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YaleNewHavenHealth



2027 Benefits Guide

Yale New Haven Health System



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2027 OPEN ENROLLMENT: WHAT'S NEW FOR 2027

Yale New Haven Health System (YNHHS) is committed to providing a quality, comprehensive benefits program that meets the unique needs of our employees. This includes regularly exploring innovative benefits solutions to build upon our valuable program.

To continue to offer a meaningful benefits program to our employees, we are making some enhancements for 2027, while also making some changes to continue to provide you affordable medical and prescription drug coverage.

New Virtual Physical Therapy

For 2027, Cigna medical plan participants will have access to Hinge Health, a free virtual physical therapy platform for hip, knee, lower back, neck, shoulder, pelvic floor and other musculoskeletal conditions. Alleviate your pain conveniently and cost-effectively – no referral or copay required.

Learn more about Hinge Health at **hingehealth.com** and watch for more information in a webinar in January.

New for 2027: Two Ways to View Your Total Rewards Statement

This personalized statement will be mailed to your home before Open Enrollment begins, and it provides a valuable snapshot of your YNHHS Total Rewards. In addition to being mailed to your home, this year, your Total Rewards Statement will also be available to view on **bswift** and can serve as a decision-making tool during the enrollment process, helping you make the best choices for you and your family.

Medical and Dental Plans Contribution Increase

Due to rising healthcare costs, medical plan contributions will increase moderately in 2027. Keep in mind, YNHHS medical coverage remains highly competitive compared to other employers – and YNHHS continues to pay the vast majority of the cost of coverage. Dental premiums will increase slightly. There will be no changes to vision premiums.

NOTE: Full-time employees enrolled in the YNHHS Medical Plan or Out of Area Plan whose annual salary is $47,740 or less will still enjoy the benefit of our Premium Waiver Program where premiums are waived or reduced as long as they complete the Know Your Numbers Plus (KYN+) program.

Working Spouse Surcharge Increase

We're increasing the amount you pay if you have a working spouse who has coverage available under another employer's medical plan and choose to cover them under a YNHHS medical plan, from an additional $30 to $50 per paycheck ($1,300 per year) to better reflect the cost of spouses to the medical plan. Even with this increase, our working spouse surcharge remains **significantly lower** than that of other employers.

NOTE: This surcharge does not apply if your spouse is self-employed, has Medicare coverage or is also a YNHHS employee.

Changes to Behavioral Health and Substance Abuse Benefits

In accordance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA), we've updated our medical plan design and the way costs are shared for behavioral health and substance abuse benefits. These changes help ensure behavioral health and substance abuse treatment is covered more consistently with medical and surgical care.

As a result of these federal guideline updates, we needed to make the following change: Employees enrolled in the YNHHS Medical Plan or Out of Area Plan will pay 50 percent after meeting the deductible for out-of-network urgent care.



Prescription Drug Plan Design Changes

- **New Prescription Drug Deductible.** To help manage the rising costs of prescription drugs, YNHHS is introducing a $100 individual/$200 family deductible to the YNHHS Medical Plan and the Out of Area Plan. Once you reach the deductible, the plan will begin covering the cost of your prescription drugs at the applicable copay or coinsurance amount, depending on the prescription's tier.
- **Increase in Fertility Prescription Drug Maximum.** We're increasing the lifetime maximum coverage amount for fertility drugs under the YNHHS Medical Plan and Out of Area Plan from $2,000 to $5,000, providing greater opportunity to grow your family.

Enhanced Prescription Drug Tools

Judi Rx has enhanced the online tools available to help improve your member experience.

- **Submit pharmacy reimbursement claims online.** Judi Rx members can now submit pharmacy reimbursement claims online or through the Judi Rx mobile app to fast-track the reimbursement process. Plus, you can upload supporting documents, receive email and portal confirmations and track your submissions – all in one place.
- **See real-time updates.** You can now see real-time updates on the status of your request and details on previous prior authorization decisions. Once a decision has been made, you can view the details of the determination to help you understand more about your case.
- **Navigate directly to the Costco Mail Pharmacy portal** from the Judi Rx website or mobile app using a seamless, easy-to-use single sign-on (SSO) process.

Connect with Judi Rx

To download the app, search "Judi Rx" in the App Store or Google Play. To register, visit **app.cap-rx.com/register** and provide your personal information and credentials to create your account.

Double-Check Your Dependents Aren't Double-Enrolled!

If you, your spouse and/or your dependent work for YNHHS, each can only be covered under one plan. **To help prevent duplicate dependents, consult with your dependents about who will enroll in which plans.** New this year – a pop-up message in the **bswift** portal that reminds each of you, during your enrollment, that you cannot be double-enrolled.

Examples include health plan coverage as well as spouse and/or child life insurance when the employee has basic life insurance.

Get Reimbursed for Routine Pet Care with Wagmo

Your furry friends are part of your family, too, and their preventive health is important. This year, we're enhancing our pet benefits with the Wagmo Wellness plan. With Wagmo, you are reimbursed for a portion of your pet's preventive and routine care – all you have to do is submit a photo of your vet bill. Plus, you'll have access to 24/7 virtual pet care through Wagmo's telehealth service, VETalk.

You will pay for coverage through payroll deductions, and you can enroll in Wagmo during Open Enrollment through **bswift**. All cats and dogs are eligible regardless of age, breed or preexisting conditions, and you can visit any licensed veterinarian in the U.S.

NOTE: Wagmo is a pet wellness program – not insurance. You'll still have the option to enroll in pet insurance through Nationwide.

Watch for an email invitation to learn more about Wagmo in a webinar on October 28 at 3 pm.

Flexible Spending Account (FSA) Contributions

The Health Care and Dependent Care FSAs let you pay for eligible expenses with tax free dollars. For 2027, you can contribute:

- Up to $3,400* to a Health Care FSA
- Up to $7,500 to a Dependent Care FSA

You **must** enroll in the FSAs during Open Enrollment; your current elections will not carry over to 2027.

*Subject to change due to Internal Revenue Service regulations.

New Life with Long-Term Care (LTC) Insurance Carrier

To create greater efficiencies and provide enhanced coverage, we are moving the administration of our Life with Long-Term Care (LTC) Insurance from Chubb to Aflac, which is already the carrier for our Life and Disability Insurance and voluntary Supplemental Health Plans. The name of the plan is Aflac Group Term to 120 Insurance with Long-Term Care. With the move to Aflac, these enhancements will be part of your coverage:

- Guaranteed rates for the life of your policy.
- Coverage that remains in effect through age 120.
- Death and LTC benefits that do not reduce with age.
- A restored death benefit after an LTC payment is made.

Plus, with this new carrier, you will be able to pay for coverage through payroll deductions, making coverage payments hassle-free. To enroll in Aflac's Group Term to 120 Insurance with LTC, you can elect coverage in **bswift** during Open Enrollment. If you are currently enrolled in the Chubb Life with LTC product, you will receive an email with options to keep the Chubb coverage or to cancel and elect the Aflac plan.

Watch for an email invitation to learn more about Life with LTC in a webinar on October 26 at 3 pm.

Get Paid for Preventive Care Under the Supplemental Health Plans

Take charge of your health and get rewarded. Each Aflac Supplemental Health Plan – Group Hospital Indemnity, Critical Illness and Accidental Injury Insurance – will include a $50 wellness credit when you and/or your covered dependents complete an eligible preventive screening.

LegalEASE Plan Enhancements: Financial Protection for the Unexpected

This year, in addition to the current LegalEASE Plan we're introducing the LegalEASE Buy-Up Plan, which will include everything you get in the current LegalEASE plan, as well as two additional tools to help you navigate life's challenges:

- **Hello Divorce** provides members with access to a divorce specialist for each member who can guide one or both spouses in answering questions, understanding the costs of divorce, how divisions of property are made in your state and all aspects of the divorce process.
- **TurnSignl** provides app-based, on-demand attorney and emergency support for traffic violations, accidents and immigration matters – including real-time captions in your preferred language, whether at home or on the road.

You can enroll in either LegalEASE plan during Open Enrollment through **bswift**.

NOTE: There will be no change to the current LegalEASE plan design for 2027.

New Purchasing Power Payroll Deductions

If you use Purchasing Power, an employee purchase program that provides a flexible way to pay for products through payroll deductions, your deductions will now appear separately on your paycheck. This change will help ensure purchases are processed more quickly and accurately.



Reminder About the Bright Horizons Special Needs Program

As previously announced, Bright Horizons will no longer be offering its Special Needs program, and it will be discontinued effective December 31, 2026. However, we are researching alternate programs offered by Bright Horizons to meet our employees' needs and will keep you updated.

Don't forget about our other Bright Horizons benefits, including back-up child and elder care, academic tutoring and College Coach college advising.



GET ENROLLED, GET COVERED

Follow these steps to make sure you have the coverage you need.

1. Know Who's Eligible

You. You're eligible for benefits if you're a full- or part-time employee of any of these Yale New Haven Health System (YNHHS) organizations:

- Bridgeport Hospital
- Greenwich Hospital
- Health at Home
- Northeast Medical Group (NEMG)
- Yale New Haven Care Continuum (Grimes Center)
  Note: To be eligible for medical/prescription coverage, you must be scheduled to work 30 hours or more a week.
- Yale New Haven Health Services Corporation (HSC)
- Yale New Haven Hospital

Your Dependents. If you're eligible, you can also enroll:

- Your legal spouse
- Your dependent children under age 26 (coverage ends the last day of the month in which they turn 26):
  - Biological children
  - Stepchildren
  - Adopted children, including those placed for adoption
  - Foster children
  - Any children for whom you are responsible per court order
- Your dependent children over age 26, if fully dependent on you for support due to a disability and covered by you prior to age 26

Does Your Spouse Have Medical Coverage Available Through Another Employer's Plan?

If so and you choose to cover them under a YNHHS medical plan, you'll pay an additional $50 per paycheck ($1,300 per year). You must attest whether or not coverage is available to your spouse during the enrollment process on bswift®. This will determine if the spouse surcharge applies.

Does Your Spouse Also Work for YNHHS?

If you and your spouse both work for YNHHS and you are adding your spouse to the YNHHS medical plan, the spouse surcharge does not apply.

2. Decide Which Benefits You Need

Enroll in the following benefits during the annual Open Enrollment period, within 31 days of your first day on the job or within 31 days of experiencing a qualifying event:

- Medical (includes prescription drug)
- Dental
- Vision
- Health Care and Dependent Care FSAs (enroll every year)
- Group Hospital (Indemnity) Insurance (voluntary benefit)
- Group Critical Illness Insurance (voluntary benefit)
- Group Accidental Injury Insurance (voluntary benefit)
- Group Legal Plan (voluntary benefit)
- Travel 365 Insurance (enroll only during Open Enrollment; no option to enroll as a new hire or after a life event)
- Identity Protection and Device Security (enroll during Open Enrollment or at any time during the year)

Additionally, you can participate in or enroll in these benefits at any time.

- Auto and Home Insurance
- Purchasing Power
- Aflac Group Term to 120 Insurance with Long-Term Care
- Pet Insurance
- Pet Wellness (Wagmo)
- PerkSpot employee discount program



Learn About Your Benefits

Visit BenefitsConnect at **ynhhs-benefits.org**

Visit the Virtual Benefits Fair at **virtualfairhub.com/ynhhs** or link to it from BenefitsConnect or HRConnect

Find benefit provider contact information on pages **36-38** of this guide

3. Enroll!

Online — Anytime, 24/7. Visit BenefitsConnect at **ynhhs-benefits.org** and click "Visit bswift." Enter your YNHHS username and password to log in.

By Phone — Need a hand? Call HRConnect at **844-543-2147**.

When Your Benefits Are Effective

- If you're a new employee — your first day of employment.
- If you change from part-time to full-time or vice versa — your contribution changes take effect on the first of the following month.
- When you choose benefits during Open Enrollment — the first day of January in the following year.
- If you make changes due to a qualifying life event — the date of the event (effective retroactively after acceptable verification documentation is received and still within 31 days of the event).

When You Can Make Changes

Enroll carefully! You can enroll or make changes during annual Open Enrollment or during your first 31 days of employment. Once the enrollment period ends, you can make changes only during annual Open Enrollment or within 31 days of experiencing a qualifying life event such as:

- Marriage
- Divorce
- Childbirth/adoption
- Coverage loss or gain for you and/or your dependent(s)

You must submit documentation that supports the event.

Waiving Medical Coverage

You can waive YNHHS medical coverage if you're covered by another plan.

If You and a Family Member Both Enroll in YNHHS Coverage

If you and your spouse or you and your child enroll in YNHHS coverage, one of you can enroll in YNHHS coverage and cover the other as a dependent. You cannot both enroll separately and cover each other, because the same plan will not coordinate benefits in both directions.

New to Yale New Haven Health System?

Health Benefits

As a new employee, you must enroll in benefits within 31 days to ensure you and your dependents have medical, prescription drug, dental or vision coverage, and the ability to participate in the flexible spending accounts (FSAs). If you miss the deadline, you'll have to wait until the next Open Enrollment period to elect these benefits unless you experience a qualifying life event.

Savings Benefits

As a new employee, you're automatically enrolled in the 403(b) plan at a 2 percent contribution level after 60 days of employment. You can increase or decrease your contribution at any time.



CHOOSE YOUR MEDICAL COVERAGE

The Yale New Haven Health System (YNHHS) Medical Plan, administered by Cigna, connects you to world-class care provided by our Signature Network of facilities and providers. You may also use Cigna Open Access Plus (OAP) or out-of-network providers, but you may pay more.

When you enroll in the YNHHS medical plan, you automatically have prescription drug coverage.

When You're Covered by More Than One Plan

If you or your family members are covered under more than one medical and/or dental plan, your plan coordinates benefits to prevent duplication and overpayment of benefits. Here's how it works:

Who the Patient Is	How the Plan Coordinates Benefits
You	Your plan will pay benefits first. The other plan will then pay benefits according to its policies after you submit the claim.
Your Spouse	Their plan will pay benefits first. Then, your plan will pay its normal benefits, minus any benefits paid by your spouse's plan. If their plan pays benefits that are equal to or greater than the benefits your plan would otherwise pay, your plan will not pay benefits.
Child Covered Under Both Parents' Plans	The parents' dates of birth will drive which plan pays benefits first. The plan of the person whose birthday occurs earlier in the year will pay benefits first. If your plan pays benefits second, its normal benefit will be reduced by the amount paid by the other plan.

You Could Pay $0 in Premiums

Full-time employees who enroll in the YNHHS Medical Plan and earn less than $47,740 per year are eligible for our Premium Waiver Program. Medical premiums will be waived as long as you earn the full $500 credit in the Know Your Numbers Program.

Know What the Plan Includes

Every plan gives you the same core coverage — the difference is how you pay and which providers you use.

- In most cases, you'll pay nothing for preventive care – including some preventive tests and prescription drugs – when you use network providers.
- The provider you choose makes a difference:
  - Choose a Signature Network provider, and you'll have copays and no annual deductible to meet.
  - Choose a Cigna OAP or out-of-network provider, and you'll have to meet an annual deductible before being reimbursed for certain types of services.
- Behavioral health and substance abuse benefits are included.
- Your out-of-pocket maximums explained:
  - You only need to meet one combined annual out-of-pocket maximum for medical and prescription drugs.
- All your copays and coinsurance for covered services are applied toward this maximum.
- Once you meet the out-of-pocket maximum, the plan pays 100 percent of eligible expenses for the remainder of the calendar year for each enrolled person.

Live Outside Connecticut or Near the Border?

The YNHHS Out of Area Plan may be available if your home address is at least 50 miles from a Signature Network facility or provider. It includes the same Signature Network and out-of-network benefits as the YNHHS Medical Plan, but a different level of benefits when you use Cigna Open Access Plus (OAP) providers.



Understand Your Network Options

The amount you pay for care depends on whether you receive care from a Signature Network, Cigna OAP or out-of-network provider.

Signature Provider Network

When you use a Signature Network provider or facility, you'll pay less for most covered services.

- You pay a flat copay for care.
- You do not have to pay a deductible before the plan begins to pay benefits.
- The plan will pay 100 percent of covered expenses through that calendar year once you meet your annual out-of-pocket maximum.

NOTE: Some Signature Network clinicians also provide care at facilities that are not part of our Signature Network. If you receive care at these other sites, you'll pay higher costs for these facilities. For example, a surgeon who practices at Signature Network facilities may also perform surgery at private surgical centers. If your surgery is performed at a private center, you'll pay the Cigna OAP provider or out-of-network provider rate for the doctor and the facility.

Signature Network facilities include:

- All YNHHS hospitals/locations, urgent care centers and Trinity Health of New England facilities (CT only)
- Fairfield Surgery Center, a division of Orthopedic Specialty Group (OSG)
- Digestive Disease Associates – Branford Endoscopy Suite
- WestMed Urgent Care and Immediate Care
- OrthoFast, a division of OSG
- LabCorp and Quest Diagnostics laboratories

Find a Signature Network or Cigna OAP Provider/ Facility using the Cigna Health Care Provider Directory.

Signature Network Clinicians Include:

- Primary Care Physicians (PCPs) from Northeast Medical Group (NEMG), Yale Medicine (YM), Community Medical Group (CMG), WestMed, SoNE Health and Trinity Health of New England – CT only
- Specialists from NEMG, YM, CMG, SoNE Health and medical staff at a YNHHS hospital

See How You Can Save with the Signature Network:

For examples of how you can save when you use Signature Network providers and facilities, visit BenefitsConnect at **ynhhs-benefits.org**.

Cigna Open Access Plus (OAP) Providers

When you choose to receive care from a Cigna OAP provider:

- You'll have to meet your annual deductible before receiving reimbursement for certain types of services.
- After you meet your deductible, you'll generally pay 20 percent coinsurance or a copay until you reach your annual out-of-pocket maximum.
- Once you meet your annual out-of-pocket maximum, the plan will pay 100 percent of covered expenses through that calendar year.

To find a Cigna OAP provider, visit the Cigna Health Care Provider Directory or call **833-739-6447 (833-73-YNHHS)**. Or download the myCigna app from the App Store or Google Play for healthcare services, resources and important contacts.

Out-of-Network Providers

When you use a provider or facility that is not in the Signature Network or Cigna OAP:

- You'll pay the most for care.
- Cigna will pay a maximum reimbursable charge (MRC) for covered services.
- You'll be responsible for costs up to your annual deductible, coinsurance and any difference between the MRC and the amount billed by the provider.
- You'll need to file a claim for the care to be covered. Payments will be made directly to the provider, unless you submit a bill showing you've paid it already.



Smart Move: Free Vaccines

You and your covered dependents can get no-cost vaccines for shingles, pneumonia, flu (ages 18 and older only), tetanus/diphtheria and hepatitis A and B. To ensure 100 percent coverage, show the right ID card. If you are in:

- A CVS Minute Clinic or Health Hub, use your medical plan ID card.
- Any other network pharmacy, use your Judi Rx ID card, mailed to your home and available via the Judi Rx app on the App Store or Google Play.

To find a network pharmacy, visit **rx.judi.health**.

YNHHS Medical Plan

What you pay depends on whether you receive care from a Signature Network, Cigna OAP or out-of-network provider.

For a more complete list and any limitations, visit HRConnect to view the summary plan description (SPD). To see employee premium contributions for the medical plan, visit bswift through BenefitsConnect at **ynhhs-benefits.org**. Just click on "Visit bswift."



Worth Noting: Fertility Coverage for Every Path to Parenthood

YNHHS offers fertility coverage to all who need it, including same-sex partners and single parents.

NOTE: See pages **21-23** for YNHHS Out of Area Plan details.

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Annual Deductible (individual / family)	$0 / $0	$1,750 / $3,500	$10,000 / $20,000
Out-of-Pocket Maximum [1] (individual / family)	$3,000 / $6,000	$8,150 / $16,300 (combined with prescription drugs)	$30,000 / $60,000
Office Visits and Physician's Services			
Primary Care Visit (in-person or electronic) [2,3]	$20 copay	$40 copay	50% of MRC* after deductible
Specialist Office Visit (in-person or electronic) [2]	$35 copay	$60 copay	50% of MRC* after deductible
Preventive Care (routine exams,[4] well-woman [5] and well-child visits [6]) [2]	0%, no copay	0%, no copay	50% of MRC* after deductible
Doctor or Surgeon Services [7]	0%, no copay	20% coinsurance, no deductible	50% of MRC* after deductible
Allergy Shot in Doctor's Office (primary care / specialist)	$20 copay / $35 copay	$40 copay / $60 copay	50% of MRC* after deductible
Nutrition Counseling and Diabetes Self-Management Training [8]	0%, no copay	0%, no copay	50% of MRC* after deductible
Colorectal Cancer Screening [9]	0%, no copay	0%, no copay	50% of MRC* after deductible

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Women and Children			
Mammography [10] (including 3D and bone density test)	0%, no copay	0%, no copay	50% of MRC* after deductible
Screening Breast Ultrasound (if dense breast tissue or a history)	$20 copay	$20 copay	50% of MRC* after deductible
Maternity Care [11] (initial visit primary care / specialist)	$20 copay / $35 copay	$40 copay / $60 copay	50% of MRC* after deductible
Specialized Infant Formula (medical necessity only)	N/A	50% coinsurance, no deductible	50% of MRC* after deductible
Fertility Services [12]	0% coinsurance up to lifetime max of $14,000 for certain medical services; up to $5,000 lifetime maximum on prescription drugs	0% coinsurance up to a lifetime max of $10,000 for certain medical services; up to $5,000 lifetime maximum on prescription drugs	N/A
Ancillary Services			
Lab Services	$25 copay	$35 copay	50% of MRC* after deductible
Diagnostic Testing[13] (facility charges only)	$25 copay	$35 copay	50% of MRC* after deductible
High-Tech Diagnostic Imaging[14] (facility charges only)	$100 copay	20% after deductible	50% of MRC* after deductible
Chiropractic Visits[15]	N/A	$30 copay	50% of MRC* after deductible
Physical, Occupational and Speech Therapy[15]	$10 copay	$10 copay	50% of MRC* after deductible
Cardiac Rehabilitation[16]	$10 copay	$30 copay	50% of MRC* after deductible
Inpatient and Outpatient Care			
Inpatient Hospital Services[17]	$250 copay	20% after deductible	50% of MRC* after deductible
Outpatient Surgery[18]	$100 copay	20% after deductible	50% of MRC* after deductible
Infusion and Radiation Therapy (including medications)	$25 copay	20% after deductible	50% of MRC* after deductible
Pathologists, Radiologists and Anesthesiologists	0%, no copay	0%, no copay	50% of MRC* after deductible

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Behavioral Health and Substance Abuse			
Inpatient Treatment (facility charges only)	$250 copay	20% coinsurance after deductible	50% of MRC* after deductible
Outpatient Treatment[19,20]	$10 copay	$10 copay	50% of MRC* after deductible
Urgent and Emergency Care and Telehealth			
Emergency Department	$300 copay	$300 copay	$300 copay
Urgent Care Facility and Walk-In Medical Center	$35 copay	$60 copay	50% of MRC* after deductible
Ambulance	0%, no copay	0%, no copay	0%, no copay
Telehealth	$35 copay	$40 copay	N/A
Non-Acute Care			
Skilled Nursing Facility, Home Health Care[21]	20% coinsurance	20% coinsurance, no deductible	50% of MRC* after deductible
Hospice Care[22]	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Other			
Durable Medical Equipment	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Hearing Aids[23]	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Orthotics	N/A	50% coinsurance, no deductible	50% of MRC* after deductible

Chart Notes

* The maximum reimbursable charge (MRC) is the amount Cigna will pay for a covered service or the billed charge – whichever is lower. The MRC applies to out-of-network services only.

1. Amounts you pay toward care provided by all in-network providers accumulate toward both the YNHHS and Cigna Open Access Plus (OAP) out-of-pocket maximums. However, when the YNHHS in-network out-of-pocket maximum has been reached, amounts paid for YNHHS in-network care no longer accrue toward the Cigna OAP out-of-pocket maximum. Amounts paid for Cigna OAP in-network care continue to accrue until the Cigna OAP out-of-pocket maximum is met.
2. Tests (e.g., some lab work) associated with office visits may be subject to a copay or deductible and coinsurance if not mandated by the Affordable Care Act (ACA). Check with your provider or call Cigna to determine if a specific test is covered at 100 percent. In addition, some Signature Network providers send lab work to a Cigna OAP lab. In this case, the lab work is covered as a Cigna OAP benefit.
3. Find a list of Signature Network providers using the Cigna Health Care Provider Directory.
4. One exam every calendar year starting at age 22 (includes immunizations).
5. One per calendar year. All other Ob/Gyn office visits are covered at the specialist office visit benefit level.
6. Seven exams from birth to age 1 year; seven exams from ages 1 to 5; one exam from ages 6 to 21.
7. Other than office visit; includes maternity claims.
8. Nutritional counseling is covered with no limit for mental health/substance abuse (anorexia or bulimia) and diabetes (that are medically necessary). For all other conditions, there is a 6-visit maximum per calendar year.
9. Diagnostic colonoscopies covered under the outpatient surgery benefit level. Includes fecal occult blood test, barium enema, flexible sigmoidoscopy and screening colonoscopy.
10. Screening (preventive/routine) mammogram only. Does not include breast ultrasounds.
11. Prenatal care and delivery. Well visits to the obstetric provider are billed with one global fee that includes trimester visits, delivery and postpartum care. Any maternity-related tests needed, such as blood work, glucose tolerance tests, stress tests, ultrasounds or amniocentesis, are billed separately. Inpatient hospital and doctor or surgeon services also apply.
12. The Signature Network Provider is Yale Reproductive Endocrinology and Infertility (REI) Center, which has locations in Greenwich, Fairfield, New Haven and New London. Prescription medications are also included up to a lifetime maximum of $5,000 through your Judi Rx pharmacy benefit; this $5,000 prescription drug maximum is in addition to the medical maximum. However, specialty medications need to be obtained through YNHHS Outpatient Pharmacy Services.
13. Includes X-rays, echo stress tests, ultrasounds, diagnostic mammograms, sleep studies and EKGs. Patients will receive a bill for the reading of the diagnostic testing and imaging (covered under “Doctor or Surgeon Services”).
14. PET, SPECT, MRI, MRA, CTA and CT.
15. Chiropractic, physical, occupational and speech therapy combined maximum: 50 visits per calendar year. Maintenance therapy is not covered under chiropractic care, and medical necessity will be reviewed after the 5th visit.
16. Cardiac rehabilitation: maximum 36 visits per calendar year.
17. Room and board, lab work, medical supplies and other hospital ancillary services.
18. Hospital or surgical center facility charges only.
19. The Employee & Family Resources (EFR) program provides up to six confidential counseling sessions at no cost.
20. Includes ABA therapy, Intense Outpatient Program (IOP) and Partial Hospitalization Program (PHP).
21. Up to 120 days per calendar year after a hospital stay for skilled nursing and home health care.
22. No day limit.
23. Two hearing aids every 36 months.

Worth Noting: Skip the ID Card

You don't need an ID card when you receive care under the YNHHS Medical Plan. Your provider will be able to access all your information through their system when you tell them you're covered under Cigna. If you want an ID card, you can simply download one from the myCigna app, available on the App Store or Google Play.



For More Information

Visit **ynhhs-benefits.org** for:

- Medical Plan Terms Defined. Copays. Coinsurance. What's the difference? BenefitsConnect offers definitions and explanations.
- Plan Details. When and how must you precertify treatment with Cigna? What resources do you have for urgent care and telehealth? BenefitsConnect provides details.

Prescription Drugs

Every YNHHS medical plan includes prescription drug coverage automatically — no separate enrollment needed. Fill your prescriptions at participating Judi Rx retail pharmacies, including major retail chains, or through Costco Mail Pharmacy. If you enroll in YNHHS medical coverage, you'll receive a Judi Rx ID card in the mail.

How the Plan Works

Each year, you will need to meet the deductible for your pharmacy plan: $100 individual/$200 family.

You only need to meet one combined annual out-of-pocket maximum for medical and prescription drugs. All copays and coinsurance for covered services are applied toward this maximum. Once the out-of-pocket maximum is met, the plan pays 100 percent of eligible expenses for the rest of the calendar year for each enrolled person.

In an emergency or if you're out of state and can't get to a participating pharmacy, you'll pay out of pocket and then file a claim for reimbursement from Judi Rx. When you're covered by the YNHHS Medical or Out of Area Plan, the out-of-pocket maximum is the most you'll pay out of pocket for medical care and prescription drugs.

Filling Your Prescription

Your prescription will be covered only if it's filled at a participating pharmacy. To fill a:

- **30-Day Supply Prescription**, show your Judi Rx ID card at a participating retail pharmacy. With the Judi Rx app, you'll have a digital ID card right on your phone.
- **Maintenance Medication** (90-day supply), you can use any network pharmacy or the Costco Mail Pharmacy (Costco membership not required).
- **Specialty Medication**, you'll need to use specialty pharmacy services as described on **page 20**.

Manage Your Prescription Drugs through the Judi Rx App!

The app gives you a personal advisor for your prescriptions right in the palm of your hand. Use the app to:

- Find low-cost drugs at a pharmacy near you
- View your claims history
- Download a digital pharmacy ID card
- View which drugs are covered under your plan
- Track how much money you have paid toward your out-of-pocket obligations
- View or download member documents and plan forms

To download the app, search "Judi Health Judi Rx" in the App Store or Google Play.

To register, visit **app.cap-rx.com/register** and provide your personal information and credentials to create your account.

Smart Move: Go Generic

If a generic is available and you or your doctor chooses a brand-name drug, you'll pay the brand-name coinsurance – plus the difference in cost between the two medications.



Worth Noting: Pay Nothing for Certain Preventive Drugs

The Affordable Care Act (ACA) makes many prescription medications, vaccines and supplements – including contraceptives and statins – available to you at no-cost. To review the list, log in to your **member portal**.

What You Pay to Fill a Prescription

What you pay depends on the type of drug and the amount prescribed. When the cost of a drug is less than the minimum copay, you'll pay the lower amount.

What You'll Pay After Deductible Is Met.

Each year, you will need to meet the deductible for your pharmacy plan before the plan starts to pay: $100 individual/$200 family.

Tier	30-Day Supply	90-Day Supply Through Retail Pharmacies or Costco Mail Pharmacy
Tier 1: Generic	$10 copay	$20 copay
Tier 2: Brand Name	20% coinsurance ($35 minimum, $80 maximum) if the drug is on the list of preferred brand drugs (formulary)	20% coinsurance ($70 minimum, $150 maximum) if the drug is on the list of preferred brand drugs (formulary)
Tier 3: Non-Preferred Brand	40% coinsurance ($55 minimum, $120 maximum) if the drug isn't on the list of preferred brand drugs (the formulary)	40% coinsurance ($110 minimum, $230 maximum) if the drug isn't on the list of preferred brand drugs (the formulary)
Tier 4: Specialty	Up to a 30-day supply only through YNHHS Specialty Pharmacy Services: $80 copay for generic and brand-name specialty products. For certain high-cost specialty drugs not available through YNHHS Specialty Pharmacy Services, you'll use the Costco Specialty Pharmacy, available at **rx.costco.com**.	

For More Details

Some medications, such as the breast cancer prevention drugs raloxifene and tamoxifen, require pre-authorization. Others, such as experimental medications and medications for weight loss only, aren't covered under the plan. For more details, visit **HRConnect**.

Smart Move: Save on Specialty Drugs

If you or your covered dependents are enrolled in the YNHHS Medical or Out of Area Plan and take specialty medications, check out Rx Cap+ through Judi Rx. This plan enhancement connects you with copay assistance programs that lower your out-of-pocket costs for more than 150 specialty medications used to treat rare conditions such as cancers, cystic fibrosis, hemophilia and others. The specialty pharmacy will contact you directly and work with you and your provider to complete enrollment in the appropriate copay assistance program.

Questions? Call Judi Rx Customer Care 24/7 at the number printed on your ID card.

YNHHS Out of Area Plan



If you live at least 50 miles from a Signature Network facility/provider, you'll have the YNHHS Out of Area Plan available to you. For those who live outside Connecticut or near the border and have limited access to Signature Network providers, the YNHHS Out of Area Plan offers better benefits when you must use Cigna Open Access Plus (OAP) providers.

This plan offers the same Signature Network and Out-of-Network benefits as the YNHHS Medical Plan; it pays different benefits when you use Cigna OAP providers.

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Annual Deductible (individual / family)	$0 / $0	$800 / $1,600	$10,000 / $20,000
Out-of-Pocket Maximum [1] (individual / family)	$3,000 / $6,000	$5,000 / $10,000	$30,000 / $60,000
Office Visits and Physician's Services			
Primary Care Visit (in-person or electronic) [2,3]	$20 copay	$30 copay	50% of MRC* after deductible
Specialist Office Visit (in-person or electronic) [2]	$35 copay	$50 copay	50% of MRC* after deductible
Preventive Care (routine exams,[4] well-woman [5] and well-child visits [6]) [2]	0%, no copay	0%, no copay	50% of MRC* after deductible
Doctor or Surgeon Services [7]	0%, no copay	20% coinsurance, no deductible	50% of MRC* after deductible
Allergy Shot in Doctor's Office (primary care / specialist)	$20 copay / $35 copay	$30 copay / $50 copay	50% of MRC* after deductible
Nutrition Counseling and Diabetes Self-Management Training [8]	0%, no copay	0%, no copay	50% of MRC* after deductible
Colorectal Cancer Screening [9]	0%, no copay	0%, no copay	50% of MRC* after deductible

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Women and Children			
Mammography [10] (including 3D and bone density test)	0%, no copay	0%, no copay	50% of MRC* after deductible
Screening Breast Ultrasound (if dense breast tissue or a history)	$20 copay / $35 copay	$20 copay	50% of MRC* after deductible
Maternity Care [11] (initial visit primary care / specialist)	$20 copay	$30 copay / $50 copay	50% of MRC* after deductible
Specialized Infant Formula (medical necessity only)	N/A	50% coinsurance, no deductible	50% of MRC* after deductible
Fertility Services [12]	0% coinsurance up to lifetime max of $14,000 for certain medical services	0% coinsurance up to lifetime max of $10,000 for certain medical services	N/A
Ancillary Services			
Lab Services	$25 copay	$35 copay	50% of MRC* after deductible
Diagnostic Testing[13] (facility charges only)	$25 copay	$35 copay	50% of MRC* after deductible
High-Tech Diagnostic Imaging[14] (facility charges only)	$100 copay	20% after deductible	50% of MRC* after deductible
Chiropractic Visits[15]	N/A	$30 copay	50% of MRC* after deductible
Physical, Occupational and Speech Therapy[15]	$10 copay	$10 copay	50% of MRC* after deductible
Cardiac Rehabilitation[16]	$10 copay	$30 copay	50% of MRC* after deductible
Inpatient and Outpatient Care			
Inpatient Hospital Services[17]	$250 copay	20% after deductible	50% of MRC* after deductible
Outpatient Surgery[18]	$100 copay	20% after deductible	50% of MRC* after deductible
Infusion and Radiation Therapy (including medications)	$25 copay	20% after deductible	50% of MRC* after deductible
Pathologists, Radiologists and Anesthesiologists	0%, no copay	0%, no copay	50% of MRC* after deductible

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Behavioral Health and Substance Abuse			
Inpatient Treatment (facility charges only)	$250 copay	20% after deductible	50% of MRC* after deductible
Outpatient Treatment[19,20]	$10 copay	$10 copay	50% of MRC* after deductible
Urgent and Emergency Care and Telehealth			
Emergency Department	$300 copay	$300 copay	$300 copay
Urgent Care Facility and Walk-In Medical Center	$35 copay	$50 copay	50% of MRC* after deductible
Ambulance	0%, no copay	0%, no copay	0%, no copay
Telehealth	$35 copay	$30 copay	N/A
Non-Acute Care			
Skilled Nursing Facility, Home Health Care[21]	20% coinsurance	20% coinsurance, no deductible	50% of MRC* after deductible
Hospice Care[22]	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Other			
Durable Medical Equipment	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Hearing Aids[23]	N/A	20% coinsurance, no deductible	50% of MRC* after deductible
Orthotics	N/A	50% coinsurance, no deductible	50% of MRC* after deductible

Please see chart notes on page **17**.

Prescription Drug Coverage

YNHHS Out of Area Plan prescription drug benefits match those offered under the YNHHS Medical Plan. Please see page **18** for details.



CHOOSE YOUR DENTAL COVERAGE

Choose Delta Dental Basic or Delta Dental Plus — both cover your routine care. The right fit depends on how much you expect to need beyond the basics.

Both plans feature:

- A nationwide network of Delta Dental dentists
- Discounted rates for using participating Delta Dental network dentists
- Preventive services at no cost to you
- Coverage for restorative services
- An oral health enhancement option that provides two additional cleanings a year for people with periodontal disease
- Fluoride treatment for children under age 19

The key difference is that Delta Dental Plus covers more services and pays a higher annual maximum benefit, so it costs more per paycheck. You can also choose to waive dental coverage.

Smart Move: Save Money at the Dentist

You may see any dentist you like, but visiting a network dentist means you'll pay less and skip the claim form.

Dental Coordination of Benefits

If your dependents are covered by another dental plan, review coordination of benefits before enrolling them in a YNHHS Delta Dental plan. Our Delta Dental plans use a non-duplication coordination of benefits (COB) provision, meaning the other plan may be primary. When YNHHS Delta Dental is secondary, it does not coordinate benefits with the primary plan, which may result in little or no additional reimbursement toward out-of-pocket dental expenses.

Compare Your Dental Options

Here's what you pay under the two dental plan options.

	Delta Dental Basic	Delta Dental Plus
Annual Deductible (individual/family)	$50/$100	$50/$100
Individual Maximum Calendar Year Benefit* (excludes preventive, orthodontic and TMJ benefits)	$1,000	$1,700
Preventive Services (no deductible) includes X-rays and routine exams and services	0% of MAA*	0% of MAA*
Restorative Services, such as extractions and root canals	20% of MAA* after deductible	20% of MAA* after deductible
Major Services, such as dentures, bridges and crowns	Not covered	50% of MAA*
Orthodontic Services	Not covered	50% of MAA* Lifetime maximum benefit per person: $1,700
Temporomandibular Joint (TMJ) Disorder Treatment Services	Not covered	50% of MAA* Lifetime maximum benefit per person: $1,700

* Maximum allowable amount

Find a participating dentist: To locate a participating dentist in your area, visit **deltadentalct.com/ynhhs**.

If You Receive Care from a Provider Outside the Network

- You may pay more for services because non-participating dentists have not negotiated fee discounts with Delta Dental.
- You may need to pay the dentist yourself and then submit a claim to be reimbursed by Delta Dental.
- If you need to submit a dental claim yourself, ask your dentist for a standard American Dental Association claim form.

For complete details about covered expenses, exclusions and limitations, review the summary plan description (SPD) for your dental plan on **HRConnect**.

Benefits for Members with Disabilities

The dental plan offers a Special Health Care Needs benefit for YNHHS members with intellectual and developmental disabilities to provide the care they need. Benefits include:

- Additional exams and introductory/ desensitization visits to learn what to expect during an exam;
- Up to four hygiene visits per calendar year;
- Dental case management;
- Anesthesia.

Smart Move: Get an Estimate

Whether seeking services in- or out-of-network, if your procedure will cost more than $300, ask your provider to submit a pre-treatment estimate to Delta Dental. That way, you'll know how much the plan will cover and how much you'll need to pay. Call Delta Dental at **800-452-9310** with any questions.



CHOOSE YOUR VISION COVERAGE

The vision plans from Vision Service Plan (VSP) – the Basic Vision Plan or the EasyOptions Premier Plan – cover an annual eye exam and a pair of glasses or contact lenses every calendar year. They also offer discounts on other products and services.

Both plans offer:

- Discounts when you purchase contact lenses, additional glasses and sunglasses and laser vision surgery through VSP providers.
- The LightCare benefit for ready-to-wear (not prescription) sunglasses or blue light filtering glasses from a VSP provider.
- Annual retinal screenings for a flat copay ($20 for Basic and $15 for Premier) from VSP providers.

The EasyOptions Premier Plan provides a higher allowance for frames and lenses and covers certain lens options in full.

Find a Participating Doctor:

To maximize your benefits and pay less out of pocket, connect with a network doctor at **vsp.com**.

Basic Vision Plan

Under the Basic Vision Plan, you can go in- or out-of-network for care. You'll pay less when you receive care from a network provider.

	In-Network Coverage	Out-of-Network Coverage
Eye Exam (every 12 months)	100% after $15 copay	100% after $15 copay
Corrective lenses (every 12 months)[1,2]	100% after $15 copay	100% after $15 copay
Frames (every 24 months)[2]	Up to $155, plus 20% discount	Up to $155, plus 20% discount
Contact lenses (every 12 months)[3]	$155, plus 15% discount on VSP doctor services	$155, plus 15% discount on VSP doctor services

1. Standard lenses, including glass or plastic single vision, bifocal or trifocal; copay includes lenses and frames.
2. Selecting the LightCare benefit replaces the frame and lens benefit.
3. When you select contact lenses instead of glasses.

EasyOptions Premier Plan

With VSP EasyOptions, in addition to all the benefits of the Basic Vision Plan, you and each member on your plan can choose one of these enhanced eyewear options when purchasing your glasses or contacts. You must use an in-network provider to receive coverage.

	In-Network Coverage
Frame allowance (every 12 months)[1]	Up to $250
Elective contact lenses (every 12 months)	$200, plus covered contact lens exam after $60 copay
Progressive, photochromic or anti-reflective lenses	Covered in full

1. Selecting the LightCare benefit replaces the frame benefit.

For details about covered expenses, exclusions and limitations, review the vision summary plan description (SPD) on **HRConnect**.



FLEXIBLE SPENDING ACCOUNTS (FSAs): STRETCH YOUR DOLLARS

Flexible spending accounts (FSAs) help you save money on eligible healthcare and dependent care expenses you'll have during the year. You pay no taxes on contributions to your FSAs – and your contributions reduce your taxable income.

During every Open Enrollment (or when you elect benefits as a new employee), you must elect any amounts you want to contribute to a Health Care or Dependent Care FSA for the following year. Your election does not automatically roll over from year to year, so you must enroll each year.

Submitting FSA Claims

You can find FSA claim forms at **hsabank.com**. Click the Resources tab.

The best way to submit a Health Care FSA claim is to upload your Explanation of Benefits (EOB) from the insurance carrier to HSA Bank's portal or via the HSA Bank mobile app. If you don't submit an EOB, the IRS mandates you include the following information to submit a claim:

1. Patient Name
2. Date of Service
3. Provider Information
4. Description of Service(s)
5. Amount Due (Patient Responsibility)

For recurring medical expenses with the same amount due, such as physical therapy or chiropractic services, when you submit your first claim for this service, write "set up as recurring" on the claim form. This will alert the team at HSA Bank to expect additional claims for the same service, and they will not ask you to substantiate the claim each time.

For recurring orthodontic charges, use the "Automatic Orthodontia Request Form." For recurring child care expenses, use the "Recurring Dependent Care Request Form."

Managing Your FSAs

HSA Bank administers the FSAs. You set up and manage your FSA at **hsabank.com** or via the HSA Bank mobile app. Then, you can upload receipts and submit claims, pay providers and track your account balance and transactions. You have until March 31 of the following year to submit receipts for reimbursement.

Health Care FSA

Each year during Open Enrollment, you choose your Health Care FSA contribution level for the calendar year – up to $3,400 in 2027. Your pretax paycheck contributions are deposited directly into your Health Care FSA.

Estimate your expenses carefully! The maximum amount you can roll over to the next calendar year is $680; you forfeit any additional amounts remaining in your account at the end of the year.

You can use your Health Care FSA to pay for eligible expenses, including:

- Copays and coinsurance
- Prescription drugs and over-the-counter medications (with a doctor's prescription)
- Medical equipment, like crutches, and supplies, such as bandages
- Vision care, like eyeglasses and contact lenses
- Dental expenses, such as fillings and braces

You can use your Health Care FSA debit card to pay for eligible expenses. Or, you can submit receipts and file a claim for reimbursement.

Dependent Care FSA

Setting aside pretax dollars in a Dependent Care Flexible Spending Account (FSA) can help you save on eligible child or adult day care expenses, including preschool, summer camp, before- and after-school programs, and child and adult day care while you work.

How It Works

Each year during Open Enrollment, you choose your Dependent Care FSA contribution level for the calendar year – up to $7,500 if you and your spouse file taxes jointly; $3,750 if you file separately. Your pretax paycheck contributions are deposited directly into your Dependent Care FSA.

You can use the Dependent Care FSA to pay for care needed to allow you or your spouse to work, look for work or attend school. Examples include:

- Before- and after-school care
- Babysitters, nannies and au pairs
- Adult day care
- Licensed day care centers
- Nursery schools and preschools
- Placement fees for a dependent care provider
- Day camps (must serve at least 6 children)

Who's Eligible

To be eligible for the Dependent Care FSA, your dependent must be:

- Under age 13
- A disabled qualifying relative
- A spouse who is unable to work or care for themselves
- An adult child who is unable to work or care for themselves



VOLUNTARY BENEFITS

YNHHS offers these additional valuable benefits to help meet the diverse needs of our employees.

Enroll in These Benefits During Open Enrollment

For the following coverages, you must enroll through the bswift website during Open Enrollment or within 30 days as a new hire.

Group Hospital (Indemnity) Insurance

If you are hospitalized, your medical coverage will pay a portion of your costs. However, no plan pays for everything. With hospital care insurance, you receive a daily cash benefit for covered hospital stays and expenses. The money can help offset the hospital bill and take care of day-to-day expenses. Coverage is available for you, your spouse and eligible dependent children. No Evidence of Insurability is required if you enroll during Open Enrollment, as a new hire or with a qualifying event.

Group Critical Illness Insurance

Heart attack and stroke are examples of common critical illnesses that lead to unexpected medical bills. Critical illness insurance pays a lump-sum benefit to help cover your daily living expenses, such as grocery bills, mortgage payments, transportation costs or out-of-pocket medical costs. Coverage is available for you, your spouse and eligible dependent children. No Evidence of Insurability is required if you enroll during Open Enrollment, as a new hire or with a qualifying event.

Group Accidental Injury Insurance

An accident can mean a trip to the emergency room – and bills can add up quickly. While your YNHHS medical insurance will help with many expenses, accidental injury insurance pays you a lump-sum benefit to help cover out-of-pocket expenses. Coverage is available for you, your spouse and eligible dependent children. No Evidence of Insurability is required if you enroll during Open Enrollment.

Travel 365 Insurance

Travel 365 can help if your travel plans are canceled, interrupted or delayed, if your baggage is delayed and you need to purchase items or if you need medical attention. Travel 365 is available 24/7 for overnight leisure travel when traveling 100 miles or more away from home.

NOTE: Per state statute, this benefit isn't available to employees who live in New York.

You can only enroll during Open Enrollment.

Group Legal Plan

For a monthly fee, the Group Legal Plan gives you access to LegalEASE attorneys and online tools for a wide range of personal legal needs, such as buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

You can work with a network attorney in person, by phone or by email. You can also use an attorney outside the LegalEASE network and be reimbursed for part of the cost.

New for 2027: Buy-Up coverage includes Hello Divorce and TurnSignl.

Hello Divorce provides each member with a Divorce Specialist to answer questions, explain divorce costs and property division rules, and guide members through the divorce process.

Paid-in-full coverage remains available for members who need additional divorce support.

TurnSignl provides app-based, on-demand attorney and emergency support for traffic violations, accidents and immigration matters, including real-time captions in users' preferred language.

For more details, visit **legaleaseplan.com/ynhhs** or call **800-248-9000** and reference "Yale New Haven Health System."

Sign Up for These Benefits, Anytime



Enroll in the following voluntary benefits anytime.

Where you go to enroll differs depending on the benefit.

For these benefits, enroll at our voluntary benefits site: **ynhhsvoluntarybenefits.com**, or call **866-874-2837:**

- Auto and Home Insurance
- Pet Insurance
- Purchasing Power

For these benefits, enroll at **bswift:**

- ID Theft and Device Protection
- Aflac Group Term to 120 Insurance with Long-Term Care
- Pet Wellness (Wagmo)

For the Employee Discount program, go directly to PerkSpot at **ynhhs.perkspot.com.**

Identity Theft Protection and Device Security (enroll through bswift)

Norton LifeLock Benefit Plans help protect you and your information from identity theft. LifeLock alerts you to possible identity threats and lets you proactively lock your accounts. And, if your identity is stolen, LifeLock works to fix it — and provides access to funds and reimbursement.

Auto and Home Insurance Program

YNHHS offers the Auto and Home Insurance Program at no cost. This program provides competitive quotes and special savings on auto, home and renters insurance. Compare your current insurance coverage to offers from top-rated insurance companies, including Progressive®, Liberty Mutual Insurance, Farmers Group Select℠, Travelers and Electric Insurance Company®.

When you call for a quote, you can make the change and put your new coverage into effect on the same call. Call **866-874-2837** to get your comparison quotes or visit **ynhhsvoluntarybenefits.com**.

Purchasing Power

Purchasing Power can help when using cash or credit may not be ideal. It gives you a flexible way to buy things you need – from computers to appliances and more. While not a discount program, Purchasing Power helps you fit unexpected purchases into your budget. You'll always know the total product cost upfront – no credit checks, down payments or hidden fees. Visit **ynhhsvoluntarybenefits.com** or call **866-874-2837** for more information.

Pet Insurance

My Pet Protection® from Nationwide® reimburses you for eligible veterinary bills for accidents, illnesses, hereditary conditions and more. Members also have access to a 24/7 vet help line. Choose your coverage level – 50 percent to 70 percent. You may also choose $500 wellness benefit coverage. Visit **ynhhsvoluntarybenefits.com** or call **866-874-2837** for more information.



Pet Wellness (Wagmo)

Different from pet insurance, Wagmo Wellness focuses on proactive, routine care that helps pet parents maintain their pet's overall well-being year-round. Wagmo Wellness reimburses for essential preventive services like vaccinations, grooming, dental care, regular check-ups and more. Visit **bswift** to enroll.

Aflac Group Term to 120 Insurance with Long-Term Care

Aflac Group Term to 120 Insurance with Long-Term Care combines the benefits of life insurance with living benefits, which can be used for long-term care, home health care, adult care or assisted living. Whether or not you use long-term care in your lifetime, your beneficiary will receive a life insurance payout. You can enroll provided you are age 19-70 years old and work 24+ hours per week. Visit **bswift** to enroll.

Employee Perks Discount Program

PerkSpot provides discounts from top brands and local businesses. Sign up at **ynhhs.perkspot.com** and access discounts on travel, gyms, cell phones, restaurants, auto, apparel, electronics and more!



ROUND OUT YOUR SUPPORT SYSTEM

YNHHS offers various additional benefits and programs to help make life a little easier. You don't need to enroll in these benefits during Open Enrollment. Rather, you can access them as needed.

Employee & Family Resources Program

Because life doesn't come with a playbook, the Employee & Family Resources (EFR) program, administered by Carelon Behavioral Health, is here for you and your family members 24/7. EFR connects you to confidential support, referrals, information and other resources at no cost.

With EFR, you can:

- Get help dealing with relationship issues, anxiety and depression, substance abuse and more.
- Have up to six free sessions with a licensed counselor.
- Get referrals to legal and financial services.
- Locate the perfect summer camp for your kids or an adult day care provider to watch an elderly parent while you're at work.
- Find resources, like videos, articles and webinars covering a variety of topics, on the Carelon Behavioral Health website at **achievesolutions.net/ynhhs**.

Call toll-free, 24/7, at **877-275-6226**. Or get help in person or online at **achievesolutions.net/ynhhs**.

Care Management Program

YNHHS provides the YNHHS Care Management Program at no cost to you. The program is led by a multidisciplinary care management team that supports you on your health journey.

If you meet specific eligibility criteria, you can enroll in the three-month program and work with a Partnered Approach Toward Health (PATH) nurse through weekly 20- to 30-minute calls.

Together, you'll focus on goals that are meaningful to you, such as:

- Nutrition
- Exercise
- Medication-related needs
- Social needs
- Disease-specific needs

The care management team also provides preventive health care and additional support after hospitalization. They can connect you to medical professionals, facilities and resources that can help you address your main health concerns.

You also have access to complementary care management programs through Cigna, including:

- Personal Health Team
- Healthy Pregnancies, Healthy Babies Program
- Behavioral health support
- Complex and Catastrophic (Core Case) Management
- Specialty Case Management for high-risk maternity, NICU/neonatal, transplant and oncology needs



Smart Move: Start Your Behavioral Health Journey Here

Remember to reach out to a Carelon counselor for up to six free visits before accessing your Cigna behavioral health benefits, which require a copay.

Quit For Life

Quit tobacco forever through the American Cancer Society's Quit For Life® program. You and your covered dependents can participate in the program at no cost when you're enrolled in the YNHHS Medical or Out of Area Plan.

Quit For Life provides the following services at no cost:

- Round-the-clock, confidential, telephone-based coaching
- Nicotine replacement therapy, with counseling

Additionally, tobacco-cessation prescription drugs (e.g., Chantix) are covered at the Tier 1 generic level through your YNHHS prescription drug plan.

Enroll in Quit For Life at **quitnow.net/mve/quitnow** or by calling **866-784-8454**.

Bright Horizons



College Advising Support

For students preparing to apply to college, there's College Coach. Offering expert guidance on the college admissions and financial aid process, college admissions consultants can help your child identify best-fit schools and review college admission essays.

To get started, visit Bright Horizons at **clients.brighthorizons.com/ynhhs**.

Back-Up Child and Elder Care

Benefits-eligible employees can access back-up child and elder care up to five times per year in a Bright Horizons center or at home when there is a gap in regular care. You will pay a set copayment depending on the service. Bright Horizons also offers additional family support, such as access to Sittercity — an online caregiver platform with unlimited basic background checks — as well as preferred enrollment and discounts for full-time care, and nanny placement services. Watch HR News to Use and HRConnect for details.



CONTACTS

Benefit	How to Contact	Apps (available from the App Store or Google Play)
Enrolling & Benefits Information		
BenefitsConnect	**ynhhs-benefits.org**	N/A
HRConnect	**844-543-2147** Monday–Friday, 7:30 am to 5 pm ET Fax: **203-200-3838** **ynhhs.org/hrconnect** Choose the YNHH_PRD option	N/A
Medical		
Cigna	**833-739-6447 (833-73-YNHHS)** **myCigna.com**	myCigna
YNHHS Medical Plan Network Information	Signature and Cigna OAP Providers: **myCigna.com** Trinity Health of New England Facilities: **trinityhealthofne.org/find-a-location**	N/A
COBRA	bswift **866-365-2413**	N/A
Prescription Drug		
Judi Rx	**833-554-4718** **rx.judi.health**	Judi Rx
Costco Mail Pharmacy	**rx.costco.com**	N/A
YNHHS Specialty Pharmacy Services	**844-881-0043** **203-230-0679** (fax) **ynhhs.org/patient-care/outpatient-pharmacy-services.aspx**	N/A

Benefit	How to Contact	Apps (available from the App Store or Google Play)
Prescription Drug (Cont.)		
Yale New Haven Health Pharmacy Services	Apothecary and Wellness Center at Yale New Haven Hospital: **203-789-4076**, Saint Raphael Campus, 1450 Chapel St., New Haven, CT 06511 YNHH Specialty Pharmacy Services: **844-881-0043**, 100 Sherman Ave., Hamden, CT 06510 YNHH Pharmacy at Bridgeport Hospital: **203-384-4750**, 267 Grant St., Bridgeport, CT 06610 YNHH Pharmacy at Lawrence + Memorial Hospital: **860-444-3700**, 365 Montauk Ave., First floor, New London, CT 06320 YNHH Pharmacy at North Haven Medical Center: **203-230-3940**, 6 Devine St., North Haven, CT 06473	N/A
Dental		
Delta Dental of Connecticut	**800-452-9310** (answers to your questions: Monday–Friday, 8 am to 6 pm ET) **800-335-8265** (find participating dentists) **deltadentalct.com/ynhhs**	Delta Dental
Vision		
Vision Service Plan (VSP)	**800-877-7195** **vsp.com**	VSP Vision Care on the Go
Family Support Benefits		
Employee Assistance and Work/Life Program	Carelon Behavioral Health **877-275-6226** **achievesolutions.net/ynhhs**	Carelon
Tobacco Cessation	Quit For Life American Cancer Society **866-784-8454** **quitnow.net**	N/A
Child Education Support	Bright Horizons For individual advising: **clients.brighthorizons.com/ynhhs** College Coach **888-527-3550** **ynhh@getintocollege.com** **passport.getintocollege.com** Employer Username: YNHHS Password: Benefits4You	N/A

Benefit	How to Contact	Apps (available from the App Store or Google Play)
Voluntary Benefits		
YNHHS Voluntary Benefits	**866-874-2837** **ynhhsvoluntarybenefits.com**	N/A
Financial Benefits		
Dependent Care FSA / Health Care FSA	**844-650-8936** **866-357-6232 (Spanish)** **askus@hsabank.com** **hsabank.com**	HSA Bank
Disability and Family/Medical Leave	Aflac **888-774-8821** **mygrouplifedisability.aflac.com**	N/A
Retirement 403(b)	Fidelity **800-343-0860** **netbenefits.com/atwork**	NetBenefits
Tuition assistance	EdAssist **844-266-1531** **clients.brighthorizons.com/ynhhs**	Bright Horizons Family