



# 2022 Benefits Preview Guide

Annual Enrollment  
October 4 – 22, 2021

The Flexible Benefits Plan



## Annual Enrollment is October 4 – 22, 2021

See page 3 for  
information about  
what happens if  
you don't enroll.

**Note:** This guide applies to The Flexible Benefits Plan participants. Please see the Summary Plan Description (SPD), located on the **UPS Benefits Resource Center**, for more details.

### How do I access the UPS Benefits Resource Center (BRC)?



You can reach the BRC:

**By phone. 1-844-877-8588**

(Monday – Friday, 8 a.m. – 7 p.m. ET) or  
**1-678-505-4371** for international calls.

**Online.** Go to **UPSers.com** and look for  
the **UPS Benefits Resource Center** on  
the home page.

Your health and  
wellbeing are  
important



The CDC recommends speaking with  
your doctor to learn more about  
how to get vaccinated. For more  
information, check out It's Your Shot on  
**UPSers.com**.

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This guide gives you an overview of your 2022 benefit options.  
For more details, visit the **UPS Benefits Resource Center (BRC)**.

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### UPS Virtual Benefits Fair

UPS continues to help support our people and their families —  
including bringing our annual benefits fair to you in an engaging  
and informative way. We invite you to learn about your benefits,  
explore your resources, and participate in the **Virtual Benefits Fair**.

Visit the Virtual Benefits Fair, open 24/7 beginning September 27,  
to be ready for Annual Enrollment, October 4 – 22.

To visit the fair, go to **UPSers.com** and connect to the  
UPS Benefits Resource Center (BRC). Once on the BRC,  
click on the **Virtual Benefits Fair** tile.

We encourage you to visit the fair, your spouse and/or  
dependents, too. Together you can make choices best  
suited for your needs.

# 2022 Annual Enrollment is here

## It's time to take action

Your health and wellness is vital to the success of UPS, and our benefits plan provides an important foundation of stability to you and your family. As we enter the 2022 Annual Enrollment period, we've all experienced the impact of a global pandemic and have a new perspective on what's important in health care. As part of our commitment to you, we will continue to make a significant investment to ensure your benefits are competitive and affordable. UPS pays the majority of your benefits cost. Your share will vary based on the options you select. Here's how we stack up.

- On average, UPS subsidizes 73% of the cost of medical coverage, compared to other Fortune 100 companies that average 69%. Depending on your choices, this can save you over \$400 per year. This includes both what you contribute from your paycheck and what you pay when you receive health care services.
- You are encouraged to take ownership of your health through the Wellness Incentive Program. By participating in the program, you can earn a discount on your annual benefits premium.

Please take the time to read through this guide carefully and understand your options. Annual Enrollment is your once-a-year opportunity to choose the benefits that are best for you and your family. Take charge of your wellbeing and use the tools, resources, and support available to ensure you're making informed decisions and getting the most out of your benefits.

### How to get the most from your 2022 Benefits Preview Guide

This Benefits Preview Guide provides an overview of your 2022 benefit options. Annual Enrollment begins October 4 and ends October 22. The elections you make during this time will be effective beginning January 1, 2022. If you don't make elections during Annual Enrollment, you may not receive the coverage you want for 2022. If you have a spouse, your spouse won't be enrolled in medical coverage, and you will have to pay an increased premium for failing to certify tobacco use status. See page 3 for more information.

We encourage you to take time to review the following pages to understand your benefit options. If you have questions, remember you can check out the **Virtual Benefits Fair** or call the **UPS Benefits Resource Center** for help. You need to enroll, make changes, or opt out by **11:59 p.m. ET., on October 22, 2021**.





# What's changing for 2022

	What's changing for 2022
<b>Medical</b>	<ul style="list-style-type: none"> <li>Employee premiums are increasing slightly for most medical plans; however, UPS continues to pay a significant portion of your medical and prescription drug coverage. To minimize cost increases, select the lowest cost carrier in your area, or consider choosing a Select network, if available, or change your medical plan option to a higher deductible plan option.</li> <li>The availability of networks and the lowest cost carrier can change from year to year. Be sure to re-evaluate your plan options to see if your current plan and carrier are still the best choices for you and your family.</li> <li>HSA contribution limits are increasing. View pages 13 through 15 for more information.</li> </ul>
<b>Pharmacy</b>	No changes for the 2022 plan year, with the exception of normal formulary adjustments.
<b>Dental</b>	Dental premiums are increasing.
<b>Vision</b>	Vision premiums are not changing, however, UHC is changing its formulary for certain lenses and lens coatings, which may impact what you pay for specific products. When getting new glasses, ask your vision provider to check with UHC on pricing.
<b>Voluntary benefits</b> Critical Illness, Hospital Indemnity, Accident Insurance, Group Auto and Home Insurance, Identity Protection, Legal Protection, and Pet Insurance	<ul style="list-style-type: none"> <li>No changes for the 2022 plan year.</li> <li>MetLife Auto and Home was recently acquired by the Farmers Insurance Group®. The MetLife Auto and Home Group insurance program will now be rebranded as Farmers GroupSelect<sup>SM</sup>.</li> </ul>

## About the Tobacco Cessation Incentive Program

If you do not actively participate in Annual Enrollment and update your and/or your spouse's tobacco status, you will pay more for your medical coverage. UPS is committed to helping you achieve your best health. If you or your spouse are a tobacco user, you can qualify for a lower premium if you complete the free Tobacco Cessation Incentive Program, Quit for Life, available through Optum by **November 30, 2022**. For more information, contact **Optum** at **1-866-QUIT-4-LIFE (1-866-784-8454)** or visit **quitnow.net/ups**. Additional details regarding the program are available in the Summary Plan Description (SPD).

If you don't actively enroll or if you incorrectly answer the affidavit question, contact the **UPS Benefits Resource Center** at **1-844-877-8588** to request an appeal.

If you think you might be unable to complete the Tobacco Cessation Incentive Program through Optum by November 30, 2022, you can potentially qualify for an opportunity to have the premium increase waived by different means. UPS will work with you (and, if you wish, with your personal physician) to create a reasonable alternative standard that is right for you in light of your health status.



# What happens if I don't enroll?

If you don't make elections during Annual Enrollment, you may not receive the coverage you want for 2022 and, if you have an eligible spouse, your spouse won't be enrolled in medical coverage. In addition, you will pay the higher premium for tobacco users. See information below.










	2022 Annual Enrollment default coverage
<b>Medical</b>	<ul style="list-style-type: none"> <li>You keep the same option you have today, including prescription drug coverage.</li> <li>If you covered a spouse in 2021, he/she will be dropped, unless you certify they do not have medical coverage through their employer.</li> <li>If you did not have coverage in 2021, you will default to no coverage in 2022.</li> <li>If you are currently enrolled in a Select network that will no longer be offered in 2022, you will be defaulted into the Broad network with the same carrier.</li> </ul>
<b>Tobacco user status</b>	<ul style="list-style-type: none"> <li>You and your covered spouse must certify your tobacco status.</li> <li>If you do not certify or you are a tobacco user you will pay more.</li> <li>You can qualify for a lower premium if you complete the Tobacco Cessation Incentive Program by November 30, 2022.</li> </ul>
<b>Dental</b>	You keep the same option you have today, including dependent coverage.
<b>Vision</b>	You keep the same option you have today, including dependent coverage.
<b>Dependent coverage</b>	<ul style="list-style-type: none"> <li>If you cover eligible family members, your dependent children remain covered for 2022.</li> <li>It is your responsibility to notify the UPS Benefits Resource Center of a change in dependent eligibility.</li> <li>You must certify your spouse's eligibility annually.</li> <li>If not certified during Annual Enrollment, your spouse is considered ineligible and will not be covered for medical coverage in 2022, even if covered in 2021.</li> <li>COBRA is not available if your spouse's coverage ends because you fail to certify their eligibility.</li> </ul>
<b>Health Saving Account (HSA)/ Flexible Spending Accounts (FSAs)</b>	<ul style="list-style-type: none"> <li>You won't be enrolled to make HSA contributions.</li> <li>If eligible, you can open an HSA and make contributions any time during the year.</li> <li>You won't participate in any of the FSAs in 2022.</li> </ul>
<b>Supplemental Life and AD&amp;D*</b>	You keep the same options you have today.
<b>LTD Coverage*</b> (Full-time employees only)	You can only change your LTD election every two years. For example, the coverage option you selected for 2021 can't be changed until you enroll for 2023 benefits.
<b>Critical Illness, Hospital Indemnity, Accident Insurance*</b>	You keep the same options you have today.
<b>Group Auto and Home Insurance</b>	You keep the same coverage you have today.
<b>Identity Protection, Legal Protection, and Pet Insurance</b>	You keep the same options you have today.

\*If you're on a leave of absence during Annual Enrollment, you can't enroll in or increase these benefits until you return to work. Refer to the Summary Plan Description on the **UPS Benefits Resource Center** for more information.

# Your benefits

UPS offers an array of benefit options. The chart below shows the available options and what you need to know for the new year.

The Summary Plan Description on the **UPS Benefits Resource Center** is available 24/7 for plan information and details.

Benefit	Plan options	Carrier options*
<b>Medical*</b>	Three medical plan options: <ul style="list-style-type: none"> <li>• \$500 Deductible Option</li> <li>• \$1,500 Deductible Option with HSA</li> <li>• \$2,000 Deductible Option with HSA</li> </ul>	    
<b>Prescription Drug</b>	<ul style="list-style-type: none"> <li>• Your medical plan includes prescription drug coverage through CVS Caremark.</li> <li>• If you select a Kaiser Permanente medical plan option, prescription drug coverage is through Kaiser Permanente.</li> </ul>	 
<b>Dental</b>	Three dental plan options through Aetna: <ul style="list-style-type: none"> <li>• Dental HMO (DHMO) Option (available in some areas)</li> <li>• \$1,500 Max</li> <li>• \$2,500 Max</li> </ul>	
<b>Vision</b>	Two vision plan options through UnitedHealthcare: <ul style="list-style-type: none"> <li>• Low</li> <li>• High</li> </ul>	

\*See page 9 for information on the medical networks.

## Important enrollment information

### Enrollment eligibility

In addition to yourself, eligible dependents include:

- Your legal spouse, and
- Your eligible dependent children up to age 26, and
- Your children who are certified as disabled over age 26.

It's your responsibility to notify the **UPS Benefits Resource Center** if a dependent is no longer eligible.

**Spousal certification:** You must certify each year that your spouse does not have medical coverage available through his or her employer, before you can enroll your spouse for coverage. If not certified during Annual Enrollment, your spouse is considered ineligible and, as a result, isn't enrolled in medical coverage, even if your spouse had coverage in 2021.

For detailed information about who is considered an eligible dependent, refer to the SPD on the **UPS Benefits Resource Center**.

### Making changes to your benefits

After Annual Enrollment ends, you can only make changes to your benefits elections within 60 days of experiencing a qualified life event, such as:

- Marriage
- Divorce, legal separation, or annulment
- Birth or adoption of a child
- Gain or loss of coverage by you, your spouse, or your dependent.

Contact the **UPS Benefits Resource Center** to make changes.

### Opting out of coverage

It is possible to opt out of coverage by actively waiving coverage during Annual Enrollment. If you don't actively waive coverage, you default into the coverage you had in 2021. Even if you opt out of medical coverage with UPS, it's important to review all of your benefit options and determine if you want to enroll in other programs or coverage. If you are a new hire and don't take any action, you will default to the lowest cost coverage.

# Your medical coverage options

Here's a look at the in-network options. Except for Kaiser Permanente, most, but not all plan options offer out-of-network benefits. Keep in mind that if you get care out-of-network, your costs will be higher.

In-Network Benefits	\$500 Deductible Plan	\$1,500 Deductible Plan w/HSA	\$2,000 Deductible Plan w/HSA
<b>Premium Amount</b>	\$\$\$	\$\$	\$
<b>Eligible Preventive Care</b>	100%	100%	100%
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>If you cover just yourself</li> <li>If you cover eligible family members</li> </ul>	\$500 \$1,000	\$1,500 \$3,000	\$2,000 \$4,000
<b>Annual Out-of-Pocket Maximum</b> (includes deductible, coinsurance, and copays) <ul style="list-style-type: none"> <li>If you cover just yourself</li> <li>If you cover eligible family members</li> </ul>	\$2,000 \$4,000	\$3,000 \$6,000	\$4,000 \$6,850
<b>Coinsurance</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
<b>Emergency Care</b>	\$200 copay* after deductible, then plan pays 90%	\$200 copay* after deductible, then plan pays 80%	\$200 copay* after deductible, then plan pays 80%

\*The copay is waived if you are admitted to the hospital.

**A note about deductibles and out-of-pocket maximums:** If you cover eligible family members, you need to meet the family deductible before benefits begin, and you need to meet the family out-of-pocket maximum before the plan pays 100% of eligible costs.



Kaiser Permanente is offered in several areas. Kaiser Permanente plans work a bit differently — only in-network coverage is available, except in the case of an emergency. For plan details, make sure to review the Kaiser Permanente Summary of Benefits and Coverage (SBC) available on the **UPS Benefits Resource Center**.

# Your prescription drug benefits

Each medical plan option includes prescription drug coverage through CVS Caremark, except Kaiser Permanente medical plan options, which has its own pharmacy network.

Your prescription drug benefits include coverage for certain preventive, generic, and brand-name medications. Each medical plan option requires the same copays and coinsurance\* as shown in the table below. For non-preventive drugs, the deductible may or may not apply, depending on the medical plan option selected (see the table below). If the deductible applies, you're responsible for the entire prescription cost until you've met the annual deductible.

For short-term medications, you can use any retail pharmacy in the CVS Caremark network. The CVS Caremark network includes over 68,000 retail pharmacies, including CVS retail stores. Visit [caremark.com](https://www.caremark.com) to find a participating pharmacy near you. For long-term medications, you need to use the CVS Caremark mail order pharmacy or fill your prescriptions at a local CVS pharmacy.

\*Coinsurance is based on the allowed amount.

Pharmacy	\$500 Deductible Plan	\$1,500 Deductible Plan w/HSA	\$2,000 Deductible Plan w/HSA
Preventive Drugs	Prescription drugs classified as preventive by the Affordable Care Act are covered at 100% and not subject to the deductible. Other select preventive drugs require copays/cost share, but are not subject to the deductible. For a list of preventive drugs, go to <a href="https://www.caremark.com">caremark.com</a> and sign in. Click on <b>Plan &amp; Benefits</b> , then on <b>Covered Drug List</b> .		
Non-Preventive Drugs			
Medical Plan Deductible Applies	No	Yes	Yes
Generic Drug	Plan pays 100% after you pay a \$10 copay for a 30-day supply and \$25 for a 90-day supply.		
Brand-Name Drug On the Preferred Drug List	Plan pays 70% Your minimum cost per prescription is \$25 for a 30-day supply and \$62.50 for a 90-day supply. Your maximum cost is \$75 for a 30-day supply and \$187.50 for a 90-day supply.		
Brand-Name Drug Not on the Preferred Drug List	Plan pays 60% Your minimum cost per prescription is \$50 for a 30-day supply and \$125 for a 90-day supply. Your maximum cost is \$100 for a 30-day supply and \$250 for a 90-day supply.		



Coverage for specialty drugs is provided in all three medical options. Specialty drugs are medications to treat complex or rare chronic conditions. These are only available through CVS Caremark's specialty pharmacy and, if a generic is available, you're required to try the generic before being approved for the brand-name medication in the class of drugs being prescribed. You can fill a prescription for a specialty medication up to a 30-day supply only. For more information, call **CVS Caremark** at **1-855-282-8412**.



If you enroll in a medical plan option through Kaiser Permanente, you receive prescription drug benefits through Kaiser Permanente rather than CVS Caremark. You can find details about how Kaiser Permanente covers generic, brand-name, and specialty drugs on the **UPS Benefits Resource Center**. The pharmacy network is primarily Kaiser Permanente pharmacies with additional access in some areas.





### **What about long-term prescriptions?**

If you take long-term medications, you can get three 30-day supply prescriptions filled at your retail pharmacy. But after that, you'll need to use one of your options for long-term prescriptions, which require a 90-day prescription. You can either fill them at a CVS pharmacy or have your medication delivered to your home through mail order.

If you don't use one of these options, you'll pay the entire cost of the prescription after your third supply of the same medication received at the pharmacy.

# Your dental plan options

You have three dental plan options to choose from. One of these is the Dental HMO (DHMO) option, which is available in some areas.

Here are the network benefits provided by your dental plan options. When selecting your dental plan option, be sure your dentist is a participating provider.

	\$2,500 Max Plan	\$1,500 Max Plan	DHMO Plan*
<b>Premium Amount</b>	\$\$\$	\$	\$
<b>Deductible</b> <ul style="list-style-type: none"> <li>Per person</li> <li>Maximum deductible amount per family</li> </ul>	\$50 \$150	\$50 \$150	None None
<b>Annual Benefits Maximum</b> (the maximum the plan will pay annually)	\$2,500 per person	\$1,500 per person	No limit
<b>Preventive Care, like cleanings</b> (deductible doesn't apply)	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Basic Services, like fillings</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 100%
<b>Major Services, like bridges, crowns, and inlays</b>	Plan pays 60% after deductible	Plan pays 50% after deductible	Plan pays 80%
<b>Orthodontia</b> (deductible doesn't apply) <ul style="list-style-type: none"> <li>Adults</li> <li>Children (appliance must be placed prior to age 20)</li> <li>Lifetime orthodontia benefits per eligible covered person</li> </ul>	Plan pays 50% Plan pays 50% \$2,500	No coverage Plan pays 50% \$1,500	No coverage Plan pays 50% None (24-month lifetime limit)**

\*This plan option is only available in some areas.

\*\*One 24-month fully banded treatment per lifetime, per member (24 months of comprehensive orthodontic treatment, plus 24 months of retention).

In-network and out-of-network dental benefits are available for the \$2,500 Max plan option and \$1,500 Max plan option. The coinsurance is the same in-network and out-of-network, but your costs are lower when you stay in-network. That's because you'll be responsible for any charges above what Aetna considers reasonable and customary when you receive services from out-of-network providers.

For the DHMO plan option, coverage is available when services are provided by in-network providers only.

For more dental plan details, visit the [UPS Benefits Resource Center](#).

# Your vision plan options

You have two vision plan options to choose from through UnitedHealthcare.

Here are your vision plan options:

In-Network Benefits	High	Low
<b>Premium Amount</b>	\$	\$
<b>Comprehensive Exam, Lenses, Frames</b>	1 per year	1 per year
<b>Routine/Comprehensive Eye Exam</b>	\$10 copay	\$20 copay
<b>Frames</b>	\$180 allowance per year	\$130 allowance per year
<b>Single Vision and Bifocal Lenses</b>	\$10 copay	\$20 copay
<b>Contact Lenses*</b>	\$180 allowance per year	\$130 allowance per year




\*In lieu of frames.

In-network and out-of-network vision benefits are available. Your costs are lower when you stay in-network since coverage is higher when you use a participating provider. You can find more vision plan details on the [UPS Benefits Resource Center](#).

# Medical carrier networks

Your carrier's network is made up of doctors, hospitals, and other health care providers that agree to make their services available at a discount. The networks may be classified as Broad, Select, or Regional, depending on the carrier you choose and where you live.

**The providers in each of these networks can change throughout the year and/or from year to year.** At each Annual Enrollment, it's important to confirm that your providers are still in the network you choose. You can check which networks your providers are in by using the provider look up tool on **UPS Benefits Resource Center**. Go to **UPSers.com** and look for the **UPS Benefits Resource Center** on the home page.

Network	About the network	Carrier
	<b>Broad network</b> Includes a large number of doctors, hospitals, and other providers in your local community and across the country.	
	<b>Select network</b> Includes a smaller group of doctors, hospitals, and other providers than a Broad network. Select networks are chosen because they provide high-quality and efficient care. Your premium is usually lower if you choose a medical carrier that offers a Select network. <b>Note: The Anthem Select network does not have out-of-network coverage (except for emergency care). The other Select networks do have out-of-network coverage.</b>	
	<b>Regional network</b> Available through Kaiser Permanente in select locations. Your premiums are usually lower than if you choose a Broad or Select network. If you enroll in the Kaiser Permanente plan option, you need to seek care from providers who are in their network (except in an emergency), since Kaiser Permanente generally offers only in-network coverage.	

## Which network is right for me?

1.

Cost

**Broad network**

Broad networks are a great choice if you live in a rural area with a limited number of physicians or already have an established relationship with a preferred provider not in a Select network.



There are two main factors to consider when choosing a medical network:



2.

Access to your preferred provider(s)

**Select network**

Select networks are a great option if your preferred providers are within the network or if you don't yet have a relationship with a primary care physician. That way, you can take advantage of the lower cost without having to change providers.

# Health resources

## Resources for Living®

Sometimes you get overwhelmed by personal or work problems and need a support system. Whether help is needed with family counseling, finding summer camps or adult daycare, or shopping for a qualified local electrician, the Resources for Living (RFL) program is available for you and your family members.

You can contact RFL for a broad range of work/life issues, including stress, anxiety and depression, marital and family problems, job pressures, substance use disorder, plus legal and financial issues.

RFL services are completely confidential and are available 24/7. You can receive up to six counseling sessions, per issue, per year at no cost to you. You can meet over the phone, face-to-face, through televideo or online chat. Contact Resources for Living by phone at **1-877-374-2779** or online at [resourcesforliving.com](https://resourcesforliving.com) (Username: **UPS**; Password: **RFL**). RFL is administered by Aetna and is available to all UPSers globally.

## Expert Medical Opinion

Looking for an expert medical opinion? If you need the most accurate diagnosis and effective treatment plan, consider using Expert Medical



Opinion, available through Teladoc. This service provides an expert review of your medical records by a world-renowned physician who specializes in your condition. You can consult Expert Medical Opinion for a wide range of medical conditions, including surgeries, complex medical disorders, sports injuries, chronic diseases, and life-threatening illnesses. The program also offers personalized recommendations for high-quality, in-network local physicians with Find Best Doctor. This benefit is available at no additional cost to you or your covered dependents if you're enrolled in a UPS medical plan.

Contact Teladoc's Expert Medical Opinion by phone at **1-855-615-8340** or online at [teladoc.com/UPS](https://teladoc.com/UPS). Download the Teladoc app and register, or link directly through your wellbeing provider, MyEvive, at [ups.myevive.com](https://ups.myevive.com).

## Behavioral health and substance use disorder support for you and your family

Your medical carrier offers behavioral health benefits to you and your covered family members who need care and support for a behavioral health or substance use disorder. Both inpatient and outpatient services are covered. For more details, review your medical carrier's booklet posted on the **UPS Benefits Resource Center**.

## Diabetes care

Program enhancements are coming in 2022. Stay tuned for more information.

## Telemedicine

Skip the long lines in the waiting room. When you need routine treatment or non-urgent care, you can connect with a doctor by phone or video anytime, anywhere via your mobile phone or computer. To register, visit your medical carrier's website or call the number on your medical insurance card. You can also register for MyEvive at [ups.myevive.com](https://ups.myevive.com) and link directly to your carrier.

## Coming soon

In 2022, we'll provide new and enhanced offerings including virtual physical therapy. Stay tuned for more information in the new year.

## Take care of your mental health

Navigating through a pandemic, social unrest and economic hardship has caused an increase in stress, anxiety and depression. The more you know about mental health, the better prepared you are to manage your own emotional wellbeing. Take care of yourself by taking advantage of the free services offered through Resources for Living and your mental health benefits included in your health care plan.



# Wellness Incentive Program

The **UPS Wellness Incentive Program**\* encourages you to take ownership of your health and wellbeing — and saves you money. By completing a few simple activities, you can get rewarded and pay the lowest possible premium for your UPS medical benefits. If you earned your wellness premium credit for 2022 by completing the required activities in 2021, it will be reflected in your contribution when you enroll for 2022 benefits.

To earn your **2023 wellness premium credit**, you must:

- Be registered on MyEvide,
- Take the Benefits Quiz, and
- Complete an annual physical **OR** biometric screening by **June 30, 2022**.
  - The window for an annual physical or biometric screenings for the 2023 wellness credit starts July 1, 2021 and ends June 30, 2022. An annual physical exam, or wellness check, is done by your primary care provider (PCP), which may be a doctor, a nurse practitioner, or a physician assistant.
  - If you opt for the biometric screening, you will need to visit a Quest Patient Service Center near you. While temporarily in place due to COVID-19, home self-collection kits are no longer available. Visit MyEvide for scheduling details or information.

To earn your **2022 gift card incentive**, you must:

- Be registered on MyEvide,
- Take the Benefits Quiz, and
- Complete at least three activities on your personalized checklist by September 30, 2022.

## Important notes:

- If your spouse is covered on the UPS medical plan, **both you and your spouse** must complete the required activities in order to earn the wellness premium credit.
- MyEvide is a personalized online portal for you to engage with your health, wealth, and work/life benefits. If you are not a MyEvide member, **you and your covered spouse must register** with MyEvide to participate in the UPS Wellness Incentive Program.

\*Only UPS employees enrolled in a UPS medical plan, and their enrolled spouses, are eligible to receive a personalized checklist and a monetary wellness reward by participating in the MyEvide (me) wellbeing program.

## You can access MyEvide online or via mobile app:

- **You can access MyEvide through the UPS Benefits Resource Center:** Go to [UPSers.com](https://upsers.com) and look for the **UPS Benefits Resource Center** on the home page or go to [upsbrc.ehr.com](https://upsbrc.ehr.com).
- **MyEvide website:** [ups.myevive.com](https://ups.myevive.com).
- **Mobile:** An app is available for download from the App Store and Google Play (for iPhone and Android users).





## Our Wellbeing Program: MyEve

**MyEve is your one-stop shop for all your benefits.**

The personalized benefits platform is designed to help you live better by offering health care recommendations, money-saving opportunities, and personalized tips and reminders to help you get the most out of your benefits.

Available via the app or website, MyEve links directly to benefits that matter to you, like your medical, pharmacy, and HSA.

### MyEve features

- **Current status**

- Easily access your deductible and out-of-pocket expense statuses.

Note: Before viewing your Current Status for the first time, you'll need to enter the ID found on your insurance card. Current Status also includes information to help you understand the difference between a deductible and out-of-pocket expense to better navigate your finances.

- **Nearby**

- Search for doctors, urgent care centers, pharmacies, and more near you.

- **Digital Card Wallet**

- Access resources like your medical and pharmacy cards through the myEve mobile app. Save your insurance card(s) using the Digital Card Wallet. On the myEve website, insurance information can be found by clicking on the My Medical Coverage resource card.

- **COVID-19 resources**

- Access the latest information on the Coronavirus, check your symptoms, and find test locations.

### Get started

Download the MyEve app or access the website through the **UPS Benefits Resource Center**. You can also go to myHR on **UPSers.com** and search for MyEve, follow the MyEve direct link, or go to **ups.myeve.com**.

Each eligible family member must register for their own account using the UPSer's employee ID.

## Earn your wellness incentive gift card on MyEve

Along with learning how to maximize your benefits, MyEve helps you work toward earning your \$100 gift card. Make sure you're on track to reach your personal goals by checking off activities as you complete them. To earn your gift card, you need to complete your Benefits Quiz and at least three items on your personalized checklist.

# Tax-advantaged accounts

No matter which medical plan option you choose, UPS offers tax-advantaged accounts to help you save money — a Health Savings Account (HSA) for health care and three Flexible Spending Accounts (FSAs), two for health care and one for child/elder care. Explore the features of each so you can decide which accounts are best for you.

**Your 2021 HSA and FSA elections do not automatically roll over into 2022. If you want to participate in an FSA in 2022 or if you want to contribute to your HSA beginning in January, you must take action and enroll during Annual Enrollment.**

## Account benefits

**The Health Savings Account (HSA)** lets you save on a pre-tax basis — which means you don't pay taxes on this money — and use your account to pay for eligible health care costs now, and in the future. You own your account. The HSA is just like any other savings account. It accrues interest and the funds are eligible for investment, but all funds within your HSA are tax-free.

Internal Revenue Service (IRS) regulations state that high deductible health plans are the only type of plan that can be paired with an HSA. The \$1,500 Deductible Option with HSA and the \$2,500 Deductible Option with HSA are high deductible health plans, as defined by the IRS.

**Flexible Spending Accounts (FSAs)** are similar to the HSA in that they let you save on a pre-tax basis (you don't pay taxes on this money). You can use your account to pay for eligible out-of-pocket expenses. When you enroll, you decide how much to save for the year, up to the IRS limit. The differences from an HSA are:

- You cannot change your FSA election during the year unless you experience a qualified life event.
- You forfeit any money left in your account at the end of the plan year plus grace period (the grace period ends **March 15** following the end of the plan year).

UPS offers the Standard Health Care FSA, Limited Purpose FSA, and Child/Elder Care FSA. See page 16 for more information on these accounts.

## Enjoy triple-tax savings

You save three ways with an HSA:

- Tax-free contributions to your account.
- Tax-free earnings on interest and investments.
- Tax-free withdrawals for eligible health care expenses.

## Pre-tax savings

- Tax-free contributions to your account.
- Tax-free withdrawals for eligible health care or child/elder care expenses.

## More about the HSA

If you're enrolled in the \$1,500 Deductible plan option with HSA or the \$2,000 Deductible plan option with HSA, you can open a Health Savings Account (HSA) through Optum Bank, provided you satisfy the other eligibility requirements of the IRS.

You contribute on a pre-tax basis to your HSA. When you have eligible health care expenses, you can use money from your account to pay for them tax-free. **You own the funds in your HSA, so any unused funds are yours to keep at the end of the year to pay for eligible health care expenses now or in the future — even after you retire or leave UPS.** There is no “use it or lose it” rule, and the HSA is a valuable tool for saving for health care expenses later in life.

Note: If you have a balance in the Standard Health Care FSA on the last day of the plan year (December 31), you are disqualified from setting up and contributing to an HSA until April 1 of the following year (even if you use your FSA balance on January 1).

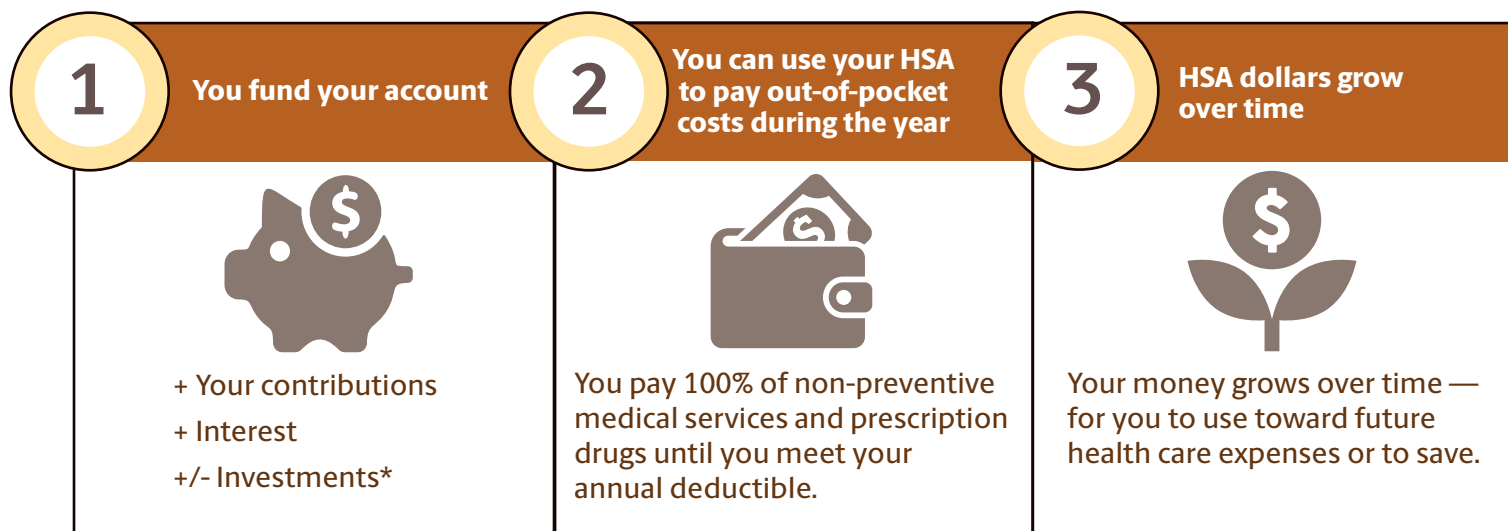
### Make the most of your HSA

The HSA offers you tax advantages and an opportunity to save for future health care expenses for you and your eligible dependents.

Once your balance reaches \$2,000, you can invest your money. You have a choice of investment funds through Optum Bank.

**Consider increasing your contribution to make the most of your HSA.** You can change your contribution amount anytime during the year on the Optum website at [optumbank.com](https://optumbank.com).

### How the \$1,500 Deductible with HSA and \$2,000 Deductible with HSA options work



\*Investments you choose to make in your HSA are not FDIC insured, not bank-issued or guaranteed, and are subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested.

### Am I eligible for an HSA?

- Must be enrolled in the \$1,500 Deductible with HSA or \$2,000 Deductible with HSA.
- Must not be covered by another health plan.
- Must not be enrolled in Medicare.
- Must not be a dependent on someone else's tax return.

Unless you meet all these requirements, you are not eligible to open an HSA.



## How much can I contribute?

Read the chart below to see how much you can contribute to your HSA in 2022.

Coverage	How much you can contribute in 2022
<b>Individual</b> You enrolled just yourself in medical coverage	\$3,650*
<b>Family</b> You enrolled 2 or more individuals in medical coverage	\$7,300*
<b>Catch-up contribution</b> If you are age 55 by December 31, 2022, you can make an additional catch-up contribution	\$1,000

\*Contribution limits are subject to change annually by the IRS.

## What are eligible HSA expenses?

Your HSA can be used for eligible health care expenses, including:

- Medical plan deductibles and coinsurance
- Prescription drug copays
- Acupuncture
- Vision and hearing expenses
- Chiropractic care
- Substance use disorder treatment
- Dental visits
- Mental health care

For a complete list of eligible expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Note: The HSA is an individual trust account that you own; it's not a group health plan sponsored or maintained by UPS, and it's not subject to the Employee Retirement Income Security Act of 1974 (ERISA).

## How do I pay for eligible expenses?

Your funds are easily accessible by using your Optum Bank debit card to access your account any time. Plus, you can use a variety of online tools at [optumbank.com](https://optumbank.com) to make managing your account even easier.

## Choose a beneficiary

You work hard for what you have — including what you put into your HSA. Take a minute to ensure you have a beneficiary selected, which can be your spouse, children, relatives, friends, or organizations, such as a trust or charity. If you don't choose a beneficiary, HSA funds will default to your surviving spouse or to your estate. Sign in to your account at [optumbank.com](https://optumbank.com) to make your selection today.

# More about FSAs

Flexible Spending Accounts (FSAs) allow you to contribute pre-tax money each pay period to the Standard Health Care FSA or Limited Purpose FSA (depending on your medical plan option) and/or the Child/Elder Care FSA. The Child/Elder Care FSA is available to reimburse for the custodial care of an eligible dependent (e.g., qualifying child under age 13 or another tax dependent who is unable to care for him/herself).

FSAs	Standard Health Care FSA	Limited Purpose FSA	Child/Elder Care FSA
<b>Eligibility</b>	Enrolled in the \$500 Deductible Option, waive medical coverage, or if you don't qualify for an HSA*.	Enrolled in either the \$1,500 or \$2,000 Deductible with HSA option.	You must have qualifying dependents to participate.
<b>Tax savings benefits</b>	You won't be taxed on money you contribute (up to federally defined limits), or money you withdraw to pay for eligible expenses.		
<b>You can make contributions</b>	You contribute pre-tax money up to \$2,750, the IRS limit for 2021**.		You can contribute pre-tax money up to the IRS limits for 2021: <ul style="list-style-type: none"> <li>• \$5,000 or</li> <li>• \$2,500 (if married and file taxes separately from your spouse)</li> </ul>
<b>How you can use your spending account</b>	Eligible medical expenses like your annual deductible and coinsurance, prescription drug copays, as well as eligible dental and vision expense.	Eligible dental and vision expenses.	Eligible expenses like child and adult daycare.
<b>Does your account balance roll over from year to year?</b>	No. You must use any money you contribute to your 2022 account by March 15, 2023, which is the grace period after the end of the plan year. You must file all claims by May 31, 2023.		No. You must use any money you contribute to your 2022 account by December 31, 2022. You must file all claims by May 31, 2023.

\*You don't qualify for the HSA if you are enrolled in Medicare, for example.

\*\*The amounts shown reflect the 2021 FSA contributions limits, which are subject to change for 2022.

## FSAs are easy with Via Benefits

### When you access Via Benefits accounts, you can:

- Check your balance(s).
- Reimburse yourself or pay health care providers directly.
- Review the complete list of eligible expenses for your account.

### To pay for eligible expenses with your FSA, you can:

- Use your Via Benefits debit card.
- Go online to pay providers directly or reimburse yourself at [viabenefitsaccounts.com](https://viabenefitsaccounts.com).





Access Via Benefits by visiting [viabenefitsaccounts.com](https://viabenefitsaccounts.com).

**It's important to always submit your receipts.** Internal Revenue Service (IRS) guidelines require receipts to confirm your debit card purchases are eligible. If you don't submit your receipts, even if you pay with the Via Benefits debit card, your debit card may be deactivated for the remainder of the year, and your FSA purchases become taxable income included on your W-2. For more information and to submit your receipts, visit [viabenefitsaccounts.com](https://viabenefitsaccounts.com). You also can call **Accounts Customer Care** at **1-800-953-5395**.



# Income protection

UPS knows how important it is to have enough life insurance coverage to help protect your family from the unexpected. That's why we provide basic term life for you and your dependents and Accidental Death and Dismemberment (AD&D) insurance for you.

You may elect additional supplemental life and AD&D insurance for yourself and your dependents. It's another way to ensure peace of mind, knowing money is available to protect your family.

Premiums for these elections are deducted from your paycheck. Life and AD&D Insurance are offered through Securian Financial.

## Digital summary via text

Text **UPS1** to **70774** to receive a digital version of your group term life summary. Data and message rates may apply. This is a one-time message. You are not opting to receive additional text messages from Securian Financial.



## Benefit Scout

Go to Benefit Scout™ at **LifeBenefits.com/UPS**. Benefit Scout™ is an online tool to help you and your family make life insurance elections with confidence.

As a benefits eligible employee, you may be eligible for company provided Short-Term Disability (STD) benefits. For your coverage details, visit the **UPS Benefits Resource Center**.

Long-Term Disability (LTD) insurance is available to full-time employees on a pre-tax basis. You can select 50% of monthly base pay, 60% of monthly base pay, or 60% of monthly base pay up to a maximum of five years. STD and LTD benefits are administered by The Hartford.

Note: If you are on a leave of absence during Annual Enrollment, you will not be able to enroll in these benefits until you return to work.





# Voluntary benefits

In addition to medical, dental, and vision coverage, you can choose to enroll in several other voluntary benefit options, which are listed below. For more detailed information and costs, visit the **UPS Benefits Resource Center**.

## Supplemental Insurance



We offer several additional insurance options to make sure you and your family are able to cover expenses if you face a critical illness or have an accident.

**Critical Illness Insurance** helps you take financial control when faced with a covered critical illness such as cancer, heart attack, or stroke. It pays you a lump-sum amount for expenses that health insurance might not cover.

**Hospital Indemnity Insurance** complements your medical coverage by easing the financial impact of a covered hospitalization, whether it's expected or unexpected. It provides a cash benefit you can use as you see fit for hospital admission, accident-related inpatient rehabilitation, and hospital stays.

**Accident Insurance** is available to help pay expenses as a result of an accident. Expenses can include deductibles, treatment, transportation to/from medical centers, childcare, and house payments.

## Auto and Home Insurance\*

Auto and home insurance is necessary, but expensive. We offer Group Auto and Home insurance through Farmers GroupSelect<sup>SM</sup> (formerly MetLife) or Liberty Mutual to provide you discounted rates and easy after-tax payroll deductions to pay your premiums.



## Identity Protection

Unfortunately, identity theft is on the rise. You can protect yourself and your family members with Allstate Identity Protection. This plan offers you and your eligible family members credit monitoring, child identity monitoring, 24/7 personalized support, and personal, financial, and medical data protection against identity theft and fraud.

## Legal Protection

Legal Protection services through MetLife Legal give you the opportunity to have attorney access whenever you need it — just like having an attorney on retainer. You and your family members receive value, convenience, and comfort in knowing you can access legal services for almost all personal legal matters. It gives you easy and low-cost access to a wide variety of personal legal services, such as creating a will, resolving minor traffic violations, and reviewing simple legal documents.

## Pet Insurance\*

Pet Insurance through Nationwide helps you save money when your pet is injured or sick, and partially reimburses the cost of veterinarian services for covered pet injuries, illnesses, and wellness care.



\*Ancillary benefits. These benefits aren't sponsored by UPS, but are offered as a convenience and can be elected or dropped at any time.

# Time to enroll

## Using the provider look-up tool

The provider look-up tool is a valuable resource for finding in-network providers and deciding which network is best for you and your family. If you have providers that you want to continue seeing, it's important to take time to confirm their current network participation.



### How to use the provider look-up tool

1. Enter a provider's name to identify the networks or carrier in which the provider participates.
2. While you shop for medical plan options, click **"COMPARE"** to look at different options side-by-side.
3. The comparison shows you whether the plans are Broad or Select networks. Pay close attention to the network names — they're different for each carrier.
4. Under the **"PROVIDERS"** tab, see if the providers you selected are in each plan's network.
5. In some cases, you may need to confirm directly with your providers' offices to see if they're included in your carrier's network.




# Enrollment steps

Annual Enrollment is October 4 – October 22, 2021

When you're ready to enroll in your benefits, you have three ways to shop:

1




"I want to shop on my own."

I want to learn about and compare my choices. Using the information and tools provided to me, I will select the best coverage to meet my needs.

SHOP ON MY OWN →

2




"Help me shop and recommend coverage options."

I prefer to answer questions about me and my family and receive a recommendation of the coverage that will best meet my needs.

GET RECOMMENDATIONS →

3



"I know what I want to purchase."

I already know which coverages will meet my needs. I want to quickly review my cart, make changes and checkout.


FAST LANE →




## Prefer email communications?

You can update your communication preference settings on the **UPS Benefits Resource Center**.

Go to **My Information** from the profile menu in the top corner next to your name.



- Don't forget to click **"CHECKOUT"** at the top of your screen once you've made your selections.



- After you click **"CHECKOUT,"** you will find your confirmation on the **"VIEW MY 2022 BENEFITS DASHBOARD"** page under the My Benefits Summary tab. Print this page for your records by selecting **"2022 CONFIRMATION (PDF)."**

To receive Annual Enrollment reminders and updates via text message, go to the **My Information** section on the **UPS Benefits Resource Center** and click on **"I would like to receive text messages."** Click **Save** and you're enrolled. You can cancel at any time by replying Stop.



# Your enrollment checklist

Use this checklist to help manage your benefits enrollment.

## >> Before enrollment

- ☑ **Think about your health needs in 2022.** Do you have dependents? Having a baby or planning to adopt? Need surgery?
- ☑ **Understand what's new for 2022.** Read the What's Changing for 2022 section on page 2 in this Benefits Preview Guide.
- ☑ **Consider other benefits.** Think about other benefits you might need during the year, such as accident insurance, income and identity protection, legal services, and more.
- ☑ **Budget for your benefits.** Consider how much you can spend on your benefits and if you should increase your contributions to a tax-advantaged account.
- ☑ **Visit the UPS Benefits Resource Center to:**
  - Look back on 2021 benefit selections and costs.
  - Verify or update your email address and opt in to text message notifications and receive reminders and information related to your benefits.
  - Access the **UPS Virtual Benefits Fair**, available 24/7 between September 27 and October 22, 2021.

## >> During enrollment

- ☑ **Go to [UPSers.com](https://upsers.com) and find the UPS Benefits Resource Center on the home page to:**
  - Compare your 2022 benefit options — carriers, deductibles, and voluntary benefits.
  - Access your 2022 Summary of Benefits and Coverage (SBC) and other annual notices.
  - Look for providers using the provider look-up tool, especially if you're considering a Select network.
  - Enroll in 2022 benefits coverage between October 4 – October 22, 2021.

- ☑ **Certify your spouse.** If you are married and you want to enroll your spouse for medical coverage, you must certify each year that your spouse does not have coverage available through his or her employer. If you don't certify your spouse as eligible, he or she won't be eligible for medical coverage for 2022 — even if enrolled today (and the loss of coverage will not be subject to COBRA continuation coverage).
- ☑ **Enroll in tax-advantaged accounts.** Health Savings Account (HSA), Standard Health Care or Limited Purpose Flexible Spending Account (FSA), and Child/Elder Care FSA help save money. If enrolled, consider increasing your contribution.
- ☑ **Certify your and your spouse's tobacco use.** You must certify your and your spouse's tobacco use status each year. If you do not actively indicate your or your spouse's tobacco status during Annual Enrollment, you will pay a higher medical plan premium. Also, if you certify that you or your spouse use tobacco and you do not participate in the free Tobacco Cessation Incentive Program, you will pay a higher premium.
- ☑ **Confirm your beneficiaries for Life Insurance and AD&D.** Your beneficiary designations carry over for 2022, but make sure they're up-to-date. If you have an HSA, designate your beneficiaries through your Optum account.

## >> After enrollment

- ☑ After you click "**CHECKOUT**," you will find your confirmation on the "**VIEW MY 2022 BENEFITS DASHBOARD**" page under the My Benefits Summary tab. Print this page for your records by selecting "**2022 CONFIRMATION (PDF)**."
- ☑ Start your Wellness Incentive Program.



# 2022 benefits Q&A

## Who's eligible to enroll?

In addition to yourself, you can enroll eligible dependents for coverage under The Flexible Benefits Plan, including:

- Your legal spouse, and
- Your eligible dependent children up to age 26, and
- Your children who are certified as disabled over age 26.

For detailed information about who is considered an eligible dependent, refer to the Summary Plan Description (SPD) on the **UPS Benefits Resource Center**.

## What happens if I don't enroll by October 22?

If you don't enroll or opt out by 11:59 p.m. ET, on October 22, 2021:

- Your spouse won't be enrolled in medical coverage for 2022.
- You will be charged a higher medical plan premium because you didn't certify tobacco use status.
- You won't be enrolled in any tax-advantaged accounts.

## When can I make changes?

Annual Enrollment begins October 4 and ends October 22. After Annual Enrollment ends, you can only make changes to your benefits elections within 60 days of experiencing a qualified life event.

Examples of qualified life events include:

- Marriage
- Divorce, legal separation, or annulment
- Birth or adoption of a child
- Gain or loss of coverage by you, your spouse, or your dependent.

## Do my benefits roll over?

See **What happens if I don't enroll?** on page 3 for information on which coverages roll over.

## What's considered a Best in Market carrier?

The Best in Market carrier offers a lower paycheck contribution in a particular geographic market and minimizes your increase in cost for health care, though it may mean changing carriers. However, the Best in Market carrier may change from year to year, and a Select network may offer a lower cost to you. The cost for the Best in Market carrier is the same, no matter which market you're in.

### How do I access the UPS Benefits Resource Center (BRC)?

You can reach the BRC:

**By phone.** 1-844-877-8588 (Monday – Friday, 8 a.m. – 7 p.m. ET) or 1-678-505-4371 for international calls.

**Online.** Go to **UPSers.com** and find the **UPS Benefits Resource Center** on the home page.



## Do I have to enroll in UPS medical coverage?

You can opt out of coverage. Make sure you opt out of coverage if you don't want it. Otherwise, keep the same option you have today, including prescription drug coverage. Even if you opt out of medical coverage with UPS, it's important to review all your benefit options and determine if you want to enroll in other programs or coverage.

## Where can I go to manage my benefits after Annual Enrollment?

The **UPS Benefits Resource Center** is your year-round resource to manage your benefits. You can:

- Update beneficiaries (current information transfers over).
- Review plan documents, like your Summary of Benefits and Coverage (SBC), Summary Plan Descriptions (SPDs), and required annual notices.
- Check your per-pay-period contribution amounts (payroll deductions).
- Submit documentation to certify new dependents within 60 days of a qualified life event.
- View your confirmation statement or other communications from the plan.
- Learn how to earn rewards and save money through the Wellness Incentive Program.



# Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



This Benefits Preview Guide provides a general summary of your benefits for 2022 under The Flexible Benefits Plan. The official terms and conditions regarding your eligibility for and participation in The Flexible Benefits Plan are in the Summary Plan Description. If there is a conflict between your Summary Plan Description and this guide, the Summary Plan Description controls. The 2022 Summary Plan Description will be available at the beginning of the 2022 plan year on the BRC website under the Benefits tab in "Resources."

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