LEARN

Benefit Enrollment Guide

2026-2027



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Welcome!

LEARN! Where You Belong.

At LEARN we recognize our ultimate success depends on the collective talent and dedication of our workforce. We are glad that you chose to be part of the LEARN community. Our goal is to provide a comprehensive program of competitive benefits that attracts and retains the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

As a reminder, we will continue to offer a variety of voluntary products that are employee paid through Aflac and Mass Mutual. You will continue to have the option of choosing a second voluntary dental plan with additional options and if you choose comprehensive voluntary vision insurance.

***EACH EMPLOYEE* should schedule a meeting with a benefits counselor to talk about the various benefit options available to them.**

You can also view overviews of our benefit plans by accessing LEARN Employee Information on our LEARN website or by utilizing this link: https://www.learn.k12.ct.us/staff_resources/learn_employee_information

Sincerely,

Elizabeth McCaffery
Elizabeth McCaffery
LEARN, Director of Human Resources



Open Enrollment





Let us do the work with you...

Benefit Counselors available for

» Phone or Screenshare Meeting «

Enrollment is more convenient than ever

One conversation, by phone or screenshare meeting, provides a comprehensive look at your benefits, from health to life insurance, from disability to supplemental insurance coverage.

If you are making NO changes to your benefits, you do not need to participate in this Open Enrollment.

LEARN

Contact the Call Center
from 9 AM to 9 PM
at (866) 707-9244
June 1st - 12th, 2026

Do open enrollment the convenient way.
Complete open enrollment with a Benefit Counselor over the phone or through a virtual screenshare meeting.

Complete your Enrollment:
Schedule a consult with your Benefit Counselor:

1. **Jeannette Cole:** Click on the link https://calendly.com/jeannette_cole/learn-2026-open-enrollment
   Denise Poirier: Click on the linkhttps://calendly.com/denise_poirier/learn-2026
2. Or scan the QR code to get started!

Jeannette Denise

Aflac MassMutual

Aflac coverage is underwritten by Continental American Insurance Company

Eligibility



Eligible Employees:

You may enroll in Learn Employee Benefits Program if you are a regularly scheduled employee working at least 24 hours a week. Your Benefit Counselors will be able to clarify your eligibility.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court appointed.
legal guardianship.

When Coverage Begins:

The effective date for your benefits is July 1, 2026, through June 30, 2027.

All your benefit choices will be in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage

If you do not make your 2026 benefit elections, you will automatically be defaulted to your prior year elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status.

Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change.

Please contact Learn Human Resources to make these changes.



At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick, once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provide/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 866-633-2446.

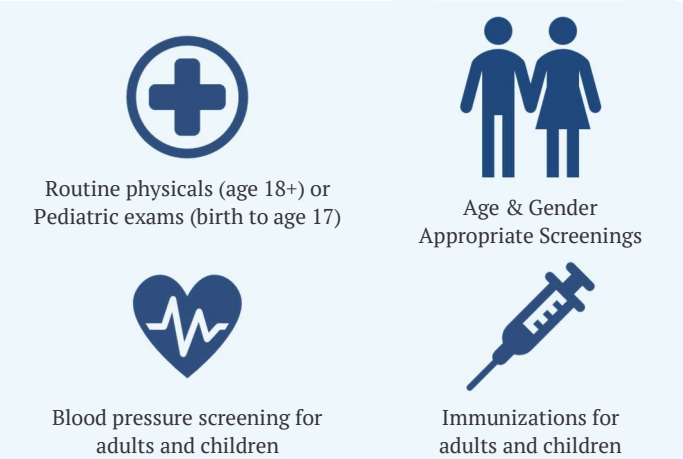
- Visit ww.anthem.com, select Find Care.
- Choose Anthem Member if you are already enrolled.
- To continue as a guest, select Basic Search as Guest, then choose Century Preferred to view providers in your plan's network.

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the covered services please visit

www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:



Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access the Anthem portal at **www.anthem.com.**
Once you are registered your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search for Anthem's Sydney App.

What Are My Options For Care?

You have many options for how and where you can receive care through your Anthem medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
NurseLine 	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • **Available 24/7/365 days a year at NO COST**	• Answer general questions like "how long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment e.g. ER or primary care doctor
Telemedicine / Virtual Visits 	• Convenient, low cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

NurseLine

866-787-6361

Website

Anthem:

www.anthem.com

Find A Doctor / Facility

Anthem:

www.anthem.com

Medical Insurance

Medical Benefits

Learn will continue to offer medical coverage through Anthem Blue Cross and Blue Shield. The chart on this page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Anthem Blue Cross and Blue Shield HSA Plan 800858 Learn		
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductibles		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Coinsurance	100%	80%
Out of Pocket Maximums		
Individual	$2,500	$2,500
Family	$5,000	$5,000
Office Visits		
Primary Care	100% after deductible	80% after deductible
Specialty Care	100% after deductible	80% after deductible
Preventive Care		
Adult Periodic Exams	100%	80% after deductible
Well-Childcare	100%	80% after deductible
Diagnostic Services		
X-ray and Lab Tests	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	80% after deductible
Urgent Care Facility	100% after deductible	80% after deductible
Emergency Room Facility Charges*	100% after deductible waived if admitted	100% after deductible waived if admitted
Inpatient Facility Charges	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	80% after deductible
Mental Health		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Other Services		
Chiropractic	100% after deductible	80% after deductible

Anthem Blue Cross and Blue Shield HSA Plan 800858 Learn		
Benefits Coverage	**In-Network Benefits**	**Out-of-Network Benefits**
Prescription Copays after the Deductible		
Generic (Tier 1)	$5 copay	20% after deductible
Preferred (Tier 2)	$25 copay	20% after deductible
Non-Preferred (Tier 3)	$40 copay	20% after deductible
Mail Order Copays		
Generic (Tier 1)	$10 copay	20% after deductible
Preferred (Tier 2)	$50 copay	20% after deductible
Non-Preferred (Tier 3)	$80 copay	20% after deductible

Health Savings Account

Learn will be contributing $750 into your HSA account as an individual and $1,500 for a family of two or more. If this is your first year in the HSA, you will receive the contribution as a lump sum in July. After your first year in the HSA, the contribution will be made by Learn in two installments-One in July and the second in January.

You can choose any bank of your choice to open the HSA account. If you would like to have additional funds taken out of your paycheck to go into your HSA account on a pre-tax basis, you must fill out a form with HR and provide your banking information.

> You can contribute up to the federally mandated maximum per year into your HSA, which includes Employer plus Employee contributions: For plan year 2026 you can contribute $4,400 for an Individual and $8,750 for a Family.

Individuals 55 and older can make an additional $1,000 “catch-up” contribution on top of the above amounts until they enroll in Medicare.

Contributions are made on a pre-tax basis through payroll deductions.

If you are enrolled in Medicare, you cannot contribute to an HSA account. Please let HR know if you are on Medicare or planning to be on Medicare.

If you leave your employer, the funds in your account are yours to keep. If you have money left in your account at the end of the year it rolls over into the next year.

Money can be used for Qualified Medical expenses above what your insurance covers according to IRS regulated QME in Publication 502



Anthem



GOOD HEALTH IS WORTH IT

Your guide to earning rewards with Wellbeing Solutions

Your whole health matters. That's why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and well-being. You receive extra guidance and support in managing your health, plus you can earn monetary rewards.

Earn up to **$700 in rewards**

Anthem Health Rewards[1] offers you and your covered spouse or partner up to $700 in rewards for taking part in employer-sponsored health and wellness programs. You will receive your rewards through a reloadable debit rewards card or an account deposit.[2] You can see the status of your progress on anthem.com or download the free Sydney Health mobile app.

Includes

Anthem Health Guide

It's important to have the right resources to help you manage your health. Your benefits include a powerful program called Anthem Health Guide at no extra cost. Health guides are trained above and beyond typical customer service representatives. They use smart engagement technology to provide the optimal member experience by phone, email, web or chat.

Health guides can connect you with programs and extra support, compare costs with you and help locate doctors in your plan. They can also provide guided decision support and work with you to make sure you get the care you need when you need it.

Well-being Coach[3]

Well-being Coach offers multiple options to help you meet your well-being goals. Our digital coaching app offers personalized 24/7 support on the go, whenever you need it. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight or quit tobacco. You can also receive additional help on well-being topics like nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand or require additional support meeting your health goals, Well-being Coach gives you access to a certified Health Coach by phone. You and your coach will identify habits you want to change and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

Rewards you can earn (up to $700 total)

Earn up to **$300** for either Well-being Coach or ConditionCare[4]

ConditionCare reward

If you have a chronic condition like asthma or diabetes, you can receive one-on-one help from a health care professional through ConditionCare. You'll learn better ways to manage your health and reach your health goals.

Earn up to $300 for participating in a nurse-centric program focused on helping members with high-risk conditions:

- **$100** for participating in program
- **$200** for completing program

To find out more about the program or to sign up, call the Member Services number on your ID card.

or

Well-being Coach Telephonic reward

Whether it's time to quit smoking, push past a weight-loss plateau, you can receive the lifestyle coaching you need from a live health coach.

Earn up to $300 for receiving one-on-one support through live coaching for high-risk conditions of tobacco cessation or weight management:

- **$100** for participating in program
- **$200** for completing program

Each well-being coach is specially trained to help you meet your health goals. You can find Well-being Coach on anthem.com or the Sydney Health app. You can also call 1-833-985-8464 to speak directly with a Health Coach.



Future Moms reward - **up to $200**

Moms-to-be can receive support and earn rewards. Registered nurses help them make healthy choices and follow the doctor's plan of care for a safe delivery and healthy baby.

- Receive $100 for completing an initial maternity assessment
- $50 for completing interim assessment
- $50 for completing post-birth assessment

To find out more about the program or to sign up, call the Member Services number on your ID card.

Flu shot and wellness visit reward - **up to $50**

For extra motivation to stay healthy, you can earn $50 in rewards for receiving a claims-based annual preventive wellness exam and flu shot.

Visit your primary care doctor's office for your wellness exam. You can also receive a flu shot at your doctor's office, or at a pharmacy or retail clinic. Your wellness exam or flu shot do not need to be completed in any particular order or together. Be sure to submit the claims to Anthem or ask your doctor or other provider to submit them to Anthem for you.[5]

My Health Rewards Activities - up to $150

Keep up healthy habits by tracking your activity through anthem.com, Sydney Health or the Well-bei also track rewards activities through a variety of devices, such as Apple Health Kit, Google Health, a section of Sydney Health for a full list of supported devices.



Sydney Health Activities

- Login to website or mobile app - 10 points / yearly
- Connect a tracking device - 15 points / yearly
- Complete the WebMD Health Risk Assessment - 75 points / yea
- Read five articles or watch five videos - 25 points / yearly (5 po
- Article/video topics include: exercise, healthy eating, sleep, far what's new, trending, and more
- Set an action plan - 10 points / once per quarter
- Action plans include: Eat Healthy, Achieve a Healthy Weight, Ge Reduce Stress and Sleep Better
- Complete an action plan - 100 points / once per quarter
- Track steps
    - Average 2,000 steps a day - 2 points / monthly



Dental Insurance

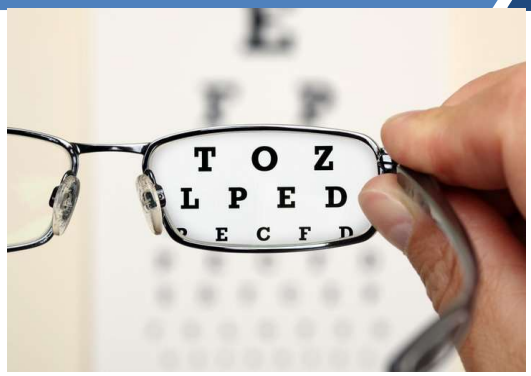
Dental Benefits

LEARN will be offering this dental option through Anthem Blue Cross and Blue Shield. This plan includes the Full Dental plan (Rider A) and new riders B and D (see below). There will be an additional cost to purchase this dental plan.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Anthem Blue Cross and Blue Shield Dental 800858	
Benefits Coverage	**In-Network Benefits**	**Out-of-Network Benefits**
Annual Deductible		
Individual	N/A	N/A
Family	N/A	N/A
Waived for Preventive Care	N/A	N/A
Annual Maximum		
Per Person / Family	No Maximum	No Maximum
Full- cleanings, x-rays, simple extractions, endodontics, routine fillings, fluoride treatments and fillings	Paid at 100% No Maximum	Paid at 100% up to the allowed amount No Maximum
RIDER A-Inlays, Onlays, Crowns, Oral Surgery Space Maintainers and Apiectomy	Paid at 50% No Maximum	Paid at 50% up to the allowed amount No Maximum
RIDER B-Buy Up Bridges, Partials and Dentures	Paid at 50% No maximum	Paid at 50% No Maximum
Orthodontia-RIDER D-Buy Up		
Benefit Percentage	60%	60%
Dependent Child(ren)	Up to the age of 19	Up to the age of 19
Lifetime Maximum	$600	60%
Benefit Waiting Periods	No waiting period	No waiting period

Vision Insurance



Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

Vision Benefits

As a Blue View Vision plan member, you have access to one of the nation's largest vision networks.

- You may choose from many private practice doctors, local optical stores, national retail stores, and national retail stores including LensCrafters, Target Optical, and most Pearle Vision locations. You also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com
- **Out of Network-** If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out of network allowance.

To locate a participating network eye care doctor or location, log in at **anthem.com,** or from the home page menu under Care, select **Find a Doctor.** You may also call member services for assistance at **1-866-723-0515.**

	Anthem Blue View Vision Plan		
	In-Network	**Out-Of-Network**	**Frequency**
Copay			
Routine Exams (Annual)	$20 copay	Up to $48 allowance	Once every calendar year
Vision Materials			
Materials Copay	N/A	N/A	N/A
Lenses • Single vision lenses • Bifocal • Trifocal	$20 copay	• Up to $36 allowance • Up to $54 allowance • Up to $69 allowance	Once every two years
Contacts • Elective conventional • Elective disposable • Non-elective (medically necessary	• 130 allowance, then 15% off any remaining balance • $130 allowance (no additional discount) • Covered in full	• Up to $105 allowance • Up to $105 allowance • Up to $210 allowance	Once every two years
Frames	$130 allowance, then 20% off any remaining balance	Up to $64 allowance	Once every two years

Employee Assistance Program

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or at home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free…Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential…Your EAP has been set up with Anthem, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Anthem is only a phone call away at (800) 865-1044 or go to anthemEAP.com.



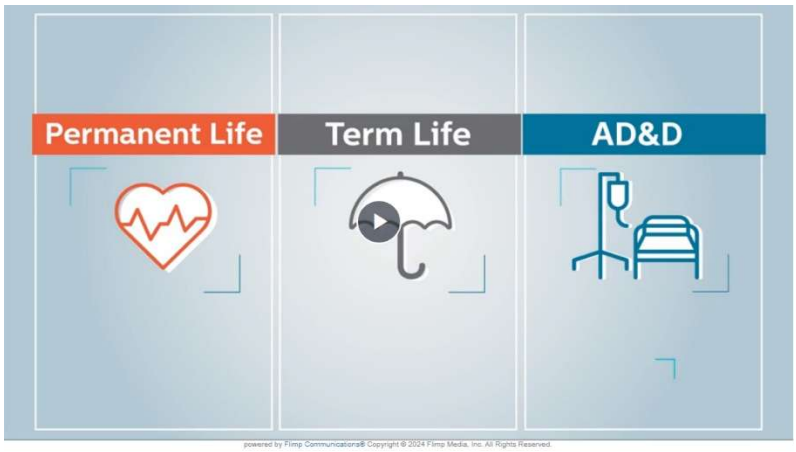
Contact the EAP today!

Services available 24 hours a day, 7 days a week.
Call: 800-865-1044
Email: EAPProviderNetworks@Anthem.com
Online: www. anthemEAP.com

Life and AD&D

Basic Life and AD&D Insurance

Learn provides Basic Life and AD&D benefits to eligible employees. Your Life and AD&D policy through The Hartford is an employer paid policy. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. Pleaase refer to your union contract for your specific benefit.



THE HARTFORD

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



Supplemental/Voluntary Benefits

Supplemental Benefits are Paid by Employee

Available for employees working 20+ hours per week

AFLAC provides a variety of coverage options protecting over 50 million people worldwide against the financial uncertainty that comes with accidents and illnesses. Cash paid directly to you over and above other insurance with no coordination of benefits for. These benefits also provide:

NEW Group Plans with lower costs, increased benefits, and Guaranteed Issue!

Cash that can be used for leftover medical bills, everyday living expenses and replacement of household income
Group Rated
Fixed Rates for the life of the coverage
Individually Owned and Portable at the same rates

Accident Coverage

While Aflac cannot prevent accidents from happening, Aflac can help prepare you for those unexpected expenses associated with an accident. Our promise is that when the unexpected happens, Aflac is there. And in today's world, it is comforting to know Aflac will be there to help provide peace of mind that is backed by a brand that people know and trust. Benefits listed below are what is paid to the Policyholder for a covered accident.

Guaranteed Issue
Initial Treatment
X Ray Follow-Up Treatment
Initial Hospitalization
Daily Hospital Confinement
Specific Sum Injury Benefit
Major Diagnostic Exam
Epidural Pain Management
Physical Therapy
Daily Rehabilitation Unit
Appliance Benefit

- Ambulance (actual charges incurred)
- Blood and Plasma
- Transportation
- Daily Family Lodging
- Accidental Dismemberment
- Accidental Life Insurance
- Pays regardless of other insurance
- 24 Hour Coverage

Supplemental/Voluntary Benefits (Continued)

Hospital Protection

- Hospital Confinement Benefit
- Emergency Room Benefits
- Physician Visit Benefits including Doctor Visits, Chiropractic, Telemedicine and Emergency Room Observation
- Prescription Benefits
- Inpatient and Outpatient Surgical Benefits
- Diagnostic Benefits
- Mammogram Benefit
- Will help with hospital deductible
- Coverage for maternity

Short-Term Disability

Learn offers voluntary short-term disability through Aflac. A common misconception is that disability insurance is only for those who are severely injured or have an extended illness. This is not always the case. Like accidents, disabilities can happen when least expected. If an employee is unable to work for days or months due to a disability, how will they afford financial obligations such as house or rent payments, groceries, and utility bills.

- Guaranteed Issue
- Your Aflac plan can stay with you even when you change or leave your job.
- Monthly Benefits: $300-$3,000 (subject to income requirements).
- Benefit Period: Available for 3 months.
- Elimination Periods Available (Injury/Sickness): 0/7 and 0/14 days.

MassMutual

Voluntary Permanent Whole Life Insurance

- Optional coverage up to $100,000 on a Guaranteed Issue basis (1st time offer)
    - Guaranteed Issue is maintained for those enrolling in the first year of eligibility with a minimum of $10k election.
- Permanent coverage means you have a fixed premium for the life of the coverage that also builds a cash value.
- As a mutual company, Mass Mutual has paid an annual dividend for 186 straight years.
- Best in class dividend helps you to build a meaning cash value that compounds annually.
- Cash Value **grows tax deferred** and gives you options for how to best use your cash value in the future when you need it.
- Dividend options including Paid Up Additions, Reduced Paid Up Premiums, Cash payout and Dividend Accumulations.
- Optional Coverage for Spouse and/or Children.

Pet Insurance



SAVE ON **EVERYTHING** YOUR PET NEEDS

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$11.75/month for one pet or
$18.50/month for a family plan

Once your enrollment is processed, you'll receive an e-mail with information on how to access your benefits at www.petbenefits.com.

TOTAL PET PLAN INCLUDES:

Discounts on products & Rx

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Discounts on veterinary care

- Instant 25% savings on your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.

24/7 pet telehealth

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

Lost pet recovery service

- Durable ID tag helps lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Exclusive member discounts

- Special deals and promotions from national pet retailers and service providers
- Easy access directly from your online member account

Pet Benefit Solutions | customercare@petbenefits.com | (800) 891-2565 pbs

Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

Eastern Connecticut Health and Medical Cooperative is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.



BRCEast@usi.com
Monday - Friday
Monday through Friday
8:00am to 5:00pm
Eastern & Central
Standard Time
855-874-6699
24 hours a day, 7 days a week

Carrier Contacts

Additional information regarding benefit plans can be found on enter correct source for additional benefits portfolio information for Client. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Anthem Blue Cross and Blue Shield	1(833) 952-2074	www.anthem.com
Dental PPO	Anthem Blue Cross and Blue Shield	1(800) 440-3619	www.anthem.com
Vision	Anthem Blue Cross and Blue Shield	1(866) 723-0515	www.anthem.com
Life and AD&D	Hartford Life and Accident Insurance Co	1(888) 563-1124	www.thehartford.com
Voluntary Products	AFLAC	1(800) 433-3036	www.aflacgroupinsurance.com

This brochure summarizes the benefit plans that are available to Eastern Connecticut Health and Medical Cooperative eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special

Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Learn
Contact-Position/Office:	Elizabeth McCaffrey
Address:	44 Hatchett's Hill Road Old Lyme, CT 06371
Phone Number:	(860) 434-4800

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name **Learn Regional Educational Services Center**		4. Employer Identification Number (EIN)
5. Employer address **44 Hatchett's Hill Road**		6. Employer phone number **860-434-4800**
7. City **Old Lyme**	8. State **Connecticut**	9. ZIP code **06371**
10. Who can we contact about employee health coverage at this job? **Elizabeth McCaffrey**		
11. Phone number (if different from above) **N/A**	12. Email address **emccaffrey@learn.k12.ct.us**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☑ All employees. Eligible employees are:

    Regularly scheduled employee working at least 24 hours a week.

  - ☐ Some employees. Eligible employees are:

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Spouse, and children up to age 26

  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.