

2020 Annual Benefits Enrollment Guide

FLUOR BWXT USW RETIREE (PRE-65)



2020 ANNUAL BENEFITS ENROLLMENT

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your health and welfare benefit 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 2020 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 2020 benefits.



2020 Annual Benefits Enrollment Dates: November 4 – November 13, 2019

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 2020 enrollment period.



ENROLLMENT ACTION

If you want to keep the same benefits you have now and you remain eligible, you are not required to take action during the 2020 Annual Benefits Enrollment period. If you don't take action, you will automatically be re-enrolled in the same medical, dental, vision and life benefits you had in 2019, at the 2020 premium rates.

However, enrollment action is required if you want to change your benefit coverage or coverage levels for 2020. The benefit election choices you make for January 1, 2020, 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.

MAKING CHANGES DURING THE YEAR

Typically, the elections you make during Annual Enrollment will stay in effect until December 31, 2020. However, in certain circumstances, you may be able to make changes to your benefits during the year. If you experience a qualified life event, such as a marriage, divorce, or birth or adoption of a child, you can make benefit changes directly related to that life event. You must initiate your qualified life event change within 31 days of the qualifying event by calling Mercer Single Source 1™ (SS1) at **(888) 890-5631**.

WHAT'S NEW FOR 2020?

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). Medical plan costs have continued to increase and, as a result, **the monthly premiums for the PPO Plan will also increase for 2020**. Your medical plan for the 2020 plan year is the same PPO Plan that you were offered 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. The 2020 monthly premiums are on page 4.

VISION PLAN

Beginning in 2020, there will be no copay for standard progressive lenses; other vision benefits will remain unchanged. **Monthly premiums will increase for 2020**. For your 2020 coverage, no enrollment action is needed if you want to keep the same vision benefits you have now. The 2020 monthly premiums are on page 4. Please visit www.ucor.com/benefitsRMP.html for additional benefits information.

DENTAL PLAN

There are no changes to the dental plan design for 2020. However, **dental plan monthly premiums will increase for 2020**. For your 2020 coverage, no enrollment action is needed if you want to keep the same dental benefits you have now. The 2020 monthly premiums are on page 4.

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.

LIFE INSURANCE

Life insurance for 2020 will continue to be offered through Securian. **There are no changes to the life insurance provisions for 2020**. If you have elected the reduced paid-up life benefit, you do not pay a premium. The 2020 monthly premiums are shown on page 4.



Don't forget that you have access to the following resources to help save money on your healthcare expenses.

Health Advocate: Get free, personalized assistance to help you navigate the health care system, from understanding claims to choosing providers and negotiating fees. See page 5 for information sources.

Teladoc: If you're enrolled in ETPP 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. Teladoc provides adult and pediatric general medical care, and the physicians can prescribe short-term medication for a wide range of conditions when medically appropriate. You pay only your doctor visit copay (or deductible) for Teladoc consults. See page 5 for Teladoc information sources.

MEDICAL AND PRESCRIPTION DRUG COMPARISON

2020 Medical Plan Option		
Plan Design Provisions	PPO Plan	
	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$400/\$800	\$1,000/\$2,000
Plan Pays	80% after deductible	60% 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
Physician Office Visits Participant pays per visit	\$30 Primary \$60 Specialist	Deductible + 40%
Inpatient Hospital Participant pays	\$300 copayment + deductible + 20%	\$300 copayment + deductible + 40%
Outpatient Surgery Participant pays	\$300 copayment + deductible + 20%	Deductible + 40%
Emergency Room Participant pays per visit	\$200 copayment + deductible + 20%	\$200 copayment + deductible + 20%
Lab/X-Rays/Diagnostics Participant pays	Deductible + 20%	Deductible + 40%
Urgent Care Facility Participant pays	\$75 copayment + deductible + 20%	Deductible + 40%
2020 Prescription Drug Coverage		
	Retail (30-day supply)	Mail (90-day supply)
	\$100/\$200	
Annual Deductible (Single/Family)	\$100/\$200	
Formulary (Please see www.aetna.com for prescription formulary details.)	Premier Plus	
Tier 1 - Generic Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300
Tier II – Formulary Brand Name Participant pays	30% after deductible, to a max of \$150	30% after deductible, to a max of \$300
Tier III – Non-Formulary Brand Name Participant pays	30% after deductible, to a max of \$300	30% after deductible, to a max of \$600
Tier IV – Specialty Participant pays	30% after deductible, to a max of \$400	Not covered
Annual Out-of-Pocket Maximum Single/Family	\$1,500/\$3,000 (Includes pharmacy deductible and coinsurance for retail and mail order prescriptions)	



IMPORTANT SPOUSE ELIGIBILITY INFORMATION

The pre-age 65 spouse of an eligible pre-age 65 or post-age 65 retiree is not eligible to receive benefits under the ETTP Retiree Medical Benefit Plan (Retiree Plan) or the ETTP Health and Welfare Benefit Plan (HW Plan) in the form of group health insurance (medical, dental, vision) unless the eligible retiree is enrolled in and receiving applicable benefits under the plans.

The post-age 65 spouse of a pre-age 65 retiree is not eligible to continue coverage as a dependent in group insurance coverage unless **the pre-age 65 retiree is eligible for, enrolled in, and receiving group coverage under the Retiree Plan.**

NOTE: If the post-age 65 spouse is Medicare eligible, the medical carrier may calculate benefits to include the estimated Medicare payment and pay any claim as if Medicare A and B had paid the primary coverage.

The spouse of an eligible pre- or post-age 65 retiree is not eligible to receive benefits under the ETTP Retiree Medical Benefit Plan (Retiree Plan) in the form of a post-65 Retiree Reimbursement Account (RRA) unless:

- the retiree is eligible for, enrolled in, and receiving medical benefits under the Retiree Plan,
- the spouse is age 65 or older,
- the spouse is enrolled in Medicare Parts A and B,
- the spouse is enrolled in the ETTP Retiree Healthcare Exchange Program



2020 BENEFIT PREMIUMS

MEDICAL

PPO Plan Retiree Monthly Premiums	
Single	\$344.94
Dual	\$731.28
Family	\$1,069.32

VISION

Retiree Monthly Premiums	
Single	\$3.36
Dual	\$4.87
Family	\$8.73

DENTAL

Retiree Monthly Premiums	
Single	\$13.11
Family	\$39.29

LIFE

Retiree Basic Life (Rate per \$1,000 per month)	
Retiree cost share (if applicable)	\$0.140

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.

INFORMATION SOURCES

The 2020 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 2020 Annual Benefits Enrollment period, you will receive a personalized Benefits Statement with a summary of the 2019 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 2020 Annual Benefits Enrollment period, you will receive a personalized 2020 Benefits Confirmation Statement from SS1. **Please review it carefully to ensure that it accurately reflects your benefit elections for 2020.** Evidence of Insurability (EOI) forms may be required for new or additional life coverage, and such coverage will not be effective until your application is approved by the insurance carrier.

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 summary information, the Plan Documents and insurance contracts will prevail.

Benefit	Resource	Phone	Website
Benefits Enrollment	Mercer Single Source 1™	(888) 890-5631	www.hrbenefitsadvantage.com
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
AbleTo Depression Management	AbleTo (Aetna)	(855) 773-2354	
Health Advocacy	Health Advocate	(866) 695-8622	www.HealthAdvocate.com/members
Telehealth	Teladoc (Aetna)	(855) Teladoc (835-2362)	www.Teladoc.com/Aetna

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