



THE **POWER** OF ONCOR BENEFITS

2022 Benefits Guide

December 2021

Introduction

READ FIRST!

Options and programs described in this communication, as well as other communication materials, are intended only to be summaries of certain provisions of Oncor's employee benefit plan(s) (the "Plan"). This *2022 Benefits Guide* updates and modifies certain provisions of the Plan and, as such, constitutes a summary of material modifications under the law. The programs are governed by formal plan documents and, in the event of a discrepancy, the formal plan documents will prevail. Oncor reserves the right to amend and/or terminate any or 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 at oncor.ultipro.com, and at oncorbenefits.com/ee. A printed copy was also mailed with your 2022 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 this *2022 Benefits Guide* are underlined, and website references appear **underlined bold in burgundy** and will open in another browser window, so you can easily switch back to the guide.

This *2022 Benefits Guide* provides you details about the benefits program Oncor offers to eligible employees and your eligible family members. These benefits are designed to provide you financial protection in the event of serious illness or death.

Software (UltiPro) – Oncor Active Employee Benefits Administrator

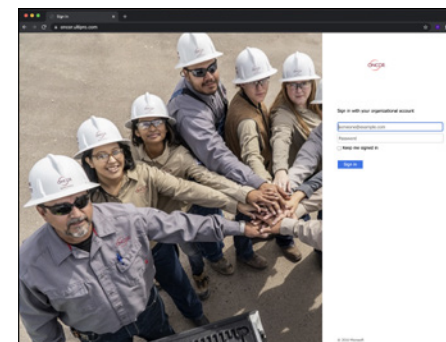
Through UltiPro, you can use resources to enroll and interact with the benefits plan, including:

- 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

- Go directly to oncor.ultipro.com
- OR
- Through the company Intranet, <http://intranet.corp.oncor.com>. Once you are on the Intranet, follow these steps:

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



ONCOR HR SERVICE CENTER: 1.888.565.8803

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



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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.

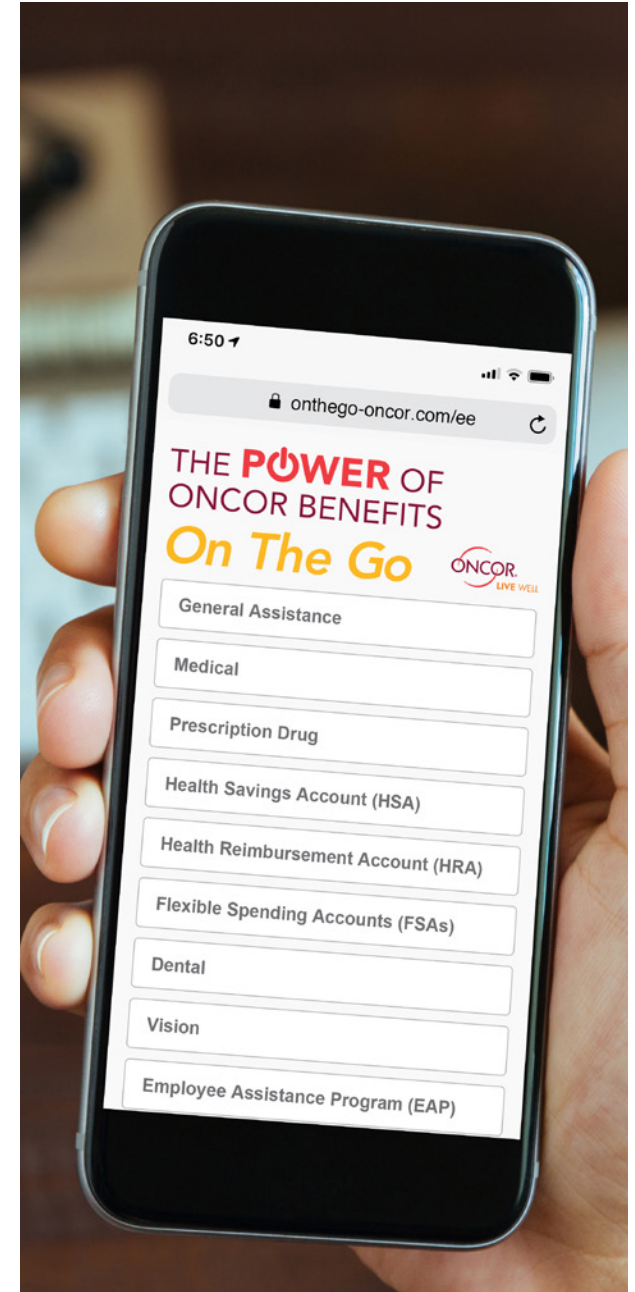
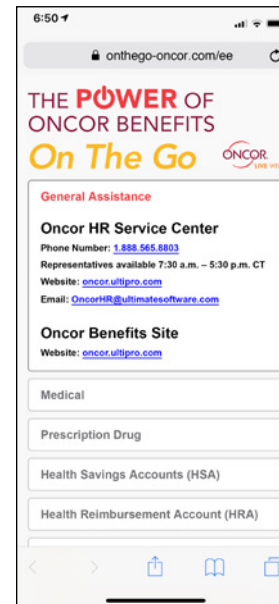


ONCOR ON THE GO!



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.





Getting Started

QUICK TIPS FOR MAINTAINING YOUR CYBERSECURITY

- **Never share** your account number, passwords, personal information, or answers to security questions.
- **Improve your login protection.** Use tough security questions; create a unique username; add your mobile number to your profile; and review your account on a regular basis.
- **Create a strong password**, such as a sentence that is at least 12 characters, and includes a mix of numbers, upper- and lower-case letters, and special characters. Avoid personal or easily found information, such as your name, birthday, Social Security number, or wedding anniversary.
- **Sign up for two-factor authentication** with your accounts/vendors, including your email.
- **Watch for suspicious or fake emails**, such as those appearing to be from an authentic source, and frequently urge you to act quickly due to some sort of urgent matter. Do not respond and do not click on any links.
- **Use online statements** and securely destroy documents with personal information.
- **Be cautious of posting personal details** on social networking sites or the Internet.

Affordable Care Act (ACA) Reporting

If you are enrolled in a BCBSTX Medical Plan Option, 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.





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. See [page 7](#) for details.

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 Any of Your Dependents 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 “You + Child(ren)” coverage and the other spouse should elect “You 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

PART-TIME EMPLOYEES

You are eligible for certain company benefits if you are a part-time employee regularly scheduled to work 20 or more hours per week, but fewer than the full number of weekly hours worked by a regular employee.

You may enroll in medical, dental, vision, voluntary options, Flexible Spending Accounts, and Optional Life Insurance. Refer to the 2022 Oncor Monthly Employee Contributions in the *2022 Benefits Guide* version posted to the Oncor Intranet site to see rates.

You may also participate in HSA employee deductions, Basic Long-Term Disability, the Thrift 401(k) Plan, the Employee Assistance Program (EAP), Wellness Incentives, and Emergency Backup Care.

If you move from full-time to an eligible part-time employment status, you may maintain some of the coverages you had as a full-time employee. When your status has changed, you will have the option to make changes due to this qualified life event. You will have 30 days from the date of the event to make any necessary changes to your coverages. If you choose not to make any changes, you have an opportunity to do so during the next Annual Enrollment period.

Note: When moving from full-time to part-time, if you had purchased vacation as a full-time employee, you are no longer eligible for this benefit. This benefit will terminate.

Note: The Scott & White Health Plan Medical Option will no longer be offered by Oncor after January 1, 2022.

Benefits Not Available to Part-Time Employees

Part-time employees are not eligible for Vacation Purchase, Holiday Pay, or Floating Holidays.

DEPENDENTS

Your eligible dependents include:

- Your legal spouse,
- Your eligible children who are your:
 - Natural children (other than a child you birth as a surrogate for another individual),
 - 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. You should add your dependents as soon as possible, even if you don't already have the documents available, for example, a birth certificate. Dependent coverage will pend until documentation has been submitted. 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 dependent children who are not disabled will automatically end on the last day of the month in which 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, vision, and child life insurance 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 the HR Advocacy at oncres1@oncor.com 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 the HR Advocacy for their review and approval at least 30 days before coverage would end.

2022 Enrollment on **oncor.ultipro.com**

BEFORE ENROLLMENT

1. Review Your 2022 Options

Read this guide to learn about updates for 2022 and what you need to do.

2. Review Your Current Benefit Elections and Health Care Needs

Medical benefits are changing for 2022. 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 2022 benefits. **You have new medical options for 2022.**

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 2022 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 during the Annual Enrollment period, October 18 through October 29, 2021.

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**.

- Open the **Menu** tab.
- Click the **Myself** tab.
- 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.

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

4. Click **Add Beneficiaries** once you have elected/declined coverage for each of the benefits.

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.



2022 Enrollment 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.*

* You must complete the Dependent Verification process before your dependent's coverage can begin. You can upload the required documentation in UltiPro by selecting **Menu > Myself > Manage My Benefits**. Next, click **Documents**. Finally, click **My Documents** to upload the information.

Your medical options are changing for 2022.

- If you are currently enrolled in the HSA Medical Option, you will be automatically defaulted into the HSA \$1,500/\$3,000 Medical Option.
- If you change from the HRA into one of the HSA options, you cannot enroll in the HRA Medical Option in the future. It is closed to new participants as of January 1, 2022.
- Your current covered dependents will be covered under the same medical option you choose for yourself.
- The Scott & White Health Plan is no longer offered by Oncor effective January 1, 2022.

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 2021 HSA contribution amount will roll over to 2022. 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**.

You must also enroll to:

1. Elect or opt out of Oncor medical, dental, and/or vision coverage,
2. Change your life insurance coverage, and/or
3. Participate in 2022 in:
 - A Voluntary Benefit Option (Accident, Critical Illness, and/or Hospital Indemnity) if you are not currently enrolled or you want to enroll in one that you are not currently enrolled in. Any current enrollment in a voluntary option will roll over to 2022.*
 - A Health Care Flexible Spending Account (HCFSA) – available if you do not participate in an HSA Medical Option,
 - A Dependent Care Flexible Spending Account (DCFSA), or
 - Vacation purchase.

* 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.



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 2022 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 11** for examples of qualified life events.

HEALTH SAVINGS ACCOUNT (HSA)

If you are electing an 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 through December 31, 2022, unless you have a qualified life event status change.

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, and
- 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 change as a result of a qualified life event, log on to UltiPro at oncor.ultipro.com and create a Life Event or call the Oncor HR Service Center at **1.888.565.8803** 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.

To Add a New Dependent

Go to oncor.ultipro.com to:

- Verify your dependent's eligibility,
- Check if you don't receive verification of documents within three weeks of adding a dependent, or
- Obtain more information about the dependent verification requirements.

Remember, you must add a dependent within 30 days following a qualified life event status change or within 60 days for birth or adoption or placement for adoption of a child.



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Medical Options for 2022

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 2022. Evaluate the options carefully because each option has unique features.

Health Savings Account (HSA) \$1,500/\$3,000 Option*	Oncor makes an automatic contribution to your HSA or HRA. See page 14 for more details.
Health Savings Account (HSA) \$2,500/\$5,000 Option*	
Health Retirement Account (HRA) Option	Effective January 1, 2022, the Scott & White Health Plan Option is no longer offered. The SWHP Option is not reflected in this guide.
Scott & White Health Plan (SWHP) Option	

* 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 for 2022

HOW THE MEDICAL OPTIONS WORK

This chart compares in- and out-of-network benefits among the three medical options offered in 2022.

MEDICAL BENEFITS OVERVIEW	HSA \$1,500/\$3,000 Option* (Medical + Rx)		HSA \$2,500/\$5,000 Option* (Medical + Rx)		HRA Option (Medical Only)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
You Only	\$1,500	\$3,000	\$2,500	\$5,000	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$5,000	\$10,000	\$3,000	\$6,000
Automatic Oncor Contributions						
You Only/You + Family	\$250/\$500					
Total Possible Medical Incentives You May Earn						
You Only	\$2,000					
You + Spouse	\$2,300					
Coinsurance Maximum						
You Only	\$2,800	\$5,600	\$3,000	\$6,000	\$2,800	\$5,600
Family	\$5,600	\$11,200	\$6,000	\$12,000	\$5,600	\$11,200
Out-of-Pocket Maximum						
You Only	\$4,300	\$8,600	\$5,500	\$11,000	\$4,300	\$8,600
Family	\$8,600	\$17,200	\$11,000	\$22,000	\$8,600	\$17,200
Lifetime Maximum						
	Unlimited					
	You Pay					
Preventive Care	\$0, no deductible					
Doctor Office Visits & Most Other Eligible Expenses Except Prescription Drugs	20% After deductible	40% After deductible	20% After deductible	40% After deductible	20% After deductible	40% After deductible

* See [page 15](#) for footnote information on the medical benefits.

Medical Options for 2022

FOOTNOTE FOR MEDICAL OPTIONS

For coverage in either the HSA \$1,500/\$3,000 Medical Option or the HSA \$2,500/\$5,000 Medical Option (summarized on the chart on [page 14](#)), please read this information.

- * If you have individual coverage (“You Only”), you must meet the individual deductible before the option starts paying benefits. However, an individual will be responsible for no more than \$4,300 or \$5,500 in out-of-pocket in-network expenses if enrolled in the \$1,500/\$3,000 Option or the \$2,500/\$5,000 Option respectively.

If you have family coverage (including “You + Spouse” or “You + Children”), 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 \$4,300 or \$5,500 in out-of-pocket in-network expenses if enrolled in the \$1,500/\$3,000 Option or the \$2,500/\$5,000 Option respectively. The maximum out of pocket for family coverage is \$8,600 or \$11,000 for in-network expenses if enrolled in the \$1,500/\$3,000 Option or the \$2,500/\$5,000 Option respectively.

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 for 2022

MAINTENANCE PRESCRIPTION PROGRAM

Maintenance drugs are prescriptions commonly prescribed for daily use. They can be Generic, Preferred Brand Name, or Non-Preferred Brand Name. Maintenance prescriptions 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). The benefit of this program is that the cost for a 90-day supply is the same at the CVS pharmacy as it is through Mail Order. For additional details, refer to the chart at the right.

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 or call CVS using the number on the back of your member ID card.

PRESCRIPTION DRUG (RX) COVERAGE	HSA Options		HRA Option
	\$1,500/\$3,000 Option	\$2,500/\$5,000 Option	
Annual Rx Deductible, In-Network			
You Only	Included in medical deductible		\$200
Family			\$400
Coinsurance/Copay Maximum, In-Network			
You Only	Included in medical out-of-pocket maximum		\$2,000 (excludes Rx deductible)
Family			\$4,000 (excludes Rx deductible)
Retail up to 30-day supply	In-Network, Per Prescription Fill, YOU PAY		
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	In-Network, Per Prescription Fill, YOU PAY		
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 Rx Benefits	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 an HSA Medical Option or 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 18 about HSA funding for those 65 and older.
HCFSAs	<p>If you are enrolled in the HRA Medical 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 one of the HSA Medical Options 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	<p>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.</p>

Accounts for Tax Savings

HEALTH SAVINGS ACCOUNT (HSA)

If you select one of the HSA Medical Options, 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 an 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.

If you are a participant in one of the HSA Medical Options, you can contribute to a Health Savings Account (HSA) on a pre-tax basis.

The Annual Contribution Limits for 2022

\$3,650 in total contributions* for "You Only" medical coverage	\$7,300 in total contributions* for "You + Family" medical coverage	An additional \$1,000 if you are age 55 or older
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* Total contributions include your contributions and Oncor's contributions, including incentives to your HSA.

If you are electing an Oncor HSA Medical Option for the first time, follow these steps, explained further on [page 19](#):

1. Visit netbenefits.com.
2. Open your account to receive Oncor's automatic contribution and incentives.
3. Elect your payroll contribution amount.

A Special Notice If You Will Reach Age 65 in 2022

If you are an active employee enrolled in one of the HSA Medical Options and you are already age 65 or will reach age 65 in 2022, 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, 2022, you will receive all of your 2022 incentives paid in your paycheck. You may make pre-tax contributions to your personal HSA, up to annual IRS limits.

Eligibility Reminders

You are **not** eligible to participate in one of the HSA Medical Options if you are:

- Covered by other health coverage that is not a qualified high deductible health plan, or
- Enrolled in Medicare, Tricare, or tribal medical benefits, or covered under a spouse's medical benefits.

You may not participate in a Health Care Flexible Spending Account as an HSA participant.

See Special Eligibility Rules for an HSA Medical Option in the Plan Participation section of your **Oncor Benefit Handbook Summary Plan Description**, posted on oncor.ultipro.com and oncorbenefits.com/ee.



Accounts for Tax Savings

HEALTH SAVINGS ACCOUNT (HSA) CONTINUED

Advantages of an HSA

An HSA can play an important role in your overall financial wellbeing, both now and in retirement.

- HSAs offer the potential for a triple tax advantage.
 - 1) Both payroll deductions and Oncor Live Well contributions are usually pre-tax.
 - 2) Using your HSA money to pay for qualified medical expenses is always free from state (in most states) and federal income taxes.
 - 3) If you choose to invest your HSA money, any growth is free from federal income taxes.
- You can change your contribution amount at any time on netbenefits.com so long as you don't exceed the maximum allowed by the IRS. In addition, Fidelity offers a special enrollment window once a year – from November 15 through December 17 in 2021 – to encourage you to review and make changes to your contributions for the coming year.
- If you want to invest some or all of your account, you can choose from a range of investments offered through Fidelity.
- If you currently contribute to an HSA and you do not take any action, your 2021 contribution amounts will continue into 2022.

The Annual Contribution Limits for 2022

\$3,650 in total contributions*
for "You Only" medical coverage

\$7,300 in total contributions*
for "You + Family" medical coverage

An additional \$1,000
if you are age 55 or older

* Total contributions include your contributions and Oncor's contributions, including incentives to your HSA.

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.

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 2021 HSA contribution elections will roll over to 2022.

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 Options provide qualified, high deductible medical coverage with an HSA to help you pay for your share of medical expenses. The HSA Medical Options include individual and family in-network deductibles, coinsurance, and out-of-pocket maximums. For additional information about both of the HSA Medical Options, refer to **page 14** 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 HCFSa (even if it is your spouse's HCFSa), 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.
- 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 18** about
HSA funding for those 65 and older.

If you are enrolled in one of the HSA Medical Options, 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, log on to Ultipro at oncor.ultipro.com and submit a case to Employee Case Management (ECM).

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: Optum Financial

Optum Financial 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, and
- Personalized advice and coaching.

Moving from the HRA Medical Option to an HSA Medical Option

If you move coverage from the HRA Medical Option to one of the HSA Medical Options for 2022, 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.

HRA Contact: Optum Financial
connectyourcare.com
1.877.292.4040



Accounts for Tax Savings

FLEXIBLE SPENDING ACCOUNTS (FSAs)

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 11**. 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:

- **The FSAs have a “use it or lose it” rule:** As a general rule, it’s important to budget carefully because you normally forfeit any money left in the account at the end of the year. Unused funds typically 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.

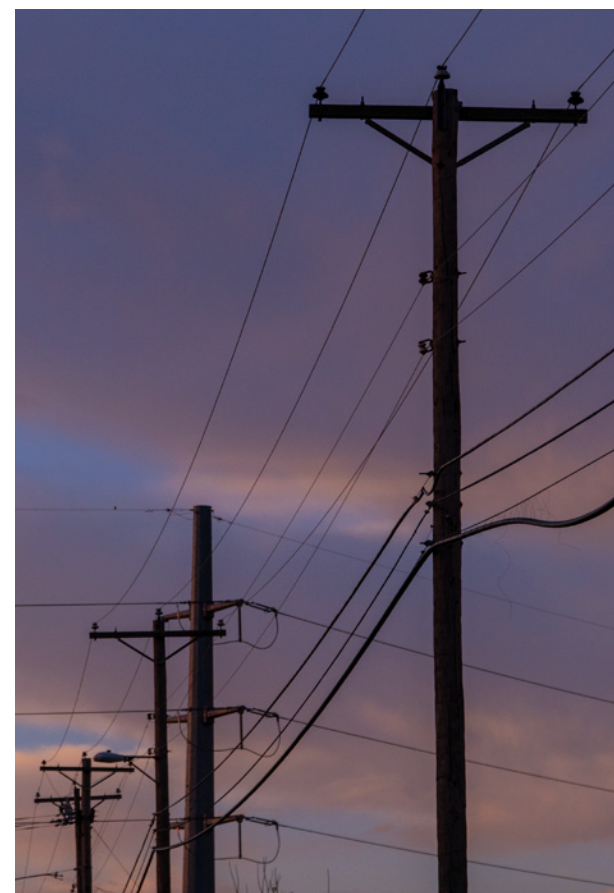
However, as part of the Consolidated Appropriations Act, temporary provisions for Health Care and Dependent Care Flexible Spending Accounts (FSA) were provided. One of those provisions was adding a grace period. Any unused FSA dollars in 2021 can be used for any eligible expense incurred through December 31, 2022.

- **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](https://oncor.ultipro.com) for detailed lists of eligible and ineligible expenses for both accounts.

HCFSa and DCFSa Contact:
Optum Financial
connectyourcare.com
1.877.292.4040

Any unused FSA dollars in 2021 can be used for any eligible expense incurred through December 31, 2022.



Accounts for Tax Savings

FLEXIBLE SPENDING ACCOUNTS (FSAS) CONTINUED

Health Care Flexible Spending Account (HCFSA)

Oncor allows you to contribute a minimum of \$120 and a maximum of \$2,850 in 2022 to your HCFSA.

You may not participate in the HCFSA if you are enrolled in one of the HSA Medical Options.

- **If you participate in an HCFSA only (no Oncor medical coverage):** You may use the Optum Financial 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 2022:** Both accounts will be administered by Optum Financial, 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 2022:** 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 and/or adult care expenses so you and your spouse can work. For 2022, 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.

HCFSA and DCFSA Contact:
Optum Financial
connectyourcare.com
1.877.292.4040

Any unused FSA dollars in 2021 can be used for any eligible expense incurred through December 31, 2022.



Accounts for Tax Savings

FLEXIBLE SPENDING ACCOUNTS (FSAs)

HCFSA and DCFSA Administrator: Optum Financial

Optum Financial 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, and
- Personalized advice and coaching.

Health Care FSA (HCFSA)

Once you make the election for the HCFSA, Optum Financial 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 47](#)), any amount over \$5,000 will be taxed.

HCFSA and DCFSA Contact:

Optum Financial

connectyourcare.com

1.877.292.4040

Any unused FSA dollars in 2021 can be used for any eligible expense incurred through December 31, 2022.



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 or **1.877.238.6200**.

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 care (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.

DISCOUNTS THROUGH ONCOR'S DENTAL BENEFITS

Aetna Dental teams up with Colgate to provide discounts to you. To receive the discounts, use the code "AETNA" before checking out. You can receive:

- \$35 off the retail price of \$99.95 for a kit that comes with a Colgate Smart Electric toothbrush – E1, a charger base, and an extra refill head.
- \$35 off the retail price of \$145 for teeth-whitening discounts with one teeth-whitening device, charging case, and a 10-day supply of teeth-whitening serums.

You can access the discounts by logging on to the Aetna member portal at aetna.com, then click on **Stay Healthy > Discounts > Oral Health Care**.

Note: Prices are set by Colgate and are subject to change.

DENTAL COVERAGE	Aetna Dental Option A (Enhanced)	Aetna Dental Option B (Comprehensive)
Service	YOU PAY	
Annual Deductible		
You Only	\$25	\$50
Family	\$75	\$150
Preventive Care* (Exams, Cleanings, X-Rays)	\$0, no deductible	
Service	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.

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 Summary Plan Description* online at oncor.ultipro.com.

DISCOUNTS THROUGH ONCOR'S VISION BENEFITS

- Access a 20% discount off the retail price on blue light blocking screen filters for select smartphones, tablets, and laptops from Eyesafe. These screen filters are designed to reduce exposure to high-energy blue light, help maintain color quality and luminance, and offer a simple, lower cost option to filter blue light on existing devices. Go to myuhcvision.com to access the discount.
- Lasik surgery discounts through Quallsight. You can call **1.855.321.2020** or log on to 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.

Tools to Manage Your Health

WELLNESS SUPPORT PROGRAMS FOR ONCOR MEDICAL OPTION PARTICIPANTS

Starting January 1, 2022, two new programs are joining Oncor's wellness programs.

WW

Offering a scientifically proven program for weight loss and wellness, WW is Weight Watchers® reimaged. You can access the latest nutritional and behavior change science to inspire healthy habits for your real life. When registering, you will need to provide either your home ZIP Code or your Personal ID that is on your CVS Caremark ID card.



**WW (formerly
Weight Watchers)**
To Register:
www.com/us/oncor
1.866.204.2885

Livongo – Hypertension

If you or an eligible family member has high blood pressure, this program can help. You can access resources, including a connected monitor, expert coaching, and real-time feedback. The blood pressure monitor automatically uploads your blood pressure reading to your secure online account. Your monitor records and organizes all of your blood pressure readings that you can share with your physician.

It only takes a few minutes to enroll.



Livongo – Hypertension
To Enroll:
welcome.livongo.com/oncor#
1.800.945.4355
Registration Code: **ONCOR**



Tools to Manage Your Health

HEALTH ADVOCACY SOLUTIONS AVAILABLE TO BCBSTX MEMBERS

Health Advocacy Solutions
[bcbstx.com](https://oncor.ultipro.com/bcbstx)
1.877.213.6898

Oncor provides many resources to help you have a healthy life. Go online or see **pages 27–31** to learn about the resources available!

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:

- Blue Member Rewards administered by Sapphire Digital,
- Medical and Surgical Decision Support Services through the Consumer Medical Program,
- MDLIVE,
- Tobacco Cessation and Weight Management Programs,
- Benefits Value Advisors,
- The Nurseline, and
- Women's and Family Health.

Visit **[bcbstx.com](https://oncor.ultipro.com/bcbstx)** or call **1.877.213.6898** to find out more about Health Advocacy Solutions.

Medical Second Opinion:
Consumer Medical
[consumermedical.com](https://oncor.ultipro.com/consumermedical.com)

For more Info: **1.877.213.6898**

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 2022:

- 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 below.

Second Opinion In-Person Services:

- Identify high quality physicians
- Match to unique needs and preferences
- Appointment setting
- Pre-appointment guidance
- 1- to 3-day turnaround
- Unlimited support

Second Opinion Remote Services:

- Nationally recognized expertise
- Specialized conditions
- Overcome geographical barriers
- Medical records collection
- Less than 10 business days turnaround post records
- Unlimited support

Tools to Manage Your Health

Health Advocacy Solutions
bcbstx.com
1.877.213.6898

HEALTH ADVOCACY SOLUTIONS AVAILABLE TO BCBSTX MEMBERS

MDLIVE

BCBSTX medical 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 Optum Financial 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 52](#) 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.

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.

Tools to Manage Your Health

HEALTH ADVOCACY SOLUTIONS AVAILABLE TO BCBSTX MEMBERS

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 on to 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.

Messages 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

MORE PROGRAMS AVAILABLE TO BCBSTX MEMBERS

Hinge Health

Focusing on **chronic** pain, 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.

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. If you have questions, call **1.855.902.2777**.

Airrosti Rehab Centers

Focusing on **acute** pain, 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 pain that you think may benefit from receiving care with an Airrosti provider.

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.

Livongo – Diabetes

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**.

Tools to Manage Your Health

MORE PROGRAMS AVAILABLE TO ALL EMPLOYEES

Magellan Ascend

To Learn More About These Services and Programs:

MagellanAscend.com 1.800.327.6608

Employee Assistance Program (EAP)

Oncor's EAP is here to help you and your eligible household members with personal or job-related concerns. Spanish-speaking representatives and counselors are available. For assistance, information, and access to special programs, access the EAP 24 hours a day, seven days a week. **The EAP offers eight face-to-face visits per year at no cost to you.** Some programs available to you are:

Counseling

The EAP provides convenient, confidential counseling to help you cope with different challenges you may face. You can have up to eight pre-paid sessions per issue, per 12-month period. The program offers in-person and virtual therapy options through a national network of licensed professionals.

Self-Care Programs

Available via web, smartphone, or a tablet app, these self-care programs are designed to improve your emotional health and wellness, and enhance your physical, psychological, emotional, social, and professional life. You can access interactive, self-paced programs, and self-monitor to track mood, sleep, stress, and goals.

Work-Life Services

Specialists are available to provide you with expert guidance information and personalized referrals to service providers in your area. Available 24/7/365, this service is completely confidential.

Backup Care Support

When you need help with care arrangements, whether planned or an emergency, the Backup Care Connection resources are here to help! Anywhere and at any time, up to five visits a year, you can access care for children, adults, and pets when you need to work. You can choose care through nationally recognized care services with a \$10 copay per visit – or reimbursement of up to \$75 per day if you prefer to use other licensed providers, friends, or family to provide care. To create an account, log on to the Magellan Ascend site and click **Backup care connection**, and then **Create an account**.

Lifestyle Coaching

Get help to achieve your personal or professional goals with coaches that are certified and provide confidential, unbiased support. You can meet with the same coach by phone or video for sessions lasting up to 45 minutes.

Additional EAP Resources

Through the EAP, you can access legal assistance, financial coaching, identity theft resolution, and dependent care research and discounts.

Tobacco Cessation

Refer to The Power to Quit Tobacco brochure in your Benefits Information Packet or refer to **pages 51–52** of this guide to learn about programs to help you quit tobacco and about the Great American Smokeout sponsored by the American Cancer Society.

Reimbursement of Claims

Magellan pays EAP Counselors directly. The company pays the full cost of participation in the EAP for you and your eligible household members. **Important!** You will be financially responsible for costs:

- To retain a lawyer or a financial coach after the free consultations have been used, and
- For the work-life services you select, such as child care.

Tools to Manage Your Health

MORE PROGRAMS AVAILABLE TO ALL EMPLOYEES

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

Navigate for Oncor's Live Well Program can help you 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 HSAs and HRAs, 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 **2022 Incentive Opportunities**. You can also visit oncorlivewell.com, email info@oncorlivewell.com, or call **1.888.596.6750**.

Fitness Centers – For All Employees

All employees have access to the Corporate Fitness Center, located at the Woodall Rodgers facility in Dallas and the 777 Fitness Center at the ESB in Fort Worth. These wellness resources are 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.

2022 Incentive Opportunities

About the Incentives

Annual Physical with Biometric Screening
and Healthy Incentive

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About the Incentives

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

Note:

Any action you take in 2021 counts toward your 2022 Annual Physical and Healthy Incentive opportunities. Any action you take in 2022 counts toward your 2023 Annual Physical and Healthy Incentive opportunities. The Live Well and Amp It Up Incentives are paid in the same year that you participate.

2022 INCENTIVE OPPORTUNITIES	WHO Can Do It	WHAT You Get	
Annual Physical with Biometric Screening* Incentive	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 and Amp It Up Challenges Will Be Announced Soon!			
Live Well Incentives — Four Live Well Incentives: \$100 each	All Employees	Up to \$400 for You in Your HSA, HRA, or Paycheck When You Complete All Live Well Challenges	
Amp It Up Incentives — Four Amp It Up Incentives: \$250 each	HSA and HRA Participants	Up to \$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 Only"	\$500 If You Elect Coverage for either "You + Spouse," "You + Child(ren)," or "You + Family"

* To ensure more accurate results, you must fast for at least eight (8) hours prior to your screening appointment. Continue taking medication as directed and drink plenty of water.

Cover-Tek Contact Info

Phone: **1.817.329.6900**

Fax: **1.817.416.2300**

Email: Texas@cover-tek.com

Note that those participants in an HSA Medical Option who are 65 or will reach age 65 in 2022 will receive their incentives as taxable cash in their paychecks.



About the Incentives



Cover-Tek Contact Info

Phone: **1.817.329.6900**

Fax: **1.817.416.2300**

Email: Texas@cover-tek.com

Need a Physician Results Form?

Download it from oncorbenefits.com/ee, Oncor Intranet at **Live Well/Benefits**, or the Navigate Live Well site at oncorlivewell.com.

You may also request a form by calling Cover-Tek at **1.817.326.6900**.

Send the completed form to Cover-Tek's fax number above.

Incentive and Funding Information

If you have incentive and/or funding questions, contact Navigate for Oncor's Live Well Program at **1.888.596.6750** or email at info@oncorlivewell.com.

OVERVIEW OF STEPS TO RECEIVE INCENTIVES FOR HSA OR HRA OPTIONS

STEP 1

The Annual Physical with Biometric Screening Incentive for You and/or Your Spouse

When you and/or your covered spouse have your annual physical, including biometric screening, at your doctor's office, take a *Physician Results Form* with you.

For you and your spouse to be eligible for a Healthy Incentive, the *Physician Results Form* must be faxed or emailed to Cover-Tek. (See contact information at the top of this page.)

If your doctor believes that a physical is not necessary this year (due to a medical condition or physician discretion), have your physician check the exemption box and sign the *Physician Results Form*. To receive the incentives, you must submit this form with the exemption.

STEP 2

A Healthy Incentive

The risk factors are shown on [page 38](#). If test results for you (or your spouse) are:

- **2 or less health risk factors**, you automatically receive the **\$500 (Employee)** and **\$250 (Spouse)** Healthy Incentive.
- **3 or more health risk factors**, you must complete a targeted health coaching program to be eligible for a Healthy Incentive.
 - The 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.

Annual Physical with Biometric Screening and Healthy Incentive

Cover-Tek Contact Info

Phone: **1.817.329.6900**

Fax: **1.817.416.2300**

Email: **Texas@cover-tek.com**

Need a Physician Results Form?

Download it from **oncorbenefits.com/ee**, Oncor Intranet at **Live Well/Benefits**, or the Navigate Live Well site at **oncorlivewell.com**.

You may also request a form by calling Cover-Tek at **1.817.326.6900**.

Send the completed form to Cover-Tek's fax number above.

Incentive and Funding Information

If you have incentive and/or funding questions, contact Navigate for Oncor's Live Well Program at **1.888.596.6750** or email at **info@oncorlivewell.com**.

ANNUAL PHYSICAL WITH BIOMETRIC SCREENING

Complete your Annual Physical with your physician and submit your *Physician Results Form* to Cover-Tek by **August 31, 2021** for funding of your incentive in late January 2022, or by **December 31, 2021** for funding in late April 2022.

For Scott & White Health Plan Participants

For 2022 only, you will automatically receive the Healthy Incentive if you submit the *Physician Results Form* with your Annual Physical with Biometric Screening results by the timeline shown above. The Scott & White Health Plan is no longer offered as a medical option as of January 1, 2022.



Annual Physical with Biometric Screening and Healthy Incentive



HEALTHY INCENTIVES

To be eligible for a Healthy Incentive, you must meet certain healthy targets or take actions, such as participating in a health coaching program, to improve your health. The targets are determined by health risk factors based on biometric screening results.

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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Oncor Retirement Plan

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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.

Important! Who Will Get Your Life Insurance?

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.

STATEMENT OF HEALTH (SOH)

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.
- If your dependent child works for Oncor and is eligible for coverage as an employee, you cannot also cover that child as a dependent.
- 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.

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. For questions, contact the HR Advocacy at oncrest1@oncor.com.

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 Optional Life Insurance also have access to legal advice through MetLife's Estate Resolution Services at no additional cost to you.

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 |
|------------|------------|------------|



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 may be different from 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.

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 SPD* 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.

Fast Facts

- **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 80% of your life insurance benefit before you die. For details, email HR Advocacy at oncres1@oncor.com.
- **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**.
- **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 SPD* 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 Options Available to All Employees

Aetna Supplemental

For more detailed information:

myaetnasupplemental.com **1.800.607.3366**

These three 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. If you submit the *Physician Results Form* to Cover-Tek, the \$75 will automatically be processed and mailed to you. Refer to [pages 35–37](#) for Cover-Tek information.

The three voluntary benefit options are:

ACCIDENT OPTION	CRITICAL ILLNESS OPTION	HOSPITAL INDEMNITY 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.	This option pays benefits when a doctor diagnoses you with a covered serious illness or condition, such as heart attack, stroke, and more.	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 2022, the limit is \$20,500 on a pre-tax basis if you are under age 50, and \$27,000 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

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.

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 15%. 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.

Other Benefits and Information

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Family Support Benefits for All Employees

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

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.

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** for eligibility and details.

Emergency Backup Care Support is available 24 hours a day, 7 days a week through the EAP at magellanascent.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**.



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 <i>Electric Vehicle Incentive Program Policy</i> 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 <i>Educational Expense Reimbursement Plan Policy</i> 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 <i>Appliance Purchase Plan Policy</i> .
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 <i>Live Well/Company Perks</i> .
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.
Gender Transition/ Infertility Treatment	For details about these benefits, contact a BCBSTX Health Advocate at 1.877.213.6898 .



2022 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 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.

2022 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 (\$8.33 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**.



Oncor Considers These To Be 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

Tobacco Cessation / Physician Affidavit Form

Employees and their spouses enrolled in an Oncor medical option will incur a tobacco surcharge if the employee and/or spouse have used tobacco products during the last 24 months. To waive this surcharge, the covered individuals must complete a tobacco cessation program OR submit a physician affidavit attesting the individual has been tobacco free for 6 months or that it is medically advisable to continue using tobacco products. Tobacco products include, but not limited to: cigarettes, cigars, e-cigarettes/vaping, cigarillos, pipes, chewing tobacco, snuff, dip, and loose tobacco smoked via pipe or hookah.

Participant Section: Complete this section prior to submitting your Affidavit			
Check Box:		Employee:	Spouse:
Last Name	First Name	Middle Initial	
Email Address	Gender	Male	Female
8 Digit Emp. ID	Date of Birth	Phone #	
Address			
City	State	Zip Code	
Participant Signature	Date	/	/

If you completed a tobacco cessation program, complete this form, check one of the boxes below, attach a certificate of completion and send to Cover-Tek.

I understand that falsification of company records may be grounds for termination of the employee's employment.

☐ I have completed a tobacco cessation program and documentation of completion is attached.

Physician to complete (if appropriate):

☐ Participant is my patient and has stopped using tobacco products and has been tobacco free for 6 or more months.

☐ Participant is my patient and it is not medically advisable for him/her to stop using tobacco products.

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

Employee or Physician must send completed form to Cover-Tek by mail, fax or email. The surcharge will stop as soon as administratively possible (usually within 2 to 3 pay periods):

Cover-Tek, Inc.
1105 Cheek Sparger Rd.,
Colleyville, TX 76034
Main: 1.817.325.0900
Fax: 1.817.416.2300
Email: Texas@cover-tek.com

2022 Oncor Monthly Employee Contributions

FREE TOBACCO CESSATION PROGRAMS

If you and/or your spouse uses 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

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 Texas@cover-tek.com for more information about obtaining a reasonable alternative standard.

More About Clickotine

THE **POWER** TO QUIT TOBACCO

Great American Smokeout: Nov. 18, 2021 & Nov. 17, 2022

Using Clickotine

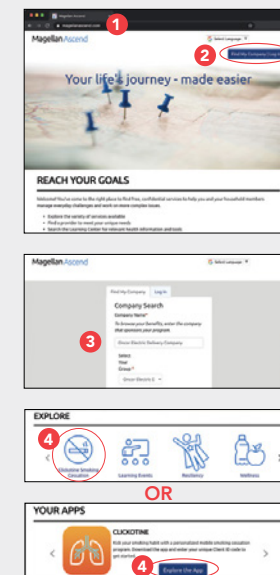
- Step 1 Go to MagellanAscend.com.
- Step 2 Click the blue *Find My Company | Log In* button in the upper-right corner.
- Step 3 Search for **ONCOR** or log on to your account.
- Step 4 In the **Explore** section, click the **Clickotine Smoking Cessation Program** icon. Or, in the **Your Apps** section, click the blue **Explore the App** button.
- Step 5 Follow the instructions to access the Tobacco Cessation Program.

More About Clickotine

Clickotine, designed and developed by doctors and scientists, uses 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.

The Tobacco Cessation Program, powered by Clickotine, takes a confidential, comprehensive approach using the clinically-validated Clickotine mobile app, nicotine replacement therapy (NRT) and coaching by licensed tobacco cessation specialists.



Questions?

If you have questions or want more information about any of the Tobacco Cessation Program options, log on to Ultipro at oncor.ultipro.com and submit a case to Employee Case Management (ECM).

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 on to to enroll. (See page 8 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 (See pages 13–16). Tools to Manage Your Health (See pages 27–31).	Blue Cross and Blue Shield of Texas (BCBSTX)	bcbstx.com Log on to 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.
	CVS Caremark	caremark.com	1.866.339.0593
Health Savings Account (HSA) Claims (See page 18 .)	Fidelity	netbenefits.com	1.800.544.3716
Health Reimbursement Account (HRA) Claims (See page 21 .)	Optum Financial	connectyourcare.com	1.877.292.4040
Flexible Spending Account (FSA) Claims (See pages 22 .)	Optum Financial	connectyourcare.com	1.877.292.4040

Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Dental Benefits (See page 25.)	Aetna Dental	aetna.com	1.877.238.6200
Vision Benefits (See page 26.)	UnitedHealthcare (UHC) Vision	myuhcvision.com	1.800.638.3120
Concierge and Advocacy Services (See page 28.)	BCBSTX Health Advocacy Solutions	bcbstx.com	1.877.213.6898
Patient Advocacy Service and Medical & Surgical Decision Support Services (See page 28.)	Consumer Medical	consumermedical.com	1.877.213.6898
Telemedicine (See page 29.)	MDLIVE	mdlive.com/bcbstx	1.888.680.8646
Physician Results Form Submission (See page 37.) Tobacco Cessation/ Physician Affidavit (See page 51.)	Cover-Tek	N/A	1.817.329.6900 Fax: 1.817.416.2300 Email: Texas@cover-tek.com
Tobacco Cessation and Weight Management Programs (See page 29.)	Blue Cross and Blue Shield of Texas (BCBSTX)	bcbstx.com	1.877.213.6898 (Once enrolled, call 1.866.412.8795.)
	WW (formerly Weight Watchers)	www.com/us/oncor	1.866.204.2885
Additional Tobacco Cessation Programs (See page 52.)	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

Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Musculoskeletal Rehabilitation Services (See page 31.)	Hinge Health (for chronic pain)	hingehealth.com/oncor	1.855.902.2777
	Airrosti Rehab Centers (for acute pain)	airrosti.com	1.800.404.6050
Hypertension Support (See page 27) Diabetes Support (See page 31.)	Livongo	welcome.livongo.com/oncor#/ Registration Code: ONCOR	1.800.945.4355
Employee Assistance Program (EAP) (See page 32.)	Magellan Health	magellanascend.com	1.800.327.6608
Incentive Information (See page 33.)	Navigate for Oncor's Live Well Program	oncorlivewell.com Email: info@oncorlivewell.com	1.888.596.6750
Voluntary Benefits (See page 44.)	Aetna Voluntary Plans	myaetnasupplemental.com	1.800.607.3366
Emergency Backup Care Support (See page 47.)	Magellan Health	magellanascend.com	1.800.327.6608
Life, AD&D, and LTD Insurance (See page 40.)	MetLife	N/A	1.800.638.6420

Tools and Resources Contact Information

Topic	Provider	Contact Information	
		Web	Phone
Funeral Planning Services/ Grief Counseling (See page 42.)	MetLife	N/A	1.800.638.6420
Prepare a Will (See page 42.)	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 45.)	Fidelity	netbenefits.com	1.866.602.0629
Medicare, Medicaid, and the Children's Health Insurance Program (CHIP)	Centers for Medicare and Medicaid Services (CMS)	cms.gov	1.800.MEDICARE (1.800.633.4227) TTY: 1.877.486.2048



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THE **POWER** OF ONCOR BENEFITS

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