Invested in **you**

Fidelity INVESTMENTS

2020 ANNUAL ENROLLMENT

What's new, benefit options, and costs

Annual Enrollment is September 25–October 17. Inside you'll:

See what's new in 2020.

Compare the medical, dental, and vision plans and costs.

For participants currently on COBRA.

What's new in 2020

JUST THE HEADLINES		FOR MORE INFO
All medical plans—Improved coverage for chronic conditions (asthma, diabetes)	Starting January 1, 2020, Fidelity will adopt recent IRS changes allowing **for more services for chronic conditions to be considered preventive care, which means they're covered at 100%.**	Visit FMRbenefits.com
Cigna HMO in North Carolina	In the face of declining enrollment, **we've decided to discontinue the Cigna HMO.** Cigna members can choose the Fidelity Health Plan or the HealthFlex PPO during Annual Enrollment. *Every medical plan covers most of the same medical providers. Take a fresh look at Fidelity Health Plan and HealthFlex PPO options.*	Talk to ALEX® to evaluate cost differences on NetBenefits. Your Health Assistant can help you compare your plan choices. Call or visit Accolade 844-287-3861 member.accolade.com.
Updates to prescription coverage	**Formulary updates.** CVS periodically updates its list of preferred medications (called the "formulary"). You can lower your costs when you switch to lower-cost brand or generic medications.	Visit FMRbenefits.com *If you are impacted by a formulary update, you will receive additional communications from CVS Caremark later this year.*

HERE TO HELP YOU

Get details on FMRbenefits.com. If you have any questions, call 800-835-5099, Prompt 1.

2020 Plan Details and Costs

Medical Coverage Comparison

KEY PROVISIONS	FIDELITY HEALTH PLAN (IN-NETWORK)[1]	HEALTHFLEX PPO (IN-NETWORK)[1]	HEALTH MAINTENANCE ORGANIZATIONS[2] (HMOs) VARY BY STATE[3, 4]
HIGHLIGHTS	Offers the lowest total annual out-of-pocket costs compared to the other medical plans for most associates. Plus, when you enroll in the FHP, you can open a Fidelity Health Savings Account (HSA) to save for current and future health care expenses. What's more—Fidelity contributes to the HSA![5]	With the HealthFlex PPO, you can go to any doctor without a referral. You'll pay more out of your paycheck than with the Fidelity Health Plan (FHP), but copays will generally be lower when you visit an in-network doctor.	HMOs are available in many Fidelity regions and offer coverage only if you receive medical treatment from a doctor or other provider who is a member of the HMO's network.
ANNUAL DEDUCTIBLE	$1,500 for Individual coverage. $3,000 if you cover yourself and one or more family members.[6]	$300[7] per person up to the family[6] maximum of $600.[7]	None.
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	$2,000 for Individual coverage. $4,000 if you cover yourself and one or more family members.[6]	$1,500 per person up to the family[6] maximum of $3,000.	$2,000 per person up to the family[6] maximum of $4,000.
REFERRALS	Not required.	Not required.	Varies by plan. Contact your HMO for details as to whether referrals are required.
OFFICE VISITS • *Routine Well Office Visits and Screenings*	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• *Well Baby/Well Child Visits*	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• *Diagnostic Visits*	Covered at 90%, after deductible.	Covered at 100%, after $20 copay.	Covered at 100%, after $20 copay.
• *Specialty Visits*	Covered at 90%, after deductible.	Covered at 100%, after $40 copay.	Covered at 100%, after $40 copay.
• *Telemedicine Visits (General Medicine)*	Covered at 90%, after deductible.	Covered at 100%, after $10 copay.	Covered at 100%, after $10 copay.
MATERNITY CARE • *Prenatal Care*	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• *Hospital & Delivery Services*	Covered at 90%, after deductible.	Covered at 90%, after deductible.	Covered at 100%, after $300 copay.
• *Postnatal Exams*	Covered at 90%, after deductible.	Covered at 100%, no copay.	Covered at 100%, no copay.
HOSPITAL CARE • *Inpatient Care*	Covered at 90%, after deductible.	Covered at 90%, after deductible.	Covered at 100%, after $300 copay.
• *Emergency Room*	Covered at 90%, after deductible.	Covered at 100%, after $150 copay (waived if admitted).	Covered at 100%, after $150 copay (waived if admitted).
• *Outpatient Surgery*	Covered at 90%, after deductible.	In facility: covered at 90%, after deductible. In physician's office: covered at 100%, after $40 copay.	In facility: covered at 100%, after $150 copay. In physician's office: covered at 100%, after $40 copay.

Prior authorization for services may be required. Please contact the carrier for more information.
[1]Coverage information pertains only to in-network providers; coverage for out-of-network providers is reduced.
[2]For purposes of this chart, HMO means an HMO-like self-funded plan.
[3]You must reside in the appropriate service area in the states offered to obtain the HMO coverage.
[4]There may be slight variations by state. Please check your Summary Plan Description or contact the plan carrier for detailed coverage information.
[5]Eligibility rules apply; see FMRbenefits.com for more details.
[6]If you want to cover family members, you'll need to choose one of the following tiers: Individual + Child(ren), Individual + Spouse, or Individual + Family.
[7]Copay amounts do not apply to the annual deductible.

Medical Coverage Comparison (Continued)

KEY PROVISIONS	FIDELITY HEALTH PLAN (IN-NETWORK)[1]	HEALTHFLEX PPO (IN-NETWORK)[1]	HEALTH MAINTENANCE ORGANIZATIONS[2] (HMOs) VARY BY STATE[3, 4]
OUTPATIENT (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY)	Covered at 90%, after deductible. Physical and occupational therapy limited to 100 visits per year combined. Speech therapy limited to 52 visits per year.	Covered at 100%, after $40 copay per visit. Physical and occupational therapy limited to 100 visits per year combined. Speech therapy limited to 52 visits per year.	Covered at 100%, after $40 copay per visit. Physical and occupational therapy limited to 100 visits per year combined. Speech therapy limited to 52 visits per year.
MENTAL HEALTH AND SUBSTANCE ABUSE • *Inpatient*	Covered at 90%, after deductible; unlimited days per calendar year.	Covered at 90%, after deductible; unlimited days per calendar year.	Covered at 100%, after $300 copay; unlimited days per calendar year.
• *Outpatient*	Covered at 90%, after deductible; unlimited visits per calendar year.	Covered at 100%, after $20 copay per visit; unlimited visits per calendar year.	Covered at 100%, after $20 copay per visit; unlimited visits per calendar year.
CHIROPRACTIC AND ACUPUNCTURE SERVICES	Covered at 90%, after deductible; limited to 20 visits per year for each service.	Covered at 90%, after deductible; limited to 20 visits per year for each service.	Covered at 100%, after $40 copay per visit. Limited to 20 visits per year for each service.
VISION AND HEARING EXAMS	Covered at 100%, no copay (one vision exam and one hearing exam per year).	Covered at 100%, no copay (one vision exam and one hearing exam per year).	Covered at 100%, no copay (one vision exam and one hearing exam per year).
PRESCRIPTION COVERAGE *Administered by CVS Caremark* • *Retail (30-day supply) Generic/ Preferred/Non-Preferred*	Preventive: covered at 100%, after applicable copay ($10/$20/$40).[5] Non-preventive: covered at 90%, after deductible.	Covered at 100%, after applicable copay ($10/$20/$40).	Covered at 100%, after applicable copay ($10/$20/$40).
• *Mail Order or Maintenance Choice Program (90-day supply) Generic/ Preferred/Non-Preferred*	Preventive: covered at 100%, after applicable copay ($20/$40/$80).[5] Non-preventive: covered at 90%, after deductible.	Covered at 100%, after applicable copay ($20/$40/$80).	Covered at 100%, after applicable copay ($20/$40/$80).

COBRA Health Care Monthly Contributions

MONTHLY MEDICAL CONTRIBUTIONS	INDIVIDUAL	INDIVIDUAL + CHILD(REN)	INDIVIDUAL + SPOUSE	INDIVIDUAL + FAMILY
FIDELITY HEALTH PLAN	$570.92	$1,027.65	$1,256.02	$1,826.94
HEALTHFLEX PPO	$642.63	$1,156.74	$1,413.79	$2,056.43
AETNA MID-ATLANTIC HMO (CT, NJ, NY, PA)	$679.94	$1,223.89	$1,495.86	$2,175.80
AETNA TEXAS HMO (TX)	$679.94	$1,223.89	$1,495.86	$2,175.80
HARVARD PILGRIM HMO (ME, MA, NH, RI)	$671.21	$1,208.18	$1,476.65	$2,147.86
HUMANA HMO (IN, KY, OH)	$671.63	$1,208.93	$1,477.58	$2,149.21
SELECTHEALTH HMO (UT)	$669.29	$1,204.72	$1,472.43	$2,141.72

Prior authorization for services may be required. Please contact the carrier for more information.
[1]Coverage information pertains only to in-network providers; coverage for out-of-network providers is reduced.
[2]For purposes of this chart, HMO means an HMO-like self-funded plan.
[3]You must reside in the appropriate service area in the states offered to obtain the HMO coverage.
[4]There may be slight variations by state. Please check your Summary Plan Description or contact the plan carrier for detailed coverage information.
[5]Preventive prescription drug copays will not apply toward the deductible, but will apply toward the out-of-pocket maximum. Changes have been made to the preventive drug list, so be sure to check the preventive drug list to see if your current drug is still included.

Dental Coverage Information

Fidelity's dental plan is designed to promote good oral health for you and your family.

KEY PROVISIONS[1]	COVERAGE	SERVICES INCLUDED IN TREATMENT
ANNUAL DEDUCTIBLE[2]	$50 per covered person,[3] $150 per family maximum (each family member can apply only $50 toward the family deductible).	
BENEFIT MAXIMUM	Dental Services: $2,000 per covered person per calendar year Orthodontic Services: $2,500 per covered person per lifetime.	
PREVENTIVE TREATMENT	Covered at 100%.[4]	Oral exams, routine cleanings, X-rays, sealants, fluoride treatments, and space maintainers.
BASIC TREATMENT	Covered at 80%[4] after deductible.	Fillings, oral surgery, periodontal treatment, endodontics, extractions, and diagnostic lab tests.
MAJOR RESTORATIVE AND ORTHODONTIC TREATMENT	Covered at 60%[4] after deductible.	Crowns and bridgework, dentures, implants, inlays, and onlays. Orthodontic treatment subject to lifetime maximum.

MONTHLY DENTAL CONTRIBUTIONS	INDIVIDUAL	INDIVIDUAL + CHILD(REN)	INDIVIDUAL + SPOUSE	INDIVIDUAL + FAMILY
	$48.65	$87.57	$107.03	$155.68

Vision Coverage Information[3]

See the world more clearly with Fidelity's Vision Plan, which offers eye exams, savings on glasses and contacts as well as discounts on non-prescription sunglasses, additional pairs of glasses, laser vision correction, and more.

KEY PROVISIONS[1]	IN–NETWORK	OUT-OF-NETWORK
EXAM	Covered at 100%, no copay.	Up to $50 reimbursement.
EYEGLASSES		
Frames	Covered at 100% up to $150 allowance.	Up to $75 reimbursement.
Lenses (single, bifocal, trifocal)	Covered at 100% after $20 copay.	Up to $50 reimbursement.
CONTACT LENSES (in lieu of eyeglasses)	Covered at 100% up to $150 allowance.	Up to $75 reimbursement.
ADDITIONAL DISCOUNTS	• 20% discount on frame balance above $150. • 40% discount on additional pairs of eyeglasses. • 20% discount on non-prescription sunglasses. • Discounts on LASIK and PRK.	Not available out of network.
FREQUENCY OF SERVICES		
Exam	Once every calendar year.	
Frames and lenses OR contact lenses	Once every calendar year.	

MONTHLY VISION CONTRIBUTIONS	INDIVIDUAL	INDIVIDUAL + CHILD(REN)	INDIVIDUAL + SPOUSE	INDIVIDUAL + FAMILY
	$6.78	$13.57	$12.89	$19.94

[1]This is a sample list of services covered under each treatment; see the Summary Plan Description for a list of all services covered.
[2]Deductible applies to basic and major restorative treatment only (excludes orthodontic treatment).
[3]If you want to cover family members, you'll need to choose one of the following tiers: Individual + Child(ren), Individual + Spouse, or Individual + Family.
[4]Coverage is either the cost provided by a preferred dental provider or the Reasonable and Customary (R&C) amount.

Contact Information

For more information about your benefit plans, visit **FMRbenefits.com**. For general questions or enrollment and eligibility information, call HR Solutions at 800-835-5099, Prompt 1, Monday through Friday, 8:30 a.m. to 8:00 p.m. ET. For detailed coverage information, please contact the plan carrier directly.

Contact information for 2020 appears below and is also available on NetBenefits® > Health & Insurance > Quick Links > Contact Directory.

AETNA MID-ATLANTIC HMO AND AETNA TEXAS HMO	800-238-6291 www.aetna.com*
CVS CAREMARK PRESCRIPTION DRUG	800-446-3709 Pre-enrollment: www.caremark.com/fidelity
EYEMED VISION	844-790-3876 Pre-enrollment: enroll.eyemed.com Choose Insight network when searching for a provider
FIDELITY HEALTH PLAN (UMR, A UNITEDHEALTHCARE SUBSIDIARY)	844-287-3861 member.accolade.com*
HARVARD PILGRIM HMO	888-333-4742 www.harvardpilgrim.org
HEALTHFLEX PPO (UMR, A UNITEDHEALTHCARE SUBSIDIARY)	844-287-3861 member.accolade.com*
HUMANA HMO	866-427-7478 www.humana.com
METLIFE DENTAL	888-660-1046 www.mybenefits.metlife.com*
SELECTHEALTH HMO	800-538-5038 www.selecthealth.org

Note: For some websites, login and registration may be required.

For more information, visit

FMRbenefits.com

Have a question? Give us a call at 800-835-5099, Prompt 1.