

2020 Annual Benefits Enrollment Guide

PORTSMOUTH MISSION ALLIANCE USW EMPLOYEES (ACTIVE AND LTD)

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, 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

Medical plan costs have continued to increase and, as a result, **the monthly premiums for the ETPP medical plans will increase for 2020**. You have two medical plan options for 2020.

1. **The PPO Plan:** This is the same medical 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.
2. **The Consumer Directed Health Plan (CDHP):** This is the same medical plan that you were offered for 2019. **However, there is an increase to the individual and family deductibles for 2020.** 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 premium 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.*

The 2020 monthly premiums are on page 5.



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

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 6 for Teladoc information sources.

MEDICAL AND PRESCRIPTION DRUG COMPARISON

| 2020 Medical Plan Options | | | | |
|--|---|-------------------------|---------------------------|-------------------------|
| Plan Design Provisions | PPO Plan | | CDHP | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible (Single/Family) | \$0/\$0 | \$100/\$200 | \$2,800/\$5,600 | \$5,000/\$10,000 |
| Plan Pays | 100% | 90% after deductible | 50% after deductible | 50% after deductible |
| Annual Out-of-Pocket Maximum Single/Family (Includes deductible, coinsurance and copays paid by you) | \$600/\$1,200 | \$600/\$1,200 | \$6,550/\$13,100 | \$13,100/\$26,200 |
| Physician Office Visits Participant pays per visit | 0% | Deductible + 10% | Deductible + 50% | Deductible + 50% |
| Inpatient Hospital Participant pays | 0% | Deductible + 10% | Deductible + 50% | Deductible + 50% |
| Outpatient Surgery Participant pays | 0% | Deductible + 10% | Deductible + 50% | Deductible + 50% |
| Emergency Room Participant pays per visit | 0%* | 0%* | Deductible + 50% | Deductible + 50% |
| Lab/X-Rays/Diagnostics Participant pays | 0% | Deductible + 10% | Deductible + 50% | Deductible + 50% |
| Urgent Care Facility Participant pays | 0% | Deductible + 10% | Deductible + 50% | Deductible + 50% |
| 2020 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 | 10% after deductible | \$5 | 30% after deductible | 30% after deductible |
| Tier II – Formulary Brand Name Participant pays | 10% after deductible | \$15 | 30% after deductible | 30% after deductible |
| Tier III – Non-Formulary Brand Name Participant pays | 10% after deductible | \$15 | 45% after deductible | 45% after deductible |
| Tier IV – Specialty Participant pays | 10% after deductible | Not covered | 45% after deductible | Not covered |
| Annual Out-of-Pocket Maximum Single/Family | \$600/\$1,200 (Applies to the out-of-network medical annual out-of-pocket maximum) | | Integrated with medical | |

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



SAVINGS AND SPENDING ACCOUNTS

Health Savings Account (HSA)

If you enroll in the high-deductible medical plan (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 details on HSA requirements, visit www.irs.gov.



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 5. 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 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.



LIFE INSURANCE

The Basic and Optional Life Insurance Plans for 2020 will continue to be offered through Securian. There will be no changes to the Life Insurance provisions for 2020, **and monthly premiums will not change.** For your 2020 coverage, no enrollment action is needed if you want to keep the same life insurance coverage you have now. The 2020 monthly premiums are on page 5.

Basic Life

There are no changes to the Basic Life benefit, which is currently 2x your annual earnings. **Basic Life premiums will not change in 2020.** If you have Basic Life Insurance, but choose to drop that coverage for 2020, 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

There will be no changes to monthly premiums for 2020. If you would like to increase your coverage, you will be subject to EOI requirements.

2020 BENEFIT PREMIUMS

MEDICAL

| Employee Monthly Premiums | | |
|---------------------------|----------|----------|
| | PPO Plan | CDHP |
| Single | \$325.11 | \$97.80 |
| Dual | \$640.90 | \$205.48 |
| Family | \$902.10 | \$293.52 |

VISION

| Employee Monthly Premiums | |
|---------------------------|--------|
| Single | \$1.79 |
| Dual | \$2.60 |
| Family | \$4.65 |

DENTAL

| Employee Monthly Premiums | |
|---------------------------|--------|
| Single | \$0.98 |
| Family | \$2.94 |

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 |

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.

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| 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 | |
| Telehealth | Teladoc (Aetna) | (855) Teladoc (835-2362) | www.Teladoc.com/Aetna |

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