

Aon Active Health Exchange™

# Make It Yours To Go

**make it yours**



# Table of Contents

---

**Eligibility**..... 4

    Eligibility..... 4

**Medical** ..... 5

    Medical Coverage Level ..... 5

    California Medical Coverage Level..... 10

    How Deductibles Work ..... 15

    How Out-of-Pocket Maximums Work ..... 16

    Medical Price ..... 17

    Pay Now or Later? ..... 18

    How to Get the Right Medical Option ..... 19

    HSA Basics..... 21

    HSA vs FSA..... 23

    How Much to Save? ..... 24

    Prescription Drugs ..... 25

    Prescription Drug Questions..... 26

    Medicare Basics ..... 28

**Dental**..... 30

    Dental Coverage Level ..... 30

    Dental Price ..... 32

**Vision**..... 33

    Vision Coverage Level..... 33

    Vision Price..... 35

**More Options** ..... 36

    Flexible Spending Accounts (FSAs) ..... 36

    Life Insurance ..... 37

    AD&D Insurance..... 39

    Disability ..... 40

Legal Services .....	41
Identity Theft Protection.....	42
Auto and Home Insurance.....	43
Pet Insurance .....	44
International Vacation Medical .....	45
Bill Negotiation Services.....	46
Caregiver Support .....	47
Other Benefits.....	48
<b>How to Enroll .....</b>	<b>49</b>
How to Enroll .....	49
<b>Use Your Benefits.....</b>	<b>50</b>
Actions After You Enroll.....	50
How to Get Care.....	53
Paying for Care.....	54
Paying With Your HSA .....	55
<b>Resources .....</b>	<b>56</b>
Explore Carrier Choices .....	56
Contacts .....	68
Get the Right Coverage.....	69
Get Answers .....	70
Glossary .....	71
Newly Eligible for Benefits? .....	73
Helpful Documents .....	75
Spanish Support.....	76
COBRA Coverage Options.....	77

# Eligibility

It's up to you to understand who you can cover under your [medical, dental, vision, and other] benefits. Be sure to review the information below **before** you enroll in coverage.

# Medical Coverage Level

In a hurry? Get the highlights the easy way—just watch the video! (Closed captioning is available.)

## Which Coverage Level Is Best?

### This content came from the unversioned override!

You get to choose how much coverage you need and how you want to pay for it. It's up to you! When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays).

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

All (dental / vision):  
Dental / Vision Content Here

None (dentalprice / medicalprice):  
Not Dental Price OR Medical Price

Any (dental/vision):  
Dental or Vision Content Here

Any (hawaii/medicalprice):  
Hawaii or Medical Price Content Here

Any (dentalprice/medicalprice):

## Medical Coverage Level Options

You have several coverage levels to choose from. Each coverage level is available from different **insurance carriers** at different costs.

When you enroll, you'll find plenty of tools and resources to help you choose a coverage level.

	BRONZE	BRONZE	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	SILVER	SILVER	SILVER	SILVER	GOLD	PLATINUM	PLATINUM
Option type	High-deductible option with HSA	High-deductible option with HSA	High-deductible option with HSA	PPO	High-deductible option with HSA	High-deductible option with HSA	PPO	PPO	PPO	PPO	PPO that offers limited benefits for out-of-network care**	PPO that offers limited benefits for out-of-network care**

	BRONZE	BRONZE	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	SILVER	SILVER	SILVER	SILVER	GOLD	PLATINUM	PLATINUM
<b>Paycheck contributions</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Annual Deductible</b>												
<b>In-network (individual / family)</b>	\$3,300 / \$6,600	\$4,900 / \$9,800	\$2,450 / \$4,900	\$2,300 / \$4,600	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$800 / \$1,600	N/A	\$250 / \$500
<b>Out-of-network (individual / family)</b>	\$3,300 / \$6,600	\$4,900 / \$9,800	\$2,450 / \$4,900	\$4,600 / \$9,200	\$3,000 / \$6,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$1,600 / \$3,200	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>Traditional or true family?</b>	Traditional	Traditional	Traditional	True family	Traditional	Traditional	True family	Traditional	Traditional	Traditional	Traditional	Traditional
<b>Annual-Out-of-Pocket-Maximum</b>												
<b>In-network (individual / family)</b>	\$6,400 / \$12,800	\$6,400 / \$12,800	\$3,900 / \$7,800	\$6,700 / \$13,400	\$4,300 / \$8,600	\$3,800 / \$7,600	\$5,300 / \$10,600	\$5,300 / \$10,600	\$3,800 / \$7,600	\$3,600 / \$7,200	\$1,600 / \$3,200	\$2,300 / \$4,600
<b>Out-of-network (individual / family)</b>	\$12,800 / \$25,600	\$12,800 / \$25,600	\$11,500 / \$23,000	\$13,400 / \$26,800	\$11,500 / \$23,000	\$8,000 / \$16,000	\$10,600 / \$21,200	\$10,600 / \$21,200	\$8,000 / \$16,000	\$7,200 / \$14,400	\$11,500 / \$23,000	\$11,500 / \$23,000
<b>Traditional or true family?</b>	Traditional	Traditional	Traditional	True family	Traditional	Traditional	True family	Traditional	Traditional	Traditional	Traditional	Traditional
<b>In-Network Benefits</b>												
<b>Preventive care</b>	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
<b>Doctor's office visit</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$30 for PCP visit and \$50 for specialist visit, no deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$30 for PCP visit and \$50 for specialist visit, no deductible	You pay 30% after deductible	You pay 25% after deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible

<b>Emergency room</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$200	You pay 15% after deductible
<b>Urgent care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$50	You pay 15% after deductible
<b>Inpatient care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$350	You pay 15% after deductible
<b>Outpatient care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, covered 100%**	You pay 15% after deductible

\*\*For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only.

\*\*\*There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

## Prescription Drug Coverage

	BRONZE	BRONZE	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	SILVER	SILVER	SILVER	SILVER	GOLD	PLATINUM	PLATINUM
<b>Preventive drugs</b>	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**
<b>30-Day Retail Supply</b>												
<b>Tier 1 (generally lowest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$12	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$12	You pay \$12	You pay 100% until you've met the deductible, then you pay 25%	You pay \$10	You pay \$8	You pay \$8

<b>Tier 2 (generally medium cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$50	You pay \$50	You pay 100% until you've met the deductible, then you pay 25%	You pay \$40	You pay \$30	You pay \$30
<b>Tier 3 (generally highest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$80	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$70	You pay \$70	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay \$50	You pay \$50

#### 90-Day Mail Order Supply

<b>Tier 1 (generally lowest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$30	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$30	You pay \$30	You pay 100% until you've met the deductible, then you pay 25%	You pay \$25	You pay \$20	You pay \$20
<b>Tier 2 (generally medium cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$125	You pay \$125	You pay 100% until you've met the deductible, then you pay 25%	You pay \$100	You pay \$75	You pay \$75
<b>Tier 3 (generally highest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$200	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$175	You pay \$175	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay \$125	You pay \$125

\*\*Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.



These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange.

For a more detailed look at these and additional coverages, go to [enrollment site at](#). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [enrollment site at](#).

**California Residents:** Your options will be different, depending on the insurance carrier you choose. See [what's different](#).

**Out-of-Area:** Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier. (Note: The Silver option available to out-of-area individuals is different than the Silver option on this site. Refer to for details.)

**Choosing a Primary Care Physician:** Certain options require you to choose a primary care physician. You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

## Do You Take Any Prescription Drugs?

This is really important! Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

While your coverage level will determine your coverage for prescription drugs, each pharmacy benefit manager has its own rules. You need to make sure you're comfortable with how your and your family's medications will be covered. [Get the details](#).

## Questions?

It's easy to find answers! Check out the [Frequently Asked Questions](#) (PDF) and the [Glossary](#).

# California Medical Coverage Level

## Live In California?

Your options will be different, depending on the insurance carrier you choose.

For starters, each **insurance carrier** in California has the option to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** an option that offers in-network benefits only (e.g., an HMO).

Also, insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option offers **only** in-network benefits.

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering.

register on their **member website**

## Medical Coverage Level

	BRONZE	BRONZE	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	SILVER	SILVER	SILVER	SILVER	GOLD	GOLD II	PLATINUM	PLATINUM
Option type	High-deductible option with HSA	High-deductible option with HSA	High-deductible option with HSA	PPO	High-deductible option with HSA	High-deductible option with HSA	PPO	PPO	PPO	PPO	HMO	PPO that offers limited benefits for out-of-network care**	PPO that offers limited benefits for out-of-network care**
Paycheck \$ contributions	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Annual Deductible													
In-network (individual / family)	\$3,300 / \$6,600	\$4,900 / \$9,800	\$2,450 / \$4,900	\$2,300 / \$4,600	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$800 / \$1,600	N / A	N / A	\$250 / \$500
Out-of-network (individual / family)	\$3,300 / \$6,600	\$4,900 / \$9,800	\$2,450 / \$4,900	\$4,600 / \$9,200	\$3,000 / \$6,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$1,600 / \$3,200	N / A	\$5,000 / \$10,000	\$5,000 / \$10,000

	-	-	-	-	-	-	-	-	-	-	-	-	-
Traditional or true family?	Traditional	Traditional	True family	Traditional	Traditional	True family	Traditional	Traditional	Traditional	Traditional	N/ A	Traditional	Traditional
Annual Out-of-Pocket Maximum													
In- network (individual / family)	\$6,400	\$6,400	\$3,900	\$6,700	\$4,300	\$3,800	\$5,300	\$5,300	\$3,800	\$3,600	\$5,400	\$1,600	\$2,300
	/	/	/	/	/	/	/	/	/	/	/	/	/
	\$12,800	\$12,800	\$7,800	\$13,400	\$8,600	\$7,600	\$10,600	\$10,600	\$7,600	\$7,200	\$10,800	\$3,200	\$4,600
Out-of- network (individual / family)	\$12,800	\$12,800	\$11,500	\$13,400	\$11,500	\$8,000	\$10,600	\$10,600	\$8,000	\$7,200	N /	\$11,500	\$11,500
	/	/	/	/	/	/	/	/	/	/	A	/	/
	\$25,600	\$25,600	\$23,000	\$26,800	\$23,000	\$16,000	\$21,200	\$21,200	\$16,000	\$14,400		\$23,000	\$23,000
Traditional or true family?	Traditional	Traditional	True family	Traditional	Traditional	True family	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional	Traditional

#### In-Network Benefits

Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%	Covered 100%	Covered 100%, no deductible
Doctor's office visit	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$30 for PCP visit and \$50 for specialist visit, no deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$30 for PCP visit and \$50 for specialist visit, no deductible	You pay 30% after deductible	You pay 25% after deductible	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible	You pay \$25 for PCP visit and \$40 for specialist visit	You pay \$25 for PCP visit and \$40 for specialist visit	You pay \$25 for PCP visit and \$40 for specialist visit, no deductible

<b>Emergency room</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay \$200 after deductible	You pay 15% after deductible
<b>Urgent care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay \$50 after deductible	You pay 15% after deductible
<b>Inpatient care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30% after deductible	You pay \$350 after deductible	You pay 15% after deductible
<b>Outpatient care</b>	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	You pay 30% after deductible	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30% after deductible	If not an office visit, covered 100%**	You pay 15% after deductible

\*\*For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only.

\*\*\*There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

†Under Health Net and Kaiser Permanente, if you cover dependents, no covered member pays more than \$3,000 toward the family deductible. Also, these options feature a traditional annual deductible.

‡Under Health Net and Kaiser Permanente, these options feature a traditional annual out-of-pocket maximum.

◆Under Health Net, if you cover dependents under the Bronze Plus coverage level, the family deductible is \$5,250.

## Prescription Drug Coverage

	BRONZE	BRONZE	BRONZE PLUS	BRONZE PLUS	BRONZE PLUS	SILVER	SILVER	SILVER	SILVER	GOLD	GOLD II	PLATINUM	PLATINUM
<b>Preventive drugs</b>	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**	You pay \$0**
<b>30-Day Retail Supply</b>	-	-	-	-	-	-	-	-	-	-	-	-	-

<b>Tier 1 (generally lowest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$12	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$12	You pay \$12	You pay 100% until you've met the deductible, then you pay 25%	You pay \$10	You pay \$10	You pay \$8	You pay \$8
<b>Tier 2 (generally medium cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$50	You pay \$50	You pay 100% until you've met the deductible, then you pay 25%	You pay \$40	You pay \$40	You pay \$30	You pay \$30
<b>Tier 3 (generally highest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$80	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$70	You pay \$70	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay \$60	You pay \$50	You pay \$50

#### 90-Day Mail Order Supply

<b>Tier 1 (generally lowest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$30	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$30	You pay \$30	You pay 100% until you've met the deductible, then you pay 25%	You pay \$25	You pay \$25	You pay \$20	You pay \$20
<b>Tier 2 (generally medium cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$125	You pay \$125	You pay 100% until you've met the deductible, then you pay 25%	You pay \$100	You pay \$100	You pay \$75	You pay \$75

<b>Tier 3 (generally highest cost options)</b>	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$200	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$175	You pay \$175	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay \$150	You pay \$125	You pay \$125
--	--	--	--	---------------	--	--	---------------	---------------	--	---------------	---------------	---------------	---------------

\*\*Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange.

For a more detailed look at these and additional coverages, go to [enrollment site at](#). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [enrollment site at](#).

**Out-of-Area:** Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier. (Note: The Silver option available to out-of-area individuals is different than the Silver option on this site. Refer to for details.)

**Choosing a Primary Care Physician:** Certain options require you to choose a primary care physician. You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

## Do You Take Any Prescription Drugs?

This is really important! Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

While your coverage level will determine your coverage for prescription drugs, each pharmacy benefit manager has its own rules. You need to make sure you're comfortable with how you and your family's medications will be covered. [Get the details](#).

## Questions?

It's easy to find answers! Check out the [Frequently Asked Questions](#) (PDF) and the [Glossary](#).

# How Deductibles Work

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs.

For example, let's say you break your wrist. If you have a deductible, you pay the full “negotiated” costs of all in-network services until you reach the deductible. The “negotiated” costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept for a particular service from the **insurance carrier**.

## It Depends On Your Medical Coverage Level

**Bronze, Bronze, Bronze Plus, Bronze Plus, Silver, Silver, Silver, Gold, and Platinum have a traditional deductible.** Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.

Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The annual deductible doesn't include amounts taken out of your paycheck for health coverage.

**The Platinum coverage level does not have an in-network deductible.** Keep in mind that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck.

### Do You Use Out-of-Network Providers?

Out-of-network charges will **not** count toward your in-network deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network deductible or out-of-pocket maximum.

And some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do **not** cover out-of-network benefits at all.

# How Out-of-Pocket Maximums Work

The out-of-pocket maximum is the most you have to pay for covered medical services in a year. Generally, it includes any applicable deductible, copayments, and/or coinsurance.

Here's how the out-of-pocket maximum works if you have family coverage:

## It Depends On Your Medical Coverage Level

**Bronze, Bronze, Bronze Plus, Bronze Plus, Silver, Silver, Silver, Gold, Platinum, and Platinum have a traditional out-of-pocket-maximum.** Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.

Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

It doesn't include amounts taken out of your paycheck for health coverage. Also, if you choose coverage under Kaiser Permanente, copays for certain medical benefits may not apply towards the annual out-of-pocket maximum under the **Bronze Plus, Silver, Silver, Gold, Platinum, and Platinum options.**

### Do You Use Out-of-Network Providers?

Out-of-network charges will **not** count toward your in-network deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network deductible or out-of-pocket maximum.

And some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do not cover out-of-network benefits at all.



# Medical Price

In a hurry? Get the highlights the easy way—just watch the video! (Closed captioning is available.)

When you make a purchase, you decide how you want to pay. Would you rather pay cash now, or use credit and pay later?

It's the same idea with the exchange. You get to decide if you'd rather [pay now or pay later](#).

How much you pay out of your paycheck is one thing. You also have to consider what you'll pay throughout the year when you need care.

How much you'll pay for medical coverage depends on:

## The Amount Of Your [Credit](#) From [SandBox Corp](#)

All eligible [my employees](#) will receive a [credit](#) to use toward the cost of coverage.

You'll see the [credit](#) amount from [SandBox Corp](#) and your price options for coverage when you [enroll](#).

## The Coverage Level You Choose

The [Bronze, Bronze, Bronze Plus, Bronze Plus, Bronze Plus, and Silver coverage levels](#) cost less per paycheck, but you will pay a higher deductible before your coverage kicks in.

The [Silver, Silver, Silver, Gold, Platinum, and Platinum coverage levels](#) cost more per paycheck, but you'll probably pay less out of pocket for services throughout the year.

[Learn more about coverage levels.](#)

## The Insurance Carrier You Choose

You can see which insurance carrier offers the lowest paycheck amount for each coverage level. For example, if you know you want a Silver option, you can look to see how much each insurance carrier would charge you for it.

[Learn more about insurance carriers.](#)

**Important:** Choose an insurance carrier whose network includes providers critical to your care. If you see an out-of-network provider, your medical insurance carrier could pay a much lower benefit—leaving you to pay the rest.

## Your Dependents

You can enroll any combination of you, your eligible spouse [/domestic partner](#), and your children in the option you choose.

# Pay Now or Later?

It's a trade-off. It's up to you to choose which option gives you the best value on your total health care costs.

Would you rather pay **less** now and **more** when you need care? Or pay **more** now and **less** when you need care?

## Pay Less Now

The **Bronze, Bronze, Bronze Plus, Bronze Plus, Bronze Plus, and Silver coverage levels** cost less per paycheck, but your deductible is higher. That means you'll pay more out of your pocket when you need care.

Make sure you know **how the deductible works**. Also, make sure the deductible amount is something you could afford in the event you need a lot of health care.

**TIP:** You can save money by enrolling in an **HSA** when you enroll in a **Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver** coverage level.

## Pay Less Later

The **Silver, Silver, Silver, Gold, Platinum, and Platinum coverage levels** cost more per paycheck, but your deductible is lower. The Platinum coverage level does not have a deductible. If you don't expect to have a lot of health care needs, you could be spending money for benefits you don't use.

The **Silver, Silver, Silver, Gold, Platinum, and Platinum coverage levels** cost more per paycheck, but your deductible is lower. If you don't expect to have a lot of health care needs, you could be spending money for benefits you don't use.

# How to Get the Right Medical Option

Now that you understand the basics, it's time to put it all together. Get confident in your choices—before you enroll—by finding answers to some really important questions. And breathe easy knowing online tools will make it easy to make it yours.

Don't wait. **Get ready** now so when it's time to enroll, you'll have answers to the following questions.

## Which Providers Are In The Carrier's Network?

### Why It Matters

Seeing out-of-network providers will cost you more—sometimes a lot more. For example, you will have to pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount. **And certain Platinum options (and certain options/carriers in California) won't cover out-of-network services at all.**

### What to Do

Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) critical to your care.

Do **not** rely on your provider's office to know the carriers' network(s). To search for providers:

- **Check out the insurance carrier preview sites.**
- When you enroll, check the networks of each insurance carrier you're considering on enrollment site at . For the best results:
  - Search for your provider by name—not medical practice.
  - Check only the office location(s) you are willing to visit.
  - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

**Important!** Do **not** rely on your provider's office to know the carriers' network(s). If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, call the insurance carrier.

Even if you can keep your current insurance carrier, the provider network could be different and can change, so always check the provider networks on the carrier preview sites before making a decision.

## How Will My Prescription Drugs Be Covered?

### Why It Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. To avoid potentially costly surprises, you need to do your homework.

### What to Do

If you or a covered family member regularly takes medication, make sure you're comfortable with the **insurance carrier's** coverage for drugs you and your covered family members need:

- **Call the medical insurance carrier before you enroll. Get a list of prescription drug questions to ask the insurance carriers.**

- If you're currently taking a more expensive brand name prescription drug, ask your doctor (or pharmacist) if a generic is available to you.
- When it's time to enroll, you can use the prescription drug search tool to look up your medication, see how it will be classified (Tier 1, Tier 2, Tier 3), and more.

## Which Medical Coverage Level Is Best For Me?

### Why It Matters

You want to get the right amount of coverage for your needs at the best price. Get help choosing the right level of coverage.

### What to Do

If you need help deciding, there are tools to help you:

- Get an overview of your medical [coverage levels](#).
- See which coverage level could be [best for you](#) with the Help Me Choose tool. By answering a few questions about your preferences when you enroll, you can see which option could be a good fit for you and your family.
- Compare your options side by side when you enroll on enrollment site at [. Just check the boxes next to medical options you want to review and click \*\*Compare\*\*. You can quickly see which options cost more out of your paycheck and which options cost more when you get care. \(You may also find Summaries of Benefits and Coverage for comparison on enrollment site at \[.\]\(#\)\)](#)

## Which Medical Insurance Carrier Is Best For Me?

### Why It Matters

All insurance carriers are different. Each carrier will offer its own price for each coverage level, and you'll be able to see all of the prices in one place on enrollment site at [. \(Note: The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.\)](#)

### What to Do

If you need help deciding:

- See how other people rate their health carriers on [enrollment site](#) at [anytime](#).
- Compare the details, when you enroll online, by checking the boxes next to medical options you want to review and clicking **Compare**. That makes it easy to see which carrier is offering you the most value. (You may also find Summaries of Benefits and Coverage for comparison on enrollment site at [.](#))
- Browse the carrier preview sites to learn about programs, tools, and other considerations that could influence your decision.

Ready to enroll? [Find out how](#).

# HSA Basics

An HSA—or Health Savings Account—is a special bank account that you can use when you enroll in a [Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver](#) coverage level. If you also have coverage under a second medical plan, it must also be a high-deductible option for you to use an HSA.

It's a great way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover health care expenses that come up. Plus, it's tax-free, so you're actually getting a better deal.

You can decide if you want to enroll in an HSA when you enroll for benefits. That's a great time to [decide how much to save](#).

You can change the amount you save at any time throughout the year.

## Why Consider An HSA?

You'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible in the [Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver](#) coverage level. An HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Let's say you injure your knee. With a high deductible, you might worry about how you're going to afford the medical bills.

Now imagine if you had already set aside money for expenses like these. That's where an HSA comes in handy! You could already have the money you need saved up.

An HSA allows you to set aside tax-free money to pay for qualified health care expenses. This includes your medical, dental, and vision copays, deductibles, and coinsurance.

## It's Tax-Free—And Yours To Keep!

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside a little money in an HSA.

**It's tax-free when it goes in.** You can put money into your HSA on a before-tax basis through convenient payroll contributions. You'll save money on qualified health care expenses and lower your taxable income.

**It's tax-free as it grows.** You earn tax-free interest on your money.

**It's tax-free when you spend it.** When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on your qualified medical, dental, and vision expenses.

**It's always your money.** You can carry over your unused HSA balance from year to year. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the company, or retire.

**Important!** Make sure you use money in your HSA only for qualified health care expenses. Otherwise, you'll pay income taxes on that distribution. You'll also pay an additional 20% penalty tax if you're under age 65.

[Wondering what the difference is between an HSA and a Health Care Flexible Spending Account \(FSA\)? Find out.](#)

## Questions?

[Get answers](#) to your questions, including eligibility rules and what happens if you already have an [HSA or FSA](#).

If you enroll in a [Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver](#) coverage level, learn how the HSA works in the [HSA User's Guide](#) (PDF).

# HSA vs FSA

Wondering how an HSA is different from a Health Care Flexible Spending account (FSA)? Here's how:

	HEALTH SAVINGS ACCOUNT	FLEXIBLE SPENDING ACCOUNT
When to Use	You can use the HSA to pay for eligible medical, dental, and vision expenses under the Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver coverage levels .	You can use the Health Care FSA to pay for eligible medical, dental, and vision expenses under the Bronze Plus, Silver, Silver, Silver, Gold, Platinum, or Platinum coverage levels .
Contributions	You can contribute to your account before taxes. For 2023, the annual limits set by the IRS are \$3,850 for individual coverage, and \$7,750 for family coverage. If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an additional \$1,000 catch-up contribution.	You can contribute to your account before taxes, up to the \$2650 annual limit.
Fund Availability	You can use up to the total amount you have contributed to your HSA.	The total amount of your annual election is available at the beginning of the plan year.
Rollovers	Unused dollars roll over from year to year. The funds are always yours to keep, even if you leave the company or retire.	Unused dollars <b>don't</b> roll over from year to year.
Earning Interest	The money in your HSA earns interest.	The money in your FSA does <b>not</b> earn interest.
Debit Cards	Yes, a debit card is available.	Yes, a debit card is available.
Investment Option	You can open an investment account when your balance reaches \$1,000.	You cannot invest your FSA balance.

# How Much to Save?

You decide how much money you want to save in your HSA, and you can change it at any time. It's a smart idea to save enough to cover your annual deductible.

For **2023**, you can save up to \$3,850 if you're covering just yourself, or \$7,750 if you're covering yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000.

And if you don't need that much health care, your money stays in your account and earns tax-free interest. It's a great way to save for future expenses.



# Prescription Drugs

Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

That means your prescription drug coverage depends on the medical coverage level you choose **and** your medical [insurance carrier](#).

## Your Coverage Level Matters

You pay nothing for preventive drugs, as determined by your [insurance carrier](#). You need a doctor's prescription, and you must use an in-network retail pharmacy or mail-order service.

### Bronze, Bronze, Bronze Plus, Bronze Plus, Silver, or Silver

You pay the full cost for prescription drugs until you reach the annual medical deductible. Then you pay coinsurance. Once you reach the out-of-pocket maximum, you pay nothing.

### Bronze Plus, Silver, Silver, Gold, Platinum, or Platinum

You pay a copay for all prescription drugs. Once you reach the out-of-pocket maximum, you pay nothing.

Your specific prescription coverage is based on the medical coverage level you select. [Get the details](#).

## Your Carrier Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. So you need to do your homework to find out how your medications will be covered—**before** choosing an insurance carrier.

Get a list of [prescription drug questions](#) to ask.

# Prescription Drug Questions

Do you or a family member take medications? This could be a big deal for you!

Your prescription drug coverage will be provided through your **insurance carrier's** pharmacy benefit manager. Your prescription drug coverage depends on the **medical coverage level** you choose.

However, each pharmacy benefit manager has its own rules about how prescription drugs are covered. So **you need to do your homework** to find out how your medications will be covered—**before** you choose an insurance carrier.

## What To Ask

Here's a list of questions to ask each carrier you're considering.

**Tip:** You can also print out the **Prescription Drug Transition Worksheet** (PDF) and use it to take notes.

### Is my drug on the formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't listed on the formulary, you'll pay more for it.

### How much will my drug cost?

It depends on how your medication is classified by your **insurance carrier**—Tier 1, Tier 2, or Tier 3. Typically, the higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, **insurance carriers** can classify higher-cost generics as Tier 2 or Tier 3 drugs. This means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can find this information by using the prescription drug search tool when you enroll.

### Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some medical **insurance carriers** will require you to pay the copay or coinsurance of a higher tier—**plus** the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

### Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in-network. But each **insurance carrier** determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

### Will my doctor have to provide more information before my prescription drug can be approved?

Many **insurance carriers** require approval of certain medications before covering them. This may apply for costly medications that aren't considered medically necessary.

### Will I have a step therapy program?

If this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will be covered only if the first drug isn't effective in treating your condition.

### Are there any quantity limits for my medication?

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

### How do I take advantage of mail-order service?

You'll likely need a new 90-day prescription from your doctor. Mail order can take a few weeks to establish. So it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

## We'll Help You Through The Transition

After you enroll, check out things to know [before your benefits start](#).

# Medicare Basics

Medicare is a federal medical insurance program, which includes Original Medicare. Original Medicare is a low-cost government insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with certain medical disabilities. It pays for many health care expenses, but not all.

## How It Works

Medicare covers its share of an approved amount and you pay the rest through deductibles and coinsurance. Original Medicare is made up of two parts:

- **Part A is hospital insurance.** It covers inpatient hospital care, skilled nursing facilities, hospice, lab tests, surgery, and home health care.
- **Part B is medical insurance.** It covers things like clinical research, ambulance services, durable medical equipment, mental health services, limited outpatient prescription drugs, and more.

You are automatically eligible for Medicare Parts A and B when you become Medicare-eligible. If you are receiving Social Security benefits, you may be enrolled in Medicare automatically.

If you have to sign up to get coverage, you can enroll starting three months before the month you turn age 65. The deadline to enroll is three months after the month you turn age 65. (Note: You can wait to enroll in Part B; however, you may have to pay a late enrollment penalty. However, in general, you can wait to enroll in Medicare Part B without facing a late enrollment penalty until your active employment ends or the date your coverage under your employer's plan ends, whichever occurs first. Consult your Medicare advisor for more details.)

**Part D is optional prescription drug coverage.** You can enroll in Part D if you want coverage to help pay for your prescription drug costs.

## How Medicare Works With Company Coverage

If you are actively employed, your company's health plan will be your primary medical coverage, and, if you choose to enroll in Medicare, Medicare will be your secondary coverage. Please note, once you are enrolled in any part of Medicare (Parts A or B), you can no longer make contributions to an HSA, even if you are also covered by an HSA-eligible medical plan.

If you are retired and have coverage through your previous employer, Medicare will be your primary medical coverage, and your company's health plan will be your secondary coverage.

As you prepare to transition to Medicare, you will want to understand if your dependents under age 65 will be eligible for coverage under your company's health plan.

## How Medicare Works With COBRA

If you are eligible for Medicare Parts A and B but you choose to not enroll in Medicare Parts A and B, you may face potentially significant out-of-pocket expenses. COBRA coverage pays secondary to Medicare Parts A and B. Therefore, the plan will pay as if Medicare has already made a payment, even if the Medicare-eligible individual did not actually enroll in Medicare.

If your Medicare benefits (Parts A or B) become effective on or before the day you elect COBRA coverage, you can have COBRA and Medicare coverage. This is true even if your Part A benefits begin before you elect COBRA coverage but you don't sign up for Part B until later.

If you become entitled to Medicare after you've signed up for COBRA coverage, your COBRA coverage may be terminated by your plan as of the day you enroll in Medicare. (But if COBRA covers your spouse and/or dependent children, their coverage may continue.)

## To Learn More

Start [here](#) (PDF) to better understand Medicare, your options, impacts to your current coverage, and more. Below are resources where you can find additional information and help:

- Visit [Alight Retiree Health Solutions](#) or call **1.833.791.0780**
- Visit the [Social Security website](#) or call **1.800.772.1213** (TTY **1.800.325.0778**) between 8:00 a.m. and 7:00 p.m. Monday through Friday
- Review the [Medicare & You](#) handbook from the Centers for Medicare & Medicaid Services

# Dental Coverage Level

## Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. It's up to you! When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays). Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

## Dental Coverage Level Options

	BRONZE	SILVER	GOLD	PLATINUM <sup>2</sup>
Annual Deductible and Plan Limits				
Annual deductible (individual / family)	\$100 / \$300	\$100 / \$300	\$50 / \$150	None
Annual maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia lifetime maximum <sup>1</sup>	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier
In-Network Benefits				
Preventive care	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible	Varies by insurance carrier; generally covered 100%
Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major restorative care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier

**Orthodontia**

Not covered

You pay 50%, no deductible; children up to age 19 only

You pay 50%, no deductible; for children and adults

Varies by insurance carrier

<sup>1</sup>If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

<sup>2</sup>Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange.

For a more detailed look at these and additional coverages, go to [enrollment site at](#). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [enrollment site at](#).

**Considering Platinum?** It may cost less than some of the other options, but you **must** designate a primary care dentist who participates in the insurance carrier's Platinum network (where available by carrier) and get care from your primary care dentist. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly. If you enroll in a Platinum option and don't use a network dentist, you'll pay for the full cost of services.

**Considering Delta Dental?** With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further to get the same deal.

- If you choose a Bronze, Silver, or Gold option, there are actually two Delta Dental networks—PPO and Premier. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. You can save more by seeing a Delta Dental dentist who participates in both the PPO and Premier networks, or by using any in-network dentist if you choose another insurance carrier on the exchange.
- If you choose a Platinum option, the Delta Dental network goes by the name of "DeltaCare." So you need to make sure your dentist is in the DeltaCare network—not just the Delta Dental network. Or get the same deal by using any in-network dentist if you choose another insurance carrier on the exchange.

# Dental Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with the exchange.

Just like your medical coverage, your dental coverage costs will depend on a few factors:

## The Coverage Level You Choose

### Bronze

The Bronze coverage level generally costs less per paycheck. That's because some services aren't covered and because it has the lowest benefit maximum.

### Silver

The Silver coverage level is moderately priced since most services are covered. However, the benefit maximum is lower.

### Gold

The Gold coverage level costs more per paycheck since most services are covered. The benefit maximum is also higher.

### Platinum

The Platinum coverage level generally costs less. It provides comprehensive coverage for in-network care only.

## The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

## Your Dependents

You can enroll any combination of you, your eligible spouse /domestic partner, and your children in the option you choose.



# Vision Coverage Level

## Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. It's up to you! When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care. Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

## Vision Coverage Level Options

	BRONZE	SILVER	GOLD
<b>In-Network Benefits</b>			
<b>Routine vision exam (once per plan year)</b>	Covered 100%	You pay \$20	You pay \$10
<b>Frames (once per plan year)</b>	Discount may apply	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
<b>Lenses (once per plan year; premium lenses may cost more)</b>			
<b>Single vision</b>	Discount may apply	You pay \$20	You pay \$10
<b>Bifocal</b>	Discount may apply	You pay \$20	You pay \$10
<b>Trifocal</b>	Discount may apply	You pay \$20	You pay \$10
<b>Standard Progressive<sup>2</sup></b>	Discount may apply	You pay \$20	You pay \$10
<b>Lenticular</b>	Discount may apply	You pay \$20	You pay \$10
<b>Lens Enhancements</b>			
<b>UV treatment</b>	Discount may apply	You pay \$15	You pay \$15

<b>Tint (solid and gradient)</b>	Discount may apply	You pay \$15	You pay \$15
<b>Standard plastic scratch-resistant coating</b>	Discount may apply	You pay \$15	You pay \$15
<b>Standard anti-reflective coating</b>	Discount may apply	You pay \$45	You pay \$45
<b>Standard polycarbonate (adults)</b>	Discount may apply	You pay \$40	You pay \$15
<b>Standard polycarbonate (children)</b>	Discount may apply	You pay nothing	You pay nothing
<b>Other add-ons</b>	Discount may apply	Discount only	Discount only

#### Contact Lenses

<b>Medically necessary</b>	Not covered	You pay \$20	You pay \$10
<b>Elective</b>	Not covered	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
<b>Fit and evaluation</b>	Discount may apply	You pay \$20	You pay \$10

#### Laser Surgery

<b>Elective</b>	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price
-----------------	---	---	---

<sup>1</sup>Allowance can be used for frames or elective contact lenses, but not both.

<sup>2</sup>Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange.

For a more detailed look at these and additional coverages, go to [enrollment site at](#). It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on [enrollment site at](#).

# Vision Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with the exchange.

Just like your medical coverage, your vision coverage costs will depend on a few factors:

## The Coverage Level You Choose

The Bronze option will generally be less expensive per paycheck. That's because it covers only exams with some in-network discounts available. The Silver and Gold options will cost more per paycheck and provide coverage for exams as well as frames and lenses.

## The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

## Your Dependents

You can enroll any combination of you, your eligible spouse /domestic partner, and your children in the option you choose.

# Flexible Spending Accounts (FSAs)

**SandBox Corp** offers two tax-advantaged FSAs: the Health Care FSA and Dependent Care FSA. Both FSAs are administered by **Your Spending Account (YSA)**.

## Health Care FSA

A Health Care FSA allows you to set aside dollars from your pay on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses.

The Health Care FSA contribution limit is \$ **2650** for **2023**. Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

With the Health Care FSA, **unused dollars don't roll over from year to year**, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

Wondering what the difference is between a Health Savings Account (HSA) and Health Care FSA? [Find out.](#)

## Dependent Care FSA

A Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in medical coverage.

The Dependent Care FSA contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately) for **2023**. Once you set your annual contribution when you enroll, you cannot change that amount during the year (except in the case of certain qualified life events).

And, with the Dependent Care FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

## Things To Consider

When deciding whether to enroll in FSAs, be sure to consider the following:

### **Tax savings**

Do you have moderate to high health care or dependent care expenses? If so, an FSA could help reduce how much you pay in taxes.

### **Your expected expenses**

Carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars you know you will be able to use on eligible expenses.

# Life Insurance

Protect your loved ones. Choose the amount of life insurance coverage that's right for you and your family.

Life insurance protects your family financially in the event of a death. **SandBox Corp** automatically provides basic life insurance for you free of charge.\* And, if you decide your family needs more protection, you can buy additional coverage for yourself.

Life insurance is administered by .

\* Federal tax law requires you to pay taxes on the cost of basic life insurance coverage over \$50,000. This is called "imputed income" and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount.

## Choose Your Beneficiaries

Your family depends on you for all kinds of things—including your pay. Make sure to choose the people and/or estate that should receive your life insurance benefit if you die. It is important that you make your beneficiary elections on **enrollment site** at . Prior beneficiary designations are no longer valid.

First, gather the Social Security numbers and birth dates for each beneficiary. Then, when you're enrolling in life insurance through **enrollment site** at , you'll be prompted to designate your beneficiaries.

You can change beneficiaries at any time. If you die and have no beneficiaries on file, the benefit may—or may not—eventually reach the individual(s) you would prefer. The result could be a significant delay in payment during an already challenging time for your loved ones.

## Things To Consider

When deciding whether to enroll in **supplemental** life insurance coverage, be sure to consider the following:

### Cost per Paycheck

The cost of **supplemental** life insurance coverage could be based on age, level of coverage, and whether the covered person uses tobacco. You'll be able to see the cost per paycheck for your options when you enroll through enrollment site at .

### Your Family's Needs

Remember that life insurance is intended to help protect your family financially if a covered family member dies. Would you have enough money to pay funeral expenses? Would you need to replace an income?

Every situation is different, so consider your family situation carefully.

### EOI Requirements

In order to buy certain levels of **supplemental** life insurance, you'll need to prove that you are in good physical health. This is called providing evidence of insurability (EOI).

If EOI is required, you will get instructions on how to access the form as you complete your enrollment online. Please fill out the form and submit it promptly. Full coverage won't take effect until the carrier approves your coverage.

If you don't submit the EOI form or it doesn't get approved, your coverage (and paycheck contributions) will reflect the highest level of coverage that doesn't require EOI.



# AD&D Insurance

Accidents happen. It's a fact of life. But you can soften the financial impact of an accidental death or injury.

Accidental death and dismemberment (AD&D) benefits protect your family financially in the event of a tragic accident. **SandBox Corp** automatically provides basic AD&D coverage for you free of charge.

AD&D is administered by .

## Choose Your Beneficiaries

Your family depends on you for all kinds of things—including your pay. Make sure to choose the people and/or estate who receive your AD&D coverage benefit if you die as the result of an accident. It is important that you make your beneficiary elections on **enrollment site** at . **Prior beneficiary designations are no longer valid.**

First, gather the Social Security numbers and birth dates for each beneficiary. Then, when you're enrolling in AD&D coverage through **enrollment site** at , you'll be prompted to designate your beneficiaries.

You can change beneficiaries at any time. But if you die and have no beneficiaries on file, the benefit may—or may not—eventually reach the individual(s) you would prefer. The result could be a significant delay in payment during an already challenging time for your loved ones.

**Note:** You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss.

## Things To Consider

When deciding whether to enroll in **supplemental** AD&D coverage, be sure to consider the following:

### Cost per Paycheck

The cost of **supplemental** AD&D coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck for your options when you enroll.

### Your Life Insurance Election(s)

Remember that AD&D coverage is intended to help protect your family financially if you or a covered family member dies or suffers a serious injury resulting from an accident. **Because AD&D coverage pays a benefit only in the event of an accident, it is not a substitute for life insurance.**

# Disability

Could you pay your bills if an illness or injury prevented you from working? Disability benefits can help.

Disability benefits are administered by **Y**.

## Short-Term Disability (STD)

STD benefits replace a portion of your income if you're unable to work due to pregnancy, illness, or non-work-related injury. **SandBox Corp** automatically provides STD coverage for you free of charge.

## Long-Term Disability (LTD)

LTD benefits pick up where your STD benefits end—providing you with a portion of your income for as long as you remain eligible.

## Things To Consider

When deciding whether to enroll in **supplemental** disability coverage, be sure to consider the following:

### Cost per Paycheck

The cost of disability coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck when you enroll.

### Other Income Sources

If you were unable to work, would other sources of income be available to you, such as sick pay, salary continuance, a short-term state disability plan, or Social Security? If so, consider whether you would have enough money to pay your ongoing expenses for a period of time.

### Taxes

Disability benefits may be taxable as ordinary income. That means federal and state income taxes will be deducted from disability benefit checks. When choosing a disability coverage level, be aware that taxes may affect the dollar amount of your benefit.



# Legal Services

You don't want to spend a fortune to get legal advice when you need it. Legal Services coverage offers a network of attorneys who can help with creating or updating a will, real estate matters, tax audits, document preparation, and more.

If you use a network attorney, you don't pay any fees, deductibles, or copays. For a complete list of network attorneys and covered services, go to [here](#).

Legal Services is a voluntary benefit administered by [MetLife](#). The plan covers [my employees](#) and eligible family members.

## Things To Consider

When deciding whether to enroll in Legal Services, be sure to consider the following:

### Cost per Paycheck

If you expect to need Legal Services, the cost of coverage could be less than if you paid an in-network attorney directly. You'll be able to see the cost per paycheck when you enroll through [enrollment site at](#) [here](#).

### Your Personal Situation

Consider your expected legal needs and access to network attorneys. Do you plan to purchase, sell, or refinance a home? Do you need help preparing a will or trust? If you answered "yes" to either question, having Legal Services coverage could give you peace of mind.

# Identity Theft Protection

Victims of identity theft spend countless hours trying to sort out the damage.

Identity theft protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.

For more information, you can visit [ID Theft Center](#).

Identity theft protection is a voluntary benefit administered by [MetLife](#). The plan covers all eligible family members. And you can drop coverage at any time during the year.

## Things To Consider

When deciding whether to enroll in identity theft protection, be sure to consider the following:

### **Cost per Paycheck**

You'll be able to see the cost per paycheck when you enroll.

### **Your Risk Factors**

While everyone has risk, some people are at greater risk than others. Have you used credit cards on unsecure websites? Do you make online purchases regularly? If you answered "yes" to either question, having identity theft protection could give you peace of mind.

# Auto and Home Insurance

It's your stuff. Keep it safe.

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance. Auto and home insurance is a voluntary benefit administered by [UAW](#). You sign up for coverage directly with the insurance carrier. And you can add or drop coverage at any time during the year.

You can learn more and start the enrollment process through [enrollment site](#) at [UAW](#).

## Paying For Coverage

You'll pay your premiums by credit or debit card.

## Things To Consider

When deciding whether to enroll in auto and home insurance, be sure to consider the following:

### Cost

The cost for coverage depends on the insurance carrier, the type of policy you choose, and your location. You can get a personalized quote before you enroll.

### Your Personal Situation

Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.

### Flexibility

Because you can add or drop coverage at any time, it's easy to make a change if the need arises.

# Pet Insurance

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian. Go [here](#) for a complete list of covered services.

You can add or drop coverage at any time during the year. You can learn more and enroll through [enrollment site](#) at [f](#).

## Paying For Coverage

You'll pay your premiums by credit or debit card.

## Things To Consider

When deciding whether to enroll in pet insurance, be sure to consider the following:

### **Cost**

Your cost of coverage is based on the type of pet, breed, and age. Coverage is provided by pet. So if you have more than one, you can get a personalized quote for each.

### **Your Pet's Needs**

Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered “yes” to either question, having pet insurance could give you peace of mind.

### **Flexibility**

Because you can add or drop coverage at any time, it's easy to make a change if the need arises.

# International Vacation Medical

Is your family covered for health care outside the U.S.?

International vacation medical offers affordable, comprehensive coverage for covered family members when traveling outside the U.S. It can supplement any coverage offered by your medical insurance carrier. Coverage also includes claims support, translation services, a direct bill payment option, and more.

Have an international trip(s) coming up? Click [here](#) to learn more. Or, call GeoBlue at **1.844.358.7278** for more information. You do not need to enroll for coverage during enrollment.

## Paying For Coverage

You'll pay by credit card only if you buy coverage.

## Things To Consider

When deciding whether to buy international vacation medical coverage, be sure to consider the following:

### **Your Medical Coverage**

First, check with your medical insurance carrier to see how they will cover you and your family when traveling internationally. If coverage is limited or unavailable, having international vacation medical coverage could give you peace of mind.

### **Cost**

Your cost of coverage is based on age, length of stay, policy amount, and deductible selected.

### **Your Personal Situation**

Do you or an eligible family member have an ongoing health condition or often require health care? If you answered "yes" and your medical carrier offers limited or no international coverage, having international vacation medical coverage could be valuable.

# Bill Negotiation Services

You don't have to be a health care expert when you have one in your corner.

Bill negotiation services puts years of health care and billing expertise to work for you. When you're facing a large bill from an **out-of-network** provider, negotiators are available to partner with you and your providers to make sure the amount billed to you is appropriate (which could reduce the amount you owe). In many cases, negotiators can help save you 20% or more.

Bill negotiation services is administered by MCA. You do **not** need to enroll for coverage. When you have a bill of at least \$300, you can sign up and get started at [www.medicalcostadvocate.com/aon](http://www.medicalcostadvocate.com/aon). Or, call **1.844.891.8981** for more information.

## Paying For Coverage

If you don't save any money through bill negotiation services, it's totally free. If you **do** save money through bill negotiation services, you'll pay 35% of your savings.

## Things To Consider

When deciding whether to use bill negotiation services, be sure to consider the following:

### It's Risk-Free

Because you only pay if negotiators save you money, you have nothing to lose—and a smaller provider bill to gain.

### Peace of Mind

Do you think you've been overcharged for health care services? Do you lack the time, expertise, and energy needed to successfully negotiate health care charges? If you answered "yes" to these questions, bill negotiation services could give you peace of mind.

### Provider Network

Bill negotiation services can save you money on large, out-of-network provider bills. Just remember, you will receive the highest benefit by using in-network providers. And **Health Pros** are available to help with benefits or billing issues.

# Caregiver Support

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

## Caregiver Support (Topic 1)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

## Caregiver Support (Topic 2)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

# Other Benefits



# How to Enroll

Log on to [enrollment site](#) at [\[link\]](#) or the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to enroll in your benefits for [2023](#).

**Logging on for the first time?** From [enrollment site](#), register as a new user and follow the prompts to provide requested information and set up your username and password.

Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

There are also things you should do to set yourself up for success [after you enroll](#).

## Questions?

Once logged on to [enrollment site](#) at [\[link\]](#), look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through [enrollment site](#).

# Actions After You Enroll

Now that you've enrolled, it's time to focus on the road ahead. And there are things you need to do **now** to use your benefits successfully when they take effect.

Here's your to-do list:

## Know How Your Prescription Drug Plan Works

Your prescription drug coverage is provided through your medical insurance carrier's pharmacy benefit manager, who sets the rules for how medications are covered. **Don't be caught by surprise! Visit your carrier's website for information about your medications. And, check out the [Prescription Drug Transition Worksheet](#) (PDF) for tips and questions you may need to ask your carrier.**

## Check the Formulary

A **formulary** is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. **Check with your carrier** to make sure your drug is listed on the formulary **before** you fill it. If it isn't, you'll pay more.

## Go Generic

Generic drugs meet the same standards as brand name drugs, but they **typically** cost less. And, because brand name drugs can be expensive, some **carriers** don't cover them **at all** if a generic is available. Ask your doctor if a generic drug is available for you.

## Mail-Order Setup

Mail-order service can save you a trip to the pharmacy and may reduce your costs. To set up mail order with a new **medical insurance carrier**, you'll likely need a new 90-day prescription from your doctor. Because mail-order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

Track your to-dos and get organized! Print the [Prescription Drug Transition Worksheet](#) (PDF).

## "Transition Of Care" Setup

Are you or a covered family member pregnant? Will you or your covered family member continue needing treatment for an ongoing medical condition?

If you will have a new medical insurance carrier and you answered "yes" to either question, you may be able to temporarily continue that care with your current provider once your **new** medical coverage begins. This is true even if your provider isn't in the new insurance carrier's network.

If you think this applies to you, **call customer service** at your **new** medical insurance carrier as soon as possible to ask for help with "transition of care."

Give your new insurance carrier information about your treatment and the providers you use today.

**Will you have a new dental plan?** Will you or your child(ren) continue receiving ongoing orthodontic treatment? **Call customer service** at your **new** dental insurance carrier as soon as possible to ask for help with "transition of care."

Track your to-dos and get organized! Print the [Transition of Care Worksheet](#) (PDF).

## Avoid Unexpected Out-Of-Network Costs

It's very important to know whether your doctor participates in your medical insurance carrier's network.

### You Could Pay a Lot More for Out-of-Network Care

Your medical insurance carrier could pay a much lower benefit if you see an out-of-network doctor—leaving you to pay the rest.

For instance, you will pay more through a higher out-of-network deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

#### Example

For example, let's say you will have an out-of-network surgery that costs \$5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of \$2,000, you would owe 45% of \$2,000 and 100% of the remaining \$3,000, for a total of \$3,900.
- If a second carrier has a maximum allowed amount of \$3,000, you would owe 45% of \$3,000 and 100% of the remaining \$2,000, for a total of \$3,350.

## Take These Steps to Protect Yourself

**If you *didn't* check your doctor's status before you enrolled or you want to look up a different doctor, do it *now*—before making an appointment with that doctor.**

You can check the provider directory through [enrollment site](#) [at](#) [or](#) your medical insurance carrier's website.

**Important!** Do not rely on your provider's office to know the carriers' network(s). If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, call the insurance carrier.

Even if you're keeping the same insurance carrier, the provider network could be different. **Always** check the provider directories on the carrier preview sites before making a decision.

**If your doctor is out-of-network and you still want to see them, check the cost with your doctor *before* you get care.** Then ask your doctor to confirm the portion that will be covered by your medical insurance carrier and the portion for which you'll be responsible. That way you'll be prepared for any potentially significant costs.

## When To Expect New Cards

You'll receive a new ID card when you enroll for the first time or change insurance carriers or coverage levels. You'll use your ID card for medical and prescription drug needs.

**Note:** Many dental insurance carriers also issue ID cards. If you receive one, simply present it when you get dental care during the new plan year.

For questions about ID cards, [contact the insurance carrier](#). If you need an ID card immediately, go to your insurance carrier's website, register online, and print a temporary ID card.

## Contributing To An HSA?

If you enrolled in the [Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver coverage levels](#), you had the option to elect to contribute to an HSA.

If you decided to put money in your HSA, you'll receive a welcome letter and an HSA debit card in the mail.

Your HSA debit card gives you instant access to your HSA dollars. When you get your debit card, follow the instructions to activate it.

If you **don't** receive your HSA debit card, log on to [enrollment site at](#) to request one be mailed to you.

## Want To Print?

Track your to-dos and get organized! Print these worksheets and get a step-by-step guide to what to do and what to ask as you get ready to use your new coverage.

[Prescription Drug Transition Worksheet](#) (PDF)

[Transition of Care Worksheet](#) (PDF)

# How to Get Care

When you get care, it helps to know what you can expect:

## Getting Care At The Doctor's Office

Present your medical ID card at your doctor's office to get discounted rates. If you're enrolled in the **Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver coverage levels**, you can wait to pay until your insurance carrier processes the claim and you get your doctor's bill.

When it's time to pay, you can **pay with your HSA**, FSA, or pay another way—it's your choice!

## Filling Prescription Drugs At A Retail Pharmacy

**Present your medical ID card each time you drop off a prescription.** If payment is due, you pay out of pocket. **Or you can pay with your HSA or FSA if you have one.**

## Know When You'll Owe

If your doctor bills services as preventive care or your medication is listed as preventive on the formulary, you'll owe nothing. For other types of covered services or non-preventive prescription drugs, you could owe a deductible, copay, and/or coinsurance.

## Remember: You'll Pay Less With In-Network Providers

You can check the provider directory on **enrollment site** **at**  or refer to your **insurance carrier's website**.

If a doctor is out-of-network and you still want to see them, check the cost with the doctor before you get care.

Then, ask the doctor to confirm the portion that will be covered by your medical insurance carrier and the portion for which you will be responsible.

That way, you'll be prepared for any potentially significant costs.

**Remember:** Not all options cover out-of-network care.

# Paying for Care

When you receive medical care, you choose how to pay your share of the cost. Follow these easy steps when it's time to get care:

## Step 1: Meet With Your Provider

Don't forget, you'll probably pay **a lot** less when you see in-network providers. You can check the provider directory on **enrollment site** **at**  or refer to your **insurance carrier's website**.

**Remember:** Not all options cover out-of-network care.

## Step 2: Present Your Medical ID Card

When you visit your doctor, hospital, or other health care provider, remember to show them your ID card so they know how to bill for the services they are providing you.

## Step 3: Review The Explanation Of Benefits (EOB)

An EOB is **not** a bill. It's simply a statement from your insurance carrier that shows when you got care and how much it cost.

It will show your provider's charges, the negotiated amount your insurance carrier agreed to pay, how much is covered (if any), and your payment responsibility.

Remember, if you haven't met your deductible, you could owe the entire negotiated amount. Keep the EOB for your records because you'll need it for the next step.

## Step 4: Review Your Provider's Bill

A provider's bill typically arrives in your mailbox after the EOB arrives. The amount you owe on your provider's bill should match what's on the EOB.

## Step 5: Pay Your Provider

You can pay your provider out of pocket. **Or, you can pay with your HSA or FSA for eligible health care expenses.**

# Paying With Your HSA

You can open an HSA if you enrolled in a **Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver** coverage level. When it's time for you to pay for care or prescription drugs, your HSA gives you options:

## Use Your HSA Debit Card

Just use it when you're ready to pay for qualified medical expenses. The funds will be taken directly from your account.

Make sure you only use the card for eligible expenses, and that you have enough money in your HSA to cover it.

Log on to **enrollment site** at **at** to check your balance beforehand.

## Pay Out Of Pocket

If you prefer, you can pay for your expenses up front and pay yourself back through your HSA later. You'll log on to **enrollment site** at **at** to transfer money from your HSA to your regular bank account.

## Set Up Direct Payments

Another option is to have **Your Spending Account** make direct payments to your provider from your HSA. Log on to **enrollment site** at **at** to set up direct payments.

## Eligible Expenses

You can find a complete list of eligible expenses at <https://www.irs.gov/publications/p502>.

Don't forget! If you use money from your HSA to pay for nonqualified expenses, you'll pay taxes on that money. You'll also pay an additional 20% penalty tax if you're under age 65. This applies to expenses such as child care, cosmetic surgery, health club fees, teeth whitening products, and vitamins.

## Keep Your Receipts!

Always remember to save your receipts when you make payments from your HSA, in case you need to provide proof of your eligible expenses to the IRS.

## Questions?

Learn more in the [HSA User's Guide](#) (PDF).

---

## Your Carrier Connection

Check out your health care insurance carrier choices—and see all the unique features and services they have to offer YOU. Discover what each provides, see the doctors included in their network—then decide for yourself.

---

### Medical

---

**Carrier Name:** Aetna

**Areas We Serve:** Offered in all states except AK, ID, MT, WY, MO, and SD. Availability in some states may be limited.

**Before you're a member (preview site):** <https://www.aetna.com/aon/fi/2023>

**Once you're a member (website):** <https://www.aetna.com>

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm local time

**Phone Number:** 1.855.496.6289

**Who We Are:** At Aetna, we're not just a health insurance company. We're a health company that understands that your health is about more than just coverage and costs.

[Learn More](#)

---

**Carrier Name:** Aetna

**Areas We Serve:** Offered in all states except AK, ID, MT, WY and SD. Availability in some states may be limited.

**Before you're a member (preview site):** <https://www.aetna.com/aon/oc/2023>

**Once you're a member (website):** <https://www.aetna.com>

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm local time

**Phone Number:** 1.855.496.6289

**Who We Are:** At Aetna, we're not just a health insurance company. We're a health company that understands that your health is about more than just coverage and costs.

[Learn More](#)

---

**Carrier Name:** Aetna

**Areas We Serve:** Offered in all states except AK, ID, MT, WY, and SD. Availability in some states may be limited.

**Before you're a member (preview site):** <https://www.aetna.com/aon/fi/2023>

**Once you're a member (website):** <https://www.aetna.com>

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm local time



**Phone Number:** [1.855.496.6289](tel:1.855.496.6289)

**Who We Are:** At Aetna, we're not just a health insurance company. We're a health company that understands that your health is about more than just coverage and costs.

[Learn More](#)

---

**Carrier Name:** Blue Cross Blue Shield

**Areas We Serve:** Generally offered in all states except MS, OR and WA. Availability in some states may be limited.

**Before you're a member (preview site):** <http://aon.azblue.com>

**Once you're a member (website):** <http://azblue.com>

**Customer Service Hours:** Monday - Friday: 6:00 a.m. - 6:00 p.m. (Arizona time) Note: Arizona doesn't observe daylight savings time. IVR and Web access are available 24x7

**Phone Number:** [1.855.818.0238](tel:1.855.818.0238)

**Who We Are:** Blue Cross Blue Shield of Arizona (BCBSAZ) is committed to helping Arizonans get healthier faster and stay healthier longer. A not-for-profit company, BCBSAZ is an independent licensee of the Blue Cross Blue Shield Association.

[Learn More](#)

---

**Carrier Name:** Blue Cross Blue Shield

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <http://www.bcbsil.com/aon>

**Once you're a member (website):** <https://www.bcbsil.com/member/register>

**Customer Service Hours:** 24 hours a day/7 days a week/365 days a year, except for major holidays

**Phone Number:** [1.877.217.7986](tel:1.877.217.7986)

**Who We Are:** Find out why nearly one in three Americans choose a Blue Cross and Blue Shield Plan. Access to a large, national provider network, wellness resources, discount and points programs, and great service are just a few of the features you get when you sign up with Blue Cross and Blue Shield of Illinois.

[Learn More](#)

---

**Carrier Name:** Blue Cross Blue Shield

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <http://www.bcbstx.com/aon>

**Once you're a member (website):** <https://www.bcbstx.com/member/register>

**Customer Service Hours:** 24 hours a day/7 days a week/365 days a year, except for major holidays

**Phone Number:** [1.877.217.7986](tel:1.877.217.7986)

**Who We Are:** Find out why nearly one in three Americans choose a Blue Cross and Blue Shield Plan. Access to a large, national provider network, wellness resources, discount and points programs, and great service are just a few of the features you get when you sign up with Blue Cross and Blue Shield of Texas.

[Learn More](#)

---

**Carrier Name:** BlueCross BlueShield

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <https://www.bcbswny.com/whychooseblue>

**Once you're a member (website):** <https://www.bcbswny.com/content/WNYHome/login.html>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 7:00 p.m. EST

**Phone Number:** 1.844.769.5880

**Who We Are:** BlueCross BlueShield of Western New York is the leading consumer health care brand in the country — trusted for over 80 years, opening doors in all 50 states, and accepted by over 90% of doctors, hospitals, and specialists.

[Learn More](#)

---

**Carrier Name:** CareFirst

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** [www.carefirst.com/aon](http://www.carefirst.com/aon)

**Once you're a member (website):** <https://www.carefirst.com/myaccount>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 9:00 p.m. EST

**Phone Number:** 1.844.439.6482

**Who We Are:** In its 83rd year of service, CareFirst BlueCross BlueShield and its related affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.3 million individuals and employers located throughout the United States and abroad.

[Learn More](#)

---

**Carrier Name:** Cigna

**Areas We Serve:** Available nationally with the exception of MN and ND.

**Before you're a member (preview site):** <https://connections.cigna.com/aonactivehealth-2023/>

**Once you're a member (website):** <https://my.cigna.com>

Cigna One Guide® personal guides are available Monday - Friday: 8:00 a.m. - 9:00 p.m. EST.

**Customer Service Hours:** Outside of the standard hours, customer service advocates are available 24 hours a day, 7 days a week.

**Phone Number:** 1.855.694.9638, For Cigna company names and product disclosures, visit [Cigna.com/product-disclosure](https://cigna.com/product-disclosure).

**Who We Are:** Cigna is dedicated to improving the well-being and peace of mind of those we serve. With more than **180 million customer and patient relationships** in more than **30 countries and jurisdictions**, we are able to harness actionable insights to drive better health outcomes.

[Learn More](#)

---

**Carrier Name:** Dean/Prevea360

**Areas We Serve:** South Central and Northeastern Wisconsin

**Before you're a member (preview site):** <http://aon.deanhealthplan.com/>

**Once you're a member (website):** <http://aon.deanhealthplan.com/>

**Customer Service Hours:** Mon - Thurs: 7:30 a.m. - 5:00 p.m. CST  
Friday: 8:00 a.m. - 4:30 p.m. CST

**Phone Number:** 1.877.232.9375

**Who We Are:** With access to more than 4,000 practitioners and close to 200 primary care sites and 28 hospitals, Dean Health Plan connects a strong network of health care providers, innovative hospitals, and comprehensive insurance coverage into one integrated health care system working for you.

[Learn More](#)

---

**Carrier Name:** Florida Blue

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <http://www.choosefloridablue.com>

**Once you're a member (website):** <https://www.floridablue.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 6:00 p.m. EST

**Phone Number:** 1.800.664.5295

**Pre-enrollment Phone Number:** 1.800.967.8938

**Who We Are:** From the major challenges to the everyday moments in between, Florida Blue is committed to helping people and communities achieve better health.

[Learn More](#)

---

**Carrier Name:** Geisinger Health Plan

**Areas We Serve:** Generally available in PA

**Before you're a member (preview site):** <https://geisinger.org/aon>

**Once you're a member (website):** <https://www.geisinger.org/member-portal>

**Customer Service Hours:** Monday - Friday: 7:00 a.m. - 7:00 p.m. EST  
Saturday: 8:00 a.m. - 2:00 p.m. EST

**Phone Number:** 1.844.390.8332

**Who We Are:** Choosing a good health insurance plan is more important than ever. With Geisinger Health Plan, we cover the services you need and help you stay healthy by better managing your healthcare needs.

[Learn More](#)

---

**Carrier Name:** Highmark Blue Cross Blue Shield

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <https://www.choosehmk.com/BCBS-Aon>

**Once you're a member (website):** <https://www.highmarkbcbs.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. EST

**Phone Number:** [1.844.637.5488](tel:1.844.637.5488)

**Who We Are:** Highmark is focused on getting healthcare right. We are boldly challenging the healthcare of the past, and reinventing it in new ways that work better now and will be sustainable for generations to come by providing improved access, higher standards of quality and safety, and greater affordability.

[Learn More](#)

---

**Carrier Name:** Highmark Blue Shield

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <https://www.choosehmk.com/BlueShield-Aon>

**Once you're a member (website):** <https://www.highmarkblueshield.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. EST

**Phone Number:** [1.844.637.5488](tel:1.844.637.5488)

**Who We Are:** Highmark is focused on getting healthcare right. We are boldly challenging the healthcare of the past, and reinventing it in new ways that work better now and will be sustainable for generations to come by providing improved access, higher standards of quality and safety, and greater affordability.

[Learn More](#)

---

**Carrier Name:** Independence Blue Cross

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <https://www.ibx.com/aon>

**Once you're a member (website):** <https://www.ibx.com/login>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. ET

**Phone Number:** [1-800-275-2583](tel:1-800-275-2583), [1-855-438-2583](tel:1-855-438-2583) (1-855-GET-BLUE) before you are a member; [1-800-275-2583](tel:1-800-275-2583) (1-800-ASK-Blue) once you are a member

**Pre-enrollment Phone Number:** [1-855-438-2583](tel:1-855-438-2583)

**Who We Are:** You want health care that's effective, affordable, and simple. So do we. That's why at Independence Blue Cross we are offering solutions to make health care work better for you and your family. Every decision we make revolves around our members and helping them live happier, healthier lives.

[Learn More](#)

---

**Carrier Name:** Kaiser Permanente

**Areas We Serve:** Generally available in CA, CO, DC, GA, MD, VA, OR, and southwest WA

**Before you're a member (preview site):** <http://kp.org/aon>

**Once you're a member (website):** <https://www.kp.org>

CA: 24/7 except major holidays

CO: Mon - Fri: 8:00 a.m. - 6:00 p.m. MST

**Customer Service Hours:** GA: Mon - Fri: 7:00 a.m. - 7:00 p.m. EST

DC, MD, VA: Mon - Fri: 7:30 a.m. - 9:00 p.m. EST  
OR and WA (Vancouver/Longview area): Mon - Fri: 8:00 a.m. - 6:00 p.m. PST

1.877.580.6125, CA Post-enrollment: 1.800.464.4000  
CO Post-enrollment: 1.800.632.9700  
GA Post-enrollment: 1.404.504.5712  
DC, MD, VA Post-enrollment: 1.800.777.7902  
OR and southwest WA Post-enrollment: 1.800.813.2000

**Phone Number:**

**Pre-enrollment Phone Number:** 1.877.580.6125

**Who We Are:** Experience the Kaiser Permanente difference. At Kaiser Permanente, care and coverage come together — so you get everything you need to stay on top of your health in one easy-to-use package.

[Learn More](#)

---

**Carrier Name:** Kaiser Permanente

**Areas We Serve:** Generally available in WA

**Before you're a member (preview site):** <https://kp.org/aon>

**Once you're a member (website):** <https://www.kp.org>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 5:00 p.m. PST

**Phone Number:** 1.855.407.0900

**Who We Are:** Experience the Kaiser Permanente difference. At Kaiser Permanente, care and coverage come together — so you get everything you need to stay on top of your health in one easy-to-use package.

[Learn More](#)

---

**Carrier Name:** Medical Mutual

**Areas We Serve:** Generally available in OH

**Before you're a member (preview site):** <http://www.medmutual.com/aon>

**Once you're a member (website):** <https://member.medmutual.com>

**Customer Service Hours:** Monday- Thursday: 7:30 a.m. - 7:30 p.m. EST Friday: 7:30 a.m. - 6:00 p.m. EST  
Saturday: 9:00 a.m. - 1:00 p.m. EST

**Phone Number:** 1.800.541.2770

**Pre-enrollment Phone Number:** 1.800.677.8028

**Who We Are:** We care about the health and well-being of Ohioans. That's why we offer high-quality health insurance plans with access to the doctors and hospitals you know and trust. We also offer prescription drug coverage, personalized wellness programs and more.

[Learn More](#)

---

**Carrier Name:** UnitedHealthcare

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://eims.uhc.com/aon7>

**Once you're a member (website):** <http://myuhc.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

**Phone Number:** [1.888.297.0878](tel:1.888.297.0878)

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

[Learn More](#)

---

## Dental

---

**Carrier Name:** Aetna

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.aetna.com/aon/fi/2023>

**Once you're a member (website):** <https://www.aetna.com>

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm EST

**Phone Number:** [1.855.496.6289](tel:1.855.496.6289)

**Who We Are:** As a member, enjoy dental care that focuses on ease, simplicity and service. You can choose from a selection of affordable plans and programs.

[Learn More](#)

---

**Carrier Name:** Aetna

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.aetna.com/aon/oc/2023>

**Once you're a member (website):** <https://www.aetna.com>

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm EST

**Phone Number:** [1.855.496.6289](tel:1.855.496.6289)

**Who We Are:** As a member, enjoy dental care that focuses on ease, simplicity and service. You can choose from a selection of affordable plans and programs.

[Learn More](#)

---

**Carrier Name:** Cigna

**Areas We Serve:** Available nationally with the exception of MN and ND.

**Before you're a member (preview site):** <https://connections.cigna.com/aonactivehealth-2023/>

**Once you're a member (website):** <https://my.cigna.com>

**Customer Service Hours:** Customer service advocates are available Monday through Friday 8 am-9 pm EST.

**Phone Number:** [1.855.694.9638](tel:1.855.694.9638)

**Who We Are:** Cigna is dedicated to improving the well-being and peace of mind of those we serve. With more than **180 million customer and patient relationships** in more than **30 countries and jurisdictions**, we are able to harness actionable insights to drive better health outcomes.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddca.deltadentalexchange.com/>

**Once you're a member (website):** <http://www.deltadentalins.com>

**Customer Service Hours:** Mon - Fri: 8:00 a.m. - 8:00 p.m. EST

**Phone Number:** 1.800.471.7614

**Pre-enrollment Phone Number:** 1.800.503.4162

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddaz.deltadentalexchange.com>

**Once you're a member (website):** <http://www.deltadentalaz.com/member/>

**Customer Service Hours:** Mon - Thurs: 7:30 a.m. - 5:00 p.m. MST  
Friday: 7:30 a.m. - 4:30 p.m. MST

Our Website and IVR/VRU are available 24 hours

**Phone Number:** 1.844.266.7770

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddil.deltadentalexchange.com/>

**Once you're a member (website):** <http://www.deltadentalil.com>

**Customer Service Hours:** Monday - Thursday: 7:00 a.m. - 7:00 p.m. CST Friday: 7:00 a.m. - 6:00 p.m. CST

**Customer Service Hours:** Our IVR phone system where enrollees can access network dentist information and claim status is available 24 hours a week

**Phone Number:** 1.800.323.1743

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddoh.deltadentalexchange.com>

**Once you're a member (website):** <http://www.deltadentaloh.com>

**Customer Service Hours:** Monday - Friday: 8:30 a.m. - 8:00 p.m. EST

**Phone Number:** 1.877.380.2051

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddmo.deltadentalexchange.com/>

**Once you're a member (website):** <https://www.deltadentalsc.com/Members/login>

**Customer Service Hours:** Monday - Friday: 7:00 a.m. - 5:00 p.m. CST, excluding holidays

**Phone Number:** 1.800.335.8266

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.deltadental.com/us/en/private-exchange/aon/virginia.html>

**Once you're a member (website):** <https://www.deltadentalva.com/members.html>

**Customer Service Hours:** Monday - Thursday: 8:15 a.m. - 6:00 p.m. EST Friday: 8:15 a.m. - 4:45 p.m. EST

**Phone Number:** 1.877.447.5827

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddwa.deltadentalexchange.com>

**Once you're a member (website):** <https://www.deltadentalwa.com/>

**Customer Service Hours:** Monday - Friday: 7:00 a.m. - 5:00 p.m. PST



**Phone Number:** [1.800.427.3370](tel:1.800.427.3370)

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Bronze, Silver, and Gold)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.deltadental.com/us/en/private-exchange/aon/north-carolina.html>

**Once you're a member (website):** <https://www.DeltaDentalNC.com>

**Customer Service Hours:** Monday - Friday: 8:30 a.m. - 8:00 p.m. EST

**Phone Number:** [1.877.380.2051](tel:1.877.380.2051)

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** Delta Dental (Platinum)

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://ddca.deltadentalexchange.com/>

**Once you're a member (website):** <http://www.deltadentalins.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 9:00 p.m. EST

**Phone Number:** [1.800.471.8073](tel:1.800.471.8073)

**Pre-enrollment Phone Number:** [1.800.546.9751](tel:1.800.546.9751)

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

[Learn More](#)

---

**Carrier Name:** MetLife

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.metlife.com/aon-exchange>

**Once you're a member (website):** <https://www.metlife.com/mybenefits>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 11:00 p.m. EST

**Phone Number:** [1.888.309.5526](tel:1.888.309.5526)

**Who We Are:** MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries. We are also the largest commercial dental insurance carrier in the U.S. and offer both dental and vision benefits on the Aon Active Health Exchange.

---

**Carrier Name:** UnitedHealthcare

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://eims.uhc.com/aon7>

**Once you're a member (website):** <https://www.myuhc.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

**Phone Number:** [1.888.571.5218](tel:1.888.571.5218)

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

[Learn More](#)

---

## Vision

---

**Carrier Name:** EyeMed

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** <https://www.eyemedexchange.com/aon/>

**Once you're a member (website):** <https://eyemed.com/en-us>

**Customer Service Hours:** Monday - Friday: 7:30 a.m. - 11:00 p.m. EST  
Saturday: 8:00 a.m. - 11:00 p.m. EST  
Sunday: 11:00 a.m. - 8:00 p.m. EST

**Phone Number:** [1.844.739.9837](tel:1.844.739.9837)

**Who We Are:** Driven to become the nation's first choice for vision benefits, EyeMed seeks to give you choice and to make using your benefits easy. We're focused on developing innovative benefit solutions and the networks you want. Visit [eyemed.com](https://eyemed.com).

[Learn More](#)

---

**Carrier Name:** MetLife

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://www.metlife.com/aon-exchange>

**Once you're a member (website):** <https://www.metlife.com/mybenefits>

**Customer Service Hours:** Monday-Saturday 9:00am-8:00pm EST

**Phone Number:** [1.888.309.5526](tel:1.888.309.5526)

**Who We Are:** MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries. We are also the largest commercial dental insurance carrier in the U.S. and offer both dental and vision benefits on the Aon Active Health Exchange.

[Learn More](#)

---

**Carrier Name:** UnitedHealthcare

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <https://eims.uhc.com/aon7>

**Once you're a member (website):** <https://www.myuhcvision.com>

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

**Phone Number:** 1.888.571.5218

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

[Learn More](#)

---

**Carrier Name:** VSP Vision Care

**Areas We Serve:** Generally offered in all states, but availability in some states may be limited.

**Before you're a member (preview site):** <http://aon.vspexchange.com>

**Once you're a member (website):** <https://www.vsp.com/login>

**Customer Service Hours:** Monday – Saturday: 6AM-5PM PT  
Sunday: Closed (IVR available 24/7)

**Phone Number:** 1.877.478.7559

**Who We Are:** Your well-being is at the heart of everything we do. VSP® Vision Care gives you access to quality eye care from VSP network doctors with low out-of-pocket costs. Get the most out of your vision plan with more than 109K provider access points including independent doctors, popular retailers, and online.

[Learn More](#)

---

## Get Carrier Ratings

See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available at during enrollment and throughout the year.

Your specific medical options are based on where you live. You'll be able to see the options available to you when you enroll. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier. (Note: Coverage may be slightly different than the Silver option on this site. Refer to for details.).

# Contacts

Once logged on to [enrollment site](#) at [\[link\]](#), look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through [enrollment site](#).

**Health Pros** are also available to assist with tough issues like claims and billing disputes.

## Questions About Coverage?

Start by contacting the **insurance carrier** directly. They know their coverage rules best.

If you enrolled in a [Bronze, Bronze, Bronze Plus, Bronze Plus, or Silver](#) medical coverage level, check out the [HSA User's Guide](#) (PDF) for additional contacts during the year.

# Get the Right Coverage

Have questions about your claims or coverage? Once your coverage has begun, you can start by contacting your **insurance carrier** directly. They know their coverage rules best and have the final say on all claims and billing questions.

Sometimes you need more help than your insurance carrier can provide. If you have a billing issue, such as your provider charging you more than the amount your Explanation of Benefits (EOB) says you owe, or you believe your plan covers more than what your EOB shows, Alight Advocacy Services is available. Alight Health Pros are experts in handling and resolving your claims and billing issues.

If you aren't satisfied with the resolution, you can file an appeal through your insurance carrier, who will be able to direct you through that process. **SandBox Corp** doesn't have any influence on the outcome. The insurance carrier—not **SandBox Corp**—is responsible for the cost of claims.

Have a large provider bill? **Bill negotiation services** may be able to save you 20% or more.

## Questions?

Don't worry. You have backups. When you face a billing issue:

1. Start with your insurance carrier.
2. Email a Health Pro at **AlightHealthPro@alight.com** or call **1.866.300.6530** if you need help.
3. File an appeal if you're unhappy with the final outcome.

# Get Answers

Have a question? We've got you covered.

Start with the [Frequently Asked Questions](#) (PDF).

Wondering what something means? Check out the [Glossary](#).

Just want to talk to a real person? No sweat! Here's who to [contact](#).

# Glossary

Wondering what a term means? Find it here!

## Brand Name

A more expensive prescription drug for which there is an active patent. (A patent is a time-sensitive right to market a drug under a certain name.)

## Coinsurance

The percentage of costs you pay for eligible expenses after you meet the deductible.

## Coverage Level

A benefit level that determines how services are covered.

## Deductible

What you pay out of your own pocket before your insurance begins to pay a share of your costs. [How the deductible works](#) depends on your coverage level. Out-of-network charges do **not** count toward your in-network annual deductible. They only count toward your out-of-network deductible.

## EOB

Also known as an Explanation of Benefits. An EOB shows the claim filed by your health care professional, what was paid, and what your portion of the payment was or will be. Your insurance carrier provides the EOB. It's not a bill.

## Formulary

A list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. You should make sure your medication is on the formulary of the medical insurance carrier you choose.

## Generic

Medications that have been approved by the FDA as safe and effective. These medications contain the same active ingredients in the same amounts as brand name products. Generics may be different in color, shape, or size from their brand name counterparts. Your physician may substitute a generic for a brand name drug to save you money.

## HMO

Health Maintenance Organization (HMO) options offer care through a network of doctors and hospitals. All of your care generally must be provided through the HMO network and coordinated through the HMO primary care physician (PCP) you select when you enroll. Except in emergencies, your care is usually covered only if it's coordinated by your PCP. There's no coverage for out-of-network care.

## Network

A group of health care providers that offer services to participants in a health plan at a negotiated, discounted cost. You'll save money if you use doctors inside your carrier's network.

## Out-of-Pocket Maximum

The most you have to pay for covered medical services in a year. Generally, it includes any applicable deductible, copayments, and/or coinsurance. [How the out-of-pocket maximum works](#) depends on your coverage level. Out-of-network charges do **not** count toward your in-network annual out-of-pocket maximum. They only count toward your out-of-network out-of-pocket maximum.

## Payroll Contribution

The amount deducted from your paycheck on a pre-tax basis to cover your share of health care benefit costs.

**Pharmacy Benefit Manager**

The insurance carrier or third-party administrator who manages your retail and mail-order prescription drug benefit.

**PPO**

A Preferred Provider Organization, or PPO, is a type of medical plan that uses a network of physicians, hospitals, and other health care providers that have agreed to provide care at negotiated prices. You can also go to out-of-network providers, but you'll pay more.

**Preventive Care**

Annual physicals, wellness screenings, immunizations, well-woman exams, well-baby exams, and more. In-network preventive care is 100% covered without having to pay your deductible.

**Reasonable and Customary**

The normal charge made by a licensed practitioner in a specific area for a specific service. It doesn't exceed the normal charge made by most providers in the area where the service is provided.

**Traditional Deductible**

Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.

**Traditional Out-of-Pocket Maximum**

Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.



# Newly Eligible for Benefits?

## Welcome!

Being new to the company, you have a lot on your plate. Enrolling in **SandBox Corp** benefits is one of those really important “to dos”—and shouldn’t take all that long.

For your **2023** benefits, you can start here:

- [Quick Guide](#)
- [Enrollment Checklist](#)
- [Compare Costs](#) ( [PDF](#) )
- [Medical](#)
- [Dental](#)
- [Vision](#)

## Make It Yours

Once you’ve done your homework, if you want coverage through **SandBox Corp**, you must enroll by your deadline. Otherwise, you won’t have medical and prescription drug, dental, or vision coverage through **SandBox Corp** for you and your family.

[Enroll now](#)

## Questions?

Check out the [Frequently Asked Questions](#) (PDF) for more details.

## Welcome!

Being new to the company, you have a lot on your plate. Enrolling in **SandBox Corp** benefits is one of those really important “to dos”—and shouldn’t take all that long.

For your **2023** benefits, you can start here:

- [Quick Guide](#)
- [Enrollment Checklist](#)
- [Compare Costs](#) (use the access code provided in recent communications)
- [Medical](#)
- [Dental](#)
- [Vision](#)

## Make It Yours

Once you’ve done your homework, if you want coverage through **SandBox Corp**, you must enroll by your deadline. Otherwise, you won’t have medical and prescription drug, [dental, or vision](#) coverage through **SandBox Corp** for you and your family.

[Enroll now](#)

## Questions?

For phase 4 you should call the call center and talk to a live agent.

Check out the [Frequently Asked Questions](#) (PDF) for more details.

# Helpful Documents

Client may upload documents here.

## Heading

- [Click Here](#)
- [Sample](#)
- [Image](#)
- [Good Morning](#)
- [MSN](#)
- [WiKi](#)

## Morning tea

Morning tea is a morning tea.

- With sugar
- With milk
- With honey
- With sea salt
- With coriander
- With rose leafs

## Funny Part

- [Christmas](#) (video)

# Spanish Support

Client may upload documents here.

## Heading

- [Click here](#)

# COBRA Coverage Options

If you leave the company or lose coverage due to a status change, your COBRA enrollment notice has details regarding your options.

If you choose not to enroll by your COBRA enrollment deadline, you will not be able to enroll in COBRA coverage in the future. Also, once enrolled, you can make changes to your elections only during enrollment or following a qualified change in status.

You will receive additional information—including prices—once you lose access to health benefits through the company.

## Your COBRA Coverage Options

You can start by reviewing your [medical, dental, and vision](#) coverage level options.

You'll also want to review your [insurance carrier](#) options.

## How To Enroll

To enroll in COBRA coverage when eligible, follow the instructions on the COBRA enrollment notice mailed to you.

Want more? Find the details about all your coverage options in the [COBRA Reference Guide \(PDF\)](#).

