



2025 BENEFITS OPEN ENROLLMENT GUIDE

FOR REGULAR EMPLOYEES



ENROLL
through the ITC Portal
OCT 21 - NOV 8

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



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2025 BENEFITS HIGHLIGHTS

2025 Benefits Open Enrollment information online: benefits.swri.org

Premium / Copay Changes

- Premium Increases for UnitedHealthcare Choice EPO and Texas Premier Choice plans (page 4).
- Premium increases for Dental (page 4).
- Medical copay changes (page 5).
- No changes in premiums for VSP plans.
- No changes in prescription copays.

Critical Illness/Accidental Injury reduced premiums

- Reduced premiums became effective June 8, 2024. There is also an additional \$3,000 in Hospital benefits in the Critical Illness program for covered mental health and musculoskeletal (MSK) care (page 15). Details for each program can be found in the Cigna AI and CI benefits summaries available online.

Flexible Spending Accounts (FSA) reminders

- Important reminders on Health Care Reimbursement and Dependent Care Reimbursement Flexible Spending Accounts on page 14.
- Must re-enroll annually during Benefits Open Enrollment period to participate.

New: MetLife Legal Plan expanded feature at no extra cost

- For non-covered matters that are not otherwise excluded, you now have 4 extra hours of attorney time and services per plan year (page 20).

Designate Beneficiaries to your current wishes

- Designate beneficiaries for insurance and retirement plan assets (pages 18, 23 and 25).

Open Enrollment Sessions

- October 23: Benefits Presentation, Noon (Central), B160 1st Floor Auditorium (In Person or Teams).
- October 30: Open Enrollment Fair from 7:30am to 1:30pm, B161, Executive Dining Room.

2025 PREMIUMS

	Employee Only	Employee +Child(ren)	Employee +Spouse	Employee +Family	Mandatory
MEDICAL CARE OPTIONS	(Biweekly Premiums)				
UnitedHealthcare Choice EPO Plan: Self-Insured Plan	\$88.59	\$193.81	\$251.72	\$376.17	
UnitedHealthcare Texas Premier Choice Plan: Fully-Insured Plan	167.83	377.63	402.80	577.35	
DENTAL CARE OPTION					
Delta Dental PPO: Self-Insured Plan	none	14.84	12.54	34.51	Employee Only
VISION CARE OPTIONS					
VSP - High Option	8.56	14.69	14.40	22.98	
VSP - Low Option	5.31	10.08	9.14	12.24	
FLEXIBLE SPENDING ACCOUNTS (CALENDAR YEAR ELECTION REQUIRED)					
Health Care Reimbursement Account: Separate Program that Operates under the Section 125 Plan	The FSA annual maximum plan contribution limit is projected to increase to \$3,300 in 2025 (pending the official IRS announcement at https://www.irs.gov/).				
Dependent Care Reimbursement Account: Separate Program that Operates under the Section 125 Plan	Calendar year election required. Maximum \$5,000 annually per household or up to \$192.31 biweekly.				
YOU MUST RE-ENROLL FOR YOUR FLEXIBLE SPENDING ACCOUNTS (HEALTH CARE REIMBURSEMENT ACCOUNT AND DEPENDENT CARE REIMBURSEMENT ACCOUNT) EVERY YEAR (elect and submit an electronic enrollment form at every annual Open Enrollment period)					
DISABILITY INSURANCE					
Long-Term Disability	Premium is based on salary.				✓
Short-Term Income Replacement (STIR)	Premium is based on salary and age				
LIFE/AD&D INSURANCE					
Group Life	Premium is based on salary.				✓
Voluntary Life	Premium is based on coverage amount and age.				
Dependent Life Coverage Amounts: Spouse \$20,000 Child \$10,000	80¢ biweekly (one dependent); 98¢ biweekly (two or more dependents)				
Group Accidental Death and Dismemberment Insurance: Coverage is Based on Salary	None – Employer Paid				✓
Voluntary Accidental Death and Dismemberment	Premium is based on coverage amount.				
Business Travel Accident: \$300,000 of Additional Accidental Death and Dismemberment Coverage	None – Employer Paid				✓
OTHER INSURANCE PROGRAMS					
Accidental Injury	Premium is based on level of coverage selected.				
Critical Illness	Premium is based on coverage amount and age.				
Legal Plan	\$4.15 biweekly – Low Option; \$8.31 biweekly – High Option				
MetLife Voluntary Cancer and Specified Disease	Premium is based on level of coverage selected.				

Further information is available at benefits.swri.org regarding mid-year change restrictions.

HEALTH CARE BENEFITS

COMPARISON OF MEDICAL PLANS

A summary of your 2025 Copayment/Coinsurance for Covered Health Services is below. Additional information on 2024 medical plan benefits is available at benefits.swri.org. 2025 changes are shaded below.

COVERED HEALTH SERVICES	UHC Choice EPO – Network only	UHC Texas Premier Choice – Network only
ANNUAL DEDUCTIBLE	None	\$1,000/individual \$2,000/family
OUT-OF-POCKET MAXIMUM	\$5,000/individual \$10,000/family	\$4,000/individual \$8,000/family
Autism ABA Services (Outpatient)	\$40	\$25
Durable Medical Equipment (DME) (includes prosthetic devices)	20% Coinsurance	No Charge after deductible
Emergency/Non-Emergency Ambulance	\$150	No Charge after deductible
Emergency Room	\$500	\$500
Hearing Aids	50% Coinsurance	No Charge after deductible
Home Health Care	\$40	No Charge after deductible
Hospital - Inpatient Stay (includes physician fees)	\$600 / stay	\$100 / stay after deductible
Imaging and Major Diagnostic- Outpatient (e.g., CT, MRI)	\$150	No Charge after deductible
Lab, X-Ray and Minor Diagnostics – Outpatient	No Charge	No Charge
Mental Health Services (Outpatient)	\$30 or \$40	\$25
Office Visits – Primary Care (ages 0-18)	\$30	No Charge
Office Visits – Primary Care (ages 19 or older)	\$30	\$25
24/7 Virtual Visits through UHC App	No Charge	No Charge
Office Visits - Specialist	\$40	\$25 or \$50
Pharmaceutical Products	20% Coinsurance	No Charge after deductible
Pregnancy - Maternity Services (Hospital Stay)	\$600 / stay	\$100 / stay after deductible
Pregnancy – Maternity Services (Office Visit)	\$30 / pregnancy	\$25 or \$50 / pregnancy
Preventive Care Services	No Charge	No Charge
Rehabilitation Services - Outpatient (e.g., physical therapy)	\$40	\$25
Scopic Procedures – Preventive	No Charge	No Charge
Scopic Procedures – Diagnostic	No Charge	\$200 / surgery after deductible
Special Nutritional Feedings (e.g., medically necessary infant formula)	20% Coinsurance	No Charge after deductible
Substance Abuse Services (Outpatient)	\$30 or \$40	\$25
Surgery – Outpatient (includes physician fees)	\$400 / surgery	\$200 / surgery after deductible
Telemedicine with Primary Doctor or Specialist	\$30 or \$40	\$25 or \$50
Therapeutic Treatments – Outpatient (e.g., chemotherapy)	20% Coinsurance	No Charge after deductible
Urgent Care Center Services	\$40	\$50
Vision Examination	\$40	\$25

Preventive Care

To learn more about preventive care guidelines for your age and gender, please visit: <https://www.uhc.com/health-and-wellness/preventive-care>

QUICK CARE OPTIONS – 24/7 VIRTUAL VISITS • DISPATCHHEALTH • URGENT CARE • EMERGENCY ROOM

If you are experiencing any life-threatening symptoms, call 911 immediately. If it's not an emergency, comparing care options could help save you time, money and frustration. ***Not sure where to go for care?*** Call the number on your health plan ID card. Visit myuhc.com or the [UnitedHealthcare app](#) for network urgent care center locations.



myuhc.com

QUICK CARE OPTIONS	NEEDS OR SYMPTOMS	AVERAGE COST
24/7 VIRTUAL VISITS When you need care — anytime, day or night video chat with a doctor 24/7 in 20 minutes or less using your computer or mobile device. Here's how Virtual Visits work and the steps you'll need to take. <ol style="list-style-type: none"> 1. Use the UnitedHealthcare App; click on Virtual Visits in the Dashboard; and click Get Started. 2. Choose a provider and register 3. Get a diagnosis and a prescription, if needed. 	<ul style="list-style-type: none"> • Allergies • Bladder / UTI • Bronchitis • Coughing • Diarrhea • Fever • Migraine • Pinkeye • Rash • Seasonal flu • Sinus problems And much more 	NO COST (THROUGH THE UHC APP)
DISPATCHHEALTH Qualified medical teams treat you from the comfort of your home. Speak to a provider at 833-492-0263, available 7 days a week, including holidays, from 8am to 10pm.	<ul style="list-style-type: none"> • COVID-19 symptoms • Pneumonia • Respiratory infections • Shortness of breath with COPD • Significant skin infections • Strains, sprains and minor fractures And more 	\$40
URGENT CARE CENTER Quick after-hours care. Before you enter <u>be sure it is an Urgent Care Center in the Network</u> . To verify, call the number on your UnitedHealthcare ID card or use the online mobile App.	<ul style="list-style-type: none"> • Low back pain • Respiratory (cough, pneumonia, asthma) • Stomach (pain, vomiting, diarrhea) • Infections (skin, eye, ear/nose/throat, genital-urinary) • Minor injuries (burns, stitches, sprains, small fractures) 	\$40
HOSPITAL EMERGENCY ROOM Care for serious needs.	<ul style="list-style-type: none"> • Chest pain • Shortness of breath • Severe asthma attack • Major burns • Severe injuries • Kidney stones 	\$500

FREESTANDING ERs ARE NOT URGENT CARE CENTERS

Call the number on your UHC member ID card or use the UnitedHealthcare app to verify.

MEDICAL SERVICES RECEIVED FROM NON-NETWORK PROVIDERS

The UnitedHealthcare Choice EPO and Texas Premier Choice plans are both Exclusive Provider Only (EPO) plans. Generally, only services received from in-network providers are covered and will be paid by UnitedHealthcare. Find a network provider at myuhc.com or call 877-370-0859. Tell network facilities and physicians that you only want to receive services from Choice network providers. For prescheduled services, such as surgery or medical procedures, **ask if a non-network anesthesiologist, assistant surgeon, or other provider will be used.**

In certain circumstances, medical services received from a non-network provider will be covered by UnitedHealthcare and paid according to plan benefits. The information below can help you understand when coverage will be provided and how claims will be paid.

Note: The information below is a summary. Review the Summary Plan Description and/or insurance certificate available, after January 1, 2025, for a full description of plan coverages, exclusions, and limitations.

What services from non-network providers are covered and will be paid by UnitedHealthcare?	How are covered medical services with non-network providers paid?	What if the non-network provider bills an amount greater than the amount paid by UnitedHealthcare?
<p>In both the UnitedHealthcare Choice EPO and Texas Premier Choice plans, most medical services received from a non-network provider at an in-network facility or for emergency services will be covered.</p> <p>If you directly access care from an out-of-network provider, such as an office visit with a non-network physician or surgery at a non-network outpatient surgery center, the medical services received will not be covered, and you will be required to pay the full cost for the services received.</p>	<p>Covered services received for a member enrolled in the Choice EPO plan from non-network providers at an in-network facility or as part of emergency services will be paid by UnitedHealthcare at 140% of the amount Medicare has approved for the medical service received. In these circumstances, a provider will be paid by UnitedHealthcare at 110% of the Medicare rate for a member enrolled in the Texas Premier Choice plan.</p>	<p>In the Choice EPO plan, non-network providers are banned from billing patients amounts greater than the member cost share for medical services received at an in-network facility or as a part of emergency services under the federal No Surprises Act regulations. Ground ambulance services are not subject to the No Surprises Act's prohibition on surprise billings.</p> <p>In the Texas Premier Choice plan, non-network providers are also banned under Texas Department of Insurance regulations from billing patients amounts greater than the member cost share for medical services (excluding ground ambulance services) received at an in-network facility or as a part of emergency services.</p> <p>In either plan, members should call the number on the back of their ID card if they receive a bill from a non-network provider following services at an in-network facility or following emergency services.</p>

COMPARISON OF PRESCRIPTION BENEFITS

What are prescription medication tiers?

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

CO-PAYMENT TIERS	UHC CHOICE EPO – NETWORK ONLY			UHC TEXAS PREMIER CHOICE – NETWORK ONLY		
	31-Day Retail Supply	90-Day Retail Supply	90-Day Mail Order Supply	31-Day Retail Supply	90-Day Retail Supply	90-Day Mail Order Supply
Tier 1 – Your Lowest Cost Option	\$12	\$24	\$30	\$10	Not Available	\$20
Tier 2 – Your Midrange Cost Option	\$35	\$70	\$87.50	\$35	Not Available	\$70
Tier 3 – Your High-Cost Option	\$70	\$140	\$175	\$60	Not Available	\$120
Tier 4 – Your Highest-Cost Option	\$130	\$260	\$325	Not Available	Not Available	Not Available

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

UHC CHOICE EPO PLAN: A 90-day retail supply is available by asking your doctor to send a 90-day prescription to a network retail pharmacy. **REMINDER: CVS is not a network pharmacy.** Visit myuhc.com to find a network pharmacy.

UHC TEXAS PREMIER CHOICE PLAN: The 31-day retail supply costs above represent up to a 31-day supply received from a network retail pharmacy. The 90-day mail-order supply costs above represent a prescription received from the OptumRx mail-order pharmacy. *A 90-day retail supply is not available for the UHC Texas Premier Choice Plan.*

If you are impacted by medications excluded or moving to a higher tier, you will receive a letter from UnitedHealthcare with more information specific to your needs.

2025 PRESCRIPTION DRUG – NEW EXCLUSIONS AND TIER CHANGES

Following is a list of new medication exclusions and tier changes in the UnitedHealthcare Choice EPO plan that will be effective in 2025. **Other exclusions and tier changes may apply.** Talk to your doctor about the alternative options. Costs for covered alternatives may vary. Log on to myuhc.com to access cost-savings tools that provide pricing and coverage information for specific medications. You may also call the customer service number on your member ID card. If you are on the Texas Premier Choice Plan, medications may be excluded or change tiers. If you are impacted, you will receive a letter from UnitedHealthcare.

THERAPEUTIC USE	EXCLUSIONS OR TIER CHANGES	LOWER COST OPTION/S
Anemia	Epogen	Retacrit
	Procrit	Retacrit
Blood disorders	Mulpleta	Discuss alternative treatment options with your provider
	Promacta tablet	Alvaiz
Bowel preparations	MoviPrep	polyethylene glycol powder (generic Glycolax), PEG (generic Golytely)
Cancer	Imbruvica 140 mg, 280 mg tablets only	Imbruvica capsules
	Votrient (brand only)	pazopanib (generic Votrient)
Cushing's disease	Korlym (brand only)	mifepristone (generic Korlym)
Diabetes	Kazano	Alogliptin/Metformin (Kazano authorized generic)
	Nesina	Alogliptin (Nesina Authorized generic)
	Oseni	Alogliptin/Pioglitazone (Oseni Authorized generic)
Elevated phosphate levels	sevelamer hydrochloride tablet (generic Renagel)	sevelamer carbonate tablet (generic Renvela)
	Velphoro	calcium acetate (generic PhosLo), sevelamer carbonate tablet (generic Renvela)
Growth hormone	Nutropin AQ NuSpin	Norditropin Flexpro, Omnitrope
Hereditary angioedema	Sajazir	icatibant acetate (generic Firazyr)
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
	Amjevita 20mg/0.2 mL, 40mg/0.4 mL, 80mg/0.8 mL (manufactured by Amgen)	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
	Amjevita 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL	Adalimumab-adaz (unbranded Hyrimoz), Adalimumab-adbm (unbranded Cyltezo), Amjevita 100 mg/mL, Hadlima, Humira
	Cosentyx	adalimumab [Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira], Cimzia, Enbrel, Rinvoq, Simponi, Skyrizi, Sotyktu, Stelara, Taltz, Tremfya, Xeljanz
	Cyltezo	Adalimumab-adaz (unbranded Hyrimoz), Adalimumab-adbm (unbranded Cyltezo), Amjevita 100 mg/mL, Hadlima, Humira
	Hadlima	Adalimumab-adaz (unbranded Hyrimoz), Amjevita for Nuvaila, Humira
Oral steroid	Millipred	prednisone tablets, prednisolone tablets
Vitamin	Floriva Plus	generic pediatric multivitamins with fluoride
	Multi-Vit-Flor	generic pediatric multivitamins with fluoride
	Poly-Vi-Flor	generic pediatric multivitamins with fluoride

DENTAL PLAN SUMMARY

The information below is a summary of the 2025 dental plan. Additional information on 2025 dental plan benefits is available at benefits.swri.org.

ELIGIBILITY	Primary enrollee, spouse and eligible dependent children to age 26			
Dentist Selection	Your costs will be lower when using a PPO or Premier Network dentist.			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventative (D & P) and Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

BENEFITS AND COVERED SERVICES*	NETWORK DENTIST**	OUT-OF-NETWORK DENTIST**
DIAGNOSTIC & PREVENTIVE SERVICES (D & P) Exams, cleanings, x-rays and sealants	100%	100%
NON-SURGICAL PERIODONTICS Periodontal cleanings	100%	100%
BASIC SERVICES Fillings	80%	80%
ENDODONTICS Root Canals	80%	80%
ORAL SURGERY Covered under Basic Services	80%	80%
MAJOR SERVICES Crowns, inlays, onlays, cast restorations	50%	50%
PROSTHODONTICS Bridges, dentures and implants	50%	50%
ORTHODONTICS Adults and dependent children	50%	50%
BALANCE BILLING RISK	No	Yes (See page 11)

*Limitations and exclusions apply to plan benefits.

**Reimbursement is based on contracted fees for PPO and Premier dentists and the plan allowance for out-of-network dentists.

IMPORTANT CONSUMER INFORMATION:

A pre-determination from your dental provider prior to scheduling any major treatment is strongly recommended.

Lost your ID card? Get a new one at: deltadentalins.com

OUT-OF-NETWORK DENTAL BENEFITS

Are out-of-network benefits available in the Delta Dental plan?

Yes. However, you should find a dental provider who participates in the PPO or Premier network. Because out-of-network dentists have not agreed to contracted fees, claims costs are higher, and you will pay more for the services received.

How are claims paid for out-of-network dentists?

If you receive services from an out-of-network dentist, the plan allowance will be capped at the Premier network reimbursement rate. Thus, you could pay significantly more for services as out-of-network dentists can balance bill for the difference between

their billed fee and the plan allowance. The example shown below illustrates the difference in member responsibility during 2025 when visiting a PPO or Premier network dentist compared to an out-of-network dentist.

If I am seeing an out-of-network dentist, what should I do?

Find a PPO dentist at deltadentalins.com. PPO dentists have agreed to the largest discounts. Your cost for covered services is lowest when using a PPO dentist. You also save but pay slightly higher amounts when using a Premier network dentist.

If you receive services in 2025 from an out-of-network dentist, you will pay significantly higher costs.

Below is an example of network versus out-of-network dentist costs for a crown:

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist Charges	\$1,060	\$1,060	\$1,060
Plan Allowance	\$586	\$718	\$718
Plan Pays 50%	(\$293)	(\$359)	(\$359)
Your Coinsurance	\$293	\$359	\$359
Balance Billing (Dentist Charges minus Plan Allowance)	\$0	\$0	\$342
Your Total Cost	\$293	\$359	\$701

Note: These hypothetical numbers are for illustrative purposes only. Assume no maximum or deductibles are applicable. Dentists are assumed to be General Providers.

VSP PLAN SUMMARY

This chart is a summary of the two vision plan options available in 2025. Choose one using the Open Enrollment Change Form.

Group #: 01109420	IN-NETWORK MEMBER BENEFITS	
	VSP – Low Option	VSP – High Option
Vision Examination		
Copayment	\$10	\$10
Frame Allowance		
Standard Allowance	\$165	\$250
Walmart Allowance	\$165	\$250
Featured Frames	\$215	\$300
Visionworks Allowance	\$215	\$300
Costco Allowance	\$90	\$135
Lenses & Lens Enhancements		
Single Vision, Bifocal, Trifocal	Covered in Full	Covered in Full
Scratch-Resistant Coating	Covered in Full	Covered in Full
Standard Anti-Reflective Coating	Covered in Full	Covered in Full
Polycarbonates	Covered in Full	Covered in Full
Ultra-Violet (UV Coating)	Covered in Full	Covered in Full
Photochromic Lenses	30% Savings	Covered in Full
Standard Progressives	Covered in Full	Covered in Full
Premium & Custom Progressives	30% Savings	Covered in Full
Contact Lens		
Contact Lens Exam, Fitting and Evaluation/Follow-up	Covered in Full after \$20 Copayment	Covered in Full after \$20 Copayment
Medically Necessary Contact Lenses	Covered in Full	Covered in Full
Elective Contact Lenses Allowance	\$175	\$200
Frequency		
Eye Exam; Lenses, Contacts, Frame	Every Calendar Year	Every Calendar Year

Other Information - The chart above summarizes in-network benefits from a doctor who participates in the applicable network. Both plans offer out-of-network benefits, however, you would incur more out-of-pocket expenses. Additional information on 2025 vision plan benefits is available at benefits.swri.org.

ADDITIONAL VSP VISION PLAN FEATURES

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

COMPARISON OF LOW OPTION VS. HIGH OPTION BENEFITS

	Your Out-of-Pocket Cost		
	Retail Cost	VSP Low Option	VSP High Option
Eye Exam	\$194.88	\$10.00	\$10.00
Frames	289.95	99.96	-
Bifocal Lenses	155.17	-	-
Progressive Lens (Premium)	268.00	150.00	-
Anti-Reflective Coating (Premium)	152.00	85.00	85.00
Backside UV Coating	27.00	-	-
Photochromic Tint – Transitions	133.00	75.00	-
Polycarbonate for Progressive Lens	64.00	-	-
Total Cost	\$1,284.00	\$419.96	\$95.00

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

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Healthcare FSA allows you to contribute pretax dollars to reimburse yourself for eligible healthcare expenses that are not covered by medical, dental or vision plans, including deductible, copayments and other non-covered expenses.

- The FSA annual maximum plan contribution limit is projected to increase to \$3,300 in 2025 (*pending the official IRS announcement at <https://www.irs.gov/>*).

The Dependent Care FSA allows you to contribute pretax dollars to reimburse yourself for eligible childcare expenses or daycare expenses for elderly or disabled dependents. Childcare expenses are eligible if you and your spouse work outside the home and your child(ren) is under the age of 13 at the time childcare is provided.

- You are eligible to contribute up to the IRS limit of \$5,000 per household to your Dependent Care FSA in 2025.

For further information, see the Section 125 booklet available at benefits.swri.org.

REMINDER: To participate in an FSA program, you must re-enroll every year. If you enrolled in an FSA during 2024 and do not complete a 2025 Open Enrollment Form, you will not be eligible to participate in an FSA during 2025.

Over-the-counter (OTC) medications are reimbursable under a health care FSA without a doctor's prescription. Additionally, menstrual products including tampons, pads, liners, cups, sponges, or similar products are considered OTC products eligible for reimbursement without a prescription. Documentation requirements

still apply, and you must submit a cash register receipt showing proof of purchase. General health vitamins are not impacted by this change. A doctor's prescription or letter of medical necessity is still required for vitamins to be reimbursable under the Healthcare FSA. IRS regulations do not permit a midyear change to the annual election amount to the Healthcare FSA unless you have a qualifying family event. Contact the Employee Benefits Office at benefits@swri.org with any questions.

Plan Ahead. At the end of the benefit plan year, you lose any money left over in your FSA. Don't put more money in your FSA than you think you'll spend within a year on things like copayments, coinsurance, medications, and other allowed health care costs. You must use the money in an FSA within the benefit plan year and grace period, which is 14 months from January through February.

Age Milestones.

- Dependent care costs for children age 13 and older no longer qualify for reimbursement under the Dependent Care Reimbursement Account (DCRA) plan.
- Children age 26 are no longer eligible to be covered under medical and other benefit plans. Coverage continues through the end of the month in which the child turns 26.
- Employees turning age 65 who are still working are advised to meet with the Social Security Administration (SSA) prior to their 65th birthday to sign up for Medicare Part A and advise the SSA that they are delaying enrollment in Medicare Part B until retirement. Employees and spouses covered by TRICARE must enroll in Medicare Parts A & B by age 65.

INSURANCE BENEFITS

CRITICAL ILLNESS

This voluntary program offers a supplemental income benefit in the case that you or your dependents are diagnosed with cancer, heart attack, stroke or other critical illness conditions listed in the summary of benefits. Children are covered at no additional cost. All enrolled employees and dependents receive guaranteed coverage at the elected benefit amount without having to submit Evidence of Insurability prior to enrollment.

Benefits in this plan provide a fixed payment to covered employees of \$10,000, \$20,000 or \$30,000 upon diagnosis of a covered health condition. Spouse benefits are 50% of the coverage amount, and dependent children benefits are 25% of the coverage amount. Eight conditions are covered at 100% of the elected coverage amount and 13 conditions are covered at 25%. There is also an additional \$3,000 in Hospital benefits in the Critical Illness program for covered mental health and musculoskeletal (MSK) care. Details for each program can be found in the Cigna AI and CI benefits summaries available at benefits.swri.org.

Benefits in this plan also include a payment to you or your enrolled dependents of \$100 per covered person each calendar year for performing an eligible health screening test. Eligible health screening tests include (but are not limited to) mammography, chest X-ray,

blood tests, colonoscopy, and pap smear. Visit benefits.swri.org to download a claim form.

Critical Illness plan biweekly premiums are age-based. The electronic Open Enrollment form automatically calculates your biweekly premium rates for your age group when electing your desired level of coverage.

ACCIDENTAL INJURY

This voluntary program offers a supplemental income benefit for medical services and treatments you or your dependents receive as a result of a covered accident. All enrolled employees and dependents will receive guaranteed coverage at the selected level of coverage without having to submit Evidence of Insurability prior to enrollment.

Benefit payments when you have a covered accident vary based on the low, medium and high level of coverage selected.

Benefits in this plan also include a payment to you or your enrolled dependents of \$50-\$100 per covered person each calendar year for an eligible wellness, health screening, or preventive care service. Eligible services include (but are not limited to) mammography, chest x-ray, blood tests, colonoscopy, pap smear, general health examination, and well-childcare. Visit benefits.swri.org to download a claim form.

Note: The information above is a summary of 2025 plan benefits. Limitations and exclusions apply to these benefits. Additional information on these benefits is available at benefits.swri.org.

CANCER & SPECIFIED DISEASE

MetLife Cancer & Specified Disease Plan Options

BIWEEKLY PREMIUM:

See biweekly premiums on your electronic Enrollment form at
ITC Portal > Employee Self Service > Open Enrollment > Cancer and Critical Illness tabs.

This voluntary insurance program offers a low and high coverage option to regular employees and their eligible dependents. This program provides scheduled cash benefits paid directly to participants diagnosed with cancer or any one of 32 specified diseases. Benefits in this program include a payment to you or your enrolled dependents of \$50-\$100 per covered person per calendar year for an eligible cancer screening. Eligible services include (but are not limited to) mammography, pap smear, and prostate exam.

REMEMBER: These benefits are paid directly to you as a form of supplemental income, not to medical care plans or providers.

You may choose this program either for yourself alone, or for yourself and all eligible dependents, which includes your spouse and all unmarried dependent children up to age 25 (or up to age 26 for fulltime students). See biweekly premiums on your electronic Enrollment form at ITC Portal > Employee Self Service > Open Enrollment > Cancer.

Enrolled employees may request a copy of their MetLife Cancer certificate be e-mailed or mailed to their home address by contacting MetLife at policyissue@bbadmin.com or via phone at 1-800-845-7519 and asking for the Underwriting Team.

Note: The information above is a summary of 2025 plan benefits. Limitations and exclusions apply to these benefits. Additional information on these benefits is available at benefits.swri.org.

HOW TO SUBMIT CANCER PLAN CLAIMS

Cancer Wellness Screening

Form is available on the Employee Benefits website:

<https://benefits.swri.org/sites/benefits/files/2023/metlife-cancer-wellness-claim-fillable-form.pdf>

**Cancer Wellness Claims may be
phoned in, emailed, faxed or mailed**

Telephonic submission: 1-800-845-7519

Please have the following information when calling:
Doctor/Healthcare provider name and phone number, date and type of screening performed

Email: claims@bbadmin.com

Fax: (512) 275-935

Mailing Address:

Bay Bridge Administrators, L.L.C.
PO Box 161690
Austin TX 78716

Cancer, Specified Disease, Intensive Care Claim

Form is available on the Employee Benefits website:

<https://www.bbadmin.com/forms/claims/metlife-cancer-claim-form-fillable.pdf>

Follow Cancer Claim Filing Instructions on the Form

**Cancer Claim Form and supporting documents
can be mailed or faxed.**

Fax: (512) 275-9350

Mailing Address:

Bay Bridge Administrators, L.L.C.
PO Box 161690
Austin TX 78716

SUMMARY COMPARISON OF CANCER AND CRITICAL ILLNESS PLANS

	MetLife Cancer (HIGH)	MetLife Cancer (LOW)	Cigna CRITICAL ILLNESS
BIWEEKLY PREMIUM:	See biweekly premiums on your electronic Enrollment form at ITC Portal > Employee Self Service > Open Enrollment > Cancer and Critical Illness tabs.		

ENROLLMENT:			
Future Enrollment Permitted	Yes	Yes	Yes
Health Application / Evidence of Insurability Required	No	No	No
Pre-Existing Condition Covered during first 12 months enrolled	No	No	No
BENEFITS:			
First Occurrence	\$5,000	\$2,500	10,000, \$20,000, or \$30,000
Hospital Confinement	\$200 per day, 1 st 60 days \$600 thereafter	\$100 per day, 1 st 60 days \$300 thereafter	None
Surgical Schedule	\$6,000 max.	\$1,500 max.	None
Private Duty Nursing	Up to \$100 per day	Up to \$100 per day	None
Second/Third Opinions	Actual charges 2 nd and 3 rd	Actual charges 2 nd and 3 rd	None
Cancer Screening (Wellness Exam)	\$100 per calendar year	\$50 per calendar year	\$100 per calendar year
Ambulance	Actual charges (if admitted)	Actual charges (if admitted)	None
Experimental Treatment	Up to \$7,500 per year	Up to \$7,500 per year	None
Chemotherapy, Radiation Therapy, Immunotherapy	Actual charges to \$5,000 per month for chemo, radiation and immunotherapy combined.	Actual charges to \$1,000 per day for chemo, radiation and immunotherapy. Combined.	None
Blood/Platelets	Actual charges to \$200 per day in/out	Actual charges to \$200 per day in/out	None
Intensive Care Unit	\$325 per day (45 day max)	\$325 per day (45 day max)	None
Annual Maximum	No Maximum	No Maximum	10,000, \$20,000, or \$30,000
Covered Diseases	Cancer, ALS plus 31 Others	Cancer, ALS plus 31 Others	Cancer (100%), ALS (25%)
Serious Health Conditions Covered	None	None	Heart Attack, Stroke, Benign Brain Tumor, Organ Failure, Blindness, and Paralysis covered at 100%. 13 additional conditions covered at 25% of the elected coverage amount.

OTHER VOLUNTARY PROGRAMS

Dependent Life

The Dependent Life program provides a death benefit of \$20,000 for a spouse and \$10,000 for an eligible dependent child. Your cost for this coverage is \$0.80 biweekly for one covered spouse or dependent and \$0.98 biweekly for two or more covered dependents.

Voluntary AD&D

The Voluntary Accidental Death & Dismemberment (VAD&D) plan provides an additional death and dismemberment benefit for you, your spouse and any eligible children if the death is due to a covered accident. In addition to coverage for yourself, you can also select \$25,000 incremental amounts up to \$500,000 for a spouse and \$5,000 incremental amounts up to 15% of employee coverage for a child(ren). Spouse coverage is limited to the employee coverage amount. If you currently have child(ren) covered, your children's coverage has been set at 15% of the employee amount. You may increase or reduce coverage amounts for employees, spouses, and child(ren) during Open Enrollment subject to the insurance policy limitations described above.

The Voluntary AD&D plan also includes additional benefits on a scheduled basis for childcare center costs, bereavement and trauma counseling costs, rehabilitation costs, and education costs for your spouse and your qualifying dependent children.

Voluntary Life

The Voluntary Life Program provides additional financial protection in the event of your death, or the death of your spouse or any eligible child. Employee coverage is available up to seven times base salary or \$1 million, up to \$150,000 for the spouse, not to exceed the employee coverage amount, with completed health questionnaire and approval by the insurer.

Fetch Pet Insurance

With Fetch, you have the flexibility to keep your current vet or use a new vet if you'd like. We even cover specialists and

emergency clinics. Find more information at

<https://benefits.swri.org/sites/benefits/files/fetch-pet-plan.pdf>.

Designated Beneficiaries

The insurance plans requiring designated beneficiaries include Group Life Insurance, Voluntary Life Insurance, and the Voluntary Accidental Death & Dismemberment (VAD&D) program. Life events that can prompt a change in beneficiary decisions may include marriage, divorce, the birth of a child or grandchild, and the loss of a spouse or child. By law, the Employee Benefits Office can communicate life insurance benefit matters only with the beneficiary designated in your plans in the event of an employee's death. Only your designated beneficiary can receive life insurance proceeds. Consult with a legal professional if designating a minor. New York Life has also provided information on designating a beneficiary. See [page 23](#).

Beneficiary updates can be made at any time during the calendar year. Annual Open Enrollment time is a convenient time to check your beneficiaries.

To make changes or designate beneficiaries for the insurance plans you participate in, go to the ITC Portal > Employee Self Service > Open Enrollment, click the "Mandatory" tab and go to the "Assign Beneficiaries" section on the screen to update/verify your beneficiaries and their contact information. If you also participate in Voluntary Life and Voluntary AD&D, click on each of those tabs at the left of the screen to assign beneficiaries for each of those plans. When you're done checking and making all your benefits elections, click the "Approval" tab, at the bottom of the screen, click the check mark "✓" and click "Submit".

See [page 25](#) on how to update your beneficiaries for your TIAA retirement account.

Note: The information above is a summary of 2025 plan benefits. Limitations and exclusions apply to these benefits. Additional information on these benefits is available at benefits.swri.org.

SHORT-TERM INCOME REPLACEMENT (STIR)

The information below is a summary. For specific plan coverages, exclusions, and limitations, please refer to the insurance certificates available at benefits.swri.org.

SHORT-TERM INCOME REPLACEMENT (STIR) PLAN	
This flyer is a brief description of the important features of the STIR Plan. This is not a contract as the terms and conditions of insurance are set forth in Group Policy No. VDT962617. Coverage is underwritten by Life Insurance Company of North America, a New York Life Group Insurance company. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence.	
Eligibility	All active Regular Full-time and Regular Part-time employees
When Coverage Begins	January 1
Weekly Benefit	Up to 60% of your weekly base pay
Maximum Benefit	\$1,500 per week
When Benefits Begin	<ul style="list-style-type: none"> • Benefits are payable after you are out-in-full, unable to work for 14 consecutive calendar days while under the care of a doctor due to a sickness, injury, following the birth of a child, or due to complications from pregnancy. • The insurance carrier (New York Life) requires medical-supported proof of your medical condition.
Benefit Duration	<ul style="list-style-type: none"> • Once you qualify for benefits under this plan, you continue to receive them until the end of the 11-week benefit payment period, or until you no longer qualify for benefits, whichever occurs first. • If you are still unable to work due to your medical condition following 11 weeks of STIR benefits, you may be eligible to file a claim for long-term disability (LTD) benefits.

Pre-existing Conditions

For medical conditions for which you incurred expenses; took prescription drugs; and/or received medical treatment, care or services (including diagnostic measures) during the 12 months prior to January 1, STIR benefits are not payable for that condition for one year.

Cost

This program is voluntary; the cost of this insurance program is primarily paid by you. The employee cost per \$1,000 of annual base salary is shown below.

Age	Biweekly Premium per \$1,000 of Annual Base Salary	Premium Example \$50,000 salary, age 40
to age 49	\$0.135	\$50,000
50-54	\$0.157	× 0.135
55-59	\$0.195	÷ \$1,000
60-64	\$0.234	\$6.75
65+	\$0.257	
*Premium cost is limited to \$130,000 of annual income.		

Supplemental Pay

While waiting for benefits to begin and after approval from the insurance carrier (New York Life) for your weekly benefit, you may charge available medical and bereavement leave, personal leave, holiday, and floating holiday hours to arrive at your full base pay. Other income sources may reduce benefits under this plan and are described in the Group Policy.

Income sources that **WILL NOT** reduce your benefits under this plan include:

- Medical and Bereavement Leave (M&BL), Personal Leave, Holiday, and Floating Holiday pay
- Employer-paid contributions to employer-sponsored retirement account
- Accrual of paid leave for M&BL, Personal Leave, Holiday and Floating Holiday pay taken

QUESTIONS?

Contact HR Employee Services: 210.522.6225 • employee.services@swri.org
Contact the Employee Benefits Office: 210.522.2227 • benefits@swri.org

METLIFE LEGAL PLANS

The information below is a summary of the 2025 legal plan. Additional information on 2025 legal plan benefits is available at benefits.swri.org.



MetLife Legal Plans offers you protection at every step

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



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

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

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

New for 2024!

For non-covered matters that are not otherwise excluded, you now have **4 extra hours** of attorney time and services per plan year



Ensure you have legal protection for what comes next



Scan to access:
Why choose
MetLife Legal Plans?

EMPLOYEE ASSISTANCE PROGRAM

Additional information on 2025 Employee Assistance Program plan benefits is available at benefits.swri.org.

Southwest Research Institute

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

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

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



Visit your EAP Website today.
AWPnow.com

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

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

Registration Code:
AWP-SWRI-3961

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

WellCoach

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

SafeRide

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

1 to 8 Counseling Sessions

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

Newsletters
Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...

AWP-EAP Benefit_2015

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SUMMARY OF MANDATORY INSURANCE

Mandatory Insurance Plan Rates and Coverage at a Glance

Insurance Plan	Coverage	Premium
Group AD&D	2 x salary	\$0.00
Group Life	2 x salary	\$5.54
Long-Term Disability (LTD)	60% of base salary (up to \$15,000 monthly)	\$5.82
Business Travel Insurance	\$300,000	\$0.00
Employee Assistance Program (EAP)	Employee members and their dependents may receive up to eight hours of counseling, per problem, per person, with an Alliance Work Partners provider, at no cost.	\$0.00

(Summary information for each plan described above follows this chart; and detailed information is available in the Summary Plan Description (SPD) available after January 1, 2025. Premiums above represent an employee with a \$50,000 annual salary.)

Group AD&D

This program protects you and your loved ones from financial hardship associated with accidental death or loss of a specified body part or function due to a covered accident. Loss of use of body parts relates to an arm, leg or fingers, and loss of function relates to loss of sight in one or both eyes, loss of hearing in one or both ears, loss of speech, paralysis or any combination of the above.

Group Life

Life insurance protects your loved ones from financial hardship in the event of your death with a death benefit that pays two times your base salary rounded up to the next whole \$1,000 amount not to exceed the policy coverage limit. No health questionnaire is required for this coverage. Whenever your salary increases, your life insurance coverage and premium also increases.

NOTE: This benefit may be taxed because the IRS imputes value to the premium cost for employees. Some employees will only be eligible for reduced coverage upon attaining ages 75 and 80. At age 60 or older an irrevocable option to elect one times base salary is permitted.

Long-Term Disability (LTD)

The Institute's Long-Term Disability Income Benefits Plan provides income protection and other benefits to regular employees faced with long-term disability as a result of sickness or injury. These benefits include 60

percent of your base salary as monthly income (up to \$15,000 monthly). All regular employees must participate in the Institute's LTD Plan. Biweekly premiums for the LTD Plan are determined by executive management and paid by payroll reduction. Employees going on LTD are paid benefits through a group insurance contract the Institute has with New York Life. Monthly income benefits are offset with other benefit providers such as workers' compensation and social security. Benefits are payable after approval by the insurer after a 90-day elimination period following a covered injury or illness.

Business Travel

This Institute-funded program provides an additional \$300,000 of accidental death and dismemberment insurance protection at no additional cost to you. The benefit is payable when death or dismemberment occurs while you are traveling on Institute business, whether locally or away from the work site, as well as while commuting to or from work.

The dismemberment benefit relates to scheduled coverage amounts for the loss of use of one or more body parts such as a hand, foot or finger, or loss of function, such as loss of sight in one or both eyes, loss of hearing in one or both ears, loss of speech and paralysis, or a combination of the above.

LIFE INSURANCE BENEFICIARY

Life Insurance Beneficiary.

Frequently asked questions.



Q: What is a beneficiary?

A: A beneficiary is the person or entity that you legally designate to receive the proceeds of your insurance policy if you pass away. Charities, trusts and estates can also be a beneficiary.

Q: Can I name more than one beneficiary?

A: Yes, you can name more than one beneficiary and allocate percentage of proceeds to go to each one.

If no percentages are listed on the Beneficiary Designation Form, proceeds will be paid to primary surviving beneficiaries in equal shares.

You may also name a contingent beneficiary, who will receive the proceeds if there is no surviving primary beneficiary.

Q: Does my spouse have to be the beneficiary?

A: Although common, it is not required. However, if you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Q: Can I name my children as my beneficiaries?

A: Yes, you can name your children, however if your child(ren) are minors, we pay the guardian of the minor's estate or hold the funds until the child attains legal age. The guardian of a minor's estate is a separate designation from the guardian of the child. While it can be the same person, being the guardian of the child does not make a person guardian of the child's estate.

Q: What information is needed to name my beneficiary?

A:

- Full name
- Address and phone number
- Social Security number
- Date of birth
- Relationship to the insured

Q: What happens if there is no beneficiary designation on file?

A: If there is no named beneficiary or no surviving beneficiary, benefits will be paid according to the policy provisions. Please refer to your certificate of insurance for details. Relying on policy provisions can result in claim payment delays and all employees are urged to maintain a current designation of named beneficiary/ies on file.

Q: When can I add/change my beneficiary?

A: Although during annual enrollment is potentially the most common time, life events such as a marriage, divorce, the birth of a child, your priorities and needs can change. It is important to make sure your beneficiary is updated to fit your needs.

Q: How do I confirm or update my current beneficiary designation?

A: Check with your employer to learn where beneficiary designations are stored and how to update.

Q: Should I get legal advice in order to make my beneficiary designations?

A: This information is for general use and not intended to be relied on as legal advice. You may want to obtain the assistance of an attorney in drafting your beneficiary designations. A qualified attorney can help assure that your beneficiary designations correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

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New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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GROUP BENEFIT
SOLUTIONS

OTHER BENEFITS

TIAA RETIREMENT PROGRAM

SwRI values you and your family. Accordingly, the Institute wants to help you plan for future income through retirement savings. SwRI has a very generous retirement program to help you save for retirement. Participation is automatic upon regular employment. The SwRI retirement program was initiated in June 1959, and currently administered by TIAA, which exclusively administers retirement plans for nonprofit educational and research institutions like SwRI. For more information contact the SwRI Retirement Plan Office at (210) 522-2299 or retirementplan@swri.org.

Retirement Goal

The purpose of the SwRI retirement plan is to provide an income source during retirement. It is important to review, plan and coordinate your retirement income needs and objectives with your other assets, such as Social Security benefits, personal savings, other pension plans and IRAs. For most individuals, attaining retirement goals will require personal savings and employee voluntary contributions in addition to the Institute's contributions. For additional information on the retirement plan, please call the Retirement Plan Office at 210-522-2299 or TIAA at 800-842-2252 or visit www.tiaa.org/swri.

Plan Enrollment

If you are regular full-time or regular part-time status and are 18 years of age or older, you are automatically enrolled in the Southwest Research Institute retirement plan. SwRI will make a biweekly contribution, and the employee also will have the opportunity to contribute. Temporary employees and employees under age 18 may also participate; however, no employer contribution is provided.

Contributions

Plan contributions come from two sources, the employee and SwRI. Employees may elect to voluntarily contribute, on a biweekly basis, a tax-deferred or after-tax (Roth) contribution by accessing the Employee Self Service link on the ITC Portal and selecting Update Retirement Contributions.

Employees may elect a fixed amount or percentage at or below their annual IRS maximum exclusion allowance amount and may start — or stop — contributions at any time during the year.

SwRI makes saving for retirement easier by offering an automatic enrollment feature. Newly hired regular employees are automatically enrolled into the plan starting with their first paycheck. This means that amounts will be taken from their pay and contributed to the plan. Under the automatic enrollment feature, pre-tax contributions will be 5% of the employee's biweekly base pay. You can choose a different amount through Employee Self Service and selecting Update Retirement Contributions.

In addition to the amount taken from your salary, SwRI will make a defined contribution for regular employees of 9% on base earnings (e.g., excludes overtime pay and shift differential) up to the Social Security wage base and 11% on base earnings above the Social Security wage base.

Vesting Period for SwRI Contributions

SwRI contributions begin immediately, but you must meet the terms of the vesting schedule listed below to receive the Institute contributions to your account upon retirement.

- 20% vested at two years of service
 - 40% vested at three years of service
 - 60% vested at four years of service
 - 80% vested at five years of service
 - 100% vested at six years of service
- (No proration for partial years of service.)*

If your employment terminates prior to 100% vesting, the unvested portion of the account is returned to SwRI.

Investment Strategy

You control your retirement account investment strategy. All employee contributions, plus the SwRI contributions, are applied as premiums under individual contracts issued by TIAA. You may elect to invest in an array of investment options across a broad range of categories within the Southwest Research Institute retirement plan. TIAA's investing philosophy is to make money grow consistently over time, while minimizing risks. While there is no way to guarantee investment results, TIAA believes that wise diversification, careful research, a long-term perspective and close attention to costs offer the best opportunity for growth.

Distributions

Generally, plan contributions and earnings are only available upon retirement or separation from service. However, employee voluntary contributions may be accessed per the plan document and IRS regulations for the following circumstances:

- Qualified loans
- Hardship withdrawal
- In-service cash withdrawal if age 59½ or older

Once you retire from the Institute, you decide when and how you want your benefits to be paid. The plan offers many distribution options, including:

- Fixed/Variable Lifetime Annuity (i.e., Guaranteed lifetime income)
- Systematic withdrawals
- Lump sum
- Small sum distribution
- Transfer payout annuity
- Interest only
- Fixed-period annuities
- Required Minimum Distributions (begin after retirement and after reaching Age 73)

Retirement Planning Resources

TIAA offers a variety of online financial education seminars, interactive planning [tools and calculators](#) to help you achieve your retirement goals. Visit www.tiaa.org/swri for resources such as:

- Retirement Goal Evaluator
- Asset Allocation Evaluator
- Retirement Advisor tool
- Maximize tax deferral
- Financial education web seminars

You can also arrange to meet one-on-one with a TIAA Financial Consultant to assess your financial situation by calling 800-732-8353. You can also schedule online at <https://www.tiaa.org/schedulenow>.

[TIAA.org/schedulenow](https://www.tiaa.org/schedulenow)



TIAA Beneficiary Designation

Your beneficiary designation must be filed with TIAA to specify to whom your TIAA assets will be distributed upon

your death. This applies even if you have a will. Any information about your TIAA assets will only be discussed with the designated beneficiary. You should review and update your beneficiary designation(s) if it does not reflect how you would want your assets distributed upon your death. Reviewing and changing your beneficiary designation(s) in accordance with plan rules can be made anytime by logging into your secure account(s) at www.tiaa.org/swri or by contacting TIAA at 800.842.2252.

Learn more about designating beneficiaries at <https://www.tiaa.org/public/support/services/beneficiary-resource-center> or call 800.842.2252. For your protection, TIAA cannot change your beneficiary information over the phone.

NOTE: Any update to your life insurance beneficiary through Employee Self Service DOES NOT update your beneficiary with TIAA.

How to Edit TIAA Beneficiary Details

Easily add a new or update existing beneficiary information in just a few steps:

1. [Log in to your TIAA account](#). This Opens in a new window on **TIAA.org** and select **Profile** in the top right corner.
2. Choose **Manage beneficiaries**:
 - To add a beneficiary:
Select the **add a beneficiary** text and follow the prompts. When you're finished, review your additions and select **Submit**.
 - To edit beneficiary contact information:
Select a beneficiary, click on **Edit beneficiary information** and follow the prompts. When you're finished, select **Update**.
 - To edit allocations and beneficiary type:
Select **Update account details** and make your changes. When you're finished, review and then select **Submit**.

Please note: Once updates are submitted, they take one business day to process. You will not be able to make changes to the accounts/contracts that list your updated beneficiaries during this time. You'll receive an email when processing is complete.

HEALTH & WELLNESS

SwRI Medical Clinic & Physician Services

Clinic. From hearing tests to bee stings and on-the-job injuries, the SwRI Medical Clinic offers you a wide range of services from 7:30 a.m. to 5 p.m., Monday through Friday at SwRI headquarters in San Antonio. A full-time team of registered nurses provide medical attention and treatment.

Physician Services. An onsite physician from Williams Health Care, PLLC, is available to treat minor illnesses and injuries. The physician is available to all regular SwRI employees, including those who are not enrolled in a SwRI medical plan but have other external medical insurance. There is no copayment for the service, and the external insurance will not be billed. The physician service is not intended to address major/chronic illnesses or injuries. Call (210) 522-2220 to make an appointment. Physician hours are Monday – Thursday, 8am to 5pm and Friday from 8am to Noon.

SwRI Fitness Center

The SwRI Fitness Center staff members are degreed and certified specialists who will help design free, personalized workouts to help you reach your health, fitness, and wellness goals. All fully vaccinated employees can access the Fitness Center to work out or contact the Fitness Center at (210) 522-5100. Employees can also join the SwRI Fitness Center's private Facebook page to access live and recorded workouts as well as posts focused on physical, emotional wellness, delicious recipes, relaxation tips, and different ways to keep you socially connected.

<https://www.facebook.com/groups/655525244992182/>

UnitedHealthcare Real Appeal

If you are enrolled in a medical plan with UnitedHealthcare, visit <https://realappeal.com/> for information on this free year-long healthy living program to help you lose weight, feel better and improve your health.

Wellness Evaluations

You still have the opportunity to participate in a 2024 screening with Quest Diagnostics by making an appointment before the end of the year to visit one of the many Quest offices in your immediate area.

All regular full-time and part-time employees can participate at no cost. Spouses may also participate if enrolled in a SwRI-sponsored medical plan. You must register to participate in the screenings. Walk-ins are not available. Visit <https://my.questforhealth.com>. When you register, use SWRI2023 as the Registration Key. You will use your employee ID number in the requested Unique ID (UID) field without the leading

zeroes (e.g., 14111). Eligible spouses will use the same Registration Key and add an "S" at the end of the employee ID number in the UID field (e.g., 14111S).

If you participate, your individual results will not be shared with any individual or group at the Institute. After completing your screening, you will receive an in-depth My Health Profile report so that you can review and discuss the results with your personal physician.

Health Improvement Program (HIP)

The HIP includes seminars and special events which provide information to help balance life in a healthy way. Wellness sessions throughout the year are led by UnitedHealthcare and Alliance Work Partners on topics ranging from elder care, identity theft protection, managing a multi-generational workforce, stress and time management as well as financial management fundamentals, to include budgeting and saving for retirement. Each spring, the annual Lifestyle Wellness Fair brings vendors on-site to provide information and resources on health and other lifestyle programs. Contact (210) 522-5455 or (210) 522-5100 for information on the HIP.

Bright Horizons Family Care Program

When you have work, family, and personal responsibilities competing for your time, there's no need to stress. Instead, rely on Bright Horizons® and start making your life easier. Benefits include the following:

- **Backup Care:** Next time school is closed, the sitter is on vacation, or you are in between child-care arrangements, high-quality back-up care is available. Limits and costs apply.
- **Elder Care:** Receive support, advice, and resources as you deal with aging issue of parents and other elderly family members. Costs apply for any services acquired following the Elder Care consultation services received.
- **Enhanced Family Supports:** Receive tuition discounts at network childcare centers. Find childcare, pet care, or other available resources through a free membership to the Sittercity database. Get exclusive discounts on tutoring, test prep, and enrichment classes from high-quality education partners. You will pay for any services you choose to purchase through the Enhanced Family Supports resources.

Visit <https://benefits.swri.org/benefits/family-care-program> to review available benefits, view instructions to set-up your online account(s), and more. Questions? Call 1-877-BHCARES (877- 242-2737).

LEAVE BENEFITS

Leave is provided to regular employees as described below. Any questions regarding leave should be directed to the Vice President of Human Resources, Tony Magaro, at (210) 522-2632 or Payroll Manager, Norm Pattanaude, at (210) 522-5932.

Personal Leave

Regular staff members begin accruing personal leave or vacation hours immediately upon employment, based on the number of hours charged on the timesheet (up to 40 hours per week). Accrual rates of personal leave for regular full-time employees are shown below.

PERSONAL LEAVE ACCUMULATION RATES	
Years of Service	Hours Accrued Biweekly
less than 11	4.62 (15 days per year)
11 but less than 13	5.24 (17 days per year)
13 but less than 15	5.54 (18 days per year)
15 and greater	6.16 (20 days per year)

Annual carryover of earned personal leave is allowed and will be automatic, but is limited to a maximum of 320 hours. Once the maximum accrual has been reached, no further accruals may be earned by staff members until such time as personal leave is taken.

Medical & Bereavement Leave (M&BL)

The Institute offers medical leave to cover time off for personal illness, injury, and for medical, dental and vision appointments. In these circumstances, employees use accrued M&BL. Regular full-time employees receive 3.08 hours of M&BL each pay period (10 days per year). Regular part-time employees accrue M&BL based on regular hours actually paid. Unused leave from this account has no maximum accrual cap. New Regular full-time employees are advanced 40 hours of M&BL.

In the event of a serious illness or injury requiring hospital admission of a spouse or minor child or following the death of an eligible family member, employees can charge up to three days (24 hours) from their M&BL account. Parental Leave (up to 40 hours) may also be charged from the M&BL account.

Holidays

The Institute provides the following eight designated paid holidays for regular staff members:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Additionally, three days (24 hours) of floating holidays are provided each year for regular full-time staff. Floating holiday time may be used as a full day or incrementally at the discretion of the employee and with the prior approval of their supervisor. However, floating holiday time must be used within the calendar pay year or it will be forfeited.

Parental Leave

Parental leave of 4 weeks (160 hours) will be granted to regular full-time employees following the birth or adoption of a child for either the birthing or non-birthing parent. Parental leave hours granted will be prorated based on scheduled work hours for regular part-time employees. Parental leave hours granted must be used within 12 months of the birth or adoption date.

Military Leave

According to the provisions of the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, the Institute grants leave to staff members serving in the U.S. Armed Forces, the Armed Forces Reserves, the National Guard or the Air National Guard for military duty and training. Upon receipt of their military pay stub, regular employees may also request the difference between military gross pay (pay and allowances) and their regular Institute base pay for up to 15 working days annually, if their Institute pay is higher than their military pay.

Jury Duty

The Institute recognizes the importance of civic responsibility and pays regular employees their full salary during jury duty. You may retain jury duty fees paid by the court to offset related parking, lunch or transportation expenses. Employees shall keep the court-issued proof of attendance and provide a copy to Payroll immediately upon returning to work.

ADDITIONAL BENEFITS

Employee Development

The Institute values continuing education and offers up to 100 percent tuition reimbursement for regular employees who wish to pursue higher education at an accredited university or college.

The Institute helps staff members meet their personal development goals through educational and training programs and services. The Institute offers classroom and online training in a variety of professional and technical areas including: Program Development and Project Management, Design of Experiments/Statistical Analysis of Data, Professional Engineer Continuing Education, Management Development, Human Resource Management Skills, Teamwork and Team Leadership, Secretarial and Administrative Skills, Compliance, Quality and Safety. For questions, contact Tony Bowie, Manager-Employee Development, at (210) 522-2436.

Research Recreation Association (RRA)

When you join the SwRI staff, you also become a member of the RRA. The RRA, which began in 1952, is a SwRI-supported, nonprofit, volunteer and employee-run association designed to provide you and your family with social, athletic and special interest activities. The RRA-organized intramural activities are available for all employees.

The RRA also provides discount tickets and services are available at the SwRI Fitness Center and RRA website, including movie, theater and theme park tickets as well as other special events such as the San Antonio Stock Show and Rodeo. Vendor discounts are available, including group ticket sales on merchandise and tickets to sports events, the opera, the circus, theme parks and a variety of activities in the San Antonio area. For questions about the RRA, contact the SwRI Fitness Center at (210) 522-5100.

Secure Travel Program

While on travel, employees are covered under a travel assistance program provided through New York Life, which provides emergency help for employees traveling internationally as well as within the United States. It is not medical insurance nor is it a property loss insurance. The program provides medical or dental ***referral services***. Contact the Employee Benefits Office at (210) 522-2227 or the program administrator at 888-226-4567 with any questions.

It is up to the employee to become informed of their medical needs and options when traveling in the US or abroad, whether for business or personal travel. UnitedHealthcare only provides emergency coverage when traveling outside the United States. If emergency care is needed, the employee pays out of pocket for the expenses and then files an international claim upon return to be reimbursed less the \$500 emergency room copayment. Expenses for nonemergency illness, such as a doctor visit for the flu, is paid out of pocket when traveling abroad. Upon return you could submit those expenses through a Flexible Spending Account (FSA) if you are already enrolled in that program.

Service Recognition Awards

Service awards are given at one of two biannual sessions hosted by the Institute president at our San Antonio location recognizing employees for service in increments of five years. Divisions with staff located outside of San Antonio may schedule appropriate ceremonies to present awards to honorees at our other locations. Recognized employees are able to choose from a selection of gifts with the award value increasing at each level of service. Contact Andrea Morantes at (210) 522-5455 with any questions.

OPEN ENROLLMENT SCHEDULE

See important schedule of events below. Monitor <https://benefits.swri.org> and GlobalPosts for the most current updates.

Now's the time to assess your medical and life insurance needs

OPEN ENROLLMENT 2025



BENEFITS OPEN ENROLLMENT BEGINS

Enroll for 2025 Benefits and 2025 Flexible Spending Accounts

[ITC Portal](#) > [Employee Self Service](#) > [Open Enrollment](#)

Access the 2025 Open Enrollment Guide and other benefits information anywhere, anytime at <https://benefits.swri.org> or use this QR code.



**OCTOBER
21**

**October
23**

2025 BENEFITS PRESENTATION

NOON (CENTRAL), B160 1ST FLOOR MAIN AUDITORIUM (IN PERSON OR TEAMS)

Listen to what's coming up in Benefits 2025! Monitor GlobalPosts for Microsoft Teams link to attend virtually or attend in person by registering through LMS. After this session, a recording will be available on demand at <https://benefits.swri.org/events-webinars>.

**October
30**

BENEFITS OPEN ENROLLMENT FAIR

7:30AM TO 1:30PM, B161 EXECUTIVE DINING ROOM

Come to the Fair for benefits information directly from our health and insurance plan vendors, register for the raffles and enjoy some refreshments. Monitor GlobalPosts and <https://benefits.swri.org> for updates.

**November
8**

END OF BENEFITS OPEN ENROLLMENT

LAST DAY TO ENROLL for 2025 Benefits and 2025 Flexible Spending Accounts

You will not be able to enroll or make changes again until next year's open enrollment period or if you have a qualifying life status change.

NEED INFO AT YOUR FINGERTIPS? GET THE APPs FOR THAT



myuhc.com



United
Healthcare

24/7 Virtual Visits

Get same-day care



United
Healthcare

Mental Health Benefits



RALLY

Rally is a digital, personalized health experience available on myuhc.com® for employees with UnitedHealthcare coverage

This app is part of a broader set of in-person and virtual musculoskeletal support tools available to eligible UnitedHealthcare members recovering from surgery or injury, including knee, back or shoulder problems. The programs are designed to help improve health, reduce costs and avoid often unnecessary invasive treatments, including imaging, surgery or opioid prescriptions.



United
Healthcare



DELTA DENTAL



App Store



Google Play



Schedule 1 on 1
Meeting with a
TIAA rep

TIAA.org/schedulenow

TIAA



MetLife | Legal Plans

2nd.MD provides convenient virtual access to experts from top national institutions who are leading the research, clinical trials, and next generation of health care. Whether it's a new diagnosis, upcoming surgery, or questions about a chronic condition or pain, 2nd.MD helps you on your healthcare journey.



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vsp.
vision care

OPEN ENROLLMENT CHECKLIST

Monitor benefits.swri.org and GlobalPosts for the most current updates

ITC Portal > Employee Self Service > Open Enrollment

- ☐ **October 21 – OPEN ENROLLMENT BEGINS.** Enroll for 2025 Benefits and 2025 Flexible Spending Accounts.
- ☐ **October 23 – 2025 BENEFITS PRESENTATION,** Noon (Central), B160 1st Floor Main Auditorium (In Person or Teams)
- ☐ **October 30 – OPEN ENROLLMENT FAIR,** 7:30am to 1:30pm, B161, Executive Dining Room.
- ☐ Go online to Employee Self Service on the ITC Portal and the Open Enrollment link to make your changes.
- ☐ **If you wish to be enrolled in a health care or dependent care Flexible Spending Account for 2025,** be sure to re-enroll – make an election through the Flexible Spending Account tab of the electronic enrollment form.
- ☐ Check your beneficiaries – Both Group and Voluntary Life/AD&D insurance and TIAA retirement plans
- ☐ Review, approve, and submit your changes on the Approval tab of the enrollment form. 1) Review your form; any changes made are indicated with an asterisk “*”. 2) Click on the check mark; it will populate with your name and ID#. 3) Click the Submit button at the bottom of the form.
- ☐ **Note: If the check mark and the Submit button at the bottom of the Approval tab are not pressed, the Employee Benefits Office will not receive your benefit changes.**
- ☐ Review your submitted form one more time to ensure your elections were recorded correctly and report any discrepancies to the Employee Benefits Office immediately.
- ☐ **November 8 – OPEN ENROLLMENT ENDS.** No changes can be made following this date for 2025 Benefits and 2025 Flexible Spending Accounts.

Any changes you make during Open Enrollment will be effective January 1, 2025

CONTACT INFORMATION

BENEFIT PLAN	PHONE NUMBER	WEBSITE
ALLIANCE WORK PARTNERS (Employee Assistance Program/EAP)	800-343-3822	www.awpnow.com
CIGNA (Accidental Injury/Critical Illness)	800-754-3207	www.mycigna.com
DELTA DENTAL	800-521-2651	www.deltadentalins.com
METLIFE CANCER (Cancer and Specified Disease)	800-845-7519	www.bbadmin.com
METLIFE LEGAL PLANS	800-821-6400	www.members.legalplans.com
NEW YORK LIFE (Group Life, AD&D, Business Travel, Voluntary Life, STIR)	888-842-4462	www.mynylgbs.com
TIAA (SwRI Retirement Plan)	800-842-2252	www.tiaa.org/swri
TRICARE/ASI SUPPLEMENTAL PROGRAM	800-638-2610	www.selmanco.com
UNITEDHEALTHCARE CHOICE EPO (Medical)	877-370-0859	www.myuhc.com
UNITEDHEALTHCARE TEXAS PREMIER CHOICE (Medical)	866-633-2446	www.myuhc.com
VISION SERVICE PLANS - VSP (Vision)	800-877-7195	www.vsp.com
SwRI EMPLOYEE BENEFITS OFFICE EMAIL: benefits@swri.org	210-522-2227	benefits.swri.org
GUILLERMO DOMINGUEZ, UHC SERVICE ACCOUNT MANAGER EMAIL: uhc.service@swri.org	210-474-5558	



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