

FREQUENTLY ASKED QUESTIONS: 2018 BENEFIT CHANGES

Question: What is the 2018 Annual Benefits Enrollment period?

Answer: November 13 – 22, 2017

Question: I like what I have now. Do I need to do anything?

Answer: If you want to keep the same coverage you have now, you do not need to take any action during open enrollment with the exception of the Health Care and Dependent Flexible Spending Accounts, or the Health Spending Account (available only to those in the CDHP plan). The IRS requires these participants to make a new election each year.

Question: I heard that some of our carriers are changing. Will this affect me?

Answer: No, the plan provisions will remain the same, with the exception of Spouse Life, which may result in a different contribution amount due to changes in the age band.

The carrier changes are:

Dental – from MetLife to Cigna

Life Insurance – from MetLife to Securian

Short-Term and Long-Term Disability – from MetLife to Unum.

Medical coverage will continue to be provided by Aetna.

Vision coverage will continue to be provided by Vision Services Plan (VSP).

Question: Will we be changing from Aetna as a medical provider?

Answer: No. Aetna will continue to be the insurance carrier for ETPP medical plans.

Question: Why do we have two choices for medical plan coverage?

Answer: Beginning January 1, 2017, the low-cost medical insurance benefit option became available to all eligible participants as an alternative for the standard medical benefit. This new Consumer Directed Health Plan (CDHP) medical benefit option is available to all eligible participants, regardless of geographic location. The current (standard) medical benefit option available to the participant (based on a specific geographic location and existing network) will continue to be offered to participants. The new CDHP medical coverage does not replace any existing medical plans and is not a supplemental plan; thus, it serves as a low-cost, high-deductible medical insurance option for those who choose to elect this alternate coverage.

Question: If I elect the standard medical benefit option instead of the CDHP, can I elect a Health Care FSA.

Answer: No. Those participating in the standard medical benefit may only elect the Flexible Spending Account. Those who participate in the CDHP, however, may choose either the Health Care FSA or the Flexible Spending Account, but not both.

Question: Will vision no longer be included in the medical plan?

Answer: Effective January 1, 2017, vision insurance required a separate enrollment election from medical insurance. There are no changes to the vision benefit provisions or to the vision coverage rates. This change simply allowed employees who only want vision coverage to elect that coverage without having to elect medical coverage. Those employees who want only medical coverage may elect it without electing vision coverage. 2018 Annual Benefits Enrollment for Medical, Vision, and Dental is only required in the event you need or want to make a change. If you want to participate in a Flexible Spending Account, you must make an election during the 2018 Annual Benefits Enrollment period.

Question: Will the medical plan still cover the same services?

Answer: For the most part, the PPO Plan will still cover the same services. Please refer to your 2018 Annual Enrollment and Benefits Guide or <http://ucor.com/benefitsRMP.html> for additional benefit provision details for the existing PPO Medical Plan and the new optional Consumer Directed Health Plan (CDHP).

Question: Will my copayments count toward my deductible?

Answer: Your copayments will not count toward the deductible. They will, however, count toward your annual out-of-pocket maximum along with the deductible and coinsurance. Once you reach the out-of-pocket maximum, the plan pays 100% of covered services.

Question: Will there still be an annual out-of-pocket maximum for the Prescription Drug Plan?

Answer: Yes. The details for the Aetna medical plans, including out-of-pocket maximums, can be found at <http://ucor.com/benefitsRMP.html>

Question: What are the 2018 Flexible Spending Account Limits?

Answer: The 2018 limit for UCOR'S Health Care Flexible Spending is \$2,600. NOTE: Do not elect a Health Care FSA if you enroll in the CDHP and open a Health Savings Account.

The 2018 maximum election for Dependent Care Flexible Spending remains unchanged at \$5,000 (or \$2,500 if you file a separate tax return).

(CDHP Participants Only) The 2018 annual contribution limits on deductions for HSAs for individuals with self-only coverage is \$3,400 and \$6,750 for family coverage. There is an additional contribution amount for taxpayers who are age 55 or older.

Question: You have made available a rate chart that reflects the new rates for 2018. Would you be willing to expand this chart and add a column showing what the rates currently are for comparison purposes?

Answer: Eligible Employees and Retirees participating in the ETP Health and Welfare Benefit Plan will be receiving a personalized 2017 Benefit Statement. The Benefit Statement will list your current benefit coverages, including the premium amounts which may be used for comparison purposes.

Question: How do I determine if a prescription is considered Tier I, II, III, or IV. I've looked at the Aetna web site and cannot seem to find out how to determine what a certain prescription medication is classified as?

Answer: The 2018 Drug Formulary Guides are posted on the UCOR external site at <http://www.ucor.com/benefitsRMP.html> but members may also contact Aetna Rx Member Services at 888-792-3862 for assistance regarding prescription information.

Question: Under the 2018 ETP Medical Plan for active employees, will the out-of-network charges (co-pay, co-insurance) be included in the maximum out of pocket calculation?

Answer: Out-of-Network charges (such as co-pays and co-insurance) count toward the out-of-network maximum out-of-pocket calculation. However, there is no cross-over; out-of-network charges do not count toward the in-network out-of-pocket maximum.

Question: Where can we find out the In-Network Providers for prescription drugs?

Answer: You can find a network pharmacy by logging on to Aetna's website at www.aetna.com. You can search Aetna's online directory, DocFind, for names and locations of network pharmacies. If you cannot locate a network pharmacy in your area call Aetna Rx Member Services 24 hours a day toll free at 888-792-3862. Press zero and you will be connected to an Aetna representative who will assist you with information regarding pharmacy or prescription medications.