

**Adjunct Faculty & University Assistants  
Monthly Insurance Rates**

**July 1, 2024 – June 30, 2025**

Adjunct faculty and University Assistants may purchase medical and/or dental insurance at their own expense, paying 100% of the insurance rate.

- Adjunct Faculty must enroll within 31 days of the semester begin date or the date the adjunct contract is generated, whichever is later.
- University Assistants must enroll within 31 days of their contract start date.

Please contact Sarah Davin in the Human Resources Department at (203) 837-8661 or at [davins@wcsu.edu](mailto:davins@wcsu.edu) to enroll.

Adjunct Faculty and University Assistants must be employed by the University to remain on insurance coverage. If Adjunct Faculty are not teaching in the summer, the insurance coverage will be terminated, and a COBRA notice will be issued.

Once enrolled, employee directed cancellation of coverage is only allowed during the annual Open Enrollment period or through a properly documented qualifying event – please review the current health planner for a list of qualifying life events and applicable timelines. Adjunct Faculty and University Assistants will be billed monthly for the cost of insurance. Employees enrolling dependents on their coverage must provide relationship documentation. Please read Appendix A.

**Adjunct Faculty Only – State Sponsored Rate**

In some circumstances, Adjunct Faculty may be eligible for reimbursement of their medical and/or dental premiums, up to the cost of the State sponsored insurance rates. Adjuncts who qualify for the State sponsored insurance rates. Adjuncts who qualify for the State sponsored reimbursement program and who fail to pay their monthly premium by the date will result in the forfeiture of the State reimbursement for the entire semester. Please read the Eligibility for Health Insurance document for information and specifics on how to qualify for the State sponsored reimbursement program.

***Please note that the rates listed in the Health Care Options Planner and the Health Enhancement Program only apply to full-time employees.***

<b>Anthem Blue Cross &amp; Blue Shield</b>	Employee	Employee + One	Family
Expanded Access ( <i>Formerly POS</i> )	\$1,124.79	\$2,474.54	\$3,036.93
Standard Access ( <i>Formerly POE</i> )	\$1,124.13	\$2,473.09	\$3,035.15
Primary Care Access ( <i>Formerly POE+G</i> )	\$1,105.55	\$2,432.21	\$2,984.98
Anthem Out of Area	\$1,516.91	\$3,337.21	\$4,095.66
Quality First Select Access ( <i>Formerly PrimeCare Plus POS</i> )	\$1,033.72	\$2,274.19	\$2,791.04

**DENTAL - Cigna**

	Employee	Employee + One	Family
Basic Plan	\$40.83	\$124.53	\$124.53
Enhanced Plan	\$34.49	\$105.19	\$105.19
DHMO Plan	\$22.73	\$50.01	\$61.37
Total Care DMHO	\$28.36	\$62.39	\$76.57

**APPENDIX A**

**Documentation Requirements for Enrollment of Dependents for Health Benefits**

The following documentation must be submitted with the enrollment form for health insurance benefits at the time the employee applies for coverage:

<b>RELATIONSHIP</b>	<b>DOCUMENTATION REQUIRED</b>
<b>Spouse</b>	Marriage Certificate or Connecticut-issued Civil Union Certificate*
<b>Party to a Civil Union</b>	Civil Union Certificate (issued by a state other than Connecticut)
<b>Dependent Child Under Age 26:</b> <ul style="list-style-type: none"> <li>- Employee is Birth Parent</li> <li>- Employee is Legal Guardian</li> <li>- Employee is Adoptive Parent</li> <li>- Employee is a Step Parent</li> </ul>	<ul style="list-style-type: none"> <li>- Long form Birth Certificate</li> <li>- Documentation of Legal Guardianship**</li> <li>- Notification of Placement for Adoption from the adoption agency or certified copy of the Adoption Decree</li> <li>- Long form Birth Certificate <u>and</u> Marriage Certificate</li> </ul>
<b>Disabled Child:</b> <ul style="list-style-type: none"> <li>- Over Age 26 (Medical)</li> <li>- Over Age 19 (Dental)</li> </ul>	Requires documentation noted above (if not already on file) and completion of the insurance carrier's medical verification form

If an eligible dependent is being added after initial enrollment but outside of the open enrollment period due to loss of other health insurance coverage, the employee must submit appropriate documentation of the relationship as noted above and official notification of the loss of coverage (COBRA notification or notice from employer of loss of benefits).

Employees changing plans during open enrollment without adding a new dependent will not have to submit additional proof of relationship for dependents covered under the old plan.

\* A Marriage Certificate must be provided when enrolling a spouse. A Connecticut-issued Civil Union Certificate is only acceptable for those who entered into a Civil Union at a time prior to the legalization of same sex marriage in Connecticut.

\*\* Proof of Guardianship or Custody from a court of competent jurisdiction. A custody agreement from another state will not be honored unless it has been approved by a State of Connecticut Court or the State of Connecticut Department of Children and Families. The minor child must reside with the Covered Employee to be eligible for coverage under the plan.

**IMPORTANT INFORMATION FOR PART-TIME FACULTY REGARDING  
ELIGIBILITY FOR HEALTH INSURANCE**

**August 10, 2007**

- Effective with the Fall 2007 semester, part-time faculty are eligible for state sponsored health insurance.
- Eligibility for health insurance under CGS Section 5-259c means teaching nine (9) or more credits in the aggregate, per semester, at multiple locations within any of the State of Connecticut university or college systems: Connecticut State University System (CCSU, ECSU, SCSU, WCSU); University of Connecticut; or any of the community colleges.
- Eligible faculty will be required to pay the entire cost of the premium for such coverage.
- Eligible faculty will be reimbursed for the state share of the health insurance premium *after the semester ends*.
- Eligible faculty will be *billed* for the premiums. Payroll deduction is not available. Bills must be paid on time. Failure to do so will result in the forfeiture of the entire reimbursement for that semester.
- Reimbursement is for whole months only, and for spring and fall semesters only (no intersession or summer session).
- The eligible faculty member's active primary job (as listed in the State's HR Information System) will be used to determine effective dates.
- For example, if the hire date is August 31 and the termination date is December 15, the State share reimbursement is for October, November, and December.
- After January 2008, faculty receiving reimbursement in consecutive fall and spring semesters will be eligible for coverage on the first day of the first month immediately following the hire date. For example, if the hire date is January 15 and the termination date is May 15, coverage is effective during the months of February, March, April and May. The State share reimbursement will be for these four months as well.
- Reimbursement payments will be made once, after the end of the semester, via check. Checks will be mailed from the Comptroller's Office to the employee's home address within 30 days after the semester ends, barring unforeseen circumstances. Direct deposit is not available.
- No interest will be paid on any reimbursements.