

# 2019 Annual Benefits Enrollment Guide

PORTSMOUTH MISSION ALLIANCE SALARIED RETIREE (PRE-65)

## 2019 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 benefits coverage for the next year. The information you and your family members need to make informed decisions about your 2019 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 (FAQs) related to your 2019 benefits.

### 2019 Annual Benefits Enrollment Dates: November 12 – 20, 2018

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 2019 enrollment period.

## ENROLLMENT ACTION

If you want to keep the same benefits you have now, you are **not** required to take action during the 2019 Annual Benefits Enrollment period. **If you don't take action, you will automatically be re-enrolled in the same benefits you had in 2018, at the new 2019 premium rates.** However, enrollment action is required if you want to change your benefit coverage or coverage levels for 2019. The benefit election choices you make for January 1, 2019, will remain in place for the entire plan year unless you experience a qualifying life event such as a marriage, divorce, birth, or the adoption of a child, etc.

## WHAT'S NEW FOR 2019?

You and your family members will have access to a variety of new programs and services. Please refer to additional information included in your packet about these programs.

- **Health Advocate:** Get free, personalized assistance to help you navigate the healthcare system, from understanding claims to choosing providers and negotiating fees. This service can save you time and money.
- **Teladoc:** If you're enrolled in ETTP Health and Welfare medical benefits, you can access virtual support from board-certified doctors through Teladoc, the telehealth provider in partnership with Aetna. With Teladoc, you'll be able to speak to a doctor by phone or video 24/7, for a diagnosis of minor, short-term issues such as a fever or the flu. You pay only your doctor visit copay (or deductible) for Teladoc consults.
- **AbleTo Condition Management Program:** If you're enrolled in ETTP Health and Welfare medical benefits, take advantage of one-on-one support for depression from a professional therapist and coach via phone or video chat. This program is proven to help people feel better through positive thinking, behavior change, and mindfulness exercises. Sessions are 45 minutes, twice a week at times that work for you. You will also receive tips and tools to help you, with little steps that make a big difference. Any plan copay/coinsurance will apply.

## MEDICAL PLANS

An eligible retiree must be enrolled in ETPP medical coverage in order for an eligible spouse to enroll in Pre- or Post-65 Retiree medical coverage (this does not apply to a surviving spouse).

Your medical plan for the 2019 plan year is the same PPO Plan that you were offered in 2018. **Monthly contributions for this plan will remain the same for 2019.** 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). The 2019 monthly contributions are shown below.

## VISION PLAN

There are no changes to the vision plan design for 2019. **Monthly contributions will increase for 2019.** The 2019 monthly contributions are shown below.

## DENTAL PLAN

There are no changes to the dental plan design for 2019. However, **dental plan monthly contributions will increase for 2019.** The 2019 monthly contributions are shown below.

As a reminder, it is important to check whether your dental providers are in the 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, visit [www.ucor.com/benefitsRMP.html](http://www.ucor.com/benefitsRMP.html).

## LIFE INSURANCE

Life Insurance for 2019 will be offered through Securian. **There are no changes to the life insurance provisions for 2019.** If you have elected the reduced paid-up life benefit, you do not pay a premium. The 2019 monthly contributions are shown below.

## 2019 BENEFIT CONTRIBUTIONS

### Medical

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

### Vision

Retiree Monthly Contributions	
Single	\$3.17
Dual	\$4.60
Family	\$8.23

### Dental

Retiree Monthly Contributions	
Single	\$12.76
Dual	\$26.40
Family	\$40.12

### Basic Life

Retiree Cost Share (if applicable)	\$0.140 (per \$1,000 per month)
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## MEDICAL AND PRESCRIPTION DRUG COMPARISON

2019 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%
2019 Prescription Drug Coverage		
	Retail (30-day supply)	Mail (90-day supply)
<b>Annual Deductible (Single/Family)</b>	\$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 2019 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 2019 Annual Benefits Enrollment period, you will receive a personalized 2019 Benefits Confirmation Statement from SS1. **Please review it carefully to ensure that it accurately reflects your benefit elections for 2019.**

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>
AbleTo Depression Management	AbleTo (Aetna)	(855) 773-2354	
Health Advocacy	Health Advocate	(866) 695-8622	<a href="http://www.HealthAdvocate.com/members">www.HealthAdvocate.com/members</a>
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	<a href="http://www.Teladoc.com/Aetna">www.Teladoc.com/Aetna</a>

### 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.