

# 2020

## Open Enrollment YOUR GUIDE TO CHOOSING BENEFITS

Enrollment dates: November 1 - 18, 2019 | Enroll online: [CNPBenefits.com](http://CNPBenefits.com)

### ! Important Changes for 2020

#### Medical Plans for 2020

There will be three medical plans offered for 2020. Please see pages 3 and 4 for specific plan provisions and bi-weekly premium costs.

**Traditional Plan (PPO)** option is a health care plan contracted with a network of medical providers. PPO members have the option to select one of these preferred providers and pay visit copays and their deductible, or select an out-of-network provider and pay a higher amount. Although the PPO has a lower deductible, it costs more in employee premiums. **This is a new plan design for 2020.**

**Health Savings Plan or High-Deductible Health Plan (HDHP)** option carries a higher deductible than other plans and is designed so you pay 100% of medical and prescription drug expenses until the deductible is met. Once the deductible is met, the plan pays a percentage of your medical and prescription drug expenses up to the out-of-pocket maximum. Although this plan has a higher deductible, it costs less in employee premiums. This plan design allows you to contribute to a Health Savings Account (HSA), which is a tax-free savings account. **Please see pages 3 and 4 for specific plan provisions, including new plan deductibles and new out-of-pocket maximums.**

**Health Reimbursement Account Plan (HRA)** option is a unique health plan whereby the company pays 100% of medical claims up to a certain dollar amount. For example, the deductible for family coverage is \$1,500 for the year, and the company contributes \$1,000 into your HRA. That means the first \$1,000 of your medical expenses is paid by the company and offsets the deductible. After you've exhausted your HRA funds, you pay the remaining deductible and then coinsurance. Medical claims will be paid at 80% when you see in-network providers and 60% for out-of-network providers. **This plan is available to non-exempt employees only and will only be offered for the 2020 and 2021 calendar years.**

#### Dental and Vision Plans for 2020

The dental and vision plans for 2020 will be harmonized to match legacy CenterPoint Energy plan designs. The enhanced dental plan includes no in-network deductible, higher maximum annual benefits and lower member coinsurance on major services. The vision plan offers higher allowances for frames or contact lenses and includes a \$10 eye exam copay. **Please see page 5 for additional information and bi-weekly premium costs for each plan.**

#### Company-paid Life Insurance for 2020

Company-paid life insurance for 2020 will be 1x annual base pay, up to \$50,000. There are no changes to supplemental life coverage or dependent life coverage options.

#### Other Updates for 2020

- Company pay credits for waiving medical and dental coverage will be discontinued.
- Dependents will be eligible for coverage until the end of the month they turn 26 years of age instead of through the end of the year.
- New hire benefit eligibility will start upon date of hire.
- Anthem "Estimate Your Cost" tool will replace the Healthcare BlueBook tool.
- Grand Rounds second opinion service will be discontinued.

## Life Events: You Have 31 Days for Benefit Changes

Most of the elections you select during open enrollment will remain in effect from Jan. 1 through Dec. 31, 2020, unless you experience a “qualifying life event” such as marriage, divorce, birth, adoption, death in your family, or change in job status for you or your spouse. You generally have 31 days after a qualified life event to adjust your benefit coverage by calling the Benefits Service Center. **When adding dependents to coverage, make sure you supply their Social Security Numbers (SSNs) so there aren’t any issues administering their benefits or generating forms for tax reporting purposes.** When enrolling a newborn child, you do not have to wait until you receive your child’s SSN to enroll him/her in your coverage. However, you will still need to provide a birth facts document, birth certificate or other documents, as needed, in order to continue covering your child(ren).

## New Employee

If you are a new employee, you may have two enrollment events – one for coverage through the end of 2019 and enrollment for 2020 benefits. Be sure to sign up for 2019 benefits within 31 days of hire to receive coverage through Dec. 31, 2019. You will also need to sign up for 2020 benefits during the open enrollment period. **Please note that the 2020 open enrollment period is your first opportunity to enroll in Vacation Buy/Sell. If you wish to enroll in Dependent Care Flexible Spending, Health Care Flexible Spending, Limited Flexible Spending or Health Savings Account elections, you must make an active election during the 2020 enrollment period, as these benefits will not carry over.**

## Verify your Dependent Information

### Is your dependent eligible?

To be eligible for coverage in the medical, dental and vision plans, a spouse must be a lawful spouse who is not divorced from the plan participant. Dependent children are your children up to the age of 26 (including legally adopted children, stepchildren or eligible foster children), even if they have other outside coverage options. Unmarried, dependent children who became mentally or physically handicapped before age 26 and are incapable of self-support also may be specially approved for coverage over the age limit, if they rely on you for support and have been continuously covered under the plan.

You may also cover qualifying relatives under the age of 26 if you are their court-ordered legal guardian and claim them as a dependent for income tax purposes.

### Dependent Enrollment is Subject to Verification

All benefit plan coverage is based on the truthfulness of statements made by the plan participants during the enrollment process, regardless of enrollment method. For any misrepresentation or fraudulent statements made to plan fiduciaries or a service provider, the plan administrator may, in its sole discretion, take action to remedy the situation, including but not limited to denying coverage for a fraudulent claim, voiding or terminating future coverage for a participant and/or the participant’s family members, or terminating the ability of a medical provider to file claims with the plan.

## You must actively enroll if you want to:

- Change your current plan elections, coverage levels or add and/or drop dependents.
- Participate in a Flexible Spending Account (FSA) or Health Savings Account (HSA).
- Participate in vacation buy/sell.

**NOTE:** Current FSA/HSA and vacation buy/sell elections DO NOT automatically carry over to 2020.

The general information contained in this guide does not address all requirements of the Vectren Corporation benefits plans, and complete information is contained in the official plan documents. If this guide differs from the terms and provisions of the official plan documents, the official plan documents will govern and control. The company reserves the right to amend, suspend or terminate these plans at any time, in whole or in part. Current participation in these plans does not guarantee future eligibility for the plans or any other benefit program. Participation in these plans does not offer or guarantee employment.

# Medical Plans

You can only make changes to benefits during open enrollment or if you experience a qualifying life event. Coverage is provided through Anthem network.

| MEDICAL PLAN OPTION   | TRADITIONAL PLAN  |  | HEALTH SAVINGS PLAN  |  | ANTHEM HRA<br>(non-exempt employees only)  |  |
|---|---|--|--|--|--|--|
|   | In-Network  | Out-of-Network <sup>5</sup>                            | In-Network   | Out-of-Network <sup>5</sup>  | In-Network   | Out-of-Network <sup>5</sup>  |
| <b>Annual Deductible<sup>1</sup></b>                        | \$500 per person<br>\$1,500 per family  | \$2,000 per person<br>\$6,000 per family               | \$2,000 employee-only coverage<br>\$4,000 family coverage <sup>6</sup>   | \$4,000 employee-only coverage<br>\$8,000 family coverage <sup>6</sup> | \$750 employee-only coverage (HRA account pays the first \$500)<br>\$1,500 family coverage (HRA account pays the first \$1,000 ) | \$750 employee-only coverage (HRA account pays the first \$500)<br>\$1,500 family coverage (HRA account pays the first \$1,000 ) |
| <b>Physician Visits<sup>2</sup></b>                         | \$30 PCP copay<br>\$40 Specialist copay<br>(Copay for office visit exam fee only. Coinsurance may apply to other services.)       | 60% of non-network reimbursement rate after deductible | 80% after deductible   | 60% of non-network reimbursement rate after deductible                 | 80% after deductible   | 60% of non-network reimbursement rate after deductible   |
| <b>Testing and Ancillary Services<sup>2</sup></b>           | 100% coverage for age appropriate testing related to preventive care<br>80% coinsurance applies to other charges after deductible | 60% of non-network reimbursement rate after deductible | 100% coverage for age appropriate testing related to preventive care<br>80% after deductible                     | 60% of non-network reimbursement rate after deductible                 | 100% coverage for age appropriate testing related to preventive care; 80% after deductible                                       | 60% of non-network reimbursement rate after deductible   |
| <b>Emergency Room</b>                                       | 80% after \$300 ER visit copay  | 80% after \$300 ER visit copay                         | 80% after deductible   | 80% after deductible   | 80% after deductible   | 80% after deductible   |
| <b>Hospital Admission/ Outpatient Surgery</b>               | 80% after deductible and \$300 hospital admission copay<br>80% after deductible and \$150 outpatient copay                        | 60% of non-network reimbursement rate after deductible | 80% after deductible   | 60% of non-network reimbursement rate after deductible                 | 80% after deductible   | 60% of non-network reimbursement rate after deductible   |
| <b>Retail Prescriptions (30-day supply)<sup>4</sup></b>     | <b>Generic:</b> \$12<br><b>Preferred Brand:</b> \$40<br><b>Non-Preferred:</b> \$80  | Not covered  | 80% after deductible;<br>CVS Caremark HDHP Preventitive Drug List:<br><b>Generic:</b> \$10<br><b>Brand:</b> \$25 | Not covered  | <b>Generic:</b> \$10<br><b>Preferred Brand:</b> \$30<br><b>Non-Preferred:</b> \$50   | Must submit reimbursement claim form   |
| <b>Mail Order Prescriptions (90-day supply)<sup>4</sup></b> | <b>Generic:</b> \$30<br><b>Preferred Brand:</b> \$100<br><b>Non-Preferred:</b> \$200  | Not covered  | 80% after deductible;<br>CVS Caremark HDHP Preventitive Drug List:<br><b>Generic:</b> \$10<br><b>Brand:</b> \$25 | Not covered  | <b>Generic:</b> \$20<br><b>Preferred Brand:</b> \$60<br><b>Non-Preferred:</b> \$100  | Not covered  |

## Medical Plans (Continued)

| MEDICAL PLAN OPTION  | TRADITIONAL PLAN  |   | HEALTH SAVINGS PLAN  |  | ANTHEM HRA<br>(non-exempt employees only)  |   |
|--|---|---|--|--|--|---|
|  | In-Network  | Out-of-Network <sup>5</sup>                             | In-Network   | Out-of-Network <sup>5</sup>  | In-Network   | Out-of-Network <sup>5</sup>                               |
| <b>Specialty Mail Order Prescriptions</b><br>(30-day supply) | <b>Generic:</b> \$75<br><b>Preferred Brand:</b> \$150<br><b>Non-Preferred:</b> \$225  | Not covered   | 80% after deductible   | Not covered  | \$100 per prescription filled  | Not covered   |
| <b>Out-of-Pocket Maximum<sup>2</sup></b>                     | \$6,000 per person<br>\$12,000 per family <sup>3</sup><br>(Maximum per individual is \$6,000) <sup>3</sup>  | \$25,000 per person<br>\$50,000 per family <sup>3</sup> | \$6,000 employee-only coverage<br>\$12,000 family coverage <sup>3</sup><br>(Maximum per individual is \$6,000) <sup>3</sup>                            | \$25,000 employee-only coverage<br>\$50,000 family coverage <sup>3</sup> | \$1,500 employee-only coverage<br>\$3,000 family coverage  | \$3,000 employee only coverage<br>\$6,000 family coverage |
| <b>Bi-weekly Premiums</b>                                    | <b>Employee Only:</b> \$76.15<br><b>Employee and Spouse:</b> \$163.38<br><b>Employee and Children:</b> \$144.46<br><b>Employee and Family:</b> \$251.08 |   | <b>Employee Only:</b> \$33.64<br><b>Employee and Spouse:</b> \$108.90<br><b>Employee and Children:</b> \$78.54<br><b>Employee and Family:</b> \$146.93 |  | <b>Employee Only:</b> \$57.49<br><b>Employee and Spouse:</b> \$138.59<br><b>Employee and Children:</b> \$91.11<br><b>Employee and Family:</b> \$179.49 |   |

<sup>1</sup> In-network expenses do not apply to out-of-network out-of-pocket maximums (OOPM). Out-of-network expenses do not apply to in-network OOPM. For the Traditional Plan, deductibles, coinsurance and copays count toward satisfying OOPM. For the Health Savings Plan option, deductibles and coinsurance count toward satisfying OOPM.

<sup>2</sup> Preventive care is not covered out of network, except for the HRA plan which is 60% of non-network reimbursement rates.

<sup>3</sup> Plan benefits start paying at 100 percent for a covered individual once that person reaches the individual OOPM. If you have family coverage, your family does not have to meet the family OOPM before the plan will pay at 100 percent for a person who has met the individual OOPM.

<sup>4</sup> General provisions: Reimbursement is limited to non-excluded drugs per the current formulary and to the generic drug benefit when a non-generic is utilized. Participants will pay the lesser of the copay or the actual cost of the drug. Mail order prescriptions are available in a 90-day supply, except specialty drugs, which are only available in a 30-day supply. Drugs that have not been evaluated and approved by CVS Caremark's Pharmacy and Therapeutics Committee (or other appropriate reviewing body) or drugs that have been excluded from the formulary are not eligible for coverage.

<sup>5</sup> In-Network vs. Out-of-Network: You pay less when you use in-network providers - doctors, hospitals and pharmacies that are in the plan. When you and your family use these providers, you save money because network providers have agreed to accept negotiated rates for their services and you pay a lower portion of coinsurance and deductibles.

<sup>6</sup> For the Health Savings Plan, the family deductible must be met before any benefits are payable if you have enrolled any family members in addition to yourself. The deductible does not apply to covered preventive care services.

# Dental Plan

| DENTAL PLAN OPTION                        | DENTAL PPO<br>Administered by Delta Dental of Texas (with orthodontia)  |
|---|---|
| <b>Choosing a Primary Care Dentist</b>    | You may choose any dentist. However, Delta Dental Participating Dental Providers provide services that are not subject to a deductible and agree to accept negotiated, discounted rates that are within the recognized charge limits. |
| <b>Non-Network Benefits</b>               | Plan offers non-network benefits subject to deductibles and reasonable and customary limits.  |
| <b>Filing of Claims</b>                   | You or your dentist will submit claims.   |
| <b>Accessing Specialty Care</b>           | You may choose any dentist. However, Delta Dental providers stay within reasonable and customary limits and offer discounted care.  |
| <b>Emergency Care</b>                     | You may choose any dentist. However, Delta Dental providers stay within reasonable and customary limits and offer discounted care.  |
| <b>Deductibles</b>                        | <b>Network:</b> None<br><b>Non-Network:</b> \$50 per person for Basic & Major Restorative Services  |
| <b>Coinsurance or Copays for Services</b> | No copay for office visits.<br><b>Preventive:</b> 100% coverage<br><b>Basic Restorative:</b> 80% coverage<br><b>Major Restorative:</b> 60% coverage   |
| <b>Maximum Annual Benefit</b>             | \$1,800 per person  |
| <b>Orthodontic Coverage</b>               | Plan pays 50% to a maximum of \$1,600 per child (lifetime max). Dependent children under age 19 only.   |
| <b>Bi-weekly Premiums</b>                 | <b>Employee Only:</b> \$4.38<br><b>Employee and Spouse:</b> \$8.54<br><b>Employee and Children:</b> \$11.31<br><b>Employee and Family:</b> \$15.92  |

## Network vs. Non-Network Dental Benefits

You may choose any dentist with the PPO plan. There is no deductible if you choose network dental providers who generally charge patients about 25 percent less for covered services. Non-network care is subject to a \$50 deductible for restorative care and benefits are subject to recognized charge limits.

## To locate a Network Dentist:

To locate PPO dentists and their provider ID, go to [deltadentalins.com](http://deltadentalins.com).

# Vision Plan

All employees are eligible for coverage through Vision Service Plan (VSP), which includes an annual eye exam and either one pair of glasses or contact lenses every 12 months (subject to copays and certain limits and restrictions).

| BENEFIT  | NETWORK COVERAGE  | NON-NETWORK COVERAGE   |
|--|---|--|
| <b>Comprehensive Vision Exam</b><br>(once every calendar year) | 100% covered after \$10 copay.  | Reimbursement up to \$45 after \$10 copay is applied.  |
| <b>Prescription Glasses</b><br>(once every calendar year)      | \$25 materials copay, which is a single payment that is applied to the entire purchase, not the lens and frame individually.<br><b>Lenses:</b> 100% covered after materials copay.<br>Patient options not covered by the plan, such as some progressive lenses, photochromic lenses, UV protection and anti-reflective coatings, may be purchased through the plan at a 20-25% discount. Standard progressive lenses are now covered at a \$0 copay.                                | <b>Lenses:</b> Reimbursement after copay is applied:<br>• Single vision up to \$30<br>• Lined Trifocal up to \$65<br>• Lined Bifocal up to \$50<br><b>Frames:</b> Reimbursement up to \$70 after copay is applied. |
|  | <b>Frames:</b> \$180 retail frame allowance, and 20% off any out-of-pocket costs.   |  |
| <b>Contact Lenses</b><br>(once every calendar year)            | Contact lenses may be selected in lieu of prescription glasses.<br><b>Elective:</b> When you choose contacts instead of glasses, your \$180 contact lens allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam, which is discounted 15%, is in addition to your vision exam to ensure the proper fit of contacts. If you choose contact lenses, you will be eligible for prescription glasses during the next calendar year. | Reimbursement up to \$105 for elective contact lenses and contact lens exam.   |
|  | <b>Medically Necessary:</b> Medically necessary contacts prescribed for certain conditions are 100% covered after \$25 copay. VSP doctor must receive approval from VSP prior to dispensing.  | Reimbursement up to \$210 for medically necessary contact lenses and contact lens exam.  |
| <b>Laser Eye Surgery</b>                                       | VSP participants receive PRK, LASIK and Custom LASIK at a discounted fee. Discounts vary by location, but will average 15% off of the contracted laser center's usual and customary price. Additionally, if the participating laser center is offering a temporary price reduction, VSP members will receive 5% off the promotional price.  | Not covered  |
| <b>Bi-weekly Premiums</b>                                      | <b>Employee Only:</b> \$3.32<br><b>Employee and Spouse:</b> \$7.02<br><b>Employee and Children:</b> \$7.52<br><b>Employee and Family:</b> \$10.40   |  |

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage and to find a VSP network doctor.

# 2020 HSA & FSA

## Who is eligible for a HSA?

An eligible individual is one who:

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

In 2020, you can contribute up to the Internal Revenue Service (IRS) maximum of \$3,550 for employee coverage or \$7,100 for family coverage. The company's seed money contribution counts toward the max, helping you reach it sooner!

**Advantage:** You don't pay Federal and Social Security taxes on HSA money. And if you don't spend all of the money in your account during the year, the money stays in your HSA even if you change jobs or medical plans. You may also be able to earn interest on money in your HSA. Just keep in mind there is a tax on distributions from HSAs for non-qualified medical expenses.

## FSA

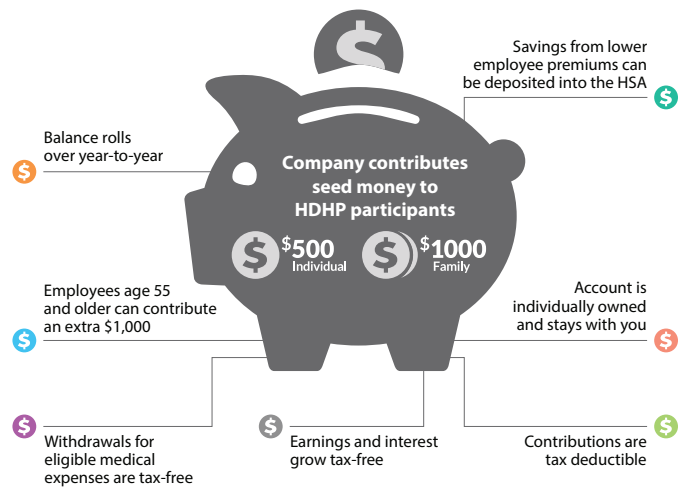
FSAs let you pay for certain expenses – e.g., childcare, deductibles, copays, qualified prescription drugs, insulin, medical devices, etc. – with pre-tax dollars. Because your contributions are deducted from your pay before Federal and Social Security taxes are withheld, you pay less in taxes and keep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

*\*NOTE: Participants in the HDHP who have a HSA can have a Limited Flexible Spending Account (LFSA) that can only be used for dental and vision costs. Participants who do not have a HSA can have a regular Medical FSA.*

## Medical FSA

The Medical FSA lets you set aside pre-tax dollars (up to \$2,700) to reimburse yourself for certain health care expenses. You can't use FSA dollars for over-the-counter medications (unless it's prescription medication or insulin), but in general you can be reimbursed if the expenses are:

- Incurred during the plan year while you're participating in the FSA.
- Not reimbursable under another health insurance plan.
- Considered tax-deductible by the IRS.
- Medically necessary (cosmetic services are not eligible).



## Limited Purpose Flexible Spending Account (LPFSA)

A Limited Purpose FSA is a type of Medical FSA – but with a catch: it can only be used for dental and vision costs. If you have a regular HSA (tied to an HDHP), you can only have a Limited Purpose FSA instead of the traditional Medical FSA. For more information on eligible expenses, visit [www.irs.gov](http://www.irs.gov) (Publication 502 and 969) or check with a tax advisor.

## Dependent Care FSA

This account helps you pay for day care for your child(ren) or disabled dependent, but there are a few special rules. You can only contribute up to \$5,000 to the account per household per year. The day care services must be necessary so you can work. If you're married, your spouse must be either employed, a full-time student at least five months during the year or mentally or physically disabled and unable to provide care for himself or herself. For more information on eligible expenses, visit [www.irs.gov](http://www.irs.gov) (Publication 503) or check with a tax advisor.

## Important FSA Rules

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

### Use It or Lose (Most of) It

If you don't spend all the money in your medical flexible accounts, you may only roll over \$500 to the next year. Any other balance will be forfeited and used to offset plan expenses.

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



# Optional Benefits

## Buy/Sell Vacation

You may purchase or sell vacation during the annual benefits open enrollment only. **NOTE:** A day is typically defined as eight (8) hours. Employees working a regular twelve (12) hour schedule may only buy or sell in increments of 4, 8 or 12 hours.

**IMPORTANT:** *You are buying or selling vacation in hourly increments and not in days. For example: if you choose to purchase 2, you are purchasing two (2) hours – not two (2) days.*

## Hyatt Legal

Hyatt Legal provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

## LifeLock Identity Theft Protection

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

## Life and Accidental Death

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

## Naming a Beneficiary

You must name a beneficiary to receive your life insurance benefits in the event of your death, and it's important to keep your beneficiary information current. You will be required to designate your beneficiary during open enrollment.

## Dependent Life Insurance

This coverage pays a benefit if your covered dependent dies or is seriously injured in an accident. You automatically receive dependent accidental death and dismemberment insurance when you enroll in dependent life insurance. The amount paid is equal to the amount elected for dependent life insurance. The premium is based on the amount of elected coverage for spouse and/or child coverage.

## Employee Assistance Program (EAP)

Employees and their eligible family members have access to free and confidential professional care, self-help programs, interactive tools and other educational resources that address life and work issues.

EAP is available around-the-clock to support you with everyday challenges or more complex problems – any time you need it. Call 866-248-4094 or visit [liveandworkwell.com/public](http://liveandworkwell.com/public) and type in "VECTREN" as the access code.

# Money Saving Tools

## Get the Right Rate: Estimate Your Costs

Take a few minutes to check out the Estimate Your Cost tool on [www.anthem.com](http://www.anthem.com). The tool saves time, money and helps you get the most from your benefits. Different hospitals and facilities charge different amounts for the same services. Shop around using the Estimate Your Cost tool to see costs based on your own benefits. You can also compare the quality of different procedures. The tool was designed to help you feel better about where you go for care.

Go to [www.anthem.com](http://www.anthem.com) and log in to use the Estimate Your Cost tool. Search for the procedure you need, and the tool will help guide you.

## Get the Right Access: LiveHealth Online

Visit a doctor without going to a doctor's office. Whether you're at home in the middle of the night or in the middle of a road trip, now you can talk to a doctor any time of day, wherever you are. LiveHealth Online lets you have face-to-face conversations with a doctor on your computer or mobile device. It's medical advice the moment you need it. No appointments. No waiting. So simple. And it costs the same or less than you'd pay for a regular doctor visit.

LiveHealth Online doctors can help with many different health issues, such as colds, flu, allergies, sinus infections, bronchitis, pinkeye and rashes.

Visit [LiveHealthOnline.com](http://LiveHealthOnline.com) or call 844-784-8409 to sign up.

# Your 2020 Benefit Providers

## Anthem

800-295-4119 (All other plans)  
888-224-4902 (HRA plan)  
833-203-1742 (Ingenio Prescription)  
**anthem.com**

## Anthem LiveHealth Online (Medical)

LiveHealth Online Mobile App  
**livehealthonline.com**

## Anthem LiveHealth Online (Psychology)

888-224-4902  
**livehealthonline.com**

## CVS/Caremark

866-601-9770  
**caremark.com**

## CVS/Specialty

800-237-2767  
**cvsspecialty.com**

## Delta Dental

888-818-7931  
**deltadentalins.com**

## Energize Vectren LiveWell Program (Optum)

866-248-4094  
**liveandworkwell.com**  
**Access Code: VECTREN**

## Hyatt Legal

800-821-6400  
**info.legalplans.com**  
**Access Code: GETLAW**

## Lifelock

800-607-9174  
**lifelock.com**

## MetLife

866-729-9201 (STD/LTD)  
**metlife.com/mybenefits**

## PayFlex (HSA & FSA)

844-729-3539  
**payflex.com**

## T. Rowe Price

800-922-9945  
**rpstroweprice.com**

## Transamerica Retirement Solutions

800-755-5801  
**transamerica.com/portal/home**

## Vision Service Plan (VSP)

800-877-7195  
**vsp.com**

***Visit [CNPBenefits.com](https://www.cnpbenefits.com) for continually updated information***

**Benefits Service Center representatives are available Monday through Friday, 7 a.m. - 7 p.m. Central Time at 833-236-3487.**