

# 2021

## Benefit Choices

AN ENROLLMENT GUIDE FOR NEW EMPLOYEES

**Enroll online: [CNPBenefits.com](http://CNPBenefits.com)**

### Benefit Resources

This booklet provides a summary of your benefit options and serves as a guide to selecting and enrolling in your benefits. CenterPoint Energy also provides you with online tools to manage many of your benefits whenever it's convenient for you.

At **CNPBenefits.com**, you can review your current benefits and dependents, report a life event change, link to benefit forms and chat online with a Benefits Service Center representative. You'll also use this site to enroll in benefits, both as a new hire and during open enrollment.

To access the site, go to **CNPBenefits.com** and enter your User ID (your first initial + last name + two digits year of birth) and password. For your initial logon, your password will be the last four digits of your Social Security number. You will then be prompted to enter a new password.

The CNP Savings Plan is a financial security benefit the company provides to help you prepare for retirement. Visit **[cnpsavings.voya.com](http://cnpsavings.voya.com)** to check your current Savings Plan balances, make or change your Savings Plan elections, review investment information and model future estimated retirement benefits.

For policies, summary plan descriptions, legal notices and general HR information, go to **[CNPToday.com/HR](http://CNPToday.com/HR)**.

**You will have 31 days from your employment date to select from the available medical, dental, vision, supplemental life insurance, flexible spending accounts and long-term disability (LTD) plan options outlined in this brochure.**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see the Medicare Part D Creditable Coverage Notice for more details.



#### Enroll online: [CNPBenefits.com](http://CNPBenefits.com)

##### Find the Benefits that Fit You Best

Want to see which health plan saves you the most money?  
Have a question or two about something specific?  
Looking for a guide from start to finish?

##### It's Easy with Ask Emma

Ask Emma is the private, personalized virtual assistant that helps you get the most from your benefits. She has interviews, calculators, videos, and FAQs available for a number of benefits.

The general information contained in this guide does not address all requirements of the Vectren Corporation benefits plan Benefits Plan, and complete information is contained in the official plan document. 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 this plan at any time, in whole or in part. Current participation in the plan does not guarantee future eligibility for the plan or any other benefit program. Participation in this plan is not an offer or guarantee of employment.

# Your Initial Enrollment Period

Once you elect your benefits during the first 31 days of employment, your benefits are retroactive to the first day of employment. However, your dependent(s) will not be enrolled in any elected coverage until you complete their enrollment by providing the required dependent verification documentation. If complete and proper documentation is submitted within 31 days after your hire date, your dependent's coverage will be retroactive to your first day of employment. If such documentation is submitted after 31 days, your dependent's coverage will be prospective only, following approval of the submitted documentation. **If complete and proper documentation is not submitted within 60 days, your dependent will not be enrolled in coverage and you may not enroll the dependent until the next open enrollment period, unless you experience a corresponding "qualified life event."**

To upload your dependent verification documents, log into your account at **CNPBenefits.com**. Click "My Profile," then "Employee File," then "View and Upload Documents." To view the list of required dependent documentation at **CNPBenefits.com**, search "Library" then "Dependent Verification Required Documents."

Any premiums due for your retroactive coverage will be deducted in full from the next paycheck following enrollment. Any eligible expenses covered by your retroactive coverage that were incurred during any temporary gap in coverage should be submitted to the claims administrator for reimbursement.

**If you do not make any elections during your enrollment period, no medical, dental or vision coverage is provided.**

Although you must make your election for LTD plan coverage within 31 days of your employment date, coverage is effective the first day after completing 90 days of continuous active service.

Even if you are not enrolling in CenterPoint Energy's health benefits, you must still designate beneficiaries for your company-paid life insurance and any supplemental life or accident insurance you choose at **CNPBenefits.com**.

## Important Reminder

If you are hired in 2021, you may receive two enrollment packets – this one for coverage through the end of 2021 and an open enrollment brochure for 2022. Be sure to sign up for 2021 benefits within 31 days of hire to receive coverage effective from your date of hire through December 31, 2021. You may also need to sign up for 2022 benefits. 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 for the 2022 enrollment period as these elections will not carry over from 2021. If you have any questions, contact the Benefits Service Center at **833-236-3487**.

# What Are Qualified Life Events?

The benefits you select and eligible dependents you cover during new hire enrollment will remain in effect until December 31, unless you experience a qualified life event. These events include marriage, divorce, birth, adoption, death in your family or a change in job status for you or your spouse and allow you to change coverage under most benefit plans.

For the benefits that you pay for in pre-tax dollars, you generally must make changes within 31 days of a status change or qualified life event.

You generally can make changes at any time to the insurance benefits that you pay for with after-tax payroll deductions, such as supplemental life insurance and accidental death and dismemberment insurance. Proof of good health is required to increase life insurance coverage and LTD coverage.

Please note that your benefit change must be consistent with the life event. If you experience a qualified life event, you generally have 31 days to adjust your benefit coverage by calling the Benefits Service Center at **833-236-3487** or report changes online at **CNPBenefits.com**.

## Important Information Regarding Nonsmoker Discount for Optional Life Insurance Coverage

Cigna, our life insurance carrier, offers lower cost employee and spouse life insurance coverage to nonsmokers due to the decreased risk of premature death. For benefit purposes, the definition of a nonsmoker is an employee who does not smoke at the time of enrollment and agrees to completely refrain from smoking.

# Medical Plans

You can only make changes to benefits during open enrollment or if you experience a qualifying life event.

MEDICAL PLAN OPTION	TRADITIONAL PLAN		HEALTH SAVINGS PLAN		HRA (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 \$1,500 per family	\$2,000 per person \$6,000 per family	\$2,000 employee-only coverage (\$500 seed money) \$4,000 family coverage <sup>6</sup> (\$1,000 seed money)	\$4,000 employee-only coverage (\$500 seed money) \$8,000 family coverage <sup>6</sup> (\$1,000 seed money)	\$750 employee-only coverage (HRA account pays the first \$500) \$1,500 family coverage (HRA account pays the first \$1,000 )	\$750 employee-only coverage (HRA account pays the first \$500) \$1,500 family coverage (HRA account pays the first \$1,000 )
<b>Physician Visits<sup>2</sup></b>	\$30 PCP copay \$40 Specialist copay (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 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 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 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 <b>Preferred Brand:</b> \$40 <b>Non-Preferred:</b> \$80	Not covered	80% after deductible; CVS Caremark HDHP Preventitive Drug List: <b>Generic:</b> \$10 <b>Brand:</b> \$25	Not covered	<b>Generic:</b> \$10 <b>Preferred Brand:</b> \$30 <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 <b>Preferred Brand:</b> \$100 <b>Non-Preferred:</b> \$200	Not covered	80% after deductible; CVS Caremark HDHP Preventitive Drug List: <b>Generic:</b> \$10 <b>Brand:</b> \$25	Not covered	<b>Generic:</b> \$20 <b>Preferred Brand:</b> \$60 <b>Non-Preferred:</b> \$100	Not covered

## Medical Plans (Continued)

MEDICAL PLAN OPTION	TRADITIONAL PLAN		HEALTH SAVINGS PLAN		HRA (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> (30-day supply)	<b>Generic:</b> \$75 <b>Preferred Brand:</b> \$150 <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 \$12,000 per family <sup>3</sup> (Maximum per individual is \$6,000) <sup>3</sup>	\$25,000 per person \$50,000 per family <sup>3</sup>	\$6,000 employee-only coverage \$12,000 family coverage <sup>3</sup> (Maximum per individual is \$6,000) <sup>3</sup>	\$25,000 employee-only coverage \$50,000 family coverage <sup>3</sup>	\$1,500 employee-only coverage \$3,000 family coverage	\$3,000 employee only coverage \$6,000 family coverage
<b>Monthly Premiums</b>	<b>Employee Only:</b> \$165.00 <b>Employee and Spouse:</b> \$354.00 <b>Employee and Children:</b> \$313.00 <b>Employee and Family:</b> \$544.00		<b>Employee Only:</b> \$86.66 <b>Employee and Spouse:</b> \$244.90 <b>Employee and Children:</b> \$188.38 <b>Employee and Family:</b> \$344.51		<b>Employee Only:</b> \$133.29 <b>Employee and Spouse:</b> \$321.29 <b>Employee and Children:</b> \$221.09 <b>Employee and Family:</b> \$416.11	

The HRA plan is available to non-exempt employees only and will be discontinued for the 2022 calendar year.

- <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 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 <b>Non-Network:</b> \$50 per person for Basic & Major Restorative Services
<b>Coinsurance or Copays for Services</b>	No copay for office visits. <b>Preventive:</b> 100% coverage <b>Basic Restorative:</b> 80% coverage <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>Monthly Premiums</b>	<b>Employee Only:</b> \$10.50 <b>Employee and Spouse:</b> \$21.00 <b>Employee and Children:</b> \$28.00 <b>Employee and Family:</b> \$38.00

## 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

Coverage through Vision Service Plan (VSP) 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> (once every calendar year)	100% covered after \$10 copay.	Reimbursement up to \$45 after \$10 copay is applied.
<b>Prescription Glasses</b> (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. <b>Lenses:</b> 100% covered after materials copay. 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>Frames:</b> \$180 retail frame allowance, and 20% off any out-of-pocket costs.	<b>Lenses:</b> Reimbursement after copay is applied: • Single vision up to \$30 • Lined Trifocal up to \$65 • Lined Bifocal up to \$50 <b>Frames:</b> Reimbursement up to \$70 after copay is applied.
<b>Contact Lenses</b> (once every calendar year)	Contact lenses may be selected in lieu of prescription glasses. <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. <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 \$105 for elective contact lenses and contact lens exam. 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>Monthly Premiums</b>	<b>Employee Only:</b> \$7.19 <b>Employee and Spouse:</b> \$15.22 <b>Employee and Children:</b> \$16.30 <b>Employee and Family:</b> \$22.54	

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

# 2021 HSA & FSA

## Who is eligible for an HSA?

An eligible individual is one who:

- Is covered under a high-deductible health plan (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 2021, you can contribute up to the Internal Revenue Service (IRS) maximum of \$3,600 for employee coverage or \$7,200 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

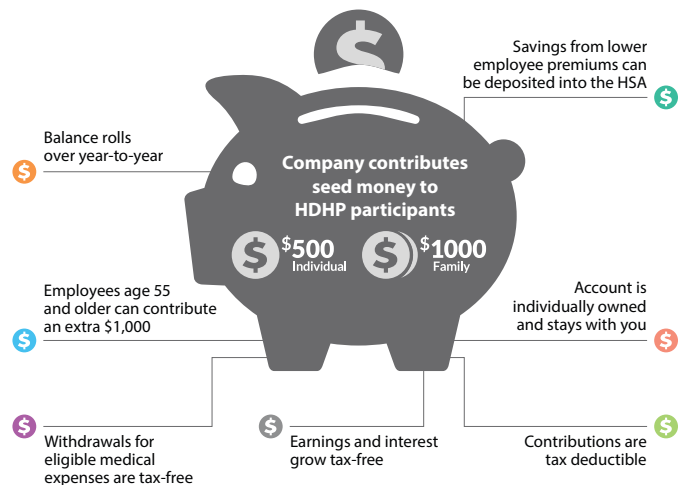
FSAs let you pay for certain expenses – e.g., childcare, deductibles, copays, qualified prescription drugs, insulin, medical devices, etc. – with pre-tax dollars. Because your contributions are deducted from your pay before Federal and Social Security taxes are withheld, you pay less in taxes and keep 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 \$2,750) 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 \$550 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

## Supplemental Life Insurance

- You may purchase supplemental term-life insurance of one to seven times annual base pay, up to \$3 million, in addition to the basic life insurance coverage provided by the company. EOI may be required. The company provides basic life insurance coverage of one times your annual base salary, up to \$50,000.
- You may purchase supplemental spouse term-life insurance in multiples of \$25,000 up to a maximum of \$300,000. Evidence of Insurability (EOI) may be required.
- You may purchase supplemental child term-life insurance in amounts of \$5,000, \$10,000 or \$15,000. This benefit does not apply for dependent children age 26 or older.
- Supplemental life insurance coverages are paid through payroll deduction with after-tax dollars.

## Accidental Death & Dismemberment (AD&D)

- You may purchase AD&D insurance of one to ten times your annual base pay, up to \$3 million. AD&D insurance is also available for your spouse and/or children.
- AD&D pays a benefit if you or a covered family member die or are severely injured in an accident.

- AD&D is paid through payroll deduction with after-tax dollars.

## Long-term Disability

- 50% of eligible monthly pay (employer paid) – subject to applicable waiting period.
- Option to increase coverage to 60% for an additional cost.

## 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.

# Automatically Enrolled Benefits

## Basic Life Insurance

- The company provides basic life insurance coverage of one times your annual base salary up to \$50,000.
- Coverage is automatic and at no cost to employees.

## Business Travel Accident (BTA)

- \$200,000 life insurance covering accidental death or serious injury while traveling on company business.
- Coverage is automatic and at no cost to employees.

## Employee Assistance Program (EAP)

- A confidential, 24-hour program that provides counseling, legal and financial services for employees and their families.
- Coverage is automatic and at no cost to employees.

## Long-term Disability

- 50% of eligible monthly pay – subject to applicable waiting period.
- Coverage is automatic and at no cost to employees.

## CNP Savings Plan (401k)

- The company offers employer contributions in the CNP Savings Plan as follows:
  - Dollar for dollar matching contributions, up to 6% of your eligible pay.
  - Automatic non-matching contributions of 3% of your eligible pay.
- Employees may contribute up to 50% of regular pay and/or bonus pay as pre-tax and/or Roth contributions.
- Immediate, 100% vesting of company matching contributions and company non-matching contributions.
- Employees are automatically enrolled at a pre-tax contribution rate of 6%, unless they elect otherwise within 30 days of employment. Employee contributions, company match and company non-match will default to the age appropriate target retirement date fund, unless the employee elects a different investment option.
- The pre-tax contribution rate for employees contributing to the plan will be automatically increased by 1% each April of the year following your enrollment, up to a maximum rate of 10%, unless the employee elects to opt out. This 1% increase will apply to your pre-tax contribution rate unless that rate is zero, in which case the increase will apply to your Roth contribution rate or, if your Roth contribution rate is zero, to your after-tax contribution rate.

## Wellness Program

If you enroll in Vectren's medical insurance for 2021 and would like to receive the Wellness Incentive, you will need to participate in a **voluntary** wellness screening. You have **60 days** from your hire date to complete a wellness screening (no exceptions will be made).

Please note, as a new hire you will be offered a Participation Based program. What this means is as long as you participate in a wellness screening within 60 days from your hire date, you will automatically earn up to \$130 annually (\$5/pay).

Spouses who are enrolled in a Vectren health plan during 2021 will also receive the \$5/pay participation-based credit if a wellness screening is completed with 60 days of the employee's hire date. Spousal participation is **voluntary** and will have no bearing on health plan selection should they choose not to participate in the screenings.

- **ALL** employees and eligible spouses will need to register on Bravo's website [www.bravowell.com/energizevectren](http://www.bravowell.com/energizevectren) to complete the Consent to Screen and the tobacco and nicotine attestation.
- You will also need to download and print a Physician Form, which will be pre-populated with participant information. All eligible spouses must also create an account with Bravo and download a pre-populated Physician Form.
- Completed Physician Forms should be sent to Bravo via upload, fax or mail:
  - Upload: Log in to [www.bravowell.com/energizevectren](http://www.bravowell.com/energizevectren)
  - Fax: 855-778-4806
  - Mail: 20445 Emerald Parkway Dr. SW, Suite 400, Cleveland, Ohio 44135

## Know Your Healthcare Jargon

To give you a leg up on the terms used to describe health care plans, we've listed the most common definitions.

### Coinsurance

The percentage of costs of a covered health care service you pay (for example, 20%) after you've paid your deductible.

### Copay

A fixed amount (for example, \$20) you pay for a covered health care service, usually when you get the service. The amount can vary depending on the type of service: e.g., office visit, emergency room visit, prescription drugs, etc.

### Deductible

In a nutshell, what you pay before your benefits start kicking in. Deductibles may not apply to all services, and the overall amount varies among the different health plan offerings.

### Flexible Spending Account (FSA and Limited Purpose FSA)

An arrangement that lets you pay for certain expenses (like childcare, deductibles, copays, qualified prescription drugs, insulin and medical devices) with pre-tax dollars. If you have a HDHP and corresponding HSA, you can only have a Limited Purpose FSA to cover vision and dental costs.

### Health Savings Account (HSA)

A tax-free savings account available to those enrolled in a HDHP. You can make contributions via payroll deductions to help fund the account. The company also contributes seed money (\$500 single, \$1,000 family) to help fund it. Any unused funds roll over year to year and a portion of your HSA can be invested to help grow the funds over time. Plus, it's your own money.

### High-Deductible Health Plan (HDHP)

A type of health insurance plan that features higher deductibles than traditional insurance plans. They're often combined with a HSA that enables you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

### Out-of-Pocket (OOP) Maximum/Limit

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-pays and coinsurance, your health plan pays 100% of the costs of covered benefits.

### Seed Money

The amount the company contributes to an employee's HSA.



# 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. 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.

To be eligible for coverage in the life insurance and the accidental death and dismemberment plans, your dependents must meet the

rules shown above, and dependent children must also be unmarried, under age 26, and dependent on you for maintenance and support. Please refer to the complete eligibility rules available at [CNPBenefits.com](http://CNPBenefits.com).

## Dependent Enrollment is Subject to Verification

All benefit plan coverage provided by CenterPoint Energy 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.

Please remember that you must also notify us within 31 days if one of your dependents loses eligibility for coverage under the plan, or your dependent may lose important rights such as the ability to elect COBRA continuation coverage.

The participant making an intentional misrepresentation or fraudulent statement may also be subject to federal prosecution for health care fraud pursuant to the Health Insurance Portability and Accountability Act, and the plan administrator may disclose all relevant personal health information to federal authorities for prosecution.

## Your 2021 Benefit Providers

### Blue Cross and Blue Shield Texas (BCBSTX)

877-260-9257

[Bcbstx.com](http://Bcbstx.com)

### BCBSTX 24/7 Nurseline

800-581-0368

### Cigna (Life Insurance and LTD)

800-36-Cigna (24462)

[cigna.com](http://cigna.com)

### CVS/Caremark

(Prescription services for BCBSTX)

866-601-9770

[caremark.com](http://caremark.com)

### CVS/Specialty

(Prescription services for BCBSTX)

800-237-2767

[cvsspecialty.com](http://cvsspecialty.com)

### Delta Dental of Texas

888-818-7931

[deltadentalins.com](http://deltadentalins.com)

### Hyatt Legal

800-821-6400

[info.legalplans.com](http://info.legalplans.com)

**Access Code: GETLAW**

### Lifelock

800-607-9174

[lifelock.com](http://lifelock.com)

### Magellan

(Employee Assistance Program)

800-424-4349

[MagellanAscend.com](http://MagellanAscend.com)

**Access Code: CenterPoint**

### MDLIVE

(Telehealth)

888-680-8646

[MDLIVE.com/BCBSTX](http://MDLIVE.com/BCBSTX)

### PayFlex (HSA & FSA)

844-729-3539

[payflex.com](http://payflex.com)

### ReedGroup

(FMLA and STD Administration)

844-556-6374

[centerpointenergy.leavepro.com](http://centerpointenergy.leavepro.com)

### Transamerica Retirement Solutions (Retirement Plan)

800-755-5801

[transamerica.com/portal/home](http://transamerica.com/portal/home)

### Vision Service Plan (VSP)

800-877-7195

[vsp.com](http://vsp.com)

### Voya (Savings Plan)

844-273-8692

[CNPSavings.voya.com](http://CNPSavings.voya.com)

**Visit [CNPBenefits.com](http://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.