



## 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, Dental and Vision Plan. Employees may enroll in Dental and Vision Only.

CT PARTNERSHIP PLAN		CIGNA
Anthem State BlueCare POS	CT Partnership Plan Health Enhancement Program (HEP)	Dental & Vision
<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 (\$2,000 individual, \$4,000 family)</li> <li>• No co-pay or deductible for in-network preventive care</li> <li>• Emergency Room Copay \$250</li> <li>• “Site of Service “for Labs in CT</li> <li>• Prescription through CVS/Caremark</li> <li>• Maintenance Drugs and Non-Maintenance Drugs: \$5/\$10/\$25/\$40</li> <li>• HEP Chronic Condition Drugs: \$0/\$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 on pharmacy: \$4,600 individual/\$9,200 family</li> </ul>	<ul style="list-style-type: none"> <li>• Managed by Quantum 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</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 serviced by EyeMed</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>

**Advances Benefits Strategies**  
**FLEXIBLE SPENDING ACCOUNT PLAN**

Maximum tax deferral limits for Calendar Year 2026

- \$3,400 for Health Care
- \$7,500 for Dependent Care

**Advances Benefits Strategies**  
**COMMUTER TAX BENEFIT PROGRAM**

Maximum tax deferral limits for Calendar Year 2026

- \$340 Per Month for Transit/Vanpool Fares
- \$340 Per Month for Qualified Station Parking

**METLIFE LIFE INSURANCE**

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.

**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.*