



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™ 4**
- 1. What is an exchange? 4
- 2. Is Aon's exchange sponsored by the government?..... 4
- 3. What are the advantages of the exchange? 4
- 4. Where can I get more information? 5
- Enrollment 6**
- 5. What will I need to do? 6
- 6. How do I create my user ID and password for the enrollment website at benefits.rich.com? 6
- 7. How do I reset my password for the enrollment website at benefits.rich.com? 6
- My Options..... 6**
- 8. What are my options for medical and prescription drug coverage? 6
- 9. What happens if I enroll in a Bronze or Bronze Plus medical option and have expenses shortly after my coverage begins? 7
- 10. I live in California. How are my medical options different? 7
- 11. I live outside the carriers' service areas. How are my medical options different? 7
- 12. Am I required to designate a primary care physician? 7
- 13. Is one coverage level better than another? 7
- 14. What's the difference between a traditional PPO and a high-deductible PPO? 8
- 15. Can each family member choose a different medical coverage level or insurance carrier? 8
- 16. Which medical insurance carriers will I be able to choose from? 8
- 17. Will I be able to use the same providers as I do today? 9
- 18. Why should I use in-network providers?..... 9
- 19. How should I choose a medical insurance carrier if my dependents and I live in different states?..... 9
- 20. How do I decide which medical option is right for me?..... 10
- 21. Will pre-existing conditions be covered? 10
- 22. What's included in the preventive care that's covered at 100% by all medical options?..... 10
- 23. How will my prescription drugs be covered? 11
- 24. What is "prior review" and when is it required? 11
- 25. What are my options for dental coverage?..... 12
- 26. Am I required to designate a primary care dentist?..... 12
- 27. Which dental insurance carriers will I be able to choose from?..... 12
- 28. What do I need to know about dental networks?..... 12
- 29. Why is the Platinum dental coverage level less expensive than other options? 13



30.	What are my options for vision coverage?	13
31.	Which vision insurance carriers will I be able to choose from?	13
32.	What do I need to know about vision networks?	13
33.	What other benefit options are available to me through the exchange?	14
34.	What else is available to me through the exchange?	14
Paying for Coverage		15
35.	When will I find out the cost of coverage?	15
36.	Do I get to keep the Rich's credit if I don't enroll in coverage?.....	15
37.	What happens if I don't use the entire Rich's credit?	15
38.	How can I earn additional dollars toward my health care premium through Rich's Wellbeing Program?	15
39.	What will I have to pay when I need medical care?.....	15
40.	What's a deductible and how does it work?	15
41.	What's an out-of-pocket maximum and how does it work?	16
42.	What's a Health Savings Account (HSA)?.....	17
43.	Why would I want to use an HSA?	17
44.	How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA) and Health Reimbursement Account (HRA)?.....	18
45.	Can I enroll in both an HSA and a Health Care FSA?.....	18
46.	Why would I want to use both an HSA and a limited purpose Health Care FSA?.....	18
47.	Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?...	19
48.	Can I contribute to an HSA?.....	19
Additional Benefit Information.....		19
49.	What does Rich's provide for life insurance?	19
50.	Can I purchase additional life insurance for myself?	19
51.	Will the deduction for life insurance remain the same for the entire plan year?	19
52.	Can I purchase life insurance for my dependents?	20
53.	If I elect supplemental life, supplemental AD&D, and/or dependent life insurance, can I drop the coverage at any time?	20
54.	What is evidence of insurability (EOI)?.....	20
55.	What is imputed income?	20
56.	What does Rich's provide for accidental death and dismemberment insurance (AD&D)?.....	20
57.	Can I purchase additional AD&D coverage for myself and dependents?.....	20
58.	What does AD&D insurance cover?	20
59.	If I elect life, AD&D, and/or dependent life insurance, when will the coverage go into effect?	20
60.	Does Rich's offer disability insurance?	21
61.	How do I enroll in Commuter Benefits?	21
62.	What does our Confidential Assistance Program (CAP) provide?	21



63.	Who can utilize the CAP program?	21
64.	How can I access the CAP program?.....	22



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 the 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 your 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, Rich's will provide a credit to use toward the cost of your medical, dental, and vision coverage.

In addition, if eligible, you may have the option to enroll in other valuable benefits—including supplemental life insurance, dependent life insurance, supplemental accidental death and dismemberment (AD&D) coverage, long term disability coverage, flexible spending accounts (FSA), commuter benefits, health supplement insurance, legal services, 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 and during enrollment:

- **Make It Yours website**—Visit richs.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.
- **Pricing Tool** (available through the Make It Yours website)—Use this interactive pricing tool before you enroll to compare the costs of your health care options. To access the pricing tool, visit the Make It Yours website and click **Compare Your Costs**. You'll need to enter the access code provided in recent communications.
- **The Enrollment Website and Alight Mobile app**—When it's time to enroll, log on to the enrollment website at benefits.rich.com 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.
- **Enrollment Support**—You can reach a customer service representative by web chat or by scheduling an appointment through the enrollment website. You can also call **1.800.455.2587** (press "1" to reach a customer service representative), Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET. 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.

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 Enrollment Website 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, call **1.800.455.2587**, press 1, and ask to be connected with a Health Pro, or email AlightHealthPro@compassphs.com. Health Pros can explain how benefits work and help resolve issues. And expert second opinions with 2nd.MD make it easy to get a virtual second opinion from nationally recognized doctors.



Enrollment

5. What will I need to do?

You must enroll or you will **not** have medical, dental, or vision insurance through Rich's. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. If eligible, you may also have the opportunity to change or enroll in supplemental life insurance, dependent life insurance, supplemental AD&D coverage, long-term disability coverage, health supplement insurance, legal services, and identity theft protection. 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 enrollment website at benefits.rich.com 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. Documentation to verify new dependents may be requested after enrollment.
- 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 enrollment website at benefits.rich.com?

If you are a new user, you will 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](https://www.apple.com/app-store) or [Google Play](https://www.google.com/play)).

- Go to the enrollment website at benefits.rich.com 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 enrollment website at benefits.rich.com?

To reset your password, go to the enrollment website at benefits.rich.com, 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](https://www.apple.com/app-store) or [Google Play](https://www.google.com/play)).

My Options

8. 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.



9. 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 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.

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, Highmark, 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. I live outside the carriers' service areas. How are my medical options different?

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.

12. Am I required to designate a primary care physician?

You must designate a primary care physician to coordinate your medical care if you:

- Choose Kaiser Permanente as your insurance carrier;
- Live in Northern California and choose Health Net as your insurance carrier; or
- Live in Southern California and choose Health Net as your insurance carrier and Gold II or Platinum as your coverage level; or
- Live in the 8 counties of Western New York (Allegany, Chautauqua, Cattaraugus, Erie, Genesee, Niagara, Orleans, and Wyoming) and choose Highmark BlueCross BlueShield of Western New York as your insurance carrier.

13. Is one coverage level better than another?

No. Don't let the names of the coverage levels fool you—one option isn't better than another. They're designed to give you choice so that you can find the option that makes the most sense for your situation. Remember to take your total costs into consideration, which includes what you pay out of your paycheck (before-tax premiums) *and* what you pay out of your pocket (deductibles, coinsurance, copays) when you get medical care.



For example, the Gold and Platinum coverage levels will cost you more each paycheck, but less when you receive care. These coverage levels have a copay for some services and lower deductibles compared to the Bronze, Bronze Plus, and Silver coverage levels.

The Bronze, Bronze Plus, and Silver coverage levels come with lower paycheck costs (before-tax premiums) and higher deductibles. If you don't need a lot of medical care, you'll spend less overall because you're not paying premiums for coverage you don't need.

14. What's the difference between a traditional PPO and a high-deductible PPO?

A PPO is a type of medical option 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.

When you enroll in a traditional PPO, like a Gold option, you have to meet a low deductible before the insurance carrier starts paying a percentage of the costs. For example, the Gold option deductible is \$800 for Associate Only coverage and \$1,600 for Family coverage. In exchange for a lower deductible, you will pay more each paycheck.

A high-deductible PPO operates the same, but as the name suggests, you have a higher deductible before your medical and prescription drug coverage kicks in. To balance the cost of the high deductible, you will pay less each paycheck. Once you meet your deductible, you get the protection of a traditional PPO and pay a percentage of your ongoing expenses, up to the out-of-pocket maximum. See question #40 for more details about the deductible.

15. Can each family member choose a different medical coverage level or insurance carrier?

No. All family members must be enrolled in the same coverage level with the same insurance carrier.

16. Which medical insurance carriers will I be able to choose from?

Most of the largest insurance carriers are participating in the exchange. Keep in mind that carriers may vary by region.

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll.

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. You can get to the carrier preview sites through the Make It Yours website at richs.makeityoursource.com/your-carrier-connection. Once you enroll and become a member of a carrier, you'll be able to register and log on to the carrier's main website for personalized information.

During enrollment (and throughout the year), you can see how other people have rated the insurance carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and comments can help you with your choices. They're available through the enrollment website at benefits.rich.com.



17. 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. 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 enrollment website. 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.

18. 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 won't cover out-of-network services at all.

19. 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.



20. 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 richs.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 health care 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 and click **Compare Your Costs**. You'll need to enter the access code provided in recent communications.

Then, when you enroll, you'll be able to see the credit amount from Rich's and your price options on the enrollment website at benefits.rich.com 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, you can reach a customer service representative by web chat or by scheduling an appointment through the enrollment website. You can also call the Associate Services Center (ASC) at **1.800.455.2587** and press "1" from 8 a.m. to 6 p.m. ET, Monday through Friday. 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 carrier with specific questions about the options they offer.

21. 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.

22. What's included in the preventive care that's covered at 100% by all medical options?

The U.S. Preventive Services Task Force recommendations are used to determine which services are considered preventive services. In general, the following outpatient preventive care services are 100% paid by the insurance carrier when you see an in-network provider, without needing to meet the deductible. Limitations vary by carrier, so check with your insurance carrier if you have any questions.

Examples of preventive care that could be covered at 100% include:

- Annual physical exam
- Pediatric exam
- Well-woman exam (includes Pap test)
- Mammogram
- Bone density screening
- Cancer screenings
- Cardiovascular screenings
- Colorectal screening
- Prostate screening
- Digital rectal exam
- High blood pressure screening (adult)
- Depression screening (adolescent)
- Depression screening (adult)



- Diabetes screening
- Immunizations (child)
- Immunizations (adult)
- Influenza, shingles, and pneumonia vaccinations (adult)

23. 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.

Your prescription drug coverage also depends on your medical coverage level:

- If you enroll in the Bronze or Bronze Plus coverage level, you'll pay 100% of the cost of prescription drugs until you meet the deductible. After you meet the deductible, you'll pay 25% coinsurance until you reach the out-of-pocket maximum, and then you'll pay nothing. (See question #40 for more details about the deductible.) **Note:** If you have money in an HSA, a flexible spending account (FSA), or a Health Reimbursement Account (HRA), you can use the money in those accounts to pay for qualified expenses.
- If you enroll in a Silver, Gold, or Platinum coverage level, you'll pay a flat copay for prescription drugs until you reach the out-of-pocket maximum, and then you'll pay nothing.

24. 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. 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.



25. What are my options for dental coverage?

You have several coverage levels to choose from, including:

- **Bronze:** A PPO option that covers in- and out-of-network care (note that you'll receive a discounted rate with in-network providers), but does not cover major services or orthodontic expenses.
- **Silver:** A buy-up to the Bronze PPO option that covers in- and out-of-network care (note that you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses.
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (note that you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults.
- **Platinum:** A DHMO option that covers **in-network care only**, including orthodontic expenses for children and adults (not available in some limited areas).

Each coverage level is available from different insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your dental options.

26. Am I required to designate a primary care dentist?

You must designate a primary care dentist to coordinate your care if you elect the Platinum coverage level (where available by carrier). 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.

27. Which dental insurance carriers will I be able to choose from?

You'll be able to choose from Aetna, Cigna, Delta Dental, MetLife, and UnitedHealthcare.

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. You can get to the carrier preview sites through the Make It Yours website at richs.makeityoursource.com. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

During enrollment (and throughout the year), you can see how other people have rated the insurance carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and comments can help you with your choices. They're available through the enrollment website at benefits.rich.com.

28. 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 the enrollment website.



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.

29. Why is the Platinum dental coverage level less expensive than other options?

Dentists who participate in the Platinum (DHMO) network are unique because they get paid a set amount per member no matter how often services are used. That gives DHMO dentists an extra reason to keep their patients healthy and control costs. In addition, individuals who enroll in a DHMO are typically required to select a primary care dentist. Having one dentist coordinate your care also helps to control costs. For these reasons, insurance carriers can often offer DHMOs at lower prices than other options.

30. What are my options for vision coverage?

You have three coverage levels to choose from, including:

- **Bronze:** Exam-only option that provides in-network discounts for materials (e.g., lenses, frames, contacts).
- **Silver:** A PPO option that covers in-network and, for certain services, out-of-network care.
- **Gold:** An enhanced PPO option that covers in-network and, for certain services, out-of-network care.

Each coverage level is available from different insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your vision options.

31. Which vision insurance carriers will I be able to choose from?

You'll be able to choose from EyeMed, MetLife, UnitedHealthcare, and VSP.

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. You can get to the carrier preview sites through the Make It Yours website at richs.makeityoursource.com. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

During enrollment (and throughout the year), you can see how other people have rated the insurance carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and comments can help you with your choices. They're available through the enrollment website at benefits.rich.com.

32. 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. Follow the instructions on the preview sites to make sure you are searching for providers in the exchange network.
- When you enroll, check the networks of each insurance carrier you're considering on the enrollment website.

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

If eligible, you can choose to supplement your medical coverage with:

- **Health supplement insurance:** Covers you and covered family members for a variety of unexpected health situations—such as critical illness diagnosis (such as cancer, heart attack, stroke, or end-stage kidney disease), hospitalization for an accident or sickness, or an injury due to an accident.

Also, if eligible, you can also choose to enroll in:

- **Supplemental life insurance:** Protects your family financially in the event of a death.
- **Dependent life insurance:** Additional insurance against the loss associated with the death of a dependent.
- **Supplemental accidental death and dismemberment:** Protects your family financially in the event of a tragic accident.
- **Long-Term Disability:** Provides additional income protection in the event you are totally disabled for more than 26 weeks for a non-work related injury or illness.
- **Flexible spending accounts:** Pre-tax dollars you can set aside to pay for medical, dental, vision, prescription, or dependent care expenses.
- **Legal services:** 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.
- **Commuter benefits:** A way to save you money on your taxes if you commute to and from work using public transportation or if you pay for parking at or near work.
- **Expert medical opinion service:** Connect with board-certified doctors via phone or video to get a virtual second opinion through 2nd.MD.

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

34. 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:

- **Expert second opinion with 2nd.MD:** Makes it easy to get a virtual second opinion from nationally recognized doctors. To get started, simply visit [2nd.MD/rich](#) or call **1.866.887.0712**.



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

Paying for Coverage

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

During the enrollment window, you'll be able to see the credit amount from Rich's and your price options when you enroll on the enrollment website at benefits.rich.com or the Alight Mobile app.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your health care 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 and click **Compare Your Costs**. You'll need to enter the access code provided in recent communications.

36. Do I get to keep the Rich's credit if I don't enroll in coverage?

No. The credit you get from Rich's is for the medical/prescription drug, dental, and vision 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 dollars will be deposited into your HSA.

37. What happens if I don't use the entire Rich's credit?

If you enroll in a Bronze or Bronze Plus coverage level and don't use the full credit amount from Rich's, the unused credit amount will be deposited into your HSA. Associates enrolled in a Silver, Gold, or Platinum coverage level are not eligible to receive an excess credit.

38. How can I earn additional dollars toward my health care premium through Rich's Wellbeing Program?

Rich's cares about your health and safety, which is why we offer you the Wellbeing Program through Virgin Pulse. Rich's gives you access to tools and information to help you develop healthy lifestyle habits and improve your health. All associates can participate in the Wellbeing program and earn points for various activities and accomplishments. Each point you earn counts as one chance in quarterly prize drawings.

If you are enrolled in medical coverage through Rich's and earn enough points, you will receive additional dollars, called Wellness Credits, toward paying for your medical coverage (reducing the amount deducted from your pay). If your spouse or domestic partner is also covered by Rich's medical, they can join in and earn points too. Visit join.virginpulse.com/RichProducts for details. Please note, associates covered by certain collective bargaining agreements are ineligible to earn a premium incentive but can participate in the Wellbeing Program.

39. What will I have to pay when I need medical care?

Other than in-network preventive care, which is paid 100%, how much you have to pay when you need medical care primarily depends on your coverage level. Find the details for all coverage levels on the Make It Yours website at richs.makeityoursource.com.

40. 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 and Gold 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 medical 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.

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.

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

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.

41. 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 option out-of-pocket maximum works depends on your coverage level.

The Bronze, 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.”² 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 this option 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.

²**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.



42. 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 and 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.

Additionally, if you enroll in a Bronze or Bronze Plus coverage level and don't use the entire credit amount from Rich's, the excess credit dollar amount will be deposited in your HSA.

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. 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.

43. 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 eligible expenses.



44. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA) and Health Reimbursement Account (HRA)?

While these 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](#) or refer to this chart.

	HSA	Health Care FSA
Do I need to be enrolled in a particular medical coverage level to participate?	Yes, you must be enrolled in a Bronze or Bronze Plus coverage level.	No
When are funds available?	Funds are available only after they have been contributed.	Funds can be accessed up to the full election amount prior to the funds being contributed.
Can I contribute to my account before taxes?	Yes	Yes
Do unused dollars roll over from year to year?	Yes	Yes, unused amounts up to \$610 in your Health Care FSA at the end of the plan year may carry over to the next plan year.
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 2024, the annual limits set by the IRS are \$4,150* for Associate Only coverage, and \$8,300* for Associate and any other covered dependents. 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.	\$3,050

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

45. 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. Your HSA can be used for eligible medical and prescription drug, dental, and vision expenses. **Note:** You cannot have a Health Care FSA, an HSA, **and** an HRA at the same time.

46. 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), up to \$610 is typically allowed to be carried over with the remainder 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.

47. 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.

48. Can I contribute to an HSA?

Yes. If you currently have an HSA and you have a balance, the unspent funds will remain in your HSA, earn tax-free interest, and be available for qualified health care expenses at any time in the future.

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; and
- You cannot be covered by any other health insurance plan, such as a spouse's plan, unless it is also a high-deductible medical option.

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).

Additional Benefit Information

49. What does Rich's provide for life insurance?

Rich's provides basic life insurance for you free of charge. During the enrollment window, you'll be able to see the amount of coverage from Rich's and when you enroll on the enrollment website at benefits.rich.com.

50. Can I purchase additional life insurance for myself?

Associates can purchase up to 7x their annual salary of supplemental life insurance, not to exceed \$1.5 million of total life insurance volume (including basic life) using pre-tax dollars. During the enrollment window, you'll be able to see the options and cost on the enrollment website at benefits.rich.com.

The cost of your supplemental life insurance benefit is based on your current age and salary, and whether you are considered a smoker or non-smoker.

A non-smoker is defined as someone who has not used tobacco products of any type within two years of applying for coverage under the plan. Tobacco products include cigars, cigarettes, pipes, snuff, and chewing tobacco.

51. Will the deduction for life insurance remain the same for the entire plan year?

The cost of your supplemental life insurance benefit is based on your current age and salary. You may see a change in your deduction if you move into a new age bracket or if your salary changes.



52. Can I purchase life insurance for my dependents?

Associates can purchase life insurance for their spouse, domestic partner, and/or child(ren). The life insurance amounts an associate can elect vary based on the dependent that is being covered. During the enrollment window, you'll be able to see the options and cost on the enrollment website at benefits.rich.com.

53. If I elect supplemental life, supplemental AD&D, and/or dependent life insurance, can I drop the coverage at any time?

Your elections will remain in effect until the end of the plan year.

54. What is evidence of insurability (EOI)?

If your life insurance elections exceed certain dollar thresholds, you will be asked by the insurance carrier to complete evidence of insurability—a brief statement about your health. You will be contacted by the carrier if this is necessary. Your coverage above the dollar limit will not go into effect until approved by the carrier.

55. What is imputed income?

Federal tax laws require that any amount of life insurance in excess of \$50,000 is subject to taxation. Taxation is based on the value of the benefit in excess of \$50,000. This value is called "imputed income" and will be shown on your W-2 if you elect coverage over \$50,000.

56. What does Rich's provide for accidental death and dismemberment insurance (AD&D)?

Rich's provides basic AD&D coverage for you free of charge. During the enrollment window, you'll be able to see the amount of coverage from Rich's when you enroll on the enrollment website at benefits.rich.com.

57. Can I purchase additional AD&D coverage for myself and dependents?

Associates can purchase supplemental AD&D coverage for their spouse, domestic partner, and/or child(ren). During the enrollment window, you'll be able to see the options and cost on the enrollment website at benefits.rich.com.

58. What does AD&D insurance cover?

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 only pays a benefit in the event of an accident, it is not a substitute for life insurance. The full benefit amount provided by the company and any additional coverage for yourself or your family (the "Principal Sum") may be paid in the event of an accidental death.

If you or a covered dependent suffers a serious accident, this plan may pay between 25% and 100% of the Principal Sum for dismemberment or paralysis.

If you choose to cover your spouse, their coverage is 60% of the Principal Sum, and coverage for child(ren) provides protection for each eligible child at 20% of the Principal Sum.

59. If I elect life, AD&D, and/or dependent life insurance, when will the coverage go into effect?

A first-time election, or an election with an increase in coverage, is generally effective after your benefit waiting period, as long as you are actively at work on that date. If you are not actively at work as of the effective date, your coverage election will not become effective until you return to work.



60. Does Rich's offer disability insurance?

In the event that you are unable to work due to a non-work-related illness or injury, the company provides income replacement through the short-term disability benefit. This benefit applies to periods of absence greater than seven consecutive days but not longer than 26 weeks from your last day worked due to the illness or injury. The benefit amount varies based on your designation as a Core or Custom associate.

Core associates are eligible to receive 60% of salary up to \$1,000 per week. Custom associates outside of California are eligible to receive 60% of pay up to \$500 per week. Custom associates in California receive a statutory benefit through the state, and some additional Custom associates may receive a different benefit based on their collective bargaining agreement or state statutes.

Long-term disability (LTD) coverage is designed to provide income protection in the event you are totally disabled for more than 26 weeks for an illness or injury. LTD benefits from this plan will be offset by any Social Security income benefits that you and your family are eligible to receive.

Core associates are provided a company-paid LTD benefit of 50% of salary up to a maximum of \$8,333 per month, with an option to buy up to a 60%-of-pay benefit to a maximum of \$10,000 per month. If you qualify for benefits, your benefit is payable until you recover or to age 65 (different duration rules apply if you are over age 60 at the onset of disability). The portion of any benefit you receive that is paid by the company is taxable income to you; any portion of the benefit paid that is based on your own contributions is not.

Custom associates are eligible to elect associate-paid coverage of 60% of salary, up to a maximum benefit of \$10,000 per month for a maximum of five years in duration from onset of disability.

61. How do I enroll in Commuter Benefits?

You can sign up and manage your account online at any time through the Your Spending Account (YSA) website. You can also set up recurring orders, allowing you to automatically receive your orders each month. And you can make changes to your order at any point throughout the year to meet your changing commuting needs. Just remember to submit nonrecurring orders before the deadline. For more information, check out the [Other Benefits](#) section on the Make It Yours website.

62. What does our Confidential Assistance Program (CAP) provide?

The CAP Resources for Living offers services for all aspects of wellbeing, including: Emotional support—Talk to a counselor about what's on your mind—stress, relationships, mood issues, and more. You can meet over the phone, face-to-face, or online by video stream.

- Legal—Speak with an attorney about basic legal issues like estate planning and tenant disputes.
- Financial—Discuss budgeting, credit, and more with a financial expert.
- Daily life assistance—Let the specialists help you solve everyday issues and coordinate caregiving needs.
- Website—Check out articles, quizzes, webinars, and more.

63. Who can utilize the CAP program?

Services are available to you, all members of your household, and your adult children up to the age of 26 regardless of your medical insurance coverage. Services are free and confidential and are available 24 hours a day, 7 days a week.



64. How can I access the CAP program?

Call **1.866.317.8940**, or reach them online at resourcesforliving.com.

Username: **RICHSCAP**

Password: **CAP**

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 policy documents to confirm availability of benefits.

Aon Active Health Exchange is a trademark of Aon Corporation.