



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, Dental and Vision Plan.

CT Partnership Plan		CIGNA
Anthem State BlueCare POS	CT Partnership Plan Health Enhancement Program (HEP)	Dental & Vision
<ul style="list-style-type: none"> Copay Plan In- and out-of-network access In-network office visit copay \$15 In-network deductible: \$350 individual/\$350 per member (\$1,400 maximum) Waived for HEP-compliant members Out of Network deductible: \$300 individual, \$900 family Out-of-network co-insurance: 20% after deductible up to maximum annual out of pocket (\$2,000 individual, \$4,000 family) No co-pay or deductible for in-network preventive care Emergency Room Copay \$250 “Site of Service “for Labs in CT Prescription through CVS/Caremark Maintenance Drugs and Non-Maintenance Drugs: \$5/\$10/\$25/\$40 HEP Chronic Condition Drugs: \$0/\$0/\$5/\$12.50 Maintenance Medications- Your 90-day supply can be filled through: Mail order, CVS/pharmacy or through the State of CT Maintenance Drug network Unlimited Annual Maximum <p>Maximum out-of-pocket on pharmacy: \$4,600 individual/\$9,200 family</p>	<ul style="list-style-type: none"> Managed by Quantum Health Calendar year wellness program for you and all covered members in your family Age-based preventive screenings to remain compliant Chronic condition requirements to remain compliant Lower copays for office visits and medications for treatment of certain chronic conditions Non-compliance penalties: \$100 monthly premium increase and in-network & deductible of \$350 individual and \$1,400 family 	<p>Dental</p> <ul style="list-style-type: none"> Cigna Dental PPO Preventive Care Services 100% covered Calendar year deductibles: \$50 individual /\$100 family Calendar year maximum per person: \$1,500 for Class C (Major Services) only Life -time orthodontia maximum per person (ages 8 to 19) \$1,500 with \$50 deductible <p>Vision</p> <ul style="list-style-type: none"> Cigna Vision serviced by EyeMed In-network Exam: \$15 copay Out-of-network Exam: N/A Eyeglass Lenses In-network: Covered at 100% Eyeglass Lenses Out-of-network: refer to Summary of Benefits Contact Lenses In-network: Up to \$360 (elective), Covered at 100% (therapeutic) Contact Lenses Out-of-network: Up to \$345 (elective), Covered at 100% (therapeutic) Frame Retail Allowance In-network: Up to \$175 Frame Retail Allowance Out-of-network: Up to \$126
<p>Advanced Benefits Strategies FLEXIBLE SPENDING ACCOUNT PLAN</p>		<p>Advanced Benefits Strategies COMMUTER TAX PROGRAM</p>
<p>Maximum tax deferral limits for Calendar Year 2026</p> <ul style="list-style-type: none"> \$3,400 for Health Care (Town contribution if enrolled: \$300) <ul style="list-style-type: none"> \$7,500 for Dependent Care 		<p>Maximum tax deferral limits for Calendar Year 2026</p> <ul style="list-style-type: none"> \$340 Per Month for Transit/Vanpool Fares \$340 Per Month for Qualified Station Parking

METROPOLITAN LIFE INSURANCE

Term Life Insurance: 3X Base Annual Salary up to a maximum of \$750,000 natural or accidental death while in service with the Town.

Note: 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.

LONG TERM DISABILITY

60% of Base of Salary up to \$6,000 per month, 180 day waiting period