

SAN ANTONIO WATER SYSTEM - 2019 SUMMARY OF BENEFITS FOR ACTIVE EMPLOYEES

BENEFIT PLAN	HIGHLIGHTS	SAWS CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	ELIGIBILITY DATE																
Medical Insurance United HealthCare	<p style="text-align: center;"><u>PPO ECONOMY</u></p> <p>Deductible: \$1,500 for Individual, In-Network; \$4,500 for Family, In-Network Network: Employee can go to any provider from Preferred Provider Network. No Referrals Required. Out-of-Network benefits also available at increased cost to the employee. Tier 1 Premium Provider Co-pay: \$40 Non-Tier 1: \$50 Tier 1 Premium Specialist Co-pay: \$60 Non-Tier 1: \$70 Urgent Care Co-pay: \$60</p>	<p style="text-align: center;"><u>PPO ECONOMY</u></p> <p>Varies by coverage elected</p>	<p style="text-align: center;"><u>PPO ECONOMY</u></p> <p>PPO ECONOMY (Hired before 1/1/2011)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 35</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 110</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 80</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 160</td></tr> </table> <p>PPO ECONOMY (Hired after 1/1/2011)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 35</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 250</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 190</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 420</td></tr> </table>	Employee Only	\$ 35	Employee + Spouse	\$ 110	Employee + Children	\$ 80	Employee + Family	\$ 160	Employee Only	\$ 35	Employee + Spouse	\$ 250	Employee + Children	\$ 190	Employee + Family	\$ 420	1 st day of employment
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<p style="text-align: center;"><u>EPO PLUS</u></p> <p>Deductible: \$500 for Individual, In-Network; \$1,500 for Family, In-Network Network: Employee can go to any provider from Preferred Provider Network. No Referrals Required. No Out-of-Network benefits available. Tier 1 Premium Provider Co-pay: \$25 Non-Tier 1: \$40 Tier 1 Premium Specialist Co-pay: \$40 Non-Tier 1: \$60 Urgent Care Co-pay: \$60</p> <p style="color: blue;">On both plans, there is an additional \$150 monthly surcharge to cover a spouse who works or is retired and is eligible for medical coverage through their current or former employer.</p>	<p style="text-align: center;"><u>EPO PLUS</u></p> <p>Varies by coverage elected</p>	<p style="text-align: center;"><u>EPO PLUS</u></p> <p>EPO PLUS (Hired before 1/1/2011)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 115</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 285</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 225</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 405</td></tr> </table> <p>EPO PLUS (Hired after 1/1/2011)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 115</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 425</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 330</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 680</td></tr> </table> <p style="color: blue;">SPOUSAL SURCHARGE \$150</p>	Employee Only	\$ 115	Employee + Spouse	\$ 285	Employee + Children	\$ 225	Employee + Family	\$ 405	Employee Only	\$ 115	Employee + Spouse	\$ 425	Employee + Children	\$ 330	Employee + Family	\$ 680	1 st day of employment	
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Prescription Drug Plan Express-Scripts	<p>Pharmacy Co-pay (30 day supply) – No cost for Diabetic Meds ; \$10 Other Generic; 30% Preferred Brand (\$25 min, \$50 max); 45% Non-preferred Brand (\$40 min, \$75 max); \$80 Specialty</p> <p>Mail Order/Smart 90 Exclusive Walgreens Co-pay (90 day supply)- No cost for Generic Diabetic Meds, \$25 Other Generic, \$62.50 Preferred Brand, \$100 Non-preferred Brand; \$150 Specialty</p>	Included in SAWS Medical Contribution	Included in medical plan contribution.	1 st day of employment																
Dental Plan United HealthCare	PPO plan, benefit is the greatest when a provider from the preferred dentist program is used. Covered services include preventive, basic, major & orthodontia for children.	Varies by Tier	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 5.00</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 12.26</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 15.26</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 17.50</td></tr> </table>	Employee Only	\$ 5.00	Employee + Spouse	\$ 12.26	Employee + Children	\$ 15.26	Employee + Family	\$ 17.50	1 st day of employment								
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Vision Plan United HealthCare	Plan provides coverage for eye exams, eye glasses or contacts.	NONE	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Employee Only</td><td style="text-align: right;">\$ 6.80</td></tr> <tr><td>Employee + Spouse</td><td style="text-align: right;">\$ 12.49</td></tr> <tr><td>Employee + Children</td><td style="text-align: right;">\$ 13.09</td></tr> <tr><td>Employee + Family</td><td style="text-align: right;">\$ 19.77</td></tr> </table>	Employee Only	\$ 6.80	Employee + Spouse	\$ 12.49	Employee + Children	\$ 13.09	Employee + Family	\$ 19.77	1 st day of employment								
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Flexible Spending Account United HealthCare	<p>Health Care Reimbursement Account – Employees can set aside pre-tax money from their salary to pay for unreimbursed medical, dental, and vision eligible expenses.</p> <p>Dependent Care Reimbursement Account – Employees can set aside pre-tax money to pay for eligible expenses related to dependent child care or elder care.</p>	NONE	<p>Annual Minimum Contribution \$240 Annual Maximum Contribution \$2,700 The IRS rules now allow employees to carry over up to \$500 of unused FSA Medical balances. You must elect an FSA for the following year in order to carry over a balance. Annual Maximum Dependent Care Contribution - \$5,000</p>	1 st day of employment																

BENEFIT PLAN	HIGHLIGHTS	SAWS CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	ELIGIBILITY DATE
Basic Life Insurance Standard	Covered at 1x annual salary.	100%	NONE	1 st day of employment
Accidental Death & Dismemberment Standard	Provides an additional 1x's annual salary if employee death results from a non-occupational accident.	100%	NONE	1 st day of employment
Long Term Disability Plan Standard	Provides a monthly income if an employee becomes totally disabled and is unable to work. (90 day elimination period)	100%	NONE	1 st day of employment
Additional Life Insurance Standard	Offers additional employee coverage up to 5x's annual salary. Employees can also purchase coverage for spouse & dependents.	NONE	Varies depending on age & tobacco use	1 st of the following month of employment
Retirement Plans (Employees Hired Prior to 6/1/14)	SAWS RETIREMENT PLAN through PRINCIPAL Traditional defined benefit plan; Eligible to retire at age 60 with 5 years of creditable service, or 20 years of service regardless of age.	Based no Annual Actuarial Valuation	3% employee contributions	N/A
	TMRS Hybrid defined benefit plan; Eligible to retire at age 60 with 5 years of creditable service, or 20 years of service regardless of age.	3% SAWS	3% employee contributions	
	SOCIAL SECURITY – Federal government plan.	6.25% SAWS	6.25% employee contributions	
Retirement Plans (Employees Hired After 6/1/14)	SAWS RETIREMENT PLAN through PRINCIPAL Defined contribution plan; Employees contributions immediately owned by employees; Employee vested in SAWS contributions after one year of hire.	4% SAWS	3% employee contributions	1 st day of employment
	TMRS Hybrid defined benefit plan; Eligible to retire at age 60 with 5 years of creditable service, or 20 years of service regardless of age.	3% SAWS	3% employee contributions	
	SOCIAL SECURITY – Federal government plan.	6.25% SAWS	6.25% employee contributions	
Deferred Compensation Plans ICMA & Nationwide	Voluntary 457 plans are available. Employees can defer pre-tax compensation amount up to legal limits.	NONE	Minimum \$10 per pay period to participate	Employee may begin participating at the beginning of any payroll
Education Assistance Program	Tuition reimbursement. Employee must be enrolled in course(s) that are occupationally related. Maximum hours reimbursed: Associate's Degree – 70 hours Undergraduate Degree – 150 hours Graduate Degree – 48 hours	Grades/Percent Reimb. "A" – 100% "B" – 80% "C" – 50% "D" or "F" – 0%	N/A	After 6 months Introductory Period
Types of Leave	Vacation Sick (Personal), Military, Funeral, Jury Wellness Hours: Biometric Screening – 4 hours Wellness Reward Hours – up to 8 hours Holidays – SAWS customarily offers 11 per year	100% 100% 100% 100%	N/A	After 6 months 1 st day of employment
Employee Assistance Program Deer Oaks	Confidential service for employees whose personal problems may be affecting job performance. Employee receives 8 free visits per year per person, per problem.	100%	Employees may negotiate rate with provider for additional visits after 8 th visit.	1st day of employment