# FAQs

If you have a specific question, see if it is included in the list below and click on the link to be taken directly to the answer. Otherwise, feel free to browse and scan the FAQs at your own pace.

# The Aon Benefit Experience

## 1. What is the Aon Benefit Experience (BenX)?

The Aon Benefit Experience (BenX) is a way for you to shop for medical, dental, vision, and other coverages from a variety of providers. 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. BenX merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

BenX is the first U.S. national, large-employer, multi-insurance carrier marketplace. 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 selected the right coverage options for your circumstances and budget.

## 2. What are the advantages of BenX?

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

- **Lots of choices.** Through BenX, you can choose from several coverage levels (also referred to as plan designs), a variety of insurance carriers, and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. It's in their best interests to offer their best prices. Plus, IDEX will provide an employer contribution that is automatically applied toward the cost of medical and dental coverage when you enroll.

In addition, you have the option to enroll in other valuable benefits—including critical illness insurance, hospital indemnity insurance, accident insurance, and 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 #3 for details.

## 3. Where can I get more information?

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

- **Make It Yours website**—Visit **idex.makeityoursource.com** to learn about your coverage options and choosing the right coverage for you and your family. Get "**The Inside Scoop**" on how to work the health care system, be a savvy shopper, and save money.
- **Your Carrier Connection** is 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. Take advantage of the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier.
- **The IDEX Benefits Portal and Alight Mobile app**—When it's time to enroll, log on to the IDEX Benefits Portal at **digital.alight.com/idex** 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. Access your personalized coverage details and manage your benefits throughout the year.

  **Questions?** Once logged on to the IDEX Benefits Portal, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions. 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 the IDEX Benefits Portal. You can also call the IDEX Benefits Center at **(855) 750-2924** from 8:30 a.m. to 5:30 p.m. CT, Monday through Friday.

- **Additional support**—Once your coverage begins, if you need help with more complex coverage issues, call **(866) 300-6530** and ask to be connected with a Health Pro. Health Pros are an advocacy service and can explain how benefits work and help resolve issues.

# Enrollment

**4. What will I need to do and when?**

During your enrollment period, 31 days after hire, **you must enroll or you will not have medical, dental, vision, or other benefits coverage through IDEX during the calendar year**. Keep in mind, 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) or to a flexible spending account, you must make an active election.

To enroll, log on to the IDEX Benefit Portal at **digital.alight.com/idex** 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 for the calendar year. The required dependent verification process must be completed.
- Choose the insurance carriers and coverage levels you want for medical, dental, and vision.
- Enroll in the rest of your benefits.

**5. What will be the default elections?**

For any new employees, all elections will default to no coverage except for Basic Employee Life and AD&D, Dependent Life, Basic STD, and EAP; those benefits will default to enrolled for all eligible employees.

| Plan | 2025 Enrollment Default |
|---|---|
| **Medical** | No coverage |
| **HSA Employee Contribution** | $0 |
| **Critical Illness** | No coverage |
| **Hospital Indemnity** | No coverage |
| **Group Accident Insurance** | No coverage |
| **Active Dental** | No coverage |
| **Active Vision** | No coverage |
| **Health Care FSA** | $0 |
| **Limited-Use FSA** | $0 |
| **Dependent Care FSA** | $0 |
| **Basic Employee Life and AD&D** | Auto enroll in plan |
| **Supplemental Employee Life and AD&D** | No coverage* |
| **Voluntary Life with Long Term Care Insurance** | No coverage |
| **Dependent Life** | Auto enroll in plan |
| **Personal Accident** | No coverage* |
| **Basic STD** | Auto enroll in plan |
| **Supplemental LTD** | No coverage* |
| **EAP** | Auto enroll in plan |
| **Identity Theft** | No coverage |
| **Employee Stock Purchase Plan (ESPP)** | $0 |

* If you are new, the election will default to no coverage, and you must enroll.

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

To reset your password, go to the IDEX 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).

# My Options

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

You will be able to choose from several different coverage levels (plan designs or plans), including Bronze, Bronze Plus, Silver, Gold, and Platinum. You may hear these referenced as "metallics." The coverage levels differ by how you pay for medical and prescription drug coverage. For example, you may want a coverage level where you pay less if you need to see a doctor but pay more from your regular paychecks. Alternatively, you may want to pay very little from your paychecks and pay more when you need to see a doctor.

Each coverage level is available from multiple insurance carriers (e.g., Aetna, Blue Cross and Blue Shield of Illinois, etc.) at different costs to you. While the costs are different, what is covered is the same, no matter which carrier you choose. This means that if you select a Silver medical option, what is covered is the same whether you pick Aetna or Blue Cross and Blue Shield of Illinois as your carrier. When you enroll, you'll be able to compare benefits and features across your medical options.

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

Bronze, Bronze Plus, and Silver metallics are high-deductible options. If you enroll in one of these options, you should be prepared to pay up to the cost of your annual deductible in case you have significant medical expenses shortly after your coverage begins. Even if you start contributing to an HSA immediately, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early expenses out of pocket and then, when your HSA 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.

**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 levels, or metallic, either as an option that offers in- and out-of-network benefits (i.e., a PPO) or as an option that offers in-network benefits only (i.e., 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. For example, the Gold option is offered by Aetna, Blue Cross and Blue Shield of Illinois, 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.

**11. 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.

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 IDEX Benefits Portal. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results, we recommend using the "Help Me Choose" tool to:

- 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, call the insurance carrier.

### 12. 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 coverage levels/carriers in California) will not 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 a national insurance carrier (Aetna, Blue Cross and Blue Shield of Illinois, Cigna, or UnitedHealthcare) that offers 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). 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 where the carrier operates (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 several resources to help you make smart decisions. You should start by visiting the Make It Yours website at **idex.makeityoursource.com** to access videos, details about your options, comparison charts, and more.

When you enroll, you'll be able to see the employer contribution amount provided by IDEX and your price options on the IDEX Benefits Portal at **digital.alight.com/idex** or the Alight Mobile app. You'll also be able to access tools such as the "Help Me Choose" tool 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 IDEX 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. For additional support, you can schedule an appointment with a customer service representative through the IDEX Benefits Portal. You can also call the IDEX Benefits Center at **(855) 750-2924** from 8:30 a.m. to 5:30 p.m. CT, Monday through Friday.

### 15. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through IDEX, coverage is guaranteed, regardless of any pre-existing conditions that you and/or your eligible dependents may have.

**16. Will travel benefits be included?**

Yes. If you have medical coverage provided by Aetna, Blue Cross and Blue Shield of Illinois, Cigna, or UnitedHealthcare, covered participants will be eligible for reimbursement for necessary travel expenses for transportation and lodging to obtain any covered medical or behavioral health service rendered by an in-network provider if there is no in-network provider able to perform that service located within 100 miles of the covered participant's home address. IRS limits apply. All other carriers will manage their own travel benefits, if applicable.

**17. How will my prescription drugs be covered?**

Your prescription drug coverage will be provided through your pharmacy benefit manager. Employees who enroll under Aetna, Blue Cross and Blue Shield of Illinois, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by CVS Caremark. All other carriers will manage their own prescription drug coverage. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. Review 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 CVS Caremark (if you're considering coverage under Aetna, Blue Cross and Blue Shield of Illinois, Cigna, and UnitedHealthcare) or the medical insurance carrier (for other carriers) before you enroll to better understand how your 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 that 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. But 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 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 separate ID cards for medical and prescription drug coverage?**

If you enroll under Aetna, Blue Cross and Blue Shield of Illinois, Cigna, or UnitedHealthcare as your medical carrier, you'll receive a separate prescription drug ID card (from CVS Caremark) and medical ID card (from the carrier). If you enroll with another carrier, you will have one ID card for medical and prescription drug coverage.

If issued, 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 levels 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 IDEX Benefits Portal.

**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 IDEX Benefits Portal.

**22. Will I receive a new ID card for dental and/or vision coverage?**

For dental coverage, you'll receive a new ID card when you enroll for the first time. Please note that Aetna does not mail cards for dental coverage. Most vision carriers, excluding EyeMed, do not mail ID cards.

**23. What other benefit options are available to me?**

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 identity theft protection, which monitors your personal information and takes steps to protect you from fraud.

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

**24. How are the other benefits, such as supplementary life insurance or long-term disability, provided?**

IDEX offers basic life and accidental death and dismemberment (AD&D), supplemental employee life and AD&D, voluntary life with long term care insurance, dependent life, personal accident insurance, short-term disability (STD), long-term disability (LTD), employee assistance program (EAP), and the Employee Stock Purchase Plan (ESPP). You can enroll in each benefit during your enrollment period, if applicable and desired. Deferrals into your retirement plan account can be made with Vanguard.

# Paying for Coverage

### 25. When will I find out the cost of coverage?

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

### 26. Do I get to keep the IDEX employer contribution if I don't enroll in coverage?

No. The employer contribution you receive from IDEX is to offset the majority of the cost of medical/prescription drug and dental coverage that you purchase. A cash refund or credit for other benefits is not available.

### 27. 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, 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 and Silver medical plans designs have 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 or Silver coverage levels, the individual deductible only applies if you cover just yourself. If you choose to cover dependents under these options, 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 or Silver coverage level, you will have a traditional annual deductible.

### 28. 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 when using in-network providers. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays (copays are only applicable under the Gold and Platinum coverage levels). How the medical out-of-pocket maximum works depends on your coverage level.

The Bronze, 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 and Silver coverage levels have 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 or Silver coverage level, you will have a *traditional* annual out-of-pocket maximum.

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

An HSA is a special bank account that you can use when you enroll in a Bronze, Bronze Plus, or Silver 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, Bronze Plus, or Silver 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. And 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.

### 30. 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 used to pay qualified expenses.

### 31. 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 ways. Compare their differences on the Make It Yours website.

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

Yes. If you enroll in the Bronze, Bronze Plus, or Silver 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.

**33. 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 exceeding the IRS limit 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.

**34. 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.

**35. 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, 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 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 if 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).