



# Your **2019** Guide to Benefits for Oncor Retirees and LTD Participants



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## ***Read First!***

Options and programs described in this communication, as well as other communication materials, are intended only to be summaries of certain provisions of Oncor's employee benefit plan(s) (the "Plan"). This **2019 Guide to Benefits for Retirees and LTD Participants** updates and modifies certain provisions of the Plan and, as such, constitutes a summary of material modifications under the law. The programs are governed by formal plan documents and, in the event of a discrepancy, the formal plan documents will prevail. Oncor reserves the right to amend and/or terminate all of its benefit programs, in whole or in part, from time to time.

## ***Legally Required Notices and Summaries of Benefits and Coverage (SBCs)***

You will find notices that are legally required by federal law posted on the Oncor Retiree benefits site at [oncorbenefits.com/ret](http://oncorbenefits.com/ret).

A printed copy of the Legally Required Notices was also mailed to your home with your 2019 Annual Enrollment materials.

An electronic PDF of this guide is available on [oncorbenefits.com/ret](http://oncorbenefits.com/ret). The electronic guide uses interactive links to allow you to easily move through and search at your own pace. The top navigation connects to the *main sections*, and the links below connect to *topics* within the section. Click the arrows on either side of the page number to go to the *previous* or *next* page. All other links are **underlined**, and *website references* appear **underlined bold in dark red** and will open in another browser window, so you can easily switch back to the guide.

Your **2019 Guide to Benefits for Retirees and LTD Participants** provides you details about the benefits program Oncor offers to eligible Retirees and LTD Participants and your family members. These benefits are designed to provide you financial protection in the event of serious illness or death.

# Welcome!

## Oncor's comprehensive benefits for Oncor Retirees and LTD Participants for 2019

As an eligible Retiree, you have an opportunity to participate in medical, prescription drug, dental, vision, and life insurance benefits for you and your eligible dependents through Oncor's benefits program.

Health care costs have been increasing for many years, and are the subject of regular news reports. These benefits, in particular, are very valuable in today's world!

### How to Use This Guide

This guide is set up to focus on each stage of retirement - before Medicare eligibility, when newly eligible for Medicare, and when receiving Medicare.

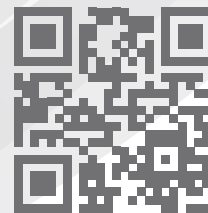
Most Retirees and dependents are receiving Medicare benefits, so this guide begins with medical information for that group. Then, you will find information for those who become eligible for Medicare during 2019. The last section focuses on those who are not eligible for Medicare during 2019.

Following the descriptions of medical coverage, you will find information about dental, vision, and life insurance benefits. Provider contact information is at the end of the guide.

In addition to comprehensive benefits, Oncor provides tools and resources to help you use your benefits. Information about these resources is in this guide. Be sure to:

- > Visit the benefits site [oncorbenefits.com/ret](http://oncorbenefits.com/ret) to find periodic informational updates, and
- > Have the Oncor On the Go mobile app on your phone. You can reach Oncor service providers by phone or online with this easy-to-use app, available at [onthego-oncor.com/ret](http://onthego-oncor.com/ret).

Thank you for your service and contribution to Oncor.



**Retiree  
Benefits Site**  
[oncorbenefits.com/ret](http://oncorbenefits.com/ret)



**Retiree On the Go  
Mobile App**  
[onthego-oncor.com/ret](http://onthego-oncor.com/ret)

# Getting Started

## How to Access Benefit Materials

You can access benefit materials, including Summary Plan Descriptions and other documents, three ways:

- > Go directly to [oncorbenefits.com/ret](https://oncorbenefits.com/ret).
- > Go to [www.connect2epeople.com/retirees](https://www.connect2epeople.com/retirees). Enter your User Name and Password. Then, click the *HR Toolkit* link in the menu at the top of the homepage. You will receive a prompt to enter an additional User Name and Password:
  - User Name: EXTARINSO\EXT\_ONC\_RET
  - Password: ONC;3456
- > Call ePeople at **1.888.812.5465** (*select option '0'*) to request a hard copy of any of the materials posted on the Oncor Retiree benefits site, free of charge. Service Center Representatives are available Monday through Friday from 7:30 a.m. to 6:00 p.m. Central time.

## Oncor On the Go!

With Oncor's mobile app, Oncor On the Go, you will have instant access 24/7 to benefit websites and phone numbers.



To load this app to your mobile device, go to the URL, [onthego-oncor.com/ret](https://onthego-oncor.com/ret) or scan the QR code here.

## iPhone/iPad:

- > Select the *Add to Home Screen* option from your browser's toolbar.
- > Tap *Add to Home Screen*.

## Android:

- > Click the *Menu* button, then the *Bookmark* button.
- > Choose to add the site to your bookmarks.
- > Access your bookmarks. Click and hold the bookmark you created.
- > Select the *Add Shortcut to Home* option.



# Eligibility

Once you retire, you may be eligible for Oncor medical, dental, vision, and life insurance coverage if you meet these requirements:

## Retirees

You were enrolled for coverage on the day before your date of separation, and:

- > You are a Retiree of Oncor.
- > Your employment ended after you reached at least age 55 with 16 years of service, or after you reached at least age 65 (regardless of your years of service).

AND:

- > Immediately before retiring, you were:
  - (i) Covered under the Oncor Employee Welfare Benefit Plan or
  - (ii) Receiving disability benefits under Oncor's Long-Term Disability program.

When you enroll for medical, dental, or vision coverage, you also choose the eligible family members you want to cover. You can choose different coverage categories for each benefit option. For example, you can choose "You + Family" for medical coverage and "You Only" for vision coverage.

While you are receiving benefits from the Long-Term Disability (LTD) program, you are eligible to continue your Oncor medical, dental, vision, and life insurance coverage. You may continue these benefit options provided you were enrolled in them prior to your disability.

## Dependents

Your eligible dependents include:

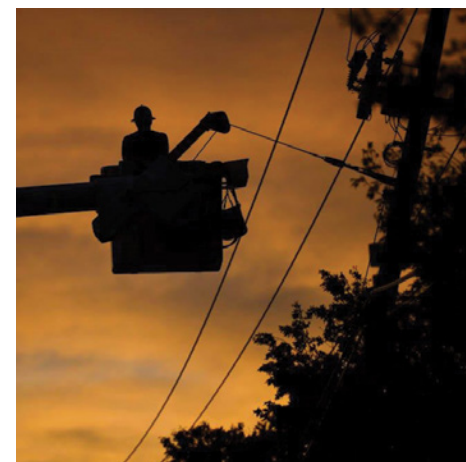
- > Your legal spouse,
- > Your children up to age 26, and
- > Your grandchild if the child lives with you (the Oncor Retiree) and you claim the child as a dependent on your federal income taxes.

You are responsible for notifying ePeople to remove your dependents from coverage when your dependents no longer meet the eligibility requirements.



## Are You Medicare Eligible?

If you are age 65 or older or have a disability that qualified you for Medicare prior to age 65, you are Medicare eligible. If you are Medicare eligible, you are only eligible to enroll in the Medicare-eligible Oncor options and the Oncor plan will pay as though you have Medicare benefits, regardless of whether or not you have enrolled in Medicare.



# Enrollment

Each year, you have the opportunity during Annual Enrollment to choose benefits for the coming year. If you are eligible for Oncor benefits for Retirees and LTD participants during 2019, here is how to enroll:

## Before Enrolling

Review Oncor benefits materials posted on [oncorbenefits.com/ret](http://oncorbenefits.com/ret).

Learn about the benefits and choose the options that best meet your needs and budget.

## Enrolling

Make your benefit elections. You enroll through ePeople at the website or Service Center.

### How to reach ePeople:

- > Visit [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees), or
- > Call **1.888.812.5465** (*select option '0'*). Service Center Representatives are available Monday through Friday from 7:30 a.m. to 6:00 p.m. Central time.

**Note:** The ePeople online enrollment system is not compatible with Apple operating systems. To enroll online, you need to use a Microsoft Windows-based system.

## After Enrolling

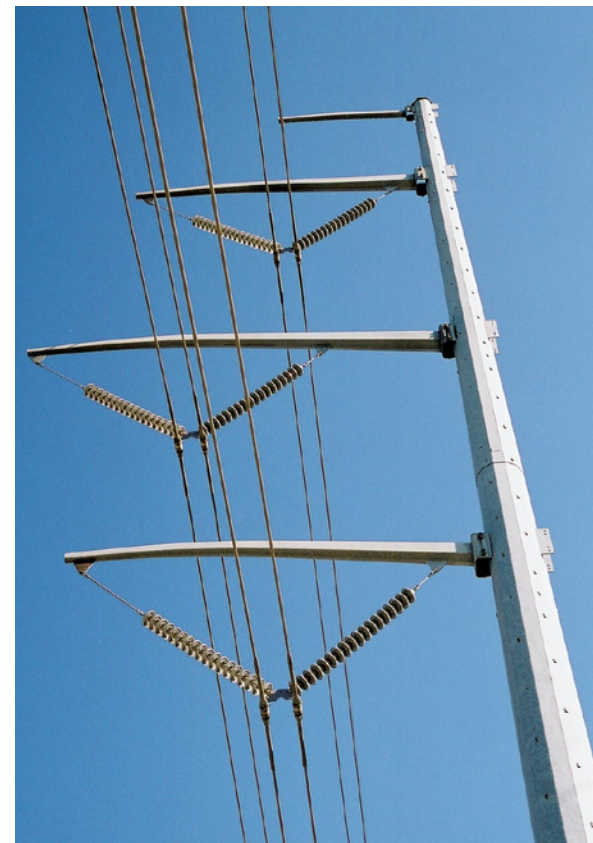
**Check and keep a copy of your confirmation statement.**

You can access a copy of your confirmation statement by:

- > Logging onto the ePeople website and printing a copy of your 2019 benefit elections for your reference, or
- > Calling the ePeople Service Center and asking the representatives to mail or email a confirmation statement to you.

Review the statement to ensure the information is correct. If you find an error, immediately contact the ePeople Service Center.

See [page 19](#) for information about payment for any incentives earned (non-Medicare options only).



## Enrollment *continued*

### Making Changes During the Year

The benefits you choose during Annual Enrollment are effective January 1 through December 31, 2019, or until you make a change as a result of a qualified status change event. Qualified status change events include events such as:

- > Your marriage, divorce, annulment, or legal separation,
- > The birth, adoption or placement for adoption of a child, and
- > The death of your spouse or a covered dependent child.

Please refer to your *Oncor Retiree Benefit Handbook*, posted on the Retiree benefits site at [oncorbenefits.com/ret](http://oncorbenefits.com/ret), for more qualified status change events.

To make a change as a result of a qualified status change event, call **1.888.812.5465** (*select option '0'*) or log onto ePeople at [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees) within 30 days following the qualified status change event (60 days for birth or adoption of a child). Any changes that you make to your benefits must be consistent with the qualified status change. Although you may add or drop dependents based on a status change, generally you may not change your medical option selection unless you lose or gain eligibility for an option, such as if you move into or out of a medical option coverage area, or become eligible for Medicare or lose Medicare eligibility.

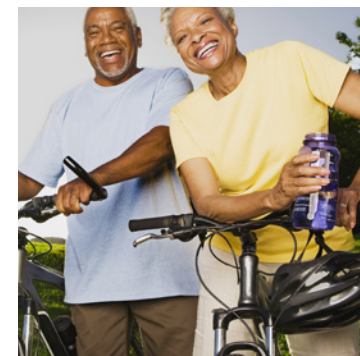
### Opt-Out Feature

Participants eligible for health coverage under the Oncor Retiree Welfare Plan have a one-time opportunity to opt out of health coverage and then re-enroll at a later date. This feature gives you the opportunity to weigh alternatives for health care coverage and elect the best coverage based on your individual circumstances.

- > Enrolling in Via Benefits does not count as an opt out.
- > If you terminate your Indemnity with Legacy Rx Option, you may not enroll in that option in the future. You may enroll in another medical option.
- > If you terminate your optional life insurance coverage, you may not enroll in life insurance at a future date.

For more details, see the *Oncor Retiree Benefit Handbook* posted on the Oncor Retiree benefits site.

**Note:** *If you had waived Retiree health coverage prior to 2008, you are not eligible to re-enroll.*



## Enrollment *continued*

### How to Pay for Your Benefits

As the Direct Billing Administrator for your benefits, Chard Snyder provides:

- > 24-hour Internet access to eligibility and payment status information.
- > Access through email or telephone to contact a Customer Service Representative with any questions relating to your premium payments and billing.
- > Payment coupons for monthly premiums.
- > A way to make payments online (either one time or recurring) through their website.

Payments are due to Chard Snyder on the first of each month. While you have a 30-day grace period, timely payment is important. If you fail to make a required payment by the end of the 30-day grace period, your coverage may be terminated. You can submit your payment:

- > **ACH Form:** Submit this completed form so your payment withdrawals can be deducted directly from your bank account.
- > **Online:** [www.chard-snyder.com](http://www.chard-snyder.com). (See instructions in the right column.)
- > **Mail:** Send your check made out to Chard Snyder, along with the monthly stub, to:  
Chard Snyder  
Attn: Benefit Continuation Department  
3510 Irwin-Simpson Road  
Mason, OH 45040

**Log onto:** [www.chard-snyder.com](http://www.chard-snyder.com)

**Email:** [cobra\\_retiree@chard-snyder.com](mailto:cobra_retiree@chard-snyder.com)

**Call:** 1.888.993.4646 (Cincinnati area: 1.513.573.4646)

**Fax:** 1.513.459.9947

### To make an online payment ...


- > Log onto: [www.chard-snyder.com](http://www.chard-snyder.com).
- > Scroll over the red *My Account Login* button in the upper right corner.
- > Click the *COBRA/Retiree Billing* button that appears from the drop-down menu.
- > Above the Login section, click the link to *Create a New Account (option '5')*.
- > Complete the login information requested:
  - Employer Code - 93813157
  - Temporary ID - 543888
- > Enter the information requested once logged in to complete your profile.
- > From the upper menu, click *Bank Information*, enter the information requested, and click *Save*.
- > From the upper menu, click *Payment Schedules* to create a one-time or recurring payment option. Enter the desired payment schedule and click *Save*.
- > You will receive an email with a confirmation number for your records.

### Timing for 2019 Billing Updates

Chard Snyder cannot update 2019 billing until the account has been paid in full for 2018. They usually receive the next year's billing update between the 6th and 10th of December. You can call in after your December payment has been drafted to update your billing for the new plan year.



# Health Care

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  - 19** [2019 Participant Incentives for Retiree HRA and HSA Medical Options](#)
  - 24** [Tools to Manage Your Health](#)
  - 25** [Dental Benefits](#)
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- 

# Overview: Oncor Medical and Prescription Drug Options for Retirees and LTD Participants

The medical options available to you are based on your and your covered dependent's Medicare eligibility.

If you or your dependent is eligible for Medicare, you may choose:	If you or your dependent is NOT eligible for Medicare, you may choose:
<ul style="list-style-type: none"> <li>• Indemnity with Rx</li> <li>• Indemnity with Legacy Rx*</li> <li>• Indemnity Medical Only</li> <li>• Individual Health Option through Via Benefits (formerly OneExchange)</li> </ul>	<ul style="list-style-type: none"> <li>• Retiree Health Reimbursement Account (HRA) Option</li> <li>• Retiree Health Savings Account (HSA) Option</li> <li>• The Scott &amp; White Health Option* (available only in certain ZIP codes).</li> </ul>

*\*Only participants currently enrolled in this option may select this option.*

## If you or your covered dependent ...

- > Is eligible for Medicare now, go to **page 11**.
- > Will become eligible for Medicare during 2019, go to **page 15**.
- > Is neither eligible for nor will become eligible for Medicare during 2019, go to **page 17**.

If you are currently Medicare Eligible and have an existing balance in either an Oncor Health Savings Account or Health Reimbursement Account prior to your Medicare eligibility, see **page 14** for details on how to access these accounts.

# Medical and Prescription Drug Options for Those Who Are Medicare Eligible

## Coordination with Medicare

If you are eligible for Medicare and you enroll in the Indemnity Option (regardless of Rx, Legacy Rx, or Medical Only), Medicare pays benefits first; then, any remaining costs, if eligible, may be paid by your Oncor Indemnity Option. BCBSTX can give you more details about how the plans coordinate. Benefits are coordinated as if you have Medicare coverage, whether you actually enroll in Medicare or not.

## Indemnity with Rx and Indemnity with Legacy Rx Options

As a plan participant, you may receive care from any provider you choose. You receive a higher level of benefit if you use a Blue Cross and Blue Shield of Texas (BCBSTX) network provider. Preventive care is provided at no cost to you. However, you must first meet the deductible before the option begins paying for other services.

**Only participants currently enrolled in the Indemnity with Legacy Rx Option may select the Indemnity with Legacy Rx Option for 2019.**

## Prescription Drug Coverage Through SilverScript

If you select the Indemnity with Rx or Indemnity with Legacy Rx option, your prescription drug coverage is provided through SilverScript, an affiliate of CVS Caremark. You can fill your prescription at any local retail pharmacy or use the mail order pharmacy for maintenance medications. See [page 13](#) for an overview of how prescription drugs are covered.

When you need to find information about your prescription drug benefits, you can access the SilverScript website or contact their customer service representatives at **1.800.706.9346**. The website and representatives make it easy to access any forms you need to fill medications and to get information about the mail order pharmacy.

If you are a Retiree age 65 or over, SilverScript will send you standardized communication as required by the Centers for Medicare and Medicaid Services (CMS). The information is designed to let you know that if you choose to do so, you may opt out of Oncor-provided prescription drug coverage. If you do this, you will no longer participate in Oncor prescription drug benefits. Instead, you will have medical-only coverage.

## Indemnity Medical Only Option

The Indemnity Medical Only Option provides medical coverage only. As a participant in this option, you may receive care from any provider you choose. Preventive care is provided at no cost to you. However, you must first meet the deductible before the option begins paying for other services.

**Action Step: If you enroll in a non-Oncor Medicare Part D option for pharmacy coverage, your Oncor medical option will change to the Indemnity Medical Only Option. You must notify Oncor of your enrollment in a separate Medicare Part D option by contacting the ePeople Service Center at 1.888.812.5465 (select option '0').**

## Helpful to know ...

- > **CMS** refers to Centers for Medicare and Medicaid Services.
- > **MBI** refers to your Medicare Beneficiary Identifier. The Social Security Administration (SSA) assigns this number to an individual to identify him or her as a Medicare beneficiary.
- > **IRMAA** refers to Income-Related Monthly Adjustment Amount.
- > **MAGI** refers to Modified Adjusted Gross Income.

# Medical and Prescription Drug Options for Those Who Are Medicare Eligible

## Via Benefits

Oncor makes this option available so you can choose coverage from the universe of fully-insured Medicare-supplement and Medicare Advantage plans. Via Benefits can help you find medical, pharmacy, dental, and vision insurance plans that fit your health care needs and budget, often for less than you would pay to participate in a traditional health plan.

Each year during Annual Enrollment, you may choose the option you want for the coming year. When you enroll for coverage with Via Benefits, a Health Reimbursement Account (HRA) may be set up for you. Via Benefits administers the HRA. Oncor may fund the account each year, based on the amount that Oncor would have normally subsidized for your medical benefits if you had continued coverage under the Oncor Retiree Plan. This amount will vary by individual.

If you enroll in coverage through Via Benefits, your coverage will be provided by the individual carrier of your Via Benefits policy, and will be subject to the terms of that policy.

If you enroll in coverage through Via Benefits, you can return to the Indemnity with Rx or Indemnity Medical Only Option (excluding the Indemnity with Legacy Rx Option) during future annual enrollments.

### Looking for a way to reduce your premiums?

Consider the options at Via Benefits. You may find a plan that meets your needs at a lower premium.

## Medical Options At-a-Glance

You and your qualified dependent must be eligible for Medicare in order to be covered by these options. If your spouse is not Medicare eligible, your spouse may be covered in one of the Medical and Prescription Drug Options for Participants Who Are Not Eligible for Medicare, explained starting on [page 17](#).

	Indemnity with Rx and Indemnity with Legacy Rx	Indemnity Medical Only	Via Benefits
	<b>You Pay</b>		
<b>Deductible</b> > <i>You Only</i> > <i>Family</i>	\$150 \$300	\$150 \$300	Varies based on the Via Benefits option you choose. Contact Via Benefits at <b>1.844.498.5563</b> or at <a href="http://Medicare.viabenefits.com">Medicare.viabenefits.com</a> .
<b>Coinsurance maximum</b> > <i>You Only</i> > <i>Family</i>	\$1,000 \$2,000 (excludes deductible)	\$1,000 \$2,000 (excludes deductible)	
	<b>You Pay</b>		
<b>Preventive care</b>	\$0, no deductible		
<b>Coinsurance</b>	20% after deductible		
<b>Physician office visit</b>	20% after deductible		
<b>Lifetime maximum medical benefit</b>	Unlimited		
<b>Prescription drug provider</b>	SilverScript	None - must enroll in Medicare Part D for coverage	

# Medical and Prescription Drug Options for Those Who Are Medicare Eligible

## Prescription Drug Highlights

If you enroll in the Indemnity Medical Only Option, the option does not provide prescription drug benefits. If you enroll in the Via Benefits option, prescription drug benefits vary based on the Via Benefits option you choose. Contact Via Benefits at **1.844.498.5563**. If you enroll in the Indemnity with Rx or Indemnity with Legacy Rx, this chart shows your prescription drug benefits.

Prescription Drug (Rx) Coverage	Indemnity with Rx			Indemnity with Legacy Rx		
Rx deductible per person	\$300			\$50		
Coinsurance/copay maximum per person	\$4,000 (excludes Rx deductible)			\$4,000 (excludes Rx deductible)		
	Up to 30-day supply	Up to 60-day supply	Up to 90-day supply	Up to 30-day supply	Up to 60-day supply	Up to 90-day supply
<b>Retail (Per Prescription Fill)</b>						
Value	\$5 copay <sup>(1)</sup>	\$10 copay <sup>(1)</sup>	\$15 copay <sup>(1)</sup>	20%, \$20 max	20%, \$40 max	20%, \$60 max
All other generic	\$10 copay <sup>(1)</sup>	\$20 copay <sup>(1)</sup>	\$30 copay <sup>(1)</sup>	20%, \$20 max	20%, \$40 max	20%, \$60 max
Preferred brand name	30%, \$100 max	30%, \$200 max	30%, \$300 max	20%, \$40 max	30%, \$80 max	30%, \$120 max
Non-preferred brand name	40%, \$120 max	40%, \$240 max	40%, \$360 max	40%, \$50 max	40%, \$100 max	40%, \$150 max
Specialty	\$250 copay <sup>(1)</sup>	N/A	N/A	\$150 copay <sup>(1)</sup>	N/A	N/A
<b>Mail Order (Per Prescription Fill)</b>						
Value	\$10 copay <sup>(1)</sup>	\$10 copay <sup>(1)</sup>	\$10 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>
All other generic	\$20 copay <sup>(1)</sup>	\$20 copay <sup>(1)</sup>	\$20 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>	\$7.50 copay <sup>(1)</sup>
Preferred brand name	30%, \$200 max	30%, \$200 max	30%, \$200 max	\$25 copay <sup>(1)</sup>	\$25 copay <sup>(1)</sup>	\$25 copay <sup>(1)</sup>
Non-preferred brand name	40%, \$240 max	40%, \$240 max	40%, \$240 max	\$50 copay <sup>(1)</sup>	\$50 copay <sup>(1)</sup>	\$50 copay <sup>(1)</sup>
Specialty	\$250 copay <sup>(1)</sup>	N/A	N/A	\$150 copay <sup>(1)</sup>	N/A	N/A
Lifetime maximum Rx benefits	<b>Unlimited for both Retail and Mail Order prescriptions</b>					

(1) No deductible.

## Medicare Eligible Retirees and LTD Participants: HRA and HSA Information

If you have a balance in either a Health Reimbursement Account (HRA) and/or a Health Savings Account (HSA) remaining from your pre-Medicare medical plan participation at Oncor, read on for details.

*If you are eligible for Medicare and have an existing balance in your Oncor HSA, your HSA is yours to keep.*

Once you are age 65 or older, you may use the money in this account for anything you want without paying a penalty. However, any HSA funds you use for anything besides health care expenses will be taxed. Oncor will pay the HSA administrative fees to Fidelity as long as you remain in an Oncor medical option.

**Note:** *If you enroll in Medicare Part A and/or B, you can no longer contribute pre-tax dollars to your HSA. However, you may continue to withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses, such as deductibles, premiums, copayments, and coinsurance amounts. If you use the account for qualified medical expenses, its funds will continue to be tax-free.*

*If you are eligible for Medicare and have an existing balance in your Oncor HRA, your account administration will transfer.*

Your account administration will transfer from BlueEdge HCA<sup>SM</sup>, the current administrator, to ConnectYourCare. See [page 22](#) for transition details.

You can continue accessing these funds as long as you have coverage under an Oncor medical option until the balance goes to \$0.

## Medical Options for Those Who Become Medicare Eligible and/or Turn Age 65 During the Plan Year

If you or your spouse will turn age 65 during the plan year, your Oncor options will change because you become eligible for Medicare. If this happens, you will need to take these steps.

### Step 1: Contact Social Security to Apply for Medicare

**If you are already receiving Social Security retirement or disability benefits**, the Social Security Administration (SSA) should contact you a few months before you become eligible for Medicare and give you the information you need. If you live in one of the 50 states or Washington, D.C., you will be enrolled in Medicare Parts A and B automatically. You must pay a premium for Part B coverage.

If you opt out of Part B coverage, you will have a gap in coverage, as the Oncor plans will pay as though you have Part B, regardless of whether or not you are actually enrolled in Part B.

**If you are not already receiving Social Security benefits**, contact the SSA to sign up for Medicare about three months before your 65th birthday. Medicare is effective the first of the month in which you turn 65. If your birthday is on the first of the month, Medicare is effective the first of the preceding month. As soon as you get your Medicare card, call ePeople to give them your Medicare Beneficiary Identifier (MBI).

### Step 2: Review the Medical Options for Participants and Dependents Who Are Eligible for Medicare

Once you become eligible for Medicare, you will need to enroll in a new medical option under the Plan for the rest of the year. If you or your spouse is not eligible for Medicare, you will be enrolled in what is known as a “split” option. The participant who is Medicare eligible will be enrolled in one of the options available for Medicare-eligible participants and the participant who is not Medicare eligible will still be eligible to participate in the medical options available to participants who are not eligible for Medicare until he/she is eligible for Medicare.

### Step 3: Contact the ePeople Service Center

After you review your medical options, contact the ePeople Service Center within 30 days of becoming Medicare eligible (turning 65). You should be aware that it takes approximately 45 days for your enrollment in SilverScript to become effective, so the sooner you enroll, the better. During the call, the ePeople representative will answer your questions and enroll you in an option. **If you do not call ePeople, you will be enrolled in the Indemnity with Rx Option for Medicare-eligible participants.**

**Once you start Medicare, you will have to meet a new deductible when you move into the Medicare-eligible Retiree medical option. See page 11 for details.**

### What happens to your Retiree HRA or HSA if you become eligible for Medicare and/or reach age 65?

**Retiree HRA:** You will continue to have access to your HRA funds. If your spouse has not turned 65, he/she will continue to have access to the account and a new account will be established the following year in your spouse’s name if he/she continues not to be eligible for Medicare. The old account remains until the balance reaches \$0. If you don’t have a covered spouse on the plan or your spouse is already 65 or over, or Medicare eligible, the account remains there as long as you have coverage under an Oncor medical option until the balance goes to \$0.

**Retiree HSA:** After you turn age 65, you have access to the funds in your account for other expenses, not just medical care. For more information, refer to *IRS Publication 969* at [irs.gov/publications/p969](https://www.irs.gov/publications/p969).

Also see information on [page 14](#) for additional details.

## Medical Options for Those Who Become Medicare Eligible and/or Turn Age 65 During the Plan Year

### SilverScript Prescription Drug

When you become eligible for the benefits for Participants Age 65 or Over (Medicare Eligible), you will receive a SilverScript “Welcome Kit” sent to your home.

If you want Oncor’s Prescription Drug Coverage, call SilverScript when you receive the Welcome Kit to enroll right away by instructing them that you are waiving the “opt-out” waiting period.

SilverScript follows CMS guidelines in processing Medicare Part D Prescription Drug Plan enrollments. This process can take up to 60 days. Per Medicare rules, you cannot be enrolled automatically in the Medicare Part D Plan for 21 days after your application is accepted by Medicare unless you call to accept the plan. Otherwise, SilverScript will default you into the Oncor option at the end of the 21-day period.

You should apply for Medicare three months before you reach age 65. As soon as you get your Medicare card with your Medicare Beneficiary Identifier (MBI), call ePeople and give them your MBI so you can be set up in the Oncor Prescription Drug Program. If ePeople does not have your MBI at least 45 days before the month you turn age 65, your enrollment may be delayed.

**Your enrollment confirmation and prescription coverage may not be in place on the first day of your Medicare eligibility due to this requirement. However, if you call SilverScript to confirm that you do want to enroll, you may reduce this delay in implementing your coverage.**

### Medicare Premiums May Be Adjusted Based on Income

Medicare requires some people, based on their income, to pay higher premiums for Medicare Part B (medical insurance) and prescription drug coverage (Part D). If this applies to you, Social Security will send you information about your adjustment and how it was determined. These amounts and requirements are a federal law and cannot be waived or changed by Oncor.

Your Medicare Part B (medical insurance) Premium includes:

- > The Standard Part B Premium amount,
- > Any surcharge that may apply for late enrollment or re-enrollment, and
- > An income-related monthly adjustment amount (IRMAA). The IRMAA is based on your modified adjusted gross income (MAGI) from your income tax return two years ago. (If you apply in 2019, your MAGI is based on your 2016 income tax return.)

If you have prescription drug coverage, you also may be charged prescription drug coverage IRMAA in addition to your monthly premium. The IRMAA is generally deducted from your monthly Social Security benefits, regardless of how you pay your premiums.

#### About CMS Rules

CMS rules do not allow enrollment in more than one Medicare Part D program at a time. While you are enrolled in the Oncor Rx program, if you enroll in another Medicare Part D program, or if you have other coverage that transitions its prescription drug coverage to a Medicare Part D program, you will be automatically dis-enrolled from the Oncor prescription drug coverage. If this happens, you will be moved into the Indemnity Medical Only option.



## Medical and Prescription Drug Options for Those Not Eligible for Medicare

This chart provides a comparison of the Retiree HRA and Retiree HSA Options for participants who are not eligible for Medicare. Oncor does not provide automatic funding to the HRA or HSA. If you comply with certain preventive medical screenings (see chart on [page 19](#)), you will receive incentive payments as explained on [page 22](#).

### Scott & White Health Plan Option

This medical option is only available if you live in the Scott & White service area. You must receive care from a Scott & White network provider (except in a medical emergency) or your care will not be covered.

Effective January 1, 2015, the Scott & White Health Option was no longer available to new participants. If you are currently a participant in this option, you may elect to continue in 2019. If you dis-enroll, you will not be able to re-enroll at a later date. Most Scott & White providers are also in the BCBSTX provider network. You may want to consider the Retiree HRA or Retiree HSA Options when you enroll.

### Medical Options At-a-Glance for Participants Who Are Not Eligible for Medicare

(See [page 22](#) for information on how incentives are paid starting January 1, 2019.)

	Retiree HRA Option <sup>(1)</sup> (No Automatic Oncor Funding)		Retiree HSA Option <sup>(1)</sup> (No Automatic Oncor Funding)		Scott & White Health Option (Not available to new participants after 1/1/15)
<b>Total Possible Medical Option Incentives You May Earn<sup>(2)</sup></b>	You Only: \$625 You + Spouse: \$925 You + Children: \$775 Family: \$925		You Only: \$975 You + Spouse: \$1,625 You + Children: \$1,625 Family: \$1,625		N/A
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
<b>Deductible</b>					
> You Only	\$1,500	\$3,000	\$1,800	\$3,600	\$500
> Family	\$3,000	\$6,000	\$3,600	\$7,200	\$1,000
<b>Coinsurance Maximum<sup>(3)</sup></b>					
> You Only	\$2,800	\$5,600	\$3,000	\$6,000	\$3,000
> Family	\$5,600	\$11,200	\$6,000	\$12,000	\$6,000
<b>Out-of-pocket Maximum</b>					
> You Only	\$4,300	\$8,600	\$4,800	\$9,600	\$3,000
> Family	\$8,600	\$17,200	\$9,600	\$19,200	\$6,000
	You Pay				
<b>Preventive care</b>	\$0, no deductible		\$0, no deductible		\$0, no deductible
<b>Doctor office visits</b>	20% after deductible	40%	20% after deductible	40%	\$20 copay
<b>Most other eligible expenses except prescription drugs</b>	20% after deductible	40%	20% after deductible	40%	10% after deductible

(1) Claims must be filed within one year of date of service.

(2) Starting in 2019, any incentives earned will be paid to you in the form of a paper check from Oncor. The money can be used for any expenses, and is not limited to health care expenses. Incentives paid are subject to ordinary income tax.

(3) If you are enrolled in the Retiree HSA and have individual coverage (the "You Only" coverage category), you must meet the individual deductible each year before the option starts paying benefits. If you have family coverage (the "You and Spouse," "You and Children" coverage category), you must meet the family deductible before the option starts paying benefits, even if only one family member has claims. However, an individual will be responsible for no more than \$4,800 in out-of-pocket maximum expenses.

## Prescription Drug Highlights

When your doctor prescribes medicine, it is important that you carefully follow all instructions. Do you need to take the medicine before, after, or even during a meal? Are there dietary restrictions or potential interactions with other medication, including other prescription medicine or over the counter? How long and how often do you need to take the prescription? And, of course, finish the entire course of medicine as prescribed and **never** take medicine prescribed to someone else.

### Maintenance Prescriptions

Maintenance prescription drugs must be filled through the CVS mail order program or at a local CVS pharmacy. You may have up to three grace fills on your current prescriptions before this rule takes effect.

The plan covers three 30-day fills of medications you take regularly at any pharmacy in the CVS network. After that, you can choose to have 90-day supplies of your long-term medications delivered by CVS Caremark Mail Service Pharmacy or pick them up at any CVS Pharmacy+ (including those inside Target stores).

After three fills, you can continue to receive 30-day supplies of long-term medications at any network pharmacy. You must first contact CVS at the number on your prescription card to opt-out of 90-day refills.

**Questions?** Visit [caremark.com](http://caremark.com) or call CVS using the number on the back of your member ID card.

## Prescription Drug Highlights for Participants Who Are Not Eligible for Medicare

	Retiree HRA and Scott & White Health Options	Retiree HSA Option
Prescription Drug (Rx) Coverage	In-Network	In-Network
You Pay		
<b>Rx deductible</b> > <i>You Only</i> > <i>Family</i>	\$200 \$400	Included in medical deductible
<b>Coinsurance/copay maximum</b> > <i>You Only</i> > <i>Family</i>	\$2,000 (excludes Rx deductible) \$4,000 (excludes Rx deductible)	Included in medical out-of-pocket maximum
<b>Retail (up to a 30-day supply)</b> > <i>Value/preventive generic</i> > <i>All other generic</i> > <i>Preferred brand name</i> <sup>(2)(3)</sup> > <i>Non-preferred brand name</i> <sup>(2)(3)</sup>	\$5 copay <sup>(1)</sup> \$10 copay <sup>(1)</sup> 30% up to \$100 max per Rx after Rx deductible 40% up to \$120 max per Rx after Rx deductible	\$5 copay <sup>(1)</sup> 20% after annual option deductible 20% up to a \$75 maximum per Rx after annual option deductible 20% up to a \$120 maximum per Rx after annual option deductible
<b>Mail order (up to a 90-day supply)</b> > <i>Value/preventive generic</i> > <i>All other generic</i> > <i>Preferred brand name</i> <sup>(2)(3)</sup> > <i>Non-preferred brand name</i> <sup>(2)(3)</sup>	\$10 copay <sup>(1)</sup> \$20 copay <sup>(1)</sup> 30% up to \$200 max per Rx after Rx deductible 40% up to \$240 max per Rx after Rx deductible	\$10 copay <sup>(1)</sup> 20% after annual option deductible 20% after annual option deductible per Rx up to \$150 annual max 20% after annual option deductible, per Rx up to \$240 annual max
<b>Lifetime maximum medical and Rx benefit</b>	Unlimited	

(1) No deductible.

(2) If you are taking a brand name prescription with a generic equivalent and do not switch to the generic, you will pay the generic copay, plus the difference between the price of the generic and brand name drug.

(3) If a brand name drug (preferred or non-preferred) is less than the maximum copay, you pay the total cost of the prescription.

## 2019 Participant Incentives for Retiree HRA and HSA Medical Options

2019 Participant Incentives for Retiree HRA and HSA Medical Options Paid by Oncor in the Form of a Paper Check (subject to applicable taxes)		
	Retiree HRA Option	Retiree HSA Option
<b>Annual Physical with Biometric Screening Incentives</b> (A) Applies if you get an annual physical (B) Applies if your spouse gets an annual physical	You only: \$300 <sup>(A)</sup> You + spouse: \$300 <sup>(A)</sup> + \$300 <sup>(B)</sup> You + children: \$450 <sup>(A)</sup> Family: \$300 <sup>(A)</sup> + \$300 <sup>(B)</sup>	You only: \$650 <sup>(A)</sup> You + spouse: \$650 <sup>(A)</sup> + \$650 <sup>(B)</sup> You + children: \$1,300 <sup>(A)</sup> Family: \$650 <sup>(A)</sup> + \$650 <sup>(B)</sup>
<b>Healthy Incentive 2019</b> Biometric results or health coaching program	You only: \$325	You only: \$325
<b>Total Possible Medical Option Incentives</b>	You only: \$625 You + spouse: \$925 You + children: \$775 Family: \$925	You only: \$975 You + spouse: \$1,625 You + children: \$1,625 Family: \$1,625

### How Do You Get a Physician Results Form?

A Physician Results Form:

- > Is available by clicking [here](#).
- > Can be downloaded from the benefits site at [oncorbenefits.com/ret](http://oncorbenefits.com/ret).
- > Can be obtained by calling Cover-Tek at **1.817.329.6900**.

### Overview of Steps to Receive Incentives for HRA or HSA

To receive Oncor contributions to your HRA or HSA (non-Medicare options only), follow these steps.

1. **The Annual Physical with Biometric Screening Incentive for you and your spouse:** You and your covered spouse should have an annual physical, including a biometric screening, at your doctor's office. Take a **Physician Results Form** with you.

Your doctor must then fax the completed form for you to the number shown on the form. The form must be submitted for you to be eligible for a Healthy Incentive.

For your spouse to receive the Annual Physical with Biometric Screening Incentive, your spouse's doctor must return the **Physician Results Form** to Cover-Tek as well. Evive Health will receive reports of the annual physical with biometric screening for you and your spouse through the claims system.

2. **A Healthy Incentive for you (the Retiree):** As explained in Step 1, your doctor must submit the completed **Physician Results Form** for you to be eligible for a Healthy Incentive. If your biometric screening shows 2 or less health risk factors, you automatically receive the \$325 **Healthy Incentive**. If your screening shows 3 or more health risk factors, you must complete a targeted health coaching program to be eligible for a **Healthy Incentive**. See [page 20](#) for details.



Contact Cover-Tek

1.817.329.6900

1.817.416.2300

## 2019 Participant Incentives for Retiree HRA and HSA Medical Options

*continued*

You can receive a **Healthy Incentive** if you meet certain healthy targets or take actions, such as participating in a health coaching program, to improve your health.

### 2019 Healthy Incentive

There are two types of health risk factors: those beyond a person's control (age, gender, and heredity) and those affected by behavior and lifestyle. Medical experts have identified five risk factors that can be affected by behavior and lifestyle as key drivers in developing certain conditions, such as heart disease, stroke, and diabetes. This chart provides more information:

Risk Factor	What It Means*	The Healthy Target
Low HDL cholesterol	HDL cholesterol helps remove cholesterol from the arteries, so a high level of HDL is good. A low HDL cholesterol level raises your risk of heart disease.	For men: Greater than or equal to 40 mg/dL For women: Greater than or equal to 50 mg/dL
High triglycerides	Triglycerides are a type of fat found in the blood, and high triglycerides increase the risk of developing heart disease.	Less than 150 mg/dL
High blood glucose	Also known as blood sugar, glucose is what the body uses for energy. High glucose may be a sign of diabetes and can affect kidney functions.	Less than 100 mg/dL
High blood pressure	Blood pressure is the force of blood pushing against the walls of your arteries as your heart pumps blood. Your heart can be damaged and develop plaque buildup if your blood pressure rises and stays high over time.	Systolic less than 130 mmHg; diastolic less than 85
Waist circumference	Abdominal obesity (excess fat in the stomach area) is a greater risk factor for heart disease than excess fat in other areas of the body, such as on the hips.	For men: Less than or equal to 40 inches For women: Less than or equal to 35 inches

\*Source: National Heart, Lung, and Blood Institute

### Qualifying for a Healthy Incentive

The **Healthy Incentive** program is designed to encourage Retiree HRA and Retiree HSA participants to take action toward health improvement. In 2019, Oncor will provide \$325 to fund your incentives.

Your incentives will be paid to you in the form of a paper check from Oncor and will not be deposited into your HRA or HSA as in years past. The amount of the check will be subject to ordinary income tax. Incentives will be based on meeting healthy targets or, if you do not meet the targets, by participating in a health coaching program.\*\* Determined by biometric results, if you have:

- > **0 to 2 health risk factors**, Oncor will provide a \$325 **Healthy Incentive**.
- > **3 or more health risk factors**, Oncor will provide a \$325 **Healthy Incentive** once you complete a targeted health coaching program by December 31, 2018. These health coaching programs are offered at no charge to eligible Retirees and focus on nutrition and exercise. As an extra bonus, you will receive a free Fitbit to help you track your wellness activities.

**\*\*If you are unable to participate in a coaching program due to medical reasons as certified by your doctor, Oncor will consider a reasonable alternative recommended by your doctor.**

**Any action you take in 2019 counts toward your 2020 Annual Physical with Biometric Screening Incentive.**

## Incentive Schedule for 2019

### 2019 Annual Physical with Biometric Screening (Non-Medicare Eligible Participants only)

If you have your annual physical with Biometric Screening...	Then, you will receive your 2019 Annual Physical Incentive with Biometric Screening...
By <b>August 31, 2018</b>	In <b>January 2019</b>
Between <b>September 1 and December 31, 2018</b>	In <b>April 2019</b>

**Note:** If your spouse is also covered under a BCBSTX option, he or she must also follow this schedule in order to receive incentives.

### 2019 Healthy Incentive (Non-Medicare Eligible Participants Only)

If you have a biometric screening with your annual physical and your Physician Results Form has been accepted as complete by Cover-Tek...	Then, you will receive your 2019 Healthy Incentive...
Prior to <b>August 31, 2018</b> , and you: > Met the required results <b>OR</b> > Completed a Health Coaching Program by <b>August 31, 2018*</b>	In <b>January 2019</b>
Between <b>September 1 and December 31, 2018</b> , and you: > Met the required results <b>OR</b> > Completed a Health Coaching Program by <b>December 31, 2018*</b>	In <b>April 2019</b>

\*If you are unable to participate in a coaching program due to medical reasons as certified by your doctor, Oncor will consider a reasonable alternative recommended by your doctor.

Any action you take in 2018 counts toward your 2019 medical option incentive. And, any action you take in 2019 will count toward your 2020 medical option incentives.

### Evide Health

If you participate in a Retiree HRA or Retiree HSA Option, you can contact Evive Health with incentive and funding questions. They will send you confidential reminders about wellness and medical incentive activities.

Several times a year, you will receive a checklist to help you track your incentive goals, as well as reminders for preventive and chronic care, if applicable, based on national guidelines and your health history.

All individual medical data that Evive receives is confidential and is not shared with Oncor.

Once you move from a Pre-65 HSA plan to a Medicare coordinating plan, you can no longer receive any incentive funding even though the activity was completed while you were still actively enrolled in the Pre-65 HSA option.

## Incentive Payment Process for Those Not Eligible for Medicare

### Wellness for Non-Medicare Eligible Participants

#### *If You Are a Pre-65 Retiree and Not Eligible for Medicare*

Beginning on January 1, 2019, the way incentives are paid for the HRA and HSA Options is changing. This change is being made to allow us to continue to offer equitable incentives to all of our Non-Medicare Eligible Retirees.

Be sure you complete the incentives by the deadlines shown in the schedule on [page 21](#).

Currently, the incentives you earned have been deposited into your HRA or HSA. Beginning in 2019, you will be paid for any incentives earned in the form of a paper check from Oncor instead of a contribution to your HRA or HSA.

The incentive is subject to applicable income taxes and can be used for any expenses, not limited to health care expenses.

### How to Earn Your Incentives

Take a *Physician Results Form* with you when you or your covered spouse has your annual physical with biometric screening at your physician's office. You and your doctor must then fax the completed form to the number shown on the form to receive your incentive.

Biometric results are validated by Cover-Tek. If you have less than three health risk factors, you meet the requirements for the Healthy Incentive. If you have three or more health risk factors, you may earn the Healthy Incentive by completing a health coaching program.

To confirm that the completed forms have been received and/or check your health risk factors, you can call Cover-Tek at **1.817.329.6900**, or contact Evive Health at [questions@evivehealth.com](mailto:questions@evivehealth.com) or **1.800.475.8205**.

See [page 19](#) for ways to get a *Physician Results Form*.

### Health Reimbursement Account (HRA): New Administrator

Starting January 1, 2019, ConnectYourCare (CYC) will begin administering your HRA, replacing Blue Cross and Blue Shield (BlueEdge HCA<sup>SM</sup>).

CYC's advantages include:

- > You will receive an HRA debit card.
- > You will have access to a Call Center with representatives to help you 24 hours a day, seven days a week.
- > CYC provides advanced technology to you through the participant portal and mobile technology.
- > You can use CYC's instant camera upload feature to eliminate the hassle of receipts!

### Transition of HRA to CYC

Here is the transition schedule:

- > **Through December 31, 2018**, you may submit HRA claims to BlueEdge HCA<sup>SM</sup>.
- > **Starting January 1, 2019:**
  - A blackout period begins and HRA balances are not available.
  - You may submit HRA claims to CYC.
- > **On or about February 8, 2019**, HRA funds transfer to CYC, and any pending claims will be processed after the transfer is complete.

**Note:** *If you are Medicare eligible, you already have an account with CYC and your balance will remain there. The blackout period will not apply to you. No new card will be issued.*

## Incentive Payment Process for Those Not Eligible for Medicare

Changes to the way incentives are paid for the Health Reimbursement Account (HRA) and Health Savings Account (HSA) Options begin on January 1, 2019, as explained here. Please make sure you complete incentive activities by the deadlines.

### *Incentive Payment Process in 2019*

Oncor encourages healthy habits to help you live a long and healthy life. As part of this effort, Oncor has provided incentives in the HRA and HSA medical options when you completed various wellness activities.

In previous years, incentives that you earned were paid to you through your HRA or HSA. Beginning in 2019, any incentives earned will be paid to you in the form of a check from Oncor. The money can be used for any expenses, and is not limited to health care expenses. Incentives paid are subject to ordinary income tax.

### *Incentives earned in 2018 that are to be paid in 2019:*

If your incentive activities are completed by the announced deadlines, you will receive the amount of your incentives, less applicable income taxes, in the form of a paper check from Oncor.

### *Amounts that are currently in your HRA or HSA:*

You can continue to use your account for eligible health care expenses until the balance is exhausted.

**Note:** *If you are in an HRA, you will forfeit any remaining balance when you stop participating in an Oncor medical plan.*

### *Account administration:*

- > **HRA:** Starting January 1, 2019, your account will be administered by ConnectYourCare instead of BlueEdge HCA<sup>SM</sup>, the current administrator. This transition is being made to provide you with a Debit Card for your convenience. You will receive more information about the HRA transfer as part of Annual Enrollment. Oncor will pay administrative fees as long as you remain in an Oncor medical option.
- > **HSA:** Fidelity, the current administrator, will continue in this role. Oncor will pay administrative fees as long as you remain in an Oncor medical option.

If you are Medicare-eligible, see [page 11](#).

# Tools to Manage Your Health *Programs for BCBSTX Participants*

Oncor provides many resources to help you have a healthy life.

## **MDLIVE** (available to those eligible for Medicare and those not eligible for Medicare)

You and your covered dependents can access care for non-emergency medical issues, 24 hours a day, seven days a week through a convenient virtual service.

This service is available whether you are at home or traveling. You can call to speak to a board-certified doctor immediately or schedule an appointment at your convenience.

These providers can treat these conditions and more:

- > **General health** – Allergies, asthma, nausea, and sinus
- > **Pediatric care** – Cold/flu, ear problems, and pinkeye

Prescriptions are sent electronically to the pharmacy of your choice (when appropriate).

**To use MDLIVE, call 1.888.680.8646 to speak with a health service specialist or a doctor. To register, provide your first and last name, date of birth, and BCBSTX member ID number.**

## **Using MDLIVE**

Each consultation has a fee of \$44, and uses in-network providers. If you have an HSA, you can use your HSA debit card to pay this fee.

If you have an HRA, you can pay with your ConnectYourCare (CYC) debit card. MDLIVE then files a claim with BCBSTX.

## **Health Advocacy Solutions**

In another step to consolidate our providers and make it easier for you to know who to call when you need assistance, Blue Cross and Blue Shield of Texas (BCBSTX) will provide additional Health Advocacy Solutions to Non-Medicare eligible participants in 2019. You will receive a new BCBSTX ID card in late December with a customer service number. The health advocacy customer service representatives are ready to assist you by:

- > Answering claims and benefit questions
- > Resolving billing issues
- > Providing educational resources and discussing your options when you receive a diagnosis
- > Finding quality, in-network providers
- > Giving you a cost estimate for health care services or procedures
- > Telling you how you can earn cash rewards for choosing lower-cost, quality providers
- > Giving information on appropriate and cost-effective medication usage
- > Ordering member ID cards
- > Directing you to other Oncor programs available to you
- > Assisting with preauthorization of claims

## **Livongo Makes Living with Diabetes Easier**

This service provides access to supplies at no cost to you. It includes a free blood glucose meter, data-driven personalized insight, 24/7 coaching (including tips when blood sugar levels are out of range), and unlimited strips delivered on demand.

**For more information on the services provided by Livongo or for questions, call 1.800.945.4355 or log on to [www.welcome.livongo.com/oncor](http://www.welcome.livongo.com/oncor) and use the Registration Code: ONCOR.**

## **Tobacco Cessation and Weight Management Programs**

These two voluntary programs through Blue Care Connection® offer you a combination of personal telephone coaching, self-directed online courses, and tobacco cessation and/or weight management resources to help you reach your wellness goals.

**To enroll in the Tobacco Cessation and/or the Weight Management Program, call Customer Service at the phone number shown on the back of your member ID card.**



# Dental Benefits

You may choose from two Aetna dental options, and you can receive care from any dentist you select. However, when you receive care from an Aetna network provider, you pay lower out-of-pocket costs and your annual maximum benefit will stretch further than if you use out-of-network providers. You can find network providers by accessing Aetna's website at [www.aetna.com](http://www.aetna.com).

## Preventive Care Incentive

Each participant who receives at least one cleaning per calendar year will receive an increase of \$250 in his or her maximum annual benefit payable for the following year for basic and major services (does not apply to orthodontia) up to a maximum benefit of \$2,500 for Option A and \$1,500 for Option B.

Service	Dental Option A	Dental Option B
<b>Annual deductible</b> > <i>You Only</i> > <i>Family</i>	\$25 \$75	\$50 \$150
<b>Preventive care*</b> ( <i>exams, cleanings, X-rays</i> )	Covered in full, no deductible	
<b>Option Pays</b>		
<b>Basic care</b> ( <i>oral surgery, fillings, root canals</i> )	80% after deductible	60% after deductible
<b>Major care</b> ( <i>crowns, bridges, dentures, inlays</i> )	50% after deductible	50% after deductible
<b>Annual maximum benefit for basic and major care</b>	\$2,000*	\$1,000*
<b>Orthodontia</b>	50% no deductible	50% no deductible
<b>Orthodontic lifetime maximum</b>	\$2,000	\$1,000

\*The annual maximum benefit is increased if you meet the requirement for the Preventive Care Incentive.



## Start as a child and keep it up!

A child should go to the dentist by age one or within six months after the first tooth erupts, according to the American Academy of Pediatric Dentistry (AAPD).

But, that's just the start. You should have regular checkups your whole life.

A dental exam can do much more than keep your smile gleaming. Your dentist may detect other conditions, too, such as heart problems, diabetes, osteoporosis, and nighttime reflux. So, keep up that checkup.

# Vision Benefits

With vision benefits offered through UnitedHealthcare (UHC) Vision, you can use any provider you choose. To receive the maximum level of benefits, you must use a UHC network provider.

If you receive care from an out-of-network provider, you must pay 100% of the cost at the time of service and submit a claim to UHC for reimbursement at a reduced benefit amount. Visit UHC's website at [www.myuhcvision.com](http://www.myuhcvision.com) to find network providers and a schedule of out-of-network benefits.

If you participate in the Vision Option, you are also eligible to receive discounts on laser vision correction surgery. More information about this discount is available in your *Benefits Handbook* online at [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees).

## Learn More About Lasik Surgery

 1.888.563.4497

 [www.uhclasik.com](http://www.uhclasik.com)



A vision exam can check for glaucoma, cataracts, and retinal problems. In addition, like a dental exam, a vision exam can lead to finding other ailments such as high blood pressure, high cholesterol, diabetes, brain tumors, and cancer.

Service (Benefit Frequency - Once Per Calendar Year)	If You Choose a UHC Vision Provider, You Pay
<b>Professional Fees</b>	
Vision exam	\$10
<b>Eyeglasses</b>	
Single vision lenses	\$0 <sup>(1)</sup>
Bifocal lenses	\$0 <sup>(1)</sup>
Trifocal lenses	\$0 <sup>(1)</sup>
Lenticular lenses	\$0
Polycarbonate lenses for up to age 19	\$0
Frames	\$0, up to \$150 allowance per year
Scratch-resistant coating and ultraviolet coating	\$0
Tinted lenses	\$0
<b>Contact Lenses</b>	
Medically necessary <sup>(2)</sup>	\$0
Elective <sup>(3)</sup>	You pay \$0 for six boxes of disposables from the provider's covered-in-full selection. If you choose contacts not included in the covered-in-full selection, such as bifocal contacts, you will pay any amount above \$150.

(1) Popular lens upgrades (such as no-line bifocals and anti-reflective coating) are available at a discount to you.

(2) Contact lenses are considered medically necessary if your eyesight cannot be corrected with eyeglasses or as determined by your provider. If you select contacts for any other reason, they are considered elective.

(3) If you choose contact lenses under this option, you will not be eligible for frames until the next calendar year.

# Financial Security



# Life Insurance

Retiree life insurance pays a benefit to your beneficiary in the event of your death. You may select from various levels of life insurance coverage. You may also be able to continue coverage for your eligible dependents.

Your Retiree coverage cannot be greater than the amount of coverage you had as an active employee. Once you have enrolled for Retiree life insurance, you can reduce the amount of coverage but you cannot increase it.

The IRS requires you to pay taxes on the value of any life insurance coverage over \$50,000 that is provided to you by Oncor. This “imputed income” is not based on the cost of the coverage to you, but on the values set by the IRS. If this applies to you, you may receive a Form W-2 each year that shows the imputed income on the amount of coverage over \$50,000. From age 65 and up, premiums will increase every five years and the value the IRS places on the life insurance premiums will increase as well. Carefully consider what level of coverage is appropriate for you.

Log onto [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees) or contact the ePeople Service Center at **1.888.812.5465** (*select option '0'*) to discuss your options.

## Helpful hints

- > If you participate in life insurance, you will need to name a beneficiary who will receive the benefit in the event of your death.
- > You can review or change your beneficiary at any time on the ePeople website at [www.connect2epeople.com/retirees](http://www.connect2epeople.com/retirees). It's a good idea to review your designations each year to ensure they are still appropriate.
- > Life insurance coverage offers an Accelerated Death Benefit. If you have a terminal illness with a life expectancy of six months or less, you may be able to receive up to 80% of your life insurance benefit (up to \$500,000) before you die. For details, call MetLife at **1.800.638.6420** (*select option '2'*).
- > If you are enrolled in life insurance, you can take advantage of MetLife's free will writing services. Call Hyatt Legal Plans customer service at **1.800.821.6400** for information if you are enrolled in the life insurance benefits.
- > Your dependent child who is covered by your Oncor Retiree life insurance is eligible for life insurance benefits until age 26.
- > If you are married to another Oncor employee or Retiree, you must each be insured as an employee or Retiree under the Life Insurance Plan, and not as a spouse.

## Premiums Based on Tobacco-User Status

Unless you are a Program A or Program B Retiree, your premiums for the Retiree life option and the Spouse life option are based on tobacco usage. You are considered to “use tobacco products” if, in the past two years, you smoked cigarettes, pipes, or cigars; used snuff; or chewed tobacco. It is your responsibility to notify the ePeople Service Center if you or your spouse has a change in your tobacco-user status.

# Provider Contact Information



## Provider Contact Information

Topic	Provider	Contact Information
Benefit Guides, Summary Plan Description, and Other Documents	<i>You may request a hard copy of the Benefits Guide, Summary Plan Description, and any other documents posted on the Oncor Retiree benefits site, free of charge by calling ePeople.</i>	The Oncor Retiree benefits site at <a href="http://oncorbenefits.com/ret">oncorbenefits.com/ret</a> . > Call: <b>1.888.812.5465</b>
General Information	ePeople Service Center	> Log onto: <a href="http://www.connect2epeople.com/retirees">www.connect2epeople.com/retirees</a> to: – Access your Personal Worksheet online or through the Service Center. – Enroll (see <a href="#">page 6</a> for details). > Call: <b>1.888.812.5465</b> ( <i>select option '0'</i> ). Representatives are available Monday through Friday from 7:30 a.m. to 6:00 p.m. Central time.
Benefits and Other HR Topics	<i>Online Resource Page HR Toolkit</i>	Log onto ePeople, enter your User Name and Password. Then, click the <b>HR Toolkit</b> link in the upper right corner of the homepage. You will receive a prompt to enter an additional User Name and Password: <b>User Name:</b> EXTARINSO\EXT_ONC_RET. / <b>Password:</b> ONC;3456.
MDLive	<i>Board-Certified Doctors - 24/7/365</i>	> Log onto: <a href="http://www.mdlive.com/bcbstx">www.mdlive.com/bcbstx</a> . > Call: <b>1.888.680.8646</b> .
Medical and Prescription Drug	<i>Blue Cross and Blue Shield of Texas</i>	> Log onto: <a href="http://www.bcbstx.com">www.bcbstx.com</a> . > Call: Customer Service at <b>1.877.213.6898</b> . > Health Advocacy Solutions: Concierge & Advocacy (non-Medicare eligible only) > Blue Access for Members (BAM): Find network providers, check claims, access cost estimators, and more. > BlueCare Connection's Personal Health Manager Tool where you can complete a Health Assessment, create a personal health record, call a nurseline 24/7 and more.
	<i>Scott &amp; White Health Plan Option</i>	> Log onto: <a href="http://www.swhp.org">www.swhp.org</a> to find a network provider, review claims and explanation of benefits, access a health coach, and more. > Call: <b>1.800.321.7947</b> .
	<i>CVS Caremark (if you are not eligible for Medicare)</i>	> Log onto: <a href="http://www.caremark.com">www.caremark.com</a> . > Call: <b>1.866.339.0593</b> .
For Medicare-Eligible Participants Only	<i>Via Benefits can help you find medical, pharmacy, dental, and vision insurance plans.</i>	> Log onto: <a href="http://Medicare.viabenefits.com">Medicare.viabenefits.com</a> . > Call: <b>1.844.498.5563</b> .
	<i>SilverScript (if you are eligible for Medicare and are covered under the Indemnity with Rx or the Indemnity with Legacy Rx Option).</i>	> Log onto: <a href="http://oncor.silverscript.com">oncor.silverscript.com</a> . > Call: <b>1.800.706.9346</b> .

## Provider Contact Information *continued*

Topic	Provider	Contact Information
HRA Claims	<i>ConnectYourCare (CYC)</i> <i>(does not apply to Scott &amp; White)</i>	> Log onto: <a href="http://www.connectyourcare.com">www.connectyourcare.com</a> . > Call: <b>1.877.292.4040</b> .
HSA Claims	<i>Fidelity</i> <i>(does not apply to Scott &amp; White)</i>	> Log onto: <a href="http://www.netbenefits.com">www.netbenefits.com</a> . > Call <b>1.800.544.3716</b> .
Incentive Information (Non-Medicare Eligible)	<i>Evoke Health</i> <i>(does not apply to Scott &amp; White)</i>	> Log onto: <a href="http://Oncor.myevive.com">Oncor.myevive.com</a> . > Email: <a href="mailto:questions@evivehealth.com">questions@evivehealth.com</a> . > Call: <b>1.800.475.8205</b> .
Premium Payments	<i>Chard Snyder</i>	> Log onto: <a href="http://www.chard-snyder.com">www.chard-snyder.com</a> . > Email: <a href="mailto:cobra_retiree@chard-snyder.com">cobra_retiree@chard-snyder.com</a> . > Call: <b>1.888.993.4646</b> (Cincinnati area: <b>1.513.573.4646</b> ). > Fax: <b>1.513.459.9947</b> .
Dental Benefits	<i>Aetna Dental</i>	> Log onto: <a href="http://www.aetna.com">www.aetna.com</a> . > Call <b>1.877.238.6200</b> .
Vision Benefits	<i>UnitedHealthcare Vision</i>	> Log onto: <a href="http://www.myuhcvision.com">www.myuhcvision.com</a> . > Call: <b>1.800.638.3120</b> .
Life Insurance	<i>MetLife Life Insurance</i>	> Call: <b>1.888.812.5465</b> ( <i>select option '7'</i> ).
Prepare a Will	<i>Hyatt Legal Services</i> <i>(Available to participants covered under</i> <i>Oncor's life insurance benefits)</i>	> Call: <b>1.800.821.6400</b> .
Retirement Benefits (Pension and Thrift)	<i>Fidelity</i>	> Log onto: <a href="http://www.netbenefits.com">www.netbenefits.com</a> . > Call: <b>1.866.602.0629</b> .
Social Security Benefits	<i>The Social Security Administration</i>	> Log onto: <a href="http://www.ssa.gov">www.ssa.gov</a> . > Call: <b>1.800.772.1213</b> (TTY: <b>1.800.325.0778</b> ).
Medicare, Medicaid, and the Children's Health Insurance Program	<i>Centers for Medicare and Medicaid Services</i> <i>(CMS)</i>	> Log onto: <a href="http://www.cms.gov">www.cms.gov</a> . > Call: <b>1.800.Medicare</b> ( <b>1.800.633.4227</b> ) (TTY: <b>1.877.486.2048</b> ).

## Physician Results Form

Fax COMPLETED form to 817-416-2300

<b>Participant Program Information</b>
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Company Name Oncor Electric Delivery Company LLC Screening Period January 1<sup>st</sup> – December 31<sup>st</sup>

<b>Participant Section:</b>		<b>Complete this section prior to your biometric screening appointment.</b>			
<b>Check Box:</b>		<b>Employee:</b> <input type="checkbox"/>	<b>Spouse:</b> <input type="checkbox"/>		
Last Name		First Name		Middle Initial	
Email Address				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
8 Digit Emp. ID		Date of Birth		Phone #	
Fasting >8 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Address			
City			State		Zip Code
Participant Signature				Date	/ /

<b>Physician Section:</b>	<b>To be completed by</b>
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Date of Screening    /    /

<b>BIOMETRICS</b>	Height (inches)		Weight (lbs)		Waist Meas. (inches)	
			Systolic BP		Diastolic BP	

<b>LAB TESTS</b>	Glucose		Triglyc.		HDL		LDL		Total Chol.
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**healthcare provider, and will be kept confidential.**

**Is this participant pregnant:** Yes \_\_\_\_\_ No \_\_\_\_\_

The undersigned, Healthcare, acknowledges that I have reviewed the form and its requirements and performed the appropriate assessments for the Participant stated on this form.

Healthcare Provider Name (Printed)	UPIN/NPI	
Healthcare Provider Signature	Date	

\*ALL Biometric Data and Lab Test Results MUST be complete for participant to receive the incentive.

**Fax completed Form to:**

Cover-Tek, Inc. 551 Silicon Drive, Suite 100 • Southlake, TX 76092 • Main. 817-329-6900 • Fax. 817-416-2300  
 Results will be sent directly to the participant at the address provided above in participant section.



# Physician Results Form Instructions

Oncor Electric Delivery Company LLC

This Physician Results Form will provide your health care provider the information needed to complete your annual physical and provide the biometric screening results required to establish your eligibility to earn the incentives. You are responsible for ensuring your doctor faxes the form directly to Cover-Tek, Inc., complete with ALL the screening values and signatures. Results must be received on this form to be considered for the program and your incentive.

Please follow the steps below:

- Schedule an appointment with your doctor for an annual physical with biometrics. You are responsible for paying any fees, your doctor may charge for completing the form.
- Contact your doctor's office prior to your appointment to confirm he/she is able to measure all required risk factors. Please see the physician form for the required risk factors. Forms that do not include measurement of all of the risk factors will NOT be processed for incentive purposes.
- To ensure more accurate results, you must fast for at least 8 hours prior to your screening appointment. Continue taking medication as directed and be sure to drink plenty of water.
- Complete the Participant section of the Physician Results Form and provide it to your doctor. Your doctor must complete the "Physician Section" of this form, including the signature, date, UPIN/NPI and all of the lab tests and biometric screening measurements.
- Ask your doctor to fax the completed form to Cover-Tek, Inc. at 817-416-2300. You are responsible for ensuring your doctor returns this form by December 31<sup>st</sup>.
- By signing the Physician Results Form and providing it to your doctor to complete and submit, you are authorizing your doctor to share the health information that is requested on the form with Oncor's wellness vendor, Cover-Tek. Cover-Tek will use this information to confirm that you have participated in the Annual Physical Incentive. For employees and retirees, Cover-Tek will also use your health information for the biometric screening portion of the Healthy Incentive and, based on that information, ePeople may reach out to you with the opportunity to complete a Healthy Coaching Program. Your health information will be kept private under the terms of the HIPAA privacy policy and the "Protections from Disclosure of Medical Information" section of the Required Notices 2018 document, which was previously mailed to you. Both of these documents are available online at [www.oncorbenefits.com](http://www.oncorbenefits.com).
- You are not required to have your doctor submit this Physician Results Form, but if you do not have your doctor submit a completed form, you will not be eligible to receive an incentive for participating in the Annual Physical with Biometric Screening. In addition, employees/Retirees must complete this form in order to be eligible to receive the Healthy Incentive. For more information regarding these incentives and a copy of the Required Notices 2018 document for active employees, see [www.oncorbenefits.com/EE](http://www.oncorbenefits.com/EE) or for retirees [www.oncorbenefits.com/RET](http://www.oncorbenefits.com/RET). By signing this form, you voluntarily consent to share your health information.

After your Physician Results Form has been submitted, Cover-Tek, Inc. will process your report. You can expect the electronic version emailed to you within 14 days, and a hard copy will arrive in the mail within 3 weeks. If you do not receive your results booklet within that timeframe, please contact Cover-Tek, Inc. at 817-329-6900.

