CRC BENEFITS | THRIVE Workplace Benefits
Dedicated to Development and Success

CONNECTICUT

Regulatory Compliance and Resources by State

STATE CONTINUATION OF COVERAGE

Connecticut Continuation of Health Benefits provides disabled individuals 12 months of continuation of coverage under the group plan free of charge and may continue coverage at their own expense for a period of 29 months. Employees of groups with less than 20 employees are afforded the same rights as those qualified for federal COBRA benefits. Premium rate may not exceed 102% of the rate charged to employer for individuals of similar rating classification.

PAID FAMILY LEAVE

The CTFMLA was amended and the new changes to the law went into effect on January 1, 2022. The CTFMLA provides eligible employees up to 12 weeks of unpaid leave during a 12-month period for qualifying family or medical leave reasons. Employees are also entitled to return to their same or, if not available, an equivalent job at the end of their leave.

Employees may take up to 2 additional weeks of leave during the 12-month period for a serious health condition resulting in incapacitation that occurs during a pregnancy.

It also allows eligible employees to take up to 26 weeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. The CTFMLA applies to employers with one or more employees.

State Employer Reporting

PAID SICK LEAVE

The Connecticut Paid Leave (CTPL) program covers all employers with one or more employees and is accessible to all employees who have met certain earned-wage thresholds. Those who are self-employed or are sole proprietors are also eligible to opt-in to the program. Service workers begin to accrue paid sick leave on the date they are hired. They are to accrue one (1) hour of sick leave for every forty (40) hours worked. Annual sick leave accrual is capped at forty (40) total hours. Service workers may carry over up to forty (40) hours of sick leave from one year to the next; however, they are only legally entitled use up to forty (40) hours of sick leave in a year.

CT Statute 31-57s(a) An employer may provide sick leave accrual and use benefits that exceed those required by Connecticut's sick leave law. CT Statute 31-57u(a)

MANDATORY 401K

Employer Registration Dates

Depending on the size of the employer, there are different dates by which the employer must register for the program. Those dates are:

- For employers with 100 or more employees – June 30, 2022
- For employers with 26 to 99 employees – October 31, 2022
- For employers with 5 to 25 employees – March 30, 2023

Some of the details of the CT program are:

- All non-governmental employers in CT with five (5) or more employees in the prior year, who have been in existence for at least all of 2021, are required to sponsor a retirement plan or participate in the CT program.

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- Employer contributions are not required.
- The participant accounts are Roth accounts ONLY. Roth contributions are post-taxed compensation.
- Employees must opt-out on the CT state programs website; they cannot opt-out through their employer.
- After 120 days of employment, automatic deductions from the employee's wages will be made via payroll deductions to their Roth IRA account in the program. Employees must be at least 19 years of age.
- The deduction amount will be 3% of the employee's gross pay, up to the annual IRA limits. For 2022, the IRA contribution limit is $6,000 (plus $1,000 catch-up if over age 50).

SURPRISE BILLING

Connecticut passed its own law in 2015 to address balance billing. The law applies to health

plans regulated by Connecticut's Department of Insurance and has similar protections to

those provided under the federal No Surprises Act. If an insured receives a surprise bill for nonemergency services, he/she is only required to pay the out-of-pocket expense that would apply if the services had been rendered by an in-network provider. A health carrier must reimburse an out-of-network provider or insured, as applicable, for the services at the in-network rate under the plan as payment in full, unless the carrier and provider agree otherwise.

With respect to emergency services rendered to an insured by an out-of-network health care provider, health carriers may not impose on the patient an out-of-pocket expense that is greater than the out-of-pocket expense that would be imposed if such emergency services were rendered by an in-network provider. The health care provider may bill the health carrier directly and the health carrier must reimburse the health care provider the greatest of the following amounts: (a) the amount the insured's health care plan would pay for such services if rendered by an in-network health care provider; (b) the usual, customary and reasonable rate for such services; or (c) the amount Medicare would reimburse for such services.

A bill is not a surprise bill if an in-network provider is available, but the insured knowingly elects to receive services from an out-of-network provider. A patient who provides consent to nonemergency services as allowed by the federal No Surprises Act almost certainly would be deemed to have "knowingly" elected to receive the services under state law.

It is an unfair trade practice for an individual provider to request payment (other than a deductible, copay, coinsurance or other out-of-pocket expense) for health care services or a facility fee covered under a plan, emergency services covered by a plan and rendered by an out-of-network provider or a surprise bill.

RESOURCES

https://portal.ct.gov/cid