FAQs

If you have a specific question, see if it's in the list 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.

The Aon Active Health Exchange™ 3

1. What is an exchange? 3

2. Is Aon's exchange sponsored by the government? 3

3. What are the advantages of the exchange? 3

4. Where can I get more information? 3

Enrollment 4

5. What will I need to do? 4

6. How do I create my user ID and password for the ChenMed Benefits Portal? 4

7. If I need more help understanding my new benefit offerings and enrolling, can I speak to a benefit counselor? 5

8. How do I reset my password for the ChenMed Benefits Portal? 5

9. What are my options for medical and prescription drug coverage? 5

10. What happens if I enroll in a Bronze or Bronze Plus medical option and have expenses shortly after my coverage begins? 5

11. I live in California. How are my medical options different? 6

12. Will I be able to use the same providers as I do today? 6

13. Why should I use in-network providers? 6

14. How should I choose a medical insurance carrier if my dependents and I live in different states? 6

15. How do I decide which medical option is right for me? 7

16. Will pre-existing conditions be covered? 7

17. How will my prescription drugs be covered? 7

18. What is "prior review" and when is it required? 7

19. Will I receive a new ID card for medical and prescription drug coverage? 8

20. What do I need to know about dental networks? 8

21. What do I need to know about vision networks? 8

22. What other benefit options are available to me through the exchange? 8

Paying for Coverage 9

23. Will I have to pay more for medical coverage? 9

24. When will I find out the cost of coverage? 9

25. Do I get to keep the ChenMed credit if I don't enroll in coverage? 9

26. What's a deductible and how does it work? 9

27. What's an out-of-pocket maximum and how does it work? 10

28. What's a Health Savings Account (HSA)? 10

29. Why would I want to use an HSA? 10

30. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)? 11

31. Can I enroll in both an HSA and a Health Care FSA? 11

32. Why would I want to use both an HSA and a limited purpose Health Care FSA? 11

33. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?..... 11
34. Can I contribute to an HSA?..... 11

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 America's first 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 right coverage options for your circumstances and budget.

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 applicable law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

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

- **Lots of choices.** Traditionally, you got to choose from the health plan options offered by the company. Through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. So it's in their best interests to offer their best prices. Plus, ChenMed will provide a credit to use toward the cost of medical, dental and vision coverage.

In addition, you have the option to enroll in other valuable benefits — including critical illness insurance, hospital indemnity insurance, accident insurance, and legal services, which includes identity theft protection.

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 and during your first enrollment:

- **Make It Yours website**: Visit **chenmed.makeityoursource.com** to learn about the exchange, your coverage options, and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website): Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **The ChenMed Benefits Portal and Alight Mobile app**: When it's time to enroll, log on to the ChenMed Benefits Portal at **digital.alight.com/chenmed** or the Alight Mobile app (available through the Apple App Store or Google Play) to compare your options and prices, get helpful decision support and enroll. There will be a shortcut on ChenMed Connect so you can easily access the Benefits Portal from there.

- **Benefits guide**: Review your guide (available on the **Make It Yours** website) that summarizes the benefits available to you, explains how coverage works and helps you compare different plan options.

Questions? Once logged on to the ChenMed Benefits Portal, 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. You can also call the ChenMed Benefits Center at 855-536-8228 from 9 a.m. to 6 p.m. ET, Monday through Friday.

Managing your benefits throughout the year:

- **Make It Yours website**: Visit year-round for practical tips that help you and your family get the most out of your benefits. Get "**The Inside Scoop**" on how to work the health care system, be a savvy shopper, and save money.
- **Your Carrier Connection** (available through the Make It Yours website): Take advantage of 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.
- **The ChenMed Benefits Portal and Alight Mobile app**: Access your personalized coverage details and manage your benefits throughout the year.
- **Additional support**: If you need help with more complex coverage issues, email a Health Pro at AlightHealthPro@alight.com or call 866-300-6530 from 9 a.m. to 7 p.m. ET, Monday through Friday. Health Pros can explain how benefits work and help resolve issues.

Enrollment

5. What will I need to do?

You need to enroll within 30 days of your date of hire or you will not have medical, dental or vision coverage through ChenMed in 2024. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. To contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account, you must make an active election. Also, if you don't enroll, you will not have critical illness insurance, hospital indemnity insurance, accident insurance or legal services through ChenMed in 2024.

To enroll, log on to the ChenMed Benefits Portal at **digital.alight.com/chenmed** or the Alight Mobile app during the enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2024.
- Choose the insurance carriers and coverage levels you want for your medical, dental and vision benefits.
- Enroll in the rest of your benefits.

6. How do I create my user ID and password for the ChenMed Benefits Portal?

If you are a new user, you will need to set up your user ID and password, which are needed to access your account through the Alight Mobile app (available through the Apple App Store or Google Play).

- Go to the ChenMed Benefits Portal and select **New User**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

7. If I need more help understanding my new benefit offerings and enrolling, can I speak to a benefit counselor?

Choosing your benefits may seem like an overwhelming task, but Certified Benefits Counselors are here to help. ChenMed has partnered with Aon to provide you with a personal enhanced benefit education and enrollment option.

Virtual One-to-One Enrollment

- Through a video call, a Certified Benefits Counselor will explain your options, answer your questions and help you complete your enrollment.
- If you don't like being on camera, don't sweat it! The Certified Benefits Counselor will be on camera, but you don't have to be.
- If you have family members with questions, please feel free to invite them to join you!

How to Participate

Schedule your virtual session by completing the steps.

1. Go to **chenmed.makeityoursource.com** and select the **Schedule Your Appointment** on the home page.
2. Select the appointment date and time that works best for you.
3. Enter your contact information as requested on the following screen.
4. You will receive an email confirmation with an option to add to your calendar, which will include your important meeting details.
5. At your scheduled time, log in with the WebEx link in the email from any computer, from work or home.

Your appointment will be scheduled for 45 minutes, but you might not use all of that time.

The use of a PC/laptop is recommended for the best user experience.

8. How do I reset my password for the ChenMed Benefits Portal?

To reset your password, go to the ChenMed Benefits Portal, click **Forgot User ID or Password**, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the Apple App Store or Google Play).

9. What are my options for medical and prescription drug coverage?

You have several coverage levels to choose from, including Bronze, Bronze Plus, Silver, Gold and Platinum. 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.

10. What happens if I enroll in a Bronze or Bronze Plus medical option and have expenses shortly after my coverage begins?

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

11. 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, Florida Blue, Cigna and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

Learn more about your California coverage options and insurance carriers.

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

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.

Even if you can keep your current insurance carrier through the exchange, the provider network could be different and can change, so always check the provider directories before making a decision.

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 the ChenMed Benefits Portal. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. 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.

13. Why should I use in-network 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 (and certain options/carriers in California) won't cover out-of-network services at all.

14. 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.

15. 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 **chenmed.makeityoursource.com** to access videos, details about your options, comparison charts and more.

Then, when you enroll, you'll be able to see the credit amount from ChenMed and your price options on the ChenMed Benefits Portal at **digital.alight.com/chenmed** or the Alight Mobile app. 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, once logged on to the ChenMed Benefits Portal, 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. You can also call the ChenMed Benefits Center at **855-536-8228** from 9 a.m. to 6 p.m. ET, Monday through Friday.

16. 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.

17. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your 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 (if you're considering coverage under Aetna, Florida Blue, Cigna or UnitedHealthcare) or the medical insurance carrier (for other carriers) 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.

18. 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. Always confirm with your doctor to be sure they are 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 preapproved, 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.

19. Will I receive a new ID card for medical and prescription drug coverage?

You'll receive a new ID card when you enroll for the first time. You'll use your ID card for medical and prescription drug needs.

You should receive ID cards before your benefits take effect. If you need an ID card immediately, go to your insurance carrier's website, register online, and print a temporary ID card.

20. 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' networks. 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 the ChenMed Benefits Portal.

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.

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

Each vision insurance carrier has its own provider network. 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' networks. To see whether your eye doctor or retail store is in network:

- Check out the insurance carrier preview sites.
- When you enroll, check the network of each insurance carrier you're considering on the ChenMed Benefits Portal.

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

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

You can also choose to enroll in:

- **Legal services:** Covers attorney fees for things like wills, real estate matters, identity theft protection, and more

You can get more details on the Make It Yours website at **chenmed.makeityoursource.com.**

Paying for Coverage

23. Will I have to pay more for medical coverage?

You get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. There are other factors that impact how much you pay too, including your credit amount from ChenMed and how many family members you cover. The result is that you could end up paying more — or less — for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with before-tax dollars.

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

During the enrollment window, you'll be able to see the credit amount from ChenMed and your price options when you enroll on the ChenMed Benefits Portal at **digital.alight.com/chenmed** or the Alight Mobile app.

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

The credit you get from ChenMed is for the medical/prescription drug coverage you purchase through the exchange. A cash refund or credit for other benefits is not available. Exception: If you enroll in a Bronze or Bronze Plus coverage level and don't use the full credit, the unused credit amount will be reimbursed to your paycheck.

26. What's a deductible and how does it work?

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service.

How the medical deductible works depends on your coverage level:

- **The Bronze, Silver, Gold and Platinum medical coverage levels 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 Bronze Plus coverage level has a "true family deductible."[1]** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have family coverage.

  To clarify, if you choose a Bronze Plus coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents too, though, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.

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

Do you use out-of-network providers? Out-of-network charges do not count toward your in-network annual deductible; they only count toward your out-of-network deductible.

[1]Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus coverage level, you will have a traditional annual deductible.

27. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Silver, Gold and Platinum coverage levels. How the medical out-of-pocket maximum works depends on your coverage level.

The Bronze, Bronze Plus, Silver, Gold and Platinum coverage levels 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.

The Bronze Plus coverage level has a "true family out-of-pocket maximum."[1] This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in these options when you have family coverage.

Do you use out-of-network providers? 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.

[1]Exception: If you live in California, cover dependents and enroll under Health Net or Kaiser Permanente at the Bronze Plus coverage level, you will have a *traditional* annual out-of-pocket maximum.

28. What's a Health Savings Account (HSA)?

An HSA is a special bank account that you can use when you enroll in a Bronze or Bronze Plus coverage level. It allows you to set aside tax-free money to pay for qualified health care 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 in the Bronze or Bronze Plus coverage levels, 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 health care 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 health care 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. If you don't have a lot of health care expenses, your money can stay in your account year to year and earn tax-free interest. Also, the money is yours to keep even after you no longer work for the company. 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.

29. Why would I want to use an HSA?

An HSA lets you set aside money to pay for qualified health care 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 health care 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 qualified expenses.

30. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)?

While both accounts offer a tax-free benefit when you pay for eligible medical, dental and vision expenses, they differ in several key ways. Compare their differences on the Make It Yours website.

31. Can I enroll in both an HSA and a Health Care FSA?

Yes. If you enroll in the Bronze or Bronze Plus coverage level, you can use an HSA, a Health Care FSA, or both an HSA and a limited purpose Health Care FSA. If you have an HSA and a Health Care FSA, in order to contribute to an HSA, your FSA will be "limited purpose" and can only be used to pay for qualified 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.

32. Why would I want to use both an HSA and a limited purpose Health Care FSA?

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 FSA (whether limited purpose or not), any unused balance 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 FSA to pay for those expenses with tax-free money once the medical deductible is reached.

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

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

34. Can I contribute to an HSA?

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 or Bronze Plus 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 FSA, but you may be enrolled only in a limited purpose Health Care FSA.

You can use money from your HSA to pay your dependents' health care 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).