

2024



Open Enrollment | Oct. 2-20, 2023

Benefits Guide for Retirees





2800 U.S. HWY. 281 North
P.O. Box 2449
San Antonio, TX 78298-2449

October 2023

Dear SAWS Pre-65 Retiree/Medicare Advantage Plan Participant:

This Open Enrollment Benefits Guide is designed to provide you with important information regarding the annual Open Enrollment process and available medical plans for the 2024 plan year. The Open Enrollment period for 2024 benefits will be **October 2 - October 20, 2023**. Enrollment will once again be **passive**, meaning Pre-65 retirees and Medicare retirees who do not wish to make any benefit election changes for 2024 do not have to re-enroll; your current plan elections will roll over into the new plan year.

If you are a **Medicare retiree**, Aetna will continue to be your Medicare Advantage Plan provider. In 2024, your Medicare Advantage Plan will have **no premiums (\$0 premium)** with the continued dental benefits. As a reminder, there is only one Medicare Advantage Plan option, the Aetna Medicare Advantage ESA PPO Plan. If you have a spouse or dependent who is on a Pre-65 Retiree plan, you do not need to submit an enrollment form for them if you do not wish to make any changes.

For **Pre-65 retirees**, we will continue to offer the PPO Economy and the EPO Plus self-funded medical plans with OptumRx as our Pharmacy Benefit Manager. SAWS will continue its cost share where retirees pay one-third of the cost of health care and SAWS pays two-thirds of that cost. SAWS works diligently to keep increasing health care costs to a minimum. In 2024, premiums will increase for both plans.

The Spouse Premium Surcharge of \$150 per month will continue for Pre-65 retirees who elect medical coverage for their spouse who has access to medical coverage through their employer. This surcharge is in addition to the regular Pre-65 medical premium. If your spouse is not working or does not have access to medical coverage through his/her employer, you can submit a waiver for the surcharge. A Spouse Premium Surcharge Waiver form has been included in your enrollment guide and is due to the HR Benefits office by **October 20, 2023**. If you currently have a waiver on file, you do **not** have to complete an additional waiver for 2024 if there is no change in status.

If you want to make changes to your coverage, complete an enrollment form or Spouse Premium Surcharge Waiver form (if applicable), and drop off your form(s) at SAWS Headquarters Tower II in the Benefits Drop Box located in the front entrance or email them to benefitsinquiries@saws.org.

Remember, if you or your dependents have coverage through another medical plan, you are eligible to opt out of the SAWS plan and may rejoin at a later time as long as you submit proof of continuous coverage from another major medical plan. If you wish to discuss this option, or have any other questions, please contact the Human Resources Benefits Office at 210-233-2025.

Sincerely,

Your SAWS Benefits Team
San Antonio Water System



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 26-27 for more details.

Open Enrollment Schedule

This year, Open Enrollment meetings will be held in-person at SAWS Headquarters. If you would like to attend a meeting, the dates, times, and locations for in-person meetings can be found below. Please contact the SAWS Benefits Team at benefitsinquiries@saws.org or 210-233-2025 to reserve your seat.

Date	Time	Session	Location
Tuesday Oct. 10	10 a.m.	Pre-65 Retiree Medical Plan	SAWS HQ Tower II - CR 154
	2 p.m.	Pre-65 Retiree Medical Plan	SAWS HQ Tower II - CR 154
Wednesday Oct. 11	10 a.m.	Medicare Advantage Plan	SAWS HQ Tower II - CR 154
	2 p.m.	Medicare Advantage Plan	SAWS HQ Tower II - CR 154

Visit saws.org/retirees for Open Enrollment information or scan the QR code to view Open Enrollment information on your mobile device.



The Open Enrollment Deadline is Oct. 20, 2023.

2024 Highlights



UnitedHealthcare (UHC) will continue as our health care provider for Pre-65 Retirees and Aetna will continue as our Medicare Advantage Provider.



Upcoming Changes

Pre-65 Retirees

- > Medical premiums will increase.
- > PPO Economy copays will be reduced.
 - Primary Care Physician (PCP) Tier 1 provider copays will be reduced from \$40 to \$30 and Non-Tier 1 provider copays will be reduced from \$50 to \$45.
 - Specialist Visit Tier 1 provider copays will be reduced from \$60 to \$50 and Non-Tier 1 provider copays will be reduced from \$70 to \$65.
- > Urgent Care copays were reduced from \$75 to \$50 on 9/1/2023 and will remain the same.
- > No Medical Plan changes for the EPO Plus Plan.

Post-65 Retirees

- > The Aetna Medicare Advantage Plan will continue to have \$0 premiums and deductibles for 2024.
- > Deductibles, copays for office visits and emergency room visits, and out-of-pocket maximums will remain the same.
- > Aetna MAP dental benefits will continue at no additional cost.
- > Medicare Advantage Plan enrollment is individual. If your covered spouse/dependent is not Medicare eligible, they must enroll in one of the Pre-65 plans.
- > Turning 65 in 2024? If you or your dependent will turn 65 in 2024, you will be required to enroll in the Medicare Advantage Plan.

Welcome

This guide is designed to provide you with information regarding the medical coverage available for eligible retirees in 2024.

If you need further information regarding your plans, please contact the Human Resources Benefits Office at 210-233-2025 or attend one of the scheduled in-person Open Enrollment meetings listed inside this guide.

SAWS 2024 Open Enrollment is Oct. 2-20, 2023.

Your SAWS Benefits Team



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2024 Enrollment

Opting Out of Coverage

Do you have other coverage? SAWS allows you and/or your spouse/children an opt-out opportunity if you have coverage through another health plan. If that coverage ends and you would like to re-enroll in a SAWS plan, you will need to do the following:

1. Provide proof of continuous coverage in another health plan or plans for the entire period for which you and/or your eligible dependents were not covered under the SAWS plan.
2. Request health coverage under the plan within 31 days of the other coverage ending to re-enroll in the SAWS plans and provide proof that coverage has or will be ending. Returning children must continue to meet the age eligibility requirements (currently under age 26).

Retiree Dependent Coverage

An eligible retiree who elects coverage under the plan may also elect to cover any dependents (including a spouse) who were covered under the plan at the time of the employee's retirement (referred to as eligible dependents).

You may enroll eligible dependents at the time of your initial election for retiree coverage or upon subsequent election for retiree coverage following a period of deferral. Once enrolled in the plan, an eligible dependent's coverage will terminate upon the earliest of the following events:

- Ceasing to meet the applicable definition of dependent in the plan document;
- Termination of eligible retiree's coverage under the plan for any reason other than death; and
- Decision by you to terminate the eligible dependent's coverage.

Surviving Dependent Coverage

Upon the death of a retiree, a spouse who is covered by the plan may continue to participate for the remainder of his or her lifetime with no SAWS subsidy towards the premium. This means that the spouse will pay the full cost for coverage.

Likewise, dependent children may continue to participate as long as they meet the applicable definition of dependent in the plan document with no SAWS subsidy towards the premium.

Enrollment Options

Retiree Benefit Options

If you or your eligible dependents are not eligible for Medicare Parts A and B, you have the following health benefit options under SAWS' self-funded Pre-65 medical plans:

- PPO Economy (Base Plan)
- EPO Plus (Buy Up Plan)

If you or your eligible dependents are eligible for Medicare Parts A and B, you have the following health benefit option:

- Medicare Advantage Plan

Medical Coverage Options

SAWS Self-Funded Medical Plans

As a Pre-65 eligible retiree, you have the option of participating in the same medical plans as our employees. SAWS self-funds both the PPO Economy and EPO Plus Medical plans, which means the cost of health services are paid by both you and SAWS, not an insurance company. Becoming a wise consumer of health care can lower claim costs, which in turn can keep future premium increases to a minimum.

Medicare Advantage

Once you and/or your dependent qualify for Medicare (usually at age 65) you will be required to move to a Medicare Advantage Plan offered through SAWS. This plan is fully-insured, meaning SAWS pays a set premium regardless of actual expenditures in the year. This plan has significantly lower premiums than the Pre-65 retiree plans. Remember, you can begin the process of applying for Medicare three months before your 65th birthday. Be sure to contact the SAWS Benefits Office when you become eligible.

Opt-Out Deferral

Remember, SAWS allows you to leave and re-enter the SAWS plan as your coverage needs change. This allows you to take advantage of other health coverage you, your spouse or your dependents may have available at lower costs. You will need to provide proof of continuous coverage in major group health coverage to re-enter the SAWS plan.

MAP Retirees

SAWS provides Medicare-eligible retirees coverage through a Medicare Advantage Plan (MAP). During annual Open Enrollment you have the option of opting out of the plan. However, no action is required from you if you would like to remain on the SAWS Medicare Advantage Plan. This year, premiums will continue to be \$0 for the Medicare Advantage Plan with no deductible.



Are You Turning 65?

If you are turning 65 this year or next year, you will need to enroll in Medicare Parts A and B to continue retiree medical coverage through SAWS. Please complete the following steps to ensure there is no break in coverage:

1. Enroll in Medicare Parts A and B. You and/or your covered spouse must enroll in Medicare Parts A and B at age 65 as a requirement of medical coverage through the SAWS benefit programs. Three months before you turn age 65, contact your local Social Security Administration office to enroll in Medicare Parts A and B, or you can apply online at ssa.gov. You must pay the full cost of the monthly premium for Medicare Part B.
2. Notify the SAWS Benefits Office within 90 days of your 65th birthday. At least 90 days prior to reaching 65, you and/or your covered spouse must report the change in age to the Benefits Office and complete a Retiree Benefits Enrollment form to switch to MAP. A copy of your Medicare card will need to accompany your enrollment form.

Eligibility Requirements

If you and/or your covered spouse/dependent(s) are eligible for Medicare due to age or disability, you must enroll in Medicare Parts A and B prior to enrolling in the Medicare Advantage Plan to continue coverage through SAWS.

Medicare eligible retirees and spouses are not eligible to continue on the SAWS Pre-65 plans: PPO Economy and EPO Plus.

MAP Premiums

2024 Monthly MAP Premiums

Medicare ESA PPO Plan	
Tier	Retiree Pays
Retiree Only	\$0
Spouse	\$0
Dependent	\$0
Retiree <2002	\$0
Spouse <2002	\$0
Dependent <2002	\$0

In 2024, SAWS MAP Premiums will continue to be \$0. Although we have secured \$0 premiums with Aetna until 2025, if premiums increase in future years, SAWS will coordinate with Principal Financial Group to have your monthly premiums automatically deducted and adjusted from your monthly SAWS Retirement Plan annuity payment.

If you do not have sufficient funds, please contact the Benefits Office at 210-233-2025 for the appropriate bank draft form.

MAP Benefits Information

- You must keep Medicare Parts A and B and continue to pay your Medicare Part B premium.
- If you receive a new Medicare card, please provide a copy to the HR Benefits team. You will not receive a new Medicare card each year. You will continue to use only your Aetna card for medical, dental, and prescription services.
- You can only be in one Medicare Advantage Plan at a time, including Medicare supplemental plans. Enrolling in another plan will automatically disenroll you from the SAWS Medicare Advantage Plan.
- If SAWS is notified by Aetna that you have been enrolled in another plan, we will make an effort to contact you via phone, email, or mail to confirm this change. If we are not able to reach you or receive a response within 30 days of your new plan's effective date, your coverage with SAWS will end.

MAP (Aetna)

In 2024, Aetna will continue to provide our Medicare Advantage Plan for retirees who have Medicare Parts A & B. Specialist Visits will continue to not require a referral. Our Pharmacy Benefit Manager (PBM) will also be with Aetna. This plan includes no deductible, and dental coverage.

Benefit Coverage	Medicare ESA PPO Plan
Annual deductible	\$0
Annual out-of-pocket maximum	\$2,550
Primary Care Provider (PCP) office visit	\$20
Specialist Office Visit	\$40
Urgent Care	\$40
Emergency Room	\$65
Inpatient Hospitalization	20% coinsurance
Outpatient Surgery	20% coinsurance
Medicare-covered podiatry	\$40
Medicare-covered chiropractic care	\$20
Medicare-covered vision services	\$40
Medicare-covered hearing services	\$40

Preventive Services

Benefit Coverage	Medicare ESA PPO Plan
Annual physical	\$0
Annual wellness visit	\$0
Immunizations	\$0
Breast cancer screenings	\$0
Colon cancer screenings	\$0

MAP (Aetna)

Pharmacy

4 Tier Plan	30-Day Supply through Retail		90-Day Supply through Retail or Mail	
	Preferred	Standard	Preferred Retail or Mail	Standard Retail or Mail
Tier 1 Generic	\$9	\$10	\$25	\$30
Tier 2 Preferred Brand	25%, but not more than \$45	25%, but not more than \$45	\$62.50	\$62.50
Tier 3 Non-Preferred	45%, but not more than \$75	45%, but not more than \$75	\$100	\$100
Tier 4 Specialty	\$60	\$60	Limited to one-month supply	Limited to one-month supply

Dental Services

Dental - Standard ESA	This is what you pay for network & out-of-network providers
Annual Benefit Maximum	\$750 each year
Preventive dental services	\$0 dental deductible 0% coinsurance for each dental service
Comprehensive dental services	\$25 dental deductible 50% coinsurance for each dental service
Medicare Covered Dental Non-routine care covered by Medicare	\$40

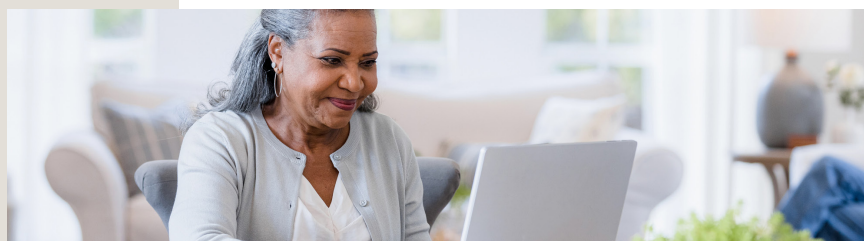
Aetna Medicare Programs



AetnaRetireePlans.com Website

The [AetnaRetireePlans.com](https://www.aetna.com/retireeplans) website offers tools and information that will help you get the most out of your plan benefits. You may register at this website to learn more about the following features:

- View and print your Aetna member ID card
- Find providers and review claims
- Get discounts on products and services



Telehealth

Meet virtually with a Primary Care Physician (PCP) or an urgent care center provider by phone, video or mobile app. Be sure to check with your PCP or urgent care center to see if they offer telehealth services.



Aetna Health App

With the Aetna Health app, you can:

- Access your Aetna ID card whenever you need it
- Review claim details and track spending
- Find providers, hospitals and facilities near you

As soon as your plan starts, download the Aetna Health app to keep up with your health and keep track of your benefits.



Teladoc®

Teladoc is another virtual care option that gives you access to a national network of U.S. board-certified doctors by phone, video or mobile app. Whether you choose telehealth or Teladoc, you're covered for many non-emergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.



Aetna Medicare Programs

Healthy Home Visits

A licensed health care professional can come to your home to review your health needs and do a home safety assessment. During the visit, they may also review your medications, complete some health screening tests and recommend services that can support your health needs. If you feel more comfortable with a virtual visit, a phone or video option may also be available.

Resources For Living® Program

Resources For Living helps you find community support to tackle life's everyday hurdles. It's designed to help you find a wide range of services near you — from personal care, housekeeping and maintenance to caregiver relief, pet care services, and local clubs and social programs.

24/7 Nurse Hotline

Speak with a registered nurse anytime, night or day, on any health-related topic. You can talk to our registered nurses, day or night. They can help you decide if you need a doctor or urgent care center visit, understand your symptoms and learn about treatments.* Just call 1-855-493-7019. Of course, in an emergency, dial 911 or go to the closest emergency room.

* While only your doctor can diagnose, prescribe or give medical advice, our nurses can provide information on more than 5,000 topics. Contact your doctor first with any questions regarding your health care needs. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional.

SilverSneakers

Membership at thousands of participating SilverSneakers gym locations nationwide, at no extra cost. Or a Home fitness kit, if you can't make it to a local gym or exercise class. On-demand fitness classes from the comfort of your own home, or while traveling.

Pre-65 Health Plan Options

Plan Benefit	PPO Economy		EPO Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,500 Individual	\$2,500 Individual	\$1,000 Individual	Not Covered
	\$4,500 Family	\$7,500 Family	\$3,000 Family	Not Covered
Coinsurance	20% after deductible	40% after deductible	20% after deductible	Not Covered
Out-of-Pocket	\$4,500 Individual	\$7,500 Individual	\$4,500 Individual	Not Covered
	\$11,250 Family	\$18,750 Family	\$9,000 Family	Not Covered

SAWS will continue to offer the choice of two self-funded medical plans in 2024. Self-funded plans use retiree premiums and SAWS contributions to pay for the increasing cost of health care.

UnitedHealthcare will continue as our third party administrator with OptumRx, UnitedHealthcare’s pharmacy, as our Pharmacy Benefit Manager.

Staying In-Network

When it comes to lowering costs, choosing a UnitedHealthcare network provider can help you save on your health care expenses. A network is a group of doctors, hospitals, providers and facilities that have a contract with UnitedHealthcare. As part of their contract they have agreed to follow UnitedHealthcare’s guidelines and provide health care services at lower prices. All of these savings help keep premium increases to a minimum.

Out-of-Network providers do not have a contract with UnitedHealthcare and can bill you above the reasonable and customary rates. The PPO Economy plan may cover only a fraction of the cost while the EPO Plus plan does not cover any out-of-network costs.



Pre-65 Health Plan Copays

Plan Benefit	PPO Economy		EPO Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
PCP Office Visit				
Tier 1 Premium Provider	\$30	40% after deductible	\$25	Not Covered
Non-Tier 1	\$45		\$40	
Specialist				
Tier 1 Premium Provider	\$50	40% after deductible	\$40	Not Covered
Non-Tier 1	\$65		\$60	
Preventive Care	\$0		\$0	
Virtual Visits	\$30	N/A	\$15	N/A
Urgent Care	\$50	40% after deductible	\$50	Not Covered
Emergency Room	\$300 per visit plus deductible and coinsurance		\$300 per visit plus deductible and coinsurance Emergency ONLY	
Hospital Inpatient	20% after deductible	40% after deductible	20% after deductible	100% (Not Covered)

Reduced Copays

For the PPO Economy Plan, Primary Care Physician (PCP) Tier 1 provider copays will be reduced from \$40 to \$30 and Non-Tier 1 provider copays will be reduced from \$50 to \$45. Specialist Visit Tier 1 provider copays will be reduced from \$60 to \$50 and Non-Tier 1 provider copays will be reduced from \$70 to \$65.

Remember, office visits are not subject to your deductible. This means you can visit your primary care doctor or specialist and you will only pay the office visit copay, without having to pay your full deductible first. Your copayments will not apply to your annual deductible.

Pre-65 Premiums

2024 Monthly Medical Premiums

Years of Service	30+ and Pre 9-1-2002	25-29	20-24	15-19	5-14	No Subsidy
PPO Economy						
Retiree Only	\$213	\$266	\$319	\$426	\$479	\$1,064
Retiree + Spouse	\$681	\$793	\$905	\$1,129	\$1,240	\$2,235
Retiree + Child(ren)	\$596	\$692	\$787	\$979	\$1,075	\$1,915
Retiree + Family	\$1,064	\$1,219	\$1,373	\$1,682	\$1,836	\$3,298
EPO Plus						
Retiree Only	\$387	\$451	\$516	\$645	\$709	\$1,289
Retiree + Spouse	\$1,099	\$1,234	\$1,370	\$1,641	\$1,776	\$2,712
Retiree + Child(ren)	\$956	\$1,072	\$1,189	\$1,421	\$1,537	\$2,324
Retiree + Family	\$1,668	\$1,855	\$2,043	\$2,417	\$2,604	\$4,000

SAWS will continue to coordinate with Principal Financial Group to have your monthly premiums automatically deducted and adjusted from your monthly SAWS Retirement Plan annuity payment.

If you do not receive a monthly benefit from Principal or if your premium is more than your annuity, you will need to set up a monthly bank draft for payment of your premium. Contact the Benefits Office at 210-233-2025 for the appropriate bank draft form.

Spouse Premium Surcharge

There is a \$150 monthly Spouse Premium Surcharge above and beyond the regular medical premium when you choose to cover your spouse who is working and has access to medical coverage through their own employer and is on a Pre-65 non-Medicare plan.

If your spouse is not working or does not have access to medical coverage through his/her employer, you may file for a waiver to the surcharge. Contact the HR Benefits Office at 210-233-2025 for a waiver form. If you currently have a waiver on file, you do not have to complete an additional waiver for 2024 if there is no change in status. Waivers are due by October 20, 2023.

Pre-65 Pharmacy Benefits

OptumRx, a UnitedHealthcare company, will continue to be our Pharmacy Benefit Manager. Prescriptions that are a 90-day supply will need to be filled by OptumRx Home Delivery or you can have your physician send a script to Walgreens. If you need assistance, please contact our UHC Service Account Manager, Jorge Torres, at uhcrep@saws.org.



2024 Pharmacy Plan Copays

Pharmacy Benefit	Retail	Home Delivery/ Walgreens
	(30 Day Supply)	(90 Day Supply)
Diabetic Medication	\$0	\$0
Other Generic	\$10	\$25
Preferred Brand	30% , \$25 Min/\$50 Max	\$62.50
Non-Preferred Brand	45% , \$40 Min/\$75 Max	\$100
Specialty (Generic & Brand)	N/A	\$80 (30 Day Supply)

* Specialty drugs must be ordered through Optum Specialty Pharmacy (30 day supply only available through home delivery) at 1-855-427-4682.

Prescription Drug Formulary Changes

Prescription drug formularies can change occasionally throughout the year. These changes typically occur when a new drug becomes available or new guidelines are released. In 2024, there will be no changes to copays, however, please check the OptumRx formulary to find your prescription’s most current copay. The table above outlines your prescription copays. You can use the myuhc.com website or UHC app to search for a medication and see if it is covered.

Pre-65 Pharmacy Benefits

OptumRx Home Delivery

OptumRx makes it easy for you to get your long-term medications and save money. A long-term medication is one that is taken to treat an ongoing condition such as high blood pressure, high cholesterol, or diabetes. Remember, your diabetic medications are free as long as they are listed in the prescription drug formulary. Long-term medications, or maintenance medications, are required to be filled as a 90-day supply, otherwise you will be subject to a 50% copay after the first two 30-day refills. With Home Delivery, you can receive up to a 90-day supply of long-term medication delivered directly to you for only one home delivery copayment. To enroll in the OptumRx Home Delivery Program, visit myuhc.com, sign in, then choose which of your current maintenance medications you'd like to receive through Home Delivery. Or you can call OptumRx at the toll-free number on your ID card or dial 1-888-651-7277.

Preferred90 Walgreens Exclusive

The Preferred90 program allows you to get 3-month supplies of your medications at Walgreens instead of through mail order. With the Preferred90 program, you save on maintenance medications by taking fewer trips to the pharmacy and paying fewer copays. Look up medications that qualify on myuhc.com or the UnitedHealthcare app. Call your nearest Walgreens and ask for instructions on how to transfer your prescription from your current pharmacy or how to get a new prescription from your doctor.

Optum Specialty Pharmacy

Optum Specialty Pharmacy will fill your specialty medications via mail order for a 30-day supply. A specialty medication is one that may be injected, infused, taken by mouth, or inhaled. Optum Specialty Pharmacy will fill your specialty medications via mail order for a 30-day supply as well as offer support and guidance for your specialty medication needs. OptumRx pharmacists and patient coordinators are available 24/7 to help you transfer your prescription, find affordable ways to get your medication, and explain how to use the Optum Specialty Pharmacy. Optum Specialty Pharmacy also provides individualized care plans, self-administration training, and free delivery of all medications and supplies. To switch your medications to Optum Specialty Pharmacy, call 1-855-427-4682.

OptumPerks

OptumPerks is a free prescription discount service that gives you access to savings on prescriptions for the whole family, including your pets! Compare prices for you or your pet's medication at major retailers and your local pharmacies. Prescriptions include those that treat chronic conditions such as diabetes, anxiety, arthritis, or heart disease. If you would like more information and would like to receive a free pharmacy discount card, go to <https://perks.optum.com/>. No memberships. No fees. Just Rx savings!

UHC Consumer Tools

UHC Pre-Member Website

The UnitedHealthcare Pre-member website is a great Open Enrollment resource to learn about your UnitedHealthcare plans and services. It is simple to use and available to you 24/7, before and during open enrollment. Search for network providers and learn about our online tools and resources. Quickly find information that is most important to you and at your own pace. Visit the UnitedHealthcare Pre-Member Website at <https://www.whyuhc.com/saws>.

UnitedHealthcare App

The UnitedHealthcare app is a free smartphone app that provides instant access to all of the information you need to manage health care for your family – anytime and anywhere. The more you know about your health care, the better you can manage your health and money. You can also view and share health plan ID cards via email, receive real-time status on account balances, view and manage claims, get health care cost estimates for specific treatments and procedures, find nearby providers, and much more.

Claims Manager

Understand and track your health care costs and payments and better manage your expenses with Claims Manager on myuhc.com. You can easily search for claims, track claims, view what was billed, what your health plan paid, what you owe and why. You can also note claims you want to watch or follow up on and add personalized notes. You can pay health care providers online through myuhc.com for any claim that has a “You May Owe” amount using the “Pay Now” feature. (To view “Claims Manager”, login to myuhc.com and select “Claims & Accounts” or log into the UnitedHealthcare App and select “Claims”).



UHC Consumer Tools

Healthcare Cost Estimator

Using your benefit information, the Healthcare Cost Estimator shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum. This means that you'll get an estimate of what you'll be responsible for paying out of your pocket, providing you with useful information for planning and budgeting. Just search for the condition (e.g., back pain) or treatment (e.g., physical therapy) you would like an estimate for, and the cost estimator will show you doctors and locations that offer those services in your area. You'll also be able to learn about your care options, compare estimated costs and see quality and cost efficiency ratings. Most importantly, you'll be able to make an informed decision about what option is best for you.

UHC Premium Program (Tier 1 Premium Providers)

To help people make more informed choices about their health care, UnitedHealthcare created the UnitedHealth Premium Program. The Premium Program recognizes doctors who meet standards for quality and cost efficiency. UnitedHealthcare uses evidence-based medicine and national industry guidelines to evaluate quality. The cost efficiency standards rely on local market benchmarks for the efficient use of resources in providing care. If a doctor does not have a Premium designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to UnitedHealthcare was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet credentialing requirements (separate from the Premium program).

Visit the UnitedHealthcare website at myuhc.com to help you verify if your provider is in network and part of the United Health Premium Program. Or you may call 888-651-7277 to verify with a UnitedHealthcare representative.

Look for the Tier 1 icon or two blue hearts when searching for providers. To identify a Tier 1 or Premium Care Physician during Open Enrollment, go to www.unitedhealthpremium.com.



UHC Support Services



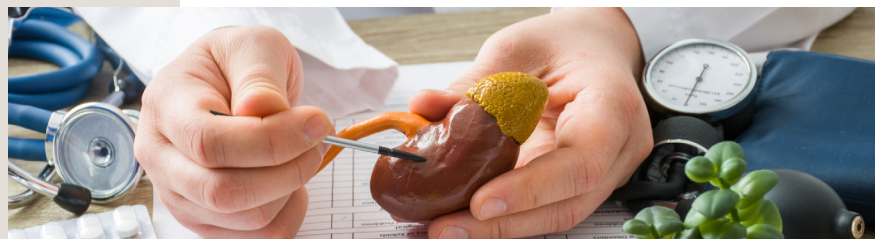
Disease Management Programs

Taking care of a long-term health problem or a serious illness can be very time consuming, frustrating and expensive. Our disease management programs can help you control your illness, and in the long run may save you some health care dollars by helping you stay as healthy as possible. Contact UnitedHealthcare Customer Service to enroll in a Disease Management Program to help you manage health issues such as Diabetes, Asthma, Coronary Artery Disease, and Heart Failure.



Kidney Disease Programs

Our kidney disease programs provide you: nurses you can speak with help to manage your kidney disease, education and counseling, and help with finding network dialysis centers and doctors.



UnitedHealthcare offers you many additional support services to assist with obtaining the best health care available. For additional information about each program offered, call the number on the back of your ID card. Below are just some of the services available.

Cancer Resource Services

Access to Cancer Resource Services (CRS) Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in their specific cancer. Potential benefits include accurate diagnosis, appropriate therapy (neither too little nor too much), higher survival rates and decreased costs. For more information and to participate, visit myoptumhealthcomplexmedical.com. Travel and lodging assistance is not available as part of the Cancer Resource Services program.



Treatment Decision Support

This program can help you make informed decisions about your health care. It targets specific conditions as well as treatments for those conditions. Participation is completely voluntary and without extra charge. The program offers:

- Access to accurate, objective and relevant health care information.
- Coaching by a nurse through decisions in your treatment and care.
- Information on high quality providers and programs.



UHC Support Services



Congenital Heart Disease Resource Services

Access to the Congenital Heart Disease (CHD) Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating Congenital Heart Disease. Potential benefits include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.

Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients or someone on their behalf should contact CHD Resource Services before receiving care. More information is also available online at myuhc.com.

Autism Spectrum Disorder & Applied Behavior

Your health plan pays benefits for behavioral services for Autism Spectrum Disorder that are focused on educational/behavioral intervention that is habilitative in nature. This includes Intensive Behavioral Therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis, or ABA).

Types of services may include diagnostic evaluations/assessments, treatment planning, treatment and/or other procedures, medication management, and individual, family and group therapy.

UHC Wellness Services



Rally

Rally is an interactive web and mobile experience that you can use to develop personalized, achievable lifestyle changes and rewards you for accomplishing those goals. You'll earn Rally coins for completing simple and healthy actions. Rally Marketplace lets you swap your Rally® coins for discount offers on a wide selection of name-brand items. Just browse the Marketplace, exchange your coins for the discount offers you like, then purchase desired items at the new, discounted price.

Real Appeal

No matter your reasons for wanting to lose weight, Real Appeal® can help you reach your goals through small, achievable steps that result in lasting change. Even if you're short on free time — adding a few healthy moments each week can make all the difference.

- › Online coaching —Tailored guidance that fits your unique schedule and lifestyle.
- › Motivating support sessions—30-minute group sessions you can attend whether you are at home or on the go.
- › Tools for success—24/7 online resources, plus a Success Kit delivered to your door.

Required Notices

Medicare Part D Creditable Coverage Notice

Entities that provide prescription drug coverage to Medicare Part D eligible individuals must notify these individuals whether the drug coverage they have is creditable or non-creditable. SAWS has determined that the prescription drug coverage offered by SAWS through its medical plan is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage under Medicare.

For a copy of the SAWS Creditable Disclosure Notice please see pages 26 and 27 of this benefit guide or contact the HR Benefits Office at 210-233-2025 for a copy.

Summary of Benefits and Coverage (SBC) and Uniform Glossary of Terms

Under the Patient Protection and Affordable Care Act (PPACA), insurance companies and group health plans must provide consumers with a summary of benefits and coverage (SBC), a concise document detailing, in plain language, simple and consistent information about their health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of each of the SAWS medical plans, see the back of this Benefits Guide, visit the INSIDER Human Resources benefits page or contact the HR Benefits Office at 210-233-2025 for a copy. Under the PPACA, insurance companies and group health plans must also provide consumers access to the Uniform Glossary of Terms, a resource to help them understand some of the most common but confusing jargon used in health insurance. For a copy of the Uniform Glossary, see the back of this Benefits Guide. Employees can also

access the Uniform Glossary of Terms online at the INSIDER Human Resources benefits page or contact the HR Benefits Office at 210-233-2025 for a copy.

Governing Plan

This guide is intended to provide summary information about the benefit plans offered to the employees of San Antonio Water System. Complete plan details are included in the Plan Documents available on the INSIDER Human Resources benefits page and at myuhc.com, or contact the Human Resources Benefits Office at 210-233-2025 for a copy. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, and/or participation in a health care flexible spending accounts at their own expense in the case of certain qualifying events that would result in the qualified beneficiaries' loss of coverage. Qualifying events include termination of a covered employee's employment or reduction in hours, a covered employee's death or entitlement to Medicare, divorce or legal separation, or a dependent child's ceasing to be an eligible dependent.

COBRA Notice Requirements. If the qualifying event is the employee's termination of employment or a reduction of hours, SAWS will notify UnitedHealthcare, the SAWS COBRA administrator, and UnitedHealthcare will notify all qualified beneficiaries of their rights to enroll in COBRA coverage.

Required Notices

Each employee or qualified beneficiary is required to notify the Human Resources Benefits Office within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. UnitedHealthcare, the SAWS COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules San Antonio Water System will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit www.hhs.gov/hipaa or the HIPAA Notice of Privacy Practices on the INSIDER Human Resources benefits page.

Patient Protection and Affordable Care Act (PPACA) - Patient Protection Notice

The SAWS medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in UnitedHealthcare's network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UnitedHealthcare at the number on the back of your ID card. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from UnitedHealthcare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological

care from a health care professional in UnitedHealthcare's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UnitedHealthcare at the number on the back of your ID card.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

As required by the Women's Health and Cancer Rights Act of 1998, SAWS' medical plans provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you have had or are going to have a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including Copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

Required Notices

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, Federal law generally does not prohibit the mother's or newborns' attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours). Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify UnitedHealthcare. For information on notification or prior authorization, contact UnitedHealthcare.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact your SAWS Human Resource Benefits Office at 210-233-2025.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

Required Notices

If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Texas, contact your State Medicaid or CHIP office (see below) to find out if premium assistance is available. If you live in a state other than Texas, please see the U.S. Department of Labor's current [CHIPRA model notice](#) for a list of states which provide premium assistance.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or visit insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a

program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).



CHIP



TEXAS
Health and Human
Services

TEXAS - Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800-440-0493

To see if any other states other than Texas or the states listed on the current CHIPRA model notice have added a premiums assistance program since July 31, 2021, or for more information on special enrollment rights contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

SAWS Retirees and Dependents
Important Notice from the San Antonio Water System
About Your 2023 Prescription Drug Coverage and Medicare Prescription Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Antonio Water System (“SAWS”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plan offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a stand-alone Medicare Prescription Drug Plan (commonly referred to as a Medicare Part D Plan) or a Medicare Advantage Plan that includes prescription drug coverage (commonly referred to as an MAPD Plan). All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SAWS has determined that the prescription drug coverage offered by SAWS is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage under Medicare. The SAWS Group Health Plan offers prescription drug coverage through UnitedHealthcare. Because your existing coverage from SAWS is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

When you become eligible for Medicare and have enrolled in Medicare Part A and/or Part B, you have the following options concerning prescription drug coverage:

1. You may stay in the SAWS Group Health Plan, which includes SAWS prescription drug coverage, and not enroll in Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare open enrollment period; or (2) if you lose your coverage under the SAWS Group Health Plan.
2. You may stay in the SAWS Group Health Plan, including SAWS prescription drug coverage, and also enroll in Medicare Part D prescription drug coverage at this time. Your current coverage under the SAWS Plan, which pays for other health benefits as well as prescription drugs, will not change if you choose to enroll in Medicare Part D prescription drug coverage. The SAWS Group Health Plan will pay prescription drug benefits as the primary payer, and thus the value of your Medicare Part D prescription drug coverage will be greatly reduced.
3. You may reject coverage under the SAWS Group Health Plan and choose coverage under a Medicare Part D Plan for prescription drug coverage. If you reject coverage under the SAWS Plan, you will be able to receive coverage at a later date, as long as you are still a SAWS employee in a benefits-eligible position, and you re-enroll during an open enrollment period or are eligible for special enrollment in the SAWS plan. If you reject coverage under the SAWS Plan and cease to be a SAWS employee in a benefits-eligible position, you will not be able to regain coverage under the SAWS Plan.

SAWS does not charge a separate premium for its prescription drug plan. You will pay the same premium to participate in the SAWS Group Health Plan whether or not you elect to receive prescription drug coverage through a Medicare Part D Plan.

Although SAWS cannot state that in all cases the SAWS prescription drug coverage will be more advantageous than the Medicare prescription drug coverage, in most cases you will have better and less expensive prescription drug coverage under the SAWS prescription drug coverage.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with SAWS and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact our office for further information at (210) 233-2025. NOTE: You may receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook (available at <https://www.medicare.gov/medicare-and-you>). You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at <https://www.ssa.gov/>, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2023
Name of Entity/Sender:	San Antonio Water System
Contact—Person/Office:	Patty Goldspink/Human Resources
Address:	2800 U.S. Hwy 281 North San Antonio, TX 78212
Phone Number:	(210) 233-2025



! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-651-7277 or visit www.healthy.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>Network: \$1,500 Individual / \$4,500 Family Out-of-Network: \$2,500 Individual / \$7,500 Family Per calendar year.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your <u>deductible</u>?</p>	<p>Yes. <u>Preventive care</u> is covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this plan?</p>	<p>Network: \$4,500 Individual / \$11,250 Family Out-of-Network: \$7,500 Individual / \$18,750 Family Per calendar year.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a <u>network provider</u>?</p>	<p>Yes. See myuhc.com or call 1-888-651-7277 for a list of <u>network providers</u>.</p>	<p>You pay the least if you use a <u>provider</u> in the Designated <u>Network</u>. You pay more if you use a <u>provider</u> in the <u>Network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Designated Network: \$30 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	Virtual visits - \$30 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
		Network: \$45 <u>copay</u> per visit, <u>deductible</u> does not apply.		
	<u>Specialist</u> visit	Designated Network: \$50 <u>copay</u> per visit, <u>deductible</u> does not apply. Network: \$65 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No Charge	40% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 35% of <u>allowed amount</u> .
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 35% of <u>allowed amount</u> .

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at welcometouhc.com</p>	Tier 1 – Your Lowest Cost Option	<p>Retail: \$10 <u>copay, deductible</u> does not apply.</p> <p>Mail-Order: \$25 <u>copay, deductible</u> does not apply.</p>	<p>Retail: \$10 <u>copay, deductible</u> does not apply.</p>	<p><u>Provider</u> means pharmacy for purposes of this section.</p> <p>Retail: Up to a 31 day supply.</p> <p>Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail Network Pharmacy</p> <p>You may need to obtain certain drugs, including certain <u>specialty drugs</u>, from a pharmacy designated by us.</p> <p>Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost.</p> <p>If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u>.</p> <p>Certain preventive medications (including certain contraceptives) are covered at No Charge.</p> <p>See the website listed for information on drugs covered by your <u>plan</u>. Not all drugs are covered.</p> <p>You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.</p> <p>If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable <u>copay</u> and/or <u>coinsurance</u> may be applied.</p>
	Tier 2 – Your Mid-Range Cost Option	<p>Retail: 30% <u>coinsurance</u> but not less than \$25 and not more than \$50, <u>deductible</u> does not apply.</p> <p>Mail-Order: \$62.50 <u>copay, deductible</u> does not apply.</p>	<p>Retail: 30% <u>coinsurance</u> but not less than \$25 and not more than \$50, <u>deductible</u> does not apply.</p>	
	Tier 3 – Your Mid-Range Cost Option	<p>Retail: 45% <u>coinsurance</u> but not less than \$40 and not more than \$75, <u>deductible</u> does not apply.</p> <p>Mail-Order: \$100 <u>copay, deductible</u> does not apply.</p>	<p>Retail: 45% <u>coinsurance</u> but not less than \$40 and not more than \$75, <u>deductible</u> does not apply.</p>	
	Specialty drugs	<p>Retail: \$80 <u>copay, deductible</u> does not apply.</p> <p>Mail-Order: Not Applicable</p>	Not Applicable	
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<p><u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 35% of <u>allowed amount</u>.</p>
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	<u>Emergency room care</u>	\$300 <u>copay</u> per visit, then 20% <u>coinsurance</u>	\$300 <u>copay</u> per visit, then *20% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	*20% <u>coinsurance</u>	* <u>Network deductible</u> applies
	<u>Urgent care</u>	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$100 per occurrence <u>deductible</u> applies <u>out-of-network</u> prior to the overall deductible. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 35% of <u>allowed amount</u> .
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	<u>Network Partial hospitalization/intensive outpatient treatment</u> : 20% <u>coinsurance</u> <u>Preauthorization</u> is required <u>out-of-network</u> for certain services or benefit reduces to 35% of <u>allowed amount</u> .
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$100 per occurrence <u>deductible</u> applies <u>out-of-network</u> prior to the overall deductible. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 35% of <u>allowed amount</u> .
If you are pregnant	Office visits	No Charge	40% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$100 per occurrence <u>deductible</u> applies <u>out-of-network</u> prior to the overall deductible. Inpatient <u>preauthorization</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 35% of <u>allowed amount</u> .
If you need help recovering or have	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 35% of <u>allowed amount</u> .
	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at welcometoulhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
other special health needs	<u>Rehabilitation services</u>	\$65 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	Outpatient rehabilitation services are unlimited per calendar year. <u>Preauthorization</u> required <u>out-of-network</u> for certain services or benefit reduces to 35% of <u>allowed amount</u> .
	<u>Habilitative services</u>	\$65 <u>copay</u> per visit, <u>deductible</u> does not apply.	40% <u>coinsurance</u>	Services are provided under <u>Rehabilitation Services</u> above. <u>Preauthorization</u> required <u>out-of-network</u> for certain services or benefit reduces to 35% of <u>allowed amount</u> .
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$100 per occurrence deductible applies <u>out-of-network</u> prior to the overall deductible. Skilled Nursing is limited to 60 days per calendar year. Inpatient rehabilitation - Unlimited. <u>Preauthorization</u> is required <u>out-of-network</u> or benefit reduces to 35% of <u>allowed amount</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required <u>out-of-network</u> for DME over \$1,000 or benefit reduces to 35% of <u>allowed amount</u> .
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>out-of-network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 35% of <u>allowed amount</u> .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	No coverage for Children's eye exams.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none">• Cosmetic surgery• Dental care• Glasses	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long-term care• Non-emergency care when travelling outside - the U.S.
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none">• Acupuncture• Bariatric surgery	<ul style="list-style-type: none">• Private duty nursing• Routine eye care (adult)• Routine foot care – Except as covered for Diabetes• Weight loss programs <ul style="list-style-type: none">• Chiropractic (Manipulative care) – 35 visits per calendar year

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or myuhc.com.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-651-7277.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-651-7277.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-651-7277.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-651-7277.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,500
- Specialist copay \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (*pre-natal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,500
<u>Copayments</u>	\$50
<u>Coinsurance</u>	\$2,240
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,790

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,500
- Specialist copay \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u> (6 Office Visits)	\$300
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$300

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,500
- Specialist copay \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,500
<u>Copayments</u> (\$300 + follow up visit)	\$350
<u>Coinsurance</u>	\$260
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,110

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: [UHC Civil Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료 전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال برقم الهاتف المجاني المدرج داخل ملخص المزايما والتغطية هذا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。
本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

एयान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខកតចម្លែង ដែលមានកំនៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការបង់បង់ (Summary of Benefits and Coverage, SBC) ទេ:។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáńítí'go, saad bee áka'anída'awo'ígíí, t'áá jík'eh, bee ná'ahóót'i. T'áá shqóodí Naaltsoos Bee 'Aa'áhayání dóo Bee 'Ak'é'asti' Bee Baa Hane'i (Summary of Benefits and Coverage, SBC) biyi' t'áá jík'ehgo béésh bee hane'i biká'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



Choice Plan

! The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-651-7277 or visit www.healthy.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>Network: \$1,000 Individual / \$3,000 Family Per calendar year.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your <u>deductible</u>?</p>	<p>Yes. <u>Preventive care</u> is covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>Network: \$4,500 Individual / \$9,000 Family Per calendar year.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a <u>network provider</u>?</p>	<p>Yes. See myuhc.com or call 1-888-651-7277 for a list of <u>network providers</u>.</p>	<p>You pay the least if you use a <u>provider</u> in the Designated <u>Network</u>. You pay more if you use a <u>provider</u> in the <u>Network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Designated <u>Network</u> : \$25 <u>copay</u> per visit, <u>deductible</u> does not apply. <u>Network</u> : \$40 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	Virtual visits - \$15 <u>copay</u> per visit by a Designated Virtual <u>Network Provider</u> ; <u>deductible</u> does not apply. If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Specialist</u> visit	Designated <u>Network</u> : \$40 <u>copay</u> per visit, <u>deductible</u> does not apply. <u>Network</u> : \$60 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.
	<u>Preventive care/screening/immunization</u>	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Lab Testing: No Charge X-Ray/Diagnostic: 20% <u>coinsurance</u>	Not Covered	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at welcometouhc.com</p>	Tier 1 – Your Lowest Cost Option	<p>Retail: \$10 <u>copay, deductible</u> does not apply.</p> <p>Mail-Order: \$25 <u>copay, deductible</u> does not apply.</p>	Not Covered	<p><u>Provider</u> means pharmacy for purposes of this section.</p> <p>Retail: Up to a 31 day supply.</p> <p>Mail-Order: Up to a 90 day supply or Preferred 90 Day Retail Network Pharmacy</p> <p>You may need to obtain certain drugs, including certain <u>specialty drugs</u>, from a pharmacy designated by us.</p> <p>Certain drugs may have a <u>preauthorization</u> requirement or may result in a higher cost.</p> <p>If you use an <u>out-of-network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u>.</p> <p>Certain preventive medications (including certain contraceptives) are covered at No Charge.</p> <p>See the website listed for information on drugs covered by your <u>plan</u>. Not all drugs are covered.</p> <p>You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.</p> <p>If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable <u>copay</u> and/or <u>coinsurance</u> may be applied.</p>
	Tier 2 – Your Mid-Range Cost Option	<p>Retail: 30% <u>coinsurance</u> but not less than \$25 and not more than \$50, <u>deductible</u> does not apply.</p> <p>Mail-Order: \$62.50 <u>copay, deductible</u> does not apply.</p>	Not Covered	
	Tier 3 – Your Mid-Range Cost Option	<p>Retail: 45% <u>coinsurance</u> but not less than \$40 and not more than \$75, <u>deductible</u> does not apply.</p> <p>Mail-Order: \$100 <u>copay, deductible</u> does not apply.</p>	Not Covered	
	Specialty drugs	<p>Retail: \$80 <u>copay, deductible</u> does not apply.</p> <p>Mail-Order: Not Applicable</p>	Not Applicable	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	Office setting PCP: \$40 <u>copay</u> per visit, <u>deductible</u> does not apply. SPC: \$60 <u>copay</u> per visit, <u>deductible</u> does not apply. Hospital: 20% <u>coinsurance</u>	Not Covered	None
If you need immediate medical attention	<u>Emergency room care</u>	\$300 <u>copay</u> per visit, then 20% <u>coinsurance</u>	\$300 <u>copay</u> per visit, then 20% <u>coinsurance</u>	None
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	Not Covered	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	Not Covered	None
	Physician/surgeon fees	Office setting PCP: \$40 <u>copay</u> per visit, <u>deductible</u> does not apply. SPC: \$60 <u>copay</u> per visit, <u>deductible</u> does not apply. Hospital: 20% <u>coinsurance</u>	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at welcometoulhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 copay per visit, deductible does not apply.	Not Covered	Network Partial hospitalization/intensive outpatient treatment: 20% coinsurance
	Inpatient services	20% coinsurance	Not Covered	None
If you are pregnant	Office visits	No Charge	Not Covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	Office setting PCP: \$40 copay per visit, deductible does not apply. SPC: \$60 copay per visit, deductible does not apply. Hospital: 20% coinsurance	Not Covered	
	Childbirth/delivery facility services	20% coinsurance	Not Covered	None
	<u>Home health care</u>	20% coinsurance	Not Covered	Limited to 60 visits per calendar year.
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	\$60 copay per visit, deductible does not apply.	Not Covered	Outpatient rehabilitation services are unlimited per calendar year.
	<u>Habilitative services</u>	\$60 copay per visit, deductible does not apply.	Not Covered	Services are provided under <u>Rehabilitation Services</u> above.
	<u>Skilled nursing care</u>	20% coinsurance	Not Covered	Limited to 60 days per calendar year (combined with inpatient rehabilitation).
	<u>Durable medical equipment</u>	20% coinsurance	Not Covered	Covers 1 per type of DME (including repair/replacement) every 3 years.

* For more information about limitations and exceptions, see the plan or policy document at welcometoulhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Hospice services</u>	20% <u>coinsurance</u>	Not Covered	None
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	No coverage for Children's eye exams.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)	
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care • Glasses 	<ul style="list-style-type: none"> • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when travelling outside - the U.S.
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan document</u> .)	
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery 	<ul style="list-style-type: none"> • Private duty nursing • Routine eye care (adult) • Routine foot care – Except as covered for Diabetes • Weight loss programs
	<ul style="list-style-type: none"> • Chiropractic (Manipulative care) – 35 visits per calendar year

* For more information about limitations and exceptions, see the plan or policy document at welcometoulhc.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Member Service number listed on the back of your ID card or myuhc.com.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-651-7277.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-651-7277.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-651-7277.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-651-7277.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (*pre-natal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$2,340
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$3,380

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u> (6 Office Visits)	\$240
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$240

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist copay \$40
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u> (\$300 + follow up visit)	\$340
<u>Coinsurance</u>	\$360
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,700

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: [UHC Civil Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要 (Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và dài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료 전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال برقم الهاتف المجاني المدرج داخل ملخص المزايما والتغطية هذا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。
本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

एयान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខកតចម្លែង ដែលមានកំនៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការ៉ាប់ដង (Summary of Benefits and Coverage, SBC) ទេ:។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáńiti'go, saad bee áka'anída'awo'ígíí, t'áá jík'eh, bee ná'ahóót'i. T'áá shqođí Naaltsoos Bee 'Aa'áhayání dóo Bee 'Ak'é'asti' Bee Baa Hane'i (Summary of Benefits and Coverage, SBC) biyi' t'áá jík'ehgo béésh bee hane'i biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

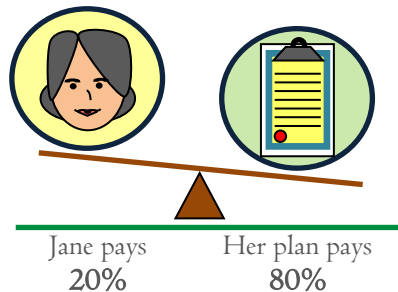
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

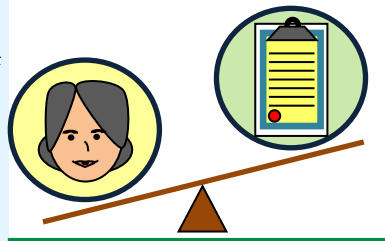
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Jane pays 100% Her plan pays 0%
(See page 6 for a detailed example.)

Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or [plan](#).

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

Out-of-network Copayment

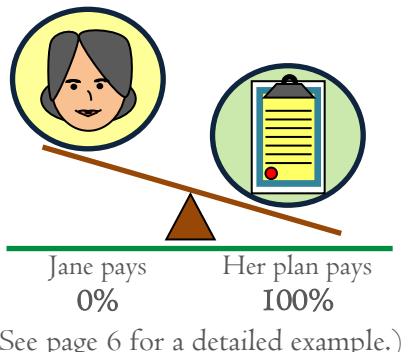
A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do *not* contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the [allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is *not* the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

How You and Your Insurer Share Costs - Example

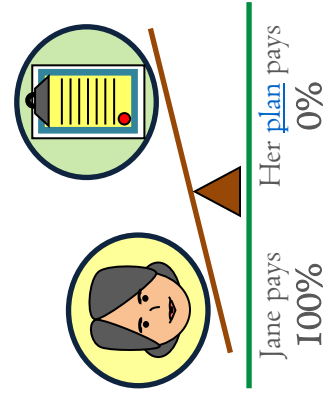
Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage Period



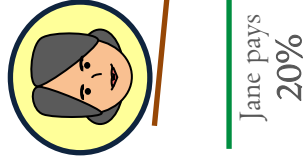
Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



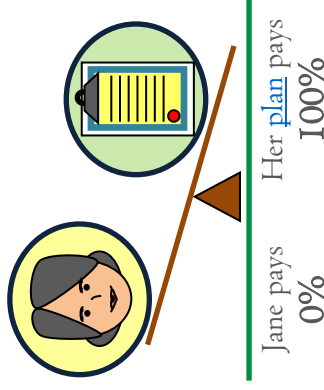
Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

December 31st
End of Coverage Period



RETIREE - 2024 BENEFITS ENROLLMENT FORM

Human Resources – Benefits Office
2800 U.S. Hwy. 281 North
San Antonio, Texas 78212

Open Enrollment
 Initial Enrollment
 Benefit Change

<u>HR Use Only</u>	
Monthly Cost: _____	
Lawson ID: _____	
Contribution Rate: _____	
Hire Date: _____	
Retirement Date: _____	

SECTION 1 – RETIREE INFORMATION <i>(Please complete all sections.)</i>	Effective Date: _____
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Last Name (Print)	First Name (Print)	Middle Initial	Birth Date (MM/DD/YR)	Last 4 digits of SSN XXX-XX-_____
Address	Apt #	City	State	Zip
Email Address	Home Phone Number		Cell Phone Number	

SECTION 2 – MEDICARE INFORMATION <i>(If you and/or your dependent(s) are eligible for Medicare, you are required to be enrolled in Medicare Part A and B in order to participate in the SAWS Medicare Advantage Plan.)</i>

Both Parts A & B of Medicare	Reason for Eligibility
Retiree <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease
Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease
Child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease

If Yes, attach a copy of your Medicare Card, your letter from Social Security, or the Railroad Retirement Board.

SECTION 3 – DEPENDENT INFORMATION <i>(Complete for each dependent enrolling or dropping coverage. If dropping coverage, also complete Section 6.)</i>
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<input type="checkbox"/> Add <input type="checkbox"/> Drop	Spouse Name (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Child Name (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Child Name (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Child Name (First Name, Middle Initial, Last Name)	Social Security Number	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> M <input type="checkbox"/> F

SECTION 4 – COVERAGE SELECTION <i>(If declining coverage skip Section 4 and complete Section 5 and 6.)</i>

A. Coverage Level <i>(Select one option only)</i>			
<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Retiree + Spouse	<input type="checkbox"/> Retiree + Child(ren)	<input type="checkbox"/> Retiree + Family

B. Health Options <i>(If declining coverage go to Section 5)</i>			
Under Age 65 (Non-Medicare)		Over Age 65 or Disabled (With Medicare A & B)	
Retiree <input type="checkbox"/> PPO Economy	<input type="checkbox"/> EPO Plus	Retiree <input type="checkbox"/> Medicare Advantage ESA PPO Plan	
Spouse <input type="checkbox"/> PPO Economy	<input type="checkbox"/> EPO Plus	Spouse <input type="checkbox"/> Medicare Advantage ESA PPO Plan	
Child(ren) <input type="checkbox"/> PPO Economy	<input type="checkbox"/> EPO Plus	Child(ren) <input type="checkbox"/> Medicare Advantage ESA PPO Plan	

SECTION 5 – EMERGENCY CONTACT INFORMATION		
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Contact Name	Contact Relationship to You	Contact Phone Number
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SECTION 6 – DECLINATION OF HEALTH COVERAGE (Complete if you and/or your dependent(s) are declining coverage.)

This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents. I have voluntarily elected to decline the coverage as indicated below and am exercising my opt-out option at this time.

Reason for Declining Coverage

Name of Retiree:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other
Name of Spouse:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other
Name of Child:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other
Name of Child:	<input type="checkbox"/> Other Group Coverage	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other

If reason for declining is "Other", please explain:

COVERAGE CONDITIONS

1. I am a retiree of the San Antonio Water System. I am eligible to participate in the health coverage(s) afforded by SAWS Health and Welfare Benefit Plan ("Plan"), which is either underwritten or administered by United Healthcare (UHC), OptumRx, and Aetna. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. Furthermore, if this is an initial enrollment election, I waive the COBRA rights I have with respect to health coverage under the Plan, for myself and for any children I am electing to enroll. My spouse (if applicable) is also waiving on his/her own behalf. I state that the information on the application is true and correct. I understand and agree that any incorrect statements knowingly made by me will invalidate my coverage(s).
2. Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this application is accepted, the Plan provisions regarding the coverage(s) will determine when the effective date.
3. I authorize SAWS to deduct from my SAWS Retirement Plan benefit check or, if I do not receive a SAWS Retirement Plan benefit check, to draft my bank account for my portion of the contributions, if any, as they become due or ensure timely payment on a monthly basis. I also agree that my participation in the Plan is subject to any future amendments.
4. I understand that if I do not pay required premiums when due, my coverage/s under the Plan will be terminated.
5. I understand that if I elect health coverage for my spouse, a spouse premium surcharge will be applied to my premium unless I submit a Spouse Premium Surcharge Waiver form to HR Benefits. SAWS will not retroactively reimburse amounts already paid due to failure to submit a timely waiver.
6. I authorize any hospital, physician, dentist, provider, insurance carrier, or other entity, upon request, to provide SAWS/United Healthcare/OptumRx/Aetna any information covering the health condition of any person included under my coverage(s) whenever the information is considered necessary by SAWS/United Healthcare/OptumRx/Aetna for proper disposition of this application or of a claim submitted for payment.
7. I understand that Retirees may opt out of the health coverage offered under the Plan. If I, and/or my dependent(s) terminate or reject such coverage, I may re-enroll in the Plan at a later date, if I provide proof of continuous group insurance coverage during the period I and/or my dependent(s) were not enrolled and request enrollment within 31 days of the loss of that coverage.
8. I understand that if I and/or my dependent(s) become eligible for Medicare, that we are **required to enroll in both Parts A & B**. I will contact SAWS HR Benefits Office and provide a copy of the Medicare cards within 30 days of receipt. I also understand that if the Part B effective date for myself or dependent(s) is delayed at initial enrollment that I will be placed in the Pre-65 PPO Economy Plan, and I may be required to complete another Enrollment Form.

REQUIRED SIGNATURES

- I understand that my signature on this Benefits Enrollment Form means that I have read and understood the contents of this form, including the Coverage Conditions, and that the information provided by me is accurate and complete.
- **This Benefits Enrollment Form must be signed, dated and received prior to your effective date of coverage. Upon receipt, the plan will process the form according to Centers for Medicare & Medicaid Services (CMS) guidelines.**

SAWS Retiree <i>Handwritten</i> Signature	Date
Spouse (if applicable) <i>Handwritten</i> Signature	Date

If someone assisted you in completing this form, please have that person sign below.

Signature and Printed Name	Relationship to Applicant	Date
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**RETIREE's SURVIVING SPOUSE/DEPENDENT CHILD(REN)
2024 BENEFITS ENROLLMENT FORM**

Human Resources – Benefits Office
2800 U.S. Hwy. 281 North
San Antonio, Texas 78212

HR Use Only	
Monthly Cost:	_____
Lawson ID:	_____
Yrs of Service:	_____
Hire Date:	_____
Retirement Date:	_____

SECTION 1 – DECEASED RETIREE INFORMATION (Please complete all sections) Effective Date: _____

Deceased Retiree's Last Name	First Name	Middle Initial	Birth Date (MM/DD/YR)	Last 4 digits of SSN XXX-XX-_____
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SECTION 2 – DEPENDENT INFORMATION (Complete for each dependent. If dropping coverage complete Section 5)

<input type="checkbox"/> Add <input type="checkbox"/> Drop	Spouse Name (First Name, Middle Initial, Last Name)	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Address		City	State	Zip
				Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Home Phone	Email Address	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Child Name (First Name, Middle Initial, Last Name)	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Address		City	State	Zip
				Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		Home Phone	Email Address	
<input type="checkbox"/> Add <input type="checkbox"/> Drop	Child Name (First Name, Middle Initial, Last Name)	Birth Date (MM/DD/YR)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number
Address		City	State	Zip
				Medicare Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3 – MEDICARE INFORMATION (If you and/or your dependent(s) are eligible for Medicare, you are required to be enrolled in Medicare Part A and B in order to participate in the SAWS Medicare Advantage Plan.)

Both Parts A & B of Medicare	Reason for Eligibility
Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease
Child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease
Child <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entitled Age <input type="checkbox"/> Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability & Current Renal Disease

If Yes, attach a copy of your Medicare Card, your letter from Social Security, or the Railroad Retirement Board.

SECTION 4 – COVERAGE SELECTION

A. Coverage Level (Select one option only)

Spouse Only Child(ren) Only Spouse & Child(ren) I decline medical coverage

B. Health Options

	Under Age 65 (Non-Medicare)	Over Age 65 or Disabled (With Medicare A & B)
Spouse Options	<input type="checkbox"/> PPO Economy <input type="checkbox"/> EPO Plus	<input type="checkbox"/> Medicare Advantage ESA PPO Plan
Child(ren) Options	<input type="checkbox"/> PPO Economy <input type="checkbox"/> EPO Plus	<input type="checkbox"/> Medicare Advantage ESA PPO Plan

SECTION 5 – EMERGENCY CONTACT INFORMATION

If we are unable to reach you at the address and/or phone number provided, who may we contact:

Contact Name

Contact Relationship to You

Contact Phone Number

SECTION 6 – DECLINATION OF HEALTH COVERAGE

 Initial This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents. I have voluntarily elected to decline the coverage as indicated below and am exercising my opt-out option at this time.

Reason for Declining

Name of Surviving Spouse: Other Group Coverage Medicare Medicaid Other

Name of Surviving Child: Other Group Coverage Medicare Medicaid Other

Name of Surviving Child: Other Group Coverage Medicare Medicaid Other

If reason for declining is "Other", please explain:

COVERAGE CONDITIONS

1. I am a surviving spouse of a retiree of the San Antonio Water System. I am eligible to participate in the health coverage(s) afforded by SAWS Health and Welfare Benefit Plan ("Plan"), which is either underwritten or administered by United Healthcare (UHC) and Optum RX or Aetna. On behalf of myself and any other dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. Furthermore, if this is an initial enrollment election, I waive the COBRA rights I have with respect to health coverage under the Plan, for myself and for any children I am electing to enroll. I state that the information on the application is true and correct. I understand and agree that any incorrect statements knowingly made by me will invalidate my coverage(s).
2. Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this application is accepted, the Plan provisions regarding the coverage(s) will determine when the effective date.
3. I authorize SAWS to deduct from my SAWS Retirement Plan benefit check or, if I do not receive a SAWS Retirement Plan benefit check, to draft my bank account for my portion of the contributions, if any, as they become due or ensure timely payment on a monthly basis. I also agree that my participation in the Plan is subject to any future amendments.
4. I understand that if I do not pay required premiums when due, my coverage/s under the Plan will be terminated.
5. I understand that if I elect health coverage for a surviving spouse on the United Healthcare Plan, a spouse premium surcharge will be applied to my premium unless I submit a Spouse Premium Surcharge Waiver form to HR Benefits. SAWS will not retroactively reimburse amounts already paid due to failure to submit a timely waiver.
6. I authorize any hospital, physician, dentist, provider, insurance carrier, or other entity, upon request, to provide SAWS/United Healthcare/Optum RX/Aetna any information covering the health condition of any person included under my coverage(s) whenever the information is considered necessary by SAWS/United Healthcare/Optum RX/Aetna for proper disposition of this application or of a claim submitted for payment.
7. I understand that Retirees may opt out of the health coverage offered under the Plan. If I, and/or my dependent(s) terminate or reject such coverage, I may re-enroll in the Plan at a later date, if I provide proof of continuous group insurance coverage during the period I and/or my dependent(s) were not enrolled and request enrollment within 31 days of the loss of that coverage.
8. I understand that if I and/or my dependent(s) become eligible for Medicare, that we are **required to enroll in both Parts A & B**. I will contact SAWS HR Benefits Office and provide a copy of the Medicare cards within 30 days of receipt. I also understand that if the Part B effective date for myself or dependent(s) is delayed at initial enrollment that I will be placed in the Pre-65 PPO Economy Plan and I may be required to complete another Enrollment Form.

REQUIRED SIGNATURES

- I understand that my signature on this Benefits Enrollment Form means that I have read and understood the contents of this form, including the Coverage Conditions, and that the information provided by me is accurate and complete.
- **This Benefits Enrollment Form must be signed, dated and received prior to your effective date of coverage. Upon receipt, the plan will process the form according to Centers for Medicare & Medicaid Services (CMS) guidelines.**

SAWS Retiree's Surviving Spouse/Child(ren) *Handwritten* Signature

Date

If someone assisted you in completing this form, please have that person sign below.

Signature and Printed Name

Relationship to Applicant

Date

SAN ANTONIO WATER SYSTEM

2024 Spouse Premium Surcharge Waiver Form

The 2024 Spouse Premium Surcharge is a \$150 monthly surcharge (\$75.00 per pay period) that is required above and beyond the regular employee medical contribution (premium) rate for SAWS active and pre-65 retiree medical plans. It is intended to encourage those spouses who have access to alternative medical coverage to move from the SAWS sponsored medical plan to his or her own employer's plan. If your spouse does not have access to other available coverage through his/her own employer or former employer, you may be eligible to waive this surcharge (see criteria below).

To request a waiver of the surcharge for the 2024 Benefit Plan Year, please complete and submit this waiver form along with required documentation (as listed below) within 31 days of your hire date or qualifying event date.

SECTION 1: AFFIDAVIT TO WAIVE THE 2024 SPOUSE PREMIUM SURCHARGE

I am hereby requesting to have the Spouse Premium Surcharge **WAIVED** because I meet one of the following criteria. I understand that I must provide documentation as indicated on my selection below. If my spouse's employment status changes, I understand that this form must be updated and re-submitted.

Please select ONE of the following criteria below that applies to your spouse (check one box only):

- My spouse is not presently employed and does not have access to health coverage through his/her own employer or former employer. **Submit this Waiver Form only, unless this event occurs after the Open Enrollment period, in which case provide a letter from the former employer.**

- My spouse is self-employed without access to other medical coverage. **Submit this Waiver Form only.**

- My spouse is covered by Medicare Part A, Tricare or CHAMPVA insurance and enrolled in a SAWS medical plan. **Submit this Waiver Form AND a copy of spouse's Medicare, Tricare or CHAMPVA ID.**

- My spouse is employed, but his or her employer does not offer medical coverage or is not eligible for medical coverage by his or her employer. **Submit this Waiver Form AND complete Spouse Employer Certification on reverse side of this form.**

NOTE: THERE IS NO RETROACTIVE REIMBURSEMENT OF THE SURCHARGE.

EMPLOYEE CERTIFICATION

I certify that the information I am providing is true and accurate to the best of my knowledge. I understand that intentional misrepresentation of the facts above is considered insurance fraud and may result in recoupment of any and all benefits improperly paid on my behalf by SAWS self-funded medical plans AND may lead to disciplinary action, up to and including employment termination.

Printed Name of SAWS Employee/Retiree	Employee ID#
Signature of SAWS Employee/Retiree	Date
Printed Name of Spouse	
Signature of Spouse	Date

Deadline: 31 Days from Hire Date or Qualifying Event Date

Submit your form and documentation to the attention of SAWS HR Benefits Office:

SCAN AND EMAIL:
BenefitsInquiries@saws.org
For Questions: 210-233-2025

NOTE: This form must be updated and re-submitted if your spouse's status changes.

See reverse side for Section 2, Spouse Employer Certification

SAN ANTONIO WATER SYSTEM

2024 Spouse Benefits Eligibility Verification Form

SECTION 2: SPOUSE EMPLOYER

If your spouse is employed, but his or her employer does not offer medical coverage or he/she is not eligible for coverage, you may be eligible to waive this surcharge. This page must be completed by your spouse's employer if he/she is not eligible for the employer's coverage.

Instructions to employer: Please certify that the spouse named herein is employed by your company and indicate his or her medical benefits eligibility with your company. If this member will be eligible for medical benefits at a future date, please provide the date his or her coverage may begin. Please contact the Benefits Office at San Antonio Water System, with any questions, at 210-233-2025.

I hereby certify that _____ is employed by
Spouse of SAWS Employee

Company name

I further certify that:

- This employer does not provide medical coverage to employees.
- Employee will be eligible for medical coverage in the future. Date Eligible: _____
(It is the responsibility of the SAWS employee to follow up with their spouse's employer regarding any changes to the eligibility date, and provide an updated Surcharge Waiver Form.)
- The employee named above is not eligible for employer medical coverage.
Reason for no coverage: _____

Name and Title of Benefits Analyst/HR Administrator (please print)

Phone number and email address of Benefits Analyst/HR Administrator

Benefits Analyst/HR Administrator Signature

Date Signed

Deadline: 31 Days from Hire Date or Qualifying Event Date

Submit your form and documentation to the attention of SAWS HR Benefits Office:

MAIL: P.O. BOX 2449, San Antonio, TX 78298

SCAN AND EMAIL: BenefitsInquiries@saws.org

FAX: 210-233-5460

PHONE: 210-233-2025

NOTE: This form must be updated and re-submitted if your spouse's status changes.



Information Update Form

SAWS Human Resources needs your help in updating your contact information. To keep you updated on new benefits material and other important retiree information, we want to make sure we have your most updated contact information on file. Please fill out and return this form to us. You can also scan this page and email it to benefitsinquiries@saws.org. If you have any questions, feel free to contact SAWS Human Resources at 210-233-2025.

Retiree's Name: _____ Last 4 digits of SSN: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Physical Address

Street: _____

City: _____ State: _____ County: _____ Zip: _____

Mailing Address (If different from Physical Address)

Street: _____

City: _____ State: _____ County: _____ Zip: _____

Alternative Contact Information

Name: _____ Relationship to Retiree: _____

Home Phone: _____ Cell Phone: _____

Retiree's Signature: _____ Date: _____

Benefits Bookings Tool

Do you need to speak to someone about your benefits?

Schedule Your Appointment

If you have questions regarding your medical plans, life insurance, or retirement and would like to know more, you can easily schedule a time to speak with a SAWS Benefits Analyst by using the Benefits Bookings Tool. To better serve you, your SAWS Benefits Team asks that you schedule a virtual or in-person meeting for any benefits questions you may have. Meetings can be scheduled by following the instructions below.

How To Schedule An Appointment

1. Visit the Benefits Bookings Tool by scanning the QR code or by visiting <https://outlook.office365.com/owa/calendar/BenefitsInquiriesBookings@sawsoffice.onmicrosoft.com/bookings/>.
2. Select the type of meeting you would like to schedule (General Benefits or Retirement).
3. Select an available date and time for your meeting, add your details, and provide any additional information you would like us to know ahead of your meeting.
4. Once your meeting is scheduled, you will receive a confirmation email and a SAWS Benefits Analyst will contact you.



Helpful Contacts

Organization	Phone	Website/Email
SAWS Human Resources - Benefits Office	210-233-2025	updatehr@saws.org
Manager, Benefits – Patty Goldspink	210-233-3306	benefitsinquiries@saws.org
Sr. Benefits Analyst – Crystal Puertas	210-233-3445	benefitsinquiries@saws.org
Benefits Analyst – Andrea Muniz	210-233-3389	benefitsinquiries@saws.org
Benefits Analyst – Mariana Garza Huerta	210-233-3896	benefitsinquiries@saws.org
UnitedHealthcare - Pre-65		
Customer Service	888-651-7277	myuhc.com
Mental Health Providers	888-651-7277	myuhc.com
OptumRx	888-651-7277	myuhc.com
Optum Rx Specialty Pharmacy	855-427-4682	myuhc.com
Onsite Service Account Manager	210-233-3066	uhcrep@saws.org
Onsite Wellness Coordinator	210-233-3127	Lauren_Zuniga@uhc.com
Aetna - Post-65		
Aetna - Medicare Advantage Plans - #5522	888-267-2637	aetnaretireplans.com
Telephonic Nurse Support	855-493-7019	
Other Helpful Numbers		
Texas Municipal Retirement System (TMRS)	800-924-8677	tmrs.com
SAWS Retirement Plan - Principal	800-247-7011	principal.com
Empower Retirement, 457(b) Plan # 100026-01	800-701-8255	Empowermyretirement.com
Standard Life Insurance - Group #753337	800-628-8600	standard.com

Administration on Aging

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call Eldercare at 800-677-1116, TTY 711, 8 a.m. -8 p.m., Eastern Standard Time, Monday through Friday, or visit ElderCare.gov.



210-233-2025



saws.org/benefits



benefitsinquiries@saws.org

