



2021 Benefits Guide for Retirees

Open Enrollment
Oct. 5-30, 2020



SAWS 2021 Virtual & Teleconference

Open Enrollment Sessions for Retirees

DATE	TIME	SESSIONS	Participant Dial-In Information
Friday Oct. 16	9 a.m.	MEDICARE ADVANTAGE PLAN	Dial: 844-291-6362 Access Code: 8297317
	10:30 a.m.	PRE-65 RETIREE MEDICAL PLAN	Dial: 210-233-2090 Access Code: 146 220 2856
	1:30 p.m.	MEDICARE ADVANTAGE PLAN	Dial: 844-291-6362 Access Code: 8297317
	3 p.m.	PRE-65 RETIREE MEDICAL PLAN	Dial: 210-233-2090 Access Code: 146 128 1932
Tuesday Oct. 27	9 a.m.	MEDICARE ADVANTAGE PLAN	Dial: 844-291-6362 Access Code: 8297317
	10:30 a.m.	PRE-65 RETIREE MEDICAL PLAN	Dial: 210-233-2090 Access Code: 146 220 2856
	1:30 p.m.	MEDICARE ADVANTAGE PLAN	Dial: 844-291-6362 Access Code: 8297317
	6 p.m.	PRE-65 RETIREE MEDICAL PLAN	Dial: 210-233-2090 Access Code: 146 931 9724

You will be able to attend the 2021 Retiree Open Enrollment Sessions from the convenience of your home or another location by phone (Pre-65 and Post-65) or computer (Pre-65). Simply dial the above number and then enter the access code. Pre-65 Retirees will have to enter the # sign when asked for the attendee ID.

For Pre-65 Virtual sessions, go to saws.webex.com and enter the **access code** based on the time of the meeting you want to attend. Then, enter the password: **2021**.

Contact Human Resources Benefits at 210-233-2025 if you have questions on how to access the sessions. Visit saws.org/retirees for enrollment information.

Become a smart consumer of health care and work toward a healthy lifestyle!

2021 Benefits Guide for SAWS Retirees

SAWS 2021 Open Enrollment is **Oct. 5-30, 2020**.

This guide is designed to provide information regarding the available medical plan options for eligible retirees in 2021. 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 teleconference open enrollment sessions listed inside the cover.

What's new for 2021?

Pre-65 Retirees

- Medical premiums will increase for retirees to keep up with the cost of health care in the PPO Economy and EPO Plus Plans.

Post-65 Retirees—Medicare Eligible

- Medical premiums will decrease in the Medicare Advantage Plans (MAP) PPO Economy and PPO Plus due to a decrease in the Federal Health Insurer Fee for these plans.

What remains the same:

- **Passive Open Enrollment** — Both Pre-65 and Medicare Advantage Plan (MAP) retirees do not need to submit a new enrollment form unless you want to make changes to your current benefits. If you do not submit a 2021 enrollment form, you will continue in the same plan as 2020.
- Spouse Premium Surcharge of \$150 per month will remain the same for spouses on the Pre-65 plans.

Pre-65 Retirees

- Pre-65—UnitedHealthcare and Express Scripts, Inc. will continue to be our third-party administrator and pharmacy benefit manager.
- Smart90 Walgreens Exclusive — 90-day supply prescriptions exclusively at Walgreens. Mail order is also available.
- Copays for office visits and emergency rooms visits, deductibles, and out-of-pocket maximums will remain the same.
- Utilizing Tier 1 Premium Providers who meet the standards for quality and cost efficiency will save you money.

Post-65 Retirees—Medicare Eligible

- SAWS will continue to offer the UnitedHealthcare Medicare Advantage Plans in 2021.
- Copays for office visits and emergency rooms visits, deductibles, and out-of-pocket maximums will remain the same.
- 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.

Table of Contents

2021 Benefit Changes	1
2021 Enrollment.....	2
Retiree Cost Sharing.....	3
Medicare Retirees—Are You Turning 65?.....	4
Medicare Advantage PPO Plans	5
Medicare Advantage Plan and Premiums	6
Pre-65 Retiree Health Plan Options	7
Pre-65 Pharmacy Benefit Information	8
Pre-65 Medical Plan Premiums-Spouse Premium Surcharge....	9
Consumer Tools Can Save You Money	10
Savings When Seeking Health Care Services.....	12
UnitedHealthcare Support Services	13
UnitedHealthcare Wellness Programs	14
UnitedHealthcare Medicare Advantage Plan Additional Programs ...	15
Required Notices	16
Medicare Part D Creditable Coverage	18
Important Contact Numbers	20

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 18-19 for more details.

**Open Enrollment
Deadline
Oct. 30, 2020**

Note: Benefits are subject to change without notice.

Your 2021 Enrollment

2021 Enrollment Information

The 2021 Open Enrollment for both Pre-65 Retirees and Medicare Advantage participants is passive, meaning you will only submit a new enrollment form if you are changing plans.

A 2021 enrollment form is included in your packet. If you would like to make changes to your current plans, please complete the 2021 enrollment form and return it to the SAWS HR Benefits Office at the following address no later than **Oct. 30, 2020**. Remember, you can only change plans during an annual open enrollment period and no new dependents may be added unless there is a HIPAA Special Enrollment event.

Physical Address (on-site delivery required):

San Antonio Water System
2800 U.S. Hwy. 281 North – Tower II
Human Resources Department
San Antonio, TX 78212

Mailing Address:

San Antonio Water System
Human Resources Department
P.O. Box 2449
San Antonio, TX 78298

Verification of Personal Information

To receive your identification cards promptly, make sure that the SAWS Human Resources Benefit Office has your correct contact information on file. You may call the Benefits Office at 210-233-2025 to report an address change or other corrections or send your corrections to the SAWS address provided above under 2021 Enrollment Information.

Opting Out of Coverage

Do you have other coverage? SAWS allows you 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 enrollment in another health plan or plans for any period after the date of retirement 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.

Remember, if your dependent currently has coverage through another health plan, he/she can opt out of SAWS and re-enroll later with proof of continuous coverage.

New dependents may not be enrolled after your retirement unless there is a special enrollment event and you apply for such coverage within 31 days of acquiring a new dependent. However, there shall be no SAWS subsidy towards the premium for any such new dependent. You will have to pay the full cost of coverage for the dependent.

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. 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.

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

IMPORTANT: When you or your eligible dependent turn 65, you must move to the Medicare Advantage Plan. You cannot continue on the SAWS Pre-65 medical plan options. (More info on page 4.)

Retiree Cost Sharing & Enrollment Options

Meeting the Health Care Cost Challenge

SAWS invests millions of dollars each year in retiree health care coverage. Even though the cost of providing medical and pharmacy benefits has increased significantly over the last few years, SAWS is committed to providing quality health care coverage to you at an affordable cost.

In the last few years, pre-65 premiums have been increasing to achieve an overall cost share target where SAWS pays two-thirds of the cost and retirees pay one-third of the cost. In 2021, this goal has been reached. Additional measures were also taken to keep costs manageable for both retirees and SAWS. These measures include:

- Implementing a Medicare Advantage Plan for post-65 retirees.
- Changing plan administrators to secure better network discounts.
- Conducting validation to ensure only eligible dependents are enrolled.
- Implementing an EPO Plus in-network option.
- Realigning deductibles and out-of-pocket costs with current market practices.
- Adding a spouse premium surcharge in order to reduce plan costs and encourage spouses to use their own employer's or former employer's medical coverage when available.

Without these changes, premiums would have increased a lot more in the past few years.

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 or your dependent qualify for Medicare (usually at age 65) you will be required to move to a Medicare Advantage Plan offered through SAWS. These plans are fully-insured, meaning SAWS pays a set premium regardless of actual expenditures in the year. These plans have significantly lower premiums than the pre-65 retiree plans. Premiums for the Medicare Advantage Plans are also set at the target cost share. 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 to re-enter the SAWS plan.

Premium Cost Share Target

Goal Reached	SAWS Pays	Retiree Pays
2021	67%	33%



Medicare Advantage Retirees

SAWS provides Medicare-eligible retirees the option of selecting between two UnitedHealthcare Medicare Advantage Plans: the PPO Economy Plan and PPO Plus Plan. During the annual open enrollment you have the option of switching between the two plans. **However, no action is required from you if you would like to keep your existing plan. There will be a decrease in premiums for Medicare Advantage Plans in 2021 due to a decrease in the Federal Health Insurer Fee for these plans.**

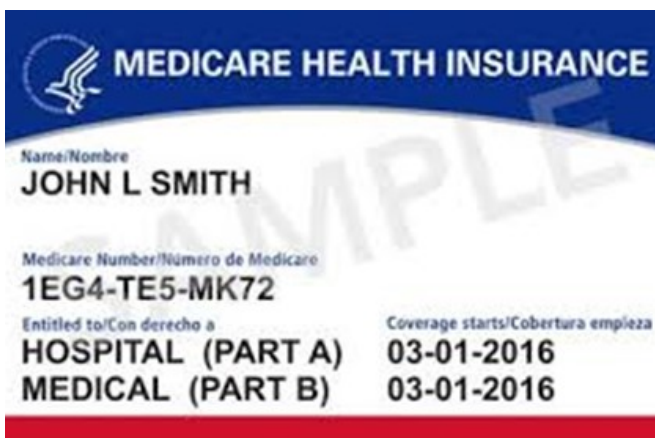
Eligibility Requirements

If you or your covered spouse/dependent 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 Plans 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.**

Are You Turning Age 65?

If you are turning age 65 now or during 2021, you will need to enroll in Medicare Parts A and B to continue retiree medical coverage through SAWS. Be sure to 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. Medicare may charge a penalty to retirees who delay enrollment in Medicare Part B at the time of initial eligibility.
- 2. Notify the SAWS Benefits Office within 30 days of your 65th birthday.** At least 30 days prior to reaching 65, you and/or your covered spouse must report the change in age to the Benefits Office and complete a Medicare Advantage enrollment form. A copy of your Medicare card will need to accompany your enrollment form.



Need Proof of Your Social Security or Medicare Benefits?

If you need proof you have Medicare or receive Social Security benefits, or proof you aren't receiving benefits at all, you can request a Benefit Verification Letter from the Social Security Administration (SSA). A Benefit Verification Letter is an official letter from SSA that proves the following information:

- Income when you apply for a loan or mortgage.
- Income for assisted housing or other state or local benefits.
- Current Medicare health insurance coverage.
- Retirement status.
- Disability.
- Age.

If you applied for benefits but have not received an answer yet, you can request a Benefit Verification Letter that shows your claim is still pending.

You can request your Benefits Verification Letter online at ssa.gov/myaccount or you can request your letter by phone at 800-772-1213 (TTY 800-325-0778) Monday through Friday from 7 a.m. to 7 p.m.

For more information, explore [MedicareMadeClear.com](https://www.MedicareMadeClear.com) or contact the Medicare helpline 24 hours a day, seven days a week at 800-MEDICARE (800-633-4227), TTY 877-486-2048.

Resources:

- [SocialSecurity.gov](https://www.SocialSecurity.gov) — Services and information on how to create an account.
- [Medicare.gov](https://www.Medicare.gov) — The official U.S. government site for Medicare.
- **Helpful Links** — Get a list of helpful links related to Medicare, Social Security, aging and more: [MedicareMadeClear.com](https://www.MedicareMadeClear.com).



Medicare Advantage PPO Plans

Benefit Coverage	PPO Plus	PPO Economy
Annual deductible	\$300	\$500
Annual out-of-pocket maximum	\$2,550	\$3,600
Primary Care Provider (PCP) office visit	\$20	\$25
Specialist office visit	\$40	\$40
Urgent care	\$40	\$40
Emergency room	\$65	\$65
Inpatient hospitalization	Deductible plus 20% coinsurance up to OOP Maximum of \$2,550	Deductible plus 20% coinsurance up to OOP Maximum of \$3,600
Outpatient surgery	Deductible plus 20% coinsurance up to OOP Maximum of \$2,550	Deductible plus 20% coinsurance up to OOP Maximum of \$3,600
Medicare-covered podiatry	\$40	\$40
Medicare-covered chiropractic care	\$20	\$20
Medicare-covered vision services	\$40	\$40
Medicare-covered hearing services	\$40	\$40

Preventive Services

Benefit Coverage	PPO Plus	PPO Economy
Annual physical	\$0	\$0
Annual wellness visit	\$0	\$0
Immunizations	\$0	\$0
Breast cancer screenings	\$0	\$0
Colon cancer screenings	\$0	\$0

Your Part D (prescription drug) PPO Plus & PPO Economy

Tier	Prescription Drug Type	Your Costs	
		Retail 30 day supply	Preferred Mail Order* 90 day supply
Tier 1	Preferred Generic All covered generic drugs.	\$10	\$25
Tier 2	Preferred Brand Many common brand name drugs, called preferred brands.	30% up to \$45	\$62.50
Tier 3	Non-preferred Drug Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.	45% up to \$75	\$100.00
Tier 4	Specialty Tier Unique and/or very high-cost brand drugs.	\$60	\$150.00

*Preferred Mail Order is through OptumRX Home Delivery.

Medicare Advantage Participants

Benefits Information

The Centers for Medicare and Medicaid (CMS) require UnitedHealthcare Medicare Advantage Plans to provide participants specific information regarding their medical plans each year. You will be receiving the following information from UHC in the mail during the month of October:

- 2021 annual notice of change.
- Benefits summary.
- Getting started guide.
- 2021 abridged formulary prescription drug list.
- Rx supplemental coverage.
- Additional drug coverage.
- Home delivery notice.

In addition to the information you will receive, you have online access to:

- 2021 evidence of coverage summary — detailed benefit information.
- Comprehensive formulary.

at www.uhcretiree.com or by calling Customer Service at 800-457-8506.

The documents listed above will require no action on your part because you are already enrolled.

Need help finding a provider or pharmacy near you?

1. Visit UHCRetiree.com to find providers and pharmacies near you. Sign in, then click on the “Provider Search” or “Pharmacy Locator” link. If you are a new user, click “Register Now” to create an account.
2. Call customer service toll-free at **800-457-8506**, TTY **711**, 8 a.m. to 8 p.m. local time, Monday through Friday. They can help you over the phone, or you can ask them to send you a printed copy of the provider or pharmacy directory. You should get your directory 7 to 10 days after UnitedHealthcare receives your request.

Virtual Education Center— serves as a guide to better understand benefits, find providers, manage costs and get the most out of the health plans. It also provides information about programs, resources and tools available to UnitedHealthcare members. Go to <https://uhcvirtualretiree.com/ra/>

Important to Remember:

- You must keep Medicare Parts A and B and continue to pay your Medicare Part B premium.
- 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.
- You do **not** need to show your Medicare card when receiving service. Your UnitedHealthcare card should be provided as identification for medical and prescription services.
- 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 just your UnitedHealthcare card for medical and prescription services.

MEDICARE ADVANTAGE PLAN 2021 MONTHLY PREMIUMS			
	Retiree Pays	SAWS Pays	Total Cost/ No Subsidy
PPO ECONOMY RETIREE 65+			
Retiree Only	\$49.07	\$98.13	\$147.20
Spouse	\$73.60	\$73.60	\$147.20*
Dependent	\$73.60	\$73.60	\$147.20*
Retiree <2002**	\$0	\$147.20	\$147.20
Spouse <2002**	\$0	\$147.20	\$147.20
Dependent <2002**	\$0	\$147.20	\$147.20
PPO PLUS RETIREE 65+			
Retiree Only	\$55.50	\$110.99	\$166.49
Spouse	\$83.25	\$83.24	\$166.49*
Dependent	\$83.25	\$83.24	\$166.49*
Retiree <2002**	\$0	\$166.49	\$166.49
Spouse <2002**	\$0	\$166.49	\$166.49
Dependent <2002**	\$0	\$166.49	\$166.49

*No subsidy for surviving spouse or surviving dependent(s)

**Retirees that retired prior to 9/2/2002 and were on Medicare prior to 12/31/2011



SAWS 2021 Pre-65 Retiree Health Plan Options

PPO Economy and EPO Plus

SAWS will continue to offer the choice of two self-funded medical plans in 2021. Self-funded plans use employee premiums and SAWS contributions to pay for the increasing cost of health care (claims). UnitedHealthcare will continue as our third party administrator and Express Scripts, Inc. will continue as our pharmacy benefit manager.

Stay In-Network

There are several things you can do to help keep costs down. The most important of these is choosing a UnitedHealthcare network provider. A network is a group of doctors, hospitals and other 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. It pays to stay in the network — using network providers can reduce out-of-pocket costs, in addition to the overall health plan costs. All of these savings contribute to keeping premium increases to a minimum. If you will be having labs done, ask your health care professional where it will be and be sure it is an in-network lab, such as Quest Diagnostics, Clinical Pathology Laboratories, or LabCorp.

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.

UnitedHealth Premium Program (Tier 1 Premium Providers)

To help you make more informed choices about your health care, UnitedHealthcare created the UnitedHealth Premium Program. The Premium Program recognizes doctors who meet standards for quality and cost efficiency. Look for the Tier 1 icon or two hearts and find out more on page 10.



Tier 1 Premium Provider – The physician meets the criteria for providing quality and cost-efficient care.

Office visits with Tier 1 Premium Providers have lower co-pays than visits with Non-Tier 1 Premium Providers.

PLAN BENEFIT	PPO ECONOMY (Base Plan)		EPO PLUS (Buy Up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible ¹	\$1,500 Individual	\$2,500 Individual	\$750 Individual	Not Covered
	\$4,500 Family	\$7,500 Family	\$2,250 Family	Not Covered
Coinsurance	80% after deductible	60% after deductible	80% after deductible	Not Covered
Out-of-Pocket ¹	\$4,500 Individual	\$7,500 Individual	\$4,500 Individual	Not Covered
	\$11,250 Family	\$18,750 Family	\$9,000 Family	Not Covered
PCP Office Visit				
Tier 1 Premium Provider	\$40	60% after deductible	\$25	Not Covered
Non-Tier 1	\$50		\$40	
Specialist				
Tier 1 Premium Provider	\$60	60% after deductible	\$40	Not Covered
Non-Tier 1	\$70		\$60	
Preventive Care	100%	60% after deductible	100%	Not Covered
Virtual Visits	\$30	N/A	\$15	N/A
Urgent Care	\$60	60% after deductible	\$60	Not Covered
Emergency Room	\$200 per visit co-pay, plus deductible and coinsurance		\$200 per visit co-pay, plus deductible and coinsurance Emergency ONLY	
Hospital Inpatient	80% after deductible	60% after deductible	80% after deductible	Not Covered

¹**Note:** Out-of-pocket maximums for both the PPO Economy and EPO Plus include medical and prescription copay, deductible, and coinsurance amounts. For all of the coverage details, call 210-233-2025 for a copy of the official plan documents.

Pharmacy Benefit Information

PHARMACY BENEFIT	RETAIL	HOME DELIVERY/ Smart90 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 and Brand)***	\$80	\$150

* Maintenance medication and 90-day supply will only be available through home delivery or Walgreens and must be written by your doctor for a 3-month supply.

** Be sure to get your diabetic supplies at the same time you get your medication. If not, you will be paying for your supplies out of pocket.

*** Specialty drugs must be ordered through Express Scripts specialty pharmacy, Accredo, at 800-803-2523.

Prescription Plan Resources

Express Scripts, the company that manages our prescription benefit, has a user-friendly website: express-scripts.com/saws. Through the website you can learn about the plans available to you, what you'll pay for prescriptions, which pharmacies are in your network, and how to save money. Find helpful resources at express-scripts.com, including the ability to order refills and renewals; check order status; compare medication costs to find potentially lower-cost options under your plan; receive timely medication-related safety alerts; check claims; balances and make payments; obtain forms, and much more.

Rx Mail Order or Home Delivery

Receive up to a 90-day supply of long-term medication delivered directly to you for one home delivery copayment. A long-term medication is one that is taken to treat an ongoing condition such as high blood pressure, high cholesterol, or diabetes. To enroll in the Home Delivery Program, visit express-scripts.com, sign in and choose which of your current maintenance medications you'd like to receive through home delivery. Or you can call Express Scripts at the toll-free number on your ID card or **844-553-9111**.



For more details, don't forget to view the SAWS medical and prescription plan overview videos at saws.org/retirees.

Smart90 Walgreens Exclusive

Your prescription program now provides more savings through the Smart90 Walgreens Exclusive Program. **When you get a 3-month supply of your long-term medication you will be required to fill this prescription either through mail order or a Walgreens pharmacy.** Call your nearest Walgreens and ask for instructions about how to transfer your prescription from your current pharmacy or how to get a new prescription from your doctor.

SaveonSP

SaveonSP helps you save money on certain medications. If you take an eligible prescription that falls under the specialty drug category, you will receive a letter to enroll and reduce your copay amount to zero for the specialty drug prescription. You are responsible for keeping track of the money you receive and spend, so make sure you take down the manufacturer's phone number if you have questions. Don't miss out on these savings. View a list of medications that qualify for this benefit at saws.org/retirees.

InsideRx Pets

InsideRx Pets is a free prescription savings program to provide pet owners discounts on brand and generic human medications prescribed for pets at 40,000 participating retail pharmacies. Prescriptions include those that treat chronic conditions such as diabetes, anxiety, arthritis, or heart disease. For more information and to view a list of medications and participating pharmacies, go to insiderxpets.com.

PRE-65 Medical Plan Premiums

Premium Payments

SAWS will continue to coordinate with Principal Financial Group to have your monthly premiums automatically deducted 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.

Note: If premiums are not paid when due, coverage will be terminated.

2021 Pre-65 Monthly Premiums

Years of Service	30+ and Pre 9-1-2002		25-29		20-24		15-19		5-14		1-4
Tier Selection	Retiree Pays	SAWS Pays	Retiree Pays	SAWS Pays	Retiree Pays	SAWS Pays	Retiree Pays	SAWS Pays	Retiree Pays	SAWS Pays	Retiree Pays
2021 PPO ECONOMY PRE-65 RETIREES											
Retiree Only	\$168	\$674	\$211	\$631	\$253	\$589	\$337	\$505	\$379	\$463	\$842
Retiree + Spouse*	\$538	\$1,230	\$628	\$1,140	\$716	\$1,052	\$893	\$875	\$981	\$787	\$1,768
Retiree + Child(ren)*	\$471	\$1,044	\$548	\$967	\$623	\$892	\$774	\$741	\$850	\$665	\$1,515
Retiree + Family*	\$841	\$1,768	\$965	\$1,644	\$1,086	\$1,523	\$1,330	\$1,279	\$1,452	\$1,157	\$2,609
2021 EPO PLUS PRE-65 RETIREES											
Retiree Only	\$317	\$738	\$369	\$686	\$422	\$633	\$528	\$527	\$580	\$475	\$1,055
Retiree + Spouse*	\$899	\$1,319	\$1,009	\$1,209	\$1,120	\$1,098	\$1,342	\$876	\$1,452	\$766	\$2,218
Retiree + Child(ren)*	\$782	\$1,119	\$877	\$1,024	\$972	\$929	\$1,163	\$738	\$1,257	\$644	\$1,901
Retiree + Family*	\$1,364	\$1,908	\$1,517	\$1,755	\$1,670	\$1,602	\$1,977	\$1,295	\$2,129	\$1,143	\$3,272

*No subsidy for surviving spouse or surviving dependent(s)

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 waiver forms. If you currently have a waiver on file, you do not have to complete an additional waiver for 2021, if there is no change in status.

Points to Remember About the Spouse Premium Surcharge:

- **Important** — All retirees who cover spouses on a Pre-65 non-Medicare plan will have a Spouse Premium Surcharge unless we have a waiver on file.
- The Spouse Premium Surcharge applies to all active employees and pre-65 retirees whose spouse is a dependent on a SAWS medical plan **unless** one of the following conditions applies:
 - Your spouse is not presently employed and does not have access to any other employer-sponsored medical coverage, whether as an active employee, retiree, or dependent.
 - Your spouse is self-employed without access to other medical coverage.
 - Your spouse is covered by Medicare Part A, Tricare, or the Marketplace (these are not considered other employer group health benefits).
 - Your spouse is employed, but his or her employer does not offer medical coverage or he/she is not eligible for medical coverage by his or her employer.

Waivers are due by Nov. 1, 2020

Consumer Tools Can Save You Money

UnitedHealthcare 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>.

UnitedHealth 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 UnitedHealth Premium Program. Or you may call **888-651-7277** and verify with an Advocate4me representative.

Choose Smart. Before the 2021 plan year begins, please look for the Tier 1 icon or two blue hearts to confirm that your doctor will have the Tier 1 status when your benefits start for the new year.



Tier 1 Premium Provider – The physician meets the criteria for providing quality and cost-efficient care.



Quality Care Physician – The physician meets the criteria for providing quality care.

Look for the Tier 1 icon when searching for providers. To identify a Tier 1 or Premium Care Physician during Open Enrollment, go to welcometouhc.com/tier1 and click on “Find a Provider.”



Consumer Tools Can Save You Money

myHealthcare Cost Estimator

Using your benefit information, myHealthcare 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, see quality and cost efficiency ratings, and even map out where you'll be going. Most importantly, you'll be able to make a more informed decision about what option is best for you.

The more you use myHealthcare Cost Estimator, the more you'll see that not all doctors are the same. Depending on what you're looking for, you could see a wide range of estimates for the same procedure or treatment. With this information, you'll be more prepared to decide which choice is best for you, plan your care and budget for medical expenses. You may save money, find doctors who better meet your needs or even find out about a new option you've never heard of before. It's all about having the information you need to make the best decisions for your health and your pocket book.

Quickly and easily estimate your health care costs on myuhc.com or the UnitedHealthcare app. To view "myHealthcare Cost Estimator," login to myuhc.com, and select "Find Care & Costs" or log into the UnitedHealthcare App and select "Find Medical Care" then select "Services and Treatments."

UnitedHealthcare App

UnitedHealthcare app (formerly Health4Me) is a free smart phone app that provides instant access to all 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:

- View and share health plan ID cards via email.
- Receive real-time status on account balances, deductibles and out-of-pocket spending.
- View and manage claims.
- Get health care cost estimates for specific treatments and procedures.
- Find nearby providers, hospitals and quick care facilities and much more.

myClaims Manager

Understand and track your health care costs and payments on myuhc.com with myClaims Manager (Manage Your Claims). 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 for any claim that has a "You Owe" amount using the "Make Payment" feature. (To view "myClaims Manager", login to myuhc.com, and select "Manage Your Claims" or log into the UnitedHealthcare App and select "Manage Claims").



Savings When Seeking Health Care Services

When seeking health care services under one of the SAWS self-funded medical plans, you may be able to save significant money when choosing the right place to get care. Below is a list of options that are available to you along with the copays or coinsurance you will pay when remaining in-network.

WHERE TO GET CARE	WHAT IS IT	COST
NURSELINE	NurseLine connects you with a registered nurse Monday-Friday from 8 a.m. to 8 p.m. to answer some of your medical questions: 888-651-7277 . Examples are: <ul style="list-style-type: none"> • Choosing appropriate medical care • Finding a doctor or hospital • Understanding treatment options • Achieving a healthier lifestyle • Answering medication questions 	\$0
VIRTUAL VISIT	A Virtual Visit lets you see a doctor via your smartphone, tablet, or computer. Examples are: <ul style="list-style-type: none"> • Fever • Rashes • Allergies 	PPO Economy \$30 EPO Plus \$15
CONVENIENCE CARE CLINICS	A clinic when you can't see a doctor and your health issue isn't urgent for example, CVS – Minute Clinic. Examples are: <ul style="list-style-type: none"> • Vaccinations • Common infections, e.g. strep throat • Minor skin conditions, e.g. poison ivy • Ear aches • Minor injuries • Pregnancy test <i>Note: Emergency Clinics are NOT Convenience Care Clinics</i>	PPO Economy \$40 EPO Plus \$25
PRIMARY CARE PHYSICIAN	Go to the doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed. Examples are: <ul style="list-style-type: none"> • Checkups • Vaccinations • General health management • Preventive services • Minor skin conditions 	Tier 1 Premium Provider PPO Economy \$40 EPO Plus \$25 Non - Tier 1 PPO Economy \$50 EPO Plus \$40
URGENT CARE	Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that are not life threatening. Examples are: <ul style="list-style-type: none"> • Minor burns • Minor infections • Small cuts that may need a few stitches • Minor broken bones • Sprains and strains 	\$60
Fetch MD	Have a Physician Assistant (PA) or Nurse Practitioner (NP) in your home or office. They can diagnose, treat and prescribe needed medication. Examples are: <ul style="list-style-type: none"> • Sprains and strains • Minor injuries, sutures • Allergies, sore throat and ear aches • Sports and school physicals • Common illnesses, cold, cough, flu 	\$60
EMERGENCY ROOM	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911. Examples are: <ul style="list-style-type: none"> • Chest pains • Major burns • Spinal injuries • Sudden weakness • Heavy bleeding • Large open wounds • Severe head injuries • Trouble talking • Major broken bones • Sudden change in vision 	PPO Economy \$200 Copay + 20% after \$1,500 deductible EPO Plus \$200 Copay + 20% after \$750 Deductible

UnitedHealthcare Support Services

UnitedHealthcare offers you many additional support services to assist with obtaining the best health care available.

Disease Management Programs

Taking care of a long-term health problem or 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.
- Heart Failure.

Kidney Disease Programs

Our kidney disease programs provide you:

- Nurses you can speak with to help manage your kidney disease.
- Education and counseling.
- Help with finding network dialysis centers and doctors.

For more information or to speak to a nurse advocate, call toll-free at 866-561-7518. TTY users can dial 711.

Cancer Resource Services

Access to the 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 or call toll-free at the number on your health plan ID card. Travel and lodging assistance is not available as part of the Cancer Resource Services program.



Congenital Heart Disease Resources Services

Access to the 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.

Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility. 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 Resources Services at 866-534-7209 before receiving care. More information is also available online at myuhc.com.

Autism Spectrum Disorder and Applied Behavior Analysis

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.

Treatment Decision Support

The 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.
- Expectations of treatment.
- Information on high quality providers and programs.

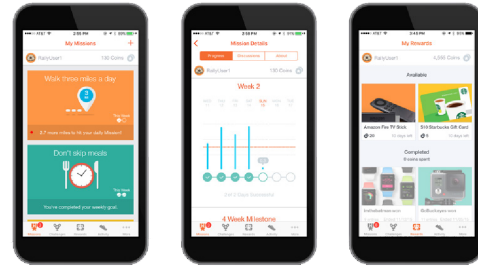
Conditions for which this program is available include:

- Back pain.
- Knee and hip replacement.
- Prostate disease and cancer.
- Benign uterine conditions.
- Breast cancer.
- Coronary disease.
- Bariatric surgery.

For additional information about the program, call the number on the back of your ID card.

UnitedHealthcare Wellness Programs

Better health starts with making the health care choices that are right for you. UnitedHealthcare helps provide members with the programs, resources and ongoing support they need to become empowered, confident health care consumers.



What is 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.

Personalized health survey

Start with the quick Healthy Survey and get your Rally Age, a measure to help you assess your overall health. Rally will then recommend missions for you: activities designed to help improve diet, fitness and mood. Start easy, and level up when you are ready.

After you complete your health survey, you can also:

- Track your personalized missions — you may easily track your progress by self-reporting or using a wearable fitness device.
- Make healthy connections through challenges, community interactions and coaching.
- Register your eligible spouse or dependent on Rally for some family competition.
- Access personal health records.

Get started at myuhc.com



Start living a healthier life with Real Appeal®, an online weight loss program proven to help you achieve lifelong results at no additional cost as part of your health plan benefits.

Your Weight Loss. Your Schedule

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.

What You Need to Enroll

- Insurance information.
- Height and weight.
- Health history.
- Preferred day and time for online weekly group session.

Tailored to your lifestyle and schedule



Online coaching — Tailored guidance that fits your unique schedule and lifestyle.



Motivating support sessions—30-minute group sessions you can attend at home or on the go.



Tools for success—24/7 online resources, plus a Success Kit delivered to your door.

Real Appeal Outcomes

215 SAWS participants lost 1,925 pounds!

Sign up at saws.RealAppeal.com

* Real Appeal is available at no additional cost to eligible employees, spouses, dependents 18 and older and pre-65 retirees with a Body Mass Index (BMI) of 23 or higher on our UnitedHealthcare plan. If you choose UnitedHealthcare for your benefits, you can enroll once you are active in the new plan.

UnitedHealthcare Medicare Advantage Plans

Additional Programs

Take Charge with Renew Active

Introducing Renew Active. The gold standard in Medicare programs for body and mind.

- Stay active with a free gym membership.
- Access to UHC’s network of gyms and fitness locations.
- Personalized fitness plan to help get you started.
- Online brain health program from AARP Staying Sharp.
- Work out from home with Fitbit Premium workout videos.

To learn more, sign into your plan website, go to Health & Wellness and look for Renew Active.



UHCRetiree.com Website

The [UHCRetiree.com](https://www.uhc.com/retiree) website offers tools and information that will help you get the most out of your plan benefits. Register at [UHCRetiree.com](https://www.uhc.com/retiree) and take advantage of the following:

- Find network doctors, hospitals and other health care providers. **Select:** Provider Search > Search providers.
- Make sure your drugs are covered — Use the drug lookup tool to find out what drugs are covered and how much you will pay. **Select:** Drug Lookup > Look up drugs or Estimate costs.
- Find a pharmacy near you, whether you’re at home or away. There are more than 65,000 local and national pharmacies to choose from in the network. **Select:** Pharmacy Locator.
- View and update your health information. **Select:** My Personal Health Record.
- Learn more about health and wellness. **Select:** My Health and Wellness.

- Get savings and convenience delivered to your door through mail service pharmacy, Optum Rx. **Select:** Order drugs from your Preferred Mail Service Pharmacy (under quick links).
- Learn more about your coverage. **Select:** myPlans > Benefits and Coverage.
- Manage your medical and drug claims. **Select:** myPlans > Claims.
- Request replacement materials. **Select:** myPlans > Order Plan Materials.
- Save with pharmacy saver. **Select:** myPlans > Pharmacy Saver > Get Savings Now.

Other services on [UHCRetiree.com](https://www.uhc.com/retiree) include checking your claims status and history, printing a temporary ID card or requesting a replacement ID card and downloading plan forms.

Create your online account today! Signing up is easy, fast and secure. All you need to set up your account is an email address and your health plan member ID. Visit [UHCRetiree.com](https://www.uhc.com/retiree) and click “Register Now.”



NurseLine

Whether it’s a question about a medication or a health concern in the middle of the night, with NurseLine, registered nurses answer your call 24 hours a day. The NurseLine number is 800-457-8506. This number can be found on the back of your member ID card.

Advocate4Me

Managing your health plan benefits and your health isn’t always easy. UnitedHealthcare provides a team of people dedicated to helping you, from understanding your claims to estimating costs ahead of time. Email Advocate4Me@uhc.com or call the number listed on your member ID card.

Required Notices

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

Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about 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 the SAWS medical plans, contact the HR Benefits Office at 210-233-2025 for a copy.

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a resource to help them understand some of the most common but confusing jargon used in health insurance. 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 saws.org/retirees 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 the SAWS Health Care Flexible Spending Account at their own cost in the case of certain qualifying events.

COBRA Notice Requirements. 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 hhs.gov/ocr/privacy or contact SAWS Human Resources at 210-233-2025.

Patient Protection and Affordable Care Act ("PPACA") - Patient Protection Notices

The Claims Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Claims Administrator'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 the Claims Administrator 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 the Claims Administrator 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 the Claims Administrator'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 the Claims Administrator 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, the plan provides benefits under the plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with 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.

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 generally 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, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

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 the Claims Administrator.

For information on notification or prior authorization, contact your issuer.

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 Express Scripts 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 Coverage Disclosure Notice** please see pages 18 and 19 of this benefit guide or contact the HR Benefits Office at 210-233-2025 for a copy.

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. 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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

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 **877-KIDS-NOW** or 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 **866-444-EBSA (3272)**.

TEXAS – Medicaid
gethipptexas.com
800-440-0493

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration dol.gov/agencies/ebsa 866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services cms.hhs.gov 877-267-2323, Menu Option 4, Ext. 61565
--	---

SAWS Retirees and Dependents

Important Notice from the San Antonio Water System

About Your 2021 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 a 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 through Express Scripts 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. 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 enroll in the UHC Medicare Advantage Prescription Drug Plan (UHC MAPD Plan) offered through SAWS and **not** enroll in a stand-alone Medicare Part D plan. Since the SAWS plan is a MAPD Plan and prescription drug coverage is included, you may not enroll in another Medicare prescription drug plan at the same time. If you decide to drop coverage through SAWS, you will be able to enroll in Medicare Part D prescription drug coverage at that time without penalty.
2. You may reject coverage under the UHC MAPD Plan offered through SAWS and choose coverage under a Medicare Part D Plan for prescription drug coverage. If you reject coverage under SAWS’ UHC MAPD Plan, you may re-enroll in this plan at a later date. SAWS allows you or your dependents a one-time opt out opportunity to opt out of SAWS coverage and re-enroll at a later date as long as you have coverage through another plan, including Medicare. If that coverage ends, you will need to provide proof you had continuous coverage within 31 days of it ending to re-enroll in the SAWS 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 (either a Medicare Part D Plan or another MAPD plan) 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 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 <http://www.medicare.gov/publications/pubs/pdf/10050.pdf>). 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 www.socialsecurity.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, 2020
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

IMPORTANT CONTACT INFORMATION

ORGANIZATION NAME	PHONE	WEBSITE/EMAIL ADDRESS
SAWS Human Resources - Benefits Office	210-233-2025	
Sr. Benefits Administrator—Kenny Teruya	210-233-3825	Kenny.Teruya@saws.org
Sr. Benefits Analyst—Patty Goldspink	210-233-3306	benefitsinquiries@saws.org
Sr. Benefits Analyst—Mary Jo Vargas	210-233-3445	benefitsinquiries@saws.org
Benefits Analyst—Andrea Muniz	210-233-3389	benefitsinquiries@saws.org
UnitedHealthcare (PRE-65)		
Customer Service	888-651-7277	myuhc.com
Nurseline	888-651-7277	myuhc.com
Mental Health Providers	888-651-7277	myuhc.com
SAWS Onsite Service Account Manager	210-233-3066	Abi.Luis@saws.org
SAWS Onsite Wellness Coordinator	210-233-3127	Lauren_Zuniga@uhc.com
Express Scripts - Pharmacy Benefit Manager (PRE 65)		
Accredo - Specialty Pharmacy	844-553-9111	express-scripts.com
Group # SAWATER		
UnitedHealthcare— Medicare Advantage Plans		
Nurseline	800-457-8506	UHCretiree.com
OptumRx	877-365-7949	
Virtual Education Center		https://uhcvirtualretiree.com/ra/
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 # 75337		
	800-297-2171	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.

