

# 2020 Annual Benefits Enrollment Guide

FOUR RIVERS SALARIED AND USW RETIREE (PRE-65)



## 2020 ANNUAL BENEFITS ENROLLMENT

Each year during our Annual Benefits Enrollment period, you have the opportunity to review your applicable 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](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 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](http://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 are an eligible salaried, grandfathered bargaining unit or non-grandfathered bargaining unit employee (retired prior to 1/1/2020) and want to keep the same benefits you have now, 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 applicable retiree medical, dental, vision and life benefits you had in 2019, at the 2020 premium rates.

If you are an eligible non-grandfathered bargaining unit employee retiring on or after January 1, 2020, you may keep the same life benefit you had in 2019, at the 2020 premium rates. For other applicable retiree benefits, please contact your employer's Human Resources/Benefits Administration Department.

### **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**.



## MEDICAL PLAN

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**. For applicable eligible retirees, 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](http://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](http://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](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 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:** As a Pre-65 Retiree, if you're enrolled in ETPP retiree 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
<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%
2020 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)	

# 2020 BENEFIT PREMIUMS

## MEDICAL

PPO Plan Pre-age 65 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
Dual	\$27.12
Family	\$41.23

## LIFE

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



## 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

### 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](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.

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	<a href="http://www.hrbenefitsadvantage.com">www.hrbenefitsadvantage.com</a>
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>
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>

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