



# Benefits Summary: GOSA

This is a brief summary of your benefits. For more detailed information please see the Summary Plan Descriptions (SPDs) or your union contract. You have a choice of medical plans as outlined below. When you enroll for Medical, you are also enrolled automatically in the Prescription Drug Plan and Dental Plan.

Anthem State BlueCare POS	CVS/Caremark	CIGNA
<b>CT PARTNERSHIP PLAN</b>	<b>PRESCRIPTION DRUG PLAN</b>	<b>DENTAL</b>
<ul style="list-style-type: none"> <li>In- and out-of-network access</li> <li>In-network office visit co-pay: \$15</li> <li>Out-of-network office visit: 20% of allowable UCR* charges</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 coinsurance: 20% of allowable UCR* charges</li> <li>Emergency Room Care In-network and Out-of-Network: \$250 copay (waived if admitted)</li> <li>Prescription coverage through CVS/Caremark</li> </ul> <p>*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR</p>	<ul style="list-style-type: none"> <li>3-tier plan</li> <li>Maintenance Drugs: \$5/\$10/\$25</li> <li>Non-Maintenance Drugs: \$5/\$20/\$35</li> <li>HEP Chronic Condition Drugs: \$0/\$5/\$12.50</li> <li>Maintenance Medications- Your 90-day supply can be filled through: Mail order, CVS/pharmacy or through the State of CT Maintenance Drug network</li> <li>Unlimited Annual Maximum</li> <li>Maximum out-of-pocket: \$4,600 individual/\$9,200 family</li> </ul>	<ul style="list-style-type: none"> <li>Preventive Care Services 100% covered</li> <li>Calendar year deductibles: \$50 individual /\$100 family</li> <li>Calendar year maximum per person: \$1,500 for Class C (Major Services) only</li> <li>Life -time orthodontia maximum per person (ages 8 to 19) \$1,500 with \$50 deductible</li> </ul>
<b>STIRLING FLEXIBLE SPENDING ACCCOUNT PLAN</b>	<b>STIRLING COMMUTER TAX BENEFIT PROGRAM</b>	
Maximum tax deferral limits for Calendar Year 2020 <ul style="list-style-type: none"> <li>\$2,750 for Health Care (Town contribution: \$300)</li> <li>\$5,000 for Dependent Care</li> </ul>	Maximum tax deferral limits for Calendar Year 2020 <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>	
<b>METROPOLITAN LIFE INSURANCE</b>		
Term Life Insurance: 3X Base Annual Salary up to a maximum of \$750,000 natural or accidental death while in service with the Town. <p><b>Note:</b> 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.</p>		
<b>LONG TERM DISABILITY</b>		
60% of Base of Salary up to \$6,000 per month, 180 day waiting period		