BenefitsConnect

YaleNewHavenHealth

2025 Benefits Guide

Westerly Hospital

WHAT'S INSIDE

ELIGIBILITY & ENROLLMENT

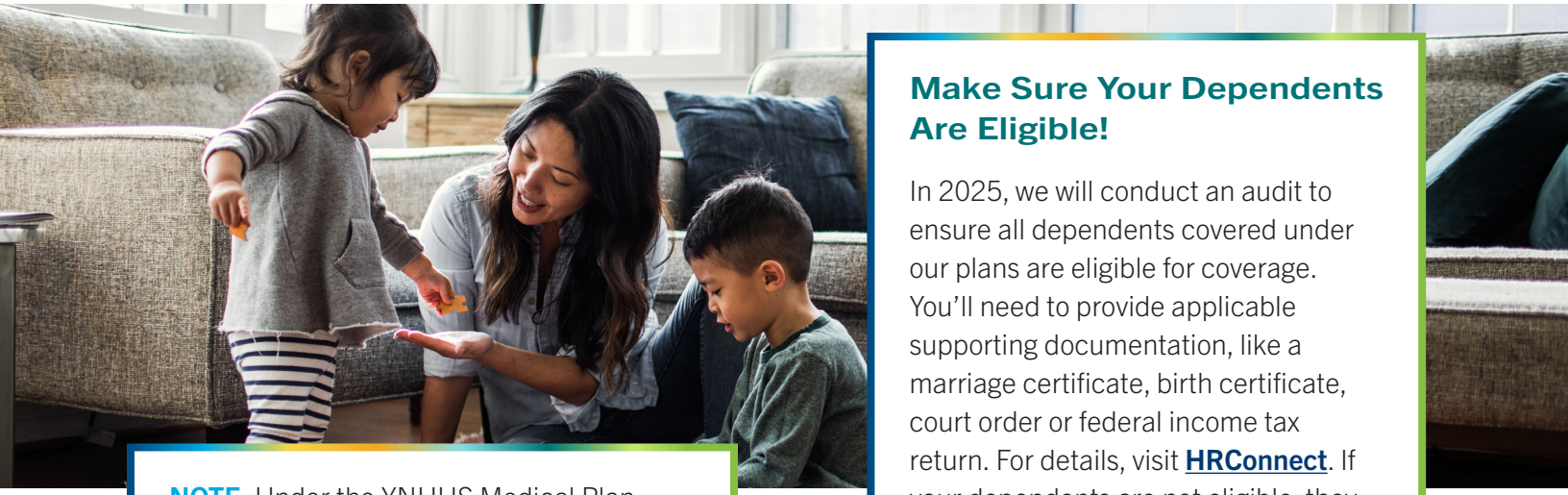
If you're eligible for benefits, you can enroll yourself, your spouse and/or dependent children in medical (including prescription drug), dental and vision coverage, plus other voluntary and financial benefits. Your benefits are effective on your first day of employment or the day you become eligible for benefits. **Note:** If you change from part-time to full-time or vice versa, the changes to your contributions will go into effect the first of the month on or after 30 days of the status change.

Who's Eligible for Benefits

You. You're eligible for benefits if you're a regular, full-time employee (36 or more hours per week) or a benefits-eligible part-time employee (generally 24–35 hours per week) of Westerly Hospital.

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

- Your legal spouse
- Your domestic partner (HDHP only)
- Your dependent children under age 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



NOTE: Under the YNHHS Medical Plan, domestic partners are not covered.

Make Sure Your Dependents Are Eligible!

In 2025, we will conduct an audit to ensure all dependents covered under our plans are eligible for coverage. You'll need to provide applicable supporting documentation, like a marriage certificate, birth certificate, court order or federal income tax return. For details, visit **HRConnect**. If your dependents are not eligible, they will be dropped from coverage.

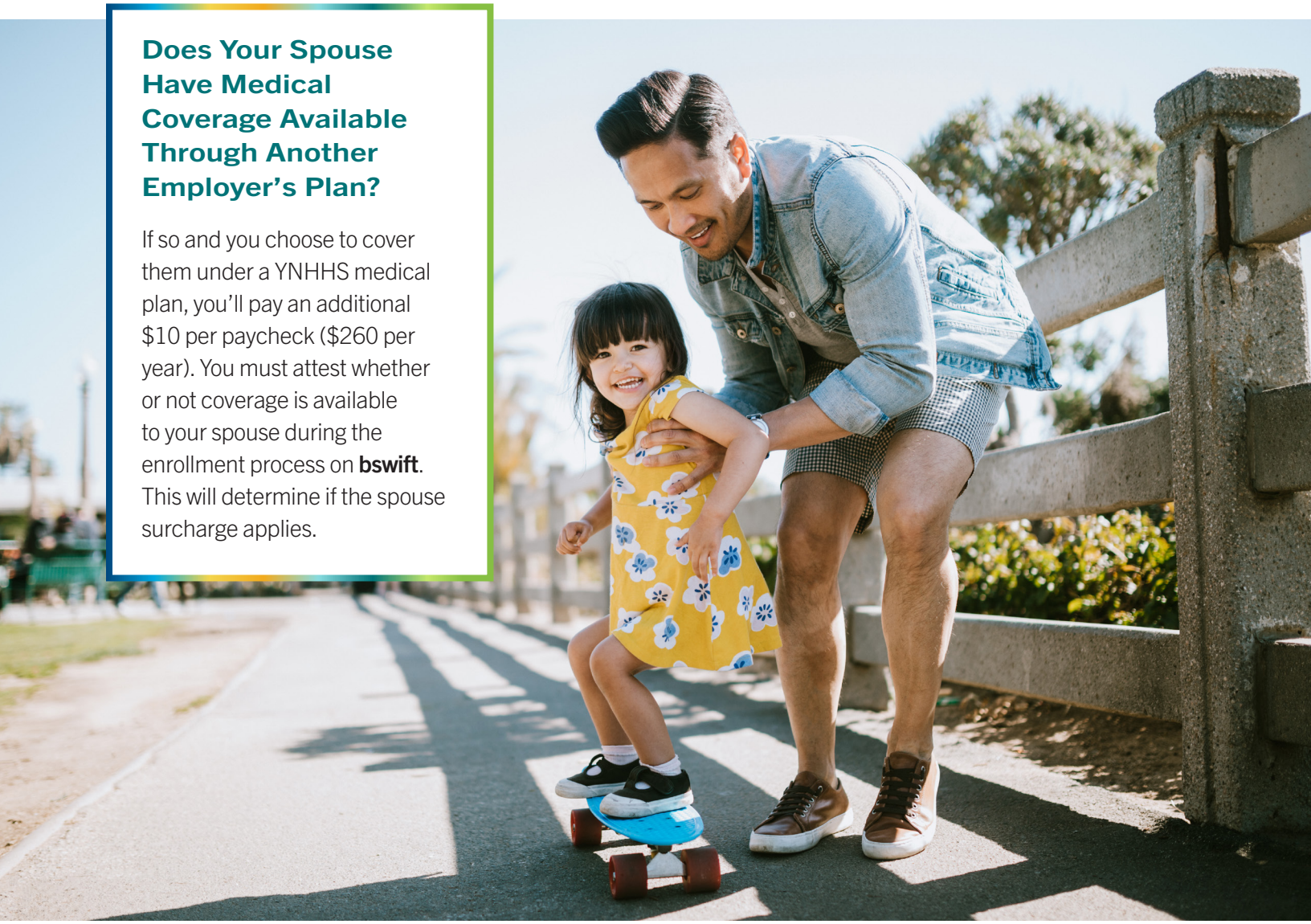
Covered Under Multiple Plans—YNHHS Medical Plan Only

When 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 is the patient	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.

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 $10 per paycheck ($260 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.



Enroll in These Benefits During the Open Enrollment Period

Enroll in the following benefits during the annual Open Enrollment period, within 30 days of your first day on the job or within 31 days of experiencing a qualifying event:

- Medical (includes prescription drug)
- Health Savings Account (if participating in an HDHP)
- Dental
- Vision
- Health Care and Dependent Care FSAs
- Group Hospital Care (Indemnity) Insurance (voluntary benefit)
- Group Critical Illness Insurance (voluntary benefit)
- Group Accidental Injury Insurance (voluntary benefit)
- Group Legal Plan (voluntary benefit)
- Identity Protection and Device Security (enroll during Open Enrollment or at any time during the year)

NOTE: To participate in the Health Savings Account (if you enroll in an HDHP) and Health Care and Dependent Care FSAs, you must enroll every year. Your elections do not carry over.

How To Enroll

To enroll or make changes to your benefits, visit **bswift**, our secure enrollment website, through BenefitsConnect at **ynhhs-benefits.org**. Just click the **Enroll** tab. Once you reach the **bswift** login page, you'll be prompted to enter your YNHHS username and password. If you need help, call HRConnect at **844-543-2147**.

Need more info first?

- Visit BenefitsConnect at **ynhhs-benefits.org**
- Find benefit provider contact information on pages 31-32 of this guide

New to Yale New Haven Health System?

HEALTH BENEFITS. As a new employee, you must enroll in benefits within 30 days. If you don't enroll within this timeframe, you and your dependents won't have medical, prescription drug, dental or vision coverage, and you won't participate in the flexible spending accounts (FSAs). 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% contribution level after 60 days of employment. You can increase or decrease your contribution at any time.

When You Can Make Changes

Enroll carefully! You can enroll or make changes during annual Open Enrollment or during your first 30 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.

Participate or Enroll in These Benefits at Any Time

To learn more about the following voluntary benefit options, see pages 27-28 of this guide or visit **ynhhsvoluntarybenefits.com**.

- Identity Protection and Device Security
- Auto and Home Insurance
- Purchasing Power
- Life with Long-Term Care Insurance
- Pet Insurance
- Employee Discount Program

MEDICAL

You can choose from two medical plan options, both administered by Cigna. Both plans offer comprehensive health care, including no-cost preventive care and prescription drug coverage through CVS. But how you pay for coverage is different.

With the Yale New Haven Health System (YNHHS) Medical Plan:

- You have no deductible if you use providers in the Signature Network and a lower deductible than the HDHPs when you use Cigna Open Access Plus providers.
- If you use out-of-network providers, you'll pay a high deductible before the plan starts paying benefits.

With the High-Deductible Health Plans:

- You'll pay a higher deductible when you use network providers but a lower deductible than the YNHHS medical plan if you go out of network.
- Once you reach your deductible, many services are 100 percent covered if you use in-network providers.
- You have a special account, with contributions from YNHHS, to help you cover the costs of your care now and in the future.

You can also waive medical coverage if you're covered by another plan or your spouse is a YNHHS employee. If you and your spouse are both YNHHS employees, you don't need to have separate coverage under medical at YNHHS; one of you can enroll for YNHHS coverage and cover the other as a dependent.

Read on for more details about how the plans work.

No ID Cards Needed

You don't need an ID card when you receive care under one of the medical plan options. 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:
BenefitsConnect

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.

Yale New Haven Health System Medical Plan

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. It's important to know that YNHHS has invested in our employees by keeping out-of-pocket costs, even for Cigna OAP services, lower than many of our health care industry peers.

WHEN YOU ENROLL IN THE YNHHS MEDICAL PLAN, YOU AUTOMATICALLY HAVE PRESCRIPTION DRUG COVERAGE.

Plan Highlights

- In most cases, you'll pay nothing for preventive care—including some preventive tests and prescription drugs—when you use network providers.
- If you choose a Signature Network provider, you'll have copays and no annual deductible to meet. If you choose a Cigna OAP or out-of-network provider, you'll have to meet an annual deductible before being reimbursed for certain types of services.
- Behavioral health and substance abuse benefits are included in the medical plan.
- 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% of eligible expenses for the remainder of the calendar year for each enrolled person.

Yale New Haven Health System Medical Plan

Understand the Networks

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 and do not have to pay a deductible before the plan begins to pay benefits. Once you meet your annual out-of-pocket maximum, the plan will pay 100% of covered expenses through that calendar year.

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 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

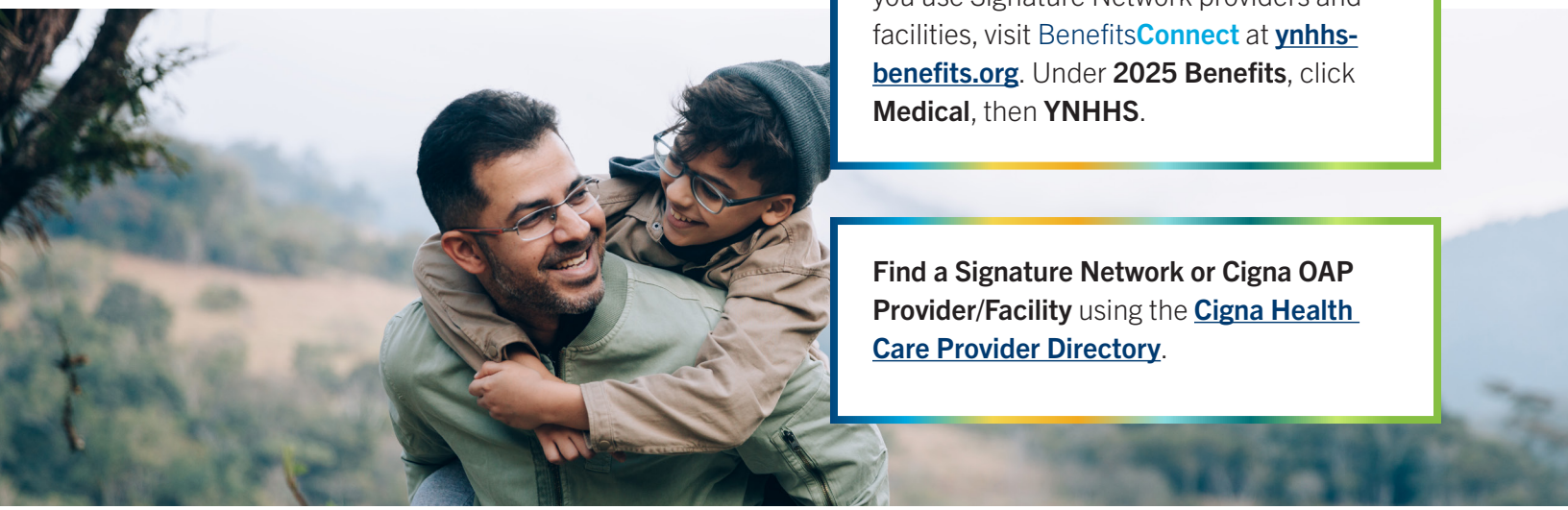
Signature Network facilities include:

- All YNHHS hospitals/locations, urgent care centers and Trinity Health of New England facilities (CT only)
- Fairfield Surgery Center, a division of Orthopaedic 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

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**. Under **2025 Benefits**, click **Medical**, then **YNHHS**.

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



Yale New Haven Health System Medical Plan

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% 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% 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 health care 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.

For No-Cost Vaccines, Show the Right ID

You and your covered dependents can get no-cost vaccines for shingles, pneumonia, flu (ages 18 and older only), COVID-19, tetanus/diphtheria and hepatitis A and B. To ensure 100% 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 CVS Caremark ID card, available via the CVS Caremark app on the App Store or Google Play

To find a network pharmacy, visit **caremark.com**.

Yale New Haven Health System Medical Plan

What You Pay Based on the Provider You Choose

Here's **what you pay** depending 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 HR Connect 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 the **Enroll** tab.

	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%, $0 copay	20% after deductible	50% of MRC* after deductible
Allergy Shot in Doctor's Office (no MD visit)	$20 copay	$40 copay	50% of MRC* after deductible
Nutrition Counseling and Diabetes Self-Management Training [8]	0%, no copay	0%, $0 copay	50% of MRC* after deductible
Colorectal Cancer Screening [9]	0%, no copay	0%, $0 copay	50% of MRC* after deductible
Women and Children			
Mammography [10] (including 3D and bone density test)	0%, $0 copay	0%, $0 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)	$20 copay	$40 copay	50% of MRC* after deductible
Specialized Infant Formula (medical necessity only)	N/A	50% coinsurance	50% of MRC* after deductible
Fertility Services [12]	100% up to lifetime max of $14,000 for certain medical services	100% up to a lifetime max of $10,000 for certain medical services	N/A

Inclusive Fertility Care

YNHHS is pleased to offer fertility coverage to all who need it. In 2025, the definition of fertility coverage under the medical plan will expand to include same-sex partners and single parents.

Yale New Haven Health System Medical Plan

	Signature Network Facility/Provider	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
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%, $0 copay	0%, $0 copay	50% of MRC* after deductible
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	$60 copay	$60 copay
Ambulance	N/A	0%	0%
Telehealth (OnDemand and MDLIVE)	0%, $0 copay	$40 copay	50% of MRC* after deductible
Observation (non-emergency related)	$100 copay	20% after deductible	50% of MRC* after deductible
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

Yale New Haven Health System Medical Plan

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%. 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 $2,000 through your CVS Caremark pharmacy benefit. 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 CAT.

[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, combined for skilled nursing and home health care.

[22] No day limit.

[23] Two hearing aids every 36 months.

Yale New Haven Health System Medical Plan

Prescription Drugs

You automatically have prescription drug coverage when you enroll in the YNHHS Medical Plan. You can fill covered prescriptions at participating CVS retail pharmacies, through mail order or through YNHHS Outpatient Pharmacy Services.

How The Plan Works

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

- **30-DAY SUPPLY PRESCRIPTION**, just tell your CVS retail pharmacy you're covered under CVS Caremark prescription drug coverage.
- **MAINTENANCE MEDICATION**, you must use a CVS retail pharmacy, mail order or visit a YNHHS Specialty Pharmacy. With CVS Maintenance Choice, you get up to two 30-day fills at a retail pharmacy before you'll need to use mail order, CVS Pharmacy or a YNHHS Specialty Pharmacy for 90-day fills.
- **SPECIALTY MEDICATION**, you'll need to use mail order or specialty pharmacy services, as described in the chart below.

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 CVS Caremark. When you're covered by the YNHHS Medical Plan, the out-of-pocket maximum is the most you'll pay out of pocket for medical care and prescription drugs.

NOTE: When 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.

No ID Cards Needed

You don't need a CVS Caremark prescription drug card when you fill prescriptions. Your pharmacy will be able to access all your information through their system when you tell them you're covered under CVS Caremark prescription drug coverage.

Find a Participating Provider

using the **cvs.com store locator**.

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. Review the list of **no cost preventive medications**.

Yale New Haven Health System Medical Plan

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.

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% of eligible expenses for the rest of the calendar year for each enrolled person.

Tier	30-Day Supply	90-Day Supply through CVS Maintenance Choice
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 YNHH Specialty Pharmacy Services, the Apothecary & Wellness Center, or YNHH Pharmacy at North Haven Medical Center, you'll use the CVS Specialty Pharmacy, available at **cvsspecialty.com**. These medications are subject to 40% coinsurance (up to $150 generic, $200 brand name).	
New for 2025:	For GLP-1 weight loss drugs, the copay is $200 for a 30-day supply. You or your pharmacist may be able to leverage manufacturer coupons to lower this cost.	

Save Money On Specialty Drugs with PrudentRx

If you or your covered dependents are enrolled in the YNHHS Medical Plan and take specialty medications, you can access a free program that will save you money by reducing out-of-pocket costs for eligible specialty medications. CVS Caremark, YNHHS' prescription drug plan administrator, has partnered with PrudentRx to offer this program for eligible specialty medications. If your specialty medication is on the PrudentRx Exclusive Specialty Drug List, you will have a $0 copay for your medication(s). If your medication is on the Prudent Rx Specialty Drug List, and you do not enroll in their program, you will pay 30% of the medication cost.

To receive this benefit, specialty medications must be filled through YNHH Specialty Pharmacy Services at **844-881-0043**.

To take advantage of this program or to see if your specialty medication is on the PrudentRx drug list, call PrudentRx at **800-578-4403**, Monday through Friday, 8 a.m. – 8 p.m. Eligible employees must register first with PrudentRx before filling a prescription.

For More Detail

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

High Deductible Health Plans

There are two High-Deductible Health Plan (HDHP) options:

- HDHP with Health Savings Account (HSA)
- HDHP with Healthcare Reimbursement Account (HRA)

Both plans are administered by Cigna. You can select the HDHP with HRA only if you are covered by another insurance plan or are otherwise ineligible for the HSA. With both plans, you pay the full cost of care until you meet your annual deductible. Your HSA or HRA can help you cover those costs.

WHEN YOU ENROLL IN AN HDHP, YOU AUTOMATICALLY HAVE PRESCRIPTION DRUG COVERAGE.

Plan Highlights

COVERAGE UNDER THE TWO HDHP PLANS IS IDENTICAL. Under both plans:

- You pay nothing for preventive care—including some preventive tests and prescription drugs—when you use network providers.
- You pay the full cost of care until you meet your annual deductible, after which the plan begins to share costs with you.
- You pay discounted rates when you use providers and facilities in the Yale New Haven Health System and Cigna Open Access Plus (OAP) network.
- You have mental health and substance abuse benefits.
- Special rules apply when you or your covered dependents are covered by more than one plan.
- There's a combined annual deductible for medical and prescription drug services. Until the deductible is met, your eligible medical and prescription drug costs are applied against the deductible.

THE DIFFERENCE BETWEEN THE OPTIONS? The account that comes with them—the HSA or HRA. The plan designs are the same.

High Deductible Health Plans

Health Savings Account—If Not Enrolled In Another Insurance Plan

The Health Savings Account (HSA) is a special account you contribute to on a pretax basis through payroll deductions. Your employer contributes to it, too.* You can use the money in your HSA to cover your health care expenses until you reach your annual deductible, and the plan begins to share those costs with you. After you meet your deductible, you can use your HSA to cover any coinsurance. **The HSA isn't available to you if you're currently enrolled in another insurance plan.**

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

When you enroll for the HDHP with HSA, you'll receive a welcome packet from Cigna, our HSA administrator. Follow the instructions to open your account. **Note:** You can also open your HSA at a financial institution of your choice. However, unlike an account opened with Cigna, you will not be able to fund your HSA through direct payroll contributions, nor will you receive your employer's contribution.

HOW MUCH YOU CAN CONTRIBUTE. In 2025, you can contribute up to $4,300 to your HSA if you have individual coverage and $8,550 if you're covering others, too. And if you're 55 or older, you can contribute an additional catch-up contribution of $1,000. Keep in mind, your employer's contribution*, if any, when making your election. Total contributions to your account cannot exceed these IRS maximums.

* For employer HSA contribution amounts, visit HRConnect and click **Health Benefits**.

HOW THE HSA WORKS. Your HSA contributions are deducted from your pay before taxes are taken out. Any unused funds roll over year after year, earning interest along the way. The money in your HSA is yours to use forever on qualified medical expenses—even if you change employers or health plans or retire.

Once your balance reaches $1,000, you have the opportunity to invest it for potential growth.

Get the triple-tax advantage with the HSA

When you contribute to the HSA, you get a triple-tax advantage:

1. Your contributions are deducted from your pay before taxes are taken out, which reduces your taxable income.
2. Your contributions grow tax-free for as long as they are in your account.
3. Your distributions from the account are tax-free as long as you use them to pay for qualified medical expenses.

High Deductible Health Plans

Healthcare Reimbursement Account—If Enrolled In Another Insurance Plan

The Healthcare Reimbursement Account (HRA) is a special account to which your employer contributes* to help you cover the cost of your health care expenses. You can use these funds to cover your costs as you reach your annual deductible. **The HRA is available only to employees enrolled in another insurance plan as they are not eligible to participate in an HSA.**

- As you receive services throughout the year, you pay out of pocket for expenses like coinsurance, copays and other services, and then get reimbursed from your HRA up to the amount of your existing balance.
- Once you've met your annual deductible, you can pay coinsurance for the care you receive; the plan will cover the rest.
- You can use the HRA only while you are enrolled in this plan. You cannot take the money with you if you change plans or employers.
- You cannot contribute to your HRA.

* For employer HR contribution amounts, visit HRConnect and click **Health Benefits**.

Find a Cigna OAP Provider/ Facility

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 health care services, resources and important contacts.

Understand the Networks

The amount you pay for care depends on the provider or facility you choose.

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 ($2,000 individual/$4,000 family) before the plan begins to share the cost of your care.
- After you meet your deductible, you'll pay 20% coinsurance for most services until you reach your annual out-of-pocket maximum.
- Once you meet your annual out-of-pocket maximum, the plan will pay 100% of covered expenses through that calendar year.

Out-of-Network Providers

When you use a provider or facility that is not a YNHHS facility or in the Cigna OAP provider network:

- You'll pay the most for care.
- After you meet your deductible, you'll pay 40% coinsurance for care until you reach your annual out-of-pocket maximum.
- 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.

Inclusive Fertility Care

YNHHS is pleased to offer fertility coverage to all who need it. In 2025, the definition of fertility coverage under the medical plan will expand to include same-sex partners and single parents.

High Deductible Health Plans

What You Pay Based on the Provider You Choose

Here's **what you pay** depending 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 the **Enroll** tab.

	Cigna Open Access Plus (OAP) Provider	Out-of-Network Provider
Annual Deductible (individual / family)	$2,000/$4,000	$2,000/$4,000
Out-of-Pocket Maximum [1] (individual / family)	$3,000/$6,000	$4,000/$8,000
Member Coinsurance after Deductible	0% after deductible	30% after deductible
Office Visits and Physician's Services		
Preventive Care Exams	0% deductible waived	30% after deductible
Office Visits	0% after deductible	30% after deductible
Ancillary Services		
Diagnostic Services (Lab, x-ray, MRI, PET, CAT scan, nuclear cardiology)	0% after deductible	30% after deductible
Rehabilitation Therapy Performed in Hospital [2] (Physical, speech, occupational, chiropractic, cardiac rehab)	0% after deductible	30% after deductible
Urgent and Emergency Care and Telehealth		
Emergency Care (Emergency room; copay waived if admitted)	$100 copay after deductible	$100 copay after deductible
Urgent Care (Walk-in and urgent care centers)	0% after deductible	30% after deductible
Ambulance Services	0% after deductible	0% after deductible
Telehealth (OnDemand and MDLIVE)	0% after deductible	N/A
Inpatient and Outpatient Care		
Outpatient Surgery Performed in Hospital Ambulatory Care Center	0% after deductible	30% after deductible
Inpatient Surgery	0% after deductible	30% after deductible
Outpatient Mental Health/Substance Abuse Services Performed in Office	0% after deductible	30% after deductible
Inpatient Mental Health/Substance Abuse Services	0% after deductible	30% after deductible
Skilled Nursing Facility [4]	0% after deductible	30% after deductible
Durable Medical Equipment [5]	0% after deductible	30% after deductible
Fertility Services	100% up to lifetime maximum of $15,000	100% up to lifetime maximum of $15,000

[1] The $2,000 individual annual deductible only applies to "employee only" coverage. If you cover anyone else under this plan, your annual deductible is $4,000.
[2] Physical, speech, and occupational therapy visits are limited to a combined total of 60 visits per member per calendar year. For physical therapy and occupational therapy, prior authorization is required after the first visit. Chiropractic services are limited to 12 visits per member per calendar year.
[3] Hospital or surgical center facility charges only.
[4] Room and board, lab work, medical supplies, and other hospital ancillary services.
[5] The Employee and Family Resources (EFR) program provides up to six confidential counseling services at no cost to you.
[6] Inpatient rehabilitative services are limited to 100 days per member per year.
[7] Skilled nursing facility services are limited to 100 days per calendar year.
[8] You must use a participating provider to be covered for durable medical equipment and prosthetic devices.

High Deductible Health Plans

Prescription Drugs

You automatically have prescription drug coverage when you enroll in either of the High-Deductible Health Plans. You can use your HSA or HRA to pay for your share of the cost. You can fill covered prescriptions at participating CVS retail pharmacies or through the CVS Caremark mail order service.

Until the deductible is met, all covered medical and prescription drug costs are applied against the deductible.

How The Plan Works

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

- **30-DAY SUPPLY PRESCRIPTION**, visit one of the more than 5,000 participating pharmacies in the Connecticut, New York and New Jersey area (64,000 nationwide), including major pharmacy and supermarket chains and most independent drug stores.
- **MAINTENANCE MEDICATION**, you must use the CVS Caremark Mail Service.
- **SPECIALTY MEDICATION**, you'll need to use YNHH Specialty Pharmacy Services.

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 CVS Caremark.

NOTE: When 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.

No ID Cards Needed

You don't need a CVS Caremark prescription drug card when you fill prescriptions. Your pharmacy will be able to access all your information through their system when you tell them you're covered under CVS Caremark prescription drug coverage.

Find a Participating Provider

using the **cvs.com store locator**.

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. Review the list of **no cost preventive medications**.

High Deductible Health Plans

What You Pay To Fill A Prescription

The HDHPs have a combined annual deductible for medical and prescription drug services. You'll pay the full cost of services until you meet your deductible; for prescription drugs, you'll pay the actual cost of your medication, as negotiated between CVS Caremark and the pharmacy.

Under these plans, the most you'll pay out of pocket for medical care and prescription drugs in any calendar year is $3,000 per individual or $6,000 per family when you use network providers.

How much you'll pay for your prescription depends on the type of medication and the amount prescribed. When the cost of a drug is less than the minimum copay, you'll pay the lower amount.

Tier	30-Day Supply	90-Day Supply through CVS Maintenance Choice
Tier 1: Generic	$10 copay after deductible	$10 copay after deductible
Tier 2: Brand Name	$25 copay after deductible, if the drug is on the list of preferred brand drugs (the formulary)	$50 copay after deductible
Tier 3: Non-Preferred Brand and Specialty Medications*	$40 copay after deductible, if the drug isn't on the list of preferred brand drugs (the formulary)	$80 copay after deductible
New for 2025:	The copay for GLP-1 weight loss drugs is $200 after deductible for a 30-day supply. You or your pharmacist may be able to leverage manufacturer coupons to lower this cost.	

*Specialty medications are available through YNHH Specialty Pharmacy Services.

For More Detail

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

DENTAL

You can choose from two Cigna dental options—Cigna Dental Option 1 (Basic) and Cigna Dental Option 2 (Enhanced)—that cover all your dental needs from routine exams and cleanings to major services like bridgework, crowns, and orthodontia. Although you may see any dentist you like, when you visit a Cigna Dental network dentist, you'll pay less and you won't have to file a claim.

Both plans feature:

- A nationwide network of Cigna dentists
- Discounted rates for using participating Cigna network dentists
- Preventive and diagnostic care at no cost to you
- Coverage for restorative services and orthodontia

Find a Participating Dentist

To locate a participating dentist in your area, visit **mycigna.com**.

The key difference: Option 2 provides a higher annual maximum benefit and higher levels of coverage for basic restorative and orthodontic services. Its higher benefit levels will cost you more per paycheck.

You can also choose to waive dental coverage.

Compare the Dental Plan Options

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

	Option 1 (Basic)	Option 2 (Enhanced)
Annual Deductible (individual/family)	$50/$150	$50/$150
Individual Maximum Calendar-Year Benefit* (excludes orthodontia)	$1,200	$1,500
Preventive & Diagnostic Care Services (no deductible), includes routine exams, cleanings, x-rays, sealants and other services	0%	0%
Basic Restorative Care, such as fillings, oral surgery, extractions, root canals, periodontics and repairs to dentures, bridges, and crowns	20% coinsurance after deductible	10% coinsurance after deductible
Major Restorative Care, such as dentures, bridges, crowns and implants Major Restorative Care, such as dentures, bridges, crowns and implants	40% coinsurance after deductible	40% coinsurance after deductible
Orthodontia	40% coinsurance after deductible. Lifetime maximum benefit (per person):* $1,000	40% coinsurance after deductible. Lifetime maximum benefit (per person):* $1,500

* All plan deductibles and maximums (dollar and occurrence) cross-accumulate between in-network and out-of-network, unless otherwise noted.

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 Cigna.
- You may need to pay the dentist yourself and then submit a claim to be reimbursed by Cigna.
- If you need to submit a dental claim yourself, ask your dentist for a standard American Dental Association claim form.

If your procedure will cost more than $200, contact Cigna to request a pretreatment review of benefits. That way, you'll know how much the plan will cover, and how much you'll need to pay.

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

VISION

The vision plan from Vision Service Plan (VSP) covers an annual eye exam and a pair of glasses or contact lenses every calendar year for you and any family member on your plan. Although you can receive care from any vision service provider you choose, you'll always pay less when you see a participating VSP provider.

Find a Participating Doctor

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

Benefits at a Glance

Under the 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	Up to $50
Corrective lenses (every 12 months)	100% after $10 copay for lenses, $25 copay for frames [1]	Single vision: Up to $50 Lined bifocal, trifocals: Up to $75 Trifocals: Up to $100 Progressive: Up to $75
Frames (every 24 months)	Up to $170, plus 20% discount	Up to $70
Contact lenses (every 12 months) [2]	$125, plus 15% discount on VSP doctor services	Up to $105

[1] Standard lenses, including glass or plastic single vision, bifocal or trifocal and polycarbonate lenses for dependent children.
[2] When you select contact lenses instead of glasses.

For additional details about covered services, exclusions and limitations, review the summary plan description (SPD) on HRConnect.

FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSAs) help you save money on eligible health care 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.

Health Care FSA

Each year during Open Enrollment, you choose your Health Care FSA contribution level for the calendar year—up to $3,300 in 2025. 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 $660; you forfeit any additional amounts remaining in your account at the end of the year.

You can use your 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.

If You Enroll in an HDHP

If you enroll in an HDHP, you are not able to participate in a Health Care FSA because you have the HSA to use as a tax savings vehicle to pay for qualified medical expenses. However, you can contribute to a Limited Purpose Health Care FSA, which you can use to pay for eligible dental and vision expenses. You can contribute up to the same amount to a Limited Purpose Health Care FSA as you can under the Health Care FSA.

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 $5,000 if you and your spouse file taxes jointly; $2,500 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 pre-schools
- 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

Managing Your FSA

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.

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."

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, which you can access through BenefitsConnect at **ynhhs-benefits.org** during Open Enrollment or within 30 days as a new hire.

Group Hospital Care (Indemnity) Insurance

If you become injured or ill and 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, take care of day-to-day expenses or pay for anything you need.

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 often 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, including deductibles, copays and coinsurance.

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 of your expenses, Group Accidental Injury Insurance pays you a lump-sum cash benefit to help cover your out-of-pocket expenses, so you can focus more on getting well and less on the extra expenses an accident can bring.

Coverage is available for you, your spouse and eligible dependent children. No Evidence of Insurability is required if you enroll during Open Enrollment.

Group Legal Plan

For a monthly fee, you can have a team of top attorneys ready to help you with planned and unplanned legal events. LegalEase gives you unlimited access to the expert guidance and tools you need to handle a broad range of personal legal affairs. This could be when you're buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Network attorneys are available in person, by phone or by email, and online tools can help you do it yourself. You can choose one from a network of prequalified attorneys, or use an attorney outside of the LegalEase network and be reimbursed some of the cost.

For more details, visit **legaleaseplan.com/ynhhs** or call **899-248-9000** and reference "**Yale New Haven Health System**."

Enroll in These Benefits at Any Time

Enroll in the following voluntary benefits through our voluntary benefits site, **ynhhsvoluntarybenefits.com**, or call **866-874-2837**. **Note:** For Identity Theft and Device Security, you must enroll through **bswift**.

Identity Theft Protection and Device Security (enroll through bswift)

Your digital security is important to your financial well-being. 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, if you like what you hear, you can make the change and put your new coverage into effect on the same call—no extra steps or hassles. 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, more manageable way to buy things you need—from computers to appliances and much more. While not a discount program, Purchasing Power provides you a reliable way to 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.

Life with Long-Term Care Insurance

When a family loses someone, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. You may also, at any point in your life, need long-term care services, which can cost hundreds of dollars per day.

Life with Long-Term Care Insurance 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.

Pet Insurance

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing 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% to 70%. You may also choose $500 wellness benefit coverage.

Employee Perks Discount Program

PerkSpot provides access to a marketplace of exclusive 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!

ADDITIONAL FAMILY SUPPORT BENEFITS

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 the 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**.

PRO TIP! Consider reaching out to a Carelon counselor for up to six free visits before accessing your Cigna behavioral health benefits, which require a copay.

Care Management Program

YNHHS provides the YNHHS Care Management Program at no cost to you. Staffed by YNHHS clinicians, the program has several components, including a three-month voluntary program of weekly 20- to 30-minute calls with a Chronic Care Management (CCM) program nurse to work on goals meaningful to you, like emotional support, nutrition, exercise, medication-related, social and disease-specific needs. You must meet specific eligibility criteria to be enrolled in the program. The program also offers increased support after hospitalization and for preventive health care.

In addition to the YNHHS program, you also have access to complementary care management programs available through Cigna, like the Personal Health Team, Healthy Pregnancies, Healthy Babies Program, behavioral health support, Complex and Catastrophic (Core Case) Management and Specialty Case Management (high-risk maternity, NICU/Neonatal, transplant, oncology).

Quit For Life

For those enrolled in the YNHHS Medical Plan. 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 Plan.

Quit For Life provides free round-the-clock, confidential, telephone-based coaching. No-cost nicotine replacement therapy is also available, with counseling. 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**.

Child Education Support

When your child needs extra learning support or help taking that next educational leap, connect with the experts at Bright Horizons for free guidance and resources.

Special Needs Help

If your child is having trouble focusing, lagging behind developmentally or struggling with social skills, you'll find personalized help from a compassionate Bright Horizons Special Needs™ advisor. You can also watch webinars to learn what you need to successfully guide and advocate for your child's education.

College Advising

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 Horizon also offers additional family supports, 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 a.m. to 5 p.m. 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**	myCigna
COBRA	bswift **866-365-2413**	N/A
Telehealth	MDLIVE **833-739-6447 (833-73-YNHHS)** **mycigna.com** OnDemand **833-483-5363** **ynhhs.org/ondemand**	MDLIVE myChart
Prescription Drug		
CVS Caremark	**877-636-0406** **800-294-5979** (Preauthorization) **800-237-2767** (Specialty Pharmacy) **caremark.com**	CVS Caremark
YNHHS Specialty Pharmacy Services	**844-881-0043** **203-230-0679** (fax) **ynhhs.org/patient-care/outpatient-pharmacy-services.aspx**	N/A
Yale New Haven Health Pharmacy Services	Apothecary and Wellness Center at Yale New Haven Hospital **203-789-4076** Saint Raphael Campus, 1450 Chapel Street, New Haven, CT 06511 YNHH Specialty Pharmacy Services **844-881-0043** 100 Sherman Avenue, Hamden, CT 06510 YNNH Pharmacy at North Haven Medical Center **203-230-3940** 6 Devine Street, North Haven, CT 06473 YNHH Pharmacy at Lawrence + Memorial Hospital **860-444-3700** 365 Montauk Avenue, First floor, New London, CT 06320	N/A

Benefit	How To Contact	Apps (available from the App Store or Google Play)
Dental		
Cigna Dental Plan	**833-739-6447** **mycigna.com**	myCigna
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 (YNHHS Medical Plan only)	Quit for Life American Cancer Society **866-784-8454** **quitnow.net**	N/A
Child education support	Bright Horizons For children who need extra help **clients.brighthorizons.com/ynhhs** For individual advising **ynhhs-brighthorizons.torchlight.care** College Coach **888-527-3550** **ynhh@getintocollege.com** **passport.getintocollege.com** Employer Username: YNHHS Password: Benefits4You	N/A
Voluntary Benefits		
YNHHS Voluntary Benefits	**866-874-2837** **ynhhsvoluntarybenefits.com**	N/A
Financial Benefits		
Dependent Care FSA Health Care FSA Limited Purpose Health Care FSA	**844-650-8936** **866-357-6232** (Spanish) **askus@hsabank.com** **hsabank.com**	HSA Bank
Disability and family/medical leave	The Hartford **877-308-5298** **thehartford.com**	N/A
Retirement 403(b)	Fidelity **800-343-0860** **netbenefits.com/atwork**	N/A
Tuition assistance	EdAssist **844-266-1531** **ynhhs.edassist.com**	EdAssist