



2022 RETIREE BENEFITS OPEN ENROLLMENT GUIDE

FOR RETIRED EMPLOYEES & SURVIVORS

ENROLLMENT PERIOD IS OCTOBER 18 TO OCTOBER 29, 2021



[Highlights on Inside Cover](#)

Highlights of 2022 Benefit Changes

Benefits changes for 2022 are summarized below. Additional details of the plans are available in this Open Enrollment Guide. Other information is available on the Retiree Bulletin Board at <https://retirees.swri.org/>.

PRE-65 RETIREES MEDICAL PLAN	NO CHANGES
MEDICARE-AGE RETIREES MEDICAL PLANS	<p>NO CHANGES IN BENEFITS FOR UHC MEDICARE ADVANTAGE PLAN OR MEDIGAP – HARTFORD PLAN F</p> <ul style="list-style-type: none">• PREMIUMS ARE DECREASING IN 2022 FOR UHC MEDICARE ADVANTAGE PLAN• PREMIUMS ARE INCREASING IN 2022 FOR MEDIGAP – HARTFORD PLAN F
AVESIS VISION PLAN	<p>IS NO LONGER OFFERED. ALL RETIREES ENROLLED IN AVESIS PLAN WILL BE AUTOMATICALLY MOVED TO VSP-LOW OPTION.</p> <p>VSP WILL NOT BE SENDING OUT A VISION ID CARD. YOU DO NOT NEED AN ID CARD TO ACCESS COVERED VISION SERVICES.</p>
VSP VISION PLAN	<p>TWO VSP VISION PLAN OPTIONS WILL BE AVAILABLE IN 2022:</p> <ul style="list-style-type: none">• VSP-LOW• VSP-HIGH <p>ALL RETIREES CURRENTLY ENROLLED IN VSP PLAN IN 2021 WILL BE AUTOMATICALLY MOVED TO VSP-HIGH OPTION.</p>
DELTA DENTAL RETIREE PLAN	<p>NO CHANGE IN PREMIUMS</p> <p>COSTS WILL INCREASE IN 2022 FOR OUT-OF-NETWORK DENTISTS</p>
DELTA DENTAL COBRA PLAN	NO CHANGE IN BENEFITS OR PREMIUMS

GO MOBILE!



Scan the QR Code above with your smart phone to access the retiree bulletin board on October 18 when benefits open enrollment materials and other health care information will be published online, or visit <https://retirees.swri.org/>

TABLE OF CONTENTS

2022 RETIREE BENEFIT PROGRAMS AND RELATED PREMIUMS.....	2
COMPARISON OF MEDICAL PLANS— FOR PRE-65 RETIREES.....	3
COMPARISON OF PRESCRIPTION PROGRAMS— FOR PRE-65 RETIREES.....	4
COMPARISON OF MEDICARE PLANS— FOR MEDICARE-AGE RETIREES.....	5
COMPARISON OF PRESCRIPTION PROGRAMS— FOR MEDICARE-AGE RETIREES.....	6
UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO (MAPPO) PLAN – ADDITIONAL INFORMATION.....	7
VSP PLAN SUMMARY **NEW**.....	8
ADDITIONAL VSP VISION PLAN FEATURES.....	9
DENTAL CARE BENEFITS.....	10
LEGAL PLAN.....	11
SILVER&FIT® - AVAILABLE IN THE HARTFORD PLAN F.....	12
RENEW ACTIVE™ - AVAILABLE IN THE UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN.....	13
HEALTH INSURANCE MARKETPLACE – EXCHANGES.....	14
UPDATES AND REQUIRED NOTICES.....	15
HELPFUL REMINDERS.....	16
BENEFIT PLAN CONTACT INFORMATION.....	20
UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO ENROLLMENT FORM.....	21

WELCOME TO OPEN ENROLLMENT

It's Open Enrollment time. Retiree Open Enrollment is October 18 through October 29, 2021 and it overlaps with Medicare open enrollment. There will not be any in-person Retiree Open Enrollment meetings held this year.

Be sure to read this material carefully. The benefits and costs for your plan may have changed. This Open Enrollment Guide covers the information needed to understand your options for the 2022 plan year. This Guide and other important benefit information may be accessed from your computer or mobile device through the Retiree Bulletin Board at <https://retirees.swri.org/>.

Medical premiums for pre-65 retirees and survivors are not changing in 2022. For Medicare-age retirees, premiums in the Medgiap – Hartford Plan F are increasing, and premiums in the UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan are decreasing. See page 5 for a comparison of these two plan options.

Vision care is changing in 2022. The Avesis Vision Plan will no longer be offered. Two plan options will be available through VSP. All retirees, spouses and survivors currently enrolled in the Avesis Vision Plan will be automatically moved to the VSP-Low Option. All retirees, spouses, and survivors currently enrolled in the VSP Vision Plan will be automatically moved the VSP-High Option. See page 8 for a comparison of these two vision plan options.

You will need to contact SwRI Retiree Benefits to change your benefit elections. You may contact us through email at retireebenefits@swri.org, or call us at (210) 522-2232.

Carefully consider your benefit elections. After this Open Enrollment period ends, you will not be able to change your benefits for the 2022 plan year.

Sincerely,



Buck Brockman
Director, Employee Benefits

2022 Retiree Benefit Programs and Related Premiums

PREMIUMS FOR RETIREES	RETIREE ONLY	RETIREE & SPOUSE	FAMILY
PRE-65 MEDICAL PLAN OPTIONS: (AMOUNTS ARE MONTHLY)			
UnitedHealthcare Texas Premier Choice Plan	\$766.92	\$1,989.40	\$2,801.88
UnitedHealthcare Texas Premier HDHP Plan	557.58	1,486.97	2,081.74
MEDICARE-AGE* MEDICAL PLAN OPTIONS:			
UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan	105.61	211.22	**
Medigap – Hartford Plan F	233.12	466.24	**

**All Medicare-Age options include a Medicare Part D prescription drug plan*

***Dependent children are \$766.92 per month per child when enrolling in the Texas Premier Choice Plan.*

VISION CARE OPTIONS:			
VSP – Low Option	11.51	19.80	26.51
VSP – High Option	18.54	31.19	49.78
DENTAL CARE OPTIONS:			
Delta Dental Retiree Plan	35.70	70.71	108.00
Delta Dental COBRA Plan – (Available for 18 Months following retirement)	34.26	56.86	100.33
LEGAL CARE PROGRAM:			
Legal Plan	\$9.00 – Low Option		
	\$18.00 – High Option		

IMPORTANT REMINDER FOR MEDICARE-AGE INDIVIDUALS:

To participate in the UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan or the Medigap – Hartford Plan F, you must be enrolled in Medicare Parts A and B and pay any required premiums to the Medicare Program. Visit www.medicare.gov for additional information about your Medicare premiums.

If you are in the San Antonio area and seeing a Health Texas physician, see page 7 for important information.

Comparison of Medical Plans – FOR PRE-65 RETIREES

This chart is a comparison of copayments and other costs for the **UnitedHealthcare Texas Premier Choice and Texas Premier HDHP plans**. Please visit <https://retirees.swri.org/> to review the Certificate of Coverage or contact UnitedHealthcare for specific plan coverages, exclusions, and limitations. *(Shaded areas below indicate services for which the annual deductible must be met.)*

PRE - 65 PARTICIPANTS		
COVERED HEALTH SERVICES	UNITEDHEALTHCARE TEXAS PREMIER CHOICE	UNITEDHEALTHCARE TEXAS PREMIER HDHP
MONTHLY PREMIUM	\$766.92/Individual \$1,989.40/Couple	\$557.58/Individual \$1,486.97/Couple
ANNUAL DEDUCTIBLE	\$1,000/individual \$2,000/family	\$3,000/individual \$6,000/family
OUT-OF-POCKET MAXIMUM	\$4,000/individual \$8,000/family	\$4,000/individual \$8,000/family
Durable Medical Equipment (DME) (includes prosthetic devices)	No Charge after deductible	No Charge after deductible
Emergency/Non-Emergency Ambulance	No Charge after deductible	No Charge after deductible
Emergency Room	\$300	No Charge after deductible
Hearing Aids	No Charge after deductible	No Charge after deductible
Home Health Care	No Charge after deductible	No Charge after deductible
Hospital - Inpatient Stay (includes physician fees) ¹	\$100/stay after deductible	No Charge after deductible
Imaging and Major Diagnostic- Outpatient (e.g., CT, MRI)	No Charge after deductible	No Charge after deductible
Lab, X-Ray and Diagnostics – Outpatient Minor Lab (e.g., lab, x-ray)	No Charge	No Charge after deductible
Mental Health/Substance Abuse Services (Outpatient)	\$25	No Charge after deductible
Office Visits – Primary Care (ages 0-18)	No Charge	No Charge after deductible
Office Visits – Primary Care (ages 19 or older)	\$25	No Charge after deductible
Office Visits – Specialist ²	\$25 or \$50	No Charge after deductible
Ostomy Supplies	No Charge after deductible	No Charge after deductible
Pharmaceutical Products - Outpatient	No Charge after deductible	No Charge after deductible
Preventive Care Services	No Charge	No Charge
Rehabilitation Services - Outpatient (e.g., physical therapy)	\$25	\$0 after deductible
Scopic Procedures – Preventive	No Charge	No Charge
Scopic Procedures – Non-Preventive	\$200/surgery after deductible	No Charge after deductible
Surgery – Outpatient (includes physician fees)	\$200/surgery after deductible	No Charge after deductible
Therapeutic Treatments – Outpatient (e.g., dialysis)	No Charge after deductible	No Charge after deductible
Urgent Care Center Services	\$75	No Charge after deductible
Virtual Visits	No Charge	No Charge after deductible
Vision Examination	\$25	No Charge after deductible

Preventive Care

To learn more about preventive care guidelines for your age and gender, please visit:

uhc.com/health-and-wellness/preventive-care.

SERVICES	SERVICES YOU MAY NEED	TEXAS PREMIER CHOICE	TEXAS PREMIER HDHP
Routine Wellness Checkups	Preventive Care	No Charge	No Charge
Routine Immunizations	Preventive Care	No Charge	No Charge
Routine Annual Physicals	Preventive Care	No Charge	No Charge
Routine Mammography	Preventive Care	No Charge	No Charge
Routine Prostate Exam	Preventive Care	No Charge (Covered for Age 40+)	No Charge (Covered for Age 40+)
Colonoscopy	Preventive Care	No Charge (Covered for Age 50+)	No Charge (Covered for Age 50+)
	Surgical Care	\$200/surgery after Deductible	No Charge after Deductible

¹ Also applies to inpatient stays for autism, hospice, mental health, skilled nursing facility, and substance abuse services.

² Lower co-payment is available when utilizing a Tier 1 Premium Designated Network Provider.

Comparison of Prescription Programs – FOR PRE-65 RETIREES

This chart is a comparison of the pharmacy copays for **UnitedHealthcare Texas Premier Choice and Texas Premier HDHP plans**. Please visit <https://retirees.swri.org/> to review the Certificate of Coverage or contact UnitedHealthcare for specific plan coverages, exclusions, and limitations.

WHAT ARE PRESCRIPTION MEDICATION TIERS?

Tiers are the different cost (co-payment) options you pay for a medication. Covered medications are placed on a given tier by OptumRx, your Pharmacy Benefit Manager. Each tier is assigned a cost, which is determined by UnitedHealthcare. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. You are encouraged to discuss your options with your doctor. Specialty medications, regardless of tier placement, are only available in a 31-day supply and must be obtained through the OptumRx Specialty Pharmacy.

PRESCRIPTION MEDICATION CO-PAYMENTS

PRE-65 PARTICIPANTS		
TIER	UNITEDHEALTHCARE TEXAS PREMIER CHOICE	UNITEDHEALTHCARE TEXAS PREMIER HDHP (AFTER DEDUCTIBLE IS MET)
Tier 1 – Your Lowest Cost Option	\$10 / Retail \$20 / Mail	\$10 / Retail \$20 / Mail
Tier 2 – Your Midrange Cost Option	\$35 / Retail \$70 / Mail	\$35 / Retail \$70 / Mail
Tier 3 – Your High Cost Option	\$60 / Retail \$120 / Mail	\$60 / Retail \$120 / Mail

The retail costs above represent up to a 31-day supply when receiving your medication from a network retail pharmacy. In the Texas Premier Choice and Texas Premier HDHP plans, a 90-day prescription supply is only available from the OptumRx mail-service pharmacy.

In the Texas Premier Choice HDHP plan, you must meet the annual deductible of \$3,000/individual (\$6,000/family) before the co-payments listed above apply. Thus, you will be responsible for the full plan cost of prescription medications until the deductible is met.

Out-of-Network Coverage: Both plans provide for a partial reimbursement of retail cost when an emergency arises—contact UHC customer service for details. **There is no out-of-network mail-order service benefit.**

Medications may change tiers or be excluded as of January 1, 2022. You will receive a letter from UnitedHealthcare if a tier change or exclusion impacts you. You should also closely review the 2022 Prescription Drug List for the tier placement of medications you are taking.

Comparison of Medicare Plans – FOR MEDICARE-AGE RETIREES

This chart is a summary. Please visit <https://retirees.swri.org/> for The Hartford insurance certificate and the UnitedHealthcare Medicare Advantage PPO Plan Guide. The Evidence of Coverage for the UnitedHealthcare Medicare Advantage PPO Plan will be posted by January 1, 2022 and contain specific plan coverages, exclusions, and limitations.

BENEFIT DESCRIPTION	Hartford - Plan F	UnitedHealthcare Medicare Advantage PPO Plan
MONTHLY PREMIUM PER INDIVIDUAL	\$233.12	\$105.61
Physician Selection	Any licensed provider registered with Medicare	Any licensed provider registered with Medicare and willing to bill UnitedHealthcare
Lifetime Maximum	None	None
Calendar Year Deductible	\$0	\$0
Out of Pocket Maximum	None	\$0
Part A Deductible	\$0	\$0
Hospital Confinement	\$0	\$0
Skilled Nursing Facility Confinement*	\$0 days 1-100**	\$0 days 1-100
Part B Annual Deductible	\$0	\$0
Physician Services Benefit	\$0	\$0
Specialist Services Benefit	\$0	\$0
Outpatient Hospital Services and Ambulatory Surgical Care	\$0	\$0
Outpatient Diagnostic and Radiology Services	\$0	\$0
Outpatient Rehabilitative and Cardiac Rehabilitative Services	\$0	\$0
Emergency Care Benefit	\$0	\$0
Urgent Care Benefit	\$0	\$0
Ambulance Services Benefit	\$0	\$0
Hearing Aids	Not Covered	\$500 Allowance every 3 years
Part B Excess	\$0	\$0
Foreign Travel Emergency	\$250 Deductible plus \$20% of covered costs up to \$50,000 lifetime maximum	\$0
Preventive Care Cancer Screening	\$0	\$0

* Applies to Medicare Part B expenses only.

** Following the 1st 100 days, Hartford pays \$100 of each day in a skilled nursing facility, and the member is responsible for all other costs

Comparison of Prescription Programs – FOR MEDICARE-AGE RETIREES

This chart is a summary. Visit <https://retirees.swri.org/> for the drug formulary for the ExpressScripts and UnitedHealthcare plans for the tiers in which medications are covered and information describing specific plan coverages, exclusions, and limitations.

	MEDICARE-AGE PARTICIPANTS	
	MEDIGAP - HARTFORD PLAN F – Express Scripts Medicare™	UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO (MAPPO) PLAN
	RETAIL CO-PAY PROGRAM (LIMITED TO A 31-DAY SUPPLY)	RETAIL CO-PAY PROGRAM (LIMITED TO A 31-DAY SUPPLY)
TIER 1	\$5 per prescription	\$5 per prescription
TIER 2	\$10 per prescription	\$10 per prescription
TIER 3	\$25 per prescription	\$25 per prescription
TIER 4	\$60 per prescription	\$60 per prescription
TIER 5	\$60 per prescription	n/a
	MAIL ORDER CO-PAY PROGRAM (LIMITED TO A 90-DAY SUPPLY)	MAIL ORDER CO-PAY PROGRAM (LIMITED TO A 90-DAY SUPPLY)
TIER 1	\$8 per prescription	\$10 per prescription
TIER 2	\$15 per prescription	\$20 per prescription
TIER 3	\$56 per prescription	\$50 per prescription
TIER 4	\$165 per prescription	\$120 per prescription
TIER 5	\$165 per prescription	n/a
CATASTROPHIC COVERAGE	Catastrophic Coverage begins after a member’s out-of-pocket costs paid during a plan year reaches \$7,050. During the Catastrophic Coverage stage, member will pay the greater of 5% of plan cost or \$3.95 for generic or \$9.85 for all other drugs; member cost is limited to the amount paid for a medication prior to reaching the catastrophic coverage level.	Catastrophic Coverage begins after a member’s out-of-pocket costs paid during a plan year reaches \$7,050. During the Catastrophic Coverage stage, member will pay the greater of 5% of plan cost or \$3.95 for generic or \$9.85 for all other drugs.
COVERAGE GAP (AKA, DONUT HOLE)	None	None
OUT-OF-NETWORK COVERAGE	None	None

Medications may change tiers or be excluded as of January 1, 2022. You should also closely review the 2022 Prescription Drug List for the tier placement of medications you are taking. If you are impacted by a medication tier change or exclusion, you will receive a letter from Express Scripts or UnitedHealthcare with information.

UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan – Additional Information

This page is a summary of important information related to the UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan. Additional Frequently Asked Questions are included at <https://retirees.swri.org/>.

If you are covered on the Medigap – Hartford Plan F, you have the opportunity during Open Enrollment to change plans and enroll in the MAPPO Plan. Before making a change, review the information below and also the Plan Guide available online at <https://retirees.swri.org/>.

If you do not wish to enroll in the MAPPO Plan, there is no need to contact SwRI during Open Enrollment. You will automatically continue on Hartford Plan F in 2022.

HOW DO I ENROLL IN THE MAPPO PLAN?	<p>If you wish to change over to the MAPPO Plan, you must provide an initial notification via email at retireebenefits@swri.org that you wish to enroll. If you do not have access to email, you may also call the Employee Benefits Office at 210-522-2232.</p> <p><u>After providing the initial notification, you must return the signed enrollment form included on page 21 of this Guide.</u></p>
WHAT IS THE DIFFERENCE BETWEEN THE MEDIGAP – HARTFORD PLAN F AND THE MAPPO PLAN IN MEMBER COST AND THE PROVIDER'S CLAIMS SUBMISSION PROCESS FOR COVERED MEDICAL SERVICES?	<p><u>Medigap – Hartford Plan F</u></p> <p>Claims for services received by Hartford Plan F participants are first billed to Medicare and after payment is processed by Medicare are then sent to The Hartford's claim administrator, WebTPA, for payment of any balance remaining in accordance with the plan's benefits. There is no cost to the participant for Medicare-covered medical services received from a provider who participates in the Medicare program.</p> <p><u>UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan</u></p> <p>Claims for services received by MAPPO plan participants are sent to UnitedHealthcare and then processed by UnitedHealthcare. Medicare is not involved in the claims submission or payments process. There is no cost to the participant for Medicare-covered medical services received from a provider who participates in the Medicare program and is willing to bill UnitedHealthcare. When receiving services in the MAPPO Plan from a provider who participates in the Medicare program but is not contracted in the UnitedHealthcare Medicare Advantage PPO network, the provider must be willing to bill UnitedHealthcare and will be reimbursed at the Medicare rate.</p>
WHAT IS THE DIFFERENCE IN COPAYS FOR MEDICATIONS BETWEEN MEDIGAP - HARTFORD PLAN F AND THE MAPPO PLAN?	<p>Copays are the same in both plans, ranging from \$5 to \$60 for a 31-day supply at a network retail pharmacy. Upon reaching the catastrophic coverage stage (see page 6 for more information), the cost for some medications may increase in the MAPPO Plan. Some medications may be covered on a different tier in the MAPPO Plan. To determine at which tier medications are covered in the MAPPO Plan, review the UHC Medicare Advantage PPO Plan Guide at https://retirees.swri.org/.</p>

IMPORTANT INFORMATION FOR HEALTH TEXAS PATIENTS:

If you are in the San Antonio area and seeing a Health Texas physician, UnitedHealthcare was recently informed that Health Texas will no longer be billing the UnitedHealthcare Medicare Advantage PPO plan in 2022. This impacts Southwest Research Institute members and many other UnitedHealthcare PPO members.

The following options are available if you are impacted by this Health Texas policy change:

- 1) Find a different provider who accepts Medicare and is willing to bill UnitedHealthcare;
- 2) Pay out-of-pocket for Medicare covered services and file a direct reimbursement with UnitedHealthcare;
- 3) Enroll in the Medigap – Hartford Plan F. A higher monthly premium will apply. If Health Texas is willing bill Medicare and receive reimbursement for Medicare-covered services from Medicare and The Hartford, you will have no out-of-pocket cost.

VSP Plan Summary ****NEW****

This chart is a summary. Please visit <https://retirees.swri.org/> to review additional information from VSP on 2022 Vision Plan options. The Evidence of Coverage will be posted by January 1, 2022 and contain specific plan coverages, exclusions, and limitations.

	IN-NETWORK MEMBER BENEFITS	
	VSP – Low Option	VSP – High Option
Vision Examination		
Copayment	\$10	\$10
Frame Allowance		
Standard Allowance	\$165	\$250
Walmart Allowance	\$165	\$250
Featured Frames	\$215	\$300
Visionworks Allowance	\$215	\$300
Costco Allowance	\$90	\$135
Lenses & Lens Enhancements		
Single Vision, Bifocal, Trifocal	Covered in Full	Covered in Full
Scratch-Resistant Coating	Covered in Full	Covered in Full
Standard Anti-Reflective Coating	Covered in Full	Covered in Full
Polycarbonates	Covered in Full	Covered in Full
Ultra-Violet (UV Coating)	Covered in Full	Covered in Full
Photochromic Lenses	30% Savings	Covered in Full
Standard Progressives	Covered in Full	Covered in Full
Premium & Custom Progressives	30% Savings	Covered in Full
Contact Lens		
Contact Lens Exam, Fitting and Evaluation/Follow-up	Covered in Full after \$20 Copayment	Covered in Full after \$20 Copayment
Medically Necessary Contact Lenses	Covered in Full	Covered in Full
Elective Contact Lenses Allowance	\$175	\$200
Frequency		
Eye Exam; Lenses, Contacts, Frame	Every Calendar Year	Every Calendar Year

OUT-OF-NETWORK Benefits - The chart above summarizes in-network benefits from a doctor who participates in the applicable network. Both plans offer out-of-network benefits, however, you would incur more out-of-pocket expenses. Review the plan information available at <https://retirees.swri.org> for more information.

Additional VSP Vision Plan Features

- **You will not receive a vision ID card from VSP.** You do not need an ID card to access services.
- Create an account at vsp.com. View your benefits; find a provider; review your claims; receive notification of exclusive offers; and more.
- Shop online for discounted eyewear through Eyeconic, VSP's preferred online eyewear store.
- Discount of 15% off the regular price or 5% off the promotional price of laser vision correction surgery. Discounts only available from contracted facilities. Call VSP at 800-877-7195 for more information.
- Essential Medical Eye Care – provides supplemental coverage for medical eyecare services
- Access to quality hearing care and savings on hearing aids through TruHearing. Visit <http://www.truhearing.com/vsp> for more information.
- Visit vsp.com/specialoffers to find additional discounts on glasses, contacts and other services.
- Visit vsp.com to find Premier Program locations that offer additional benefits to VSP members.

COMPARISON OF LOW OPTION VS. HIGH OPTION BENEFITS

	Retail Cost	Your Out-of-Pocket Cost	
		Low Option	High Option
Eye Exam	\$180.59	\$10.00	\$10.00
Frames	289.95	99.96	-
Bifocal Lenses	145.85	-	-
Progressive Lens (Premium)	255.00	150.00	-
Anti-Reflective Coating (Premium)	148.00	85.00	85.00
Backside UV Coating	23.00	-	-
Photochromic Tint – Transitions	125.00	75.00	-
Polycarbonate for Progressive Lens	64.00	-	-
Total Cost	\$1,231.39	\$419.96	\$95.00

Note – These hypothetical numbers are for illustrative purposes only. Assumes eye exam and frames are purchased from a VSP in-network provider. Out-of-pocket costs assumes additional \$50 frame allowance is applied for featured frames or at Visionworks locations. Lower frame allowance applies for frames purchased at Costco.

Dental Care Benefits

This chart is a summary. Please visit <https://retirees.swri.org/> to review the Delta Dental Retiree Plan Evidence of Coverage to review specific plan coverages, exclusions, and limitations.

BENEFITS AND COVERED SERVICES*	DELTA DENTAL COBRA PLAN	DELTA DENTAL RETIREE PLAN
DENTIST SELECTION	Your cost will be lower when using an PPO or Premier Network dentist.	Your cost will be lower when using an PPO or Premier Network dentist.
	PLAN PAYS	
DIAGNOSTIC & PREVENTIVE SERVICES (D & P) Exams, cleanings, x-rays and sealants	100%	100%
NON-SURGICAL PERIODONTICS Periodontal Cleanings	100%	80%
BASIC SERVICES Fillings	80%	80%
ENDODONTICS Root Canal	80%	50%
ORAL SURGERY	80%	50%
MAJOR SERVICES Crowns, inlays, onlays, cast restorations	50%	50%
PROSTHODONTICS Bridges, dentures and implants	50%	50%
ORTHODONTICS Adults and dependent children	50%	
OTHER INFORMATION		
DEDUCTIBLES	\$50 PER PERSON / \$150 PER FAMILY EACH CALENDAR YEAR	\$50 PER PERSON / \$150 PER FAMILY EACH CALENDAR YEAR
Deductible waived for Diagnostic & Preventative and Orthodontics?	YES	YES
ANNUAL MAXIMUM	\$2,000 PER PERSON EACH CALENDAR YEAR	\$1,500 PER PERSON EACH CALENDAR YEAR
Diagnostic & Preventative counts toward annual maximum?	NO	YES
ORTHODONTICS MAXIMUM	\$1,500 LIFETIME	
WAITING PERIOD FOR MAJOR SERVICES & PROSTHODONTICS	NONE	12 MONTHS (WHEN NOT COVERED UNDER ACTIVE OR COBRA PLAN)
BALANCE BILLING APPLIES TO OUT-OF-NETWORK DENTISTS	YES	YES (SEE BELOW)

DELTA DENTAL RETIREE PLAN - OUT-OF-NETWORK UPDATE:

If enrolled in the Delta Dental Retiree Plan, Allowable amounts for services received from out-of-network dentists will be reduced in 2022 at the amount allowed for PPO network dentists. You will have increased costs in 2022 for all services received from out-of-network dentists.

Legal Plan

The chart below summarizes the High and Low options for legal services available from a network attorney in the Legal Plan. You can choose one from the network of prequalified attorneys, or use an attorney outside of the network and be reimbursed some of the cost.¹ Please visit <https://retirees.swri.org/> to review the Legal Plans FAQs for additional coverage details.

	High Plan	Low Plan
Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Negotiations with Creditors Promissory Notes Tax Collection Defense 	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Negotiations with Creditors Promissory Notes Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Deeds Eviction Defense Foreclosure Mortgages Security Deposit Assistance Tenant Negotiations 	<ul style="list-style-type: none"> Deeds Eviction Defense Foreclosure Mortgages Security Deposit Assistance Tenant Negotiations
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) Simple Wills 	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) Simple Wills
Family & Personal	<ul style="list-style-type: none"> Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Name Change Personal Properties Issues Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings 	<ul style="list-style-type: none"> Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Name Change Personal Property Protection Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Administrative Hearings Disputes Over Consumer Goods & Services Incompetency Defense Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents: Deeds Leases Medicaid Medicare 	<ul style="list-style-type: none"> Notes Nursing Home Agreements Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets³ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI Repossession

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.⁴

To learn more about your coverages and see our attorney network, create an account at legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.

2. This benefit provides the Participant with access to LifeStages Identity Management Services, provided by Cyberscout, LLC. Cyberscout is not a corporate affiliate of MetLife Legal Plans.

3. Does not cover DUI.

4. Digital notary and signing is not available in all states.

1 Easy to find an attorney

Go to members.legalplans.com, or call 800-821-6400 to speak with an experienced service team that can match you with the right attorney and give you a case number.

2 Easy to make an appointment

Call the attorney you select, provide your case number and schedule a time to talk or meet.

3 Easy from start to finish

That's it! There are no copays, deductibles or claims forms when you use a network attorney for a covered matter.



THE SILVER&FIT®

EXERCISE & HEALTHY AGING PROGRAM:

>> SOMETHING FOR EVERYONE!™



Did you know that as a Silver&Fit member you can go to fitness centers or YMCAs and not pay a thing?

It's true! Some have classes designed for older adults that you might like. They may also offer dance or yoga studios and/or swimming pools.*


Don't want to go to a fitness center? No problem! You can enroll in the Home Fitness program and choose up to 2 home fitness kits each benefit year. These kits may include DVDs, guides, and other items to help you get it on your own terms.

*Services that call for an added fee are not part of the Silver&Fit program.

All members can also get:

- » Healthy Aging classes 4 times a year (online or by mail)
- » *The Silver Slate*® newsletter 4 times a year (online, by email, or by mail)
- » The Silver&Fit Connected!™ program, a fun and easy way to track your exercise at a fitness center or through a wearable fitness device or app and earn rewards*
- » Other web tools like a fitness center search, challenges, and online classes

*Rewards subject to change; purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program.

 Silver&Fit.	Fitness Card	Member Information
<p>Website: www.SilverandFit.com</p> <p>Silver&Fit Phone Number: Toll-free 1.877.427.4788 (TTY/TDD: 711)</p> <p>Hours: Monday – Friday, 5 a.m. – 6 p.m. Pacific Time</p>		<p>Member Name: _____</p> <p>Date of Birth: _____ (month/day)</p>

Renew Active
by  **UnitedHealthcare®**

**Fitness for body
and mind.**



Renew Active™ is the gold standard in Medicare fitness programs for body and mind. Available with UnitedHealthcare® Medicare Advantage plans — at no additional cost.



Stay Fit

Work out where you want, at a gym or fitness location or from your home.

- A free gym membership
- Access to our extensive, nationwide network of gyms and fitness locations. It's one of the largest of all Medicare fitness programs*
- Personalized fitness plan
- Access to thousands of workout videos with Fitbit Premium™ — no Fitbit® device is needed



Living Healthier with Renew

Renew Active is a key part of Renew, which offers a wide variety of health and wellness resources and activities that help inspire you to take charge of your health every day. Renew includes brain games, healthy recipes, learning courses, fitness activities, *Renew* magazine and more.



Stay Focused

An online brain health program from AARP® Staying Sharp with exclusive content for Renew Active members.

- Online brain health assessment
- Brain exercises, activities and more



Stay Connected

Connect with other health-minded members.

- Social activities at local health and wellness classes and events
- Fitbit Community for Renew Active — no Fitbit device is needed

After you are enrolled in the MAPPO Plan, you will also be able to join the Renew Active program. To learn more about the program, visit www.uhcrenewactive.com.

*Based on gym and fitness location network size.

Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP®. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

Renew by UnitedHealthcare is not available in all plans. Resources may vary.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

©2020 United HealthCare Services, Inc. All rights reserved.

Y0066_SPRJ55833A_C

Health Insurance Marketplace – Exchanges

The Health Insurance Marketplace is intended for the uninsured and those whose employers do not offer job-based health plans. Under the Affordable Care Act (ACA), persons not eligible for an employer health care plan or Medicare now have additional options to buy health insurance coverage. These options vary from state to state and can be found on the www.healthcare.gov website.

Information about health insurance plans offered through the Health Insurance Marketplace found on the above website discloses premiums, deductibles and out-of-pocket costs so that interested persons can make an informed decision about enrolling themselves and/or eligible family members. Persons eligible for a subsidized medical plan through the Institute will lose the premium subsidy provided by the Institute if they elect coverage through the Health Insurance Marketplace.

Information about when you may enter a health insurance plan through an election made in the Health Insurance Marketplace is provided by the plan's enrollers.

Options available through the Health Insurance Marketplace may change on an annual basis including the addition of new plans, the cancellation of existing plans and the revision of premiums and plan coverage rules. These changes are communicated on the www.healthcare.gov website.

The annual Health Insurance Marketplace open enrollment period for 2022 individual insurance coverage is described below.

- The Health Insurance Marketplace 2022 Open Enrollment Period runs from November 1, 2021 to December 15, 2021.
- Plans sold during the Health Insurance Marketplace Open Enrollment Period start January 1, 2022.

IMPORTANT REMINDER:

If you are under the age of 65 and eligible for subsidized SwRI-sponsored retiree medical coverage, you may delay or opt out of coverage in the SwRI-sponsored Texas Premier Choice plan or Texas Premier HDHP plan by enrolling in a plan available through the Health Insurance Marketplace or through your spouse's employer. For more information on this option, please contact SwRI Retiree Benefits.

Updates and Required Notices

Express Scripts Medicare™ Prescription Drug Plan

The prescription drug plan available to Medicare-Age participants who are enrolled in the Hartford Medigap plan is the Express Scripts Medicare™ Prescription Drug Plan (PDP) for Southwest Research Institute (sponsor) through the Express Scripts Insurance Company. The Plan is a Medicare approved Part D Plan and is regulated by the Centers for Medicare and Medicaid Services (CMS). Co-pays remain consistent in the Initial Coverage Stage and the Coverage Gap. The participant's co-pays will remain the same until the True-Out-of-Pocket costs reach \$7,050. At this point, the retiree will pay the following co-pay values for prescriptions purchased during the remainder of the calendar year: the greater of \$3.95 for a generic drug (including brand drugs treated as generics) and \$9.85 for all other drugs OR 5% of the total cost, with a maximum not to exceed the standard copayment in the Initial Coverage Stage.

More information about the Plan is available on Express Script's website www.express-scripts.com.

UnitedHealthcare Medicare Advantage PPO Plan Prescription Drug Coverage Notice

Please note the following regarding the drug coverage on this Medicare Advantage Part D (MAPD) plan:

- There is a specific Part D drug formulary that applies. Drugs not on the formulary list are not covered.
- Part D formulary for calendar year 2022 is available for review. The 2022 formulary includes information regarding specific drugs covered, drug coverage tiers, and any clinical programs (e.g. supply limits) which may apply to covered medications.
- UnitedHealthcare Medicare Advantage PPO Plan reserves the right to change its pharmacy benefit manager and/or its pharmacy network for calendar year 2022.
- Part D plan designs include standard catastrophic coverage per CMS regulations. Specifically, once a

member reaches \$7,050 in True-Out-of-Pocket prescription medication costs in the 2022 calendar year, the member will pay the greater of a \$3.95 co-pay or 5% coinsurance for generic drugs, and the greater of a \$9.85 co-pay or 5% coinsurance for brand name drugs, regardless of whether these drugs are received at a retail pharmacy or through the UHC Medicare Advantage HMO Plan mail order program.

Optum Health Services – available in the UnitedHealthcare Medicare Advantage PPO Plan

All members will continue to receive the full expanded suite of wellness and health advisory services through OptumHealth including OptumHealth Allies (health discount programs), Nurseline, which includes Treatment Decision Support and Access Support, along with access to focused disease management programs. In addition, your plan offers a senior fitness benefit and a caregiver benefit.

Required Annual Notices

NOTICE ABOUT THE GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA is a federal law that basically prohibits health plans and insurers from requiring genetic tests for plan participation, from collecting genetic testing information and from adjusting plan premiums based on genetic information. Family history of disease information collected in connection with any health risk assessment is genetic information that is protected health information under HIPAA and GINA. This information, accordingly, is not shared with employees who administer the health plan except in the form of aggregate, desensitized data.

NOTICE REQUIRED BY THE DEPARTMENT OF LABOR

Group health plans, including those described in this guide, and health insurance issuers generally may not, under federal law, 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 normal vaginal delivery, or less than 96 hours following a cesarean section, or

require that a provider obtain authorization from the plan or insurance issuers for prescribing a length of stay not in excess of the above periods.

NOTICE REQUIRED UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Group health plans, including those described in this guide, in the past have provided coverage for mastectomies. This coverage generally includes procedures necessary to effect reconstruction of the breast on which the mastectomy was performed as well as the cost of prostheses (implants, special bras, etc.) and physical complications of all stages of a mastectomy, including lymphedemas, as recommended by the patient's physician. Additionally, plans described in this guide provide coverage for any necessary surgery and reconstruction of the breast on which a mastectomy was not performed to produce a symmetrical appearance for any participant currently receiving plan benefits. This coverage is subject to the same coinsurance, deductibles, co-payments, and other limitations that apply to mastectomies under the plans' current terms.

HIPAA PRIVACY RULE REMINDER

A federal law known as HIPAA (the Health Insurance Portability and Accountability Act) requires that Institute employees as well as those who administer health care plans take reasonable steps to ensure the privacy of personally identifiable health information (PHI). The term PHI includes all individually identifiable health information that is communicated orally, in writing, or in electronic form between a plan participant and those who provide health care services and who administer health care plans. PHI includes any combination of a member's name, address, date of birth, social security number, marital status, and sex when disclosed with the person's health history, medical records, or information about present or future health care. PHI should be disclosed only to health care providers for treatment, to third party administrators who make coverage determinations and payments, and to the people who administer the health care plan on behalf of the plan administrator.

The Privacy Notice for the SwRI Medical Benefits Office can be obtained through the Retiree Bulletin Board at <https://retirees.swri.org/>.

TEXAS HIPAA ALERT

Texas Statute H.B. 300 makes all individuals responsible for safeguarding protected health information (PHI) in the same manner that covered entities (doctors, hospitals, pharmacies, health plans, medical clinics, etc.) are required to do under the federal HIPAA privacy rules. You should not disclose information about your personal health to anyone who does not need that information for a business reason. If you do so, the individual health information you disclosed is no longer protected. If you become aware of health information pertaining to someone that was not voluntarily provided to you by that person, you should not share that information without permission to do so. H.B.300 provides for both civil and criminal penalties when PHI is improperly disclosed. The privacy protection under Texas law exceeds the privacy protection extended under the federal HIPAA privacy rules and extends to information about your name, address, gender, social security number and banking information.

Helpful Reminders

UnitedHealth Premium Designation Program

UnitedHealthcare recognizes that variations in care contribute to health care cost increases and inconsistent quality of the care that people receive. The UnitedHealth Premium Designation Program evaluates and identifies network physicians and cardiac facilities that adhere to nationally recognized evidence-based criteria for quality and efficiency of care for certain physician specialties, and then shares this information with its members. Physicians who meet this highly credentialed status will be indicated by a Tier 1 symbol and listed at the top of your physician search when visiting www.myuhc.com.

Help with Prescription Drug Costs

There are programs to help people with limited resources pay for their prescription drugs.

You might qualify to get help in paying for your drugs. There are two basic kinds of help:

“Extra Help” from Medicare. This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. See the new Medicare & You 2017 Handbook or call 1-800-MEDICARE (1-800-633-4227). Telephone Typewriter (TTY) users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

Help from your state’s pharmaceutical assistance program. Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program.

Help and Information from Medicare

Here are three ways to get information directly from Medicare:

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Telephone Typewriter (TTY) users should call 1-877-486-2048.
- Visit the Medicare website (www.medicare.gov).
- Read the Medicare & You 2022 Handbook. Every year in October, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Help and Information from Texas Health Information, Counseling and Advocacy Program

The Texas Health Information, Counseling and Advocacy Program is a government program with trained counselors in Texas.

If you are eligible for Medicare, the Texas Health Information, Counseling and Advocacy Program can help you enroll, find information and provide counseling about your options. This partnership between the Texas Health and Human Services system, Texas Legal Services Center and the Area Agencies on Aging trains and oversees certified benefits counselors across the state. For more information on this program, visit <https://www.hhs.texas.gov/services/health/medicare>.

Medicare Enrollment Information

REMINDER: To participate in the Hartford Group Retiree Plan and the UnitedHealthcare Medicare Advantage PPO Plan you must enroll in Medicare Parts A and B, and you cannot enroll in any other Medicare Part D plan.

The Employee Benefits Office receives frequent questions about when a person should sign up for Medicare. This summary covers the enrollment requirements for Medicare Parts A, B and D including the consequences of late enrollment.

MEDICARE PART A

Medicare Part A covers hospital services. No premium is charged for Part A coverage for eligible persons. You should sign up for Part A coverage 60 days prior to the month you reach age 65. When you sign up could make a difference in when your coverage is effective. This is especially important if you are in the pre-65 retiree medical care plan offered by SwRI. Your Part A coverage will start at the beginning of your birthday month when you sign up prior to reaching age 65. If you sign up during your birthday month, coverage starts on the first day of the following month. If you sign up any later than your birthday month, you will face a delay in the start of your coverage.

If you are already on Social Security, Medicare will send you a reminder three months before your birthday and automatically sign you up. If you are not on Social Security, you can enroll by going to the nearest Social Security Administration Office. Since Medicare Part A is free to anyone who has

paid the Medicare tax for at least 10 years (40 quarters), you should file before you reach age 65.

MEDICARE PART B

Medicare Part B covers physician and most other medical services except prescription drugs. Noncompliance with the enrollment rules for Medicare Part B has consequences. Generally, you must file when you turn age 65 or when you stop working, whichever comes later. There is a monthly premium for Medicare Part B coverage. If you enroll late, there is a 10% surcharge (or penalty) added to your premium for every year that you could have signed up but did not. This penalty will not apply if you sign up soon after the health care coverage provided by your employer's medical care plan (or your spouse's plan if you are a dependent) ends.

If you are age 65 or older and actively working, sign up for Medicare Part B before you retire (you should begin the Plan B enrollment process at least 60 days before your active employment ends).

If you are retired and enrolled in the SwRI-sponsored pre-65 retiree medical care plan, enroll at least 60 days prior to the month in which you turn 65.

CAUTION: Some new participants in the Part B program may be subject to higher Part B premiums because their earnings from the previous three calendar years (or tax years if different) are considered in the calculation of Medicare Part B premiums. Visit www.medicare.gov for more information on Part B premiums.

MEDICARE PART D

Medicare Part D covers prescription drugs. Currently benefits are provided exclusively through private plans that are supervised by the Centers for

Medicare and Medicaid Services (CMS). You are penalized for late enrollment (signing up for it after the month that you could have first enrolled). You are not late if you sign up immediately after you or your spouse are no longer actively employed. If the penalty applies, it is 1% extra for every month that you could have enrolled but did not.

Enrollment in one of the two Medicare-Age plans allows you to also be in a Part D Prescription Drug Plan (Express Scripts Medicare™ Prescription Drug Plan or OptumRx™ Prescription Drug Plan).

The premium for these prescription drug programs is combined with your medical care program premium. **You cannot enroll in any other Medicare Part D private plan that is approved by CMS.**

REMINDER: In the year a person will turn age 64 and every year thereafter while still actively employed (or the spouse of an actively employed person), a Creditable Coverage Letter is required by CMS to be sent to that person in October. When you or your spouse stop active employment OR are no longer eligible for the pre-65 retiree medical plan because you are 65, you must provide this letter to Social Security if you enroll in an outside Medicare Part D plan so you will not be assessed a penalty for not enrolling at an earlier date.

Save Money and Protect your Assets

Get a pre-authorization before scheduling medical procedures and get a pre-determination before scheduling major dental services. This practice will provide you with a description of your expense responsibility after insurance coverage, which will help you become better prepared to handle any out-of-pocket costs and the ability to ask for options before receiving services.

NETWORK DOCTORS	
NETWORK URGENT CARE FACILITIES	
NETWORK HOSPITALS	
NETWORK PHARMACIES	
ALLERGIES	
MEDICATIONS	

Benefit Plan Contact Information

BENEFIT PLAN	Phone Number	WEBSITE
HARTFORD GROUP RETIREE PLAN - ELIGIBILITY	800-368-3653	www.umar.com
HARTFORD GROUP RETIREE PLAN - MEDICAL CLAIMS	844-380-4556	www.webtpa.com
HARTFORD GROUP RETIREE PLAN - PHARMACY (PROVIDED THROUGH EXPRESS SCRIPTS)	800-236-4782	www.express-scripts.com
UNITEDHEALTHCARE TEXAS PREMIER CHOICE/HDHP PLANS	866-633-2446	www.myuhc.com
UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN	877-714-0178	www.uhcretiree.com
DELTA DENTAL	800-521-2651	www.deltadentalins.com
VISION SERVICE PLAN (VSP)	800-877-7195	www.vsp.com
HYATT LEGAL PLAN	800-821-6400	www.members.legalplans.com
SWRI RETIREE BENEFITS OFFICE EMAIL: retireebenefits@swri.org		RETIREE BULLETIN BOARD https://retirees.swri.org/

SOUTHWEST RESEARCH INSTITUTE®

RETIREE BENEFITS OFFICE

Phone: 210-522-2232

Email: retireebenefits@swri.org

Online Retiree Bulletin Board: <https://retirees.swri.org/>



Mailing Address: Southwest Research Institute
Retiree Benefits – Attn: Velma Hernandez
6220 Culebra Road, B64
San Antonio, Texas 78238-5166

UnitedHealthcare Medicare Advantage PPO Enrollment Form

*This form is used for Medicare age retirees/survivors to **dis-enroll from the Medigap plan with The Hartford** and enroll in the UnitedHealthcare Medicare Advantage PPO Plan as of January 1, 2022. **You must include your spouse's name if they are also enrolled on the plan.***

Retiree/Survivor Name _____

Spouse Printed Name _____
(If applicable)

Address _____

City, State, Zip Code _____

Phone Number (Primary) _____

Phone Number (Secondary) _____

Email Address _____

Signature

By signing below, I acknowledge the following:

- Southwest Research Institute Employee Benefits Office may enroll the individual(s) named above in the UnitedHealthcare Medicare Advantage PPO Plan as of January 1, 2022.
- **The individual(s) named above are dis-enrolling from the Medigap plan with The Hartford with the accompanying Part D prescription drug plan through Express Scripts.**

Retiree/Survivor Signature: _____

Date: _____

To submit this form, remove this page from this guide, complete, sign and mail to:

Southwest Research Institute
Retiree Benefits, B64
6220 Culebra Road
San Antonio, Texas 78238-5166

Or scan and Email it to: retireebenefits@swri.org.

Southwest Research Institute
Retiree Benefits, B64
6220 Culebra Road
San Antonio, Texas 78238-5166

2022 RETIREE BENEFITS
OPEN ENROLLMENT GUIDE

FOR RETIRED EMPLOYEES & SURVIVORS

**ENROLLMENT PERIOD IS
OCTOBER 18 TO OCTOBER 29, 2021**

RETIREE/SURVIVOR NAME
ADDRESS
CITY, STATE ZIP