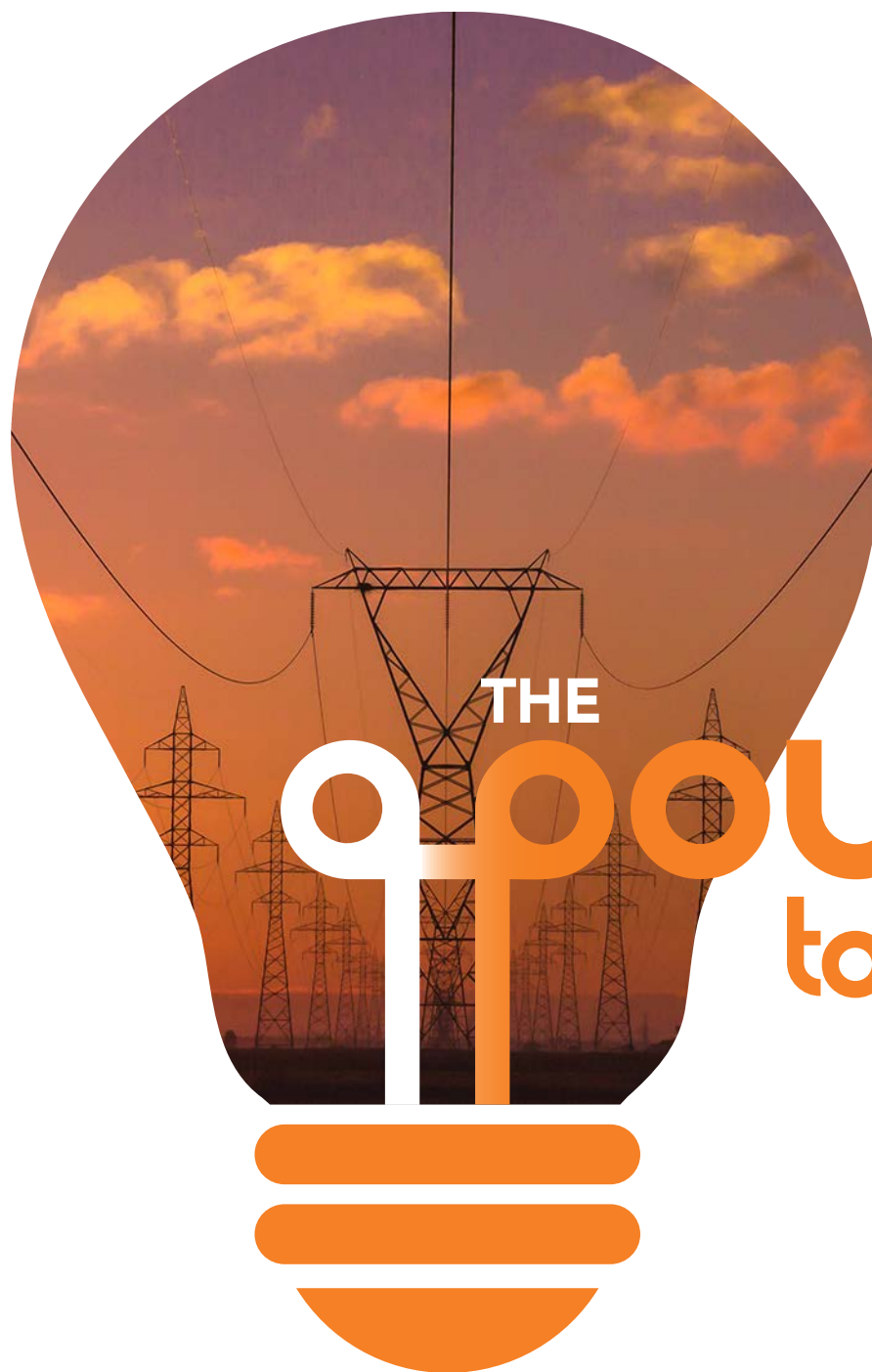




Your **2021** Guide to Benefits



THE
power
to know

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"). Your 2021 Guide to Benefits updates and modifies certain provisions of the Plan and, as such, constitutes a summary of material modifications under ERISA. 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.

Participation in benefit programs under the terms of the Plan Document for employees in collective bargaining units is subject to the applicable collective bargaining agreement.

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

You will find notices that are legally required by federal law posted on Oncor's intranet site under Live Well/Benefits, oncor.ultipro.com, and at oncorbenefits.com/ee.

A printed copy was also mailed with the 2021 Benefits Information Packet.

This 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. Links that are within Your 2021 Guide to Benefits are **underlined**, and website references appear **underlined bold in purple** and will open in another browser window, so you can easily switch back to the guide.

Your 2021 Guide to Benefits provides you details about the comprehensive benefits program Oncor offers to eligible employees and family members. These benefits provide you financial protection in the event of serious illness, disability, or death, and help you prepare for a financially secure retirement.

Ultimate Software (UltiPro) – Oncor Active Employee Benefits Administrator

Through UltiPro, you can use resources to enroll and interact with the benefits plan, including:

- Make benefit enrollment elections,
- Update your information,
- Review payroll information,
- Add beneficiaries, and
- Get a copy of your Benefits Confirmation.

Oncor Benefits Site: oncor.ultipro.com

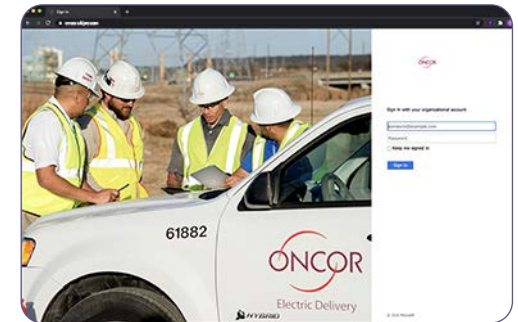
1. Go directly to oncor.ultipro.com

OR

2. Through the company intranet, <http://intranet.corp.oncor.com>.

Once you are on the intranet, follow these steps:

- Click the **Quick Connect** down arrow,
- Click **UltiPro**,
- Enter your Oncor email address and corporate password, and
- Click **Sign In**.



Oncor HR Service Center: 1.888.565.8803

Member Service Representatives available Monday through Friday from 7:30 a.m. to 5:30 p.m. CST



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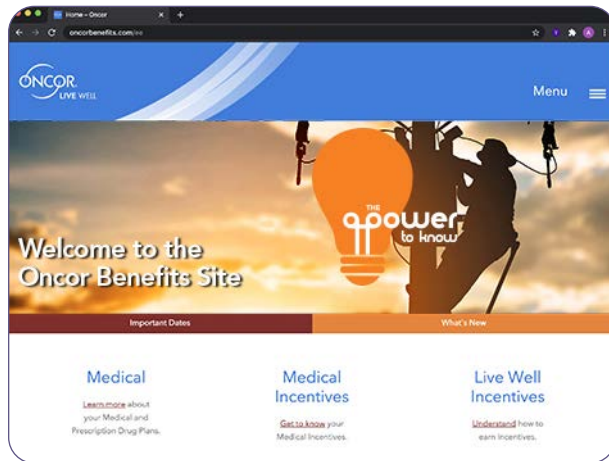
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Getting Started

How to Access Benefit Materials

You can access benefit materials, including the *Oncor Benefit Handbook Summary Plan Description for the Oncor Electric Delivery Company LLC Employee Welfare Benefit Plan (Oncor Benefit Handbook)* and other documents, by going to:

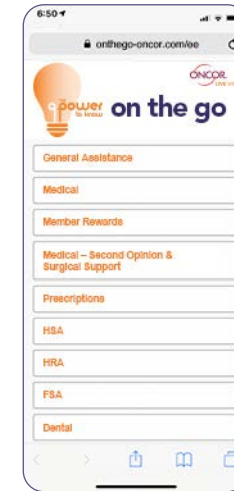
- The Oncor intranet under the **Live Well/Benefits** page,
- oncor.ultipro.com, or
- oncorbenefits.com/ee.



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/ee, 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.

Affordable Care Act (ACA) Reporting

You will receive an IRS Form 1095-C Employer-Provided Health Insurance Offer and Coverage in the early part of each year, which provides information about your eligibility for coverage and enrollment under the Oncor Plan during the previous year. This annual statement may be used to show you had health coverage when you file your income tax return, and should be kept with your tax records.

The ACA requires Oncor to send this annual statement. You should expect to receive a 1095-C Form by March 2, 2021.

Eligibility

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.

Employees

You are eligible to participate in the Oncor Employee Welfare Benefit Plan (Plan) if you are:

- A regular full-time employee,
- An employee on an approved leave of absence, or
- A part-time employee regularly scheduled to work 20 or more hours per week.

When Coverage Becomes Effective

Current Eligible Employees

January 1

New Employees

On your date of hire, as long as you are actively at work. (Benefit premiums are collected retroactively to your date of hire.) Note that you are considered to be actively at work if you are not disabled and are away from work due to a holiday, vacation, approved leave of absence, or due to a health-related reason.

IF YOU AND YOUR SPOUSE BOTH WORK FOR ONCOR

If you and your spouse both work for Oncor and your spouse is eligible for coverage as an employee, only one of you can cover your dependents. You can choose one of the following two options:

- One spouse can carry all family members under his or her coverage (one spouse elects family coverage and the other spouse elects no coverage), or
- Each spouse can be covered as an employee, but dependent children can be covered as dependents by only one spouse. One spouse should elect family coverage (you and children) and the other spouse should elect employee only coverage.

If your dependent child/grandchild also works for the company, he or she can be covered either as an employee or as a dependent, but not both.





Eligibility

Dependents

Your eligible dependents include:

- Your legal spouse,
- Your eligible children who are your:
 - Natural children,
 - Legally adopted children (or children who have been placed with you for adoption),
 - Stepchildren as long as you (the Oncor employee) are married to the children's parent,
 - Foster children (as long as the children continue in the state foster care system and continue to be your foster children),
 - Children for whom you (the Oncor employee) have Legal Guardianship,
 - Children you are required to cover under a Qualified Medical Child Support Order (QMCSO), and
 - Grandchildren, if the children live with you (the Oncor employee) and you claim the children as dependents on your federal income taxes.

All enrolled dependents are subject to eligibility verification. It is your responsibility to notify the Oncor HR Service Center to remove your dependents from coverage when your dependents no longer meet the eligibility requirements.

Coverage for children will terminate at the end of the month when they reach age 26. They may be eligible for continuation of coverage under COBRA, or they may purchase individual coverage from another source.

Medical, dental, and vision coverage can continue for a mentally or physically disabled child over age 26 who was covered under the Plan before age 26. You must submit the dependent child's Statement of Disability form to Blue Cross and Blue Shield of Texas (BCBSTX) or Scott & White Health Plan (SWHP) before the dependent reaches the maximum age of 26. This form must be completed by the covered employee and the child's regular attending physician and sent to BCBSTX or SWHP for their review and approval at least 30 days before coverage would end.



Enrollment (for 2021 on oncor.ultipro.com)

Before Enrollment

1 Review Your 2021 Options

Read this guide to learn about updates for 2021 and what you need to do.

2 Review Your Current Benefit Elections and Health Care Needs

Do you need to enroll or make any changes to your current 2020 benefit elections? You can check your current elections at oncor.ultipro.com or call **1.888.565.8803**. See directions to access the Benefits section of the site in the next column.

3 Review the New Benefit Options and Account Maximums

Read the information provided to you, so you can make an informed decision about 2021 benefits.

4 During Annual Enrollment Only – Schedule an Appointment with a Benefits Counselor

If you have questions about your benefits and/or need help enrolling, Benefits Counselors can help. They can:

- Educate you about important 2021 benefit changes and new offerings,
- Answer your personal benefits-related questions,
- Guide you toward sound choices for yourself and your family, and
- Assist you in making benefit decisions and enrolling.

Virtual enrollment sessions are available weekdays from 7 a.m. to 7 p.m. CST – available **only** during the Annual Enrollment period – October 19 through October 30, 2020. Schedule your one-on-one virtual enrollment session now at benefitsgo.com/oncorbenefitswebscheduler.

During Enrollment, When You Are Ready to Enroll

1 Go to oncor.ultipro.com.

1. Open the **Menu** tab.
2. Click the **Myself** tab.
3. Select **Manage My Benefits** from the **Benefits** menu.

2 You will be directed to your Benefits homepage. Select the **Get Started** button in the middle of the page. From here you can review your profile. (See the box “During Enrollment: Making Changes on the Site” to the right to understand the additional actions you can take from the profile page.)

3 If your profile is up-to-date, click **Next: Shop for Benefits where you will make your option selections**.

1. Select the **Shop Plans** icon on the right side of each type of coverage offered.
2. Click **Edit Family Covered** to add dependents or edit family member information.
3. Click **Decline Benefits** to decline coverage.

4 Click **Add Beneficiaries once you have elected/declined coverage for each of the benefits**. Follow the instructions on the site to complete this step.

5 Click **Review and Checkout button at the bottom of the page to review your benefits**.

6 Click **Checkout if your selections are accurately reflected**.

7 Click **Send by Email for a copy of your benefits confirmation statement**. You may also download or print your confirmation statement.



Enrollment (for 2021 on oncor.ultipro.com)

During Enrollment, Making Changes on the Site

FROM THE PROFILE PAGE, YOU CAN ...

- Go to **Next: Review My Family** and select the **Add Family Member** button to add your dependent information.
- Go to the benefit sections and add each new dependent to the coverage you want them to have. Each dependent must be named under each benefit option, even if you have Family coverage already.

Note: You must complete the Dependent Verification process before your dependent's coverage can begin. You can provide Dependent Verification forms directly to the Oncor HR Service Center through oncor.ultipro.com, email the forms to oncorhr@ukg.com, or fax to **1.714.795.5049**.

If You Do Not Make Changes During Annual Enrollment

If you do not take action, most options will carry over to 2021 with the same coverage levels in which you currently participate. However, an election is required to:

- Opt-out of Oncor medical coverage as explained on [page 44](#),
- Participate in these options:
 - **A Voluntary Benefit Option** – Accident Option, Critical Illness Option, and/or Hospital Indemnity Option,*
 - **A Health Care Flexible Spending Account (HCFSA)** – available if you do not participate in the HSA Medical Option,
 - **A Dependent Care Flexible Spending Account (DCFSA)**, or
 - **Vacation purchase.**
- If you currently have Optional Spouse Life Insurance in the amount of 25% or 50% of your annual base pay, see [page 36](#) for details.

* To participate, you must enroll in one or more of the voluntary benefit options. If you do not enroll, you will default to **no voluntary benefit coverage**.

If You Are Enrolled in a Health Savings Account (HSA):

Go to netbenefits.com to elect your payroll contribution amount. If you do not make a change, your 2020 HSA contribution amount will roll over to 2021. Changes can be made to your HSA contribution elections throughout the year.

After Enrollment

- 1 Check Your Confirmation Statement.**
- 2 Review the options noted and your list of dependents** to ensure the information is correct.
- 3 If you find an error or need assistance printing your confirmation statement,** immediately contact the Oncor HR Service Center at **1.888.565.8803**.

Note: You are encouraged to enroll through oncor.ultipro.com. You may also call the Oncor HR Service Center at **1.888.565.8803**.



Enrollment

! IF YOU WANT TO WAIVE ONCOR MEDICAL COVERAGE

To receive opt-out of medical coverage credits of \$100 per month for waiving medical coverage, regulations of the Affordable Care Act (ACA) require that you must attest that you and all of your federal tax dependents have other coverage, outside of Oncor, that:

- Meets the minimum essential coverage requirements of federal law and
- Is not individual coverage.

You are not eligible for opt-out of medical coverage credits if you are covered as a dependent by another Oncor employee or if you are an employee who is eligible for Medicare.

If You Are a New Employee and You Don't Enroll

If you are hired by Oncor during 2021 and do not enroll within **30 days** of your date of hire, you will have no benefit coverage for the remainder of the calendar year. You will not be able to enroll until the next Annual Enrollment period unless you experience a qualified life event that allows mid-year enrollment (such as marriage, birth of a child, etc.). See ***Making Changes During the Year*** on **page 10** for examples of qualified life events.

Health Savings Account (HSA)

If you are electing the HSA Medical Option for the first time, you **must** open your HSA at netbenefits.com in order to receive Oncor's automatic contribution and incentives to your HSA.

See **page 17** for more information.





Enrollment

Making Changes During the Year

The benefits you choose during Annual Enrollment are effective January 1 (or for a new employee, from your date of hire) through December 31, 2021.

Changes during the year are only permitted if you experience a qualified life event. Qualified life events include:

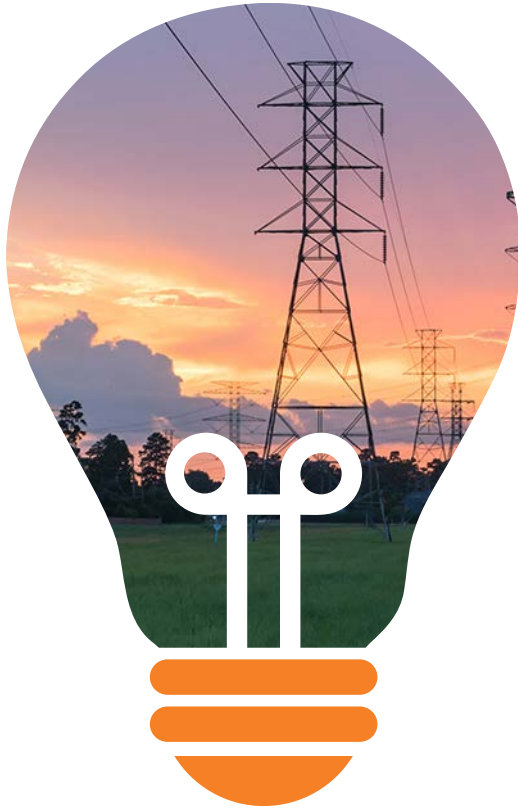
- Your marriage, divorce, annulment, or legal separation.
- The birth, adoption or placement for adoption of a child.
- The death of your spouse or a covered dependent child.
- Your gain or loss of legal guardianship of an eligible dependent.
- A child's gain or loss of status as an eligible dependent.
- A change in the employment status for you, your spouse, or an eligible dependent (e.g., from part-time to full-time or vice versa), resulting in gain or loss of coverage.
- Your or your covered dependent's eligibility for Medicare or Medicaid.
- A court order requiring a change in coverage (such as a Qualified Medical Child Support Order) for an eligible dependent.
- Your home address changes and affects coverage eligibility for you, your spouse, or your covered dependent children.
- New coverage becomes available for you, your spouse, or your covered dependent children and the cost is significantly different from Oncor's.

To make a mid-year change due to a qualified life event, notify the Oncor HR Service Center within **30 days** following the qualified life event (60 days for birth or adoption of a child, or in certain instances when you gain or lose Medicaid eligibility) and request the change. Any changes that you make to your benefits must be consistent with the event. While you may add or drop dependents based on a qualified life event, you may not change your medical option selection unless you have a special circumstance such as moving out of a medical option coverage area.

If you add a new dependent, Dependent Verification will be required to verify your relationship. The dependent coverage will be added after the verification process is approved. Coverage will become effective on the date of the qualified life event. Call the Oncor HR Service Center at **1.888.565.8803**:

- If you don't receive verification documents within three weeks of adding a dependent, or
- For more information about the dependent verification requirements.





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Medical Options

Oncor's medical options and incentive opportunities support the concept of wellness and preventive care. You are encouraged to choose a Primary Care Physician (PCP) to oversee and coordinate your medical care. While taking care of ourselves requires time and energy, this investment can pay off in big health dividends!

You may choose from the options **below** for medical coverage in 2021. Evaluate the options carefully because each option has unique features.

Health Savings Account (HSA) Medical Option*	Oncor makes an automatic contribution to your HSA or HRA. See page 30 for more details about these incentive opportunities.
Health Reimbursement Account (HRA) Medical Option*	
Scott & White Health Plan (SWHP) Option	Effective January 1, 2015, the Scott & White Health Plan Option is no longer available to new participants.

* The employer contribution is prorated based on the number of eligible full months remaining in the year upon enrollment in the HSA Medical Option or HRA Medical Option.



Medical Options

How the Medical Options Work

This chart compares in- and out-of-network benefits among the three medical options.

MEDICAL COVERAGE	HSA Medical Option ⁽¹⁾		HRA Medical Option ⁽¹⁾		Scott & White Health Plan (SWHP) Option Closed to New Participants
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Annual Deductible⁽²⁾					
→ You Only	\$1,800	\$3,600	\$1,500	\$3,000	\$500
→ Family	\$3,600	\$7,200	\$3,000	\$6,000	\$1,000
Automatic Oncor Contributions					
→ You Only	\$250				\$0
→ You + Spouse	\$500				\$0
→ You + Child(ren)	\$500				\$0
→ Family	\$500				\$0
Coinsurance Maximum					
→ You Only	\$3,000	\$6,000	\$2,800	\$5,600	\$2,500
→ Family	\$6,000	\$12,000	\$5,600	\$11,200	\$5,000
Out-of-Pocket Maximum⁽²⁾					
→ You Only	\$4,800	\$9,600	\$4,300	\$8,600	\$3,000
→ Family	\$9,600	\$19,200	\$8,600	\$17,200	\$6,000
Lifetime Maximum Medical Benefits	Unlimited				

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

(2) If you are enrolled in the 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 + Spouse," "You + Child(ren)," or "You + Family" 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.

Medical Options

How the Medical Options Work continued

MEDICAL COVERAGE	HSA Medical Option ⁽¹⁾		HRA Medical Option ⁽¹⁾		Scott & White Health Plan (SWHP) Option Closed to New Participants
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Service	You Pay				
Preventive Care	\$0, no deductible				
Doctor Office Visits	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$20 copay
Most Other Eligible Expenses Except Prescription Drugs	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible

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

Tips for Making the Most of a Doctor's Visit Other Than an Annual Physical

Source: "Tips for a Successful Doctor Visit" by Tom Valeo in WebMD

About Your Annual Physical

Preventive care is covered at 100% by Oncor's medical options. However, if the doctor treats you for anything other than the annual physical, the plan's deductible and coinsurance amounts apply. So, these tips will help you make the most of a regular (non-annual physical) doctor visit.

- 1. Prepare for your visit before you go.** For example, write down your medical problems, your prescriptions, and dosages. Make a copy and give it to the nurse.
- 2. Tell the doctor how you are feeling.** Are you experiencing an increase or decrease in your appetite? How are you sleeping? Are you having pain?
- 3. Be honest and don't leave out details.** Your medical history should include any organ removal or outpatient surgery you have had. Tell the doctor everything that could affect your health, including stress.
- 4. The doctor has heard it all before.** If you need to discuss a personal topic, practice ahead of time – and don't be embarrassed.
- 5. Let the doctor do the diagnosing.** That's what a doctor is trained to do!
- 6. Take notes.** You may want to bring someone with you who can also remember what the doctor says. Write down any instructions or medications.
- 7. Ask questions.** If you don't understand something, ask!

Medical Options

Prescription Drug

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 or the program.

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



HEALTHY TIP

Keep a list of your medications and update it when something changes. Include everything – prescriptions, non-prescriptions, herbal remedies, supplements, over-the-counter drugs, even vitamins – and the dosages. This information can help the doctor screen for drug interactions. Share the list with your family.

PRESCRIPTION DRUG (RX) COVERAGE	HSA Medical Option	HRA Medical and SWHP Options
	In-Network, You Pay	
Annual Rx Deductible		
→ You Only	Included in medical deductible	\$200
→ Family		\$400
Coinsurance/Copay Maximum		
→ You Only	Included in medical out-of-pocket maximum	\$2,000 (excludes Rx deductible)
→ Family		\$4,000 (excludes Rx deductible)
Retail (up to a 30-day supply)		
→ Value/Preventive Generic	\$5 copay, no deductible	\$5 copay, no deductible
→ All Other Generic	20% after annual option deductible	\$10 copay, no deductible
→ Preferred Brand Name*	20%, up to \$75 max per Rx after annual option deductible	30%, up to \$100 max per Rx after Rx deductible
→ Non-Preferred Brand Name*	20%, up to \$120 max per Rx after annual option deductible	40%, up to \$120 max per Rx after Rx deductible
Mail Order (up to 90-day supply)		
→ Value/Preventive Generic	\$10 copay, no deductible	\$10 copay, no deductible
→ All Other Generic	20% after annual option deductible	\$20 copay, no deductible
→ Preferred Brand Name*	20%, up to \$150 max per Rx after annual option deductible	30%, up to \$200 max per Rx after Rx deductible
→ Non-Preferred Brand Name*	20%, up to \$240 max per Rx after annual option deductible	40%, up to \$240 max per Rx after Rx deductible
Lifetime Maximum Medical and Rx Benefit	Unlimited	

* If you are taking a brand 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.

Accounts for Tax Savings

When you enroll in the Health Savings Account (HSA) Medical Option or Health Reimbursement Account (HRA) Medical Option, you will be eligible for an account you can use to pay your out-of-pocket health care expenses. You can also choose to set up a Health Care Flexible Spending Account (HCFSAs) if you enroll in the HRA Medical Option.

How the HSA, HRA, and HCFSAs Work

HSA or HRA Medical Option	Oncor makes automatic contributions to your account each year based on your coverage level – plus you can earn additional medical option incentive funding if you complete certain wellness activities. The employer contribution is prorated based on the number of eligible full months remaining in the year upon enrollment. See information on page 17 about HSA funding for those 65 and older.
HCFSAs	<p>If you are enrolled in the HRA Medical Option or the Scott & White Health Plan Option, or waive medical coverage, you can participate in the HCFSAs. An HCFSAs allows you to set aside pre-tax money for eligible health care expenses for you and your dependents. HCFSAs are subject to “use it or lose it” IRS rules so you need to budget carefully. If you are also in an HRA, your HCFSAs funds will pay medical, prescription drug, dental, and vision expenses first until your HCFSAs funds are depleted. Then, you may use available HRA funds for these expenses, if available.</p> <p>If you are enrolled in the HSA Medical Option, you may not participate in an HCFSAs.</p>

Key Differences Between the HSA and HRA

HSA	<p>You can participate in the HSA Medical Option if you are not covered by any medical plan other than a High Deductible Health Plan (for example, if you are covered by your spouse's medical plan or Medicare). You have a triple tax advantage with an HSA:</p> <ul style="list-style-type: none"> → Contributions are tax-free. → Earnings accumulate tax-free. → Payments and withdrawals for qualified health care expenses are exempt from federal income tax and state tax (in most states). <p>You can choose how you want to invest from a range of investments offered through Fidelity. Your account balance rolls over from year to year, and is yours to keep even if you no longer participate in an Oncor-sponsored plan, leave the company, or retire.</p>
HRA	Per IRS regulations, you cannot contribute to an HRA. As long as you continue enrollment in an Oncor-sponsored plan, your account balance rolls from year to year. The account balance does not earn interest.

Accounts for Tax Savings

Health Savings Account (HSA)

If you select the HSA Medical Option, you will be eligible to open an HSA. This is a bank account in your name, and you and Oncor can make contributions to the account. Contributions are tax-free, and payments made from the account for qualified health care expenses are not taxed. The account belongs to you and remains yours even if you drop Oncor medical coverage, retire, or leave the company.

If you and your family are covered under the HSA Medical Option, qualified medical, prescription, dental, and vision out-of-pocket expenses, including the out-of-pocket deductible, may be paid on a tax-free basis from this account. Individuals must be qualified federal tax dependents for their expenses to be eligible; if you withdraw funds for a nonqualified expense, you will owe tax on the withdrawal plus a 20% tax penalty.

YOUR HSA BELONGS TO YOU.

Since your HSA is a personal bank account at Fidelity, unused funds and earnings remain in your account until you use them. If you die, the balance in the account goes to your named beneficiary at Fidelity.

HSA Administrator: Fidelity

If You Are a New HSA Participant

If you are electing the HSA Medical Option for the first time, you must open your HSA at netbenefits.com to:

- Receive Oncor's automatic contribution and incentives to your HSA,
- Elect your payroll contribution amount, and
- Request a Fidelity HSA debit card and/or check for your account.

If this is your first visit to netbenefits.com, click **Register Now** and follow the instructions to set up your User Name and Password. Fidelity requires a physical address to open an HSA. If you have a PO Box address, you must provide a physical address through the Oncor HR Service Center.

If you have already established a User Name and Password with Fidelity, you can use the same login information (User Name and Password) from those accounts to access NetBenefits at netbenefits.com for your Fidelity HSA.

A Special Notice If You Will Reach Age 65 in 2021

If you are an active employee enrolled in the HSA Medical Option and you are already age 65 or will reach age 65 in 2021, you will receive all Oncor HSA contributions (automatic funding and incentives) directly in your paycheck with appropriate taxes withheld. Even if you will reach age 65 on December 15, 2021, you will receive all of your 2021 incentives paid in your paycheck. You may make pre-tax contributions to your personal HSA, up to annual IRS limits.

HSA Annual Limits for 2021

SINGLE: \$3,600

FAMILY: \$7,200

AGE 55 OR OLDER: An additional \$1,000

In either case, once you are logged onto NetBenefits:

1. Click **Open** next to **Health Savings Account**.
2. Select **Open Fidelity HSA**.
3. Click **Get Started** and follow the prompts to complete your application.
4. Review and confirm your application information.
5. Select **Confirm My Information**.
6. Review and agree to terms of your new Health Savings Account.
7. Select **Open Account**.

If you do not have access to NetBenefits, contact a Fidelity Representative at **1.800.544.3716** and choose the **Health Savings Account** prompt for assistance.

If You Are Already an HSA Participant

Unless you make a change, your 2020 HSA contribution elections will roll over to 2021.

Accounts for Tax Savings

It is your responsibility to confirm eligibility in the plan.

HSA and Medicare If You Are Still Actively Working After Age 65

The Health Savings Account (HSA) Medical Option provides qualified, high deductible medical coverage with an HSA to help you pay for your share of medical expenses. The HSA Medical Option includes individual and family in-network deductibles, coinsurance, and out-of-pocket maximums. For additional information about the HSA Medical Option, refer to **page 13** of this guide.

Under Internal Revenue Service (IRS) rules, you are not eligible to contribute to an HSA or participate in an HSA Medical Option if you have other coverage, including Medicare, Tricare, tribal plans, an HCFS (even if it is your spouse's HCFS), or another employer's plan. Refer to **Special Eligibility Rules for an HSA Medical Option** in the **Plan Participation** section of the current *Oncor Benefits Handbook*. Your dependents' coverage under another health care plan will not prevent you from enrolling them in the HSA Medical Option as long as you are not covered under the dependent's plan.

Things to Consider

If you plan to continue working after turning 65 and are participating in the HSA Medical Option:

- Consider waiving Medicare Part A until you are actually ready to retire. For information, contact the Social Security Administration at **1.800.772.1213** (TTY: 1.800.325.0778) or [ssa.gov](https://www.ssa.gov).
- Do not enroll in Medicare Part B.
- You may continue to make contributions to your HSA as long as you are not enrolled in Medicare.

- Any contributions that you make over the maximum may be considered taxable income and/or penalties may apply.
- You will not be penalized for delaying your Medicare Part A and Part B coverage, as long as you enroll within eight months of your retirement, or otherwise losing your coverage under the Plan.

Note: Enrollment to Medicare Part A is automatic; the Social Security office has rules of when Part A takes effect. For additional information, contact the SSA office.

If you do enroll in Medicare Part A or Part B while you are still working, your HSA contributions may be considered taxable by the IRS, and may result in penalties.

For additional information, review [IRS Publication 969](#).



See information on **page 17** about HSA funding for those 65 and older.

If you are enrolled in the HSA Medical Option, it is important for you to know that you can enroll in Medicare Part A anytime during or after your initial enrollment period starts. If you sign up within six months of your 65th birthday, your coverage will start at one of these times:

- The first day of the month that you turn 65, or
- The month before you turn 65 if your birthday is the first of the month.

After that, your coverage start date will go back retroactively six months from when you sign up.

Because HSA contributions are prohibited for individuals who are covered under Medicare, contributions cannot be made in that window of time.

If any contributions are made to your HSA, you have until April 15 to withdraw that amount; otherwise, the funds may be subject to penalties. If you find yourself in this situation, consult a tax specialist for any questions or concerns you may have.

For any questions or concerns, contact Oncor HR Advocacy at oncrs1@oncor.com.

Accounts for Tax Savings

Health Reimbursement Account (HRA)

If you enroll in the HRA Medical Option, Oncor will establish a Health Reimbursement Account for you. Only Oncor may contribute to this account. You can earn additional funding through incentives for various wellness activities. Your account balance rolls from year to year while you remain covered under an Oncor-sponsored plan. You cannot contribute to this account, and the account does not earn interest.

Qualified medical, prescription, dental, and vision out-of-pocket health care expenses, including the out-of-pocket deductible, for you and your Oncor-covered dependents may be paid on a tax-free basis from this account.

If you terminate employment and do not enroll in continuation medical coverage through COBRA, only qualified expenses incurred before termination are eligible, subject to timely claims filing, and any unused funds are forfeited.

The account is a notation in Oncor's records that you have those funds available for qualified health care expenses. As long as you remain enrolled in the Oncor Electric Delivery Company LLC Employee Welfare Benefit Plan or Oncor Retiree Welfare Plan, the account balance may roll over from year to year.

HRA Administrator: ConnectYourCare

ConnectYourCare administers the HRA. This provider offers:

- Call Center with representatives to help you 24 hours a day, seven days a week.
- State-of-the-art technology through the participant portal and mobile technology. You can eliminate the hassle of receipts with the instant camera upload feature.
- Personalized advice and coaching.



MOVING FROM THE HRA MEDICAL OPTION TO THE HSA MEDICAL OPTION

If you move coverage from the HRA Medical Option to the HSA Medical Option for 2021, your HRA balance can still be used but it will be limited to eligible dental and vision expenses until your HSA deductible has been met.



ConnectYourCare

CONTACT CONNECTYOURCARE

Phone: **1.877.292.4040**

Website: connectyourcare.com

Accounts for Tax Savings

Flexible Spending Accounts

Flexible spending accounts (FSAs) are available to all eligible employees. You do not have to be enrolled in an Oncor medical option to participate.

FSAs give you the opportunity to lower your taxes by paying on a before-tax basis for eligible:

- Health care expenses for you and your dependents, and
- Dependent day care expenses.

You must make an election each year during the Annual Enrollment period to participate in these accounts. You may also enroll when you are a new hire or in the event of a qualified life event, described on **page 10**. The FSAs are funded entirely with your voluntary contributions, which are made with before-tax dollars from your pay – before federal income and Social Security taxes are withheld.

If you choose to participate in one or both FSAs, note:

- **Avoid the “use it or lose it” rule.** Budget carefully because you will forfeit any money left in the account at the end of the year. Unused funds do not carry over from year to year. This is an IRS tax rule. You must re-enroll each year to participate in one or both FSAs.
- **Each account is separate.** You cannot transfer money between the Health Care and Dependent Care FSAs. So, consider your needs carefully for the upcoming year.
- **You cannot change your contribution amount** to either account until the next Annual Enrollment, unless you have a qualified life event.
- **If you retire or terminate employment,** generally only eligible expenses incurred during the calendar year prior to termination will be reimbursable from your HCFSA or DCFSA, subject to timely claims filing.

You can visit connectyourcare.com for detailed lists of eligible and ineligible expenses for both accounts.

Remember, you have until March 31 each year to submit claims related to the prior year.

Health Care Flexible Spending Account (HCFSA)

For 2021, Oncor allows you to contribute from \$120 to \$2,750 to your HCFSA.

- **If you participate in an HCFSA only (no Oncor medical coverage):** You may use the ConnectYourCare debit card to pay for eligible expenses or use the online bill pay feature available at connectyourcare.com.
- **If you are enrolled in an HCFSA and an HRA Medical Option in 2021:** Both accounts will be administered by ConnectYourCare, and may be accessed by using your debit card. Your HCFSA funds will pay medical, prescription drug, dental, and vision expenses first until your HCFSA funds are depleted. Then, you may use available HRA funds for these expenses, if available.
- **If you are enrolled in an HSA Medical Option in 2021:** You may not participate in an HCFSA. You can contribute pre-tax money into your HSA to be reimbursed for eligible health care expenses.

Dependent Care Flexible Spending Account (DCFSA)

This account allows you to set aside before-tax dollars to pay for dependent day care expenses so you and your spouse can work. For 2021, you can contribute from \$120 up to a maximum of \$5,000 for the year (or up to your spouse's earned income, if less than \$5,000). Refer to your *Oncor Benefit Handbook* for a complete summary of eligible dependents and qualified dependent care expenses.

Accounts for Tax Savings

HCFSA and DCFSA Administrator: ConnectYourCare

ConnectYourCare administers the HCFSA and the DCFSA. This provider offers:

- Call Center with representatives to help you 24 hours a day, seven days a week.
- State-of-the-art technology through the participant portal and mobile technology. You can eliminate the hassle of receipts with the instant camera upload feature.
- Personalized advice and coaching.

Health Care FSA (HCFSA)

Once you make the election for the HCFSA, ConnectYourCare will send you a debit card that you can use to pay for any health care-related (medical, dental, or vision) expenses.

How you can be paid from your HCFSA:

- Use a health care payment debit card that shows your real-time account balance. This card is accepted at all IIAS-compliant merchants.
- With online claim reimbursement, your claim information is entered online for reimbursement via direct deposit or check.
- You may submit a paper claim for reimbursement. This service offers 24-hour claim adjudication and can pay you through direct deposit or a paper check.

Dependent Care FSA (DCFSA)

If you enroll in this account, you may use the online bill pay feature at connectyourcare.com to pay your expenses. Or, you may choose to pay the expense out of pocket and file a claim for reimbursement. If you contribute to your DCFSA and use the Emergency Backup Care Support benefit ([page 42](#)), any amount over \$5,000 will be taxed.

Remember, you have until March 31 each year to submit claims related to the prior year.



CONTACT CONNECTYOURCARE

Phone: **1.877.292.4040**

Website: connectyourcare.com

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 at [aetna.com](https://www.aetna.com).

Preventive Care Incentive

Each participant who receives a preventive visit during the calendar year will receive an increase of \$250 to their calendar year maximum the following benefit year. The incentive reward is capped at \$500 by year three. The annual maximum includes services for basic and major services (does not apply to orthodontia). You can receive a maximum of up to \$2,500 for Dental Option A and \$1,500 for Dental Option B by participating in this incentive program.

DENTAL COVERAGE	Dental Option A	Dental Option B
Service	You Pay	
Annual Deductible		
→ You Only	\$25	\$50
→ Family	\$75	\$150
Preventive Care* (Exams, Cleanings, X-Rays)	\$0, no deductible	
	Option Pays	
Basic Care (Oral Surgery, Fillings, Root Canals)	80% after deductible	60% after deductible
Major Care (Crowns, Bridges, Dentures, Inlays)	50% after deductible	
Annual Maximum Benefit for Basic and Major Care	\$2,000*	\$1,000*
Orthodontia	50%, no deductible	
Orthodontic Lifetime Maximum	\$2,000	\$1,000

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

Taking Care of Your Teeth

Source: [healthline.com/health/dental-and-oral-health/best-practices-for-healthy-teeth#Take-care-of-your-teeth](https://www.healthline.com/health/dental-and-oral-health/best-practices-for-healthy-teeth#Take-care-of-your-teeth)



1

Brush your teeth before bed and brush properly.

2

Brush your tongue when you brush your teeth.

3

Floss once a day.

4

Drink more water and eat crunchy fruits and vegetables.

5

See your dentist at least twice a year.

Vision Benefits

In-Network 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 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 *Oncor Benefit Handbook* at oncor.ultipro.com.

Learn More About Lasik Surgery

Phone: **1.855.321.2020**
Website: uhc.qualsight.com

VISION COVERAGE	If You Choose a UHC Vision Provider
Service (Once per Calendar Year)	You Pay
Professional Fees⁽¹⁾	
Vision Exam	\$10
Eyeglasses⁽¹⁾	
Single Vision Lenses	\$0 ⁽²⁾
Bifocal Lenses	\$0 ⁽²⁾
Trifocal Lenses	\$0 ⁽²⁾
Lenticular Lenses	\$0
Polycarbonate Lenses for Up to Age 19	\$0
Frames	Up to \$150 allowance per year
Scratch-Resistant Coating and Ultraviolet Coating	\$0
Tinted Lenses	\$0
Contact Lenses	
Medically Necessary ⁽³⁾	\$0
Elective ⁽⁴⁾	\$0, up to six boxes (12 pairs) 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 anything over \$150.

- (1) Enrolled children up to age 13 and expectant mothers are eligible for a second exam, and are also eligible for replacement frames and lenses if they have a prescription change of 0.5 diopter or more. The second exam and replacement benefits are the same as the initial exam, frames, and lens benefits.
- (2) Popular lens upgrades (such as no-line bifocals and anti-reflective coating) are available at a discount to you.
- (3) 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.
- (4) If you choose contact lenses under this option, you will not be eligible for frames until the next calendar year.

Tips to Keep Your Eyes Healthy

Source: webmd.com/eye-health/good-eyesight

1

Eat Well: A healthy diet can help avoid age-related vision problems like macular degeneration and cataracts.

2

Wear sunglasses to protect your vision from the sun's ultraviolet rays.

3

Use safety eyewear if you use hazardous or airborne materials.

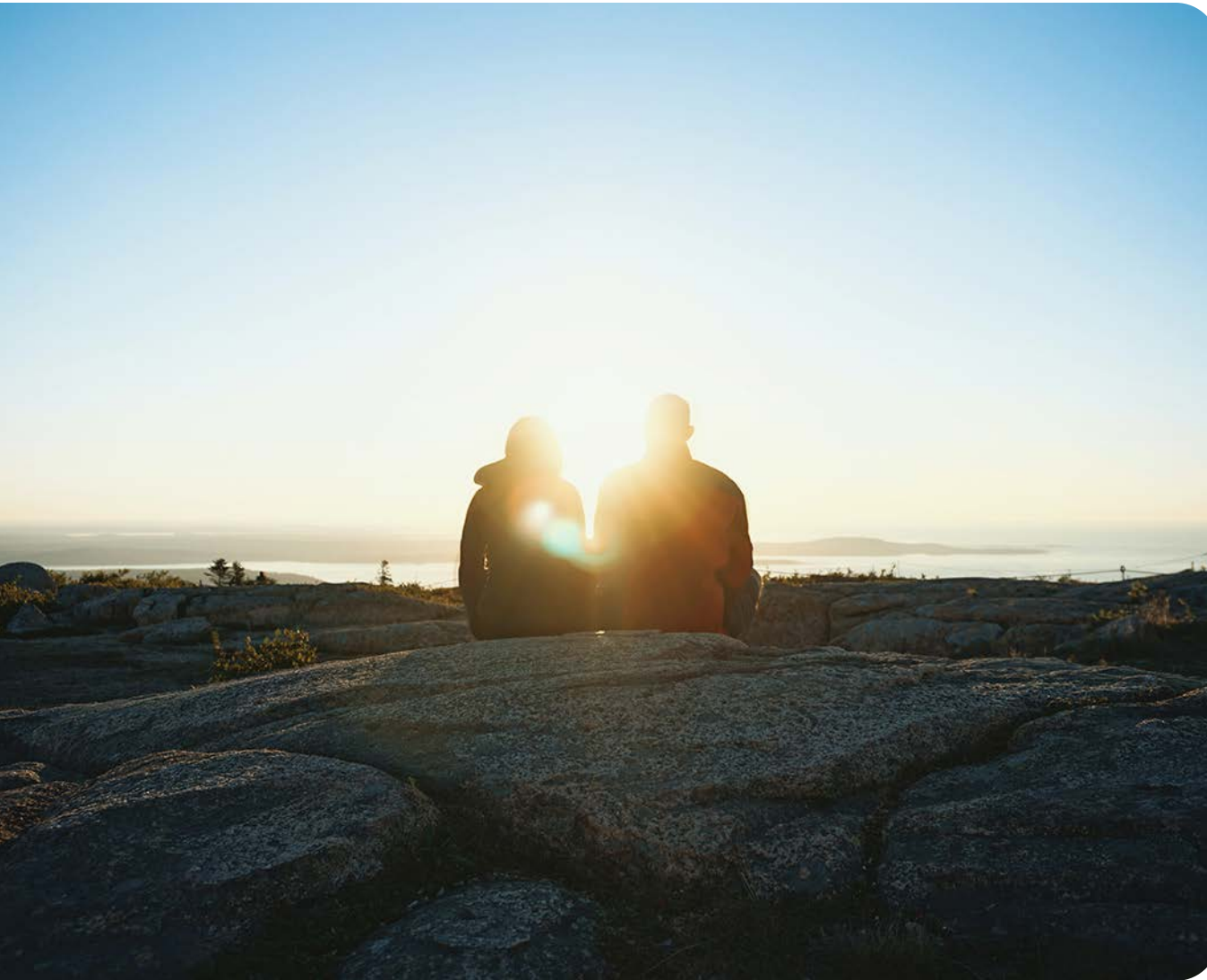
4

Take a break from the computer or phone screen to avoid eyestrain, blurry vision, dry eyes, headaches, and more.



Tools to Manage Your Health

Enhanced Medical Benefits Available to BCBSTX Members



Starting January 1, 2021, BCBSTX health options include:

Gender Transition Benefits

A diagnosis of gender dysphoria is required for eligibility for gender transition benefits. You can receive counseling services, gender transformation surgery, and other services covered based on medical necessity and subject to the deductible and coinsurance requirements. See **page 13** for how the medical options work.

Infertility Treatment Benefits

Coverage for infertility treatment includes approved testing and/or surgical and non-surgical intervention, including in vitro fertilization (IVF), artificial insemination (AI), intracytoplasmic sperm injection (ICSI), egg freezing, and surgical procedures to repair problems with reproductive organs or current issues that may have an effect on other assisted reproduction technology treatments. This provision offers benefits up to a lifetime limit of \$15,000 medical and \$5,000 prescription drug expenses. Benefits may be taxable if not medically necessary.

For more details about either of these benefits, contact a BCBSTX Health Advocate at **1.877.213.6898**.

Tools to Manage Your Health

Programs Available to BCBSTX Members

Oncor provides many resources to help you have a healthy life. Contact information begins on **page 47**. Go online to see the resources available!

Health Advocacy Solutions (BCBSTX)

Blue Cross and Blue Shield of Texas (BCBSTX) provides Health Advocacy Solutions to all Oncor participants. The health advocacy customer service reps are ready to assist you with your questions using a holistic approach to health management and they will help you use the appropriate Oncor programs that are available to you.

Health Advocacy Solutions includes these programs under its umbrella of services:

- Medical and Surgical Decision Support Services through the Consumer Medical Program
- MDLIVE
- Tobacco Cessation and Weight Management Programs
- Benefits Value Advisors
- The Nurseline
- Women's and Family Health

Visit bcbstx.com or call **1.877.213.6898** to find out more about Health Advocacy Solutions.

Medical and Surgical Decision Support Services Through Consumer Medical

BCBSTX medical participants have access to expert medical opinion assistance through Consumer Medical.

Consumer Medical can help you understand your medical condition and treatment options, recommend the best doctors and hospitals in your area, and assist you in getting a second opinion. Participants who engage in **Surgical Decision Support Services** for the following services will be eligible for a \$400 incentive in 2021:

- Lower back
- Knee or hip replacement
- Weight loss
- Hysterectomy

This incentive is subject to applicable income taxes.

How Consumer Medical Works

Consumer Medical focuses on five key drivers: your diagnosis, physician, treatment, hospital, and coping to help improve the quality of your health. This service uses a data-driven approach combined with a personal touch to identify the highest performing physicians for your condition and optimize current provider and Centers of Excellence networks.

By integrating in-person and remote expert opinion, Consumer Medical can help with any condition, any network, anywhere as shown in the following chart.

CONSUMER MEDICAL DETAILS	
In-Person Second Opinion	Remote Second Opinion
Identify high quality physicians	Nationally recognized expertise
Match to unique needs and preferences	Specialized conditions
Appointment setting	Overcome geographical barriers
Pre-appointment guidance	Medical records collection
1- to 3-day turnaround	Less than 10 business days turnaround post records
Unlimited support	

Visit consumermedical.com or call **1.877.213.6898** to find out more about Consumer Medical.

Tools to Manage Your Health

Programs Available to BCBSTX Members

MDLIVE

HSA Medical Option and HRA Medical Option participants and their 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, pink eye

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

Using MDLIVE

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

If you have an HRA, you can pay with the ConnectYourCare (CYC) debit card.

To use MDLIVE, go to mdlive.com/bcbstx or 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.

Tobacco Cessation and Weight Management Programs

These two voluntary programs through Health Advocacy Solutions with BCBSTX 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. You may also refer to **page 46** about several Tobacco Cessation Programs available.

To enroll in the Tobacco Cessation and/or the Weight Management Program, call **1.877.213.6898** or go to bcbstx.com.

Women's and Family Health

This program incorporates self-managed courses in Well onTarget® access to Ovia fertility, pregnancy, and parenting apps, as well as outreach and engagement of identified high-risk pregnancies.



Tools to Manage Your Health

Programs Available to BCBSTX Members

Additional Programs Under Health Advocacy Solutions

Blue365® Member Discount Program

Take advantage of exclusive health and wellness deals including discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options, and more.

Blue Access for MembersSM

Gain immediate online access from a secure member portal to health and wellness information. From the **My Health** tab, find information on such topics as fitness, nutrition, obesity, and smoking cessation.

Blue Member Rewards

Receive cash rewards when you select a lower-cost, quality provider. This program, administered by Sapphire Digital, offers Provider Finder® to help you compare medical services, reduce costs, and take more control of your health care financial decisions.

Member Rewards, combined with Provider Finder, our nationwide database of independently contracted health care providers, can help you compare costs and quality for numerous procedures and estimate out-of-pocket costs, plus more!

Here's how it works:

1. When a doctor recommends treatment, log onto Blue Access for Members at bcbstx.com.
2. Click **Doctors and Hospitals**, then **Find a Doctor or Hospital**, and **Shop for Procedures**.
3. Choose a Member Rewards eligible location, and you may earn a cash reward.
4. Complete your procedure, and once verified, you will receive a check within four to six weeks.



NEWS FOR YOU FROM BCBSTX

To reach a health advocacy customer service representative, call the customer service number on your BCBSTX ID card.

Call BCBSTX at **1.877.213.6898** to elect your preference for receiving information from them in the future. Your choices are email, USPS mail, or by text message.

Questions About Any BCBSTX Programs? Call 1.877.213.6898.

In addition, you can participate in the Well onTarget® wellness program and earn points that can be redeemed for a wide array of items.

Tools to Manage Your Health

Programs Available to BCBSTX Members

Hinge Health

Hinge Health offers free access to a 12-week digital program designed for chronic back, knee, hip, neck, or shoulder pain, available to you and your covered family members age 18+. This exercise therapy program can be done anywhere, at any time. The program includes:

- 15-minute personalized exercise therapy sessions to improve strength and mobility,
- Unlimited one-on-one health coaching to provide motivation and support via text, email, or phone, and
- Interactive education to teach you how to manage your specific condition, treatment options, and more.

To register for this program, visit hingehealth.com/oncor to provide your personal information. Once enrolled, you will receive a Hinge Health Welcome Kit with a free tablet computer and wearable activity sensors that give you live feedback during exercises.

The program is designed to help you avoid more invasive treatment and surgery, where possible. And, you do not pay any additional cost to participate in this program. A win-win!

Airrosti Rehab Centers

If you are enrolled in a BCBSTX option, Airrosti offers a quality care approach to physical rehabilitation, including provider attention to detail and time commitment to each patient. This approach leads to an accurate diagnosis and treatment, along with significantly reduced recovery times and total treatment costs. Many patients experience improvement in range of motion and a return to normal activity, often within three visits (based on patient reported outcomes).

You can self-refer to Airrosti at any time if you have chronic pain that you think may benefit from receiving care with an Airrosti provider.

Airrosti is a network provider for BCBSTX, but does not participate in the Scott & White Health Plan.

Log on to airrosti.com to find providers and schedule an appointment or call **1.800.404.6050** to book an appointment at a location nearest you.

Note: Airrosti Rehab Centers remain available for those suffering **acute** musculoskeletal injuries and pain while Hinge Health focuses on **chronic** pain.

HINGE HEALTH

Phone: **1.855.902.2777**

Website: hingehealth.com/oncor

AIRROSTI REHAB CENTERS

Phone: **1.800.404.6050**

Website: airrosti.com

Tools to Manage Your Health

Additional Programs

Livongo – For BCBSTX Participants

If you are enrolled in a BCBSTX option through Oncor, this diabetes management service provides access to supplies at no cost to you and your dependents. It includes a free blood glucose meter, 24/7 coaching (including tips when blood sugar levels are out of range), and unlimited strips delivered on demand.

For more information, call **1.800.945.4355** or visit welcome.livongo.com/oncor#/. Use Registration Code: **ONCOR**.

Navigate for Oncor's Live Well Program – For All Employees

As an Oncor employee, you can contact Navigate for Oncor's Live Well Program with incentive and funding questions.

Several times a year, you will receive a checklist to help you track your incentive goals. All individual medical data that Navigate receives is confidential and is not shared with Oncor.

In addition to tracking incentives and funding for HRAs and HSAs, Navigate administers the quarterly survey for the Live Well Incentive Program and Amp It Up Challenges.

To find out more about Navigate for Oncor's Live Well Program, see the next section of this guide called **2021 Incentive Opportunities**. You can also visit oncorlivewell.com, email info@oncorlivewell.com, or call **1.888.596.6750**.

Employee Assistance Program (EAP) – For All Employees

Available 24/7, you and your family members have access to confidential resources through Magellan Health Services to:

- Help with personal issues, financial issues, legal issues, and more.
- Offer guidance from registered nurses, counselors, and financial advisors.
- Provide discounts on hotels, car rentals, fitness centers, and more.

Visit magellanascent.com or call **1.800.327.6608** to access this program.

The EAP through Magellan will research your dependent care options for you – and for free. Also, child care discounts are available through Magellan.

Fitness Centers – For All Employees

All employees have access to the Corporate Fitness Center, located at the Woodall Rodgers facility in Dallas and Oncor Underground Fitness Center at the ESB in Fort Worth. This wellness resource is available to employees 24 hours a day, 7 days a week and to dependents on the weekends, as long as accompanied by the employee. The fitness center costs \$15 per month via after-tax payroll deduction.

Discounts to fitness centers across Texas are available through BCBSTX and our EAP, Magellan Health Services. See the **Live Well/Benefits/Company Perks** section on the Oncor intranet for more information.



2021 Incentive Opportunities

About the Incentives _____ **31**

Annual Physical with Biometric Screening
and Healthy Incentives _____ **32**

About the Incentives

This chart highlights the incentives for 2021.

Note:

- Those participants in the HSA Medical Option who are 65 or will reach age 65 in 2021 will receive incentives in their paychecks with appropriate taxes withheld.
- Scott & White Health Plan (SWHP) participants will receive incentives in their paychecks upon completion of the Amp It Up and/or the Live Well Personal Challenges.

2021 INCENTIVE OPPORTUNITIES	Who Can Do It	What You Get	
Annual Physical with Biometric Screening	HSA and HRA participants	→ \$100 for you	→ \$50 for your spouse
Healthy Incentive (Biometric Results or Health Coaching)	HSA and HRA participants	→ \$500 for you	→ \$250 for your spouse
Live Well Incentives* → Four Live Well Incentives: \$100 each	All employees	\$400 for you in your HSA, HRA, or paycheck when you complete all Live Well Challenges	
Amp It Up Incentives* → Challenge 1: \$250 → Challenge 2: \$250 → Challenge 3: \$250 → Challenge 4: \$250	HSA and HRA participants	\$1,000 for you in your HSA or HRA when you complete all Amp It Up Challenges	
Automatic Oncor Medical Contributions	HSA and HRA participants	→ \$250 for you	→ \$500 if you elect coverage for: <ul style="list-style-type: none"> • You + Spouse • You + Child(ren) • You + Family

* More details about the challenges will be announced soon.



Annual Physical with Biometric Screening and Healthy Incentives

When you have your biometric screening at your physician's office, take a *Physician Results Form* with you. Your doctor must then fax or email the completed form to the fax number or email address on the form. 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.

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.

Incentive Update for 2020

If Cover-Tek receives your annual *Physician Results Form* by **October 31, 2020** (previously August 31, 2020), your incentive will be funded in late January, and by **December 31, 2020**, your incentive will be funded in late April 2021. If your results reflect three or more risk factors, you can complete a health coaching program by the deadlines above to be eligible for the incentives. Incentive amounts will be the same for 2021, but you will have additional opportunities to earn incentives, including volunteering.

Incentive and Funding Timing for 2021

If you complete your annual physical with biometric screening and/or Healthy Incentive in 2021, you will receive incentive funding in 2022. The schedule in 2021 will return to usual. If your *Physician Results Form* is received by August 31, 2021, your incentive will be funded in January 2022. If the form is received between September 1 and December 31, 2021, your incentive will be funded in April 2022. The same schedule applies to the Healthy Incentive requirements.

Any action you take in 2021 counts toward your 2022 medical option incentive. This does not apply to the Live Well and Amp It Up Incentive Programs.



NEED A PHYSICIAN RESULTS FORM?

- Download a form from oncorbenefits.com/ee, the Oncor Intranet at **Live Well/Benefits**, or Navigate Live Well at oncorlivewell.com.
- Call Cover-Tek at **1.817.329.6900** and request a form.



CONTACT COVER-TEK

Phone: **1.817.329.6900** Fax: **1.817.416.2300**
Email: southlake@cover-tek.com



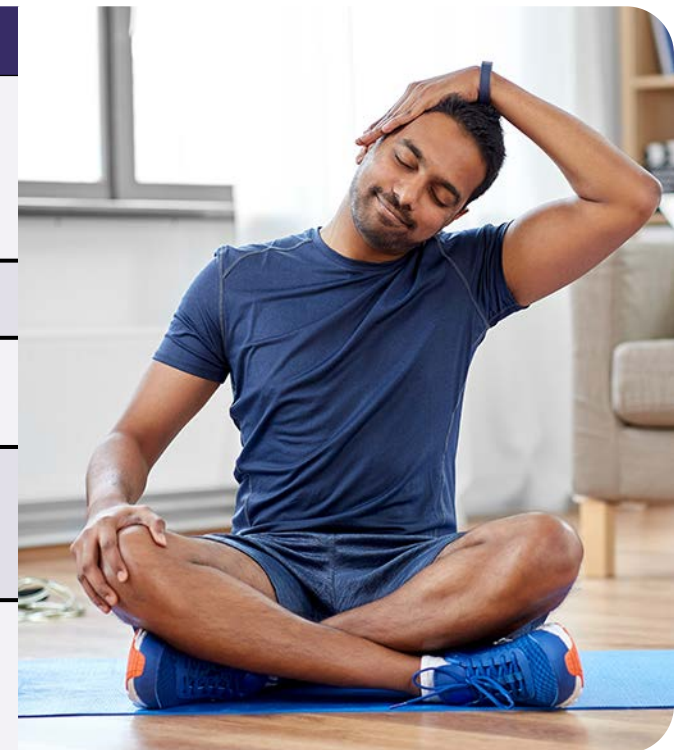
Annual Physical with Biometric Screening and Healthy Incentives

How Healthy Incentives Are Determined

Determined by biometric results, if you have:

- **0 to 2 health risk factors.** Oncor will provide a Healthy Incentive of \$500 for you and \$250 for your spouse to help fund your HSA or HRA in 2021.
- **3 or more health risk factors.** Oncor will provide a Healthy Incentive of \$500 for you and \$250 for your spouse once you complete a targeted health coaching program by December 31, 2020. These health coaching programs are offered at no charge to eligible employees and spouses and focus on nutrition and exercise. 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.
- 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 mmHg
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



Financial Security

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Life and AD&D Insurance

Employee Life Insurance pays a benefit to your beneficiary in the event of your death.

Basic Life Insurance for You

Oncor provides you with Basic Life Insurance equal to one times your annual base pay, up to \$1 million in coverage.

Optional Life Insurance for You

You may purchase Optional Life Insurance coverage of up to seven times your annual base pay, up to a maximum of \$2 million in coverage.

Statement of Health (SOH)

During Annual Enrollment for 2021, the Statement of Health (SOH) required by MetLife is shortened to only five questions. After Annual Enrollment, the regular SOH will be required. You must provide an SOH and receive approval from the insurance company if you:

- Didn't enroll in optional coverage when you were first eligible and choose to do so at a later date,
- Choose to increase your coverage during Annual Enrollment by:
 - One times your annual base pay if your total elected coverage will exceed four times annual base pay, or
 - From five to seven times your annual base pay, or
- Are a new employee and you elect Optional Life Insurance greater than four times your annual base pay.

Any requested coverage that requires a Statement of Health will not take effect until the insurance company provides approval.

Your premiums for Optional Life Insurance for yourself are based on your age, annual base pay, and whether or not you use tobacco products. You are considered to "use tobacco products" if, in the previous two years, you smoked cigarettes, pipes, or cigars, and/or you used snuff and/or chewed tobacco. It is your responsibility to notify Oncor if you have a change in tobacco-user status.

NOTES:

- A Statement of Health also applies to spouse coverage elected or increased by more than one times your pay after your spouse is first eligible.
- If you are enrolled in Life Insurance Program A, refer to the *Oncor Benefit Handbook* for details.





Life and AD&D Insurance

Dependent Life Insurance

You also have the opportunity to enroll your eligible dependents for life insurance.

About Dependent Coverage

- If you are married to another Oncor employee or Retiree, you must each be insured as an employee or Retiree (not as a dependent) under the Life Insurance Program.
- Your dependent child who is covered under the Dependent Life Insurance Program is eligible for life insurance benefits through the end of the month of the child's 26th birthday. Only one Oncor employee may cover the same child or children.
- Spouse coverage elected or increased after the spouse is first eligible is also subject to a Statement of Health.

DEPENDENT LIFE INSURANCE OPTIONS

Spouse Life Insurance Options

- 1–7 times your annual base pay rounded to the next higher \$1,000
- Maximum coverage is either equal to employee Optional Life Insurance coverage or \$250,000, whichever is lower.

Child(ren) Life Insurance Options

- \$10,000
- \$15,000
- \$20,000

If you currently have Optional Spouse Life Insurance in the amount of 25% or 50% of your annual base pay, you must elect a new amount from one to seven times your annual base pay during Annual Enrollment. If you do not make an election, your spouse's Optional Life Insurance coverage will end December 31, 2020.

MetLife Advantages

Included with your company-paid Basic Life Insurance, you can access MetLife Advantages, a comprehensive suite of valuable services. Services include Will Preparation, Funeral Discount and Planning, Grief Counseling for you and your loved ones, and much more. Employees enrolled in the Optional Life Insurance also have access to legal advice through MetLife's Estate Resolution Services at no additional cost to you.

Survivor's Benefits

In the event of your death, your eligible beneficiary will be paid a benefit equal to one month of your base pay. This benefit is in addition to other life insurance and retirement plan death benefits, if any.

Financial Counseling Services

In the event of an employee's death or that of an employee's spouse, surviving family members can access free financial counseling services. This counseling is provided to employees by AYCO, an independent company. AYCO counselors work on a fee-only basis (paid by Oncor) and do not sell commission products.

Life and AD&D Insurance

Accidental Death and Dismemberment (AD&D) Insurance

AD&D provides a benefit if you die or suffer certain types of injuries as a result of an accident.

Basic AD&D Coverage for You

Oncor provides you with AD&D coverage equal to two times your annual base pay, up to \$2 million in coverage. The beneficiary you designate for Basic AD&D Insurance must be the same as the beneficiary you designate for Optional AD&D Insurance.

Optional AD&D Coverage for You

You may elect Optional AD&D coverage up to seven times your annual base pay, up to a \$2 million maximum benefit for you.

GOOD TO KNOW

- You 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 oncor.ultipro.com. It's a good idea to review your designations each year to ensure they are still appropriate.
- Life insurance 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 50% of your life insurance benefit before you die. For details, call MetLife at **1.800.638.6420**.
- Funeral Planning Services and grief counseling. Call MetLife at **1.800.638.6420** for details.
- As a life insurance participant, you have access to MetLife's free will writing services through MetLife Legal Plans. Contact MetLife Legal Plans at **1.800.821.6400**.

Dependent AD&D Coverage

If you enrolled your eligible family members for dependent AD&D coverage, the benefit payable is based on your family members enrolled at the time of the loss. You cannot be covered as both an employee and a dependent under Oncor AD&D coverage. More details are available in the *Oncor Benefit Handbook* available on the Oncor intranet and on oncorbenefits.com/ee.

DEPENDENT AD&D COVERAGE IN THE EVENT OF ACCIDENTAL DEATH

If you have a spouse only (no children)	Your spouse's coverage is equal to 60% of your optional family AD&D coverage amount.
If you have children only (no spouse)	Each child's coverage is equal to 15% of your optional family AD&D coverage amount.
If you have a spouse and children	<ul style="list-style-type: none"> → Your spouse's coverage is equal to 50% of your optional family AD&D coverage amount. → Each child's coverage is equal to 10% of your optional family AD&D coverage amount.

Dismemberment benefits apply to certain types of injuries as a result of an accident. The amount of benefit paid is based on the severity of the accidental loss. Refer to the *Oncor Benefit Handbook* for details.



Long-Term Disability (LTD)

Long-Term Disability (LTD) coverage provides an ongoing source of income if you are unable to work due to an extended illness or injury. This income can help you and your family meet your daily living expenses during your disability.

Because Oncor believes these benefits are so important, the company is paying the full cost of LTD for you. The coverage can replace up to 66⅔% of your base pay, up to a maximum of a \$25,000 monthly benefit. Because Oncor is paying the full cost of this benefit, you will pay taxes on LTD benefits you receive from the plan.

LTD benefits can begin after six months of disability, and continue until you are no longer disabled or the later of Social Security Normal Retirement Age (SSNRA) or age 65 if your disability began prior to age 62.



IF YOU BECOME DISABLED

- **Before age 62**, LTD benefits are paid until you are no longer disabled, or to the later of Social Security Normal Retirement Age or age 65.
- **On or after age 62**, LTD benefits are paid:
 - Until you are no longer disabled, or
 - To the later of Social Security Normal Retirement Age or for a specific number of months (ranging between 48 months down to 12 month) based on your age at disability.



Voluntary Benefit Options Available to All Employees

These three new voluntary benefit options provided through Aetna are designed to supplement your medical benefits. They will not replace your medical benefits through Oncor's health care program. These are voluntary benefits and are not part of the benefits offered under the Oncor Electric Delivery Company LLC Employee Welfare Benefit Plan. Enrollment is optional.

Oncor's medical benefits pay providers for services and treatments you receive. As a supplement to our medical benefits, you may choose to enroll in one or more of the Aetna voluntary benefit options. These options:

- Pay benefits directly to you.
- Provide extra cash you can spend as you want, such as for medical deductibles or copays, for your mortgage or rent, or for groceries or utility bills – any way you see fit.

Each voluntary benefit option includes a health screening benefit of \$75 for each covered person. Enrollment is guaranteed. You do not have to answer any health questions.



Visit myaetnasupplemental.com
for more detailed information.

The three voluntary benefit options are:

Accident Option

This option pays benefits when you get treatment for an accidental injury. You can receive payment for a long list of injuries from minor to serious.

Critical Illness Option

This option pays benefits when a doctor diagnoses you with a covered serious illness or condition, such as heart attack, stroke, and more.

Hospital Indemnity Option

This option pays benefits when you have a hospital stay for an illness, injury, surgery, or having a baby. The option pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay.



Saving for Retirement

Save for a secure financial future with Oncor's retirement benefits. You can defer current taxes, save with convenient payroll deductions, and receive a company matching contribution.

Thrift 401(k)

You are eligible to participate in the Oncor Thrift Plan on your date of hire. You decide what percentage of your base pay (up to a maximum of 75%) you want to contribute to your account via payroll deductions (pre-tax, Roth, and/or after-tax) up to the annual legal maximum. You also choose how to invest your savings among available investment options.

Oncor matches \$1 for \$1, up to the first 6% of eligible pay you contribute (\$.75 for every \$1 you save, up to 6% for Traditional Retirement Plan Formula participants). Contributions to your account are subject to federal limits. For 2020, the limit is \$19,500 on a pre-tax basis if you are under age 50, and \$26,000 if you are age 50 or over.

You are always 100% vested in your contributions as well as Oncor's match.

If you do not affirmatively elect to participate or opt out, new employees are automatically enrolled in the Thrift Plan at a contribution rate of 6% on a pre-tax basis. Your automatic contributions are invested in a pre-mixed portfolio appropriate for your age.

Additionally, unless and until you make an affirmative contribution election, your contribution rate will automatically increase by 1% annually to a maximum of 10%. You can change your contribution percentage or the investment portfolio at any time by visiting netbenefits.com.

Oncor Retirement Plan

The Oncor Retirement Plan provides eligible employees with additional retirement income funded entirely by Oncor. Retirement Plan benefits are provided through one of two benefit formulas – the Cash Balance Plan Formula or the Traditional Retirement Plan Formula. These formulas are described below.

Cash Balance Plan Formula

You are covered under the Cash Balance Plan Formula if you are at least 21 years old, have completed 12 months of service following your hire date, and are not covered under the Traditional Retirement Plan Formula (eligibility criteria for the Traditional Retirement Plan Formula is shown on right). The company pays the entire cost of the plan by making Contribution Credits and Interest Credits each month to your retirement account.

You are fully vested in your Cash Balance Plan Formula benefit when you have three years of Vesting Service or when you reach age 65, whichever occurs first. There is no partial vesting under the plan.

Traditional Retirement Plan Formula

Employees are under the Traditional Retirement Plan Formula **only** if they:

- Were hired or rehired before January 1, 2001, and have been continuously employed thereafter,
- Were covered under the Traditional Retirement Plan Formula before January 1, 2002, and
- Chose to remain under the Traditional Retirement Plan Formula, rather than converting to the Cash Balance Plan Formula during a one-time election period in 2001.

You can find answers to your questions about the Thrift and Retirement Plan benefits by contacting Fidelity at **1.866.602.0629** or at netbenefits.com.

For more detailed information, see the *Oncor Retirement Plan* and *Oncor Thrift Plan Summary Plan Descriptions* posted on the Oncor intranet under **Live Well/Benefits**, or you can call Fidelity at **1.866.602.0629** and request copies free of charge.



RETIREMENT SEMINARS

Are you planning to retire in the next 18 months? Attend a Retirement Seminar to learn what steps you need to take to ease the transition to retirement. Seminars are held each spring and fall. Watch the Oncor intranet for details about upcoming seminars.



Other Benefits and Information

New in 2021! Family Support

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New in 2021!

Family Support Benefits for All Employees

Emergency Backup Care Support

Need help with care arrangements for children, adults, or pets when you need to work? You can access help anywhere and at any time, in those situations that are planned and those that are an emergency.

You have the flexibility to choose care through nationally recognized care services with a low copay – or reimbursement of a certain amount if you prefer to use other licensed providers, friends, or family to provide care.

LifeCare, a partner of Oncor's Magellan Employee Assistance Program (EAP), offers Backup Care Connection.

- If you access a credentialed provider through the program, you pay a \$10 copay per visit. The providers include:
 - Over 2,100 brand-name child care centers, most with National Association for the Education of Young Children (NAEYC) accreditation, and
 - More than 900 in-home care agencies representing thousands of caregivers.
- If you choose to use other licensed providers, friends, or family to provide care, you can receive reimbursement of up to \$75 per day.

Backup Care Connection providers include Childcare Network, BrightStar, Homewatch CareGivers, KinderCare, Sunshine House, and other nationally-recognized care services.

Emergency Backup Care Support is available 24 hours a day, 7 days a week through the EAP at magellanascend.com or 1.800.327.6608.

You may access up to five visits a year.

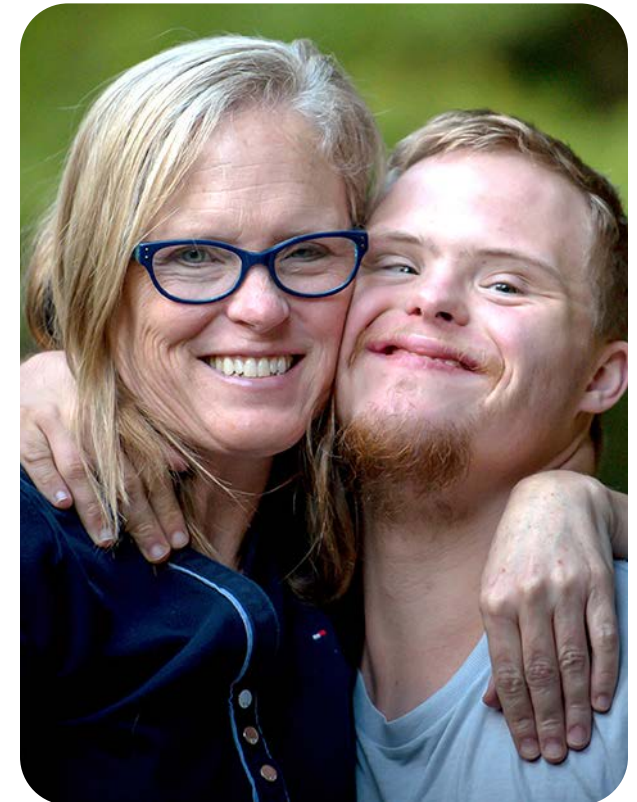
When you log on, you must create an account by clicking:

- **Backup care connection**, then
- **Create an account**.

! If you contribute to a Dependent Care FSA and use the Emergency Backup Care Support benefit, any amount over \$5,000 will be taxed.

Adoption Benefits

Oncor's benefits program includes adoption resources to help you grow your family. You can receive a benefit of up to \$5,000 per adopted child. See the **Adoption Assistance Policy** effective January 1, 2021 for eligibility and details.





Time-Off Benefits

Time away from work allows you to relax, pursue personal interests, and spend time with your family. Oncor offers paid vacation and holidays to eligible employees. If you're a full-time employee, you can purchase additional vacation time.

Vacation

Oncor provides paid vacation days to eligible employees. Eligibility for vacation benefits is based on total length of service with Oncor.

If you're eligible, you can purchase additional vacation, in one-hour increments, from one hour to 40 hours. Your cost for the Vacation Purchase Option is based on your annual base pay* from Oncor on October 1 of the year in which enrollment is held. You must use any carryover hours from the previous year first, then your regular vacation hours, and your purchased vacation hours last. Purchased vacation hours not used in the year purchased will be lost.

See the **Vacation Policy** on the Oncor intranet for more information on vacation, vacation carryover, and the Vacation Purchase Option.

* Annual base pay for this purpose includes additional pay such as the West Texas Adder.

Six-Month Vacation Eligibility

When you are hired by Oncor, you must complete six months of service before you are eligible for vacation. As a result, if you are hired after July 1, you cannot purchase additional vacation for the calendar year in which you are hired.

Holidays

Oncor recognizes certain paid holidays each year. You can find a comprehensive list of Oncor holidays in the **Holidays Policy** on the Oncor intranet.

Additional Valuable Benefits

Oncor provides benefits that can save you time and money. There are no required contributions for these programs. You can find more information about all of these benefits on the Oncor intranet.

ADDITIONAL VALUABLE BENEFITS	
Benefit	Summary
Electric Vehicle Incentive Program	Offers incentives to lease or buy certain makes or models of electric vehicles. See the Electric Vehicle Incentive Program Policy for more information.
Education Expense Reimbursement Plan	Oncor provides financial assistance to eligible employees who satisfactorily complete pre-approved educational activities through reimbursement of eligible expenses as defined by the program (up to \$10,000 annually). See the Educational Expense Reimbursement Plan Policy for more information.
Commuter Benefits	Provides car pool, DART, The "T" and DCTA (Bus/Rail) programs that offer cost savings for commuting.
Appliance Purchase Plan	Offers special financing for certain appliances, including home computers, household appliances, and level 2 vehicle charging stations. See the Appliance Purchase Plan Policy .
Energy Conservation Program	Offers special financing for certain home conservation equipment.
Company Perks and Purchase Programs	Offer discounts on cars, travel, computers, appliances, family entertainment, sports tickets, and more. Find more information on the Oncor intranet under Live Well/ Company Perks .
Annual Flu Shot Clinics	Offered onsite at Oncor locations during the fall of each year, and free flu vaccines are provided for Oncor employees and their dependent household.



2021 Oncor Monthly Employee Contributions

Your contributions toward the cost of your benefits will be deducted from your pay each pay period:

- **On a pre-tax basis for medical, dental, vision, AD&D insurance, Health Savings Account (HSA) contributions, and Flexible Spending Account (FSA) contributions.** This means your contributions are deducted from your pay before federal, state, and Social Security taxes are withheld. You never pay taxes on any of these contributions.
- **On an after-tax basis for life insurance, voluntary benefits, and opt-out credits.** This means your contributions are deducted from your pay after taxes are withheld.

If You Waive Oncor Medical Coverage

If you opt out of medical coverage, you can receive \$100 a month in credits (dollars). You must attest that you and all of your federal tax dependents have other coverage. This coverage must:

- Be outside of Oncor,
- Meet the minimum essential coverage requirements of federal law, and
- Not be individual coverage, either on or off the federal or a state exchange.

The Oncor medical options do not offer opt-out of medical coverage credits for waiving Oncor medical coverage if you are:

- Eligible for Medicare, or
- An Oncor employee and covered by Oncor benefits through another family member who is also an Oncor employee.

If You Waive Oncor Dental Coverage

If you opt-out of dental coverage, you can receive \$10 a month in credits (dollars).

Working Spouse Surcharge

If your spouse is eligible for medical coverage through his/her employer (other than Oncor) and you enroll your spouse in an Oncor medical option, you will be charged an extra \$75 a month for your Oncor-sponsored coverage.

If your spouse loses access to his/her employer-sponsored plan, notify the Oncor HR Service Center right away so the \$75 monthly spouse surcharge can be discontinued. Retroactive reimbursements cannot be made. If your spouse is not covered by an Oncor medical plan and loses his/her employer coverage, you have 30 days to enroll your spouse in an Oncor medical option.

If You Are an Active Employee When You Reach Age 65: Special Guidelines

It is your responsibility to make sure you comply with these special rules dictated by federal law.

Medical Opt-Out

By federal law, active employees who are eligible for Medicare are not eligible for medical opt-out credits.

HSA Participation

See [page 18](#) for information on HSA participation.

Waiving Medicare Part B

You may waive **Medicare Part B** if you or your dependents are still covered by an Oncor medical option because the Oncor option is the primary payer of your benefits. You will need to prove you had other medical coverage when you later enroll in Medicare so you do not incur a late enrollment charge.



2021 Oncor Monthly Employee Contributions

Tobacco Surcharge

If you and/or your spouse covered by an Oncor medical option uses tobacco, you will pay a tobacco surcharge of **\$200 per person per year (\$8.34 per person per paycheck)**. You may complete a free Tobacco Cessation Program to avoid the surcharge.

Here is how it works if you and/or your spouse:

- **Has not used tobacco products during the past 24 months:**
 - The surcharge does not apply. No action is required for the non-tobacco user person.
- **Is a tobacco-product user:**
 - **Complete the Tobacco Cessation/Physician Affidavit** and submit with appropriate documentation of Tobacco Cessation Program completion to Cover-Tek and the surcharge will be waived, or
 - Do nothing and the surcharge will apply.
- **Has been tobacco free for the last six months:**
 - **Complete the Tobacco Cessation/Physician Affidavit** and submit with appropriate documentation of Tobacco Cessation Program completion to Cover-Tek and the surcharge will be waived, or
 - Do nothing, and the surcharge will apply.

If You Submit an Affidavit


The surcharge will stop as soon as administratively possible (up to three pay periods). The surcharge will not be retroactively refunded.

The **Tobacco Cessation/Physician Affidavit** is available on the Oncor Intranet at [LiveWell/Benefits/Health Care Resources](#) under Tobacco Cessation and Weight Management Programs. In addition, it is posted on oncorbenefits.com/ee.

TOBACCO PRODUCTS

Tobacco products include, but are not limited to:

- Cigarettes, Cigars, e-Cigarettes/Vaping, Cigarillos, Pipes, Chewing Tobacco, Snuff, Dip, and Loose Tobacco Smoked via Pipe or Hookah.





Tobacco Surcharge

An Important Step in Our Wellness Journey

Using tobacco? If the answer is "yes" for you and/or your spouse covered by an Oncor medical option, you'll pay a tobacco surcharge of **\$200 per person per year (\$8.34 per person per paycheck)**. Read on for details about how to avoid the surcharge.

If my message only changes one person's life and they decide to quit, then it's worth it to me ... *Just try ...*

**do it for yourself,
do it for your family.**

— Debbie Dennis, Senior Vice President, Chief Customer Officer and Chief HR Officer

Oncor Considers These Tobacco Products

Tobacco products include, but are not limited to:

- Cigarettes
- Cigars
- e-Cigarettes/Vaping
- Cigarillos
- Pipes
- Chewing Tobacco
- Snuff
- Dip
- Loose Tobacco Smoked via Pipe or Hookah

Why a Tobacco Surcharge?

Oncor is dedicated to helping our employees and their families achieve physical and financial health. Tobacco use hurts both of these. Tobacco has been unquestionably shown to contribute to many illnesses and early deaths, and is an expensive habit.

Oncor works to keep medical costs as low as possible to be able to offer affordable health care coverage to you and your family. The tobacco surcharge is an important step in the effort to control costs and promote healthy living. Oncor's population has over 800 employees and spouses who still use tobacco. We care about you and we believe encouraging you to stop tobacco use is the right thing to do!

1



2021 Oncor Monthly Employee Contributions

Free Tobacco Cessation Programs

If you and/or your spouse use tobacco products and are enrolled in an Oncor medical option, you may complete one of the following Tobacco Cessation Programs – free of charge – to stop the tobacco surcharge. Choose the option that best fits your needs.

→ **If you are a Blue Cross and Blue Shield of Texas (BCBSTX) participant:**

Call **1.877.213.6898** or go to bcbstx.com. Resources include:

- **Personal coaching**
- **Online motivational and education resource tools** through the Personal Health Manager

→ **If you are a Scott & White Health Plan (SWHP) participant:**

Call **1.800.321.7947** or go to mybswhealth.com.

- **Take the Digital Health Coaching Assessment** which includes the *Live Tobacco Free* module designed to give you the skills to help conquer your cravings and say goodbye to tobacco for good.

Regardless of which Oncor medical option you are enrolled in, you can choose one of these support programs:

→ **Quit For Life® through the American Cancer Society:** Call **1.866.784.8454** or go to quitnow.net for more information.

→ **Clickotine through the Magellan/EAP Program:** Use the **Clickotine app**.

If you are unable to participate in one of the Tobacco Cessation Programs, you can use a reasonable alternative standard, including one recommended by your doctor, in order to waive the surcharge. Contact Cover-Tek at **1.817.329.6900** or email southlake@cover-tek.com for more information about obtaining a reasonable alternative standard.


MORE ABOUT CLICKOTINE


Clickotine is a new technology – designed and developed by doctors and scientists – using a smartphone app.


This technology learns from your behavior, and helps you create and stick to a quit plan so you can overcome nicotine cravings.


USING CLICKOTINE

 **Step 1** Log in to clktx.com/join/ to access the Clickotine website and download the Clickotine app as instructed.

 **Step 2** Enter the Oncor ID: **054255** and follow the instructions.
Note: You will also need a personal unique code, explained in Step 4, below.

 **Step 3** Complete the Q&A to receive an email with a generated code that you will need to download the Clickotine app.

 **Step 4** Download the Clickotine app to your mobile device. When prompted, enter the personal unique code emailed to you.

 **Step 5** You will receive instructions to start the program.



Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Benefits Guides, Other Benefits Information, and Live Well Information	Oncor	http://intranet.corp.oncor.com Access the Oncor Live Well intranet page on the Oncor intranet.	N/A
		oncorbenefits.com/ee Access the Oncor benefits site.	N/A
General Information	Oncor HR Service Center	oncor.ultipro.com Log onto to enroll. (See page 7 for details.) Email: oncorhr@ukg.com	1.888.565.8803 Representatives are available Monday through Friday from 7:30 a.m. to 5:30 p.m. Central Standard Time.
Medical, Prescription Drug, and Tools to Manage Your Health (See pages 11–29).	Blue Cross and Blue Shield of Texas (BCBSTX)	bcbstx.com Log onto find network providers, check claims, access cost estimators, complete an online Health Assessment, or create a personal health record.	1.877.213.6898 Call Customer Service to speak to your Blue Care Connection Personal Health Clinician or a Customer Service Representative.
	Scott & White Health Plan (SWHP) Option	mybswhealth.com Log onto find a network provider, review claims and explanations of benefits (EOBs), access a health coach, and more.	1.800.321.7947
	CVS Caremark	caremark.com	1.866.339.0593



Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
HSA Claims (See page 17.)	Fidelity	netbenefits.com	1.800.544.3716
HRA Claims (See page 19.)	ConnectYourCare	connectyourcare.com	1.877.292.4040
FSA Claims (See page 20.)	ConnectYourCare	connectyourcare.com	1.877.292.4040
Dental Benefits (See page 22.)	Aetna Dental	aetna.com	1.877.238.6200
Vision Benefits (See page 23.)	UnitedHealthcare Vision	myuhcvision.com	1.800.638.3120
Concierge and Advocacy Services (See page 25.)	BCBSTX Health Advocacy Solutions	bcbstx.com	1.877.213.6898
Patient Advocacy Service and Medical & Surgical Decision Support Services (See page 25.)	Consumer Medical	consumermedical.com	1.877.213.6898
Telemedicine (See page 26.)	MDLIVE	mdlive.com/bcbstx	1.888.680.8646



Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Physician Results Form (See page 32.) Tobacco Cessation Affidavit (See page 45.)	Cover-Tek	Email: southlake@cover-tek.com	1.817.329.6900 Fax: 1.817.416.2300
Tobacco Cessation and Weight Management Programs (See page 26.)	Blue Cross and Blue Shield of Texas (BCBSTX)	bcbstx.com	1.877.213.6898 (Once enrolled, call 1.866.412.8795.)
Digital Health Coaching Assessment (includes the Live Tobacco Free module) for SWHP Participants (See page 46.)	Scott & White Health Plan (SWHP)	mybswhealth.com	1.800.321.7947
Additional Tobacco Cessation Programs (See page 46.)	Quit For Life® through the American Cancer Society.	quitnow.net	1.866.784.8454
	Clickotine through the Magellan/EAP Program.	Search for the Clickotine app on your phone. clktx.com/join/ to join.	N/A
Rehabilitation Services (See page 28.)	Hinge Health	hingehealth.com/ncor	1.855.902.2777
	Airrosti Rehab Centers	airrosti.com	1.800.404.6050
Diabetes Support (See page 29.)	Livongo	welcome.livongo.com/ncor#/ Registration Code: ONCOR	1.800.945.4355



Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Employee Assistance Program (EAP) (See page 29 .)	Magellan Health	magellanascent.com	1.800.327.6608
Incentive Information (See pages 30–33 .)	Navigate for Oncor's Live Well Program	oncorlivewell.com Email: info@oncorlivewell.com	1.888.596.6750
Voluntary Benefits (See page 39 .)	Aetna Voluntary Plans	myaetnasupplemental.com	1.800.607.3366
Emergency Backup Care Support (See page 42 .)	Magellan Health	magellanascent.com	1.800.327.6608
Life, AD&D, and LTD Insurance (See pages 35–38 .)	MetLife	N/A	1.800.638.6420
Funeral Planning Services/Grief Counseling (See page 37 .)	MetLife	N/A	1.800.638.6420
Prepare a Will (See page 37 .)	MetLife Legal Plans (available to participants covered under Oncor's life insurance benefits)	N/A	1.800.821.6400
Retirement Benefits (Pension and Thrift) (See page 40 .)	Fidelity	netbenefits.com	1.866.602.0629

October 2020