



2021 New Retiree Benefits Guide

The UPS Retired Employees' Health Care Plan

You must enroll during your enrollment window.

If you don't, you'll default to the coverage described in the table on page 3. Once you have made your elections, you'll receive a benefits Confirmation Statement. You have 30 days from the date on your benefits Confirmation Statement to make any changes, if needed. After that, you can't make any changes to your elections for the year unless you have a qualified life event.

Post-65 coverage and other plan materials are available through the Aon Retiree Health Exchange. The information provided in this guide is for pre-65 coverage.

The UPS Retired Employees' Health Care Plan Summary Plan Description (SPD) describes the types of coverage available under the Plan, as well as which of your family members is eligible for each. You can find the SPD, and other legally required notices, on the UPS Benefits Resource Center website. Go to the Benefits tab and look under Health Forms and Documents.

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This guide gives you an overview of your benefits choices.

For more details, visit the **UPS Benefits Resource Center (BRC)**.

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To receive reminders and updates via text message, go to the **My Information** section on the **UPS Benefits Resource Center** website 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.

Go to **UPSers.com** and look for the **Benefits Resource Center Quick Link** on the home page or go to **upsbrc.ehr.com**.

Enrolling in Your Benefits

It's Time to Make New Decisions

We strive to provide a benefits package and other programs to promote the health and wellbeing of our retirees and their families. Enabling you to become more involved in your personal care helps optimize your benefits experience and improve your quality of life.

This guide provides information to help you make decisions about enrolling in health care benefits available through The UPS Retired Employees' Health Care Plan (REHCP). Your retiree health care decisions allow you to be selective about the benefits best suited for the personal needs of you and your family.

To help you navigate your options, you have access to the **UPS Benefits Resource Center**, which makes it easy to learn and enroll. You also can call 1-844-877-8588, to talk with a trained representative who can provide support and address any questions you may have during this transition.

Make sure you review this guide carefully to understand your options before enrolling as a retiree.

You can reach the UPS Benefits Resource Center:



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



Go to [UPSers.com](https://upsers.com) and look for the **Benefits Resource Center Quick Link** on the home page or go to upsbrc.ehr.com.



Key Points to Know

You must make your initial enrollment election by the date specified on your enrollment notice. To enroll, log on to the **UPS Benefits Resource Center** through **UPSers.com** from a home computer or personal device.

Cost for Coverage

When you retire and become covered under the REHCP, you will be required to meet a new annual deductible, even if you previously met the annual deductible under the Flexible Benefits Plan. In other words, your deductible does not carry over from the Flexible Benefits Plan to the REHCP.

As a retiree, you can see your monthly contribution amounts for your current coverage tier on the **UPS Benefits Resource Center** website. You can also view your rate information for other coverage tiers. You're not required to enroll in the same coverage you had as an active employee. For retiree coverage, you may enroll in different medical, dental, or vision plans, and you may change your coverage tier.

As a retired employee, UPS may provide you, and your spouse, with Defined Dollar Benefit (DDB) credits if you are under age 65 to offset the cost of coverage. Separate credits are established for you and your spouse.

You can view any possible credits you may have on the **UPS Benefits Resource Center** website. Please note that you won't see your credit applied until you have completed the check-out process.

Paying Your Health Care Contributions

Retirees receive monthly invoices from the **UPS Benefits Resource Center**. The initial invoice includes details on how to enroll in Auto Pay, or pay by check, and information about when payment is due. You can create a Billing Account online by going to the **UPS Benefits Resource Center** website, clicking on View My Billing Information under the Benefits tab in My Health Benefits.

Your Shopping Experience

Our **UPS Benefits Resource Center** makes it easy to learn, compare, and shop for your benefits. When you find the coverage you want, just add it to your shopping cart.

Before you check out, you'll be able to see how much of the cost UPS covers and how much of the cost is yours.

If you change your mind while in your enrollment window, you can always change coverage options or

remove a benefit from your cart. Once your window closes, to make changes you must experience a qualified life event or wait until the next Annual Enrollment period.

Once you're ready to confirm your elections, you'll check out to purchase the benefits in your cart.

You must complete this final step. If not, the benefits stay in your cart, and you may not get the coverage you want.

Eligibility

It's important to consider who you would like to keep or add to your coverage. Besides yourself, you have the option to enroll eligible dependents for coverage under The UPS Retired Employees' Health Care Plan (REHCP).

You may enroll any dependent in the REHCP if the dependent is eligible per the terms of the plan.

- Your legal spouse at the time of your retirement even if your spouse was not covered under The Flexible Benefits Plan;
- A "child" who at the time of your retirement and thereafter is:
 - Unmarried, under age 19, and financially dependent on you; or up to age 25, if a full-time student* and still unmarried and financially dependent on you;
 - Incapacitated and meets the requirements set forth in the SPD.

A child includes your natural child, your adopted child, a child placed with you for adoption, a stepchild provided the child resides with you at least half the year, and a child for whom you are appointed as the legal guardian by a court or administrative agency.

Only dependents eligible at the time of your retirement are eligible for REHCP coverage. You cannot add newly eligible dependents once you retire. Enrollment of your dependents is conditional, based on timely providing verification information requested by the plan administrator.

Refer to the Summary Plan Description (SPD) for more details.

***Note:** Proof of full-time student status for dependents over age 19 is required.

What Happens If I Don't Take Action By My Deadline?





Be sure to take action before your enrollment deadline to get the coverage you want. If you don't make elections, here's what happens:

	Enrollment Default Coverage at Initial Retirement
Medical	You keep the same coverage you have today, unless you're currently not enrolled in Flex coverage. If you don't currently have Flex coverage, you'll be enrolled in the lowest-cost plan with the lowest-cost carrier (excluding Kaiser Permanente).
Dental and Vision	You keep the same coverage you have today, unless you're currently not enrolled in Flex coverage. If you don't currently have Flex coverage, you'll be enrolled in the lowest-cost plan.
Dependent Coverage	If you cover eligible family members today, your dependent children remain covered for 2021, if they're eligible. You have to certify full-time student status for dependent children age 19 or older every year. If you don't certify your student by January 31, 2021, your child will be dropped from 2021 coverage and it will be retroactive to January 1, 2021.
Identity Protection, Legal Protection	If previously enrolled in this option, see page 14 for more details.
Group Auto and/or Home Insurance and Pet Insurance	If previously enrolled in this option, see page 14 for more details.



Your Benefits

UPS offers an array of benefit options. The chart below shows the available options.

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

*See page 5 for information on the medical networks.

Make the Most of Your Medical Coverage

- ✓ Take time to review your benefit options before you enroll for next year.
- ✓ Review the Broad networks and Select networks available to you, and select the one that works best for your health care needs and budget.
- ✓ Know how your plan works, including your deductibles, out-of-pocket maximums, coinsurance, and covered services. Understanding your plan will help you get quality care and save money.
- ✓ Take advantage of preventive care benefits and stay healthy. Eligible preventive care is covered at 100% in-network.
- ✓ See doctors in your network. The lowest charges are almost always for doctors and hospitals in your plan's network.
- ✓ Shop smart by selecting generic drugs when possible. You pay more for brand-name drugs.



Your Medical Coverage Options

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

Here are your medical plan options:

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

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

When you retire and become covered under the REHCP, you will be required to meet a new annual deductible, even if you previously met the annual deductible under the Flexible Benefits Plan. In other words, your deductible does not carry over from the Flexible Benefits Plan to the REHCP.

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](#) website.



Out-of-Network Example

A note about out-of-network allowed charges. Beginning in 2021, the allowed charges – the amount the medical plans take into consideration when paying coinsurance – for most out-of-network services will be 110% of the Medicare Fee Schedule instead of 140%. This means your out-of-pocket costs will be higher when you use out-of-network providers.

Here's an example of how your out-of-pocket costs will differ between 2020 and 2021:

- You are enrolled in the \$1,500 Deductible Plan and have satisfied the out-of-network deductible.
- You see an out-of-network doctor who charges \$200 for the visit and the Medicare Fee Schedule allows \$140 for this service.

	The Plan Pays Out-of-Network Benefits Based on this Percentage of the Medicare Fee Allowed for this Service (Allowed Amount)	You Pay 50% Coinsurance Out-of-Network	+	You Pay the Balance Over Allowed Amount	=	Total You Pay
2020	140% x \$140 = \$196	\$98	+	\$200 - \$196 = \$4	=	\$102
2021	110% x \$140 = \$154	\$77	+	\$200 - \$154 = \$46	=	\$123



Your Prescription Drug Benefits

Each medical plan includes prescription drug coverage through CVS Caremark, except Kaiser Permanente medical plans, which have their own pharmacy network.

Your prescription drug benefits include coverage for certain preventive, generic, and brand-name medications. Each medical plan 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. Kaiser Permanente medical plans have their own pharmacy network.

*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 caremark.com and sign in. Click on Plan & Benefits , then on Covered Drug List .		
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.		

*You can fill a prescription for a specialty medication up to a 30-day supply only.



Coverage for specialty drugs is provided in all three medical plans. 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 drug for up to a maximum of 30 days. For more information, call CVS Caremark at 1-855-282-8412.



If you enroll in a medical plan 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** website. The pharmacy network is primarily Kaiser Permanente pharmacies with additional access in some areas.



CVS Caremark Pharmacy Plan

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 Caremark 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 two dental plans to choose from, plus the Dental HMO (DHMO) Plan is available in some areas.



Here are your dental plan options. When selecting your dental option, be sure your dentist is a participating provider.

	\$2,500 Max Plan	\$1,500 Max Plan	DHMO Plan*
Contribution Amount	\$\$\$	\$\$	\$
Deductible <ul style="list-style-type: none"> • Per person • Maximum deductible amount per family 	\$50 \$150	\$50 \$150	None None
Annual Benefits Maximum	\$2,500 per person	\$1,500 per person	No limit
Preventive Care, like check-ups (deductible doesn't apply)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services, like fillings	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 100%
Major Services, like bridges, crowns, and inlays	Plan pays 60% after deductible	Plan pays 50% after deductible	Plan pays 80%
Orthodontia (deductible doesn't apply) <ul style="list-style-type: none"> • Adults • Children (appliance must be placed prior to age 20) • Lifetime orthodontia benefits per eligible covered person 	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 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).

Our dental carrier is Aetna. Check to see if your current dentist is participating in the Aetna network for our dental plan options. The **UPS Benefits Resource Center** makes it easy when you use the online provider look-up tool. In-network and out-of-network dental benefits are available for the \$2,500 Max Plan w/Orthodontia and \$1,500 Max Plan w/Orthodontia.

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 w/Orthodontia, coverage is available when services are provided by in-network providers only.

For more dental plan details, visit the **UPS Benefits Resource Center** website.



Your Vision Plan Options

You have two vision plans to choose from through UnitedHealthcare.

Here Are Your Vision Plan Options:

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

*In lieu of frames.







In-network and out-of-network vision benefits are available. However, 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** website.



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. 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** website. Go to [UPSers.com](https://upsers.com) and look for the **Benefits Resource Center Quick Link** on the home page.

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

Which Network is Right for Me?

1.

Cost



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



2.

Access to your preferred provider(s)

Broad Network

Select 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.

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



Expert Medical Opinion

Looking for an expert medical opinion? Consider using Expert Medical Opinion, available through Teladoc®. This service provides an expert review of all your medical records by a world-renowned physician who specializes in your condition. The goal is to provide you with the most accurate diagnosis and effective treatment plan. You can consult Expert Medical Opinion for a wide range of medical conditions, including surgeries, complex medical conditions, sports injuries, chronic diseases, and life-threatening conditions. This program 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 www.teladoc.com/UPS. Download the Teladoc app and register, or link directly through your wellbeing provider, MyEvive at <https://ups.myevive.com>.

Behavioral Health and Substance Use Disorder Support for You and Your Family

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

Transform Diabetes Care Program

The Transform Diabetes Care program offers you a Livongo connected meter, personal coaching, and unlimited strips/lancets — all with no out-of-pocket costs. The program is available to all UPSers and their dependents enrolled in a medical plan with CVS pharmacy coverage. Learn more and enroll today by visiting welcome.livongo.com/UPS or by calling Livongo Member Support at 1-800-945-4355 and mentioning code "UPS".

Telemedicine

With telemedicine, you can consult with U.S. board-certified doctors 24/7 via your personal mobile device or computer for non-emergency care. To register, visit your medical carrier's website or call the number on your medical insurance card. You can also register for MyEvive at <https://ups.myevive.com> and link directly to your carrier.



Our Wellbeing Program: MyEvive

MyEvive 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, MyEvive links directly to benefits that matter to you.

MyEvive features: COVID-19 resources, easy access to your deductible and out-of-pocket expense status*, a search engine for doctors, urgent care centers, pharmacies, and more near you. And, **Save Cards**, which allows you to save and access resources like your medical and pharmacy cards more easily.

Get Started

Download the MyEvive app or access the website through the **UPS Benefits Resource Center** or UPSers.com, via **MyEvive direct link** or by going to <https://ups.myevive.com>. Each eligible family member must register for their own account using the UPSers employee ID.

* 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.

The Health Savings Account (HSA)

The HSA is available to individuals with the \$1,500 and \$2,000 Deductible Plans. This helps to offset the cost of things like deductibles and coinsurance each year — and to help you save for future health care expenses. Be aware that once you become Medicare-eligible, your eligibility for an HSA changes.

Key Features of the HSA

Feature	HSA
You Open Your Account	You are responsible for opening your HSA and making contributions. To open your account or change your contribution amount, you must contact Optum Bank at 1-866-234-8913 or visit optumbank.com .
You Can Make Contributions	You can contribute up to the annual IRS limits for 2021: <ul style="list-style-type: none"> • \$3,600 for you only* • \$7,200 if you cover dependents* • An additional \$1,000 if you're age 55 or older as of December 31, 2021
Your Contributions Are After-Tax	You make contributions on an after-tax basis, then take the deduction on your income tax return.
How You Can Use Your Account	Your HSA can be used for eligible health care expenses, including: <ul style="list-style-type: none"> • Medical plan deductibles and coinsurance • Acupuncture • Chiropractic care • Dental visits • Mental health care • Prescription drugs • Prescription vision and hearing expenses • Substance use treatment For a complete list of eligible expenses, visit irs.gov/publications/p502/index.html .
Your Account Balance Rolls Over from Year to Year	You own the balance in your account, not UPS.
You Can Invest Your Account Balance	Once your HSA balance reaches \$2,000. Optum Bank offers several investment options. To learn more about investment options, go to optumbank.com .
Tax Savings Benefits	<ul style="list-style-type: none"> • Although your contributions are after-tax, you can claim them as a deduction on your income tax return. • There's no tax as your HSA money grows with interest and investment earnings (if you invest your account balance), and no tax when you spend it on eligible medical, prescription drug, dental, or vision expenses.

*Contribution limits are subject to change year to year by the IRS.

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).

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 to make your selection today.

Voluntary Benefits

In addition to medical, dental, and vision coverage, UPS offers the following voluntary benefits to retirees: Home and Auto Insurance, Legal Protection, Identity Protection, and Pet Insurance. If you elected coverage prior to retirement, you will receive information from the carriers directly regarding how to port your benefit – with the exception of MetLife Legal which you must contact directly at 1-800-821-6400 to discuss porting your current coverage. If you didn't elect coverage prior to retirement, you have an opportunity to now enroll in any of the voluntary benefits by contacting the carriers directly. Please see Page 19 for carrier contact information.

Home and Auto Insurance

Home and auto insurance is necessary, but expensive. We offer Group Auto and Home insurance through MetLife or Liberty Mutual to provide you discounted rates.



Identity Protection

Unfortunately, identity theft is on the rise. You can protect yourself and your family members with Allstate Identity Protection (rebranded from InfoArmor). 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 Plan

Legal Protection services through MetLife Legal (formerly Hyatt Legal) gives 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.



Critical Illness, Hospital Indemnity, and Accident Insurance


Effective for 2021, Accident, Hospital Indemnity, and Critical Illness Insurance will no longer be offered to retirees. If you currently have coverage under one of these plans, your plans will remain active as long as you continue to make premium payments.

Note: These ancillary benefits aren't "sponsored" by UPS, but are offered as a convenience and can be elected or dropped at any time.

How to Enroll

When you're ready to enroll in your benefits, you have two 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



"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's** website.

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 2021 BENEFITS DASHBOARD"** page under the My Benefits Summary tab. Print this page for your records by selecting **"2021 CONFIRMATION (PDF)."**



Frequently Asked Questions

Who is eligible for The UPS Retired Employees' Health Care Plan?

You're eligible to participate in the Plan if you're a full- or part-time union-free employee who is eligible for The Flexible Benefits Plan at the time of retirement from UPS. In addition, you must:

- Be at least age 55, have 10 or more years of vesting service (at least one of which was as a participant in the UPS Retirement Plan);
- Be age 65, have five or more years of vesting service (at least one of which was as a participant in the UPS Retirement Plan);
- Be a participant in The Flexible Benefits Plan on approved long-term disability who has been administratively separated from UPS after 12 consecutive months of leave.

Where do I see my available credits?

Any available UPS provided credits can be seen in your shopping cart before you check out and on your summary page.

Do I have to meet a new deductible when I move into the retiree health care plan?

Yes, you do. The UPS Retired Employees' Health Care Plan (REHCP) is a different plan than The Flexible Benefits Plan. If you met the deductible amount when you were covered under The Flexible Benefits Plan, it won't roll over to the REHCP. This is a new plan and the deductible and out-of-pocket maximums are required in this plan.

Is the life insurance I had as an active employee portable or convertible?

Your active basic and elected supplemental term life insurance ends on your separation date. You will receive coverage continuation options for you and your dependents' basic and supplemental life coverages directly from Securian Life Insurance Company.

You may continue the same amount or a lesser amount of coverage in force on your separation date without being required to provide evidence of insurability. You must elect and pay to port or convert your coverage within 31 days of your separated date. You can reach Securian's Portability and Conversion department at 1-866-365-2374.

Your basic and supplemental Accidental Death and Dismemberment (AD&D) coverage ends on your separation date. It may not be converted or ported.

What happens if I don't enroll within my enrollment window?

If you don't enroll during your enrollment window, you'll receive the coverage described in the table on page 3.

In order to change your coverage, you must experience a qualified life event or wait until next year's Annual Enrollment.

What if my spouse is over age 65, or what if I turn 65 when I am enrolled in UPS benefits?

The UPS Retired Employees' Health Care Plan doesn't provide coverage for Medicare-eligible retirees and spouses age 65 or older. To help you and/or your spouse select a Medicare supplement plan, UPS provides access to the Aon Retiree Health Exchange. Prior to turning 65, you and/or your spouse will receive information on enrolling through the Aon Retiree Health Exchange. The UPS Retired Employees' Health Care Plan will continue to provide coverage for you or your spouse until you turn age 65 or otherwise become eligible for Medicare. If you have questions about post-65 Medicare coverage, please call the Aon Retiree Health Exchange at 1-800-505-8515.

What's considered a Best in Market carrier?

The Best in Market carrier offers a lower 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.

What happens if I drop coverage and want to re-enroll later?

You can re-enroll, but you have to provide proof that you had continuous coverage elsewhere during the time you opted out. If you fail to provide proof of other coverage, you won't be allowed to enroll into The UPS Retired Employees' Health Care Plan (REHCP) at a later date. You must call the **UPS Benefits Resource Center** to provide notification within 60 days of losing coverage.

How do I access the UPS Benefits Resource Center (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](https://upsers.com) and look for the **Benefits Resource Center Quick Link** on the home page, or go to upsbrc.ehr.com.

Remember, you must make your initial enrollment election within 45 days of your retirement date.

If there is a delay in receiving your information, this deadline may be extended. Please go online to the **Benefits Resource Center** to see your specific enrollment deadline.



Tools and Resources

Where to get help?

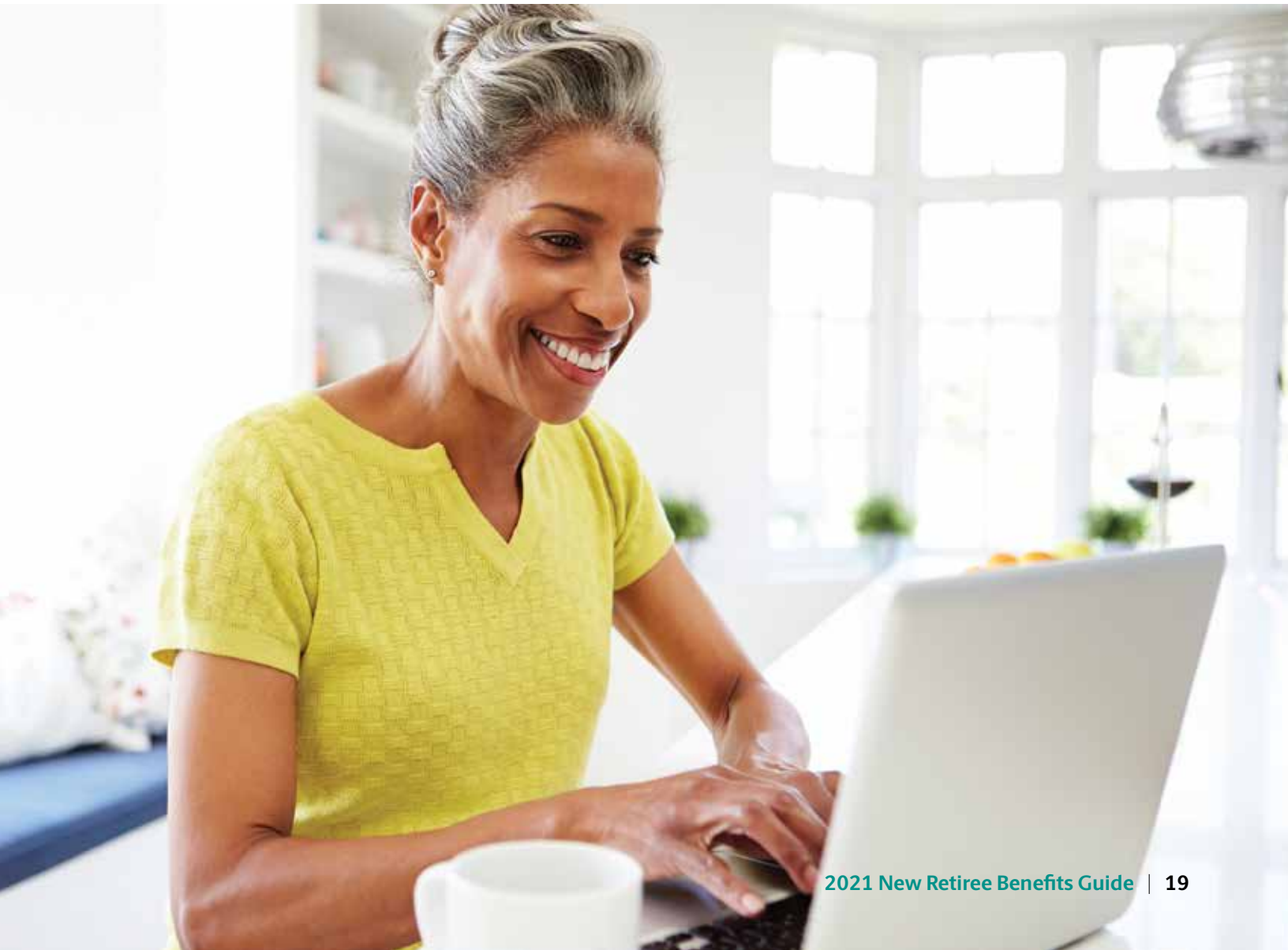
Pre-65 UPS Benefits Resource Center: **1-844-877-8588**

Post-65 Aon Retiree Health Exchange: **1-800-505-8515**

Carrier	Group Number	Website	Phone Number
Medical			
Aetna	868598	www.aetna.com	1-800-435-7324
Anthem	175473	www.anthem.com	1-855-804-2073
Cigna	2500754	www.mycigna.com	1-855-881-7925
Kaiser Permanente	California (Northern): 605666 California (Southern): 233650 Colorado (Northern): 35882 Colorado (Southern): 35882 Georgia: 10308 Hawaii: 34847 Mid-Atlantic: 24785 Northwest: 21221 Washington: 25614	my.kp.org/ups	California (Northern): 1-800-464-4000 California (Southern): 1-800-464-4000 Colorado Springs: 1-888-681-7878 Denver Area: 1-303-338-3800 Colorado Other Areas: 1-800-632-9700 Georgia: 1-888-865-5813 Atlanta Metro Area: 1-404-261-2590 Hawaii: 1-808-432-5955 Mid-Atlantic: 1-800-777-7902 DC: 1-301-468-6000 Northwest: 1-800-813-2000 Washington: 1-888-901-4636
UnitedHealthcare	915270	www.myuhc.com	1-844-333-2618
Prescription Drugs			
CVS Caremark	Aetna: Rx3141 Anthem: Rx0703 Cigna: RX4106 UnitedHealthcare: Rx3143	www.caremark.com	1-855-282-8412
Dental			
Aetna	868599	www.aetna.com	1-800-435-7324
Vision			
UnitedHealthcare	221775	www.myuhcvision.com	1-844-851-7822
Health Savings Account			
Optum Bank	Aetna: 863206DR Anthem: 82801AR Cigna: 2500754CR Kaiser: 101610KR UnitedHealthcare: 221775UR	www.optumbank.com	1-866-234-8913
COBRA Service Center			
COBRA Service Center	Not applicable	https://cobra.ehr.com	1-877-29-COBRA (1-877-292-6272)

Voluntary Benefits Carrier Contact Information

Other Benefits	Carrier	Website	Phone Number
Group Auto and Home Insurance	Liberty Mutual	www.libertymutual.com/upsretirees	1-800-368-3621
	MetLife	www.metlife.com/us-grpautohome/retired/	1-877-619-5604
Identity Protection	Allstate	www.InfoArmor.com/UPSRetirees	1-844-694-3776
Legal Protection	MetLife Legal	www.legalplans.com	1-800-821-6400
Pet Insurance	Nationwide	www.petinsurance.com/UPS-retirees	1-877-738-7874





This Benefits Guide provides a general summary of your benefits for 2021 under the UPS Retired Employees' Health Care Plan. The official terms and conditions regarding your eligibility for and participation in the UPS Retired Employees' Health Care 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 2021 Summary Plan Description will be available at or around the beginning of the 2021 plan year on the BRC website under the Benefits tab in "Resources".

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