

## ***Secretary-Treasurers Member Guide for Frontier Health Care 2026***

Frontier benefits website: [www.frontierbenefitscenter.com](http://www.frontierbenefitscenter.com) or you can call 1-855-387-2887 Monday-Friday 9:00am-6:00pm EST

Medical Provider: **Anthem BCBS**

**1-866-236-4368**

[www.Anthem.com](http://www.Anthem.com)

Healthcare Options Include: PPO/HCN/HCN ONA

Healthcare monthly contributions for 2026 are paid bi-weekly via payroll deductions. Medical contributions are taken from the 1<sup>st</sup> two paychecks of the month.

**Always be sure to verify that your medical/dental/vision providers are still In-Network before receiving care.**

### **Employee Contribution:**

<b><u>2025</u></b>	<b><u>2026</u></b>	<b><u>2027</u></b>
EE \$145	\$175	\$190
EE+1 \$290	\$350	\$380

<b><u>Deductible for In-Network:</u></b>	<b><u>Deductible for out of Network:</u></b>
(PPO/HCN/HCN ONA)	(PPO & HCN)
Plan years 2025-2027	Plan years 2025-2027
Individual- <b>\$650</b>	Individual- <b>\$1300</b>
Family- <b>\$1300</b>	Family- <b>\$2600</b>

•For In-Network, after deductible is satisfied, you pay 20% and the company pays 80%

•For Out-of-Network, after deductible is satisfied, you pay 40% and the company pays 60%

•Note: Routine Physicals, Well Child and Routine Well Woman are covered 100%, deductible DOES NOT APPLY

<b><u>Out of Pocket Max In Network:</u></b>	<b><u>Out of Pocket Max Out of Network:</u></b>
(PPO/HCN/HCN ONA)	(PPO & HCN)
Individual <b>\$2000</b>	Individual <b>\$6000</b>
Family <b>\$4000</b>	Family <b>\$12,000</b>

Prescription provider: Express-Scripts (ESI) 1-800-551-4136

[www.express-scripts.com](http://www.express-scripts.com)

<u>RX Retail (30 days) In-Network</u>	<u>RX Retail (30 days) Out-of-Network</u>
\$12 Generic	Greater of applicable Network retail
\$40 Formulary	copay or the balance after the plan
\$65 Non-Formulary	pays 75% of the Network Retail cost
<u>RX Mail (90 days) In-Network</u>	<u>RX Mail (90 days) Out-of-Network</u>
\$24 Generic	N/A
\$80 Formulary	<u>Annual OOP MAX</u>
\$130 Non-Formulary	individual \$1200/family \$2400

### Eye Med Vision Plan

1-866-723-0514

[www.Eyemed.com](http://www.Eyemed.com)

Covered Services	In-Network Member pays	Out-of-network Maximum Plan Pays
Eye Exam (every 12 months)	\$15 copay	Up to \$40
Frames (every 24 months)	\$10 copay; \$105 allowance, 20% off balance over \$105	Up to \$35
Standard Plastic Lenses (every 12 months):		
Single Vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	UP to \$35
Trifocal	\$10 copay	Up to \$45
Lenticular	\$10 copay	Up to \$90
Standard Progressive Lens	\$75 copay	Up to \$35
Contact Lenses (every 12 months):		
Conventional	\$0 copay; \$115 Allowance, 15% off balance over \$115	Up to \$80
Disposable	\$0 copay; \$115 Allowance, plus balance over \$115	Up to \$80
Medically Necessary	\$10 copay	Up to \$155

**There is NO monthly contribution for the Vision Plan**

## Cigna Dental Plan

1-800-244-6224

[www.cigna.com](http://www.cigna.com)

Plan Features	PPO Dental Plan	
	In-Network	Out-of-Network
Annual Deductible	\$50 per person	\$50 per person
Annual Maximum Benefit	\$1,400 per person	\$1,400 per person
Preventive and diagnostic service	100%, no deductible	100%, no deductible
Predetermination of Benefits	*if dental work proposed exceeds \$200	*if dental work proposed exceeds \$200
Basic Services	20% after deductible	30% after deductible
Major Services	40% after deductible	50% after deductible
Orthodontic Care	100% after deductible	100% after deductible
Lifetime Ind max benefit for orthodontia	\$1,500	\$1,500

There is NO monthly contribution for the Dental Plan

*If you have questions about your choices, please contact Secretary-Treasurer Louise Gibson at [lqibson@cwa1298.org](mailto:lqibson@cwa1298.org) 203 230-5703*

**Flexible Spending Accounts (FSAs) Provider: Health Equity/Wage Works**

877 924-3967

Healthequity.com

***Maximum Contribution for 2025 Plan Year:***

Health FSA \$3300

Dependent Care FSA \$5000

***Maximum Contribution for 2026 Plan Year:***

Health FSA \$3400

Dependent Care FSA \$7500

**Health Reimbursement Account (HRA) – If you have an account balance, be sure to submit claims to get reimbursed for the eligible out of pocket expenses. Important – If you enroll for the Healthcare FSA and have an HRA account balance, you are required to utilize your FSA account balance before you can use your HRA account balance.**

Health Care FSA: You will have until June 30th (postmarked) of the following year to submit health care FSA claims for eligible expenses incurred in the prior year, as well as through March 15th of following year. For example, for claims incurred January 1, 2025 through March 15, 2026, you have until June 30, 2026 to submit a claim for reimbursement from your 2025 health care FSA account. Any claim that was incurred during January 1 to March 15 can be submitted for reimbursement from your prior year's account (if the request is submitted by June 30th of the current year) or from your current year's account (if submitted by June 30th of the following year). Dependent Care FSA: You will have until June 30th (postmarked) of the following year to submit dependent care FSA claims for eligible expenses incurred in the prior year as well as March 15th of the following year. For example, for claims incurred January 1, 2025 through March 15, 2026, you have until June 30, 2026 to submit a claim for reimbursement from your 2025 account. Any claim that was incurred during January 1 to March 15 can be submitted for reimbursement from your prior year's account (if the request is submitted by June 30th of the current year) or from your current year's account (if submitted by June 30th of the following year).

**\*Any funds remaining in your FSA accounts after June 30<sup>th</sup> will be forfeited based on IRS regulations\***

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**Pension Plan Provider: Milliman**

1-866-333-2074

[www.millimanbenefits.com](http://www.millimanbenefits.com)

\*Please verify your beneficiaries

**401(k) Retirement Plan Provider: Fidelity**

1-800-835-5095

[www.401k.com](http://www.401k.com)

\*Please verify your beneficiaries

**Life Insurance/Dependent Life Insurance Provider: Securian Life**

1-866-293-6047

[www.LifeBenefits.com](http://www.LifeBenefits.com)

\*Please verify your beneficiaries

Children are eligible from birth to age 23, children age 23 or older are eligible if they are physically or mentally incapable of self-support\* See SPD for full details\*

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**Frontier Employees Disability Benefits are administered by Prudential**

**1-855-387-4778**

[www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)

**Workers Compensation is administered by Zurich Claims**

**1-800-987-3373**

<https://webclaims.zurichna.com/#/claims>

**CWA Local 1298 Union Disability Liaison Office**

**1-203-230-5717**

[udbl@cwa1298.org](mailto:udbl@cwa1298.org)

Our UDBL Liaison Tara is here to help our members with FMLA, Short Term Disability and Workers Compensation. If you are having difficulty dealing with Prudential or Zurich Claims, or if you just would like some guidance, please feel free to contact Tara. Our liaison will assist you with understanding the benefits that you are entitled to, and what you can do if you are denied any benefit.

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