

FAQs

If you have a specific question, see if it’s listed below and click on the link to be taken directly to the answer you’re looking for. Otherwise, feel free to browse and scan the FAQs at your own pace.

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The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to get medical, dental, vision and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers who are competing for your business. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

The Aon Active Health Exchange is a national, large-employer, multi-insurance carrier exchange. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the coverage options that best meet your needs.

2. Is Aon's exchange sponsored by the government?

No. The Aon Active Health Exchange is a private exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with the law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

The medical, dental and vision benefits available through the exchange offer you:

- **Lots of choices.** Through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers and a range of costs.
- **Competitive premiums.** The insurance carriers are competing for your business. So it's in their best interests to offer their best prices. Plus, Alight Solutions will provide a credit to use toward the cost of medical and dental coverage.

In addition, you have the option to enroll in other valuable benefits, including supplemental life insurance, supplemental accidental death and dismemberment (AD&D) insurance, legal services coverage and identity theft protection. Also, you can get discounted rates for auto and home insurance and pet insurance through the exchange.

You also have help when you need it. There are great tools and resources to help you every step of the way. See question #4 for details about tools and resources.

4. Where can I get more information?

There are lots of resources available to help before, during and after enrollment.

	Before you enroll	When you enroll	After you enroll
Make It Yours website	https://alight.makeityoursource.com Learn how the exchange works and what coverage options you have and get tips for choosing the right coverage for you. You can also watch videos and access the insurance carrier preview sites here.		Visit year-round for practical tips that help you to get the most out of your benefits. Get “The Inside Scoop” on how to navigate the healthcare system, be a savvy shopper and save some money.
Pricing comparison	You can compare the costs of your healthcare options using an interactive pricing tool before you have access to UPoint® (which shows final pricing). To access the pricing tool, visit the Make It Yours website at https://alight.makeityoursource.com , select the New to the Company tile and then Compare Costs . You'll need an access code, which you can obtain by calling the HR4U Service Center at 1.833.444.HR4U (1.833.444.4748).	N/A	N/A
Your Carrier Connection <i>(Available through the Make It Yours website)</i>	Carrier preview sites: Get up to speed on provider networks, prescription drug information and other carrier resources. And you can contact insurance carriers directly with specific questions.		Once you're a member: Take advantage of all the tools, resources and information offered through your insurance carrier. For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc. (contact information is available on the Make It Yours website).
UPoint	Not available.	Log on to UPoint at https://digital.alight.com/alight (select Review your Options and Enroll) where you can compare your options, get helpful decision support and enroll. You'll also see the credit amount from Alight and prices by option. If you need additional help, customer care representatives are available through online chat or the HR4U Service Center at 1.833.444.HR4U (1.833.444.4748) from 8:00 a.m. to 4:30 p.m. CT, Monday through Friday. You may opt to save your place in line and get a call back.	Once coverage begins: Access your personalized coverage details and manage your benefits throughout the year. If you need help with more complex coverage issues, call the HR4U Service Center at 1.833.444.HR4U (1.833.444.4748) and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues.

Enrollment

5. What will I need to do?

You must enroll or you will **not** have medical, dental, vision or critical illness coverage through Alight in 2022. If you don't select medical coverage, you won't have prescription drug coverage, either.

To enroll, log on to UPoint at <https://digital.alight.com/alight> (select **Review your Options and Enroll**) during the enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2022.
- Choose the insurance carriers and coverage levels you want for your medical, dental and vision benefits.
- Enroll in the rest of your benefits.

You can get information about the enrollment process and available tools on the Make It Yours website at <https://alight.makeityoursource.com>.

6. What happens if I don't enroll?

If you don't enroll:

- You will not have medical, dental, vision or critical illness coverage through Alight in 2022. If you don't select medical coverage, you won't have prescription drug coverage, either.
- **And, to contribute to a Health Savings Account (HSA) (if eligible), Health Care Reimbursement Account or Dependent Care Reimbursement Account, you must make an active election.**

My Options

7. What are my options for medical (including prescription drug) coverage?

You have several coverage levels to choose from, including Bronze, Bronze Plus, Silver, Gold and Platinum, each of which includes prescription drug coverage. Each coverage level is available from multiple insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your medical options.

8. What happens if I enroll in a Bronze, Bronze Plus or Silver medical option and have expenses early in the plan year?

If you enroll in a high-deductible medical option, you should be prepared to pay up to the cost of your deductible if you have significant medical expenses shortly after the plan year begins. Even if you start contributing to an HSA right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early qualified expenses out of pocket and then, when your account balance grows enough to cover the expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

9. I am a part-time colleague. Am I eligible for an Alight credit toward my benefits?

If you're a regular part-time colleague working at least 20 hours per week, you are eligible for Alight credits toward your medical and dental coverage.

10. I live in California. How are my medical options different?

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

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

The Gold option is offered by Aetna, Blue Cross and Blue Shield of Illinois and UnitedHealthcare. The Gold II option is offered by Cigna, Health Net and Kaiser Permanente.

[Learn more](#) about your California coverage options and insurance carriers.

11. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Do **not** rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint. 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! If you have **any** uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

12. Why should I use in-network medical providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will 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, even after you've reached your annual out-of-network out-of-pocket maximum. And certain Platinum options won't cover out-of-network services at all.

13. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you may want to consider one of the national insurance carriers that offer national provider networks so that your dependents have access to in-network providers in most locations. (Regional insurance carriers *may* offer in-network coverage outside of their regional service area through partnerships with other carriers. You can contact the insurance carrier for details.)

Do not rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

If your insurance carrier name includes a state, this refers to the location the carrier operates from (i.e., which state has primary jurisdiction over the laws, rules and regulations the carrier follows). In general, it isn't a reference to the network — many offer coverage nationally.

14. How do I decide which medical option is right for me?

You'll have access to a number of resources to help you make smart decisions. You should start by visiting the Make It Yours website at <https://alight.makeityoursource.com> to access videos, details about your options, comparison charts and more.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your healthcare options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the Make It Yours website at <https://alight.makeityoursource.com>, select the **New to the Company** tile, and click **Compare Costs**. You need an access code, which you can obtain by calling the HR4U Service Center at **1.833.444.HR4U** (1.833.444.4748).

Then, when you enroll, you'll be able to see the credit amount from Alight and your price options on UPoint at <https://digital.alight.com/alight> (select **Review your Options and Enroll**). You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings and more.

If you need additional help, you can reach a customer care representative by web chat through UPoint. You can also call the HR4U Service Center from 8:30 a.m. to 4:00 p.m. CT, Monday through Friday during enrollment, to answer questions about the exchange and enrollment process. Just call **1.833.444.HR4U** (1.833.444.4748). If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available. You can also call the [insurance carriers](#) with specific questions about the options they offer.

15. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through the exchange, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

16. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager which could be a separate prescription drug company. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the Make It Yours website for a [list of questions](#) to ask.

17. What is "prior review" and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting "prior review" (also referred to as prior authorization or precertification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it's required. However, you should always confirm with your doctor to be sure he or she is handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required, and you don't get pre-approved, you could get stuck paying most or **all** of the bill or a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services you need will be covered by your insurance carrier.

18. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do **not** rely on your provider's office to know the carriers' network(s). To see whether your dentist is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint.

If you are considering a Platinum dental option:

- It may cost less than some of the other options, but you **must** get care from a dentist who participates in the insurance carrier's DHMO network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll.
- The Platinum dental option does **not** provide out-of-network benefits. So if you don't use a network dentist, you'll pay for the full cost of services.

19. What do I need to know about vision networks?

Each vision insurance carrier has its own provider networks. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do **not** rely on your provider's office to know the carriers' network(s). To see whether your eye doctor or retail store is in network:

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint.

20. What other benefit options are available to me through the exchange?

You can also choose to enroll in:

- **Supplemental life insurance:** Protects your family financially in the event of a death
- **Supplemental accidental death and dismemberment (AD&D) coverage:** Protects your family financially in the event of a tragic accident
- **Legal services coverage:** Covers attorney fees for things like wills, real estate matters and more

- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud

You can get more details on the Make It Yours website at <https://alight.makeityoursource.com>.

21. What else is available to me through the exchange?

As part of our participation in the exchange, we are able to take advantage of group negotiated discounts. You can obtain discounted coverage for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured pet

You also have access to other services through the exchange:

- **Bill negotiation services:** This service offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses. Just call when you need it.

You can get more details on the Make It Yours website at <https://alight.makeityoursource.com>.

Paying for Coverage

22. When will I find out the cost of coverage?

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your healthcare options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the Make It Yours website at <https://alight.makeityoursource.com>, select the **New to the Company** tile, and click **Compare Costs**. You'll need an access code, which you can obtain by calling the HR4U Service Center at **1.833.444.HR4U** (1.833.444.4748).

During the enrollment window, you'll be able to see the medical and dental credit amounts from Alight and your price options when you enroll on UPoint at <https://digital.alight.com/alight> (select **Review your Options and Enroll**).

23. Do I get to keep the Alight credit if I don't enroll in coverage?

No. The credit you get from Alight is for the medical and dental coverage you purchase through the exchange. A cash refund or credit for other benefits is not available.

24. What's a Health Savings Account (HSA) and how can I contribute to one?

An HSA is a special bank account that you can use when you enroll in a Bronze, Bronze Plus or Silver medical option. It allows you to set aside tax-free money to pay for qualified healthcare expenses, like your medical, dental and vision copays, deductibles and coinsurance. Because you'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible under the Bronze, Bronze Plus or Silver option, an HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Just make sure you use money in your HSA only for qualified healthcare expenses. If you use money in your HSA for unqualified expenses, you'll pay income taxes on that money and an additional 20% penalty tax if you're under age 65. Keep careful records of your healthcare expenses and withdrawals from your HSA, in case you ever need to provide proof that your expenses were qualified.

You can decide whether to enroll in an HSA and how much (if any) money you want to contribute. And if you don't have a lot of healthcare expenses, your money can stay in your account year to year

and earn tax-free interest. If you have questions about the use and appropriateness of an HSA as it applies to your specific situation, you should consult a tax professional.

In order to contribute to an HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible option at the Bronze, Bronze Plus or Silver coverage level;
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return;
- You cannot be covered by any other health insurance plan, such as a spouse's plan that is not a high-deductible option; and
- You cannot be enrolled in a general-purpose Health Care Reimbursement Account, but you may be enrolled in a limited-purpose Health Care Reimbursement Account.

You can use money from your HSA to pay your dependents' healthcare expenses as long as you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

25. Why doesn't Alight contribute to the HSA?

Companies that participate in the Aon Active Health Exchange are not permitted to make an employer contribution to the HSA, in order to prevent Exchange participants from being unduly influenced to choose a high-deductible health plan. Instead, Alight, as do other employers, shifts its contributions toward the credit for medical coverage for all colleagues.

26. Why would I want to use an HSA?

An HSA lets you set aside money to pay for qualified healthcare expenses, like your medical, dental and vision copays, deductibles and coinsurance. You decide how much money you want to contribute, and you can change your contribution election at any time. If you don't have a lot of healthcare expenses, your money can stay in your account year to year.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.
- You are not taxed on the HSA dollars when you use them to pay eligible expenses.

27. How is an HSA different from a Health Care Reimbursement Account (sometimes referred to as a flexible spending account)?

While both accounts offer a tax-free benefit when you pay for eligible medical, dental and vision expenses, they differ in several ways. Compare their [differences](#) on the Make It Yours website or refer to the chart below.

	HSA	Health Care Reimbursement Account
Do I need to be enrolled in a particular medical coverage option to participate?	Yes, you must be enrolled in the Bronze, Bronze Plus or Silver medical option.	No
Can I contribute to my account before taxes?	Yes	Yes
When are my funds available?	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.
Do unused dollars roll over from year to year?	Yes	Yes, up to \$570
Does the money in the account earn interest?	Yes	No
Can I use a debit card to pay for expenses?	Yes	Yes
Can I use the account to pay for vision or dental expenses?	Yes	Yes
How much can I contribute to the account per year?	For 2022, the annual limits set by the IRS are \$3,650* for Colleague-only coverage, and \$7,300* 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.	\$2,750

*Limits subject to mid-year changes per IRS regulations. For more information, go to www.irs.gov.

28. Can I enroll in both an HSA and a Health Care Reimbursement Account?

Yes. If you enroll in the Bronze, Bronze Plus, or Silver medical option, you can use an HSA, a Health Care Reimbursement Account, or both an HSA **and** a Health Care Reimbursement Account. If you have an HSA and a Health Care Reimbursement Account, in order to contribute to an HSA, your Health Care Reimbursement Account must be “limited purpose” and can only be used to pay for eligible dental and vision expenses. However, once you meet the medical deductible, then it can be used toward eligible medical and prescription drug expenses as well. Your HSA can be used for eligible medical and prescription drug, dental and vision expenses.

29. Why would I want to use both an HSA and a limited purpose Health Care Reimbursement Account?

Both accounts allow you to pay for eligible expenses with tax-free dollars. The biggest difference between the accounts is that your HSA balance rolls over from year to year, even if you change medical plans, leave the company or retire. With the Health Care Reimbursement Account (whether limited purpose or not), any unused balance exceeding \$570 is forfeited at the end of the year.

It may not be advantageous to enroll in both, except in unique situations. For example, if you expect to have higher expenses than your HSA balance can cover (based on the maximum you can contribute each year), you may also want to contribute to the limited purpose Health Care Reimbursement Account to pay for those expenses with tax-free money once the medical deductible is reached.

30. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care Reimbursement Account?

No. If your spouse's general-purpose Health Care Reimbursement Account covers your medical expenses, it would be considered other health coverage, and you would not be eligible to contribute to an HSA.

Information contained herein is not intended as legal, tax or other professional advice. You should not act upon any such information without first seeking a qualified professional on your specific matter.

Terms and conditions of policies may change. Please consult the policy documents on UPoint to confirm availability of benefits.

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