AMERICAN ELECTRIC POWER

BOUNDLESS ENERGY™

2019 AEP HEALTH & WELFARE BENEFITS GUIDE

Annual Enrollment is October 18 through November 1, 2018

Review your benefit options for 2019 and enroll through the AEP Benefits Center by going to **www.ibenefitcenter.com/aep** or calling **1-888-237-2363**.

Retirees and survivors age 65 or older and their dependents

The choice is yours

Explore your AEP benefit options for 2019

We are pleased to continue to offer you competitive coverage next year through the AEP Health & Welfare benefits program. This year's Annual Enrollment runs from October 18 through November 1, 2018, and it's your opportunity to elect the benefits that are right for you and your family in 2019.

Annual Enrollment is the time to make changes, if desired, and while there aren't any significant plan changes for 2019, please read this guide carefully to understand your benefit options and to ensure that you continue to be enrolled in the benefits most suited for you and your family members, if applicable.

DO YOU NEED TO TAKE ACTION?

Although no action is required on your part, you will need to take action if you'd like to make any of the following changes during this Annual Enrollment:

- You want a medical plan option different from what you are currently enrolled in, including choosing to waive AEP medical coverage.
- You want to discontinue coverage in the vision plan or the dental plan.
- You want to change from the Dental Preferred Provider Organization (DPPO) Plan to the Dental Maintenance Organization (DMO) Plan (if available) or vice versa.
- You want to add or remove coverage for your eligible dependents or remove ineligible dependents.
- You are a surviving spouse who must respond to the remarriage attestation question even if you make no changes to your current benefits.

HOW TO ENROLL

The AEP Benefits Center makes it easy to elect your benefits for 2019. Simply log on to the AEP Benefits Center website, **www.ibenefitcenter.com/aep**, and follow the simple enrollment instructions on page 16 of this guide. You may also enroll by calling **1-888-237-2363 (1-888-AEP-BENE)**, option 1.

Be sure to take action between October 18 and November 1, 2018. If you do not take action during Annual Enrollment, you will automatically be enrolled in the same coverage you have now, covering the same eligible dependents, for 2019. Your coverage will be effective from January 1, 2019, through December 31, 2019. This assumes that you remain enrolled in Medicare Parts A and B and that you don't enroll into another Medicare supplement plan outside of AEP.

Questions?
Please call the AEP Benefits Center at **1-888-237-2363 (1-888-AEP-BENE)**, option 1, between 8 am and 5 pm ET, any business day, and confirm your identity to speak with a representative.

WHAT'S INSIDE

Visit the AEP retiree website

Stay informed with AEP's retiree website, **www.aepretirees.com**. You'll find articles on a variety of topics such as the energy industry, retiree benefits, human interest stories on fellow retirees, obituary listings, historical photographs, important announcements and much more.

MEDICAL PLANS

This section provides a summary of the two AEP retiree medical plan options available to you and your dependents. Please carefully read this section, as well as your enclosed 2019 Personalized Enrollment Worksheet, before making your elections.

See your options

Your AEP retiree medical plan options will depend on your personal situation, as shown in the table below.

If this describes you:	Your options are:
Former CSW retirees age 65 or older and their surviving dependents Participants who retired between January 1, 1989, and January 1, 2001, and who were age 65 or older as of December 31, 2000, and their surviving dependents AEP retirees who turned age 65 after December 31, 2000, and their surviving dependents	• Aetna Group Medicare Select Plan. • Aetna Group Medicare Standard Plan. • No coverage.
Participants who retired before January 1, 1989	• Aetna Group Medicare Select Plan. • No coverage.

Note: If you are over age 65 and Medicare-eligible but your eligible dependent is under age 65, you both will be covered by an age-65-or-older medical plan. Please reference the table on page 5, which provides details on the coverage for your non-Medicare-eligible, under-age-65 dependents.

Waiving medical coverage

Retirees: Even if you have previously waived AEP retiree medical coverage or do not elect it this Annual Enrollment, you may still elect this coverage in the future — either during a future Annual Enrollment or within 31 days of a qualified change in family status.

Surviving spouses and dependents: Once you waive AEP retiree medical coverage, you lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

Did you know?

Under both of AEP's medical plan options — the Aetna Group Medicare Select Plan and the Aetna Group Medicare Standard Plan — preventive care is covered at 100%. That means you pay nothing for immunizations, routine annual exams, adult screenings, routine colonoscopies and other preventive care.

Your options at a glance

AEP will continue to offer the Aetna Group Medicare Select and Aetna Group Medicare Standard plans for 2019. There are many benefits associated with these plans, including:

- Streamlined claims processing.
- Only one card needed to access your medical benefits.
- Access to health and wellness programs.

Comparing your options

The primary differences between the two plans are the amount you'll pay for your monthly premiums and the amount you'll pay for out-of-pocket expenses. Choosing the best plan for you will depend on your personal situation. The table on the following page helps to better explain the benefits under the Medicare Advantage plans.

In order to be enrolled in a Medicare Advantage plan, you must be enrolled in Medicare Parts A and B, and continue to pay your Medicare Part B premiums. **Note:** If you are currently signed up for Medicare Part B, there is no need to re-enroll in Medicare Part B on an annual basis.

Eligible participants and their dependents will receive an Annual Notice of Change packet from Aetna with complete details of any changes to the plan. Please note that if the information in this guide differs from what you receive from Aetna, the information from Aetna will apply.

Aetna Group Medicare Select Plan

The Aetna Group Medicare Select Plan allows you to direct your own care. This means you can receive care from any doctor, specialist or hospital who accepts Medicare, with no penalty.

The Aetna Group Medicare Select Plan is a $0 deductible plan, which means it immediately begins providing coverage for your medical expenses. Your monthly premiums under this plan will generally be higher than those under the Aetna Group Medicare Standard Plan, since it typically results in lower out-of-pocket costs for you. When you receive care, generally you pay a percentage of each covered expense. You pay 5% of the cost for most services, and the plan will pay 95% of covered services. Certain services, such as inpatient hospital stays, urgent care and emergency room visits, have a flat copay versus coinsurance.

Once you meet your annual individual out-of-pocket maximum of $2,000, the plan will then pay 100% of covered services.

Aetna Group Medicare Standard Plan

Like the Aetna Group Medicare Select Plan, the Aetna Group Medicare Standard Plan allows you to direct your own care. This means you can receive care from any doctor, specialist or hospital who accepts Medicare, with no penalty.

This plan requires you to meet a medical expense deductible of $200 per person before it will begin providing coverage for your medical expenses. Your out-of-pocket costs, such as coinsurance, are slightly higher under this plan; however, your monthly premiums will generally be lower than those under the Aetna Group Medicare Select Plan. When you receive care, generally you pay a percentage of each covered expense. You pay 20% of the cost for most services, and the plan will pay 80% of covered services. Certain services, such as inpatient hospital stays, urgent care and emergency room visits, have a flat copay versus coinsurance.

Once you meet your annual out-of-pocket maximum of $2,000, the plan will then pay 100% of covered services.

Important Medicare information

Both the Aetna Group Medicare Select Plan and the Aetna Group Medicare Standard Plan require an eligible retiree and/or dependent to be enrolled in Medicare Part A and Part B. Therefore, it is important that you and any Medicare-eligible dependent enroll in Part B as soon as each is eligible. Failure to enroll in Medicare will make you ineligible to elect an AEP medical plan as well as the AEP prescription drug plan.

MEDICAL PLANS *(CONTINUED)*

Medical plan comparison

	Aetna Group Medicare Select Plan	Aetna Group Medicare Standard Plan
Deductible	$0	$200/person
Annual out-of-pocket maximum	$2,000/person	$2,000/person
Office visit	5%	20%, after deductible
Coinsurance	5%	20%, after deductible
Annual preventive care	Fully covered with no deductible	Fully covered with no deductible
Urgent care	$35 copay	$50 copay
Emergency room (copay waived if admitted)	$50 copay	$75 copay
Lab and X-rays	5%	20%, after deductible
Inpatient hospital care	$250 per stay	$200 copay per day for day(s) 1–5; plan pays 100% after fifth day
Hearing aid reimbursement	$500 once every 36 months	$500 once every 36 months
Monthly premiums	Higher	Lower

Note: If you are over age 65 and Medicare-eligible but your eligible dependent is under age 65, you both will be covered under either the Aetna Group Medicare Select Plan or the Aetna Group Medicare Standard Plan, but the plan design for your dependent will be different because Medicare coverage is not available for your dependent. See the table on the next page for specific information regarding coverage for non-Medicare-eligible, under-age-65 dependents of a retiree covered by an Aetna Group Medicare Advantage plan.

Behavioral health

All behavioral health and substance abuse benefits are provided through your AEP medical plan.

Support for your overall health and wellbeing

Both plans offer personalized health care support and wellness offerings. From healthy lifestyle coaching, to healthy home visits, to care management services to help you manage your chronic health conditions, these services can help you stay healthy and out of the hospital.

Medical plan comparison (under-age-65 dependents of an Aetna Group Medicare Advantage plan participant)

Benefits described below are provided to under-age-65 dependents of an Aetna Group Medicare Advantage plan participant. Any covered dependents who are under age 65 and not eligible for Medicare can use the coverage information below to determine benefits available to them under the medical plan. Benefits provided under the Aetna Group Medicare Standard Plan and the Aetna Group Medicare Select Plan for dependents who are under the age of 65 and are entitled to Medicare as their primary coverage (for example, if they are disabled) are coordinated with Medicare. The plan assumes that Medicare-eligible dependents are enrolled in Medicare Part A and Part B. For additional details on how these plans coordinate with Medicare, please contact Aetna at **1-888-982-3862**.

Note: Eligible dependents will automatically be enrolled into the plan (Aetna Group Medicare Select Plan or Aetna Group Medicare Standard Plan) that the over-age-65 retiree chooses. A dependent cannot select a different plan option than the retiree.

	Aetna Group Medicare Select Plan	Aetna Group Medicare Standard Plan
Deductible	$200/person	$200/person
Annual out-of-pocket maximum	$2,000/person	$2,000/person
Office visit	20%, after deductible	20%, after deductible
Coinsurance	20%, after deductible	20%, after deductible
Annual preventive care	Fully covered with no deductible	Fully covered with no deductible
Emergency room (copay waived if admitted)	20%, after $50 copay and $200 deductible	20%, after $50 copay and $200 deductible
Lab and X-rays	20%, after deductible	20%, after deductible
Coordination of benefits (only applicable to dependents who are eligible for Medicare as their primary coverage)	The plan will look at the amount you still owe after Medicare has made its payment and then calculate plan benefits on this amount.	The plan determines what it would have paid in the absence of Medicare, then compares that amount to what Medicare actually paid.

PRESCRIPTION DRUG PLANS

This section provides a summary of the two prescription drug plans available to you and your dependents. Both plans are managed by Express Scripts.

See your options

If you enroll in AEP retiree medical coverage (the Aetna Group Medicare Select Plan or the Aetna Group Medicare Standard Plan), you and/or your covered dependents will be automatically enrolled in one of the following two prescription drug plans based on your/their age. You do not have the option of choosing one prescription plan over the other.

- **Express Scripts Medicare Plan:** A group-based, company-sponsored Medicare Part D plan offered by Express Scripts Medicare on behalf of AEP. It covers retirees, survivors and dependents who are age 65 or older. This plan is separate from the AEP medical plans, meaning each has separate deductibles and out-of-pocket maximums. Eligible retirees and/or dependents will receive an Annual Notice of Change packet from Express Scripts Medicare with complete details. **Note:** If the information in this guide differs from what you receive from Express Scripts Medicare, the information from Express Scripts Medicare will apply.
- **AEP Prescription Drug Plan:** A company-provided plan that covers under-age-65 dependents of retirees and survivors over age 65. The plan also covers retirees whose permanent residence is outside the US.

Under either plan, your share of the cost of your prescription medications will differ if you use retail or mail order and if you use generic or brand-name drugs.

ID cards

You must present your Express Scripts Member ID card to your pharmacist when filling prescriptions.

- If you are a retiree over age 65, you will have an Express Scripts Medicare prescription ID card.
- If your covered dependent is over age 65, he or she will have his or her own Express Scripts Medicare prescription ID card.
- If your covered dependent is under age 65, he or she will have his or her own Express Scripts card.

Medicare Part D Income-Related Medicare Adjustment Amount (D-IRMAA)

There is an additional Part D premium for "high earners." The Social Security Administration determines an individual's obligation based on the individual's tax return two years prior.

Individual tax return	Additional Part D premium
$85,000 or less	Standard Part D premium
$85,001–$107,000	Standard Part D premium + $12.40/month
$107,001–$133,500	Standard Part D premium + $31.90/month
$133,501–$160,000	Standard Part D premium + $51.40/month
$160,001–$499,999	Standard Part D premium + $70.90/month
$500,000 or more	Standard Part D premium + $77.40/month

You will not be billed for the standard Part D premium while you are covered under an AEP Comprehensive Medical Plan option because AEP pays the premium on your behalf. However, any additional Part D premiums for high earners will be deducted from your Social Security check. If your Social Security check is not enough to cover the additional Part D premium amount, you will be billed by Medicare. If you fail to pay the additional amount and Medicare deems you ineligible for a Part D plan, your coverage under the AEP Prescription Drug Plan will be terminated as well as your coverage under the AEP Comprehensive Medical Plan as the medical and prescription drug are bundled and you can't have one without the other.

Important Medicare information

If you enroll in Medicare prescription drug coverage (i.e., Medicare Part D coverage) through anyone other than AEP, you will lose your eligibility for AEP medical plan coverage, including the prescription drug coverage that is provided as part of your AEP medical plan, for that year or until you disenroll from the other Part D plan.

Prescription drug plan comparison chart

	Express Scripts Medicare Plan	AEP Prescription Drug Plan
Who's covered?	Covers retirees and dependents age 65 or older	Covers under-age-65 dependents of age-65-or-older retirees as well as retirees with permanent residence outside the US
ID card	Use an Express Scripts Medicare pharmacy ID card	Use an Express Scripts pharmacy ID card
Network	Includes Walgreens, Happy Harry's and Duane Reade pharmacies	Excludes Walgreens, Happy Harry's and Duane Reade pharmacies
Exclusive home delivery rule	Does not apply	After the third fill at a retail pharmacy, you will pay 100% unless you use mail order or fill a 90-day supply at a CVS pharmacy.
Availability of 90-day supply	Can obtain up to a 90-day supply at either a retail pharmacy or through mail order	Can obtain a 90-day supply through mail or a CVS pharmacy
Brand-name versus generic drugs	No penalty for obtaining a brand-name medication when a generic is available	If you purchase a brand-name medication, you will pay the generic copay plus the difference in cost between the brand-name and generic medication.

Paying for prescriptions under the Express Scripts Medicare Plan

Out-of-pocket maximum: The Express Scripts Medicare Plan has an annual out-of-pocket maximum of $1,000 per covered individual. Once you reach this amount, you will not owe a copay or coinsurance for your covered prescriptions for the remainder of the plan year.

Long-term care (LTC) pharmacy: Residents of a long-term care facility using an in-network LTC pharmacy will pay the cost-sharing amount for a one-month supply at retail.

Out-of-network coverage: You must use pharmacies in the Express Scripts Medicare network to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You may incur additional costs for drugs received at an out-of-network pharmacy. Please contact Express Scripts at **1-877-703-7344** for details.

Note: If you need more information about the AEP Prescription Drug Plan, refer to your Summary Plan Description (SPD) and Summaries of Subsequent Changes.

PRESCRIPTION DRUG PLANS *(CONTINUED)*

Payment process under the Express Scripts Medicare Plan

1. DEDUCTIBLE STAGE

You pay a $50 yearly deductible, per covered individual, for prescriptions filled at a retail pharmacy. Prescriptions filled by mail order will not be subject to a deductible.

2. INITIAL COVERAGE STAGE

After you pay your yearly retail-only deductible, you stay in this initial coverage stage until you reach the member out-of-pocket maximum of $1,000 or until your total yearly drug costs (what you and the plan pay) reach $3,820 (up from $3,750 in 2018), whichever comes first. During this initial coverage stage, you will pay the following:

Generic drugs (tier 1)

Retail one-month (31-day) supply: $10 copay
Retail three-month (90-day) supply: $30 copay
Mail order (90-day) supply: $20 copay

Preferred brand-name drugs (tier 2)

Retail one-month (31-day) supply: 20% coinsurance ($20 minimum/$100 maximum)
Retail three-month (90-day) supply: 20% coinsurance ($60 minimum/$300 maximum)
Mail order (90-day) supply: 20% coinsurance ($50 minimum/$200 maximum)

Nonpreferred brand-name drugs (tier 3)

Retail one-month (31-day) supply: 35% coinsurance ($35 minimum/$200 maximum)
Retail three-month (90-day) supply: 35% coinsurance ($105 minimum/$600 maximum)
Mail order (90-day) supply: 35% coinsurance ($90 minimum/$300 maximum)

3. COVERAGE GAP STAGE

Note: The description of this stage is required to be provided as per Medicare Part D guidelines. AEP members will not experience any change in cost-sharing amounts during this stage.

If you have not met the member out-of-pocket maximum of $1,000, but your total yearly drug costs reach $3,820 (up from $3,750 in 2018), you will continue to pay the same cost-sharing amounts. You will continue to pay these amounts until your total out-of-pocket costs reach $5,100 (up from $5,000 in 2018).

4. CATASTROPHIC COVERAGE STAGE

If you have not met your member out-of-pocket maximum, but your yearly out-of-pocket drug costs — including manufacturer discounts — exceed $5,100 (up from $5,000 in 2018), you will pay the greater of 5% coinsurance or:

- A $3.40 (up from $3.35 in 2018) copay for covered generic drugs (including brand-name drugs treated as generics), with a maximum not to exceed the standard copay during the initial coverage stage.
- An $8.50 (up from $8.35 in 2018) copay for all other covered drugs, with a maximum not to exceed the standard copay during the initial coverage stage.

DENTAL PLANS

Your options at a glance

Dental health is an important part of your overall health. Depending on where you live, you may have more than one dental plan option from which to choose. The dental plan options for 2019 are:

- **Aetna Dental Preferred Provider Organization (DPPO) Plan:** Offered in all areas.
- **Aetna Dental Maintenance Organization (DMO) Plan:** Offered in limited areas; availability is based on your ZIP code.
- **No coverage:** You may choose to waive dental coverage. Once you waive AEP retiree dental coverage, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

Limited one-time enrollment opportunity for certain retirees

If you were retirement-eligible at the time that AEP sold an operation on or after November 12, 2015, and you went to work for the buyer of that operation as a part of the sale transaction, and if you waived AEP retiree dental coverage at that time, you may still elect AEP retiree dental coverage, if then available, one time after that sale — either during a future Annual Enrollment or within 31 days of a qualified change in family status. However, if you later waive continuation of that elected AEP retiree dental coverage, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

DPPO Plan

Under the DPPO Plan, you can visit a dentist in the Aetna DPPO Plan network or outside the network; however, you generally pay less out of your own pocket when you visit in-network dentists.

The DPPO Plan pays 100% of your preventive care expenses (subject to frequency limits) with no deductible, up to Aetna's recognized charges. It also pays a percentage of Aetna's recognized charges for most other expenses, after you meet an annual deductible.

The DPPO Plan also has a discount feature. Dentists participating in Aetna's Preferred Dental Program will offer discounted fees for care and services. So, while the percentage you pay for care and services will be the same regardless of the dentist you visit, you may pay less out of your pocket when you visit a preferred dentist. For more information, you can call Aetna at **1-800-243-1809**.

DPPO Plan coverage	
Your annual deductible (applies to basic and major restorative expenses only)	$50 individual/$150 family
Preventive care	Plan pays 100% of eligible expenses (no deductible)
Basic restorative care	Plan pays 80% after deductible*
Major restorative care	Plan pays 50% after deductible*
Orthodontia care (eligible dependent children under age 19)	Plan pays 50% of eligible expenses (no deductible)
Lifetime orthodontia maximum	$1,750/lifetime per covered person
Annual maximum benefit	$1,750/year per covered person

* Up to network discounted rates or recognized charge if out-of-network provider is used.

DENTAL PLANS *(CONTINUED)*

DMO Plan

If you are enrolled in the DMO Plan for 2018 and you are no longer eligible for the DMO Plan in 2019, you will be automatically defaulted into the DPPO Plan covering the same eligible dependents if you do not make a dental election during Annual Enrollment (October 18 through November 1, 2018).

If you enroll in the DMO Plan, you must choose a primary care dentist (PCD) who participates in Aetna's DMO Plan network. Each covered family member you enroll can select his or her own PCD.

- For assistance confirming dentists who participate in Aetna's DMO network, call Aetna Member Services at **1-800-243-1809**.
- When you visit your PCD to receive covered services, your PCD will verify your eligibility from a member roster.
- You can change your PCD as often as once a month by logging on to Aetna Navigator at **www.aetna.com** or by calling Aetna at **1-800-243-1809**. Any change made on or prior to the 15th of the month will take effect the first of the next month. Any change made after the 15th will take effect the first of the month following the next month.

If you need more information on the DMO Plan, refer to your Summary Plan Description (SPD) and Summaries of Subsequent Changes.

Important note

Aetna cannot guarantee the availability or continued participation of a particular dental provider. Either Aetna or any DPPO Plan or DMO Plan network provider may terminate the provider contract or limit the number of patients accepted in a practice. Before enrolling in a dental plan, it's a good idea to verify that the provider is in-network and is accepting new patients.

For additional information regarding AEP's dental plans, please visit **www.aepbenefits.com**.

DPPO Plan/DMO Plan comparison		
Plan feature	**DPPO Plan**	**DMO Plan**
Cost-sharing arrangement	Coinsurance (the percentage of covered expenses you pay)	Copay (the amount you pay at the time of service)
Primary care dentist (PCD) election	Not required	Required at enrollment. Contact Aetna with your election after December 1, 2018.
Annual deductible (the amount you pay before the plan pays)	$50 individual/$150 family	No deductible
Annual maximum (the maximum amount the plan will pay out in a plan year, excludes orthodontia)	$1,750 maximum per year per covered person	No limit
Orthodontics eligibility	Children under age 19	Adults and children
Orthodontics out-of-pocket maximum	No limit	$2,400 copay
Orthodontics lifetime benefit maximum	$1,750 per lifetime per covered child	No limit
Out-of-network benefits	Visit any licensed dentist to receive benefits. You will typically pay lower out-of-pocket costs if you choose a dentist who participates in the Aetna DPPO Plan network.	Contact Aetna at **1-800-243-1809** for state-required benefits (out-of-network coverage not available in Arizona, Texas, North Carolina, New Jersey and California).
Referrals (the PCD directs you to seek dental care from another dental professional)	None required	Referrals are required, except when you visit an orthodontist in the DMO Plan network.
Procedures NOT covered	You are responsible for the cost of procedures not covered by your plan. **Note:** Participating DPPO Plan dentists offer discounts on procedures not covered by the plan.	You are responsible for the cost of procedures not covered by your plan.

Tip

For significant dental expenses, it's always a good idea to have your dentist file a request for predetermination of coverage with Aetna prior to undergoing the procedure.

VISION PLAN

Your options at a glance

AEP offers you vision plan coverage for eye care and vision correction. The vision plan options for 2019 are:

- **AEP Comprehensive Vision Plan:** Offered in all areas.
- **No coverage:** You may choose to waive vision coverage.
  - **Retirees:** Even if you have previously waived AEP vision coverage or do not elect it this Annual Enrollment, you may still elect this coverage in the future — either during a future Annual Enrollment or within 31 days of a qualified change in family status.
  - **Surviving spouses and dependents:** Once you waive AEP vision coverage, you will lose your eligibility for this coverage permanently and will not be able to enroll at a later date.

AEP Comprehensive Vision Plan

AEP's Comprehensive Vision Plan provides coverage through EyeMed Vision Care for eye exams, contacts (including disposable contacts) and eyeglass lenses and frames. It also offers discounts on special features, such as scratch-resistant lenses, laser eye surgery and more.

Proper eye care can lead to the early detection and treatment of vision-related complications. Vision plan participants can take advantage of the discounted retinal-imaging exam option; in addition, members who have Type 1 or Type 2 diabetes are eligible for a follow-up exam and additional testing twice per benefit year.

Benefits are provided through EyeMed's Access national network of private practice optometrists, ophthalmologists, opticians and retailers, such as Sears Optical, Target Optical, most Pearle Vision locations and LensCrafters. Some discounts may not be available at all network providers. Prior to an appointment, you should confirm with your provider whether all EyeMed discounts are offered. To locate an EyeMed network provider, contact EyeMed at **1-866-723-0513** or visit **www.enrollwitheyemed.com/access**.

If you use an out-of-network provider, you will pay in full at the time of your appointment; submit your receipts and claim form to EyeMed and receive reimbursement according to the vision plan coverage table on the next page. Be sure to submit your claim for services and materials (even if purchased on different dates) at the same time to receive the maximum reimbursement.

Refer to the Vision Care Summary Plan Description at **www.aepbenefits.com** for complete details of the benefits under this plan, or contact EyeMed at **1-866-723-0513** or **www.eyemedvisioncare.com**.

EyeMed secondary purchase plan

After your initial benefits have been utilized, you are able to receive the following additional discounts when you use network providers:

- 20% discount off frames or lenses.
- 40% discount off a complete pair of eyeglasses.
- 15% discount off conventional contact lenses.

For additional information regarding AEP's vision plans, please visit **www.aepbenefits.com**.

Accessing your Explanation of Benefits

Your Explanation of Benefits (EOB) will automatically be provided in electronic format via EyeMed's member website. If you wish to receive paper EOBs through the mail, contact EyeMed customer service at **1-866-723-0513**.

Vision plan coverage		
Service	**In-network member cost**	**Out-of-network reimbursement**
Exam with dilation as necessary	$0 copay	$35
Retinal imaging benefit	Up to $39	n/a
Exam options		
Standard contact lens fit and follow-up	Up to $55	n/a
Premium contact lens fit and follow-up	10% off retail price	n/a
Frames (any available frame at a provider location)	$0 copay; $135 allowance (20% off balance over $135)	$50
Standard plastic lenses		
Single vision	$10 copay	$25
Bifocal	$10 copay	$40
Trifocal	$10 copay	$55
Lenticular	$10 copay	$55
Standard progressive lenses	$75 copay	$40
Premium progressive lenses	$75 copay; 80% of charge less $120 allowance	$40
Lens options		
UV treatment	$0 copay	$8
Tint (solid and gradient)	$0 copay	$8
Standard plastic scratch coating	$0 copay	$8
Standard polycarbonate (adults)	$40	n/a
Standard polycarbonate (children under 19)	$40	n/a
Standard antireflective coating	$45	n/a
Polarized	20% off retail price	n/a
Other add-ons	20% off retail price	n/a
Contact lenses (allowance includes materials only)		
Conventional	$0 copay; $135 allowance (15% off balance over $135)	$92
Disposable	$0 copay; $135 allowance (plus balance over $135)	$92
Medically necessary	$0 copay; paid in full	$210
Laser vision correction (Lasik or PRK from the U.S. Laser Network)	15% off retail price or 5% off promotional price	n/a
Amplifon Hearing Health Care	For hearing health care from Amplifon Hearing Health Care, network members receive a 40% discount on hearing exams and a low price guarantee on discounted hearing aids.	n/a
Additional pairs benefit	Members receive a 40% discount on complete-pair eyeglass purchases and a 15% discount on conventional contact lenses once the funded benefit has been used.	n/a
Frequency		
Examination	Once every calendar year	
Lenses or contact lenses	Once every calendar year	
Frames	Once every calendar year	

ADDITIONAL VOLUNTARY BENEFITS

Auto & home group insurance

MetLife offers homeowner, auto and other types of property and casualty insurance to AEP participants at group rates. You can get quotes from up to four leading insurance companies. Policies include auto, home, renters, condo, boat, recreational vehicle, landlord's rental dwelling, fire, mobile home and personal excess liability (umbrella).

You may be eligible for one or more policy discounts, such as multicar, antitheft device, safety device (airbags, etc.), good student, resident student, new home, security system, etc. Identity theft resolution service is included in your auto or home policy at no additional cost.

The cost is based on the type of coverage you elect and will be billed to you each month by MetLife. For more information, contact MetLife at **1-800-438-6388** or visit **www.metlife.com/mybenefits**.

If you are currently enrolled in the MetLife Auto & Home Insurance plan, enrollment in 2019 will automatically continue, unless you notify MetLife that you do not want to continue participation. You can enroll or discontinue coverage at any time directly through MetLife.

Pet insurance

All participants are eligible to purchase pet insurance, brought to you by Nationwide. A pet insurance policy provides protection for your pet at discounted group rates. You can also purchase coverage for pet well care (vaccination, dental, heartworm, etc.).

The cost is based on the type of coverage you elect and will be billed to you each month by MetLife. You can enroll or discontinue coverage at any time. Call MetLife at **1-800-438-6388** or visit **www.metlife.com/mybenefits** to enroll.

If you are currently enrolled in pet insurance, enrollment in 2019 will automatically continue, unless you notify MetLife that you do not want to continue participation. You can enroll or discontinue coverage at any time directly through MetLife.

TOOLS AND RESOURCES

Medical plan comparison tool

Log on to the AEP Benefits Center website at **www.ibenefitcenter.com/aep** to see a side-by-side comparison of medical plan details, including how specific services are covered. Go to the **Health** tab, click on **Enroll Now**, click the **Change** button next to the Medical plan option and then select **Click here to compare these plans**.

AEP Benefits Hub – Online information and resources

- Learn about AEP's benefit offerings.
- Utilize the search feature that will allow you to find information quicker and easier.
- Find links and contact information relating to all of AEP's various benefit offerings.
- Access tools and resources to help you make informed decisions about your health.
- Visit **www.aepbenefits.com**.

CancerBridge – Personalized cancer guidance

CancerBridge is a cancer information-based navigation service that provides you with personalized access to cancer experts who can answer general questions you have about cancer and its treatment. When you call CancerBridge, you will connect with an oncology nurse who may also bring into the conversation a physician who specializes in the type of cancer diagnosed, if needed. CancerBridge provides immediate, informative guidance at a time of uncertainty; it is not a physician referral service and does not provide medical advice or medical consultations.

To connect with CancerBridge, call **1-855-366-7700** between 8 am and 5 pm ET, Monday through Friday.

Resources in this package

The following materials are included in this package:

- **This 2019 AEP Health & Welfare benefits guide**.
- **Personalized Enrollment Worksheet:** This form shows your 2019 benefit options, your default elections and the associated contributions to be withheld from your pension check or billed to you starting in January of 2019. Carefully check the personal information on this form. If necessary, you may make changes to each dependent's information when you enroll.

ENROLLMENT INSTRUCTIONS

During this year's Annual Enrollment window — October 18 through November 1, 2018 — if you have any enrollment changes, you will need to elect your 2019 benefits through the AEP Benefits Center, either online or by phone. Simply follow the steps below.

Note: If you do not enroll during Annual Enrollment, you will be provided the default coverage as specified in the "Do You Need to Take Action?" section of this guide. Your coverage will be effective from January 1, 2019, through December 31, 2019. Also, if you are a surviving spouse and do not make any changes to your benefits during this Annual Enrollment, you **MUST** still respond to the remarriage attestation question by contacting the AEP Benefits Center or logging in to the AEP Benefits Center website as instructed below.

Online

1. Visit **www.ibenefitcenter.com/aep**.
   - **Returning visitor?** Log in with your user name and password. In addition, you will need to enter a temporary numeric code that is sent to you. This process, known as multifactor authentication (MFA), prevents unauthorized access to your account and keeps your information secure.
   - **New visitor?** For your initial login to the AEP Benefits Center website, click **Get Started** and follow the prompts to set up your account. Confirm or enter your email address, which will serve as your user name. You will also need to provide a second contact method (mobile or landline phone number). Select your desired contact method to receive a temporary code. Enter the code into the website when you receive it to confirm your identity.
2. To see your existing elections, click on the **Health** tab, and then click on the **Current Coverages** link at the top of the page. Review your existing elections and determine whether you'd like to make any changes for 2019. Refer to page 15 of this guide for additional tools and resources that can assist you in the decision-making process.
3. When you're ready to make your elections, return to the **Home** page and click **Enroll Now**. If you are a surviving spouse, you will be prompted to answer a question regarding whether you have remarried. Answer the question and click **Continue**. You will then come to a **My Benefit Election Summary** page. To change an existing election, click on the **Change** button located to the left of the election you wish to change. You can view your associated dependents on the **My Benefit Election Summary** page under **Covered Family Members**.
4. Once you are satisfied, click **Submit My Elections**. You will then see a screen verifying that your elections have been submitted. It's highly recommended that you click **Print** to review all of the elections you submitted. You can either print the confirmation or save the document to your computer/device for your records. **You can review your elections or make changes as many times as you would like during the enrollment period** (refer to step 3 above). Your most recent submitted elections will supersede any prior elections.

By phone

If you have questions or need help enrolling, experienced service representatives are ready to help. Call the AEP Benefits Center at **1-888-237-2363 (1-888-AEP-BENE)**, option 1, between 8 am and 5 pm ET, any business day, and confirm your identity to speak with a representative. Representatives are also available for online chats at **www.ibenefitcenter.com/aep** during those hours, or you can email a representative from the website anytime.

If you make a change to any of your elections, you will receive an enrollment confirmation statement by mail in mid-November. Please review it carefully for accuracy. If you find a discrepancy, contact the AEP Benefits Center immediately.

Do you need to designate a beneficiary?

If you have AEP life insurance, click the "Beneficiaries" link while you're enrolling to see a summary of your beneficiary data on file. To modify your existing beneficiary data, click "Change," or to add new beneficiary data, click "Add." Any changes or additions will go into effect as soon as you submit your elections. Updating your life insurance beneficiaries doesn't automatically update your pension beneficiaries. Select the "Wealth" tab to review and update your pension beneficiaries.

CONTACT INFORMATION*

If you have a question about	Contact this provider	Phone	Website
AEP retiree website			www.aepretirees.com
Auto & home group insurance and pet insurance	MetLife	1-800-438-6388	www.metlife.com/mybenefits
Dental plans	Aetna	1-800-243-1809	www.aetna.com
General benefit inquiries	AEP Benefits Center	1-888-237-2363 (1-888-AEP-BENE), option 1	www.ibenefitcenter.com/aep
Life insurance	Minnesota Life Insurance Company	1-888-237-2363, option 1	No website available
Long-term care insurance **Note:** This plan was closed to new participants starting June 30, 2013.	Prudential	1-800-732-0416	No website available
Medical	Aetna	1-855-527-2452	www.aetna.com
Personalized cancer guidance	CancerBridge	1-855-366-7700	No website available
Prescription drug	Express Scripts Medicare (over-age-65 retirees and dependents) AEP Prescription Drug Plan (under-age-65 dependents)	1-877-703-7344 1-800-841-3045	www.express-scripts.com
Vision plan	EyeMed	1-866-723-0513	www.eyemedvisioncare.com

* This is a list of possible provider contact information. It does not imply you are a participant of each plan.

Has your personal information changed?
To ensure that you continue to receive important communications from AEP, contact the AEP Benefits Center at **1-888-237-2363 (1-888-AEP-BENE)**, option 1, if any of your personal contact information has changed. You can also update your personal information at **www.ibenefitcenter.com/aep**.

BENEFITS ELIGIBILITY AND COVERAGE

When coverage begins

The elections you make this Annual Enrollment take effect on January 1, 2019, and continue through December 31, 2019, unless you have a qualifying change in family or employment status as described in the "Changing coverage during the year" section of this guide.

When coverage ends

Your coverage in the plans ends on the last day of the month in which:

- Your required contributions are not paid.
- The plan ends.
- You are no longer eligible.
- You elect to enroll in a Medicare Part D prescription drug program other than the AEP-sponsored Part D plan (which would disqualify you from the medical and prescription drug plan only).
- You die.
- You don't elect or you drop Medicare Parts A and B at any time.
- You elect to enroll in a Medicare supplement plan other than AEP's Aetna Group Medicare Advantage plans.

Coverage for your dependents ends on the last day of the month in which:

- Your coverage ends.
- Your dependent enrolls in a Medicare Part D prescription drug program other than the AEP-sponsored Part D plan (which would disqualify your dependent from the medical and prescription drug plan only).
- Your dependents are otherwise no longer eligible.
- Your dependent doesn't elect or he or she drops Medicare Parts A and B at any time.
- Your dependent elects to enroll in a Medicare supplement plan other than AEP's Aetna Group Medicare Advantage plans.

If your coverage under the medical, dental or vision plan ends, you and your dependents may, under certain circumstances, be eligible to continue coverage under COBRA. Also see the "Surviving spouse and dependent eligibility for AEP benefits" section of this guide.

Changing coverage during the year

After the Annual Enrollment period for your 2019 benefits (October 18–November 1, 2018), you may not elect to change or cancel your coverage until the next Annual Enrollment period unless you experience a qualifying life event that affects your eligibility for coverage and you process that change through the AEP Benefits Center no later than 31 days after it occurs. In addition, a change can only be made if it is due to, and consistent with, the qualifying life event that affects your eligibility for coverage.

A qualifying life event may include:

- Change in your legal marital status, including marriage, divorce or annulment.
- Change in the number of your dependents — including birth or the placement of a child through adoption or legal guardianship.
- Death of your spouse or a covered dependent child.
- Gain or loss of legal custody of a dependent.
- Dependent satisfies (or ceases to satisfy) dependent eligibility requirements, including attainment of limiting age.
- A significant change in your health coverage or the coverage provided through your spouse's employment.
- A change in the employment status of you, your spouse or your dependent (part-time to full-time, commencement or termination of employment, etc.).
- Taking or returning from an unpaid leave of absence for your spouse.
- A court order requiring a change in coverage.
- A change in residence that affects your eligibility for coverage.
- You or your covered dependent becomes eligible for Medicare.

To process a qualifying life event and change your coverage, you may:

- Log on to **www.ibenefitcenter.com/aep**, go to the **Health** tab, then click on the **Life Status Change** link and follow the prompts to enter your changes and elect your new coverage.
- Or call the AEP Benefits Center at **1-888-237-2363 (1-888-AEP-BENE)**, option 1, between 8 am and 5 pm ET, any business day, and confirm your identity to speak with a representative.

Coverage changes due to a qualified life event become effective the day the change in status occurred, as long as you processed the event within 31 days.

Other opportunities to enroll/change coverage outside of Annual Enrollment

- If you decline coverage for yourself or your dependents because you have other medical or vision coverage, you may be able to enroll yourself or your dependents in the AEP medical or vision plan at a later date if you lose that other coverage. Also, if you add a dependent as a result of a marriage, birth, placement for adoption or acquiring a child through legal guardianship, you may be able to enroll other eligible dependents in that plan.
- You may request enrollment in the AEP medical plan midyear if you notify the AEP Benefits Center within 31 days after you or your dependent either (1) loses eligibility for Medicaid or coverage through the Children's Health Insurance Program (CHIP) that is administered by your state or (2) becomes eligible to participate in a premium assistance program under Medicaid or CHIP.

BENEFITS ELIGIBILITY AND COVERAGE *(CONTINUED)*

Your eligibility for AEP retiree benefits

You are eligible to participate in the retiree benefits if you were an active, full-time or permanent part-time employee who was last hired or rehired by a participating AEP company on or before December 31, 2013, or if you retired from a participating AEP company and you were at least age 55 with 10 or more years of service* on your retirement date. In addition, if you were rehired by a participating AEP company on or after January 1, 2014, you may remain eligible to elect medical coverage for yourself and your eligible dependents upon your later retirement if you were eligible to elect retiree medical benefits upon your pre-2014 termination of employment with AEP. If you were disabled when you elected to take a distribution from the company-provided qualified defined benefit pension plan, you may be eligible for benefit coverage. Refer to the AEP Comprehensive Medical Plan Summary Plan Description for Retirees and Surviving Dependents Age 65 and Older, issued 2016, found in the "Plan Information" section of **www.ibenefitcenter.com/aep**.

You are not eligible for retiree benefits if you were subject to a collective bargaining agreement that does not provide specifically for coverage under a particular plan.

You must elect Medicare Parts A and B to participate in AEP's 65-or-older retiree medical plans. Failure to enroll in Medicare Parts A and B will make you ineligible to elect AEP's medical and prescription drug plans.

* You will not receive service credit toward eligibility for retiree coverage for any service during which you were classified as a temporary employee, independent contractor or leased employee or otherwise paid for your services based upon a fee or contract.

Surviving spouse and dependent eligibility for AEP benefits

- **Survivors of active employees (not retiree-benefit-eligible):** Surviving spouses of active employees who were not retiree-benefit-eligible on the date of death can elect to continue medical, dental and/or vision coverage until the earlier of age 65 or remarriage, if the surviving spouse was enrolled in those plans at the time of the employee's death. Surviving dependent children of an active employee who was not retiree-benefit-eligible on the date of death can elect to continue medical, dental and/or vision coverage until they reach the limiting age (see the "Eligible dependents" section of this guide), if the surviving dependent child was enrolled in those plans at the time of the employee's death.
- **Survivors of active employees (retiree-benefit-eligible):** Surviving spouses of active employees who were retiree-benefit-eligible on the date of death can elect to continue medical, dental and/or vision coverage until remarriage, if the surviving spouse was enrolled in those plans at the time of the employee's death. Surviving dependent children of an active employee who was retiree-benefit-eligible on the date of death can elect to continue medical, dental and/or vision coverages until they reach the limiting age (see the "Eligible dependents" section of this guide), if the surviving dependent child was enrolled in those plans at the time of the employee's death.
- **Survivors of retirees:** Surviving spouses of retirees can elect medical, dental and/or vision coverage until remarriage, if the surviving spouse was enrolled in the medical, dental and/or vision plans at the time of the retiree's death. Surviving dependent children of retirees can elect medical, dental and/or vision coverage until the limiting age (see the "Eligible dependents" section of this guide) if the surviving dependent child was enrolled in those coverages at the time of the retiree's death.

You must elect Medicare Parts A and B to participate in AEP's 65-or-older retiree medical plans. Failure to enroll in Medicare Parts A and B will make you ineligible to elect AEP's medical and prescription drug plans.

Paying for coverage

Your cost of coverage under the AEP benefits program will depend on:

- Your eligibility for a grandfathered retirement or surviving spouse/dependent group, if applicable.
- The dependents you elect to cover.
- The option in which you enroll.

Unless you are in a grandfathered group or a surviving spouse/dependent, your contributions for retiree medical coverage for 2019 are based on your age and years of service at retirement, as follows:

Age + years of service	Contribution percentage of total cost
65–69	46%
70–74	42%
75–79	36%
80–84	32%
85–89	26%
90–94	22%
95+	20%

Your 2019 Personalized Enrollment Worksheet provides your monthly cost for each of the benefit options available to you. If you receive a monthly pension benefit, your contribution will generally be deducted from your pension check. Otherwise, you will be billed monthly for your contribution.

Important note

Failure to make required contributions will result in the termination of coverage and may prohibit your future enrollment in AEP plans.

Coverage levels

When you enroll in the medical, dental or vision plans, you may also choose whom you want to cover. Your coverage level and cost are based on the dependents you enroll. Coverage levels include:

- Participant* only.
- Retiree + spouse.
- Retiree or surviving spouse + child(ren).
- Retiree + family.

You may choose the same or different coverage levels for the medical, dental and vision plans. You must enroll in coverage before you can enroll your eligible dependents.

* A retiree's surviving spouse or surviving child will be considered a "participant" only if described in the "Surviving spouse and dependent eligibility for AEP benefits" section of this guide.

BENEFITS ELIGIBILITY AND COVERAGE *(CONTINUED)*

Eligible dependents*

It is important that you review the AEP dependent eligibility definitions to ensure that all of your covered dependents or any dependents you want to add during Annual Enrollment meet the eligibility requirements. If any one of your currently covered dependents no longer meets the eligibility requirements listed, you should contact the AEP Benefits Center as soon as possible to report this information. **Covering ineligible dependents under your AEP medical, dental or vision plans is considered a violation of AEP's rules of conduct and could subject you to disciplinary action, up to and including termination of benefits.**

Note: Your eligible dependents do not include any individual who is also covered as an AEP employee or retiree or who is covered by another AEP employee or retiree as a dependent.

* Surviving dependents may be covered only if they also are described in the "Surviving spouse and dependent eligibility for AEP benefits" section of this guide.

Your eligible dependents include:

Legal spouse:

Note: Upon termination of your marriage (by divorce, legal separation by a court decree or otherwise), a spouse ceases to be eligible for coverage regardless of whether the divorce decree or court order requires you to provide coverage for your former spouse. It is your responsibility to inform the AEP Benefits Center of the termination of your marriage. **Failure to do so within 60 days after the date the marriage ends will not prevent their loss of coverage retroactively BUT WILL result in their loss of eligibility to elect COBRA continuation coverage.**

Children:

To qualify for coverage, your dependent child(ren) must meet all of the following criteria:

- Child is under age 26, and the child is:
  - Your natural child or the natural child of your spouse.
  - Or a child legally adopted by you or your spouse or placed with you or your spouse for adoption.
  - Or your foster child.
  - Or a child who resides in your household for whom you or your spouse is the court-appointed guardian.
  - A child for whom you are required to provide coverage as a result of a Qualified Medical Child Support Order (QMCSO).
  - Any other child you claim as a dependent on your federal income tax return, provided that neither natural parent of the child lives with the child and you are acting as the child's guardian.

Disabled dependents:

To qualify for coverage beyond the child-limiting age, your disabled child(ren) must meet all the criteria listed under the "Children" section above plus:

- Disability must have occurred prior to age 26.
- Remain continuously covered.

You must submit proof that the child reaching age 26 is disabled and incapable of self-support within 31 days after he or she reaches age 26. If you are enrolling the child for the first time after the child has already reached age 26, you must submit proof that the child has been disabled and incapable of self-support since age 26 within 31 days after enrolling the child. The claims administrator has the right to require, at reasonable intervals, proof that the child continues to be disabled and incapable of self-support. If you fail to submit any required proof or if you refuse to permit a medical examination of the child, he or she will not be considered disabled and therefore will not be eligible for coverage.

Tax considerations when covering your dependents

Certain AEP benefits qualify for tax advantages (such as nontaxable employer contributions) only to the extent that they cover the employee's dependents as defined for tax purposes. AEP allows you to provide medical coverage for certain dependents who may not qualify as your tax dependents. As a result, the contributions you make for their coverage may not qualify for tax-favored treatment, and you will be subject to imputed income on the value of the company-paid portion of their coverage and be taxed accordingly.

If your dependent child qualifies under any of the following relationships and has not attained age 27 before the end of the year, he or she is considered your qualified tax dependent for group health plan purposes:

- Your son or daughter.
- Your stepson or stepdaughter.
- Your foster child (placed with you by an authorized placement agency or by court order).
- Your or your spouse's adopted child.
- A child placed with you or your spouse for adoption.

If your dependent child does not qualify under any of the relationships listed above, you should review the additional information provided on the AEP Benefits Center website before you enroll to help you determine whether your child qualifies as a tax dependent for group health plan purposes.

Important note

Dependent Social Security numbers, or tax identification numbers for non-US citizens, must be provided to AEP within six months of adding a dependent. You must enroll your dependent within 31 days of a qualifying event (or within 90 days of birth or adoption of a newborn), even if a Social Security number has not yet been obtained.

If both you and your eligible dependents have AEP benefits

If both you and your spouse or eligible dependents are eligible for an AEP benefit plan as an AEP retiree or employee:

- You may each enroll as a retiree or employee, as appropriate.
- One of you may enroll as a retiree or employee and the other as a spouse or eligible child.
- Neither of you may be covered both as a retiree or an employee and as a dependent.
- Neither of you can cover the same eligible dependent children.

NOTES

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