



Human Resources – In the Loop

INFORMATION FOR WESLEYAN EMPLOYEES

Special Benefits Edition

July 2022



Transparency in Coverage Rule

For the first time, consumers will be able to get real-time and accurate estimates of their cost-sharing liability for health care items and services from different providers, allowing them to understand how costs for covered health care items and services are determined by their plan and compare health care costs before receiving care.

Beginning July 1, 2022, please link to [Cigna's site](#) to receive pricing information for covered items and services. This link leads to the machine-readable files that are made available in response to the federal Transparency in Coverage Rule and includes negotiated service rates and out-of-network allowed amounts between health plans and healthcare providers. The machine-readable files are formatted

to allow researchers, regulators, and application developers to more easily access and analyze data.

More requirements will go into effect starting on January 1, 2023, and January 1, 2024, which will provide additional access to pricing information and enhance consumers' ability to shop for the health care that best meets their needs.

For more information go to <https://www.cms.gov/healthplan-price-transparency/consumers> or contact benefits@wesleyan.edu.

CT Paid Leave Required Notice

The **CT FMLA** provides eligible employees, after 3 consecutive months on the job, up to 12 weeks of unpaid, job-protected leave during a 12-month period for qualifying family or medical leave reasons. Employees are entitled to return to their same job at the end of the leave. The CT Paid Leave provides income replacement benefits to eligible employees who are unable to work for the same leave reasons. These leave options may run at the same time. More information is available on the [HR Website](#).

CT Domestic Violence Resources

If you or someone you know is a victim of domestic violence, there are confidential, safe, and free services available through the State of Connecticut 24 hours a day, 7 days a week.

[Connecticut Coalition Against Domestic Violence](#) (website)

[Connecticut Domestic Violence Resources](#) (flyer)

[Office of Victim Services Resources](#) (Website)

Health & Welfare Plan Summary Annual Report

The **Summary Annual Report** provides basic financial information for our medical, dental, vision, life insurance, and disability plans. This required report reviews the plan's financial status and highlights the information on the plan's annual report (Form 5500) that is submitted to the IRS. The report includes information on:

- Coverage provided for on a self-insured basis (medical, dental, and short-term disability)
- Premium paid for fully insured coverage (vision, life, and long-term disability)
- Your right to receive a copy of the full annual report.

Lifetime Income Illustrations

Your second quarter retirement statements will show new lifetime income illustrations as required by the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act). These illustrations will be provided annually going forward.

The illustrations will:

- Give participants an illustration of how much monthly retirement income they could expect to purchase with their current account balance.
- Provide explanations about what the lifetime income illustrations mean and the assumptions used to calculate the illustrations.

Please note: these illustrations don't take into account your actual retirement date, your outside assets, any other income you may earn in retirement, or your chosen social security start date, all of which will determine your total retirement income.

Use the information and links below to schedule a one-on-one retirement consultation:

[TIAA](#) or call 800-732-8353

[Fidelity](#) or call 800-642-7131 or [schedule a meeting with Dionnie Edwards](#).

CIGNA & Prior Authorizations

Cigna has a new team available to answer questions and provide support on prior authorizations. The team is available Monday through Friday, 9am to 9pm EST. Simply call the phone number on the back of your ID card and identify that you are calling about a prior authorization.

Your in-network provider is responsible for requesting prior authorizations on your behalf. If you have not heard from your provider's office within a week before an upcoming procedure or test – call your provider's office first to confirm they have submitted all required information for approval.



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