

2019 Annual Benefits Enrollment Guide

FOUR RIVERS AND WAI USW EMPLOYEES (ACTIVE AND LTD)

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. 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. 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.

- **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

You have two medical plan options for 2019. The 2019 monthly contributions are on page 5.

1. **The PPO Plan:** This is the same medical 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.
2. **The Consumer Directed Health Plan (CDHP):** This is the same medical plan that you were offered in 2018. **Monthly contributions for this plan will not change for 2019.** This plan meets all the qualifications for an affordable medical plan under the Affordable Care Act. A CDHP has a higher deductible than the PPO Plan, but also has lower contribution rates. Like the PPO Plan, there's also a cap on how much you pay in a given year, called the out-of-pocket maximum. If you select the CDHP, you may be eligible to participate in an individual Health Savings Account, or HSA, through your bank. An HSA can be used to pay for eligible medical expenses—with tax-free dollars. This medical plan includes the Aetna Value Plus Drug Formulary. *This formulary is different from the Aetna Premier Plus 4-Tier Drug Formulary, which is available through the PPO Plan. Before electing the CDHP, please go to www.ucor.com/benefitsRMP.html to review prescription drug coverage under the Value Plus Formulary.*

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the CDHP, you may be eligible for an individual Health Savings Account (HSA), which is a savings account for qualified medical expenses. With an HSA, you can deposit, grow, save and pay for qualified expenses today, while saving for future qualified expenses, tax-free. This means account holders get triple tax savings. The HSA can be set up with any qualified trustee or custodian such as a bank, credit union, insurance company, or other financial institution. You can use the money in your HSA to pay for any eligible medical, dental, and vision care expenses you have, including expenses that count toward your annual deductible and coinsurance. For example, doctor visits, hospital care, lab tests, X-rays, and prescription drugs are eligible expenses.

Note: An HSA is available only to employees enrolled in an IRS-qualified high-deductible health plan, like the CDHP. If you are enrolled in the PPO Plan or Medicare, you are not eligible for an HSA. For more detail on HSA requirements, visit www.irs.gov.

VISION PLAN

There are no changes to the vision plan design for 2019. **Monthly contributions will increase for 2019.** The 2019 monthly contributions are on page 5.

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 on page 5.

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. To view your applicable dental plan summaries, visit www.ucor.com/benefitsRMP.html.

DISABILITY INSURANCE

There will be no changes to the Company-paid LTD basic benefit plan for 2019.

LIFE INSURANCE

The Basic and Optional Life Insurance Plans for 2019 will continue to be offered through Securian. There will be no changes to the Life Insurance provisions for 2019, and monthly contributions will not change. **If you make no changes to your Life Insurance coverage during Annual Benefits Enrollment, you will have the same coverage as in 2018.** The 2019 monthly contributions are shown below.

Basic Life

There are no changes to the Basic Life benefit, which is currently 2x your annual earnings. If you have Basic Life Insurance, but choose to drop that coverage for 2019, you will no longer be eligible for the optional employee and dependent life coverages. In addition, if you drop coverage and want to re-enroll at a later time, you will be required to submit Evidence of Insurability (EOI).

Optional Life *(includes Employee, Spouse and Dependent Child Optional Life Plans)*

There will be no changes to monthly contributions for 2019. If you would like to increase your coverage, you will be subject to EOI requirements.

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 or by telephone at **(888) 890-5631**, Monday – Friday from 9:00 a.m. to 6:00 p.m. Eastern Time.

Prior to the 2019 Annual Benefits Enrollment period, you will receive a personalized Benefits Statement with a summary of the 2018 Health and Welfare Benefits for which you are currently enrolled. This summary will be useful in determining what benefits you may need for the coming year and whether you need to take action.

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	www.aetna.com
Vision	Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com
Dental	Cigna	(800) 244-6224	www.mycigna.com
Life	Securian	(888) 658-0193	www.lifebenefits.com
LTD	Unum	(800) 421-0344	www.unum.com/claims
Benefits Enrollment	Mercer Single Source 1™	(888) 890-5631	www.hrbenefitsadvantage.com
AbleTo Depression Management	AbleTo (Aetna)	(855) 773-2354	
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	www.Teladoc.com/Aetna

MEDICAL AND PRESCRIPTION DRUG COMPARISON

2019 Medical Plan Options				
Plan Design Provisions	PPO Plan		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$400/\$800	\$1,000/\$2,000	\$2,700/\$5,400	\$5,000/\$10,000
Plan Pays	80% after deductible	60% after deductible	50% after deductible	50% after deductible
Annual Out-of-Pocket Maximum Single/Family (Includes deductible, coinsurance and copays paid by you)	\$5,100/\$10,200	\$13,200/\$26,400	\$6,550/\$13,100	\$13,100/\$26,200
Physician Office Visits Participant pays per visit	\$30 Primary \$60 Specialist	Deductible + 40%	Deductible + 50%	Deductible + 50%
Inpatient Hospital Participant pays	\$300 copayment + deductible + 20%	\$300 copayment + deductible + 40%	Deductible + 50%	Deductible + 50%
Outpatient Surgery Participant pays	\$300 copayment + deductible + 20%	Deductible + 40%	Deductible + 50%	Deductible + 50%
Emergency Room Participant pays per visit	\$200 copayment + deductible + 20%	\$200 copayment + deductible + 20%	Deductible + 50%	Deductible + 50%
Lab/X-Rays/Diagnostics Participant pays	Deductible + 20%	Deductible + 40%	Deductible + 50%	Deductible + 50%
Urgent Care Facility Participant pays	\$75 copayment + deductible + 20%	Deductible + 40%	Deductible + 50%	Deductible + 50%
2019 Prescription Drug Coverage (In-Network)				
	Retail (30-day supply)	Mail (90-day supply)	Retail (30-day supply)	Mail (90-day supply)
Annual Deductible (Single/Family)	\$100/\$200		Integrated with medical	
Formulary (Please see www.aetna.com for prescription formulary details.)	Premier Plus		Value Plus	
Tier 1 - Generic Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300	30% after deductible	30% after deductible
Tier II – Formulary Brand Name Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300	30% after deductible	30% after deductible
Tier III – Non-Formulary Brand Name Participant pays	30% after deductible, to a max of \$300	30% after deductible, to a max of \$600	45% after deductible	45% after deductible
Tier IV – Specialty Participant pays	30% after deductible, to a max of \$400	Not covered	45% after deductible	Not covered
Annual Out-of-Pocket Maximum Single/Family	\$1,500/\$3,000 (Includes pharmacy deductible and coinsurance for retail and mail order prescriptions)		Integrated with medical	

*Non-emergency care in an Emergency Room covered at 50%.

\$ 2019 BENEFIT CONTRIBUTIONS

Medical

Employee Monthly Contributions		
	PPO Plan	CDHP
Single	\$92.19	\$95.92
Dual	\$195.46	\$201.44
Family	\$285.81	\$287.76

Vision

Employee Monthly Contributions	
Single	\$1.05
Dual	\$1.53
Family	\$2.74

Dental

Employee Monthly Contributions	
Single	\$3.19
Dual	\$6.60
Family	\$10.03

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.

Life

Employee Basic Life (Rate per \$1,000 per month)	
Employee cost share	\$0.140
Optional Employee Life (Rate per \$1,000 per month)	
<30 years old	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.190
50-54	\$0.300
55-59	\$0.505
60-64	\$0.800
65-69	\$1.270
70-74	\$2.060
75-79	\$3.340
80-84	\$5.410
85-89	\$8.760
Optional Dependent Life – Spouse (Rate per \$1,000 per month)	
<30 Years Old	\$0.060
30-34	\$0.080
35-39	\$0.110
40-44	\$0.170
45-49	\$0.270
50-54	\$0.420
55-59	\$0.660
60-64	\$1.070
65+	\$1.720
Optional Dependent Life – Child (Rate per month for \$10,000)	
All ages	\$0.990