REQUEST FOR PROPOSALS
Benefits Consulting Services
Solicitation No.: R-19-008-FF
Addendum 1 | June 10, 2019

CHANGES TO THE RFP

1. Submitting a Response, remove and replace page 6, Section IV. B. 4. with the following:

Responses are limited to a maximum of fifty (50) pages per proposal. Requested sample reports and required forms do not count toward the page limit. Required forms are the Submittal Response Checklist, Respondent Questionnaire, W-9 form, Insurance requirements, Good Faith Effort Plan, SCTRCA Certificates and the Conflict of Interest questionnaire. The cover page, table of contents and tabs do not count towards the page limit. Number each page starting with the cover letter, including text charts and graphic images.

QUESTIONS AND ANSWERS

1. Question – I’m reviewing R-19-008-FF and do not see the number of eligible employees listed. Can you provide me with that number?

Response – There are approximately 1,750 active employees, approximately 400 pre-65 retirees and approximately 900 post-65 retirees.

2. Question- Please provide total number of active employees and employees participating in each line of coverage

Response – Please see response to Question #1 above.

3. Question – Please provide total number of active retirees

Response – Please see response to Question #1 above.
4. **Question** – Please provide a copy of 2019 Employee Benefit Guide.

   *Response* – See the attached 2019 Active Employee Benefit Guide.

5. **Question** – Please provide a copy of the 2019 Retiree Benefit Guide.

   *Response* – See the attached Retiree Benefit Guide.

6. **Question** – Are all SAWS retiree benefits fully insured through Medicare Supplements? Including the pharmacy benefits for retirees or are these benefits integrated in the active employee plan placed with Express Scripts?

   *Response* – No. Retirees who are not Medicare Part A&B eligible are not on the fully insured Medicare Advantage Plan, they are part of the self-insured plan administered by United Health Care (UHC) (Medical) and Express Scripts (RX). Retirees on the Medicare Advantage Plan offered by UHC have the Pharmacy (Optum RX) benefit include.

7. **Question** – When does the current contract with Express Scripts term?

   *Response* – The current contract expires on December 31, 2019 with three (3) successive one-year term extensions.

8. **Question** – Who is the current broker for SAWS?
   - How long have they had the broker relationship with SAWS?
   - What total amount was paid to them in 2018?
   - Did they initially assume their contract on a January 1 effective date similar to this contract award? If not, what was the effective date did the current broker’s SAWS contract begin?

   *Response* – The current broker is KornFerry.
   - KornFerry has been the broker since 2014.
   - KornFerry was paid a total of $187,359.64 in 2018.
   - The effective date for SAWS contract with KornFerry was February 10, 2014.

9. **Question** – Is the current Scope of Services for the current broker the same as issued under this RFP? If not, what provisions have been added or removed?

   *Response* – The scope of services for the current broker are not the same. The following services have been clarified/adjusted on the current RFP, and the current consultant is responsible for:
   - Providing benchmark data and research data for comparison of current or new benefit programs;
   - Ensuring that SAWS is informed and advised on changes in regulatory requirements, including HIPAA, ACA, COBRA, and other regulations applicable to SAWS plans;
   - Reviewing stop loss expenditures and provide alternatives for cost savings, including self-funding, captives and other available risk management approaches;
   - Designing and developing individual employee Total Rewards Statements, including employee and organization contributions towards benefit plans and employee wages.
   - Annual actuarial valuate reports.

   The following service was removed:
• Conduct a total market compensation analysis that includes the benefits component as comparison factor, with recommendations for compensation and benefit benchmark organizations.

10. Question – Open Enrollment:
• Does SAWS hold Open Enrollment meetings for employees? If yes, when do they occur?
• How do employees enroll in benefits?
• How does SAWS communicate benefits to employees? Printed enrollment guides?
• How does SAWS communicate with Retirees? How do retirees enroll in benefits?

Response –
• Yes, Open Enrollment is held in October.
• SAWS employees enroll online.
• SAWS communicates employee benefits via print and electronically, printed guides are mailed to employees.
• SAWS communicates retiree benefits via print and electronically, printed guides are mailed to retirees. Retirees enroll or make changes thru paper, last open enrollment was a passive enrollment.

11. Question – How often does SAWS require claim audits?

Response – Selected firm is to provide claims auditing services for medical, dental and/or prescription drug plans once each during the contract period, as requested. In the last 5 years there has been 1 Medical audit, 1 Pharmacy audit and 1 HIPAA audit.

12. Question – Questions relating to the actual format of the response: Are resumes and requested sample reports excluded from the 50 page maximum?

Response – Sample reports are excluded from the 50 page maximum. See section Changes To The RFP item #1 above.

END OF QUESTIONS AND ANSWERS

No other items, dates, or deadlines for this RFP are changed.

END ADDENDUM 1

This Addendum, with attachments is fifty-five (55) pages in its entirety.

Attachments:
2019 Benefits Guide for Retirees
2019 Benefits Guide for Active Employee
2019 Benefits Guide for Retirees

Open Enrollment
Oct. 8-29, 2018
# SAWS 2019 Open Enrollment Meetings For Retirees

### Contact Information

Contact Human Resources Benefits at 210-233-2025 to reserve a seat at one of the presentations. Visit saws.org/retirees for enrollment information.

### Meetings Schedule

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>SESSIONS</th>
<th>LOCATION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday Oct. 18</td>
<td>6 p.m.</td>
<td>PRE-65 RETIREE MEDICAL PLAN</td>
<td>SAWS HEADQUARTERS TOWER 2, ROOM 154</td>
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<tr>
<td>Friday Oct. 19</td>
<td>9 a.m.</td>
<td>MEDICARE ADVANTAGE PLAN</td>
<td></td>
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<tr>
<td></td>
<td>10:30 a.m.</td>
<td>PRE-65 RETIREE MEDICAL PLAN</td>
<td>SAWS HEADQUARTERS TOWER 2, ROOM 145</td>
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<tr>
<td></td>
<td>1:30 p.m.</td>
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<td></td>
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<tr>
<td></td>
<td>3 p.m.</td>
<td>PRE-65 RETIREE MEDICAL PLAN</td>
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<tr>
<td>Monday Oct. 22</td>
<td>9 a.m.</td>
<td>MEDICARE ADVANTAGE PLAN</td>
<td>SAWS HEADQUARTERS TOWER 2, ROOM 145</td>
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<td></td>
<td>10:30 a.m.</td>
<td>PRE-65 RETIREE MEDICAL PLAN</td>
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<td>MEDICARE ADVANTAGE PLAN</td>
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<tr>
<td></td>
<td>3 p.m.</td>
<td>PRE-65 RETIREE MEDICAL PLAN</td>
<td></td>
</tr>
</tbody>
</table>

* Subject to Change

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**Become a Smart Consumer of Health Care and Work Toward a Healthy Lifestyle!**
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SAWS 2019 Open Enrollment is Oct. 8-29, 2018.

This guide is designed to provide information regarding the available medical plan options for eligible retirees in 2019. If you need further information regarding your plans, please contact the Human Resources Benefits Office at 210-233-2025 or attend one of the scheduled open enrollment meetings listed inside the cover.

What's new for 2019?

Passive Open Enrollment — Both Pre-65 and MAP retirees do not need to submit a new enrollment form unless you want to make changes to your current benefits. If you do not submit a 2019 enrollment, you will continue in the same plan you elected in 2018.

Pre-65 Retirees

- The spousal surcharge will increase from $125 to $150 per month for retirees who cover spouses with access to health insurance coverage through their employer or former employer.
- Medical premiums will increase for both SAWS and retirees to keep up with the cost of health care.
- Tier 1 Premium Providers — Save money using UHC recognized doctors who meet standards for quality and cost efficiency.
- Copays for office visits and emergency rooms will increase.
- Out-of-Pocket Maximum — changes for the PPO Economy Plan.
- Smart90 Walgreens Exclusive — 90-day-supply prescriptions exclusively at Walgreens. Mail order also available.

Medicare Eligible Retirees — Post 65

- SAWS will continue to offer the UnitedHealthcare Medicare Advantage Plans in 2019, the PPO Plan and the PPO Plus Plan with no increase in premiums for 2019.
- There will also be no change in plan designs — meaning you will have the same copays, deductibles, coinsurance and out-of-pocket maximums as your 2018 plans.
- Medicare Advantage Plan enrollment is individual; if your spouse/dependent is not Medicare eligible, they must enroll in one of the pre-65 plans.

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Open Enrollment Deadline
Oct. 29, 2018

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 17-18 for more details.
Your 2019 Enrollment

2019 Enrollment Information

The 2019 Open Enrollment for both Pre-65 Retirees and Medicare Advantage participants is passive, meaning you will only submit a new enrollment form if you are changing plans.

A 2019 enrollment form is included in your packet. If you would like to make changes to your current plans, please complete the 2019 enrollment form and return it to the SAWS HR Benefits Office at the following address no later than Oct. 29, 2018. Remember, you can only change plans during an annual open enrollment period and no new dependents may be added unless there is a HIPAA Special Enrollment event.

Physical Address (for in-person delivery):
San Antonio Water System
2800 U.S. Hwy. 281, North – Tower II
Human Resources Department
San Antonio, TX  78212

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

Verification of Personal Information

To receive your identification cards promptly, make sure that the SAWS Human Resources Benefit Office has your correct contact information on file. You may call the Benefits Office at 210-233-2025 to report an address change or other corrections or send your correction to the SAWS address provided above under 2019 Enrollment Information.

Opting Out of Coverage

Do you have other coverage? SAWS allows you or your spouse/children an opt-out opportunity if you have coverage through another health plan. If that coverage ends and you would like to re-enroll in a SAWS plan, you will need to do the following:

(1) Provide proof of continuous enrollment in another health plan or plans for any period after the date of retirement for which you are not covered under the SAWS plan.

(2) Request health coverage under the plan within 31 days of the other coverage ending, to re-enroll in the SAWS plans. Returning children must continue to meet the age eligibility requirements under the Health Care Reform, currently age 26.

Retiree Dependent Coverage

An eligible retiree who elects coverage under the plan may also elect to cover any dependents (including a spouse) who were covered under the plan at the time of the employee's retirement (referred to as “eligible dependents”). You may enroll eligible dependents at the time of your initial election for retiree coverage or upon subsequent election for retiree coverage following a period of deferral. Once enrolled in the plan, an eligible dependent’s coverage will terminate upon the earliest of the following events:

- Ceasing to meet the applicable definition of “dependent” in the plan document;
- Termination of eligible retiree's coverage under the plan for any reason other than death; and
- Decision by you to terminate the eligible dependent’s coverage.

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

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

Surviving Dependent Coverage

Upon the death of a retiree, a spouse who is covered by the plan may continue to participate for the remainder of his or her lifetime with no SAWS subsidy towards the premium. Likewise, dependent children may continue to participate as long as they meet the applicable definition of dependent in the plan document with no SAWS subsidy towards the premium.

Retiree Benefit Options

If you or your eligible dependents are not eligible for Medicare Parts A and B, you have the following health benefit options under SAWS’ self-funded Pre-65 medical plans:

- PPO Economy (Base Plan)
- EPO (Buy Up Plan)

If you or your eligible dependents are eligible for Medicare Parts A and B, you have the following health benefit option:

- Medicare Advantage Plan

IMPORTANT: When you or your eligible dependent turn 65, you must move to the Medicare Advantage Plan. You cannot continue on the SAWS Pre-65 medical plan options.
Meeting the Health Care Cost Challenge

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

SAWS’ goal is to reach a cost share model by 2021 where retirees pay one-third of the cost of health care and SAWS pays two-thirds of the cost.

Therefore, you will continue to see increases in premiums. During the past several years, SAWS has made several cost-saving changes to our plans in an effort to keep premiums affordable.

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

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

Medical Coverage Options

SAWS Self-Funded Medical Plans

As a pre-65 eligible retiree, you have the option of participating in the same medical plans as our employees. SAWS self-funds both the PPO Economy and EPO medical plans, which means the cost of health services are paid by both you and SAWS, not an insurance company. Becoming a wise consumer of health care can lower claim costs, which in turn can keep future premium increases to a minimum.

Medicare Advantage

Once you or your dependent qualify for Medicare (usually at age 65) you will be required to move to a Medicare Advantage Plan offered through SAWS. These plans have significantly lower premiums than the pre-65 retiree plans. Remember, you can begin the process of applying for Medicare three months before your 65th birthday. Be sure to contact the SAWS Benefits Office when you become eligible.

Opt-Out Deferral

Remember, SAWS allows you to leave and re-enter the SAWS plan as your coverage needs change. This allows you to take advantage of other health coverage you, your spouse or your dependents may have available at lower costs. You will need to provide proof of continuous coverage to re-enter the SAWS plan.

Cost Share Target

<table>
<thead>
<tr>
<th></th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>79%</td>
<td>21%</td>
</tr>
<tr>
<td>2021</td>
<td>67%</td>
<td>33%</td>
</tr>
</tbody>
</table>

To ease the impact of increasing premiums, the cost share will be phased thru 2021 for current retirees. However, employees who retire after Jan. 1, 2019 will be subject to the higher cost share (2/3-1/3) immediately.
SAWS provides Medicare-eligible retirees the option of selecting between two UnitedHealthcare Medicare Advantage Plans: the PPO Economy Plan and PPO Plus Plan. During the annual open enrollment you have the option of switching between the two plans. However, no action is required from you if you would like to keep your existing plan. There will be no change in premiums for Medicare Advantage Plans in 2019.

Eligibility Requirements
If you or your covered spouse/dependent are eligible for Medicare due to age or disability, you must enroll in Medicare Parts A and B, prior to enrolling in the Medicare Advantage Plans and continuing coverage through SAWs. Medicare eligible retirees and spouses are not eligible to continue on the SAWs Pre-65 plans, PPO Economy and EPO.

Are You Turning Age 65?
If you are turning age 65 now or during 2019, you will need to enroll in Medicare Parts A and B to continue retiree medical coverage through SAWs. Be sure to complete the following steps to ensure there is no break in coverage:

1. Enroll in Medicare Parts A and B. You and/or your covered spouse must enroll in Medicare Parts A and B at age 65 as a requirement of medical coverage through the SAWs benefit programs. Three months before you turn age 65, contact your local Social Security Administration Office to enroll in Medicare Parts A and B or you can apply online at www.ssa.gov. You must pay the full cost of the monthly premium for Medicare Part B. Medicare may charge a penalty to retirees who delay enrollment in Medicare Part B at the time of initial eligibility.

2. Notify the SAWs Benefits Office within 30 days of your 65th birthday. At least 30 days prior to reaching 65, you and/or your covered spouse must report the change in age to the Benefits Office and complete a Medicare Advantage enrollment form. A copy of your Medicare Card will need to accompany your enrollment form.

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

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

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

You can request your Benefits Verification Letter online by signing in at my Social Security (ssa.gov/myaccount) or you can request your letter by phone at 1-800-772-1213 (TTY 1-800-325-0778) Monday through Friday from 7 a.m. to 7 p.m.

For more information, explore MedicareMadeClear.com or contact the Medicare helpline 24 hours a day, seven days a week at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048.

Resources:
**SAWS Medicare Advantage Plans**

**Medicare Advantage Participants**

**Benefits Information**

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

- 2019 annual notice of change.
- 2019 evidence of coverage summary — detailed benefit information.
- Benefits summary.
- Getting started guide.
- Comprehensive formulary.
- 2019 abridged formulary — prescription drug list.
- Rx supplemental coverage.
- Additional Drug coverage.
- Home Delivery notice.

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

**Need help finding a provider or pharmacy near you?**

1. Visit UHCRetiree.com to find providers and pharmacies near you. Sign in, then click on the “Provider Search” or “Pharmacy Locator” link. If you are a new user, click “Register Now” to create an account.

2. Call customer service toll-free at 1-800-457-8506, TTY 711, 8 a.m. to 8 p.m. local time, Monday through Friday. They can help you over the phone, or you can ask them to send you a printed copy of the provider or pharmacy directory. You should get your directory 7 to 10 days after UHC receives your request.

**Administration on Aging**

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call Eldercare at 1-800-677-1116, TTY 711, 8 a.m. - 8 p.m., Eastern Standard Time, Monday through Friday, or visit ElderCare.gov.

**Important to Remember:**

- You must keep Medicare Parts A and B and continue to pay your Medicare Part B premium.
- You can only be in one Medicare Advantage plan at a time, including Medicare supplemental plans. Enrolling in another plan will automatically disenroll you from the SAWS Medicare Advantage Plan.
- You do not need to show your Medicare card when receiving service. Your UnitedHealthcare card should be provided as identification for medical and prescription Rx services.
- If you receive a new Medicare card, please provide a copy to the HR Benefits team. You will not receive a new Medicare card each year, however the Federal Government is transitioning to a Medicare card that is safer by issuing cards with a new MBI number. You will continue to use just your UnitedHealthcare card for medical and prescription services.

**MEDICARE ADVANTAGE PLAN 2019 MONTHLY PREMIUMS**

<table>
<thead>
<tr>
<th></th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO RETIREE 65+</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$51.37</td>
<td>$87.71</td>
<td>$139.08</td>
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<tr>
<td>Spouse</td>
<td>$77.43</td>
<td>$61.65</td>
<td>$139.08</td>
</tr>
<tr>
<td>Dependent</td>
<td>$77.43</td>
<td>$61.65</td>
<td>$139.08</td>
</tr>
<tr>
<td>Retiree &lt;2002</td>
<td>$0</td>
<td>$139.08</td>
<td>$139.08</td>
</tr>
<tr>
<td>Spouse &lt;2002</td>
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<td>$139.08</td>
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<tr>
<td>Dependent &lt;2002</td>
<td>$0</td>
<td>$139.08</td>
<td>$139.08</td>
</tr>
<tr>
<td><strong>PPO PLUS RETIREE 65+</strong></td>
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<tr>
<td>Retiree Only</td>
<td>$58.13</td>
<td>$94.11</td>
<td>$152.24</td>
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<tr>
<td>Spouse</td>
<td>$87.60</td>
<td>$64.64</td>
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<tr>
<td>Dependent</td>
<td>$87.60</td>
<td>$64.64</td>
<td>$152.24</td>
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<tr>
<td>Retiree &lt;2002</td>
<td>$0</td>
<td>$152.24</td>
<td>$152.24</td>
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<tr>
<td>Spouse &lt;2002</td>
<td>$0</td>
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<tr>
<td>Dependent &lt;2002</td>
<td>$0</td>
<td>$152.24</td>
<td>$152.24</td>
</tr>
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SAWS 2019 Pre-65 Retiree Health Plan Options
PPO Economy and EPO Plus

SAWS will continue to offer the choice of two self-funded medical plans in 2019. Self-funded plans use employee premiums and SAWS contributions to pay for the increasing cost of health care (claims). UnitedHealthcare will continue as our third party administrator and Express Scripts, Inc. will continue as our pharmacy benefit manager.

Stay In-Network
There are several things you can do to help keep costs down. The most important of these is choosing a UnitedHealthcare network provider. A network is a group of doctors, hospitals and other providers and facilities that have a contract with UnitedHealthcare. As part of their contract they have agreed to follow UHC’s guidelines and provide health care services at lower prices. It pays to stay in the network — using network providers can reduce out-of-pocket costs, in addition to the overall health plan costs. All of these savings contribute to keeping premium increases to a minimum.

Out-of-Network Providers do not have a contract with UnitedHealthcare and can bill you above the reasonable and customary rates. Depending on the plan, insurance may cover only a fraction of the cost or none at all.

UnitedHealth Premium Program (Tier 1 Premium Providers)
To help you make more informed choices about your health care, UHC created the UnitedHealth Premium Program. The Premium Program recognizes doctors who meet standards for quality and cost efficiency. Look for the two hearts and find out more on page 9.

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

In 2019, office visits with Tier 1 Premium Providers will have lower copays than visits with Non-Tier 1 Premium Providers.

<table>
<thead>
<tr>
<th>PLAN BENEFIT</th>
<th>PPO ECONOMY (Base Plan)</th>
<th>EPO PLUS (Buy Up Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,500 Individual</td>
<td>$2,500 Individual</td>
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<tr>
<td></td>
<td>$4,500 Family</td>
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<tr>
<td>Coinsurance</td>
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<tr>
<td>Out-of-Pocket*</td>
<td>$4,500 Individual</td>
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<td>$11,250 Family</td>
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<td>PCP Office Visit</td>
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<td>Tier 1 Premium Provider</td>
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<td>Non-Tier 1</td>
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<td>Specialist</td>
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<tr>
<td>Tier 1 Premium Provider</td>
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<td>60% after deductible</td>
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<tr>
<td>Non-Tier 1</td>
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<td>Preventive Care</td>
<td>100%</td>
<td>60% after deductible</td>
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<tr>
<td>Virtual Visits</td>
<td>$30</td>
<td>N/A</td>
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<tr>
<td>Urgent Care</td>
<td>$60</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200 per visit co-pay, plus deductible and coinsurance</td>
<td>$200 per visit co-pay, plus deductible and coinsurance</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PHARMACY BENEFIT</th>
<th>RETAIL</th>
<th>HOME DELIVERY/Smart90 WALGREENS*</th>
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<tbody>
<tr>
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<td>(30 Day Supply)</td>
<td>(90 Day Supply)</td>
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<td>$0</td>
</tr>
<tr>
<td>Other Generic</td>
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<td>$25</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>30%, $25 Min / $50 Max</td>
<td>$62.50</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>45%, $40 Min / $75 Max</td>
<td>$100</td>
</tr>
<tr>
<td>Specialty (Generic and Brand)**</td>
<td>$80</td>
<td>$150</td>
</tr>
</tbody>
</table>

* Maintenance medication and 90 day supply will only be available through home delivery or Walgreens.
** Specialty drugs must be ordered through Express Scripts specialty pharmacy,Accredo, at 1-800-803-2523.

Prescription Plan Resources

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

Rx Mail Order or Home Delivery

Receive up to a 90-day supply of long-term medication delivered directly to you for one home delivery copayment. A long-term medication is one that is taken to treat an ongoing condition such as high blood pressure, high cholesterol, or diabetes. To enroll in the Home Delivery Program, visit express-scripts.com, sign in and choose which of your current maintenance medications you’d like to receive through home delivery. Or you can call Express Scripts at the toll-free number on your ID card or 1-844-553-9111.

Smart90 Walgreens Exclusive

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

SaveonSP

SaveonSP is a new program for 2019 to help you save money on certain medications. If you take an eligible prescription that falls under the specialty drug category, you will receive a letter to enroll and reduce your copay amount to zero for the specialty drug prescription. Don’t miss out on these savings. View a list of the medications that qualify for this benefit at saws.org/retirees.
**PRE-65 RETIREES**

**PRE-65 Medical Plan Premiums**

**Premium Payments**
SAWS will continue to coordinate with Principal Financial Group to have your monthly premiums automatically deducted from your monthly SAWS Retirement Plan annuity payment. If you do not receive a monthly benefit from Principal or if your premium is more than your annuity, you will need to set up a monthly bank draft for payment of your premium. Contact the Benefits Office at 210-233-2025 for the appropriate bank draft form.

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

### 2019 Non-Medicare Monthly Premiums

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>30+ and Pre 9-1-2002</th>
<th>25-29</th>
<th>20-24</th>
<th>15-19</th>
<th>5-14</th>
<th>1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retiree Pays</td>
<td>SAWS Pays</td>
<td>Retiree Pays</td>
<td>SAWS Pays</td>
<td>Retiree Pays</td>
<td>SAWS Pays</td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$104</td>
<td>$696</td>
<td>$136</td>
<td>$664</td>
<td>$160</td>
<td>$640</td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$333</td>
<td>$1,347</td>
<td>$400</td>
<td>$1,280</td>
<td>$450</td>
<td>$1,230</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$296</td>
<td>$1,144</td>
<td>$347</td>
<td>$1,093</td>
<td>$390</td>
<td>$1,050</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$525</td>
<td>$1,954</td>
<td>$611</td>
<td>$1,868</td>
<td>$680</td>
<td>$1,799</td>
</tr>
</tbody>
</table>

### 2019 EPO PLUS PRE-65 RETIREES

<table>
<thead>
<tr>
<th></th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
<th>Retiree Pays</th>
<th>SAWS Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree Only</td>
<td>$308</td>
<td>$717</td>
<td>$328</td>
<td>$697</td>
<td>$359</td>
<td>$666</td>
<td>$420</td>
<td>$605</td>
<td>$451</td>
<td>$574</td>
<td>$1,025</td>
<td></td>
</tr>
<tr>
<td>Retiree + Spouse</td>
<td>$770</td>
<td>$1,383</td>
<td>$824</td>
<td>$1,329</td>
<td>$889</td>
<td>$1,264</td>
<td>$1,018</td>
<td>$1,135</td>
<td>$1,083</td>
<td>$1,070</td>
<td>$2,153</td>
<td></td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$669</td>
<td>$1,176</td>
<td>$713</td>
<td>$1,132</td>
<td>$769</td>
<td>$1,076</td>
<td>$879</td>
<td>$966</td>
<td>$935</td>
<td>$910</td>
<td>$1,845</td>
<td></td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$1,131</td>
<td>$2,045</td>
<td>$1,209</td>
<td>$1,967</td>
<td>$1,299</td>
<td>$1,877</td>
<td>$1,477</td>
<td>$1,699</td>
<td>$1,567</td>
<td>$1,609</td>
<td>$3,176</td>
<td></td>
</tr>
</tbody>
</table>

**Spousal Surcharge**
Effective Jan. 1, 2019, the spousal surcharge will increase from $125 to $150. This is a surcharge above and beyond the regular pre-65 retiree medical contribution (premium) rate will be added to retirees who choose to cover their spouses who are working and have access to medical coverage through their own employer. If your spouse is not working or does not have access to medical coverage through his/her employer, you may file for a waiver to the surcharge. Contact the HR Benefits Office at 210-233-2025 for waiver forms. If you currently have a waiver on file, you do not have to complete an additional waiver for 2019 if there is no change in status.

**Points to Remember About the Spousal Surcharge:**

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

**Waivers are due by Nov. 1, 2018**
Consumer Tools Can Save You Money

UnitedHealthcare Pre-Member Website

The UnitedHealthcare Pre-member website is a great Open Enrollment resource to learn about your UnitedHealthcare plans and services. It is simple to use and available to you 24/7 before and during open enrollment. Search for network providers and learn about our online tools and resources. Quickly find information that is most important to you and at your own pace.

Visit the UnitedHealthcare Pre-Member website at welcometouhc.com/saws.

UnitedHealth Premium Program

Tier 1 Premium Providers

To help people make more informed choices about their health care, UHC created the UnitedHealth Premium Program. The Premium Program recognizes doctors who meet standards for quality and cost efficiency. UHC uses evidence-based medicine and national industry guidelines to evaluate quality. The cost efficiency standards rely on local market benchmarks for the efficient use of resources in providing care.

If a doctor does not have a Premium designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to UnitedHealthcare was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet credentialing requirements (separate from the Premium program).

Visit the UnitedHealthcare website at myuhc.com to help you verify if your provider is in network and part of UnitedHealth Premium Program. Or you may call 1-888-651-7277 and verify with an Advocate4me representative.

Choose Smart. Before the 2019 plan year begins, please look for the two blue hearts to confirm that your doctor will have the Tier 1 status when your benefits start for the new year.

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

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

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

Using your benefit information, myHealthcare Cost Estimator shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum. This means that you’ll get an estimate of what you’ll be responsible for paying out of your pocket, providing you with useful information for planning and budgeting.

Just search for the condition (e.g., back pain) or treatment (e.g., physical therapy) you would like an estimate for, and the cost estimator will show you doctors and locations that offer those services in your area. You’ll also be able to learn about your care options, compare estimated costs, see quality and cost efficiency ratings, and even map out where you’ll be going. Most importantly, you’ll be able to make a more informed decision about what option is best for you.

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

Quickly and easily estimate your health care costs on myuhc.com or the UnitedHealthcare Health4Me app.

Health4Me App

UnitedHealthcare Health4Me is a free smart phone app that provides instant access to all the information you need to manage health care for your family – anytime and anywhere. The more you know about your health care, the better you can manage your health and money. You can:

- View and share health plan ID cards via email or fax.
- Receive real-time status on account balances, deductibles and out-of-pocket spending.
- View and manage claims.
- Get health care cost estimates for specific treatments and procedures.
- Find nearby providers, hospitals and quick care facilities.
- Connect with helpful professionals 24/7 and much more.

myClaims Manager

Understand and track your health care costs and payments. On myuhc.com better manage your expenses with myClaims Manager. You can easily search for claims, track claims, view what was billed, what your health plan paid, what you owe and why. You can also note claims you want to watch or follow up on and add personalized notes. You can pay health care providers online for any claim that has a “You Owe” amount using the “Make Payment” feature.
When seeking health care services under one of the SAWS self-funded medical plans, you may be able to save significant dollars when choosing the right place to get care. Below is a list of options that are available to you along with the copays or coinsurance you will pay when remaining in-network.

<table>
<thead>
<tr>
<th>WHERE TO GET CARE</th>
<th>WHAT IS IT</th>
<th>TYPE OF CARE</th>
<th>COST</th>
</tr>
</thead>
</table>
| NURSELINE               | NurseLine connects you with a registered nurse 24/7: 1-888-651-7277      | · Choosing appropriate medical care  
· Finding a doctor or hospital  
· Understanding treatment options  
· Achieving a healthier lifestyle  
· Answering medication questions | $0                            |
| VIRTUAL VISIT           | A Virtual Visit lets you see a doctor via your smartphone, tablet, or computer. | · Allergies  
· Bladder Infections  
· Bronchitis  
· Cough, cold, seasonal flu  
· Diarrhea, stomachaches  
· Fever  
· Pink eye  
· Rashes  
· Sinus problems  
· Sore throats | PPO Economy $30  
EPO Plus $15 |
| CONVENIENCE CARE CLINICS| Visit a Convenience Care Clinic when you can’t see a doctor and your health issue isn’t urgent. CVS – Minute Clinic  
*Note: Emergency Clinics are NOT Convenience Care Clinics* | · Common Infections (e.g. strep throat)  
· Minor Skin Conditions (e.g. poison ivy)  
· Vaccinations  
· Pregnancy Tests  
· Minor Injuries  
· Ear Aches | PPO Economy $40  
EPO Plus $25 |
| PRIMARY CARE PHYSICIAN | Go to the doctor’s office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed. | · Checkups  
· Preventive Services  
· Minor Skin Conditions  
· Vaccinations  
· General Health Management | Tier 1 Premium Provider  
PPO Economy $40  
EPO Plus $25  
Non – Tier 1  
PPO Economy $50  
EPO Plus $40 |
| URGENT CARE             | Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn’t available). Urgent care centers treat issues that are not life threatening. | · Sprains  
· Strains  
· Small cuts that may need a few stitches  
· Minor Burns  
· Minor Infections  
· Minor Broken Bones | $60 |
| EMERGENCY ROOM          | The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911. | · Heavy Bleeding  
· Large open wounds  
· Sudden change in vision  
· Chest Pain  
· Sudden weakness or trouble talking  
· Major Burns  
· Spinal Injuries  
· Severe Head Injuries  
· Major Broken Bones | PPO Economy - $200  
Copay plus 20% after satisfying $1,500 deductible.  
EPO Plus - $200 Copay plus 20% after satisfying $500 deductible. |
UnitedHealthcare Support Services

UnitedHealthcare offers you many additional support services to assist with obtaining the best health care available. Below are just some of these services:

Disease Management Programs
Taking care of a long-term health problem or serious illness can be very time consuming, frustrating and expensive. Our disease management programs can help you control your illness, and in the long run may save you some health care dollars by helping you stay as healthy as possible.

Contact UHC Customer Service to enroll in a Disease Management Program to help you manage health issues such as:

- Diabetes
- Asthma
- Coronary Artery Disease
- Heart Failure

Kidney Disease Programs
Our kidney disease programs provide you:

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

For more information or to speak to a nurse advocate, call toll-free at 1-866-561-7518. TTY users can dial 711.

Cancer Resource Services
Access to the CRS Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating congenital heart disease. Potential benefits include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.

Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility. Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients or someone on their behalf should contact CHD Resource Services at 1-866-534-7209 before receiving care. More information is also available online at myuhc.com.

Autism Spectrum Disorder and Applied Behavior Analysis
Your health plan pays Benefits for behavioral services for Autism Spectrum Disorder that are focused on educational/behavioral intervention that is habilitative in nature. This includes Intensive Behavioral Therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis, or ABA).

Types of services may include diagnostic evaluations/assessments, treatment planning, treatment and/or other procedures, medication management, and individual, family and group therapy.

Treatment Decision Support
The program can help you make informed decisions about your health care. It targets specific conditions as well as treatments for those conditions. Participation is completely voluntary and without extra charge. The program offers:

- Access to accurate, objective and relevant health care information.
- Coaching by a nurse through decisions in your treatment and care.
- Expectations of treatment.
- Information on high quality providers and programs.

Conditions for which this program is available include:

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

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

Healthy Pregnancy Program
A healthy pregnancy is the first step to a healthy baby and mom. The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and online educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.

Health eNotes
Provides employees with messages or recommendations that are personalized for care opportunities and information. For example, an employee or dependent may receive a Health eNote reminder on women's health or childhood and teen vaccines.
UnitedHealthcare Wellness Programs

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

What is Rally?
Rally is an interactive Web and mobile experience that recommends simple actions you can take every day. The focus of Rally is to help improve your health and well being. You’ll get real-time feedback and ongoing encouragement to help you live your healthiest life.

Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You’ll get personalized recommendations to help you move more, eat better and improve your health — and have fun doing it.

Take Rally on the go!
Once you have registered, you can download the Rally app at the App Store or Google Play, log in, and check your progress!

Personalized health survey
Start with the quick healthy survey and get your Rally age, a number that indicates how your health age compares with your actual age. This provides you a measure to help you assess your overall health.

After you complete your health survey, you can also:
- Select your mission — activities designed to help improve your diet, fitness and mood.
- Track your personalized missions — you may easily track your progress by self reporting or using a wearable fitness device.
- Make healthy connections through challenges, community interactions and coaching.
- Register your eligible spouse or dependent on Rally for some family competition.
- Access personal health records.

Get started at RallyHealth.com/RallyAge

Real Appeal
Real Appeal is a digital weight loss program available as an added incentive to your employee medical plan.* Because the program is funded by SAWS, it is available at no cost to you.

Program Highlights
- This is an online program, so you will need access to a computer or other personal device.
- Backed by decades of proven clinical research.
- Nearly 1 million pounds lost by thousands of members.
- Covered at no additional cost as an employee benefit.

What You Need to Enroll
- Insurance information.
- Height and weight.
- Health history.

What the Program Provides You
- Weekly online group sessions — Up to a full year of support sessions led by specially trained coaches.
- Access tools — Digital tools and trackers available 24/7 to customize your experience.
- Success kit — Your program toolkit includes a scale, workout DVDs, session guides and more after you complete your first session.

Real Appeal Outcomes
416 SAWS participants lost 1,688 pounds!

Sign up at saws.RealAppeal.com

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

Visit silversneakers.com or call 1-888-423-4632, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. EST, to:
- Find fitness locations.
- Request your SilverSneakers ID number.
- Enroll in FLEX classes.
- Find meal plans and health recipes.
- Get more details.

It’s easy to sign up — check in at the front desk of a location of your choice.

UHCRetiree.com Website

The UHCRetiree.com website offers tools and information that will help you get the most out of your plan benefits. Register at UHCRetiree.com and take advantage of the following:

- Find network doctors, hospitals and other health care providers. **Select:** Provider Search > Search providers.

- Make sure your drugs are covered — Use the drug lookup tool to find out what drugs are covered and how much you will pay. **Select:** Drug Lookup > Look up drugs or Estimate costs.

- Find a pharmacy near you, whether you’re at home or away. There are more than 65,000 local and national pharmacies to choose from in the network. **Select:** Pharmacy Locator.

- View and update your health information. **Select:** My Personal Health Record.

- Learn more about health and wellness. **Select:** My Health and Wellness.

- Get savings and convenience delivered to your door through mail service pharmacy, Optum Rx. **Select:** Order drugs from your Preferred Mail Service Pharmacy (under quick links).

- Learn more about your coverage. **Select:** myPlans > Benefits and Coverage.

- Manage your medical and drug claims. **Select:** myPlans > Claims.

- Request replacement materials. **Select:** myPlans > Order Plan Materials.

- Save with pharmacy saver. **Select:** myPlans > Pharmacy Saver > Get Savings Now.

Other services on UHCRetiree.com include checking your claims status and history, printing a temporary ID card or requesting a replacement ID card and downloading plan forms.

Create your online account today! Signing up is easy, fast and secure. All you need to set up your account is an email address and your health plan member ID. Visit UHCRetiree.com and click “Register Now”.

NurseLine

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

Advocate4Me

Managing your health plan benefits and your health isn’t always easy. UnitedHealthcare provides a team of people dedicated to helping you, from understanding your claims to estimating costs ahead of time. Email Advocate4Me@uhc.com or call the member number listed on your member ID card.
Summary of Benefits and Coverage (SBC) and Uniform Glossary of Terms
Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of the SAWS medical plans, contact the HR Benefits Office at 210-233-2025 for a copy.

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a resource to help them understand some of the most common but confusing jargon used in health insurance. Contact the HR Benefits Office at 210-233-2025 for a copy.

Governing Plan
This guide is intended to provide summary information about the benefit plans offered to the employees of the San Antonio Water System. Complete plan details are included in the Plan Documents available on saws.org/retirees and at myuhc.com, or contact the Human Resources Benefits Office at 210-233-2025 for a copy. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern.

COBRA
The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, and/or participation in the SAWS Health Care Flexible Spending Account at their own cost in the case of certain qualifying events.

COBRA Notice Requirements. Each employee or qualified beneficiary is required to notify the Human Resources Benefits Office within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. UnitedHealthcare, the SAWS COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

HIPAA Privacy Policy
The Health Insurance Portability and Accountability Act (HIPAA) details the rules the San Antonio Water System will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit hhs.gov/ocr/privacy or or contact SAWS Human Resources at 210-233-2025.

Patient Protection and Affordable Care Act ("PPACA") - Patient Protection Notices
As required by the Patient Protection and Affordable Care Act of 1998 (WHCRA)
As required by the Women’s Health and Cancer Rights Act of 1998, the Plan provides Benefits under the Plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving Benefits in connection with a mastectomy, Benefits are also provided for the following Covered Health Services, as you determine appropriate with your attending Physician:
- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such Covered Health Services (including Copayments and any Annual Deductible) are the same as are required for any other Covered Health Service. Limitations on Benefits are the same as for any other Covered Health Service.
Statement of Rights under the Newborns’ and Mothers’ Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator.

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

Medicare Part D Creditable Coverage Notice

Entities that provide prescription drug coverage to Medicare Part D eligible individuals must notify these individuals whether the drug coverage they have is creditable or non-creditable. SAWs has determined that the prescription drug coverage offered by SAWs through Express Scripts is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage under Medicare.

For a copy of the SAWs Creditable Coverage Disclosure Notice please see pages 17 and 18 of this benefit guide or contact the HR Benefits Office at 210-233-2025 for a copy.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askEBSA.dol.gov or call 1-866-444-EBSA (3272).

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

<table>
<thead>
<tr>
<th>U.S. Department of Labor</th>
<th>U.S. Department of Health and Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Security Administration</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>dol.gov/agencies/ebsa</td>
<td>cms.hhs.gov</td>
</tr>
<tr>
<td>1-866-444-EBSA (3272)</td>
<td>1-877-267-2323, Menu Option 4, Ext. 61565</td>
</tr>
</tbody>
</table>
SAWS Retirees and Dependents
Important Notice from San Antonio Water System
About Your 2019 Prescription Drug Coverage and Medicare Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Antonio Water System ("SAWS") through a non-Medicare plan and information about prescription drug coverage for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage and can help you decide whether you want to enroll in Medicare prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage plans that offer prescription drug coverage. This coverage is sometimes referred to as Medicare Part D prescription drug coverage. Generally speaking, Medicare Part D provides coverage for prescription drugs not covered by Medicare Parts A and B. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some Medicare plans may also offer more coverage for a higher monthly premium.

2. SAWS has determined that the prescription drug coverage offered by SAWS through Express Scripts is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered creditable coverage under Medicare.

There is a penalty for late enrollment in a Medicare prescription plan. However, because your existing coverage from SAWS is, on the average, better than the standard Medicare prescription drug coverage, you can keep the SAWS coverage and not pay extra for Medicare prescription drug coverage.

When Can You Join A Medicare Drug Plan?

People with Medicare can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from Oct. 15 through Dec. 7. Participants leaving employer coverage may be eligible for a special enrollment period to sign up for a Medicare prescription drug plan. However, because you have existing prescription drug coverage that, on the average for all plan participants, is as good as or better than Medicare coverage, you can choose to join a Medicare prescription drug plan later and without penalty.

You should compare your current coverage, including which drugs are covered, with coverage of the plans offering Medicare prescription drug coverage in your area.

Most SAWS retirees and their dependents will choose to have only SAWS prescription coverage to avoid additional costs in Medicare Part D. It is important to make an informed and deliberate decision, based on your individual situation. Do not enroll in Medicare Part D "just in case."

What are you Prescription Coverage Options?

Under the SAWS Group Health Plan, you have the following three options concerning prescription drug coverage:

1. You may stay with the SAWS prescription drug coverage and not enroll in Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare open enrollment period; or (2) if you drop your coverage under the SAWS prescription drug plan.

2. You may stay in the SAWS group health plan, including SAWS prescription drug coverage, and also enroll in Medicare Part D prescription drug coverage. Your current coverage under the SAWS plan, which pays for other health benefits as well as prescription drugs, will not change if you choose to enroll in Medicare Part D prescription drug coverage. The Medicare Part D prescription drug coverage will be the primary payer and the SAWS group health plan will pay prescription drug benefits as the secondary payer. (Please note that once you have Medicare Parts A & B, you must enroll in the Medicare Advantage Plan with SAWS). When you enroll in SAWS Medicare Advantage Plan, you will need to cancel your Medicare Part D plan.

3. You may reject all coverage under the SAWS group health plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. SAWS allows you or your dependents opt out opportunities if you have coverage through another plan. If that coverage ends, you will need to provide proof of continuous coverage within 31 days of it ending to re-enroll in the SAWS plans.

Here is some information to help you compare the benefits under the SAWS prescription drug plan and Medicare prescription drug plan. In doing this comparison, you also should compare the premiums charged for each plan.

<table>
<thead>
<tr>
<th>Standard retail pharmacy prescription co-pays (up to 30-day supply) of:</th>
<th>Convenient mail order prescription drugs (up to 90 day supply) of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Annual Deductible</td>
<td>No Annual Deductible</td>
</tr>
<tr>
<td>No Cost – Generic &amp; Brand Diabetic Medications</td>
<td>No Cost – Generic &amp; Brand Diabetic Medications</td>
</tr>
<tr>
<td>$10.00 – Other Generic</td>
<td>$25.00 – Other Generic</td>
</tr>
<tr>
<td>30% ($25.00 min, $50.00 max) – Preferred Brand</td>
<td>$62.50 – Preferred Brand</td>
</tr>
<tr>
<td>45% ($40.00 min, $75.00 max) – Non-Preferred Brand</td>
<td>$100.00 – Non-Preferred Brand</td>
</tr>
<tr>
<td>$80.00 – Specialty 4th Tier</td>
<td>$150.00 – Specialty 4th Tier</td>
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</tbody>
</table>
SAWS does not charge a separate premium for its prescription drug plan. You will pay the same premium to participate in the SAWS group health plan whether or not you elect to receive prescription drug coverage through Express Scripts.

The standard Medicare prescription drug plan has the following features. The threshold amounts are subject to annual adjustments by the Centers for Medicare and Medicaid Services. The thresholds for 2019 are shown below.

- **Annual Deductible of $415 (Initial Deductible).**
- After you have met the annual deductible, Medicare pays 75 percent of the next $3,405 and you will be responsible for paying 25 percent coinsurance.
- Together, these add up to $3,820 (Initial Coverage Limit, also referred to as the beginning of the Donut Hole or Coverage Gap). You will be in the Donut Hole until you reach the Out-of-pocket Threshold ($5,100). While in the Donut Hole, Medicare will pay approximately 63 percent of the cost of generic medications and you will pay approximately 37 percent of the cost of generic medications. Medicare will pay approximately 5 percent of the cost of brand name medications and you will pay 25 percent of the cost of brand name medications (drug manufacturer discount accounts for the remaining 70 percent), until your prescription costs for the year reach $8,140 (Out-of-pocket spending limit, or TrOOP). After you have reached the $8,140 TrOOP, Medicare pays approximately 95 percent of your costs for drugs covered by the plan and you pay 5 percent.
- The 2019 Donut Hole discount for brand-name drugs will increase to 75 percent but you will receive credit for 95 percent of the retail drug cost toward meeting your $8,140 TrOOP (the 25 percent you spend plus the 70 percent drug manufacturer discount).
- Premiums are expected to be approximately $30-$40 per month for standard Medicare prescription drug plans. You should consult the Medicare prescription drug plan for the exact premium amounts.

Although SAWS cannot state that in all cases the SAWS prescription drug coverage will be more advantageous than the Medicare prescription drug coverage, in most cases you will have better and less expensive prescription drug coverage under the SAWS prescription drug coverage.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your coverage with SAWS and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that’s at least good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19 percent higher than what most other people pay. You’ll have to pay this higher premium for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact our office for further information at 210-233-2025. NOTE: You may receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook (available at medicare.gov/medicare-and-you). You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

<table>
<thead>
<tr>
<th>Date:</th>
<th>October 3, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Entity/Sender:</td>
<td>San Antonio Water System</td>
</tr>
<tr>
<td>Contact—Person/Office:</td>
<td>Dianne Flores/Human Resources</td>
</tr>
<tr>
<td>Address:</td>
<td>2800 U.S. Hwy 281 North</td>
</tr>
<tr>
<td></td>
<td>San Antonio, TX  78212</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>210-233-2025</td>
</tr>
</tbody>
</table>
# IMPORTANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>PHONE</th>
<th>WEBSITE/EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAWS Human Resources - Benefits Office</strong></td>
<td>210-233-2025</td>
<td></td>
</tr>
<tr>
<td>Interim Sr. Benefits Administrator—Kenny Teruya</td>
<td>210-233-3825</td>
<td><a href="mailto:Kenny.Teruya@saws.org">Kenny.Teruya@saws.org</a></td>
</tr>
<tr>
<td>Benefits Administrator—Dianne Flores</td>
<td>210-233-3384</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
</tr>
<tr>
<td>Benefits Analyst—Patty Goldspink</td>
<td>210-233-3306</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
</tr>
<tr>
<td>Benefits Analyst—Leslie Kirkley</td>
<td>210-233-3438</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
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**UnitedHealthcare (UHC)**

<table>
<thead>
<tr>
<th></th>
<th>PHONE</th>
<th>WEBSITE/EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC Customer Service</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>NurseLine</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>SAWS Onsite UHC Service Account Manager</td>
<td>210-233-3066</td>
<td><a href="mailto:alicia.lassiter@uhc.com">alicia.lassiter@uhc.com</a></td>
</tr>
<tr>
<td>SAWS Onsite UHC Wellness Coordinator</td>
<td>210-233-3127</td>
<td><a href="mailto:lauren_zuniga@uhc.com">lauren_zuniga@uhc.com</a></td>
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**Express Scripts - Pharmacy Benefit Manager**

<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Accredo - Specialty Pharmacy</td>
<td>1-800-803-2523</td>
<td></td>
</tr>
<tr>
<td>Group # SAWATER</td>
<td></td>
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</tbody>
</table>

**UnitedHealthcare – Medicare Advantage Plans**

<table>
<thead>
<tr>
<th></th>
<th>PHONE</th>
<th>WEBSITE/EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurseline</td>
<td>1-800-457-8506</td>
<td>UHCretiree.com</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER HELPFUL NUMBERS**

<table>
<thead>
<tr>
<th></th>
<th>PHONE</th>
<th>WEBSITE/EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Municipal Retirement System (TMRS)</td>
<td>1-800-924-8677</td>
<td>tmrs.com</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAWS Retirement Plan - Principal</td>
<td>1-800-247-7011</td>
<td>principal.com</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICMA-RC 457 Plan - Group # 00300291</td>
<td>1-800-669-7400</td>
<td>icmarc.org</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nationwide 457 Plan - Group # 0036576001</td>
<td>1-877-677-3678</td>
<td>nrsforu.com</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Life Insurance—Group # 75337</td>
<td>1-800-297-2171</td>
<td>standard.com</td>
</tr>
</tbody>
</table>
2019 Benefits Guide for Active Employees

Open Enrollment Oct. 8-29, 2018
This page intentionally left blank
<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>LOCATION</th>
<th>ADDRESS</th>
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<tbody>
<tr>
<td>Monday Oct. 8</td>
<td>6 a.m.</td>
<td>MISSION ROAD — FRONT BUILDING</td>
<td>517 MISSION RD. 78210</td>
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<tr>
<td></td>
<td>8 a.m.</td>
<td>MISSION ROAD — FRONT BUILDING</td>
<td>517 MISSION RD. 78210</td>
</tr>
<tr>
<td>Tuesday Oct. 9</td>
<td>7 a.m.</td>
<td>WEST SIDE OPERATIONS CENTER</td>
<td>2903 S.HUNT LANE 78227</td>
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<td></td>
<td>2:30 p.m.</td>
<td>VAN DYKE OPERATIONS CENTER</td>
<td>254 SEALE RD 78219</td>
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<tr>
<td>Wednesday Oct. 10</td>
<td>7 a.m.</td>
<td>NORTHEAST OPERATIONS CENTER</td>
<td>13655 O’CONNOR RD 78233</td>
</tr>
<tr>
<td>Thursday Oct. 11</td>
<td>7 a.m.</td>
<td>EAST SIDE OPERATIONS CENTER</td>
<td>3930 E HOUSTON ST 78220</td>
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<tr>
<td>Friday Oct. 12</td>
<td>6 a.m.</td>
<td>H2OAKS CENTER</td>
<td>4588 HARDY RD. 78221</td>
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<tr>
<td>Monday Oct. 15</td>
<td>9 a.m.</td>
<td>SAWS HQ TOWER 2, ROOM 145</td>
<td>2800 U.S. HWY. 281 N. 78212</td>
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<tr>
<td></td>
<td>1 p.m.</td>
<td>SAWS HQ TOWER 2, ROOM 145</td>
<td>2800 U.S. HWY. 281 N. 78212</td>
</tr>
<tr>
<td></td>
<td>3 p.m.</td>
<td>SAWS HQ TOWER 2, ROOM 145</td>
<td>2800 U.S. HWY. 281 N. 78212</td>
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<td>Tuesday Oct. 16</td>
<td>6 a.m.</td>
<td>DOS RIOS WRC</td>
<td>3495 VALLEY RD. 78221</td>
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<td>8 a.m.</td>
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<td>3495 VALLEY RD. 78221</td>
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<td></td>
<td>10:30 a.m.</td>
<td>DOS RIOS — LAB</td>
<td>3495 VALLEY RD. 78221</td>
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<td>1 p.m.</td>
<td>LEON CREEK WRC</td>
<td>1104 MAUERMAN RD. 78224</td>
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<td>Wednesday Oct. 17</td>
<td>7 a.m.</td>
<td>NORTH SIDE OPERATIONS CENTER</td>
<td>15103 CAPITAL PORT DR. 78249</td>
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<td>9 a.m.</td>
<td>EAST SIDE OPERATIONS CENTER</td>
<td>3930 E HOUSTON ST. 78220</td>
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<td></td>
<td>1:30 p.m.</td>
<td>SAWS HQ TOWER 2, ROOM 154</td>
<td>2800 U.S. HWY. 281 N. 78212</td>
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<td></td>
<td>3 p.m.</td>
<td>SAWS HQ TOWER 2, ROOM 154</td>
<td>2800 U.S. HWY. 281 N. 78212</td>
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<td>Monday Oct. 22</td>
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<td>MISSION ROAD (METER READERS)</td>
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<td>Tuesday Oct. 23</td>
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<td>MISSION ROAD — BACK BUILDING</td>
<td>515 MISSION RD. 78210</td>
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<td>MISSION ROAD — BACK BUILDING</td>
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2019 Benefits Guide for Active Employees

SAWS 2019 Open Enrollment is **Oct. 8-29, 2018**.

This guide is designed to help you make the best benefit selections for you and your family. Information contained in this guide will answer questions regarding the available health, dental, vision and flexible spending account plans. If you need further information regarding your plans, please contact the Human Resources Benefits Office at 210-233-2025 or attend one of the Open Enrollment meetings.

### What is new for 2019?

- **Active enrollment** - You will be required to actively enroll to make elections for your 2019 benefits or you will be defaulted into the PPO Economy Plan. Your current benefits will not roll over to 2019.
- **Employed Spouse Premium Surcharge** increases to $150 per month.
- **Copays for office visits and emergency rooms** will increase.
- **Tier 1 Premium Providers** — Save money using UHC recognized doctors who meet standards for quality and cost efficiency.
- **Out-of-Pocket Maximum** changes for the PPO Economy Plan.
- **Smart90 Walgreens Exclusive** — 90-day-supply prescriptions exclusively at Walgreens. Mail order also available.
- **Vision premiums** increasing slightly.

### What remains the same?

- SAWS will continue to offer the choice of two self-funded medical plans, the PPO Economy and EPO Plus.
- Dental benefits and premiums remain the same as 2018.
- UnitedHealthcare and Express Scripts, Inc. will continue to be our third-party administrator and pharmacy benefit manager.

### SAWS Wellness Program

- Real Appeal Weight Loss Program continues.
- New Wellness Reward Hours for preventive exams.

### Open Enrollment Deadline

**October 29, 2018**

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- Medical and Rx Plans
- 2019 Medical Premiums
- 2019 Employed Spouse Premium Surcharge
- 2019 Dental Plan
- 2019 Vision Plan
- 2019 Flexible Spending Accounts
- Other Benefits Provided By SAWS
- Retirement Benefits Provided By SAWS
- Consumer Tools Save You Money
- Savings When Seeking Health Care Services
- UnitedHealthcare Support Services
- UnitedHealthcare Wellness Services
- SAWS Wellness Programs
- Important 2019 Enrollment Information
- Legal Notices
- Medicare Creditable Coverage
- Important Contact Information

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 21-22 for more details.**

### What can you do during Open Enrollment?

- Enroll in or change Health Plans.
- Add or remove dependents from your coverage.
- Add or drop dental or vision coverage.
- Enroll in the Health and/or Dependent Flexible Spending Accounts, or change your contribution levels.
- Apply for a waiver to the Employed Spouse Premium Surcharge.
SAWS 2019 Health Plan Options
PPO Economy and EPO Plus Plans

SAWS will continue to offer the choice of two self-funded medical plans in 2019. Self-funded plans use your premiums and SAWS contributions to pay for the increasing cost of health care (claims). UnitedHealthcare will continue as our third party administrator and Express Scripts, Inc. will continue as our pharmacy benefit manager.

Stay In-Network

There are several things you can do to help keep costs down. The most important of these is choosing a UnitedHealthcare network provider. A network is a group of doctors, hospitals and other providers and facilities that have a contract with UnitedHealthcare. As part of their contract they have agreed to follow UHC’s guidelines and provide health care services at lower prices. It pays to stay in the network — using network providers can reduce out-of-pocket costs, in addition to the overall health plan costs. All of these savings contribute to keeping premium increases to a minimum.

Out-of-network providers do not have a contract with UnitedHealthcare and can bill you above the reasonable and customary rates. Depending on the plan, insurance may cover only a fraction of the cost or none at all.

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

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

In 2019, office visits with Tier 1 Premium Providers will have lower copays than visits with Non-Tier 1 Premium Providers.

<table>
<thead>
<tr>
<th>PLAN BENEFIT</th>
<th>PPO ECONOMY (Base Plan)</th>
<th>EPO PLUS (Buy Up Plan)</th>
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<td>In-Network</td>
<td>Out-of-Network</td>
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<tr>
<td></td>
<td>$11,250</td>
<td>$18,750</td>
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<td><strong>PCP Office Visit</strong></td>
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<td>Tier 1 Premium Provider</td>
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<td>Non-Tier 1</td>
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<td>Non-Tier 1</td>
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<td><strong>Preventive Care</strong></td>
<td>100%</td>
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<td><strong>Virtual Visits</strong></td>
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<tr>
<td><strong>Urgent Care</strong></td>
<td>$60</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Emergency Room</strong></td>
<td>$200 per visit co-pay, plus deductible and coinsurance</td>
<td>$200 per visit co-pay, plus deductible and coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Inpatient</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

*Note: Out-of-pocket maximums for both the PPO Economy and EPO Plus include medical and prescription copay, deductible, and coinsurance amounts. For all of the coverage details, see the official plan documents on the Human Resources page on EZlink.
SAWS 2019 Health Plan Options
Pharmacy Benefit Information

<table>
<thead>
<tr>
<th>Pharmacy Benefit</th>
<th>Retail</th>
<th>Home Delivery/Smart90 Walgreens*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(30 Day Supply)</td>
<td>(90 Day Supply)</td>
</tr>
<tr>
<td>Diabetic Medication</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Generic</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>30%, $25 Min / $50 Max</td>
<td>$62.50</td>
</tr>
<tr>
<td>Non-preferred Brand</td>
<td>45%, $40 Min / $75 Max</td>
<td>$100</td>
</tr>
<tr>
<td>Specialty (Generic and Brand)**</td>
<td>$80</td>
<td>$150</td>
</tr>
</tbody>
</table>

* Maintenance medication and 90 day supply will only be available through home delivery or Walgreens.

** Specialty drugs must be ordered through Express Scripts specialty pharmacy, Accredo, at 1-800-803-2523.

Prescription Plan Resources

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

Rx Mail Order or Home Delivery
Receive up to a 90-day supply of long-term medication delivered directly to you for one home delivery copayment. A long-term medication is one that is taken to treat an ongoing condition such as high blood pressure, high cholesterol, or diabetes. To enroll in the Home Delivery Program, visit express-scripts.com, sign in and choose which of your current maintenance medications you’d like to receive through home delivery. Or you can call Express Scripts at the toll-free number on your ID card or 1-844-553-9111.

Smart90 Walgreens Exclusive
Your prescription program now provides savings through the Smart90 Walgreens Exclusive Program. When you get a 90-day or three-month supply of your long-term medication you will be required to fill this prescription either through mail order or a Walgreens pharmacy. View a list of the medications that qualify for this requirement on EZlink or saws.org/openenrollment. Call your nearest Walgreens and ask for instructions about how to transfer your prescription from your current pharmacy or how to get a new prescription from your doctor.

SaveonSP
SaveonSP is a new program for 2019 to help you save money on certain medications. If you take an eligible prescription that falls under the specialty drug category, you will receive a letter to enroll and reduce your copay amount to zero for the specialty drug prescription. Don’t miss out on these savings. View a list of the medications that qualify for this benefit on EZlink or saws.org/openenrollment.
SAWS 2019 Premiums

Cost of Coverage
You and SAWS share in the cost of the medical and dental plans, which continue to rise each year. Your contribution amount depends on the plan you select and the family members you choose to enroll. Remember, being a wise consumer of health care can help keep your cost increases to a minimum.

Below are the 2019 premiums for the SAWS medical plans. SAWS knows how important affordable quality health care is for you and your family and continues to pay the largest portion of the premium. Your contributions are deducted from your paychecks on a before-tax basis through participation in the SAWS Cafeteria Plan. Before-tax premium dollars come out of your pay before federal income and Social Security taxes are withheld. This gives your contributions a special tax advantage and lowers the actual cost to you.

### 2019 Monthly Medical Plan Premiums

<table>
<thead>
<tr>
<th>Tier Selection</th>
<th>PPO ECONOMY (Base Plan)</th>
<th>EPO Plus (Buy Up Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SAWS Pays</td>
<td>Employee Pays</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$429</td>
<td>$35</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$863</td>
<td>$110</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$754</td>
<td>$80</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$1,276</td>
<td>$160</td>
</tr>
</tbody>
</table>

#### Employed Spouse Premium Surcharge
Effective Jan. 1, 2019, a **$150 monthly surcharge** ($75.00 per pay period) above and beyond the regular employee medical contribution (premium) rate will be added to employees who choose to cover spouses who are working and have access to medical coverage through their own employer. If your spouse is not working or does not have access to medical coverage through his/her employer, you must request a waiver to the surcharge. Waiver forms are located on EZlink or contact the HR Benefits Office at 210-233-2025.

**Points to Remember About the Employed Spouse Premium Surcharge:**

- **Important**—All employees who cover spouses will have an Employed Spouse Premium Surcharge unless we receive a 2019 waiver form.
- The Employed Spouse Premium Surcharge applies to all active employees and pre-65 retirees whose spouse is a dependent on a SAWS medical plan **unless** one of the following conditions applies:
  - Your spouse is not presently employed and does not have access to any other employer-sponsored medical coverage, whether as an active employee, retiree, or dependent.
  - Your spouse is self-employed without access to other medical coverage.
  - Your spouse is covered by Medicare Part A, Tricare or the Marketplace (these are not considered other employer group health benefits).
  - Your spouse is employed, but his or her employer does not offer medical coverage or he/she is not eligible for medical coverage by his or her employer.
- The surcharge is a “pre-tax” deduction like your medical premiums.
- The surcharge only applies to the medical plans, not the dental or vision plan.
- The loss of a spouse's employment and related benefits during the year is a qualifying event that would allow an employee to enroll the spouse and any affected dependents into health care coverage through SAWS within 31 days of the qualifying event and apply for the spousal waiver.

NEW waivers are required from ALL employees, even if you have previously submitted one for a current or prior year.
### SAWS 2019 Dental Plan
Dental coverage and premiums remain unchanged for 2019.

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>NON-ORTHO</th>
<th>ORTHO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NETWORK</td>
<td>NON-NETWORK</td>
</tr>
<tr>
<td>Individual Annual Deductible</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family Annual Deductible</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Maximum (the sum of all Network and Non-Network benefits will not exceed annual maximum)</td>
<td>$1,500 per person per Calendar Year</td>
<td>$1,500 per person per Calendar Year</td>
</tr>
<tr>
<td>New enrollee’s waiting period</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Annual deductible applies to preventive and diagnostic services</td>
<td>No (In-Network)</td>
<td>No (Out-of-Network)</td>
</tr>
<tr>
<td>Annual deductible applies to orthodontic services</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Orthodontic Eligibility Requirement</td>
<td>Child Only (Up to Age 19)</td>
<td></td>
</tr>
</tbody>
</table>

#### COVERED SERVICES *

<table>
<thead>
<tr>
<th>COVERED SERVICES *</th>
<th>NETWORK PLAN PAYS**</th>
<th>NON-NETWORK PAYS***</th>
<th>BENEFIT GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic Oral Evaluation</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Radiographs</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Lab and Other Diagnostic Tests</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis (Cleaning)</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Fluoride Treatment (Preventive)</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Sealants and Space Maintainers</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Restorations (Amalgams or Composite)*</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Emergency Treatment/General Services</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Simple Extractions</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery (incl. surgical extractions)</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Periodontics and Endodontics</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Inlays/Onlays/Crowns</td>
<td>50%</td>
<td>50%</td>
<td>See Exclusions and Limitations section for all Preventive &amp; Diagnostic services benefit guidelines located on EZLink or Contact your HR Benefits Office for a copy.</td>
</tr>
<tr>
<td>Dentures and Removable Prosthetics</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Fixed Partial Dentures (Bridges)</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Diagnose or correct misalignment of the teeth or bite</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over $500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

#### 2019 DENTAL MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th>Tier Selection</th>
<th>SAWs</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$26.62</td>
<td>$5.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$49.46</td>
<td>$12.26</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$58.82</td>
<td>$15.26</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$65.84</td>
<td>$17.50</td>
</tr>
</tbody>
</table>

Find more information about your dental benefits on EZLink and saws.org such as Dental Frequently Asked Questions (FAQs), plan documents and other useful tips.

A list of network providers can be found at myuhc.com.
SAWS 2019 Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. UnitedHealthcare will help you care for your sight while saving you money. To view benefits and locate a provider, go to myuhcvision.com or call 1-888-651-7277.

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive Vision Exam</strong></td>
<td>$10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses</td>
<td>$10 copay for each</td>
<td>See Below for Reimbursement amounts</td>
</tr>
<tr>
<td>Frequencies - Based on last date of service</td>
<td>Exam Once every 12 months</td>
<td>Exam Once every 12 months</td>
</tr>
<tr>
<td></td>
<td>Lenses Once every 12 months</td>
<td>Lenses Once every 12 months</td>
</tr>
<tr>
<td></td>
<td>Frames Once every 24 months</td>
<td>Frames Once every 24 months</td>
</tr>
<tr>
<td><strong>Pair Of Lenses (for Eyewear)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Standard single vision lenses</td>
<td>Covered in full after applicable copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Standard lined bifocal lenses</td>
<td></td>
<td>Up to $60</td>
</tr>
<tr>
<td>• Standard lined trifocal lenses</td>
<td></td>
<td>Up to $80</td>
</tr>
<tr>
<td>• Standard lenticular lenses</td>
<td>Includes standard scratch-resistant coating</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$130 Retail Frame Allowance (after applicable copay)</td>
<td>Up to $45</td>
</tr>
<tr>
<td>You will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional 30% discount on the overage (available only at participating providers and may exclude certain frame manufacturers).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Covered contact lens selection</td>
<td>Up to 6 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay)</td>
<td>Up to $150</td>
</tr>
<tr>
<td>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today. A complete list can be found by visiting our website <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-selection contacts</td>
<td>Up to $150 (material copay is waived)</td>
<td>Up to $150</td>
</tr>
<tr>
<td>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medically necessary contact lenses</td>
<td>Covered in full after applicable copay</td>
<td>Up to $210</td>
</tr>
</tbody>
</table>

Important things to remember about your vision plan:

- Your contact lens allowance is applied to the fitting/evaluation fees as well as the purchase of non-covered selection contact lenses. For example, if your allowance is $150 and the fitting fee and evaluation is $35, you will have $115 toward the purchase of non-selection contact lenses. Evaluation and fitting fees vary among providers and type of fitting required. Your material copay is waived when purchasing non-selection contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered in full, may be available at a discount at participating providers.

Vision Materials Discount Benefit

UnitedHealthcare offers an additional Materials Discount Program. At a participating network provider you will receive a 20 percent discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Not all providers may offer this discount. Please contact your provider to see if they participate. Discounts on contact lenses may vary by provider. Additional materials do not have to be purchased at the time of initial material purchase. Additional materials can be purchased at a discount any time after the insured benefit has been used.

<table>
<thead>
<tr>
<th>2019 VISION MONTHLY PREMIUMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage Tiers</strong></td>
</tr>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>Employee + Family</td>
</tr>
</tbody>
</table>
2019 Flexible Spending Accounts

PLEASE NOTE: If you choose to continue your flexible spending account, you will have to actively enroll through Infor Lawson Employee Self-Service. Your FSA will not roll over unless you actively elect to enroll in your FSA for 2019.

What is a Flexible Spending Account?
A flexible spending account (FSA) lets you set aside money to help pay for health and dependent care expenses. You don’t pay taxes on the money you contribute, which saves you money. You must sign up each year.

- Health Care FSA - Use it for eligible health care expenses like medical, pharmacy, dental and vision services and supplies.
- Dependent Care FSA - Use it for eligible dependent care expenses like day care, elder care services and programs.

To view account activity, balances, and submit a claim form, go to myuhc.com.

How does your Medical FSA work?
If you agree to set aside money in an FSA to save taxes on eligible health expenses, money is taken out of each paycheck before federal and Social Security taxes are taken out. The money is then placed into your FSA. You can use this money to pay co-pays, deductibles, coinsurance, prescription costs and other eligible medical expenses listed by the Internal Revenue Service. A list of eligible expenses can be found on EZLink in the benefits area of the Human Resources page.

You have three options on how to use the money to pay your out-of-pocket expenses.
1. You can use your FSA card at the point of service to pay for eligible expenses.
2. You can pay your out-of-pocket expenses up front and request reimbursement from your FSA account. This will allow you to decide when to use your FSA money, but it will require paperwork and time for each individual transaction you request for reimbursement.
3. You can skip the paperwork and stamps and choose UHC’s automatic payment feature. This feature will allow UHC to automatically send you a check for the amount you paid up front, out-of-pocket. UHC will know only the amounts submitted through the medical claims. To choose this option you must:
   - Login to myuhc.com/claims
   - Click on claims and accounts
   - Select flexible spending account
   - Select add/change automatic payment settings

NOTE: You will be allowed to roll over up to $500 to the next calendar year from your Medical Flexible Spending Account only if you elect to participate the next calendar year. Dependent Care FSA funds will NOT be rolled over to the next year.

How your Dependent Care FSA Works
If you agree to set aside money in your Dependent Care FSA, you can use this money to be reimbursed for eligible dependent day care expenses. Covered dependents include children under 13, a disabled spouse, and/or a disabled dependent. Dependent Care FSA money is also taken out of each paycheck before taxes. However, you may not be reimbursed for a dependent care expense until your FSA account has accumulated the total amount you are requesting from your paycheck deductions. Your FSA card cannot be used for dependent care reimbursement.

Be sure to spend your money before you lose it. You have until the last date of coverage to use your Dependent Care FSA funds and 90 days after your term date to submit claims for reimbursement.

What expenses can be reimbursed or paid for with my health FSA?
The IRS decides which expenses can be paid from an FSA, which include, but not limited to, deductibles, copayments and medication. The IRS can modify the list at any time. Check EZlink for the list of IRS expenses that are eligible for reimbursement under your FSA.

<table>
<thead>
<tr>
<th>FSA</th>
<th>2019 Contribution Limits*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>Minimum $240, Maximum $2,650</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>No Minimum, Maximum $5,000</td>
</tr>
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*2019 Contribution Limits subject to change by IRS Rules.

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What expenses can be reimbursed or paid for with my health FSA?
The IRS decides which expenses can be paid from an FSA, which include, but not limited to, deductibles, copayments and medication. The IRS can modify the list at any time. Check EZlink for the list of IRS expenses that are eligible for reimbursement under your FSA.
Other Benefits Provided By SAWS

Group Term Life and Accidental Death & Dismemberment Insurance

SAWS provides you with a group term life insurance policy and Accidental Death & Dismemberment (AD&D) insurance. Life insurance provides your family with financial security if you should die prematurely. AD&D insurance may also provide an additional amount in the event that the death or dismemberment is a result of an accident. To provide you with this protection, SAWS purchases group term life insurance and AD&D equal to one times your annual salary, at no cost to you. This coverage is through The Standard Life Insurance Company. You may also purchase additional life insurance, up to 5 times your salary, in addition to coverage for a spouse and dependents. Premiums are based on age and whether you are a smoker or non-smoker and may require evidence of insurability, which includes completing a health questionnaire online with Standard. More information is located on EZlink in HR Benefits section or contact HR at 210-233-2025.

Long Term Disability

Long term disability insurance helps provide financial protection for you through monthly benefit in the event of a covered disability. SAWS has purchased this coverage for you through Standard Insurance Company. If you become disabled, there is a 90 day waiting period before the benefit starts. All sick leave must be exhausted to participate in LTD. This monthly benefit pays 60 percent of your monthly pre-disability earnings, up to a maximum of $6,000 per month. This amount would be reduced by any additional work earnings, workers’ compensation, state disability, etc. More information is located on EZlink in the HR Benefits section or contact HR at 210-233-2025.

Deer Oaks Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided to you and your dependents by SAWS. This program offers a wide variety of counseling, referral and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be accessed by calling the toll-free helpline, at 866-327-2400. You can also access the Deer Oaks website at www.deeroaks.com for more information on their services, in addition to EZlink on the HR Benefits page.

SAWS Work Perks

SAWS Work Perks, a marketplace that provides you with exclusive discounts and special services offered by other companies on things like electronics, hotels, automotive, health & wellness and more. New products and services are added frequently, plus seasonal sales and special promotions can provide you savings throughout the year. SAWS Work Perks are provided at no cost to you.

Visit beneplace.com/saws to sign up and save. Register by using your SAWS employee ID, and after inputting your email address, you’ll receive a verification email with a link to set your password.
SAWS Retirement Benefits Provided By SAWS

SAWS Retirement Plan (currently administered by Principal)

The SAWS Retirement Plan has two features, a Defined Benefit (DB) feature and a Defined Contribution (DC) feature.

**Defined Benefit Feature**

The DB feature is a traditional pension plan, where both SAWS and employees contribute, and these contributions are invested by professionals. Mandatory employee contributions of 3 percent of compensation began after Dec. 31, 2014.

Upon retirement, employees may earn a monthly lifetime retirement benefit based on age, years of service, and highest average salary. Only employees hired before June 1, 2014 are eligible to participate in the DB feature.

Employees become 100 percent vested in this benefit after five years of service.

**Defined Contribution Feature**

Employees hired or rehired on or after June 1, 2014 participate in the DC feature of the plan. The DC feature also includes SAWS and employee contributions but employees elect how these contributions are to be invested. Upon retirement, the amount of benefit is dependent on the amounts contributed, the investment earnings or losses and plan expenses.

Employees make mandatory contributions of 3 percent of their salary and SAWS contributes 4 percent. Employees become 100 percent vested after one year of service.

A copy of the San Antonio Water System Retirement Plan can be found on EZlink in the HR benefits section under “retirement.”

**TMRS**

SAWS participates in the Texas Municipal Retirement System (TMRS). You contribute 3 percent of your salary, and SAWS matches your deposits and interest at retirement at one times your contribution (3 percent). The only way to receive SAWS matching funds is to retire from TMRS. You will become vested after five years of service. Eligibility requirements for retirement is five years of service at age 60 or 20 years of service at any age. For more information, including retirement benefit estimates, visit the TMRS website at tmrs.com or call 800-924-8677.

**457 Deferred Compensation**

SAWS offers additional ways for you to save for retirement and supplement TMRS, Principal and Social Security retirement benefits through a 457 Deferred Compensation Plan. You have the option to participate in one or both of our two 457 plans administrated through Nationwide Retirement Solutions and ICMA Retirement Corporation. Representatives from both Nationwide and ICMA are onsite every month at the SAWS Headquarters-Customer Center Building to assist with enrollments and answer any questions you may have. Additional information may also be found online at nrsforu.com and icmarc.org.

Nationwide: 1-877-677-3678
ICMA-RC: 1-800-669-7400
Consumer Tools Save You Money

UnitedHealthcare Pre-Member Website
The UnitedHealthcare Pre-member website is a great Open Enrollment resource to learn about your UnitedHealthcare plans and services. It is simple to use and available to you 24/7 before and during open enrollment. Search for network providers and learn about our online tools and resources. Quickly find information that is most important to you and at your own pace.

Visit the UnitedHealthcare Pre-Member website at welcometouhc.com/saws.

Health4Me App
UnitedHealthcare Health4Me is a free smart phone app that provides instant access to all the information you need to manage health care for your family – anytime and anywhere. The more you know about your health care, the better you can manage your health and money. You can also view and share health plan ID cards via email or fax, receive real-time status on account balances, deductibles and out-of-pocket spending, view and manage claims, get health care cost estimates for specific treatments and procedures, find nearby providers, hospitals and quick care facilities, connect with helpful professionals 24/7, and much more.

Visit the UnitedHealthcare website at myuhc.com to help you verify if your provider is in network and part of UnitedHealth Premium Program. Or you may call 1-888-651-7277 and verify with an Advocate4me representative.

Choose Smart. Before the 2019 plan year begins, please look for the two blue hearts to confirm that your doctor will have the Tier 1 status when your benefits start for the new year.

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

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

**myHealthcare Cost Estimator**

Using your benefit information, myHealthcare Cost Estimator shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, co-insurance and out-of-pocket maximum. This means that you’ll get an estimate of what you’ll be responsible for paying out of your pocket, providing you with useful information for planning and budgeting.

Just search for the condition (e.g., back pain) or treatment (e.g., physical therapy) you would like an estimate for, and the cost estimator will show you doctors and locations that offer those services in your area. You’ll also be able to learn about your care options, compare estimated costs, see quality and cost efficiency ratings, and even map out where you’ll be going. Most importantly, you’ll be able to make a more informed decision about what option is best for you.

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

Quickly and easily estimate your health care costs on myuhc.com or the UnitedHealthcare Health4Me app.

**Beneficiaries**

Are your beneficiaries up-to-date? Open Enrollment is a great time to check your current beneficiaries and make any updates if needed. Call the Benefits Department at 210-233-2025 or email BenefitsInquiries@saws.org today to check who you have listed on file and to make any changes. You may also find beneficiary forms online on EZlink in the HR benefits section.

**Address Changes**

Have you moved? Update your address to ensure you receive important benefits information, such as your 2019 Benefits Enrollment confirmation, retirement statements, ID cards and much more. To update, complete an employee change form and TMRS address form found on EZLink and submit to the Benefits Department at BenefitsInquiries@saws.org or drop off your forms at the HR front office.

**myClaims Manager**

Understand and track your health care costs and payments. On myuhc.com better manage your expenses with myClaims Manager. You can easily search for claims, track claims, view what was billed, what your health plan paid, what you owe and why. You can also note claims you want to watch or follow up on and add personalized notes. You can pay health care providers online for any claim that has a “You Owe” amount using the “Make Payment” feature.
Savings When Seeking Health Care Services

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

<table>
<thead>
<tr>
<th>WHERE TO GET CARE</th>
<th>WHAT IS IT</th>
<th>TYPE OF CARE</th>
<th>COST</th>
</tr>
</thead>
</table>
| NURSELINE         | NurseLine connects you with a registered nurse 24/7: 1-888-651-7277 | · Choosing appropriate medical care  
· Finding a doctor or hospital  
· Understanding treatment options  
· Achieving a healthier lifestyle  
· Answering medication questions | $0 |
| VIRTUAL VISIT     | A Virtual Visit lets you see a doctor via your smartphone, tablet, or computer. | · Allergies  
· Bladder Infections  
· Bronchitis  
· Cough, cold, seasonal flu  
· Diarrhea, stomachaches  
· Fever  
· Pink eye  
· Rashes  
· Sinus problems  
· Sore throats | PPO Economy $30  
EPO Plus $15 |
| CONVENIENCE CARE CLINICS | Visit a Convenience Care Clinic when you can’t see a doctor and your health issue isn’t urgent.  
CVS – Minute Clinic  
*Note: Emergency Clinics are NOT Convenience Care Clinics* | · Common Infections  
(e.g. strep throat)  
· Minor Skin Conditions  
(e.g. poison ivy)  
· Vaccinations  
· Pregnancy Tests  
· Minor Injuries  
· Ear Aches | PPO Economy $40  
EPO Plus $25 |
| PRIMARY CARE PHYSICIAN | Go to the doctor’s office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed. | · Checkups  
· Preventive Services  
· Minor Skin Conditions  
· Vaccinations  
· General Health Management | Tier 1 Premium Provider  
PPO Economy $40  
EPO Plus $25  
Non - Tier 1  
PPO Economy $50  
EPO Plus $40 |
| URGENT CARE       | Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn’t available). Urgent care centers treat issues that are not life threatening. | · Sprains  
· Strains  
· Small cuts that may need a few stitches  
· Minor Burns  
· Minor Infections  
· Minor Broken Bones | $60 |
| EMERGENCY ROOM    | The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911. | · Heavy Bleeding  
· Large open wounds  
· Sudden change in vision  
· Chest Pain  
· Sudden weakness or trouble talking  
· Major Burns  
· Spinal Injuries  
· Severe Head Injuries  
· Major Broken Bones | PPO Economy - $200  
Copay plus 20% after satisfying $1,500 deductible.  
EPO Plus - $200 Copay plus 20% after satisfying $500 deductible. |
UnitedHealthcare Support Services

UnitedHealthcare offers you many additional support services to assist with obtaining the best health care available. Below are just some of these services:

**Disease Management Programs**
Taking care of a long-term health problem or serious illness can be very time consuming, frustrating and expensive. Our disease management programs can help you control your illness, and in the long run may save you some health care dollars by helping you stay as healthy as possible.

Contact UHC Customer Service to enroll in a Disease Management Program to help you manage health issues such as:
- Diabetes
- Asthma
- Coronary Artery Disease
- Heart Failure

**Kidney Disease Programs**
Our kidney disease programs provide you:
- Nurses you can speak with to help manage your kidney disease.
- Education and counseling.
- Help with finding network dialysis centers and doctors.

For more information or to speak to a nurse advocate, call toll-free at 1-866-561-7518. TTY users can dial 711.

**Cancer Resource Services**
Access to the CRS Centers of Excellence Network gives patients care that is planned, coordinated and provided by a team of experts who specialize in treating congenital heart disease. Potential benefits include accurate diagnosis, appropriate surgical interventions, higher survival rates and decreased costs.

Network benefits are available for patients who receive care at a designated CHD Centers of Excellence Network facility. Participation in this program is voluntary for the enrollee. To help ensure network benefits are received under this program, patients or someone on their behalf should contact CHD Resource Services at 1-866-534-7209 before receiving care. More information is also available online at myuhc.com.

**Autism Spectrum Disorder and Applied Behavior Analysis**
Your health plan pays Benefits for behavioral services for Autism Spectrum Disorder that are focused on educational/behavioral intervention that is habilitative in nature. This includes Intensive Behavioral Therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis, or ABA).

Types of services may include diagnostic evaluations/assessments, treatment planning, treatment and/or other procedures, medication management, and individual, family and group therapy.

**Treatment Decision Support**
The program can help you make informed decisions about your health care. It targets specific conditions as well as treatments for those conditions. Participation is completely voluntary and without extra charge. The program offers:
- Access to accurate, objective and relevant health care information.
- Coaching by a nurse through decisions in your treatment and care.
- Expectations of treatment.
- Information on high quality providers and programs.

Conditions for which this program is available include:
- Back pain.
- Knee & hip replacement.
- Prostate disease and cancer.
- Benign uterine conditions.
- Breast cancer.
- Coronary disease.
- Bariatric surgery.

For additional information about the program, please contact the number on the back of your ID card.
Better health starts with making the health care choices that are right for you. UnitedHealthcare helps provide members with the programs, resources and ongoing support they need to become empowered, confident health care consumers.

What is Rally?
Rally is an interactive Web and mobile experience that recommends simple actions you can take every day. The focus of Rally is to help improve your health and well being. You’ll get real-time feedback and ongoing encouragement to help you live your healthiest life.

Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You’ll get personalized recommendations to help you move more, eat better and improve your health — and have fun doing it.

Take Rally on the go!
Once you have registered, you can download the Rally app at the App Store or Google Play, log in, and check your progress!

Personalized health survey
Start with the quick healthy survey and get your Rally age, a number that indicates how your health age compares with your actual age. This provides you a measure to help you assess your overall health.

After you complete your health survey, you can also:
- Select your mission — activities designed to help improve your diet, fitness and mood.
- Track your personalized missions — you may easily track your progress by self reporting or using a wearable fitness device.
- Make healthy connections through challenges, community interactions and coaching.
- Register your eligible spouse or dependent on Rally for some family competition.
- Access personal health records.

Get started at RallyHealth.com/RallyAge

Real Appeal is a digital weight loss program available as an added incentive to your employee medical plan.* Because the program is funded by SAWS, it is available at no cost to you.

Program Highlights
- This is an online program, so you will need access to a computer or other personal device.
- Backed by decades of proven clinical research.
- Nearly 1 million pounds lost by thousands of members.
- Covered at no additional cost as an employee benefit.

What You Need to Enroll
- Insurance information.
- Height and weight.
- Health history.
- Preferred day and time for online weekly group session.

What the Program Provides You
- Weekly online group sessions — Up to a full year of support sessions led by specially trained coaches.
- Access tools — Digital tools and trackers available 24/7 to customize your experience.
- Success kit — Your program toolkit includes a scale, workout DVDs, session guides and more after you complete your first session.

Real Appeal Outcomes
416 SAWS participants lost 1,688 pounds!

Sign up at saws.RealAppeal.com

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

At SAWS, we are committed to helping you achieve your optimal health and well-being. The following wellness programs and resources are available to assist you on your path towards an active and healthy lifestyle. Some wellness programs include incentives. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.

Onsite Programs

SAWS Fitness Center
The Fitness Center is available for SAWS employees to use at their convenience, 24 hours a day, 7 days a week. The facility is equipped with stationary bikes, treadmills, elliptical, dumbbells, kettle bells, medicine balls, lockers and showers.

Desk Treadmills
Desk treadmills are located at Dos Rios, East Side Operations Center and Headquarters. Walk while you work on projects, answer emails or work on everyday tasks.

Onsite Health Services
Each year SAWS gives you the opportunity to participate in onsite blood drives, flu shots, mammogram screenings, health screenings and a fitness and nutrition fair. These events are held onsite at various locations and times throughout the year for your convenience.

Walk & Learns
Take 10-15 minutes out of your work day every other week to Walk and Learn about current health and wellness topics.

Health Challenges
Health challenges are designed to increase your awareness of different aspects of your health. From weight loss to exercise to nutrition, these challenges encourage you to enhance your overall well-being.

Weight Watchers Program
The Weight Watchers program was brought to SAWS to help you reach your weight loss goals. This 12-week program brings community and support for those wanting to lose weight.

Diabetes Prevention Program
Presented by the YMCA, this 16-week course will give employees who are at high risk for developing diabetes the tools and resources to halt pre-diabetes in its tracks. The program includes a one year membership at YMCA at no cost.

Wellness Expo
The Wellness expo is designed to help empower employees and their families to become better educated about the risks of pre-diabetes, diabetes and other chronic diseases. The Wellness expo will feature different health and wellness vendors from throughout San Antonio.

Onsite Health Coaching
Health coaching is an opportunity to work one-on-one with a health mentor who helps motivate individuals to cultivate positive health choices. Health coaches educate and support participants to achieve their health goals through lifestyle and behavior change modifications. Areas of focus include, but are not limited to: weight management, critical health risk management, stress management, diabetes management, cardio risk reduction, nutrition counseling and overall lifestyle improvement.

Biometric Screenings
A good way to minimize health risks and pursue a healthier lifestyle is to find out more about you. The SAWS Well@Work Program can help you get that valuable information through the annual health screening.

Each January, a team from Optum Biometrics Solutions administers health screenings as part of our UnitedHealthcare plan at no additional cost to you.

During the screening event, you will learn more about your health risks to help prevent the onset of illness and disease. The screenings target blood pressure, cholesterol, glucose and body composition. Participants will receive immediate results and feedback.

Fasting is not required for the screenings, but you will get more accurate results if you do. The cholesterol, HDL and glucose screenings will be conducted with a simple finger prick.

The health screenings are voluntary, confidential and free. Employees who complete the screening and the health appraisal will be eligible for 4 hours of leave to be used in 2019.

To be eligible to participate in the health screening, you must be enrolled as an active employee in the SAWS medical plan. You can also participate through your Primary Care Physician to receive your 4 hours of incentive leave.
Wellness Reward Hours

In an effort to increase your relationship with a Primary Care Physician (PCP) and increase participation in annual preventive exams, you can receive up to an additional 8 hours of wellness leave.

You will be able to earn the first 4 reward hours by visiting a PCP for an annual physical exam, which is covered at no cost under the medical plan with an in-network provider. You may earn an additional 4 hours by completing any of the additional preventive exams:

- Well women’s exam
- Mammography (ages 40 and above)
- Colonoscopy (ages 50 and above)
- One dental cleaning

By establishing a relationship with a PCP, you will have a doctor to visit if an illness arises. Also when getting an annual physical, the PCP may be able to diagnose illnesses and chronic diseases early on, which may prevent and treat complications that may arise if it goes unmanaged. The PCP will also be able to advise of any additional testing that may be needed based on family history.
Completing Your 2019 Enrollment

The 2019 Open Enrollment will be an “active enrollment” requiring all employees to make benefit elections for the 2019 plan year. Remember, if you want to participate in a Flexible Spending Account for 2019, you will need to actively enroll in 2019 benefits through Infor Lawson Employee Self-Service. The Flexible Spending Accounts cannot continue without completing 2019 elections.

IMPORTANT TO REMEMBER:

- **Enrollment** — 2019 Open Enrollment will be electronic through Infor Lawson Employee Self-Service.
- **Password Expired** — If you have not logged on to the Employee Self-Service in the past 6 months, please contact the I.S. Help Desk at 210-233-2007 for assistance.
- **Adding a Dependent** — The online Employee Self-Service system will allow you to add any dependent that has previously been included in the validation process. If you have a new dependent you would like to add, please contact Human Resources prior to enrolling in the 2019 plans, and provide the required documentation for dependent validation.
- **Changing Coverage** — Open enrollment is the only time you can change your coverage unless you have a qualifying life event or HIPAA special enrollment and request the change within 31 days.
- **Waiving Coverage** — if you decline or drop medical coverage, you must provide proof of other insurance and must select the waiver option under the benefits selection during the enrollment process.
- **Verify Your Premium Deductions** — It is your responsibility to verify that the information on the Benefits Enrollment Confirmation form and the premium deductions taken from your paycheck are correct. Any deduction errors must be reported immediately to the Benefits Office at 210-233-2025. Upon discovery, SAWS will reimburse you any amount of overpaid premium up to a maximum of two pay periods. If an underpayment has occurred, SAWS has the right to collect any additional premiums owed by you.

**OPEN ENROLLMENT DEADLINE**

**OCTOBER 29, 2018**

**Benefits Eligibility**

You are eligible to enroll in the active employee plans if you are a regular full-time employee who is scheduled to work at least 30 hours per week.

**Dependent Eligibility**

Your eligible dependents may also participate in the plan:

- Your spouse, an individual to whom you are legally married.
- Your or your spouse’s child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian; or an unmarried child age 26 or over who is or becomes disabled and dependent upon you. A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order, the court or administrative order.
- To be eligible for coverage under the plan, a dependent must reside within the United States.

**Note:** Dependents may not enroll in the plan unless you are also enrolled. If you and your spouse are both employed by SAWS and covered under the plan, you must each be enrolled as a participant and not be covered as a dependent of the other person. In addition, if you and your spouse are both covered under the plan, only one parent may enroll your child as a dependent.

**Qualifying Life Events**

You can only add eligible dependents during open enrollment or during a qualifying life event. Dependents can be added or removed from your benefits as a result of the following events: marriage, divorce, birth of a child, death, loss or gain of other coverage. Changes must be made within 31 days of the event.

A more detailed listing of eligible family status changes is provided in Section 2 of the Plan Document.

Coverage for a spouse or dependent stepchild that you acquire via marriage becomes effective the date of your marriage, provided you notify Human Resources within 31 days of your marriage and provide a properly completed enrollment form. Coverage for dependent children acquired through birth, adoption, or placement for adoption is effective the date of the family status change, provided you notify Human Resources with the appropriate documentation within 31 days of the birth, adoption or placement.
Dependent Verification
If you plan on adding a new dependent to your medical coverage who is not currently enrolled in one of the SAWS benefit plans, you will need to complete a dependent validation.

To complete a dependent validation, please submit to Human Resources the documents listed below:

<table>
<thead>
<tr>
<th>Type of Eligible Dependent</th>
<th>Required Documentation</th>
</tr>
</thead>
</table>
| Spouse                     | - Copy of marriage license or declaration and registration of informal marriage.  
                            | - Copy of Social Security card.  
                            | - Date of birth.               |
| Dependent Child            | - Copy of birth certificate or verification of birth facts (naming you or your spouse as the child’s parent), or  
                            | - Copy of adoption agreement, or  
                            | - Copy of qualified medical child support order, or  
                            | - Copy of court custody or guardianship documents.  
                            | **AND**  
                            | - Copy of Social Security card. |

Reminder: Adding Your Newborn to Your Benefit Plans
Newborns can be added **within 31 days** of their birth or during open enrollment. Employees must provide the benefits office with a birth certificate or a Verification of Birth Facts issued by the hospital. In addition, employees must provide the newborn’s Social Security number and complete an enrollment form. A copy of the Social Security card must also be submitted when you receive it.

Planning for Retirement
Future Premium Cost Sharing

One of the biggest expenses you can anticipate in retirement will be health care costs. Employer-sponsored retiree health plans can play an important role in contributing to retirement security for those pre-65 retirees who are too young to qualify for Medicare. SAWS is committed to providing health care coverage to employees and current retirees at an affordable cost and to paying the largest share of the cost of that coverage.

SAWS’ goal is to reach a cost share model by 2021 where retirees pay one-third of the cost of health care and SAWS pays two-thirds of the cost.

Understanding that premiums for retirees are significantly higher than premiums for employees, SAWS has developed a transition plan for employees nearing retirement.

If you are eligible for medical coverage through SAWS at retirement, your retiree premiums will be based on your years of service, your hire date, retirement date and Medicare eligibility. If you retire **before** Jan. 1, 2019, for two years, 2019 and 2020, your pre-65 retiree premiums will increase at a lower amount but you will still reach the full target premiums in 2021.

For individuals who retire **after** Jan. 1, 2019, retiree premiums will be close to the targeted two-thirds/one-third split.

Please remember, the lower premiums are only for employees who retire before Jan. 1, 2019 and will only be reduced for 2 years. By 2021, all retiree premiums will be increased to achieve the target cost share.
Summary of Benefits and Coverage (SBC) and Uniform Glossary of Terms

Under the law, insurance companies and group health plans must provide consumers with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage. This summary will help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes the key features of the plan and coverage limitations and exceptions. For a copy of the SBC of the SAWS medical plans, visit the EZlink Human Resources benefits page or contact the HR Benefits Office at 210-233-2025 for a copy.

Under the Patient Protection and Affordable Care Act (Health Reform), consumers will also have a resource to help them understand some of the most common but confusing jargon used in health insurance. Employees can access the Uniform Glossary of Terms online at the EZlink Human Resources benefits page or contact the HR Benefits Office at 210-233-2025 for a copy. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern.

Governing Plan

This guide is intended to provide summary information about the benefit plans offered to the employees of the San Antonio Water System. Complete plan details are included in the Plan Documents available on the EZlink Human Resources benefits page and at myuhc.com, or contact the Human Resources Benefits Office at 210-233-2025 for a copy. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, and/or participation in the SAWS Health Care Flexible Spending Account at their own cost in the case of certain qualifying events.

**COBRA Notice Requirements.** Each employee or qualified beneficiary is required to notify the Human Resources Benefits Office within 60 days of a divorce, legal separation, a child no longer meeting the definition of dependent, or entitlement to Medicare benefits. UnitedHealthcare, the SAWS COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the San Antonio Water System will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit hhs.gov/ocr/privacy or the EZlink Human Resources benefits page.

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

The Claims Administrator generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Claims Administrator’s network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Claims Administrator at the number on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Claims Administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Claims Administrator’s network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Claims Administrator at the number on the back of your ID card.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides Benefits under the Plan for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving Benefits in connection with a mastectomy, Benefits are also provided for the following Covered Health Services, as you determine appropriate with your attending Physician:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such Covered Health Services (including Copayments and any Annual Deductible) are the same as are required for any other Covered Health Service. Limitations on Benefits are the same as for any other Covered Health Service.
Statement of Rights under the Newborns' and Mothers’ Health Protection Act

Under Federal law, group health Plans and health insurance issuers offering group health insurance coverage generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator.

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

Medicare Part D Creditable Coverage Notice

Entities that provide prescription drug coverage to Medicare Part D eligible individuals must notify these individuals whether the drug coverage they have is creditable or non-creditable. SAWS has determined that the prescription drug coverage offered by SAWS through Express Scripts is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage under Medicare.

For a copy of the SAWS Creditable Disclosure Notice go to the EZlink Human Resources benefits page or contact the HR Benefits Office at 210-233-2025 for a copy.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askbsa.dol.gov or call 1-866-444-EBSA (3272).

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

<table>
<thead>
<tr>
<th>U.S. Department of Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefits Security Administration</td>
</tr>
<tr>
<td>dol.gov/agencies/ebsa</td>
</tr>
<tr>
<td>1-866-444-EBSA (3272)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>U.S. Department of Health and Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>cms.hhs.gov</td>
</tr>
<tr>
<td>1-877-267-2323, Menu Option 4, Ext. 61565</td>
</tr>
</tbody>
</table>
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Antonio Water System ("SAWS") through a non-Medicare plan and information about prescription drug coverage for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage and can help you decide whether you want to enroll in Medicare prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. This coverage is sometimes referred to as Medicare Part D prescription drug coverage. Generally speaking, Medicare Part D provides coverage for prescription drugs not covered by Medicare Parts A and B. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some Medicare plans may also offer more coverage for a higher monthly premium.

2. SAWS has determined that the prescription drug coverage offered by SAWS through Express Scripts is, on the average for all plan participants, expected to pay out as much as, or more than, what the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage under Medicare.

There is a penalty for late enrollment in a Medicare prescription plan. However, because your existing coverage from SAWS is, on the average, better than the standard Medicare prescription drug coverage, you can keep the SAWS coverage and not pay extra for Medicare prescription drug coverage.

### When Can You Join A Medicare Drug Plan?

People with Medicare can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. Participants leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. However, because you have existing prescription drug coverage that, on the average for all plan participants, is as good as or better than Medicare coverage, you can choose to join a Medicare prescription drug plan later and without penalty.

You should compare your current coverage, including which drugs are covered, with coverage of the plans offering Medicare prescription drug coverage in your area.

Most SAWS employees and their dependents will choose to have only SAWS prescription coverage to avoid additional costs in Medicare Part D. It is important to make an informed and deliberate decision, based on your individual situation. Do not enroll in Medicare Part D “just in case.”

### What are your Prescription Coverage Options?

Under the SAWS Group Health Plan, you have the following three options concerning prescription drug coverage:

1. You may stay with the SAWS Prescription Drug Coverage and not enroll in Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare open enrollment period; or (2) if you lose your coverage under the SAWS Prescription Drug Plan.

2. You may stay in the SAWS Group Health Plan, including SAWS Prescription Drug Coverage, and also enroll in Medicare Part D prescription drug coverage at this time. Your current coverage under the SAWS Plan, which pays for other health benefits as well as prescription drugs, will not change if you choose to enroll in Medicare Part D prescription drug coverage. The SAWS Group Health Plan will pay prescription drug benefits as the primary payer, and thus the value of your Medicare Part D prescription drug coverage will be greatly reduced.

3. You may reject all coverage under the SAWS Group Health Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you reject coverage under the SAWS Group Health Plan, you will be able to receive coverage under the SAWS Group Health Plan, including the Plan’s prescription drug coverage, at a later date, as long as you are still a SAWS employee in a benefits-eligible position, and you re-enroll during an open enrollment period or are eligible for special enrollment in the SAWS plan. If you reject coverage under the SAWS Group Health Plan, and cease to be a SAWS employee in a benefits-eligible position, you will not be able to regain coverage under the SAWS plan.

Here is some information to help you compare the benefits under the SAWS Prescription Drug Plan and Medicare prescription drug plan. In doing this comparison, you also should compare the premiums charged for each plan. The SAWS Prescription Drug Plan with Express Scripts has the following features:

<table>
<thead>
<tr>
<th>Standard retail pharmacy prescription co-pays (up to 30 day supply) of:</th>
<th>Convenient mail order prescription drugs (up to 90 day supply) of:</th>
</tr>
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<tbody>
<tr>
<td><strong>No Annual Deductible</strong></td>
<td><strong>No Annual Deductible</strong></td>
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<tr>
<td>No Cost – Generic &amp; Brand Diabetic Medications</td>
<td>No Cost – Generic &amp; Brand Diabetic Medications</td>
</tr>
<tr>
<td>$10.00 – Other Generic</td>
<td>$25.00 – Other Generic</td>
</tr>
<tr>
<td>30% ($25.00 min, $50.00 max) – Preferred Brand</td>
<td>$62.50 – Preferred Brand</td>
</tr>
<tr>
<td>45% ($40.00 min, $75.00 max) – Non-Preferred Brand</td>
<td>$100.00 – Non-Preferred Brand</td>
</tr>
<tr>
<td>$80.00 – Speciality 4th Tier</td>
<td>$150.00 – Speciality 4th Tier</td>
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</table>
SAWS does not charge a separate premium for its prescription drug plan. You will pay the same premium to participate in the SAWS group health plan whether or not you elect to receive prescription drug coverage through Express Scripts.

The standard Medicare prescription drug plan has the following features. The threshold amounts are subject to annual adjustments by the Centers for Medicare and Medicaid Services. The thresholds for 2019 are shown below.

- **Annual Deductible of $415 (Initial Deductible).**
- After you have met the annual deductible, Medicare pays 75 percent of the next $3,405 and you will be responsible for paying 25 percent coinsurance.
- Together, these add up to $3,820 (Initial Coverage Limit, also referred to as the beginning of the Donut Hole or Coverage Gap). You will be in the Donut Hole until you reach the Out-of-pocket Threshold ($5,100). While in the Donut Hole, Medicare will pay approximately 63 percent of the cost of generic medications and you will pay approximately 37 percent of the cost of generic medications. Medicare will pay approximately 5 percent of the cost of brand name medications and you will pay 25 percent of the cost of brand name medications (drug manufacturer discount accounts for the remaining 70 percent), until your prescription costs for the year reach $8,140 (Out-of-pocket spending limit, or TrOOP). After you have reached the $8,140 TrOOP, Medicare pays approximately 95 percent of your costs for drugs covered by the plan and you pay 5 percent.
- The 2019 Donut Hole discount for brand-name drugs will increase to 75 percent but you will receive credit for 95 percent of the retail drug cost toward meeting your $8,140 TrOOP (the 25 percent you spend plus the 70 percent drug manufacturer discount).
- Premiums are expected to be approximately $30-$40 per month for standard Medicare prescription drug plans. You should consult the Medicare prescription drug plan for the exact premium amounts.

Although SAWS cannot state that in all cases the SAWS prescription drug coverage will be more advantageous than the Medicare prescription drug coverage, in most cases you will have better and less expensive prescription drug coverage under the SAWS prescription drug coverage.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your coverage with SAWS and don’t enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that’s at least good as Medicare’s prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact our office for further information at 210-233-2025. NOTE: You may receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook (available at medicare.gov/medicare-and-you). You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice to show that you are not required to pay a higher premium amount.**

<table>
<thead>
<tr>
<th>Date:</th>
<th>October 3, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Entity/Sender:</td>
<td>San Antonio Water System</td>
</tr>
<tr>
<td>Contact—Person/Office:</td>
<td>Dianne Flores/Human Resources</td>
</tr>
<tr>
<td>Address:</td>
<td>2800 U.S. Hwy 281 North</td>
</tr>
<tr>
<td></td>
<td>San Antonio, TX 78212</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>210-233-2025</td>
</tr>
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</table>
### IMPORTANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>PHONE</th>
<th>WEBSITE/EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAWS Human Resources - Benefits Office</td>
<td>210-233-2025</td>
<td>EZlink/intranet/departments/HR</td>
</tr>
<tr>
<td>Interim Sr. Benefits Administrator – Kenny Teruya</td>
<td>210-233-3825</td>
<td><a href="mailto:Kenny.Teruya@saws.org">Kenny.Teruya@saws.org</a></td>
</tr>
<tr>
<td>Benefits Administrator – Dianne Flores</td>
<td>210-233-3384</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
</tr>
<tr>
<td>Benefits Analyst – Patty Goldspink</td>
<td>210-233-3306</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
</tr>
<tr>
<td>Benefits Analyst – Leslie Kirkley</td>
<td>210-233-3438</td>
<td><a href="mailto:benefitsinquiries@saws.org">benefitsinquiries@saws.org</a></td>
</tr>
<tr>
<td>UnitedHealthcare (UHC)</td>
<td></td>
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<tr>
<td>UHC Customer Service</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>Nurseline</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>UHC Dental</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
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<tr>
<td>UHC Vision</td>
<td>1-888-651-7277</td>
<td>myuhcvision.com</td>
</tr>
<tr>
<td>UHC Flexible Spending Accounts</td>
<td>1-888-651-7277</td>
<td>myuhc.com</td>
</tr>
<tr>
<td>SAWS Onsite UHC Service Account Manager</td>
<td>210-233-3066</td>
<td><a href="mailto:alicia.lassiter@uhc.com">alicia.lassiter@uhc.com</a></td>
</tr>
<tr>
<td>SAWS Onsite UHC Wellness Coordinator</td>
<td>210-233-3127</td>
<td><a href="mailto:lauren_zuniga@uhc.com">lauren_zuniga@uhc.com</a></td>
</tr>
<tr>
<td>Express Scripts - Pharmacy Benefit Manager</td>
<td>1-844-553-9111</td>
<td>express-scripts.com</td>
</tr>
<tr>
<td>accredo - Specialty Pharmacy</td>
<td>1-800-803-2523</td>
<td></td>
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<tr>
<td>Group # SAWATER</td>
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<td></td>
</tr>
<tr>
<td>Deer Oaks Employee Assistance Program</td>
<td>1-866-327-2400</td>
<td>deeroaks.com</td>
</tr>
<tr>
<td>Texas Municipal Retirement System (TMRS)</td>
<td>1-800-924-8677</td>
<td>tmrs.com</td>
</tr>
<tr>
<td>Standard Life Insurance - Group # 753337</td>
<td>1-800-291-2171</td>
<td>standard.com</td>
</tr>
<tr>
<td>SAWS Retirement Plan - Principal</td>
<td></td>
<td></td>
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<tr>
<td>Hired Prior 6/1/2014 Defined Benefit #519560</td>
<td>1-800-547-7754</td>
<td>principal.com</td>
</tr>
<tr>
<td>Hired After 6/1/2014 Defined Contribution #461192</td>
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<td>ICMA-RC 457 Plan - Group # 00300291</td>
<td>1-800-669-7400</td>
<td>icmarc.org</td>
</tr>
<tr>
<td>Nationwide 457 Plan - Group # 0036576001</td>
<td>1-877-677-3678</td>
<td>nrsforu.com</td>
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