



2025 RETIREE BENEFITS OPEN ENROLLMENT GUIDE

FOR RETIRED EMPLOYEES & SURVIVORS

Open Enrollment period is October 14 to October 25, 2024

**NO ACTION IS REQUIRED
IF STAYING ON THE SAME
PLANS AND LEVEL OF
COVERAGE AS LAST YEAR**



This document serves as a Summary of Material Modification as required under ERISA.

Benefit Plan Contact Information

BENEFIT PLAN	PHONE NUMBER	WEBSITE
ALLIANCE WORK PARTNERS (EAP)	800-343-3822	www.awpnow.com
DELTA DENTAL	800-521-2651	www.deltadentalins.com
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
LEGAL PLAN	800-821-6400	www.members.legalplans.com
UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO PLAN	800-457-8506	https://retiree.uhc.com/
UNITEDHEALTHCARE CHOICE EPO	877-370-0859	www.myuhc.com
UNITEDHEALTHCARE TEXAS PREMIER CHOICE/HDHP PLANS	866-633-2446	www.myuhc.com
VISION SERVICE PLAN (VSP)	800-877-7195	www.vsp.com

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

Table of Contents

BENEFIT PLAN CONTACT INFORMATION.....	2
2025 OPEN ENROLLMENT LETTER	3
2025 OPEN ENROLLMENT HIGHLIGHTS	4
ENROLLMENT REMINDERS	4
2025 RETIREE BENEFIT PROGRAMS AND RELATED PREMIUMS	5
COMPARISON OF MEDICARE PLANS – FOR MEDICARE-AGE RETIREES.....	6
COMPARISON OF PRESCRIPTION PROGRAMS – FOR MEDICARE-AGE RETIREES	7
GET MORE FROM THE UNITEDHEALTHCARE MEDICARE ADVANTAGE PPO (MAPPO) PLAN.....	8
SILVER&FIT® FOR HARTFORD PLAN MEMBERS	9
COMPARISON OF MEDICAL PLANS – FOR PRE-65 RETIREES	10
COMPARISON OF PRESCRIPTION PROGRAMS – FOR PRE-65 RETIREES.....	11
DENTAL CARE BENEFITS	12
VSP PLAN SUMMARY	13
LEGAL PLAN	14
ALLIANCE WORK PARTNERS IS HERE FOR YOU AS LIFE HAPPENS	15
UPDATES AND REQUIRED NOTICES	16
HELPFUL REMINDERS	17

2025 Open Enrollment Letter

Retiree Open Enrollment is October 14 through October 25, 2024, which overlaps with Medicare open enrollment. Your 2024 benefits automatically roll over into 2025. No action is required on your part if you are keeping the same plans and level of benefits coverage as last year. **Contact the SwRI Benefits Office only if you need to make a change to your benefits for the 2025 plan year.**

If you are enrolled in the UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan, a large premium increase will apply in 2025. UnitedHealthcare has informed SwRI that the increase is due to pharmacy benefit changes required under CMS regulations and a change in funding received by Medicare Advantage plans from the government. Plan benefits in the MAPPO Plan will continue to feature no copays for covered medical services, the additional benefits described on page 8, and the monthly premium is over \$70 less than the Hartford Plan.

Monitor the most current Retiree Benefits information through the Retiree Bulletin Board at <https://retirees.swri.org/> anywhere, anytime from your computer or mobile device.

2025 Open Enrollment Highlights

All Medical Plans	All medical plans premiums are increasing; see page 5.
Delta Dental	Delta Dental COBRA Plan Premium changes; see page 5.
MAPPO Programs	See additional MAPPO Plan member support services and programs on page 8.
Silver&Fit	Silver&Fit program information for members of the Hartford Plan can be found on page 9.
UHC Texas Premier HDHP Plan	The annual deductible is increasing for the Texas Premier HDHP Plan; see page 10.
Alliance Work Partners – EAP	The Employee Assistance Program (EAP) is available to you at no additional cost. See flyer on page 15 for an overview of EAP services.

Enrollment Reminders

Medicare-Aged Retirees

• If you are age 65 or older and eligible for subsidized SwRI-sponsored retiree medical coverage, you can choose to drop coverage in a SwRI plan and enroll in an outside Medicare plan. However, **if you drop coverage, you WILL NOT BE ELIGIBLE TO RE-ENROLL in a SwRI Medicare-aged plan at a later date.**

Retirees under Age 65

• If you are under the age of 65 and eligible for subsidized SwRI-sponsored retiree medical coverage, you may opt out of coverage in the SwRI-sponsored plan and enroll in a plan available through the Health Insurance Marketplace or through your spouse's employer. **Provided that you have not enrolled in an outside Medicare-age plan,** you will be eligible to re-enroll in a SwRI-sponsored plan at a later date.

Employees hired after 2000

• **If you were hired after 2000, you are not eligible for SwRI-sponsored Retiree Medical Benefits.** You may have an option to enroll in your spouse's employer plan, the Health Insurance Marketplace, or through another source, such as AARP.

2025 Retiree Benefit Programs and Related Premiums

PREMIUMS FOR RETIREES	RETIREE or SPOUSE ONLY	RETIREE & SPOUSE
PRE-65 MEDICAL PLAN OPTIONS:		
(AMOUNTS ARE MONTHLY)		
UnitedHealthcare Texas Premier Choice Plan	1,112.30	2,818.31
UnitedHealthcare Texas Premier HDHP Plan	685.95	1,795.05
UnitedHealthcare Choice EPO COBRA <i>(available for 18 months following retirement if already enrolled in this plan prior to retirement)</i>	799.12	1,636.20
MEDICARE-AGE* MEDICAL PLAN OPTIONS:		
UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan	215.66	431.32
Medigap – Hartford Plan F	290.37	580.74
<i>*All Medicare-Age options include a Medicare Part D prescription drug plan</i>		

PREMIUMS FOR RETIREES	RETIREE or SPOUSE ONLY	RETIREE & SPOUSE	FAMILY
VISION CARE OPTIONS:			
(AMOUNTS ARE MONTHLY)			
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	36.41	72.12	110.16
Delta Dental COBRA Plan – (Available for 18 Months following retirement)	30.79	62.15	119.39
ALLIANCE WORK PARTNERS – EMPLOYEE ASSISTANCE PLAN			
The employee assistance program is available to you at no additional cost see flyer on page 15 for an overview of services covered and a phone number where you can contact them.			
LEGAL CARE PROGRAM:			
Legal Plan	\$9.00 – Low Option		
	\$18.00 – High Option		

CONTACT THE SWRI BENEFITS OFFICE TO MAKE CHANGES TO PLAN OR COVERAGE LEVELS.

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 Medicare Advantage PPO Plan Evidence of Coverage provides details of all covered benefits, coverage limitations and exclusions, and services for which prior authorization requirements apply.

BENEFIT DESCRIPTION	Hartford - Plan F	UnitedHealthcare Medicare Advantage PPO Plan
MONTHLY PREMIUM PER INDIVIDUAL	\$290.37	\$215.66
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

*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
PHARMACY OUT-OF-POCKET MAXIMUM	\$2,000	\$2,000
COVERAGE GAP (AKA, DONUT HOLE)	None	None
OUT-OF-NETWORK COVERAGE	None	None

Medications may change tiers or be excluded as of January 1, 2025.

You should also closely review the 2025 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 ExpressScripts or UnitedHealthcare with information.

Get More from the UnitedHealthcare Medicare Advantage PPO (MAPPO) Plan

SUPPORT FOR YOUR HEALTH CARE NEEDS

Telephonic **Nurse Support** is available for you to speak with a registered nurse about your medical concerns and questions. Nurses are available day or night. Call 1-877-365-7949, TTY 711.

UnitedHealthcare Hearing provides access to an annual hearing exam and for access to brand-name and private-labeled hearing aids from any of the 7,000+ UnitedHealthcare Hearing providers nationwide. Visit www.uhchearing.com/retiree or call 1-866-445-2071, TTY 711.

Personal Emergency Response System (PERS) allows you to ask for help whenever you need it, anytime of day or night – 365 days of the year, 24/7.

Over-the-Counter Allowance provides members with quarterly credits to spend on popular over-the-counter (OTC) products and everyday health items.

Healthy at Home. Call Customer Service to request a referral to Healthy at Home for each discharge from an inpatient or skilled nursing facility. Benefits include meals delivered to your home, transportation assistance, and personal care services. Limitations apply.

CONNECT ONLINE WITH YOUR HEALTH PLAN

Use the information on your ID card to register for an online account at <https://retiree.uhc.com/>. Once you've registered, you can search for providers and pharmacies; go paperless and receive your Explanation of Benefits and other plan documents through your secure online account; and more.

EXPLORE WELLNESS PROGRAMS

The **Housecalls** program is an in-home visit designed to complement your doctor's care. A licensed health care professional will review your health history and current medications, perform a health screening, identify health risks and provide health education.

The **Renew Active** program is a fitness program for mind and body that's designed for you and your goals, offered exclusively by UnitedHealthcare. Renew Active includes a free gym membership with access to our nationwide network of gyms and fitness locations.

Through **Renew Rewards**, earn rewards for taking an active role in your health and wellness by completing and reporting certain health care activities.

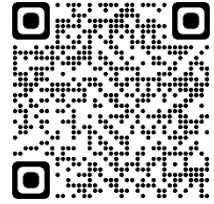
Let's Move helps keep your mind, body and social life active. With simple resources, tools, event and personalized support, Let's Move helps you explore ways to eat well, get fit, beat the blues and stay connected – all at no cost to you.

Silver&Fit® for Hartford Plan Members

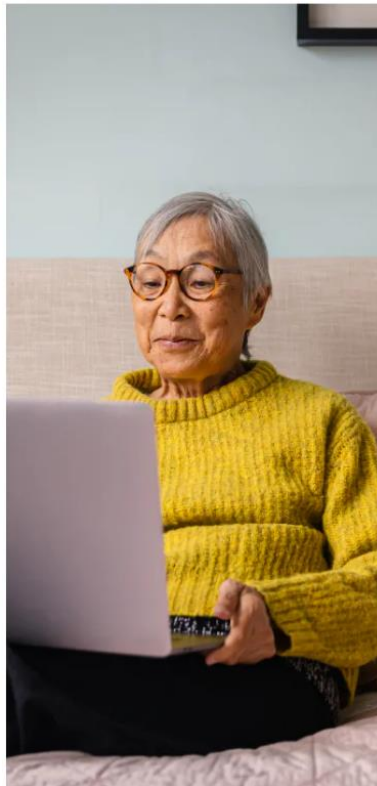
No cost to retirees enrolled in the Hartford Plan. As a member, you can choose from a network of 18,000+ standard and premium fitness center memberships to find the workout that's right for you.

Log in at <https://www.silverandfit.com/identity/login> or check your eligibility at <https://www.silverandfit.com/identity/registration> to see which of these features and participating fitness centers are available to you. The Silver&Fit® program offers members access to exclusive exercise plans and workout videos on demand.

Additionally, members and non-members are invited to join on Facebook (<https://www.facebook.com/SilverandFit/>) and YouTube (<https://www.youtube.com/user/silverandfit?themeRefresh=1>) for various types and levels of workouts that are open to the public. Try cardio, yoga, strength training, and more. Invite your friends to join online, too!



*Use QR Code for
Quick Access to the
Silver&Fit website*



Comparison of Medical Plans – FOR PRE-65 RETIREES

This chart is a comparison of copayments and other costs for the **UnitedHealthcare Texas Premier Choice, Texas Premier HDHP and UnitedHealthcare Choice EPO COBRA 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	UNITEDHEALTHCARE CHOICE EPO COBRA
MONTHLY PREMIUM	\$1,112.30/Individual \$2,818.31/Couple	\$685.95/Individual \$1,795.05/Couple	\$799.12/Individual \$1,636.20/Couple
ANNUAL DEDUCTIBLE	\$1,000/individual \$2,000/family	\$3,300/individual \$6,600/family	None
OUT-OF-POCKET MAXIMUM	\$4,000/individual \$8,000/family	\$6,350/individual \$12,700/family	\$5,000/individual \$10,000/family
Durable Medical Equipment (DME) (includes prosthetic devices)	No Charge after deductible	20% coinsurance after deductible	20% Coinsurance
Emergency/Non-Emergency Ambulance	No Charge after deductible	20% coinsurance after deductible	\$150
Emergency Room	\$500	20% coinsurance after deductible	\$500
Hearing Aids	No Charge after deductible	20% coinsurance after deductible	50% Coinsurance
Home Health Care	No Charge after deductible	20% coinsurance after deductible	\$40
Hospital - Inpatient Stay (includes physician fees ¹)	\$100/stay after deductible	20% coinsurance after deductible	\$600 / stay
Imaging and Major Diagnostic-Outpatient (e.g., CT, MRI)	No Charge after deductible	20% coinsurance after deductible	\$150
Lab, X-Ray and Diagnostics – Outpatient Minor Lab (e.g., lab, x-ray)	No Charge	20% coinsurance after deductible	No Charge
Mental Health/Substance Abuse Services (Outpatient)	\$25	20% coinsurance after deductible	\$30 or \$40
Office Visits – Primary Care (ages 0-18)	No Charge	20% coinsurance after deductible	\$30
Office Visits – Primary Care (ages 19 or older)	\$25	20% coinsurance after deductible	\$30
Office Visits – Specialist ²	\$25 or \$50	20% coinsurance after deductible	\$40
Pharmaceutical Products - Outpatient	No Charge after deductible	20% coinsurance after deductible	20% Coinsurance
Preventive Care Services	No Charge	No Charge	No Charge
Rehabilitation Services - Outpatient (e.g., physical therapy)	\$25	20% coinsurance after deductible	\$40
Scopic Procedures – Preventive	No Charge	No Charge	No Charge
Scopic Procedures – Non-Preventive	\$200/surgery after deductible	20% coinsurance after deductible	No Charge
Surgery – Outpatient (includes physician fees)	\$200/surgery after deductible	20% coinsurance after deductible	\$400 / surgery
Therapeutic Treatments – Outpatient (e.g., dialysis)	No Charge after deductible	20% coinsurance after deductible	20% Coinsurance
Urgent Care Center Services	\$50	20% coinsurance after deductible	\$40
Virtual Visits	No Charge	20% coinsurance after deductible	No Charge through UHC App
Vision Examination	\$25	20% coinsurance after deductible	\$40

Preventive Care

Learn about preventive care guidelines at <https://www.uhc.com/health-and-wellness/preventive-care>.

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, Texas Premier HDHP, and UnitedHealthcare Choice EPO COBRA 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)	UHC CHOICE EPO COBRA (NETWORK ONLY)
Tier 1 – Your Lowest Cost Option	\$10 / Retail \$20 / Mail	\$10 / Retail \$20 / Mail	\$12 / Retail \$30 / Mail
Tier 2 – Your Midrange Cost Option	\$35 / Retail \$70 / Mail	\$35 / Retail \$70 / Mail	\$35 / Retail \$87.50 / Mail
Tier 3 – Your High Cost Option	\$60 / Retail \$120 / Mail	\$60 / Retail \$120 / Mail	\$70 / Retail \$175 / Mail
Tier 4 – Your Highest-Cost Option	N/A	N/A	\$130 / Retail \$325 / 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 \$3,300/individual (\$6,600/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.

In the UHC CHOICE EPO plan, A 90-day retail supply is available by asking your doctor to send a 90-day prescription to a network retail pharmacy. **REMINDER: CVS is not a network pharmacy.** Visit myuhc.com to find a network pharmacy. The UHC Choice EPO plan only covers network pharmacies.

Out-of-Network Coverage: Only the Texas Premier Choice and Texas Premier HDHP 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. There is no Out of network service benefits in the UHC Choice EPO plan.**

Medications may change tiers or be excluded as of January 1, 2025. You will receive a letter from UnitedHealthcare if a tier change or exclusion impacts you.

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 REMINDER:

If enrolled in the Delta Dental Retiree Plan, Allowable amounts for services received from out-of-network dentists will continue to be calculated in 2025 at the amount allowed for PPO network dentists. You will incur high out-of-pocket costs in 2025 for all services received from out-of-network dentists.

VSP Plan Summary

This chart is a summary. Please visit <https://retirees.swri.org/> to review additional information from VSP on Vision Plan options and the Evidence of Coverage containing 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.

Legal Plan

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms. Please visit <https://retirees.swri.org/> to review the Legal Plans FAQs for additional coverage details.



MetLife Legal Plans offers you protection at every step

Your legal plan benefit is like having a trusted attorney in your pocket or on retainer. The attorney will advocate for your best interests and help you navigate legal issues. This may sound like a luxury, but it doesn't have to be! Our coverage provides access to a network of qualified and experienced attorneys nationwide. Plan benefits include:



- A cost-effective plan providing access to more than 18,000+ experienced network attorneys.¹
- Unlimited use of network attorneys for covered issues.
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving.
- Online digital estate planning tool—create wills and trusts, healthcare proxies, and power of attorney documents from the comfort of home.

We've made finding legal help easy for you!
Our network attorneys are available in person, by phone or by email.

We also offer online tools to complete **Estate Planning Documents** in as little as 15 minutes. You can also download self-help legal forms.

Not sure if a Legal Plan is right for you?

Get an idea of what and how we can make it easy to get the legal help you may need through your life. Scan the QR code or visit www.legalplans.com/whynroll.



Scan to access:
Why choose
MetLife Legal Plans?



Ensure you have legal protection for what comes next

1. Please see your plan description for details. Coverage may vary by state or employer group rate.

Southwest Research Institute

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, ***confidential*** services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-SWRI-3961

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 8 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services.
(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)

Newsletters
Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...

AWP-EAP Benefit_2015

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 PDP is a Medicare approved Part D Plan and is regulated by the Centers for Medicare and Medicaid Services (CMS).

More information about the Plan is available at www.express-scripts.com.

UnitedHealthcare Medicare Advantage PPO Plan Prescription Drug Plan

Medicare-age participants who enroll in the UnitedHealthcare Medicare Advantage PPO (MAPPO) plan are also enrolled in an approved Medicare Part D Prescription Drug Plan administered by OptumRx.

More information about the Prescription Drug Plan is available at <https://retiree.uhc.com/>.

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

SUMMARY ANNUAL REPORTS

Summary Annual Reports are required under the Employee Retirement Income Security Act of 1974 (commonly referred to as ERISA) to make available to participants certain information about its employee benefit plans. Copies of the Summary Annual Reports are available online on the Retiree Bulletin Board. Paper copies may be obtained by calling the Benefits Office at ext. 2227.

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 2023 Handbook or call 1-800-MEDI-CARE (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 2023 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-MEDI-CARE (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.

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2025 RETIREE BENEFITS
OPEN ENROLLMENT GUIDE
FOR RETIRED EMPLOYEES & SURVIVORS

**ENROLLMENT PERIOD IS
OCTOBER 14 TO OCTOBER 25, 2024**

NAME
ADDRESS
CITY, STATE ZIP