



**CHILD AND FAMILY  
AGENCY OF  
SOUTHEASTERN CT**

**EMPLOYEE  
BENEFIT GUIDE  
2026 - 2027**

# Thank you!

We recognize that as an employee of Child & Family Agency of Southeastern Connecticut, you are one of our most important assets. Our mission to provide our clients with quality services depends on you. We have made every attempt to make our company a great place to work. As such, we strongly desire to provide you with the needed benefits to keep you and your family healthy and safe. Please take the time to review your employee benefit plan, as it is an important part of your overall compensation package.

The following pages will describe our benefit package in broad terms. Please contact **Karen Butler** at (860) 437-4550, extension 1413 / [butlerk@ctcfa.org](mailto:butlerk@ctcfa.org) or **Danielle Ladia** at (860) 437-4550, extension 1419 / [ladiad@ctcfa.org](mailto:ladiad@ctcfa.org).

You may also visit the PPI Auto Enroll portal for more details and information.

Again, thank you for being part of the Child & Family Agency of Southeastern Connecticut team.



**Danielle Ladia**  
Director of Human Resources



# About Your 2026 Benefit Offerings

**The upcoming plan year will run from July 1, 2026 – June 30, 2027.**

For the upcoming plan year, we will be transitioning from UnitedHealthcare to a new medical insurance carrier, Cigna. While change can feel unsettling, this decision was made thoughtfully and with your best interests in mind. As healthcare costs, provider networks, and benefit structures continue to evolve across the industry, it's important for us to work with partners who allow us to remain financially responsible, offer competitive and sustainable benefits, and to continue investing in choices that support employee needs. In addition to the carrier change, we are also pleased to share that we will be offering a second medical plan option this upcoming plan year. The medical plans with Cigna will include one routine eye exam per year.

You will continue to have access to comprehensive dental coverage, including preventive services and routine care. Additional details regarding plan features and how to find in-network providers will be available during Open Enrollment. To align carriers across multiple benefit offerings and provide access to a broader provider network, our dental benefits will also be transitioning to Cigna for the upcoming plan year.

The firm also provides employer-paid benefits, including Long-Term Disability (LTD), and Basic Life and AD&D insurance, at no cost to employees. These employer-paid benefits will be remaining with UnitedHealthcare. Child and Family Agency of Southeastern CT, Inc. will continue to fully fund these core benefits as part of its overall commitment to employee financial protection.

All enrollments must be completed through **PPI Auto Enroll** for the upcoming plan year.

This year's enrollment is **active**, meaning you must actively enroll or waive all benefits for the upcoming plan year in PPI Auto Enroll.

# Benefits Eligibility

All full-time employees working an average of at least 20 hours per week are eligible to enroll themselves and their eligible dependents in the medical, dental, and telewellness coverage. Coverage will be effective on the 1st of month following 30 days of employment for medical, dental, and telewellness coverage.

All full-time employees working an average of at least 30 hours per week are eligible to enroll themselves and their eligible dependents in the life and disability coverage. Coverage will be effective on the 1st of month following 90 days of employment for the life and disability coverages. You may not make changes to your plan elections throughout the plan year *unless* you experience a qualified life event.

## Eligible Dependents May Include:

- Your legal spouse
- Your child up to age 26\*
- Court ordered eligible dependents with legal guardianship

*\*Note: If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of disability is provided.*

Benefits terminate at the end of the month in which your dependent turns age 26 for medical and vision coverage. Benefits terminate at the end of the plan year in which your dependent turns age 26 for dental coverage.

You have a variety of benefits that are offered to you. Be sure to consider your choices before you make your benefit decisions. You can **not** make changes to your benefit elections throughout the plan year **unless** you experience a qualified life event. If you experience a qualified life event, you will have 30 days from the date of your qualifying life event to provide proof of the event and to contact Human Resources to make appropriate changes to your benefit elections.

## Examples of Life Events May Include:

- Change in marital status (marriage, death of spouse, divorce, legal separation)
- Change in number of dependents (birth, death, adoption, eligibility status, child support order)
- Change in employment status for you or your spouse (new employment, termination, leave of absence, full-time to part-time or vice-versa)
- Special enrollment rights under HIPAA Medicare coverage



# Medical Insurance

## Open Access Plus Provider Network

Our medical provider for the upcoming plan year will be moving to Cigna. We will be offering two High Deductible Health Plans. Both plans utilize Cigna’s Open Access Plus provider network. The below chart illustrates the in-network benefits for each of the medical plan offerings. This is not a complete list of covered services, please visit the myCigna app or the Cigna website at [www.cigna.com](http://www.cigna.com) for more information.

Benefit	Base Plan	Buy-Up Plan
<b>Plan Year Deductible</b>	\$5,000 Individual / \$10,000 Family <i>Embedded</i>	\$4,000 Individual / \$8,000 Family <i>Embedded</i>
<b>Out-of-Pocket Maximum</b>	\$10,000 Individual / \$20,000 Family	\$8,000 Individual / \$16,000 Family
<b>Preventative Care</b>	\$0 - No Charge	\$0 - No Charge
<b>Office Visit / Specialist Visit</b>	20% after plan deductible is met	30% after plan deductible is met
<b>Urgent Care / Emergency Room</b>	20% after plan deductible is met	30% after plan deductible is met
<b>Outpatient Services</b>	20% after plan deductible is met	30% after plan deductible is met
<b>Inpatient Hospitalization</b>	20% after plan deductible is met	30% after plan deductible is met
<b>Prescription Deductible</b>	Subject to Medical Deductible	Subject to Medical Deductible
<b>Prescriptions</b> <i>Retail Pharmacy (30-day Supply)</i>	\$5 / \$25 / \$40	\$5 / \$25 / \$40
<b>Prescriptions</b> <i>Mail Order Pharmacy (90-day Supply)</i>	\$13 / \$63 / \$100	\$13 / \$63 / \$100
EMPLOYEE PER PAY COSTS (24)		
<b>Employee Only</b>	\$84.19	\$101.81
<b>Employee + Spouse</b>	\$239.84	\$280.00
<b>Employee + Child(ren)</b>	\$189.47	\$221.18
<b>Family</b>	\$329.38	\$384.53



### What is an embedded deductible?

If you are enrolled in family coverage, once one member in the family reaches their individual deductible amount, the plan will begin paying for that family member even if the family deductible has not been met.



# Prescription Tips

Understanding your prescription drug benefits is a key part of making the most of your health insurance. Knowing which medications are covered, how much they cost, and whether generics or alternatives are available can save you time and money. It also helps you avoid unexpected expenses and ensures you're getting the right treatment at the best value. Taking a few minutes to review your prescription coverage can lead to smarter choices and better health outcomes.

Cost	Drug Tier	Includes	Helpful Tips
\$	<b>Tier 1</b> Your lowest cost option	Medications that provide the highest overall value. Mostly <b>generic drugs</b> , some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	<b>Tier 2</b> Your mid-range cost option	Medications that provide good overall value. Mainly <b>preferred brand-name drugs</b> .	Use Tier 2 drugs instead of Tier 3 or Tier 4 drugs to help reduce your out-of-pocket costs.
\$\$\$	<b>Tier 3</b> Your mid-range cost option	Medications that provide good overall value. A <b>mix of preferred specialty and non-preferred brands</b> .	Use Tier 3 drugs instead of Tier 4 drugs to help reduce out-of-pocket costs.
\$\$\$\$	<b>Tier 4</b> Your highest cost option	Medications that provide the lowest overall value. Mostly <b>non-preferred brands, non-preferred generics, and non-preferred specialty medication</b> .	Many Tier 4 drugs have lower-cost options in Tier 1 or Tier 2. Ask your doctors if they might work for you.

## UNDERSTANDING YOUR BENEFIT PLANS

When it comes to prescription medications, understanding your plan's deductibles and copays is essential to managing your healthcare costs. Your deductible is the amount you pay out of pocket before your insurance starts covering certain expenses, while copays are the fixed amounts you pay for each prescription. Some medications may be fully covered **after** meeting your deductible, while others may have a copay **right away**.

- Under both High Deductible Health Plans (the Base Plan and the Buy-Up Plan) offered through Cigna, you must meet your plans deductible **before** your prescription copays go into effect.



# Finding a Cigna Provider

1

Go to the Cigna Provider Search Website: [www.hcpdirectory.cigna.com](http://www.hcpdirectory.cigna.com)

2

Locate the provider type you are searching for, whether it be a doctor, dentist, or vision provider.

3

Input your zip code or city/state.

4

Click on **Doctor by Type**, **Doctor by Name**, or **Health Facilities and Group Practices** images to begin searching for your provider.

5

Click on **Continue As Guest** when prompted after selecting the provider or login with your myCigna username and password.

6

Please make sure that the following medical network is selected and listed while on the provider's page: **Open Access Plus, OA Plus, Choice Fund OA Plus.**





# Member Portal

Cigna provides convenient and nonstop access for you and your family members to a variety of resources through their member portal and mobile application. With the myCigna member portal, you can view how much of your plan deductible remains until the plan begins paying for covered services, see recently submitted or already processed claims, and access important messages from Cigna. Cigna provides **digital ID cards only**, unless a physical card is requested. Digital ID cards are easily accessible and available through the member portal or the mobile application for easy sharing capabilities with your covered dependents or health providers.

Cigna also offers live chat features to help you save time and get nonstop support from any device. Curious about what your plan covers or confused about a recently submitted claim? Access the live chat feature on the myCigna member portal or the myCigna mobile application to speak with a support guide.

You also have access to Cigna's provider directory which contains more than 8.5 million reviews and recommendations from verified Cigna patients. The provider directory can help you and your family members find in-network care under your plan network to find the most cost efficient providers in your area. With myCigna, you can also estimate medical costs before you receive care and manage your prescriptions.

You must activate your account by accessing [www.cigna.com](http://www.cigna.com). Once your account has been registered, you can download the myCigna mobile application from your app store and start gaining access to view your digital ID card, your health plan information, and update your profile.





# Health Reimbursement Accounts

A Health Reimbursement Account is an employer-funded account that helps employees pay for qualified medical expenses not covered by their health plans. The Health Reimbursement Account is administered by Cigna and integrated with the medical plans to help assist with making the claim process automatic and paperless. To assist employees with the cost of medical claims, Child & Family Agency of Southeastern Connecticut, Inc. contributes the first \$2,000 for individual coverage and the first \$4,000 for family coverage to your HRA to be used toward your medical plan deductible. **HRA funds are pro-rated for anyone enrolling in the middle of the plan year.** This means that if you become eligible partway through the plan year, the available amount is adjusted based on how long you are covered.

Medical Plan Option	HRA Reimbursement Amount	Employee Responsibility
<b>\$5,000 / \$10,000 HSA OAP Plan</b> \$5,000 / \$10,000 Deductible	CFA will fund the first \$2,000 of the deductible for single coverage <b>or</b> the first \$4,000 of deductible for family coverage.	You will be responsible for paying the remaining \$3,000 of deductible for single coverage <b>or</b> for paying the remaining \$6,000 of deductible for family coverage.
<b>\$4,000 / \$8,000 HSA OAP Plan</b> \$4,000 / \$8,000 Deductible	CFA will fund the first \$2,000 of the deductible for single coverage <b>or</b> the first \$4,000 of deductible for family coverage.	You will be responsible for paying the remaining \$2,000 of deductible for single coverage <b>or</b> for paying the remaining \$4,000 of deductible for family coverage.

## How your HRA works at the Doctor

When you receive care at a doctor’s office, hospital, or other medical provider, your integrated HRA with Cigna works automatically behind the scenes to help reduce your out-of-pocket costs. After your provider submits the claim, Cigna processes it based on your plan’s deductible and cost-sharing rules. If you have not yet met your deductible, your HRA funds are applied first to eligible expenses, such as doctor visits, tests, or procedures. This means that a portion of your medical costs may be paid using employer-funded HRA dollars before you are responsible for paying out of pocket. You will only pay the remaining balance after HRA funds are applied. Once your available HRA balance is exhausted, you will continue to pay costs that apply toward your deductible and out-of-pocket maximum under the plan.

## How your HRA works at the Pharmacy

Prescription expenses may be paid using your HRA pharmacy debit card at the time you pick up your prescriptions from your pharmacy. When you fill a prescription, eligible costs are automatically deducted from your available HRA balance, reducing your out-of-pocket expense at the pharmacy. Once HRA funds are exhausted, you will pay the applicable cost-sharing under the medical plan you are participating in.



**cigna**  
healthcare™  
**Dental**  
**Insurance**

All employees regularly scheduled to work 20 or more hours per week are eligible for Dental coverage. To align carriers across multiple benefit offerings and provide access to a broader provider network, our dental benefits will also be transitioning to Cigna for the upcoming plan year. We will still be offering the option of choosing from two different dental plans; the Base Plan (PPO) and the Buy-Up Plan (PPO). While you may choose any dentist, using dentists participating in network will lower your out-of-pocket expenses. Dentists who are not in network may bill you for charges above reasonable and customary payments from Cigna. **There is no orthodontia coverage for the Base Plan option.** Please review the plan details in high level below to assist with making your 2026-2027 plan year elections.

Plan Features	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Period</b>	Calendar Year		Calendar Year	
<b>Deductible</b>				
Single	\$25		\$25	
Family	\$75		\$75	
<b>Class 1:</b> Preventative Services	Covered at 100%		Covered at 100%	Covered at 100%
<b>Class 2:</b> Basic Services	Covered at 100%	Covered at 80%	Covered at 100%	Covered at 80%
<b>Class 3:</b> Major Services	Not Covered		Covered at 60%	Covered at 50%
<b>Class 4:</b> Orthodontia Services	Not Covered		Covered at 50%	Covered at 50%
<b>Annual Maximum Benefit</b> (per year)	\$1,000 per Covered Individual		\$1,500 per Covered Individual	

EMPLOYEE PER PAY COSTS (24)		
Employee Only	\$8.45	\$18.48
Employee + Spouse	\$24.39	\$43.41
Employee + Child(ren)	\$24.39	\$43.41
Family	\$51.61	\$83.00



# Life & Disability Insurance

## Basic Life and AD&D

Child & Family Agency of Southeastern CT will continue to offer Basic Life and Accidental Death and Dismemberment Insurance through UnitedHealthcare. Your Life Insurance coverage is equal to one times your basic annual earnings to a maximum of \$50,000. Your Accidental Death and Dismemberment coverage will mirror the benefit amount of your Group Life Insurance. Benefits reduce by 65% at age 65 and 50% at age 70.

**Child and Family Agency of Southeastern CT covers the full cost of the Basic Life/AD&D coverage.**

## Long-Term Disability

Child & Family Agency of Southeastern CT also provides Long-Term Disability insurance through UnitedHealthcare to offer an income replacement option if you are out of work due to a non-work related illness or injury that extends beyond 6 months. Benefits begin after a 120 day elimination period for both accident and illness. Benefit payments may last as long as you are disabled or until you reach Retirement Age (65), whichever is sooner. Benefits are 60% of your monthly earnings, up to \$6,000 per month. There is a 3 / 12 Pre-Existing Condition limitation for the Long-Term Disability, meaning if you file a claim within the first 12 months of your policy being in effect, UnitedHealthcare will look back 3 months prior to the policy taking effect to see if the condition being claimed already took place. If the condition was pre-existing, it will not be covered.

**Child and Family Agency of Southeastern CT covers the full cost of the LTD coverage.**



### How do I designate a beneficiary?

Beneficiary designations can be updated throughout the plan year. It is important to ensure your beneficiary designations are up to date. To update your Basic Life and AD&D or Voluntary Life and AD&D beneficiary, please locate the beneficiary designation tool in PPI Auto Enroll.



# Voluntary Life Insurance

## Voluntary Life and AD&D

Child & Family Agency of Southeastern Connecticut, Inc. also provides additional Voluntary Life and AD&D insurance through UnitedHealthcare to all eligible employees. You have the option of purchasing additional life insurance for yourself, your spouse, and your dependent children. The Employee benefit is available for the lesser of up to 5 times your annual salary or a maximum of \$500,000, in increments of \$10,000. The Guaranteed Issue Amount, or guaranteed benefit amount you can elect without additional health questions, is \$150,000.

You can elect to cover your dependents as well. The Spouse benefit is available for up to \$250,000, but can not exceed 50% of the elected Employee benefit amount. The Spouse benefit will be available in \$5,000 increments. The Guaranteed Issue Amount for Spouse is \$25,000. The Child(ren) benefit for children who are 14 days old to age 26 is available for a maximum benefit amount of \$10,000, but can not exceed 50% of the Employee benefit amount. Children can not be covered from birth to 14 days of age. The Guaranteed Issue Amount for Children is \$10,000.

Benefits will reduce 35% at age 65 and 50% at age 70.

*\*Please note: If you are enrolling for the first time (and you are not a newly hired employee) or if you are increasing your current voluntary election amount for yourself and/or your spouse, you will be required to complete an Evidence of Insurability (EOI) Form. For any amount over the Guaranteed Issue Amounts of the above stated Life Insurance benefits, an Evidence of Insurability Form will need to be submitted to UnitedHealthcare. Newly hired employees can elect up to the Guaranteed Issue Amounts of coverage without needing to submit an EOI. The Evidence of Insurability (EOI) will assist the insurance carrier in making the final decision to approve or deny the requested benefit amount selected during enrollment.*

**The Voluntary Life and AD&D insurance 100% paid for by you through the convenience of payroll deduction.**



## TANGO Health Advantage Program

Telemedicine provides 24/7 access to doctors via phone, mobile application, or video, giving employees on-demand diagnosis, treatment options, and prescriptions (if medically necessary) for non-emergency situations. The program is available to you, your spouse or domestic partner, and your children up to age 26 for \$0 per consultation! You can sign up for the New Benefits Telemedicine benefit for **\$6.21** per pay period.

### Includes:

**Health Advocacy Solutions** provides you access to a personal health advocate that can assist you with reviewing medical bills and insurance claims, clarify benefits and help answer questions about tests, treatments and medications, as well as provide information about generic drug options.

**Nutrition Solutions** provides you with registered dietitians that can help you develop a personal eating plan or manage health conditions like diabetes or high blood pressure. Consultations are available for \$59 per consultation.

**Dermatology Solutions** provides you with a quick and convenient way to upload images and create a treatment plan within 2 business days for skin conditions such as rashes, acne, psoriasis, suspicious moles and freckles, and more. Consultations are available for \$75 per consultation, and one follow up question per consultation.

**New Benefits Rx** can assist you with savings on prescriptions for the whole family, including your pets. Receive discounts on thousands of medications from a range of retail pharmacies nationwide including Walgreens, CVS, Target, and others. My Medicine Cabinet allows you to save your prescription search so you can easily refresh pricing and savings for your next refill.

**Vision Discount Program** provides you and your family with valuable savings on vision exams and eyewear that your Vision insurance plan may not offer. There is no limit on the number of times you can use the discounts available to you. The Vision Discount Program with New Benefits can offer up to 60% off prescription eyewear included most frames, lenses, and specialty items such as tints, coatings and UV protection. The Vision Discount Program can also offer additional savings off mail order contacts, laser surgery, and eye exams.



### Register for Your Account

- Log on through the My Benefits Work mobile app of MyBenefitsWork.com, click Teladoc and follow the instructions to register for your account
- Complete your account information with a unique username and password for your Teladoc account to secure your personal health information
- Complete your Medical History before requesting a visit
- Request a visit online, in the app, or call 855.VIPDOCS (855.847.3627) to speak with a doctor 24/7

# Flores Flexible Spending Accounts (FSA/DFSA)

## Healthcare FSA & Dependent Care FSA

A great way to plan ahead and save money over the course of a year is to participate in the Flexible Spending Account (FSA) program. This program allows you to redirect a portion of your salary, on a pre-tax basis, into reimbursement accounts (healthcare and/or dependent care). Pre-tax means the dollars you use for eligible expenses are **exempt from taxation**. Money from your healthcare account can be used to pay for medical expenses, prescriptions, and dental/vision expenses that have not been reimbursed by any insurance plan. The full amount elected is available to you on Day 1 of your FSA. **Any unused funds are forfeited**. Child and Family Agency of Southeastern CT offers a FSA and Dependent Care FSA through Flores.

A Dependent Care FSA can be used to pay for eligible childcare or adult dependent care expenses. Money in a dependent care account allows you to pay with pre-tax dollars for dependent care expenses that enable you to work by providing care for your child before/after school and during summers. Qualifying dependents include children under the age of 13 and/or dependents who live with you who are physically or mentally incapable of self-care (you must be able to claim these dependents on your tax return). You will only have access to your account balance, and any unused funds will be forfeited.

The IRS limits the annual amount that can be contributed to a Healthcare Account. The Annual IRS Limit for the 2026 plan year is \$3,400. The maximum you may contribute to a Dependent Care FSA is \$7,500 per household, or \$3,750 if married and filing separately.

## Limited Purpose FSA

A limited purpose FSA works just like a regular FSA, except for the limited number of eligible expenses. You designate a certain amount of money to be taken out of each paycheck and deposited into your Limited Purpose FSA account. You then use these **pre-tax dollars** to pay for eligible vision or dental expenses. Please see the Flores plan documents for details on eligible expenses. The full amount elected is available to you on Day 1 of your Limited Purpose FSA. **Any unused funds will be forfeited**. Child and Family Agency of Southeastern CT offers a Limited Purpose FSA through Flores.

The IRS limits the annual amount that can be contributed to a Healthcare Account. The Annual IRS Limit for the 2026 plan year is \$3,400.

*If you are interested in participating in a Limited Purpose Flexible Spending Account, please contact Karen Butler at (860) 437-4550, extension 1413.*

*For additional information, visit [www.flores247.com](http://www.flores247.com) or call (800) 532-3327.*



# Voluntary Insurance

Child and Family Agency of Southeastern CT, Inc. will begin to offer an array of voluntary benefits through Cigna. Voluntary benefits—such as Accident, Critical Illness, and Hospital Indemnity insurance—are designed to provide an added layer of financial protection by helping cover out-of-pocket costs that your medical plan may not fully pay. Even with comprehensive health coverage, unexpected events like an accident, serious diagnosis, or hospital stay can result in expenses such as deductibles, coinsurance, travel costs, or everyday bills while you're recovering. These plans provide cash benefits paid directly to you, giving you the flexibility to use the funds wherever they're needed most.

Electing voluntary coverage through Cigna can help reduce financial stress during a difficult time and allow you to focus on your recovery instead of worrying about expenses. Whether it's helping offset the cost of emergency care, supporting you during a hospital stay, or providing a lump-sum payment following a serious illness diagnosis, these benefits work alongside your medical plan to provide more complete protection and peace of mind.

Premiums are paid for by you through the convenience of payroll deduction. Plan costs can be found in PPI Auto Enroll.

## Accident Insurance

Helps offset medical expenses such as deductibles and co-payments that can result from a fracture, dislocation, or other covered accidental injury.

## Critical Illness Insurance

Pays a lump sum benefit directly to you when you are diagnosed with certain serious illnesses.

## Hospital Indemnity Insurance

Helps offset the out-of-pocket medical and non-medical expenses related to a covered hospital stay.

# Contact Us

Your Human Resources department is also available to help answer any questions you may have.

These plans have been arranged by NFP.

Please call Child and Family Agency of Southeastern CT's dedicated NFP representatives, Senior Account Executive, **John Cichy**, at 860-507-8894 (email [john.cichy@nfp.com](mailto:john.cichy@nfp.com)) or Senior Account Manager, **Karli Botteon**, at 860-351-8405 (email [karli.botteon@nfp.com](mailto:karli.botteon@nfp.com)) for additional questions.

Please reach out to the below carrier contacts if you have questions about your plan deductibles, obtaining copies of your ID cards, or outstanding claims.



Benefit	Phone	Website
Cigna Medical Plans	(800) 244-6224	cigna.com
Cigna Dental Plans	(800) 244-6224	cigna.com
CignaHealthcare Reimbursement Account	(800) 244-6224	cigna.com
UnitedHealthcare Life and Disability Plans	(800) 801-4409	myuhc.com
New Benefits Teladoc Plan	(800) 800-7616	mybenefitswork.com
Flores Flexible Spending Accounts	(800) 532-3327	flores247.com

**Disclaimer.** Every effort has been made to ensure the accuracy of the information in the Benefit Overview. Plan provisions summarized in the overview contain only highlights. If there is a discrepancy between this overview and the plan documents, the plan documents will govern. Although Child and Family Agency of Southeastern CT intends to continue all benefits in their present form, they reserve the right to amend, suspend or terminate, in whole or in part, any or all of the plans at any time. If any changes are made you will be notified promptly.