2019 Open Enrollment Town Hall
OPEN ENROLLMENT PREPARATIONS

• Medical (including pre-tax savings accounts), dental, life and disability coverage lines were marketed last summer.

• Benefits Taskforce interviewed top carriers and formulated recommendations for Calendar Year (CY) 2019 open enrollment options.

  Funding arrangements:
  Medical insurance – self-funded (approximately $12 M)
  Dental, vision, disability and life insurance – fully-insured
HOW DO WE STACK UP AGAINST OUR PEERS?

• Annual (medical and Rx experience) insurance plan performance review benchmarks UHart claim experience year over year against peer institutions in the northeast region as well as United Healthcare’s overall book of business (BOB).

• Our medical insurance plans’ design, age and gender factors, average family size, chronic condition and disease prevalence remain above the norm.

• Our wellness and preventative care exams remain above the norm.

• Our total claims paid per member per month increased 20.2%.
WHAT ARE MY OPTIONS FOR CY 2019?

MEDICAL INSURANCE

High Deductible-based Plan (HDBP), Deductible-based Plan (DBP) and Point of Service (POS) Plan options remain in place, with all plans transitioning from United Healthcare to Aetna effective January 1, 2019, with a modest overall increase in premium.

All three plans will continue to offer:

• Preventive services and annual wellness exams (including, but not limited to, mammograms, colonoscopies and immunizations) are covered at 100%.

• Nationwide in-network provider options, regardless of plan election. *Note: Our disruption report shows Aetna’s network is as good as or better than United Healthcare.*

• Toll-free dedicated Aetna concierge for UHart members (1-866-275-9086).

• Teladoc (similar to Virtual Visits) allows members to see/speak to a contracted provider regarding non-emergency medical conditions directly from a mobile device or computer 24 hours a day, seven days a week without an appointment (member cost share is determined by plan election).

• Out-of-network benefits for providers who do not participate in Aetna’s network, subject to a calendar year deductible.
VIEW AETNA NETWORK DIRECTORY AS A GUEST

www.aetna.com

Step 1

Not a member yet?

Choose the type of plan you’re interested in to search for health care providers that accept it.

Plan from an employer

Step 2

Aetna Open Access Plans

- OA Elect Choice EPO
- Aetna Choice® POS (Open Access)
- Aetna Choice® POS II (Open Access)

Step 3
AETNA MAINTENANCE CHOICE PROGRAM

Aetna members (and their qualified dependents) can fill larger supplies of maintenance medications (treating conditions such as asthma, diabetes or high cholesterol) at a lower cost, and have them delivered right to their home!

Members will receive a letter from Aetna if they (or one of their qualified dependents) are impacted by dispensing rules administered under Aetna’s Maintenance Choice Program. At that time, the following options will be outlined:

• **OPTION ONE**: Choose prescription delivery or pick-up. A 90-day supply of maintenance medications (with the appropriate prescription) can be delivered to your home (via Aetna Rx Home Delivery Pharmacy) or picked at a local CVS Pharmacy. You can choose from two easy ways to order your 90-day refills:
  – Call Aetna’s Customer Care number at 1-888-RX-AETNA (1-888-792-3862) and Aetna will contact your doctor for a new prescription and handle all the details.
  – Submit your order online at www.aetna.com.

• **OPTION TWO**: Aetna pharmacy benefits for maintenance medications cover a 30-day supply with up to two refills at a retail network pharmacy. After that, for best coverage, you should fill your 90-day supplies at Aetna Rx Home Delivery pharmacy or at a local CVS Pharmacy. If you want to continue filling a 30-day supply at another retail pharmacy (not CVS), you must call Aetna at 1-888-792-3862. With this notice, you will continue to pay the regular retail cost for your 30-day supply. **If you do not contact Aetna, you will pay 100% of the cost of the medication.**
HEALTH CARE REFORM:
EMPLOYER-SHARED RESPONSIBILITY RULES

- The Affordable Care Act (ACA) requires applicable large employers (*an employer that employs, on average, at least 50 full-time employees, including full-time equivalent employees, during the preceding calendar year*) to offer affordable, minimum value health coverage to their full-time employees (and their dependents) or pay a penalty.

- All applicable large employers are subject to the employer-shared responsibility rules, including for-profit, non-profit and government employers.
WHO IS CONSIDERED AN “ELIGIBLE SPOUSE”? 

The definition of an eligible spouse* for CY 2019 as it relates to the University’s medical insurance plans ONLY will continue to be defined as follows:

**Eligible Spouse** – an employee’s spouse who **does not have access** to affordable health care coverage that provides minimum value (as defined by the ACA) through his/her employer.

**Ineligible Spouse** – an employee’s spouse who **has access** to affordable health care coverage that provides minimum value (as defined by the ACA) through his/her employer.

All spouses currently enrolled in a University-offered medical insurance plan will have their coverage cancelled effective December 31, 2018 UNLESS the spousal eligibility affidavit (on the page four of the personalized open enrollment brochure) is completed and returned to HRD by 4:30pm on Friday, November 16, 2018.

* For CY 2019, faculty and staff whose base earnings are less than $40,000, if annualized, are exempt from the spousal affidavit requirement, if applicable.

**Note:** *This definition does not impact spousal eligibility for dental, vision or optional life insurance.*
WHAT IS THE COST OF THE PREMIUM TO ME?
ENROLLMENT SCENARIO # 1

Individual (annualized salary under $50,000) switches from POS to DBP

<table>
<thead>
<tr>
<th>CY 2018 Employee Premium Contribution for POS Plan:</th>
<th>Pre-tax premium savings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,775.92</td>
<td>$2,988.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CY 2019 Employee Premium Contribution for DBP ($1,500 Annual Deductible, $3,000 maximum out-of-pocket):</th>
</tr>
</thead>
<tbody>
<tr>
<td>$787.20</td>
</tr>
</tbody>
</table>

UHart’s CY 2019 HSA Contribution  $750

If you re-direct your CY 2019 premium savings (IRS limits apply) to a HSA and include the UHart HSA contribution, you would have $3,500 to apply towards your CY 2019 DBP out-of-pocket costs PLUS $238.72 (post tax) put back into your take-home pay.
**WHAT IS THE COST OF THE PREMIUM TO ME?**

**ENROLLMENT SCENARIO #2**

<table>
<thead>
<tr>
<th>Employee + spouse + child(ren) (annualized salary under $50,000) switches from POS to DBP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CY 2018 Employee Premium Contribution for POS Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,764.96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CY 2019 Employee Premium Contribution for DBP ($3,000 annual deductible, $6,000 maximum out-of-pocket):</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,244.00</td>
</tr>
</tbody>
</table>

**Pre-tax premium savings:** $8,520.96

UHart’s CY 2019 HSA Contribution: $1,500

If you re-direct your CY 2019 premium savings (IRS limits apply) to maximize your HSA and include the UHart HSA contribution, you would have $7,000 to apply towards your CY 2019 DBP out-of-pocket costs with PLUS $3,020.96 (post tax) put back into your take-home pay.
WHAT IS THE COST OF THE PREMIUM TO ME?
ENROLLMENT SCENARIO # 3

Employee + spouse + child(ren) (annualized salary over $50,000) switches from DBP to HDBP with Employee + child(ren)

<table>
<thead>
<tr>
<th>CY 2018 Employee Premium Contribution for DBP:</th>
<th>CY 2019 Employee Premium Contribution for HDBP ($5,000 annual deductible, $10,000 maximum out-of-pocket):</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,294.80</td>
<td>$2,098.56</td>
</tr>
</tbody>
</table>

Pre-tax premium savings: $2,196.24

UHart’s CY 2019 HSA Contribution $2,400

If you re-direct your CY 2019 premium savings (IRS limits apply) to maximize your HSA and include the UHart HSA contribution (considering the $900 UHart increased contribution to your HSA), you would have $3,096.24 to apply towards your CY 2019 DBP out-of-pocket costs.
WHAT ARE MY PRE-TAX SAVINGS OPTIONS?

Health Savings Account (HSA)
(partners **ONLY** with the HDBP and DBP)
Administered by PayFlex

Personally owned bank account where funds can continue to be carried over from one year to the next, allowing eligible participants to save for future qualified expenses, earn interest on deposits, or invest in mutual funds. There is currently no monthly maintenance fee.

CY 2019 annual contribution limits - $3,500 * for individual coverage election
$7,000 * for family coverage election

*If you are over age 55, the IRS catch-up provision allows you to contribute an additional $1,000 per year. HSA funds are accessible as they are deposited.
WHAT ARE MY PRE-TAX SAVINGS OPTIONS?

Health Savings Account (HSA), cont.
Administered by PayFlex

For the HDBP, the University will contribute* (if annualized) –
• $1,200 for the individual medical insurance coverage election or
• $2,400 for the family medical insurance coverage election.

For the DBP, the University will contribute* (if annualized) –
• $750 for the individual medical insurance coverage election or
• $1,500 for the family medical insurance coverage election.

The University will deposit half of its annual contribution into a HSA on the first pay in January, and the other half on the first pay date in July.

Note: Academic year employees who receive their pay on the academic year cycle will receive the second half of their HSA contribution with their first available pay in the new academic year.
PAYFLEX
Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.
PAYFLEX

Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.
WHAT HAPPENS TO MY CURRENT OPTUM HSA?

You will have the following options:

• **OPTION ONE:** Retain your Optum Bank HSA and continue to spend down the available balance. You will continue to be charged a $1.00 monthly account maintenance fee if your HSA has less than a $500 balance (if your HSA balance is greater than $500, you will not be charged this maintenance fee). Your Optum Bank HSA can continue to be accessed using your current debit card until funds are depleted or until you decide to transfer the funds to another eligible account. You must close this account when the account reaches a zero balance to avoid any additional fees.

  *Note: This option does not replace the PayFlex HSA, which will be opened automatically for all eligible participants effective January 1, 2019.*

• **OPTION TWO:** Transfer any available balance from Optum Bank to PayFlex. You will be charged a one-time fee of $20 (deducted from your Optum Bank HSA at the time of transfer) to process this transfer of funds. You must initiate this transfer, which requires the completion of a trustee-to-trustee form (available at [www.hartford.edu/hrd](http://www.hartford.edu/hrd)). This completed form must then be submitted to PayFlex for processing on or after January 1, 2019.
WHAT ARE MY PRE-TAX SAVINGS OPTIONS, CONT.?

Flexible Spending Account (FSA)
(partners with POS Plan; DBP-HRA and HDBP-HRA for those currently enrolled in Medicare Parts A & B and/or those employees collecting Social Security income benefits; OR those who do not elect UHart coverage)

Administered by PayFlex

**Health Care FSA** – Annual contribution limit - $2,650.
Allows eligible participants to set aside pre-tax dollars for qualified expenses. FSAs are subject to a “use it or lose it” provision under current IRS guidelines and provide access to the full CY election immediately at onset of the plan year. A $500 roll-over will be managed by PayFlex and these funds are available upon the conclusion of the run-out period (March 31, 2019). These roll-over funds must be used before the end of the 2019 plan year. If a Health Care FSA is not opened in CY 2019, unused funds remaining at the end of 2018 will be forfeited.

**Dependent Care FSA** – Annual contribution limit - $5,000.
Allows eligible participants to set aside pre-tax dollars for qualified expenses. Participants have access to funds as they are deposited.
PAYFLEX

Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.
PAYFLEX

Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.
WHAT HAPPENS TO MY UHC PORTAL?

Members will have access to their information on the www.myuhc.com site for 18 months after the end of the 2018 calendar year.
WHAT’S HAPPENING WITH WELLNESS?

The University has provided a voluntary wellness program (currently called Rally) for many years; however, we have seen the following trends:

• Participation has declined from 350+ to just over 200.
• Wellness and preventative exams remain above the norm but Rally is no longer driving any further increase in these numbers.
• Cost is a factor. UHart spends approximately $125,000 (including incentives) annually for this program.

What Does This Mean for Current Rally Participants:
• Employees and eligible spouses will continue to have access to Rally through the end of 2018 and can submit for rewards until December 31, 2018.
• Access to the portal will be disabled as of January 1, 2019.

What’s Next for Wellness:
• HRD remains committed to wellness and will continue to spearhead other wellness programs (such as pilates, yoga, race reimbursements and Wellness That Works, formerly known as Weight Watchers) for our campus community. Watch UNotes for updates on these healthy options!
• BTF will regroup to explore alternate wellness programs.
WHAT’S HAPPENING WITH THE DENTAL INSURANCE PLAN?

The University will retain Aetna to administer the Freedom of Choice dental insurance plan, with a very modest increase in premium.

Inherent within this plan is a feature that allows members to enroll in either the Dental Maintenance Organization (DMO) or Passive Preferred Provider Organization (PPO) network, offering members the ability to move back and forth between the DMO and PPO through the course of the year. **Effective January 1, 2019, the following enhancements will be added to the PPO Schedule of Benefits:**

- Members will no longer be subject to an annual deductible when receiving class one preventative services (such as routine cleanings and exams) both in and out-of-network.
- In-network class one preventative services will be covered at 100% (members will no longer have a co-insurance obligation).
- The out-of-network member co-insurance obligation for class one preventative services will decrease from 20% of reasonable and customary charges to 10% of reasonable and customary charges.
- The annual maximum benefit will increase from $1,000 to $2,000.
WHAT’S HAPPENING WITH THE VISION INSURANCE PLAN?

The University will continue to offer United Healthcare’s comprehensive vision plan, with no change in premium.

• The plan provides participants with access to a national network of both private practices and more than 100 popular retail chain providers.

• The plan provides discounts/allowances on lenses, frames, contact lenses and laser vision correction.

• The plan includes discounts on hearing aids.
WHAT’S HAPPENING WITH THE OPTIONAL LIFE INSURANCE PLANS?

Effective January 1, 2019, supplemental, spousal and/or dependent child(ren) life insurance plans will transition from The Hartford (formerly Aetna) to Reliance Standard, with no change in premium. As a result, during this year’s open enrollment, you have a full open enrollment (similar to your life insurance election rights as a new hire) as follows:

• **Supplemental Life Insurance** – regardless of your current supplemental life insurance election, you can enroll in or increase your coverage amount up to the guaranteed issue amount of $250,000 without evidence of insurability (age reduction rules apply).

• **Spousal Life Insurance** – regardless of your current spousal life insurance election, you can enroll in or increase the coverage amount up to the guaranteed issue amount of $30,000 without evidence of insurability.

• **Dependent Child(ren) Life Insurance** – you can enroll in or change the current dependent child(ren) life insurance election without evidence of insurability.

• **Personal Accident Insurance** – will remain with Cigna, with no change in coverage options or premiums.
NEW OPEN ENROLLMENT ELECTION FORM

You are currently enrolled in the following benefits:

Please select your benefit elections on the following pages. Open Enrollment Election Forms must be returned to HRD no later than 4:30pm on Friday, November 16th, 2018. All elections become effective January 1, 2019.

Medical Insurance Election *(See page 4 for Spousal Eligibility Definitions)*

I elect the following medical insurance coverage:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Deductible Based Plan (DBP)</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna High Deductible Based Plan (HDBP)</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Point of Service Plan (POS)</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I decline medical insurance coverage</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following qualified dependents will be covered under my medical insurance plan:

<table>
<thead>
<tr>
<th>Name of Qualified Dependent</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
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<td>Child</td>
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<td>Child</td>
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</tr>
</tbody>
</table>

Health Savings Account (HSA)

If you elect a deductible-based plan (DBP or HDBP) you may set aside an annual election of up to $5,550 (single) and $8,550 (family) per IRS guidelines deducted from your paycheck pre-tax and deposited directly into your HSA. The University will make a contribution into your HSA (based on your plan and coverage category election). These employer dollars count towards the IRS limit(s). Please complete below if you are electing this option. For employees age 55 and older, an additional catch up contribution of $1,000 can be contributed and can be included in the total election identified below.

<table>
<thead>
<tr>
<th>HSA Account Type</th>
<th>University Contribution</th>
<th>Employee Per Pay Election</th>
<th>Employee Total Annual Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$750 (CBDP)</td>
<td>$1,200 (CBDP)</td>
<td>$2,400 (CBDP)</td>
</tr>
<tr>
<td>Family</td>
<td>$500 (CBDP)</td>
<td>$1,200 (CBDP)</td>
<td>$2,400 (CBDP)</td>
</tr>
</tbody>
</table>

GRAND TOTAL

Flexible Spending Account (FSA)

If you have elected the POS or based on IRS regulations, you may set aside an annual election of up to $2,650 (FSA) and $5,000 (DCRA) per IRS guidelines from your paycheck pre-tax and deposited directly into your FSA. Please complete below if you are electing this option.

<table>
<thead>
<tr>
<th>FSA Account Type</th>
<th>Employee Per Pay Contribution</th>
<th>Employee Total Annual Election</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Flexible Spending Account ($2,650 Maximum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Account ($5,000 Maximum)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dental Insurance Election

I elect the following dental insurance coverage: Please select one of the following coverage categories:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Freedom of Choice Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Plus Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Exclusive Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Preferred Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Premier Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [HMO] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [PPO] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [POS] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Point of Service Plan (POS)</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I decline dental insurance coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following qualified dependents will be covered under my dental insurance plan:

<table>
<thead>
<tr>
<th>Name of Qualified Dependent</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
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</tr>
</tbody>
</table>

Vision Insurance Election

I elect the following vision insurance coverage: Please select one of the following coverage categories:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Vision Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [HMO] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [PPO] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna [POS] Plan</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Point of Service Plan (POS)</td>
<td>Employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I decline vision insurance coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following qualified dependents will be covered under my vision insurance plan:

<table>
<thead>
<tr>
<th>Name of Qualified Dependent</th>
<th>Relationship</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
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<td></td>
<td></td>
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<tr>
<td>Child</td>
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</tr>
</tbody>
</table>
NEW OPEN ENROLLMENT ELECTION FORM

Life Insurance
Basic Life Insurance: As a regular full-time employee of the University of Hartford, you are automatically enrolled in the Basic Life Insurance benefit (valued at 2x your base or equivalent salary). The University of Hartford pays all premium costs associated with this term life insurance coverage.

Supplemental Life Insurance Election
Evidence of insurability may be required for coverage above $250,000. Age reduction rules apply.
I elect the following supplemental life insurance coverage:

- Reliance Standard Supplemental Life Insurance
- I decline supplemental life insurance coverage

*Guaranteed issue

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>1x base salary</th>
<th>2x base salary</th>
<th>3x base salary</th>
<th>4x base salary</th>
</tr>
</thead>
</table>

Name of Beneficiary: ____________________________
Relationship: _________________________________
Date of Birth: _________________________________
Address: ______________________________________

Spousal Eligibility Affidavit
The University of Hartford applies the following definitions as it relates to spousal coverage under only its group medical insurance plans:

Eligible Spouse – an employee's legal spouse who does not have access to affordable health care coverage that provides minimum value (as defined by the Affordable Care Act) through his/her employer.

Ineligible Spouse – an employee's legal spouse who has access to affordable health care coverage that provides minimum value (as defined by the Affordable Care Act) through his/her employer.

The Affordable Care Act requires large employers (any company or organization that has an average of at least 50 full-time employees or 'full-time equivalent' employees) to provide access to a health insurance plan to its employees (a full-time employee who works at least 30 hours per week) that provides minimum value (the plan pays at least 60% of the total allowed costs of benefits provided under the plan) and meets the affordability test (the employee portion of the Employee Only premium for the employee's lowest-cost coverage does not exceed 9.5% of the employee's income). All employers must provide information to their employees in their health insurance plan documents and the Summary of Benefits and Coverage, informing them whether their employer-sponsored coverage meets the minimum value standard.

Note: For calendar year 2019, employees whose base earnings are less than $40,000, if annualized, are exempt from this requirement, if applicable.

I certify that my legal spouse does not have access to affordable health care coverage that provides minimum value (as defined by the Affordable Care Act) through his/her employer at this time.

Spouse's Name: ____________________________ Spouse's Employer ____________________________

If my eligible spouse gains access to affordable health care coverage that provides minimum value (as defined by the Affordable Care Act) through his/her employer or other means, I agree to notify within 30 days of this access and understand that my spouse will no longer be considered eligible under the terms of the plan at that time. I further understand that I will be required to provide documentation of this change in eligibility and the effective date of access to affordable health care at that time.

I attest that the above information is accurate to the best of my knowledge as of the date that I sign and submit this affidavit. I further attest that I understand that if the information is later found to be inaccurate that my spouse will no longer be eligible for the University of Hartford's group health insurance plan, and that this may be grounds for appropriate disciplinary action, up to and including termination of my employment.

Employee Authorization
I authorize the University of Hartford to enroll me in the benefits to which I have elected herein and that all elections will be effective January 1, 2019. I authorize University or Hartford to deduct from my pay, on a pre-tax basis, the premium contributions for my group insurance plan(s) as I have indicated on this election form. I further understand that the election(s) I have selected herein are binding for one year and cannot be revoked or modified during the current plan year unless I have a qualifying event as defined by IRS regulations.

I declare that the dependents enrolled in the benefits noted herein are my eligible dependents.

Employee Signature ____________________________ Date ____________

HFDU Use Only

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>$10,000</th>
<th>$20,000</th>
<th>$30,000</th>
<th>$40,000</th>
<th>$50,000</th>
</tr>
</thead>
</table>

Name of Beneficiary: ____________________________ Relationship: _________________________________

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>$5,000</th>
<th>$10,000</th>
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Employee Signature ____________________________ Date ____________

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<th>Coverage Amount</th>
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<th>$30,000</th>
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</table>
VIEWING YOUR CURRENT BENEFIT ELECTIONS ON YOUR SELF-SERVICE PORTAL

UNIVERSITY OF HARTFORD

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Time Sheet
Leave Report
EPAFS
Online Electronic Personnel Action Forms: Find approver and originator manuals HERE.
Benefits and Deductions
CT W-4: Information that determines the amount of State Tax withheld from your pay.
Pay Information
View your Direct Deposit breakdown; View your Earnings and Deductions History; View your Pay Stubs.
Tax Forms
View W-4 information; Print your W-2 form.
Leave Balances
View your leave balances as recorded. Time taken is recorded based on submission of attendance roster/time sheet to payroll.
Current and Past Jobs
Validate Student
Check student level and enrollment, and FWS eligibility
Make online credit card and electronic payments.
Payment will be made using CardNet Enrollment System.

RELEASE: 6.8

The University is currently enhancing its on-line security process. Effect will be disabled to better protect employee information. Employees who wish to make changes or updates to their benefits should contact the Financial and Administrative Services Building (FASB).

Benefits Summary
Miscellaneous

RELEASE: 8.8
**VIEWING YOUR CURRENT BENEFIT ELECTIONS ON YOUR SELF-SERVICE PORTAL**

Charitable Contributions

*University Gifts*

<table>
<thead>
<tr>
<th>Employee Per Pay Contribution:</th>
<th>$1.00</th>
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</table>

Dental Insurance

*Dental Freedom of Choice*

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<tr>
<th>Dental Freedom of Choice:</th>
<th>Empl + Sp + Children 24 Pay</th>
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</thead>
<tbody>
<tr>
<td>Employee Per Pay Amount:</td>
<td>$43.84</td>
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</tbody>
</table>

<table>
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<tr>
<th>Covered Persons</th>
<th>Relationship</th>
<th>Birth Date</th>
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<tbody>
<tr>
<td>Self</td>
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<td>09/01/2018</td>
<td></td>
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<tr>
<td>Spouse</td>
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<td>Child</td>
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<td>09/01/2018</td>
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</tr>
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</table>

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OPEN ENROLLMENT EDUCATIONAL OPPORTUNITIES

TOWN HALL MEETINGS

• Thursday, November 1st from 9-10:30am, 11:30am-1pm & 2-3:30pm (Wilde Auditorium)
• Wednesday, November 7th from 8:30-10:00am & 1-2:30pm (North Cafeteria)
• Friday, November 9th from 6-7:30am (Konover Great Room) & 8:30-10:00am & 11:30am-1:00pm (Wilde Auditorium)
• Tuesday, November 13th from 1-2:30pm (Konover Great Room) & 3-4:30pm (Wilde Auditorium)

30-MINUTE ONE-ON-ONE CONSULTATIONS (in HRD, FASB)

• November 5th, 6th and 8th, available upon request.
• Additional dates may be offered, if necessary.
WHAT IS THIS YEAR’S TIMELINE?

This year’s Open Enrollment window is Monday, October 29 through Friday, November 16, 2018.

• Personalized Open Enrollment packets were distributed to regular full-time and regular part-time faculty and staff on October 29, 2018.

• Completed open enrollment brochures are due to HRD (located in FASB) by 4:30pm on Friday, November 16, 2018.

  Note: If HRD does not receive open enrollment brochures (or the brochure is incomplete) by 4:30pm on Friday, November 16, 2018, CY 2018 medical, dental, vision and/or optional life insurance plan elections will automatically be defaulted for CY 2019.

• Open enrollment elections become effective January 1, 2019.
Q & A’s

Thank you for attending the town hall meeting.

We hope you found the information useful.