

**Benefits Resource Guide 2020 Addendum for
The Airline Technicians
And
Related Employees
And
Flight Simulator Technicians
And
Related Employees
In the Service of
United Airlines
As Represented By
The International Brotherhood of Teamsters**



Dear Brothers and Sisters,

The International Brotherhood of Teamsters Benefit committee has created this “Benefits Book Addendum 2020” to assist you in understanding your negotiated benefits and to provide you with a quick-reference, user-friendly, document. Benefits have become more complex and are an important part of your total compensation. Employee benefits, negotiated for you by your Union, are part of your total compensation package. These benefits include retirement, medical, dental, long-term disability, sick leave, retiree health account, life insurance, flexible spending accounts, and survivor benefits.

Please keep in mind that this “Benefits Book Addendum 2020” is intended to provide only a general summary of your benefits and does not address every individual situation. The Technicians Agreement and various plan documents provide in detail the terms and conditions that apply to your benefits. This Benefits Book is not an official plan document; therefore, if there is any conflict between the terms of the official plan documents and the terms of this Benefit Book, the official plan documents will govern. Additionally, this “Benefits Book” does not constitute legal, tax, investment, or other advice to any individual.

Fraternally,
International Brotherhood of Teamsters Benefit committee

Ken Meidinger International Representative, Vinny Graziano International Representative, Mike Moats CLE, Mike Brooks DEN, John Pangelinan GUAM, Moki Kim HNL, Bob Clever IAH, Dominic Fierro IAH, Audrey Scates LAX, Gary Kagel MCO, Larry Calhoun NYA, Mike Pecoraro ORD, Steve Loone SFO

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Aflac Hospital Indemnity

Plan Description

The Aflac Group Hospital Indemnity Plan provides cash benefits *directly to your employees* (unless otherwise assigned) that help pay for some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Employees will have the choice of two plans, 150.00 and 250.00 payout

Features and plan provisions for the 150.00 plan

| | |
|-------------------------------------|--|
| | See Premium Rates and Plan Benefits for available options |
| Benefit Amounts | |
| Coverage | Available for all family members Spouse-only and Child-only coverage is not available |
| Guaranteed Issue Amounts | Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis. |
| Enrollment Assumptions | Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period. |
| Requirement for Group Billing | To establish group billing, 25 distinct individuals must be paying premiums |
| Payment Method | Payroll Deducted |
| Pre-existing Condition Exclusion | None |
| Pregnancy Limitation | None |
| Waiting Period | There is no waiting period |
| Benefit Reductions | No reduction at any age |
| Rate Guarantee | 2 Years |
| Portability/Continuation | 2019 Portability |
| Eligibility | Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates. |
| Successor Insured | Included |
| Successor Insured Waiver of Premium | Not Included |
| Issue Ages | Employee: 18+ Spouse: 18+ Children: Under age 26 |
| Termination Age | None |

Certificate Effective Date

Coverage is effective on the billing effective date

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits- Mid (Custom)

| | |
|---|---------|
| Hospital Admission (per confinement) Once per covered sickness or accident per calendar year | \$1,000 |
| Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident | \$150 |
| Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident | \$150 |

Waiver of Premium Rider

After 180 days of total disability due to covered sickness or accidental injury for up to 12 months

Benefits Summary

(Benefit provisions may vary by state)

Hospitalization Benefits

Hospital Admission

Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or because of a covered sickness. Not payable for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

Hospital Confinement

Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.

Hospital Intensive Care

Payable for each day that an insured is confined in a hospital intensive care unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in a hospital's intensive care unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intensive care unit and an insured becomes confined to a hospital's intensive care unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

Intermediate Intensive Care Step-Down Unit

Payable for each day that an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or because of a covered sickness. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury, more than one covered sickness or a covered accidental injury and a covered sickness. If we pay benefits for confinement in a hospital's intermediate intensive care step-down unit and an insured becomes confined to a hospital's intermediate intensive care step-down unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.

This benefit is payable in addition to the Hospital Confinement Benefit.

The insured must be admitted to a hospital within six months of the date of the covered accident for benefits to be payable. Residents of Massachusetts are eligible for Hospital Admission and Hospital Confinement.

Waiver of premium

If the employee becomes totally disabled due to a covered sickness or accidental injury, after 180 days of total disability, we will waive premiums for the insured and any covered dependents. As long as the insured remains totally disabled, premium will be waived up to 12 months, subject to the terms of the policy.

Limitations and Exclusions

We will not pay for loss due to:

- War - voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, or riot.
 - In Connecticut: a riot is not excluded.
 - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a felony, riot, or insurrection.
 - In New Hampshire: voluntarily participating in war any act of war, declared or undeclared, or serving in the armed forces or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection or riot. War does not include acts of terrorism.
 - In New Jersey: WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide - committing or attempting to commit suicide, while sane or insane.
 - In Colorado, Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury.
 - In Minnesota and Ohio: this exclusion does not apply.
- Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
 - In Idaho and Ohio: this exclusion does not apply
- Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
 - In Idaho and New Hampshire: this exclusion is not applicable

- Illegal Occupation - voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In California, Ohio, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut and New Hampshire: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
 - In Idaho and Maryland: this exclusion does not apply
- Sports - participating in any organized sport in a professional or semi-professional capacity.
 - In California: participating in any organized sport in a professional capacity
 - In Idaho: participating in any professional organized sport.
- Custodial Care - this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
 - In New Hampshire: this exclusion is not applicable
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
 - In Idaho and New Hampshire: this exclusion is not applicable
- Services performed by a family member.
 - In Idaho: Services performed by an immediate family member
 - In Arizona, New Hampshire and South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In California, Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Idaho and New Hampshire: this exclusion is not applicable
- Elective Abortion - an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
 - In New Hampshire: this exclusion is not applicable
- Dental Services or Treatment.
 - In New Hampshire: this exclusion is not applicable
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns
 - In California: Cosmetic surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental Injury or a covered sickness or when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease
 - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.
 - In New Hampshire: this exclusion is not applicable

- In Maryland only: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in 1-302 of the Health Occupations Article.
- In New Jersey, an insured refers to a covered person

Features and plan provisions for the 250.00 plan

| | |
|-------------------------------------|--|
| Benefit Amounts | See Premium Rates and Plan Benefits for available options |
| Coverage | Available for all family members Spouse-only and Child-only coverage is not available |
| Guaranteed Issue Amounts | Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis. |
| Enrollment Assumptions | Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period. |
| Requirement for Group Billing | To establish group billing, 25 distinct individuals must be paying premiums |
| Payment Method | Payroll Deducted |
| Pre-existing Condition Exclusion | None |
| Pregnancy Limitation | None |
| Waiting Period | There is no waiting period |
| Benefit Reductions | No reduction at any age |
| Rate Guarantee | 2 Years |
| Portability/Continuation | 2019 Portability |
| Eligibility | Employees must be actively-at-work on the application date and the effective date. They must work at least 16 hours per week. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates. |
| Successor Insured | Included |
| Successor Insured Waiver of Premium | Not Included |
| Issue Ages | Employee: 18+ Spouse: 18+ Children: Under age 26 |
| Termination Age | None |
| Certificate Effective Date | Coverage is effective on the billing effective date |

Plan Benefits

(Benefit provisions may vary by situs state)

Hospitalization Benefits- High (Custom)

| | |
|---|---------|
| Hospital Admission (per confinement) Once per covered sickness or accident per calendar year | \$2,000 |
| Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident | \$250 |
| Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident | \$250 |

Waiver of Premium Rider
After 180 days of total disability due to covered sickness or accidental injury for up to 12 months

Benefits Summary
(Benefit provisions may vary by state)

Hospitalization Benefits

Hospital Admission

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 - In Idaho: committing or attempting to commit suicide, while sane or insane, or intentionally self-inflicting injury.
 - In Minnesota and Ohio: this exclusion does not apply.
- Self-Inflicted Injuries - injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane.
 - In Idaho and Ohio: this exclusion does not apply
- Racing - riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
 - In Idaho and New Hampshire: this exclusion is not applicable
- Illegal Occupation - voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In California, Ohio, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to

- commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut and New Hampshire: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
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 - In South Dakota: voluntarily committing a felony.
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- Sports - participating in any organized sport in a professional or semi-professional capacity.
 - In California: participating in any organized sport in a professional capacity
 - In Idaho: participating in any professional organized sport.
 - Custodial Care - this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
 - In New Hampshire: this exclusion is not applicable
 - Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
 - In Idaho and New Hampshire: this exclusion is not applicable
 - Services performed by a family member.
 - In Idaho: Services performed by an immediate family member
 - In Arizona, New Hampshire and South Dakota: this exclusion does not apply.
 - Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In California, Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Idaho and New Hampshire: this exclusion is not applicable
 - Elective Abortion - an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
 - In New Hampshire: this exclusion is not applicable
 - Dental Services or Treatment.
 - In New Hampshire: this exclusion is not applicable
 - Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental injury or a covered sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns
 - In California: Cosmetic surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a covered accidental Injury or a covered sickness or when it is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease
 - Reconstructive surgery, when the service is related to or follows mastectomy or lymph node dissection. This includes surgery to restore and achieve symmetry for the patient incidental to a mastectomy.
 - In New Hampshire: this exclusion is not applicable
 - In Maryland only: We will not pay benefits for any claim that the appropriate regulatory board determines were provided as a result of a prohibited referral as defined in 1-302 of the Health Occupations Article.
 - In New Jersey, an insured refers to a covered person

Introducing new vision plans for more meaningful choice

We will be offering two new vision plans that provide more meaningful choice when it comes to your eye care, including one option provided by United HealthCare (UHC) and one provided by VSP. Like our current vision offerings, both new plans help cover the cost of keeping your eyes healthy through routine eye exams, and help you pay for eyeglasses and contact lenses.

The vision plans offered today will no longer be available. Be sure to review the new vision plan options below.

These plans provide convenient access to a variety of retail stores, so getting your exams, frames, and lenses is easier than ever before. Here's what's included with each plan:

| | UHC Vision Care | VSP Vision Care Plus |
|--|--|--|
| Benefit (in-network) (U.S.-based employees only) | | |
| Routine vision exams | \$10 co-pay | \$10 co-pay |
| Lenses | \$20 co-pay – Limited to one pair of standard lenses per year \$70 co-pay – Limited to one pair of standard progressives per year | \$20 co-pay – Limited to one pair of lenses per year (standard progressives covered at 100%) |
| Frame benefits | \$130 allowance – Limited to one frame per 24 months | \$200 allowance (\$220 for vendor's preferred frames) – Limited to one frame per 12 months |
| Contact lenses | \$20 co-pay – For both disposables and non-disposables listed on the formulary (for disposables, up to 6 boxes per year) \$150 allowance – For any contact lenses not on the formulary; every 12 months in lieu of frames, lenses | \$175 allowance – Every 12 months in lieu of frames, lenses |
| 2020 monthly contribution (U.S.-based employees only) | | |
| You only | \$4.99 | \$14.82 |
| You + spouse/qualified domestic partner | \$9.34 | \$23.12 |
| You + child(ren) | \$11.73 | \$27.71 |
| You + family | \$16.23 | \$37.06 |

The VSP Easy Options difference

Easy Options (included with VSP Vision Care Plus) allows every enrolled family member to choose one personalized upgrade at their doctor's visit each year — at no additional cost! Choose from:

- An additional \$50 frame allowance
- Fully covered premium or custom progressive lenses
- Fully covered light-reactive lenses
- Fully covered anti-glare coating
- An additional \$75 contact lens allowance

If you have vision coverage this year and you **do not actively enroll**, you will be **automatically enrolled** into one of the new plans as shown below:

| If you're currently enrolled in... | You will be automatically enrolled in... |
|---|---|
| Superior Vision | UHC Vision Care |
| VSP | UHC Vision Care |
| VSP Plus | VSP Vision Care Plus (with Easy Options) |
| Davis | UHC Vision Care |

New voluntary benefits to protect you, your family, and even your furry friend

Available to all U.S.-based active employees

We are excited to offer you new voluntary benefits that protect and support your entire family — even those on four legs! These benefits help you be at your best while protecting what matters most. Enrolling is completely optional, and in most cases, premiums will be conveniently deducted from your paycheck once you enroll. These benefits touch on health, wealth, security, and personal needs.

Why wait when you can enroll today?

You can enroll in the following benefits today — or at any time throughout the year.

Auto and home insurance Whether you are looking for auto, homeowners, renters, boat, or other recreational vehicle insurance, you can easily compare policies and rates, and take advantage of savings and benefits not available to the general public.

Pet insurance Receive 90% reimbursement on veterinary bills, including accidents, illnesses, and hereditary conditions. You can use any vet, with additional benefits for emergency, boarding, lost pet advertising, and more.

Long-term care If you or your loved one suffers from severe cognitive impairment that requires help from another person to protect your/their health and safety, you may want to consider long-term care. You and your eligible family members will have increased assistance and protection, different from the traditional medical care you receive in a hospital. This insurance can help fund in-home care services, such as cooking and cleaning, adult day care, or a nursing home stay.

If you enroll before September 30, you will receive discounted rates and will be asked fewer medical questions to qualify for coverage.

ID theft protection and device security Protect your personal information and be less vulnerable to cybercriminals and identity theft. These plans help provide peace of mind with protection for your identity, personal information, and connected devices.

If you choose to enroll, ID theft protection and device protection will be free through December 31, 2019, with payroll deductions beginning January 1, 2020.

Enroll in the above benefits at any time at www.unitedvoluntarybenefits.com.

All of the products and services being offered are available at negotiated group rates, so enrolling through these vendors may save you money when compared to shopping for them on your own. But you should check around and determine whether each vendor and its products and services are right for you based on your particular situation and what's available. Enrolling in these additional benefit offerings is completely voluntary. If you enroll, you'll be entering into a direct contractual relationship with the vendor and will be responsible for covering 100% of the cost. Each vendor is solely responsible for the products and services it offers — United is only involved in negotiating the rates that are offered.

Mercer is the Broker and you can contact them at 1-800-448-3460.

New Centers of Excellence (COE) program gives you broader access to world-class care

Available to employees enrolled in a PPO, HDHP, or EPO medical plan through United

We have enhanced and expanded our COE program by partnering with a new vendor — Carrum Health — to give you and your family members more support. Through our COE program, United gives you and your family members access to top-rated hospitals and renowned experts to help you get world-class care for certain non-emergency surgeries, regardless of where you live.

If your physician recommends one of the surgeries shown to the right, you may be eligible for a wide range of benefits — and you can expect extraordinary medical care, no-cost second opinions, no co-insurance or co-pays, covered travel costs, and personalized concierge services.

By partnering with Carrum, we have added more hospitals in more locations with more covered procedures — and more are on the way! When things get serious, this service ensures that finding the right care is one thing you don't have to worry about.

| COE | Procedures | | | | |
|--|-------------------------|-------|--------------------------|----------------------------|--|
| | Total joint replacement | Spine | Bariatrics (weight loss) | Musculoskeletal outpatient | CABG (coronary artery bypass grafting) |
| St. Francis Hospital Hartford, CT | ✔ | ✔* | | | |
| Hoag Orthopedic Institute Orange County, CA | ✔ | ✔ | | ✔ | |
| Johns Hopkins Medicine Baltimore, MD | ✔ | ✔* | ✔* | | |
| New England Baptist Hospital Boston, MA | ✔ | ✔ | | | |
| Providence Saint John's Health Center Santa Monica, CA | ✔ | | | | |
| Rush Health Chicago, IL | ✔ | ✔ | | | |
| Scripps San Diego, CA | ✔ | ✔ | ✔ | | ✔ |
| Stanford ValleyCare San Francisco, CA | ✔ | | | | |
| Swedish Medical Center Seattle, WA | ✔ | ✔ | | | |

* Expected to be offered in 2019. [\[Need confirmation of expected offerings\]](#)

Important updates for Healthy Rewards PPO participants

\$4,800 cap on how much you can accumulate in your HRA goes into effect January 1, 2020 — be sure your HRA balance is below \$4,800 so you don't miss out on wellness incentive dollars from United

As announced during last year's Annual Enrollment, starting on January 1, 2020, there will be a **limit on how much you can accumulate in your Health Reimbursement Account (HRA)** — \$4,800.

If you participate in the Healthy Rewards PPO plan, you can earn wellness incentive dollars from United in the form of an HRA contribution when you complete your annual physical prior to the end of the year. HRA funds carry over year after year, as long as you remain enrolled in the Healthy Rewards PPO plan.

However, beginning on January 1, 2020, the amount that you can accumulate in the Healthy Rewards HRA will be capped at \$4,800. If your HRA balance is at or above the \$4,800 cap on January 1, 2020, you will not be eligible to earn your wellness dollars from United for 2020 (even if you complete your physical by year-end). Eligibility for the wellness incentive will be determined in December for the upcoming incentive year.

In order to earn the full incentive amount from United in 2020, you will need to ensure you have completed your annual physical and your HRA balance is at or below the following amount by December 31, 2019:

You only coverage

\$4,000 (to receive the full \$800 incentive from United)

Family coverage

\$3,200 (to receive the full \$1,600 incentive from United)

For example

Say you have you only coverage and come December 31, 2019, you have accumulated \$4,600 in your HRA account (\$200 under the new \$4,800 cap). That means in January 2020, United will deposit \$200 into your HRA account. While you were eligible to receive \$800 for completing the wellness activity, due to the HRA cap of \$4,800, you would receive only \$200 of your eligible incentive dollars for the year, since that would bring your HRA balance to the \$4,800 cap.

If a plan participant completes the wellness activity by December 31, 2019, they will receive wellness incentive dollars up to the \$4,800 limit only — United's contribution will not exceed that amount. Participants who do not ensure their HRA balance is below \$4,800 could miss out on some or all of their wellness incentive dollars from United.

Plan participants who also elect a healthcare FSA will need to choose which account their reimbursements come from first — their HRA or HCFSA — during Annual Enrollment

If you enroll in a Healthcare Flexible Spending Account (HCFSA) for 2020, you will have two spending and savings accounts — both the HCFSA and the Health Reimbursement Account (HRA) that comes with your Healthy Rewards PPO plan. If you have both accounts today, the default order is to draw reimbursements from your HCFSA first, then your HRA.

When you enroll this fall, you will need to decide which account your reimbursements are drawn from first when you submit claims. When you log on to YBR to enroll and elect both the Healthy Rewards PPO plan and the HCFSA, you will be prompted to make this decision.

Once you make your election, this order will remain in effect for all of 2020, and you will not be able to reallocate funds across your accounts. When deciding, it's important to remember a few key differences between the HRA and HCFSA:

| HRA | Healthy Rewards | Healthcare FSA |
|--|--|--|
| Examples of eligible expenses Visit YBR for a full list of eligible expenses | Health and prescription drug costs | Health and prescription drug costs, dental care, and vision care |
| Do funds carry over from year to year? | Yes, as long as you remain in the Healthy Rewards PPO plan | No, the HCFSA has an IRS-required “use it or lose it” rule, meaning the funds do not carry over or accumulate year over year |

For example.

Say you regularly contribute to your HCFSA because you have a lot of dental and vision expenses (three kids with braces and glasses!). You may want to consider switching the current order of your card, and instead, exhaust your HRA ahead of your FSA. This would mean any time you have a medical or prescription expense, it would pull from your HRA first. Then once your HRA is exhausted, any expenses would pull from your FSA, allowing you to save your FSA funds to use for dental and vision expenses

Contribute more tax-free dollars in 2020

Every year the IRS sets a maximum amount you can contribute tax-free to certain spending and savings accounts. If you’re enrolled in a plan with a Health Savings Account (HSA) — **the Core HDHP or the Healthy Advantage HSA** — or plan to enroll in a Flexible Spending Account (FSA), this matters to you!

For 2020, the following contribution limits apply:

| Account | 2020 Maximum Contribution Limits | Additional Catch-Up Contribution Limits |
|---|--|--|
| Healthcare and Limited Purpose FSA | \$2,700 | N/A |
| Dependent Care FSA | \$5,000* | N/A |
| Health Savings Account (HSA) | \$3,550 for you only coverage \$7,100 for family coverage | \$1,000 if you are age 55 or older |