out-of-network access</li> <li>• In-network office visit copay \$15</li> <li>• In-network deductible: \$350 individual/\$350 per member (\$1,400 maximum) <b>Waived for HEP-compliant members</b></li> <li>• Out of Network deductible: \$300 individual, \$900 family</li> <li>• Out-of-network co-insurance: 20% after deductible up to maximum annual out of pocket</li> <li>• No co-pay or deductible for in-network preventive care</li> <li>• Emergency Room Copay \$250</li> <li>• Prescription through CVS/Caremark</li> <li>• Maintenance Drugs: \$5/\$10/\$25/\$40</li> <li>• Non-Maintenance Drugs: \$5/\$10/\$25/\$40</li> <li>• Unlimited Annual Maximum</li> <li>• Maximum out-of-pocket: \$4,600 individual/\$9,200 family</li> </ul>	<p><b>CT Partnership Plan Health Enhancement Program (HEP)</b></p> <ul style="list-style-type: none"> <li>• Managed by WellSpark Health</li> <li>• Calendar year wellness program for you and all covered members in your family</li> <li>• Age-based preventive screenings to remain compliant</li> <li>• Chronic condition requirements to remain compliant</li> <li>• Lower copays for office visits and medications for treatment of certain chronic conditions</li> <li>• Non-compliance penalties: \$100 monthly premium increase and in-network &amp; deductible of \$350 individual and \$1,400 family</li> </ul>	<p><b>Dental &amp; Vision</b></p> <p><b>Dental</b></p> <ul style="list-style-type: none"> <li>• Cigna Dental PPO</li> <li>• Preventive Care Services 100% covered</li> <li>• In-network: State of CT network, based on contracted fees</li> <li>• Out-of-network: Maximum reimbursable charge</li> <li>• Unlimited calendar year benefits maximum for Class I, II &amp; III expenses</li> <li>• No deductible</li> </ul> <p><b>Vision</b></p> <ul style="list-style-type: none"> <li>• Cigna Vision PPO</li> <li>• In-network Exam: \$15 copay</li> <li>• Out-of-network Exam: N/A</li> <li>• Eyeglass Lenses In-network: Covered at 100%</li> <li>• Eyeglass Lenses Out-of-network: refer to Summary of Benefits</li> <li>• Contact Lenses In-network: Up to \$360 (elective), Covered at 100% (therapeutic)</li> <li>• Contact Lenses Out-of-network: Up to \$345 (elective), Covered at 100% (therapeutic)</li> <li>• Frame Retail Allowance In-network: Up to \$175</li> <li>• Frame Retail Allowance Out-of-network: Up to \$126</li> </ul>
STIRLING FLEXIBLE SPENDING ACCOUNT PLAN	STIRLING COMMUTER TAX BENEFIT PROGRAM	
<p>Maximum tax deferral limits for Calendar Year 2020</p> <ul style="list-style-type: none"> <li>• \$2,750 for Health Care</li> <li>• \$5,000 for Dependent Care</li> </ul>	<p>Maximum tax deferral limits for Calendar Year 2020</p> <ul style="list-style-type: none"> <li>• \$270 Per Month for Transit/Vanpool Fares</li> <li>• \$270 Per Month for Qualified Station Parking</li> </ul>	
METLIFE LIFE INSURANCE		
<p>Term Life Insurance: 1 ½ x Base Annual Salary up to a maximum of \$750,000 upon natural or accidental death while in service with the Town.</p> <p><b>Note:</b> <i>The Town shall report the value of the life insurance benefit provided to employees in excess of \$50,000 as taxable income to the employee in accordance with applicable IRS requirements.</i></p>		