

# 2018 Annual Enrollment and Benefits Guide

## PORTSMOUTH MISSION ALLIANCE SALARIED RETIREE (PRE-65)

### 2018 ANNUAL BENEFITS ENROLLMENT

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your health plan choices, consider your needs, and choose coverage for the next year. The information you and your family members need in order to make informed decisions regarding your 2018 Annual Benefits Enrollment is available in this guide and online at [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html). Through this site, you may also submit questions and view responses to Frequently Asked Questions (FAQ) related to your 2018 ETTP benefits.

### WHAT'S NEW FOR 2018?

#### PENSION DEDUCTIONS

- *Beginning in 2018, you will no longer have deductions taken from your pension payment for Medical, Dental, Vision, and Life Insurance monthly premium payments.*
- As of January 1, 2018, you will be personally responsible for making benefit premium payments directly to Discovery Benefits either by check or by establishing automatic account withdrawals from your checking or savings account. Discovery Benefits will communicate further instructions for arranging new benefit monthly contribution payments.
- Effective January 1, 2018, Discovery Benefits will replace Conexis (Wage Works) as the benefit administrator for retirees.

#### MEDICAL AND PRESCRIPTION DRUG COVERAGE

- The monthly premium rates for the ETTP Medical Plan are **lower** in 2018 than in 2017.
- Some additional **in-network** Behavioral Health services will now be covered at 100%, with no deductible or copay. These changes do not apply to medical benefits. Please contact Aetna with questions regarding Behavioral Health services.
- Out-of-network prescription drug benefits will be covered at the out-of-network coinsurance level, after the deductible and subject to any copay.
- Effective January 1, 2018, the ETTP Health and Welfare Benefit Plan will no longer offer Adult Child (age 26-28) medical coverage unless the child is disabled. Please visit [www.healthcare.gov](http://www.healthcare.gov) for alternative coverage options.

#### OTHER BENEFITS

To ensure we offer you the best coverage, service, and pricing, UCOR conducted a thorough review of all of the ETTP health and welfare benefit plans. As a result, for 2018 we will be changing carriers for the Dental and Life Insurance Plans. The plan provisions will remain the same. Rates for these benefits will be lower than in 2017.

- Dental Carrier – Cigna
- Life Carrier – Securian

## ENROLLMENT ACTION

If you want to keep the same benefits you have now, you are not required to take action during the 2018 Annual Enrollment period. **If you take no action, you will be automatically re-enrolled in the same benefits you had in 2017 with the new carriers at the new 2018 premium rates.** However, enrollment action is required if you want to change your benefit coverage or coverage levels for 2018.

The benefit election choices you make for January 1, 2018, will remain in place for the entire plan year unless you experience a qualifying life event such as marriage, divorce, birth, the adoption of a child, etc.

### 2018 Annual Enrollment Dates: November 13 – 22, 2017

You can enroll by telephone at **(888) 890-5631** or online at [www.hrbenefitsadvantage.com](http://www.hrbenefitsadvantage.com). Enrollment instructions and a statement of your current benefit coverages will be provided to you in advance of the 2018 enrollment period.

## MEDICAL PLANS

Your medical plan for the 2018 plan year is the same PPO Plan that you were offered in 2017. **Monthly contributions for this plan will decrease for 2018.** Remember, your costs for medical care through the PPO Plan will be lower if you use an in-network provider. This plan includes the Aetna Premier Plus 4-Tier Drug Formulary. For details on which medications are covered, please go to [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html).

## VISION PLAN

There are no changes to the vision plan design. **Monthly contributions will remain the same for 2018.** The 2018 monthly contributions are on page 4.

## DENTAL PLAN

There are no changes to the dental plan design for 2018. However, **Cigna will replace MetLife as the DPPO dental plan carrier**, and **dental plan monthly contributions will decrease for 2018.** During enrollment, you will not be required to make a dental plan election unless you are requesting a change.

This year, it is important to check whether your dental providers are in our new Cigna network. You may use any dentist, but you will generally pay less for in-network providers. To view dental providers in the Cigna network go to [www.mycigna.com](http://www.mycigna.com).

To view your applicable dental plan summaries, please visit [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html). The 2018 monthly contributions are on page 4.

## LIFE INSURANCE

Life Insurance for 2018 will be offered through Securian. **There are no changes to the life insurance provisions for 2018.** The 2018 monthly contributions are on page 4.

## MEDICAL AND PRESCRIPTION DRUG COMPARISON

2018 Medical Plan Option		
Plan Design Provisions	PPO Plan	
	In-Network	Out-of-Network
<b>Annual Deductible (Single/Family)</b>	\$400/\$800	\$1,000/\$2,000
<b>Plan Pays</b>	80% after deductible	60% after deductible
<b>Annual Out-of-Pocket Maximum</b> Single/Family (Includes deductible, coinsurance and copays paid by you)	\$5,100/\$10,200	\$13,200/\$26,400
<b>Physician Office Visits</b> Participant pays per visit	\$30 Primary \$60 Specialist	Deductible + 40%
<b>Inpatient Hospital</b> Participant pays	\$300 copayment + deductible + 20%	\$300 copayment + deductible + 40%
<b>Outpatient Surgery</b> Participant pays	\$300 copayment + deductible + 20%	Deductible + 40%
<b>Emergency Room</b> Participant pays per visit	\$200 copayment + deductible + 20%	\$200 copayment + deductible + 20%
<b>Lab/X-Rays/Diagnostics</b> Participant pays	Deductible + 20%	Deductible + 40%
<b>Urgent Care Facility</b> Participant pays	\$75 copayment + deductible + 20%	Deductible + 40%
2018 Prescription Drug Coverage		
	Retail (30-day supply)	Mail (90-day supply)
	\$100/\$200	
<b>Formulary</b> (Please see <a href="http://www.aetna.com">www.aetna.com</a> for prescription formulary details.)	Premier Plus	
<b>Tier 1 - Generic</b> Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300
<b>Tier II – Formulary Brand Name</b> Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300
<b>Tier III – Non-Formulary Brand Name</b> Participant pays	30% after deductible, to a max of \$300	30% after deductible, to a max of \$600
<b>Tier IV – Specialty</b> Participant pays	30% after deductible, to a max of \$400	Not covered
<b>Annual Out-of-Pocket Maximum</b> Single/Family	\$1,500/\$3,000 Includes pharmacy deductible and coinsurance for retail and mail order prescriptions	

## INFORMATION SOURCES

The 2018 Annual Benefits Enrollment is handled by Mercer Single Source 1™ (SS1). Mercer Single Source 1™ is available to answer questions via email at [ETTP@Mercer.com](mailto:ETTP@Mercer.com) or by telephone at (888) 890-5631, Monday – Friday from 9:00 a.m. to 6:00 p.m. Eastern Time.

At the conclusion of the 2018 Annual Benefits Enrollment period you will receive a personalized 2018 Benefits Confirmation Statement from SS1. ***Please review it carefully to ensure that it accurately reflects your benefit elections for 2018.***

Benefit	Resource	Phone	Website
Medical	Aetna	(888) 238-6203	<a href="http://www.aetna.com">www.aetna.com</a>
Vision	Vision Services Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Dental	Cigna	(800) 244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Life	Securian	(888) 658-0193	<a href="http://www.lifebenefits.com">www.lifebenefits.com</a>
Benefits Enrollment	Mercer Single Source 1™	(888) 890-5631	<a href="http://www.hrbenefitsadvantage.com">www.hrbenefitsadvantage.com</a>

## 2018 BENEFIT RATES

### Medical

PPO Plan Retiree Monthly Contributions	
Single	\$316.46
Dual	\$670.90
Family	\$981.03

### Vision

Retiree Monthly Contributions	
Single	\$3.10
Dual	\$4.51
Family	\$8.07

### Dental

Retiree Monthly Contributions	
Single	\$12.03
Dual	\$24.90
Family	\$37.85

### Basic Life

Retiree Cost Share	\$0.140 (per \$1,000 per month)
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### Important Disclosures

This summary information provides an overview of some of the main features of the benefit plans for eligible employees but does not reflect all of the benefits, exclusions, and limitations of the plans. For all of the plan rules, details, and coverage provisions, the terms of the plans are governed by the Plan Documents and insurance contracts. Should there be any inconsistencies between the Plan Documents and this summary information, the Plan Documents and insurance contracts will prevail. The Company reserves the right to amend or terminate any of the plans, in whole or in part, at any time.