



ADDITIONAL BENEFITS

Nothing in this document is intended to supersede or replace rights provided to bargaining unit employees by the applicable labor agreement.

LIFE AND ACCIDENTAL DEATH INSURANCE

At no cost to you, the Company provides a basic level of life insurance and accidental death insurance coverage that protects you and your family – with the option to purchase more. Accidental death insurance pays a benefit if you die or are seriously injured in an accident. If you increase your coverage amount beyond the company-provided benefit during open enrollment, you will need to complete a statement-of-health form to determine your insurability before the new coverage goes into effect. You will be taxed on any employee life and accidental death insurance that exceeds \$50,000.



Dental

Keep those pearly whites lookin' good with dental coverage. It generally covers the following services:

- Preventive services such as cleanings, fluoride treatments (up to age 19) and sealants (up to age 14)
- Diagnostic services such as exams and x-rays
- Orthodontic services for dependents (up to age 19)
- Restorative services such as fillings, root canals, periodontal surgery and oral surgery



Vision

Find that your arms don't reach far enough away to read that printed document? Or maybe you've been getting up close and personal with your computer screen. Then maybe it's worth considering vision coverage through Vision Service Plan (VSP). There's no co-pay for your yearly exam, and it covers the following services:

- Prescription glasses, lenses and frames every calendar year
- Contacts (instead of glasses) every calendar year



Employee Assistance Program

The Employee Assistance Program (EAP) is available to you and members of your household. EAP specialists can provide you with counseling support, as well as solutions to everyday issues. Find more information at MagellanAscend.com and enter Vectren VEDO as the access code or call 800-523-5668.

NAMING A BENEFICIARY

It's important to keep your beneficiary information current. Visit the Benefits Service Center to name your beneficiary.

Dependent Life Insurance

This coverage pays a benefit if your covered dependent dies or is seriously injured in an accident. You automatically receive dependent accidental death and dismemberment insurance when you enroll in dependent life insurance. The amount paid is equal to the amount elected for dependent life insurance. Dependent Life-Spouse and Dependent Life-Child coverage will be two separate elections. The premium is based on the amount of elected coverage for Spouse and/or Child coverage.



Hyatt Legal

Need legal advice? Consider electing legal services through Hyatt Legal for you and your family. Hyatt Legal provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.



LifeLock Identity Theft Protection

LifeLock Identity Theft Protection helps members protect not only their identities but also their nest eggs. With LifeLock coverage, members have protection services including proprietary identity monitoring with technology that scans hundreds of millions of transactions per second looking for different threats that could lead to identity theft.

2021 Benefits Enrollment Guide

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WHEN

BENEFITS ENROLLMENT IS SCHEDULED FOR NOV. 3 - NOV. 17, 2020, through the **Benefits Service Center** at www.CNPBenefits.com or by calling 833-236-3487 and speaking with a representative. Benefits enrollment will close at 11:59 p.m. CST on Nov. 17.

Use the Benefits Service Center to complete the 2021 benefits enrollment

Log on to the **Benefits Service Center** at www.CNPBenefits.com

Your username is your first initial + last name + last 2 digits of your birth year. Your initial password is the last 4 digits of your SSN.

Forgot your password? Click the "Forgot password" link to reset your password.

Keeping your current coverage

Your current benefit elections will automatically carry over for 2021 except for flexible spending and health savings accounts which will default to zero unless you re-enroll for these benefits.

Changing your selections

The benefits you select will be in effect Jan. 1 through the end of the 2021 calendar year. You may change your coverage during the year only if you have a change in status, such as marriage, divorce, birth, adoption, death of a spouse or dependent, change in employment status or changes in availability of other coverage (for example, losing coverage under your spouse's plan).

If you have a change in status, please update your coverage through the **Benefits Service Center** at www.CNPBenefits.com or by calling the 833-236-3487 within 31 days of the event or change in coverage status. If you do not complete the change within 31 days, then you must wait until the next open enrollment period to make any changes.

Eligible dependents

You may enroll yourself and your eligible dependents for health care, dental, vision and life insurance coverage. Eligible dependents include:

- Your spouse to whom you are lawfully married;
- Your children (through the end of the year in which they turn 26);
- Your children of any age who are unable to support themselves because of a mental or physical disability, dependent on you for support and maintenance and were covered under the plans prior to reaching the age limit.

If you add a dependent not currently on your plan, you must complete the required dependent verification form and submit it to the Benefits Service Center.

HOW

STEP 1: REVIEW

- Review information in this booklet, including important notifications, the Benefits Highlights Sheet and other open enrollment materials.
- Review your current benefits elections online through the Benefits Service Center at www.CNPBenefits.com.
- Review your current premium payments via your online payslip.
- Evaluate any other health care, life or accident insurance coverage available to you, such as through your spouse's employer.

STEP 2: DECIDE

- After reviewing your information, use this guide to help select the options right for you. Generally, the more coverage an option provides, the more it costs.

Refer to the Benefits Highlights Sheet and visit the Benefits Service Center to access the Summary Plan Descriptions and other useful provider information.

STEP 3: ENROLL

- Visit the Benefits Service Center or call the Benefits Service Center to make your elections.
- Print a copy of the confirmation page for your records.
- Review the confirmation statement to double check your elections.



HEALTH CARE PLANS

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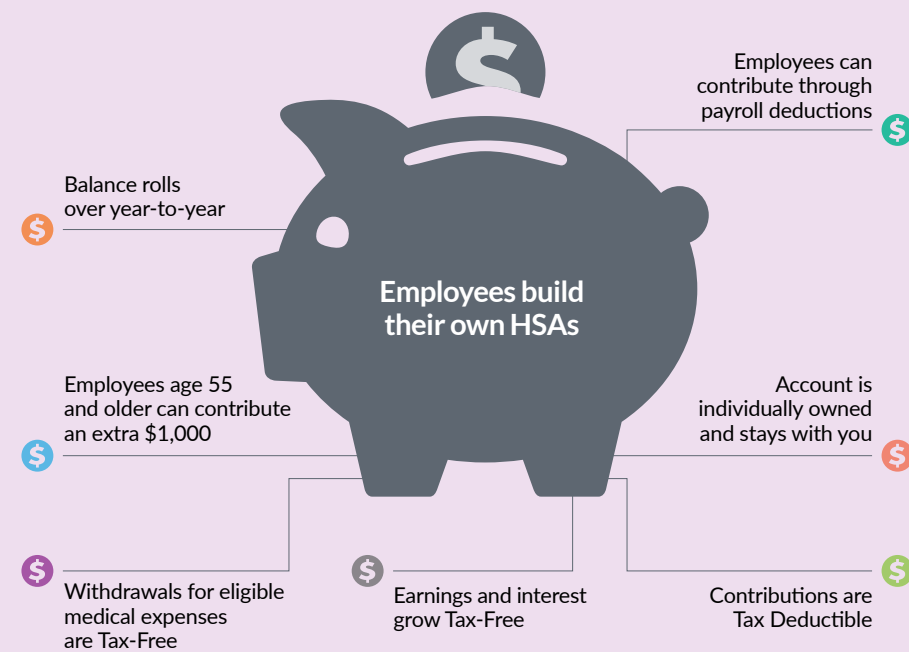
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

An HDHP carries a higher deductible than other plans and is designed where you pay 100% of medical and prescription drug expenses until the deductible is met. Once the deductible is met, the health insurance company pays a percentage of your medical and prescription drug expenses. Please refer to the enclosed Benefits Highlights sheet for detailed information.

Preventive care expenses such as physicals, immunizations and health screenings are always covered at 100% when you see in-network providers and are not applied toward your deductible.

Preventive care is covered at 100%, and there are no lifetime maximum limits.

HOW AN HSA WORKS



HEALTH SAVINGS ACCOUNT (HSA)

HSAs are tax-free savings accounts tied to a plan classified as a high deductible health plan. You can contribute money to your HSA to pay for qualified medical expenses.

Money is available for use once it has been deposited into the account. Unused HSA money rolls over year-after-year. HSAs are advantageous because of tax-deductible contributions, tax-free investment earnings, tax-free distribution for medical expenses and access to the funds at all times. A tax is applied on distributions from HSAs for non-qualified medical expenses.

To maximize your contributions to the HSA, in 2021, you can contribute up to the IRS maximum of \$3,600 for employee coverage or \$7,200 for family coverage.

Who is eligible for an HSA?

An eligible individual is one who (i) is covered under a High Deductible Health Plan (HDHP), (ii) is not covered by any other health insurance plan unless it is another HSA-qualified HDHP, (iii) is Medicare eligible but not enrolled in Medicare, (iv) may not be claimed as a dependent on another person's tax return, and (v) has not received Veterans Administration (VA) benefits in the past three months other than preventive services. (This exclusion does not apply to veterans with a disability rating from the VA).

Please note you must notify the Company immediately if you become ineligible for HSA contributions at any time during the year. A loss of eligibility can have a significant impact on your annual HSA contribution limit and may result in tax penalties. You, and not the Company, are solely responsible for monitoring your eligibility and contribution limit for HSAs.

SPENDING ACCOUNTS

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Flexible Spending Accounts (FSAs)

FSAs let you pay for certain expenses, i.g., childcare, deductibles, co-pays, qualified prescription drugs, insulin, medical devices, etc. — with pre-tax dollars. Because your contributions are deducted from your pay before Federal and Social Security taxes are withheld, you pay less in taxes and keep more money in your own pocket.

NOTE: Participants in the High Deductible Health Plan that have a Health Savings Account (HSA) can have a Limited Purpose Flexible Spending Account (LPFSA) that can only be used for dental and vision costs. Participants who do not have a Health Savings Account (HSA) can have a regular Medical Flexible Spending Account according to the rules listed to the side.

Dependent Care Flexible Spending Account

This account helps you pay for day care for your child(ren) or disabled dependent, but there are a few special rules. You can only contribute up to \$5,000 to the account per household per year. The day care services must be necessary, so you can work. If you're married, your spouse must be either employed, a full-time student at least five months during the year or mentally or physically disabled and unable to provide care for himself or herself. For more information on eligible expenses, visit www.irs.gov (Publication 502 and 969) or check with a tax advisor.

Medical Flexible Spending Account

The Medical FSA lets you set aside pre-tax dollars from your paycheck to reimburse yourself for certain health care expenses. In general, health care expenses are eligible for reimbursement from the plan if they are:

- Incurred during the plan year while you are participating in the medical FSA;
- Not reimbursable under another health insurance plan; or
- Considered tax-deductible by the Internal Revenue Service (IRS); and
- Medically necessary (cosmetic services are not eligible).

Limited Purpose Flexible Spending Account (LPFSA)

A Limited Purpose FSA is a type of Medical FSA — but with a catch: it can only be used for dental and vision costs. If you have a regular Health Savings Account (tied to a HDHP), you can only have a Limited Purpose FSA instead of the traditional Medical FSA.

For more information on flexible spending accounts, visit www.irs.gov (Publication 502 and 969) or check with a tax advisor.

IMPORTANT FSA RULES

Because of the tax advantages available through FSAs, the IRS has established special rules for participating:

Use It or Lose (Most of) It

If you don't spend all the money in your medical flexible accounts, you may only roll over \$550 to the next year. Any other balance will be forfeited and used to offset plan expenses.

No Transfer

You can't transfer money between the medical and dependent care spending accounts, so estimate your expenses carefully!

Maximum Contribution Limits

You may contribute \$2,750 for the medical spending account, and \$5,000 to the dependent care spending account per household per year.

PAYFLEX CARD

The debit card lets you pay for eligible medical and dental expenses with one swipe, wherever MasterCard® is accepted.

This multipurpose card will be funded with the pre-tax amount you elected during open enrollment for your medical flex spending account. If you have an HSA or dependent care spending account, you'll also use the card. However, it'll be funded throughout the year via payroll contributions.

This card reduces paperwork and eliminates the need for reimbursement. Plus it has built-in technology that allows it to process requests where traditional medical services, prescriptions and supplies are incurred.

SAVE YOUR RECEIPTS Our FSA and HSA administrator frequently requests receipts to show proof of purchase. It is ultimately your responsibility to check transactions, balances and to ensure proper use of the card.

Only one card will be issued per family. For additional cards, contact PayFlex at 1-800-284-4885.

TOOLS

ACCESS YOUR MONEY SAVING TOOLS.

Get the Right Access: MDLIVE

MDLive allows you to consult a board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. If you elect medical coverage, you may activate your account after January 1, by calling MDLive at 888-680-8646, or go to MDLive.com/bcbstx, or download the MDLive app. See enclosed flyer for more details.

Access Plan Information and Benefits

After January 1st, you can create your Blue Access for Members account by going to bcbstx.com/member. You can get information about your plan anytime, anywhere. Available once your coverage begins, this easy-to-use tool can help you locate in-network providers, request or print an ID card, estimate out-of-pocket costs, view benefit statements, download the app, and much more. BCBSTX also offers a free app. Text BCBSTXAPP to 33633 to learn more. See enclosed informational flyer for more details.

