

asurion
benefits
central

Frequently Asked Questions

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.

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Asurion Benefits Central

1. What is Asurion Benefits Central?

The Asurion Benefits Central website provides you with a wide variety of choices for your medical, dental, vision and other benefits coverage. You get to choose (and use) the benefits that best fit your unique health and financial needs. It puts YOU in the center of the experience, providing you with not only more choices and control, but also with a user-friendly benefits enrollment and administration site, with interactive decision tools, year-round educational resources and personalized customer service.

The ABC is powered by the Aon Active Health Exchange™ (not related to any public healthcare or benefits sites). Just like an online store, you're able to see all your options, check ratings of insurance carriers and sort by the features that are most important to you. Through the ABC, you shop for coverage from multiple health insurance carriers who are competing for your business. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your unique life situation and budget.

2. What are the advantages of the ABC?

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

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

In addition, you have the option to enroll in other valuable benefits through the ABC—including legal services, identity theft protection, long-term care coverage, and critical illness, accident and hospital indemnity insurance.

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 about tools and resources and when they're available to you.

3. Where can I get more information?

The ABC offers lots of resources that are available to help you before, during and after enrollment.

To do this...	Go HERE during this timeframe...		
	Before you enroll	When you enroll	After you enroll
Find what you need to know about benefits before, during and after Annual Benefits Enrollment	Access ABCInfoShare.online anytime, anywhere you have Internet access to learn everything you need to know about your benefit plans.		Visit year-round for practical tips that help you to get the most out of your benefits.
Compare the costs of your medical, dental and vision coverage options	The ABC Pricing Tool: Use this interactive pricing tool to compare the costs of your medical, dental and vision options. Find the ABC Pricing Tool at http://benefitspricing.com/asurion/ (Contact an ABC representative to get the access code	You can compare premiums and plan designs when you enroll via the ABC. Get there with single sign-on through ABC 24/7 on the Homebase launchpad, or visit the URL at asurion.benefitsnow.com .	Not applicable

To do this...		Go HERE during this timeframe...	
	Before you enroll	When you enroll	After you enroll
<p>Check provider networks, how your prescriptions are covered, and available health support programs offered by insurance carriers</p>	<p>Visit the Make It Yours educational website at asurion.makeityoursource.com to get up to speed on provider networks, prescription information and other insurance carrier resources.</p> <p>You can even contact insurance carriers directly with specific questions. Contact information is available on the Make It Yours website.</p> <p>While you're on Make It Yours, opt-in with your email address to get "The Inside Scoop" and find out how to work the healthcare system, be a savvy shopper and even save some money.</p>		<p>Once you're a member: Take advantage of all the tools, resources and information offered through your insurance carrier. For questions about your coverage, always start with your carrier's member site.</p> <p>They have final authority on all claims.</p>
<p>Enroll in your benefits and use personalized tools to help make your choices</p>	<p>Access your current, personalized coverage details and manage your benefits.</p>	<p>Log on to the ABC using single sign-on through ABC 24/7 on the Homebase launchpad, or at asurion.benefitsnow.com where you can compare your options, get helpful decision support and enroll. You'll also see the credit amount from Asurion and prices by option.</p> <p>If you still have questions, you can reach a customer service representative by web chat through the ABC website. You can also call 844.968.6278, from 8 a.m. to 8 p.m. ET, Monday through Friday. If you don't connect with a representative right away, you'll have the option to save your place in line and be called back once a representative is available.</p>	<p>Once coverage begins: Access your personalized coverage details and manage your benefits throughout the year.</p>
<p>Get on-the-go access to your insurance carrier</p>			<p>After you're a member, download your insurance carrier's mobile app. Most insurance carriers have one.</p>

Enrollment

4. Who is eligible for coverage?

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

- All regular full-time employees averaging thirty (30) or more work hours per week are eligible. Part-time employees have access to medical, dental and vision insurance outside of the Aon Exchange through Aetna.
- Eligible dependents include your spouse and your natural children, stepchildren, adopted children and disabled children. Unmarried children of any age who are incapable of self-support due to a physical or intellectual disability and who are fully dependent on you are also eligible. Dependent children may be covered through the end of the month of their 26th birthday for the medical, dental, and vision plans and life insurance products.
- No other person qualifies as a dependent, including a parent who resides with you.
- You must elect to enroll or waive coverage.
- Seasonal, temporary and intern employees are not eligible.

5. What will I need to do?

You need to enroll or you will **not** have medical coverage through Asurion.

Keep in mind, if you don't select a medical option, you won't have prescription coverage either. Additionally, you must make an election to contribute to an HSA for 2022 (if eligible) or to a flexible spending account.

To enroll, visit the ABC through the Homebase ABC icon or log in at asurion.benefitsnow.com. During the enrollment process, you'll need to:

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

6. What happens if I don't enroll?

If you don't enroll, you will not have benefits coverage. To contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account, you must make an active election.

7. Can I enroll from home?

Yes, you can enroll from home and anywhere you can access the Internet at asurion.benefitsnow.com. If this is your first time accessing the system, you will need to create your own user account. You will need to provide your personal information to get started.

If you have any issues logging into your account, contact the ABC at **844.968.6278**, from 8 a.m. to 8 p.m. ET, Monday through Friday.

8. Can I confirm the benefits I selected after I complete my enrollment?

Yes, you can log back in to asurion.benefitsnow.com to view what you elected at any time during and after Annual Benefits Enrollment.

My Options

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

You have four coverage levels to choose from, including Bronze Plus, Silver, Gold and Platinum. Each coverage level is available from multiple insurance carriers at different costs. Your prescription coverage is included with the medical option you choose. When you enroll, you'll be able to compare benefits and features across your medical options.

10. I live in California. Are my medical options different?

Your options are different from those offered to employees in other states, 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: Preferred Provider Option) **or** as an option that offers in-network benefits only (e.g., an HMO: Health Maintenance Organization).

Also, insurance carriers can choose to offer **either the standard Gold option** (offered by Aetna and UnitedHealthcare) **or a Gold II option** (offered by Cigna, Health Net and Kaiser Permanente)—**not both**. The Gold II option **only** offers in-network benefits.

Gold or Gold II?

In choosing between these coverage options, here's what you need to know:

- Aetna and UnitedHealthcare offer the **Gold** option; while
- Cigna, Health Net and Kaiser Permanente offer the **Gold II** option.
- The **Gold II** coverage option offers **ONLY IN-NETWORK BENEFITS**, so if you use an out-of-network provider, the insurance carrier pays nothing and you pay the full cost of service from that provider.
- [Learn more](#) about your California coverage options and insurance carriers.

11. Can I use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (i.e., 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 ABC, the provider network could be different and can change at any point during the year, so **always** check the provider directories before making a decision.

Do **not** rely on your provider's office to know the insurance carriers' network(s). To see whether your doctor is in-network, check out the insurance carrier preview sites via the ABC.

When you enroll, check the networks of each insurance carrier you're considering on the ABC website. For the best results:

Important! If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, you need to call the insurance carrier.

12. Why should I use in-network providers?

Seeing out-of-network providers may cost you substantially more than seeing in-network providers. You'll 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.

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

Because you and your dependents must enroll in the same plan, you may want to consider one of the national insurance carriers so that your dependents have access to in-network providers in most locations.

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

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

First, you should think about how you use medical insurance; do you prefer to know what you are going to spend for prescriptions and doctor's visits before you go? Then a coverage option with copayments like the Bronze Plus, Gold or Platinum options may be a better choice for you. If you prefer lower premiums and are less concerned with the cost of everyday medical expenses—or if you are a low user of medical insurance—then you may want to consider the Silver option. With the Silver option, the premiums typically are lower and you can pay for out-of-pocket expenses with money you save in an HSA.

Check out [ABCInfoShare.online](#) for stories about how different employees used their coverage based on their unique life situations.

You'll have access to pricing tools and plan comparisons as you go through the enrollment process on the ABC.

If you still have questions, you can reach a customer service representative by web chat through the ABC. You can also call **844.968.6278**, from 8 a.m. to 8 p.m. ET, Monday through Friday. If you don't connect with a representative right away, you'll have the option to save your place in line and be called back once a representative is available.

15. Are pre-existing conditions covered?

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

16. How are my prescriptions covered?

Your prescription coverage is provided through your medical insurance carrier's pharmacy benefit manager—which could be a separate prescription company. Each pharmacy benefit manager has its own guidelines about how prescriptions are covered. Do your homework to determine how and if your medications will be covered under each carrier before making a selection.

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

17. What is “prior review” and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” (also referred to as prior authorization or precertification) allows the insurance 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 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.

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

Just like the medical insurance carriers, each dental insurance 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 insurance 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 ABC.
- Call the insurance carrier to confirm your dentist is in-network.

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 is 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. If you don't use an in-network dentist, you'll pay for the full cost of services.

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

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

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

- Check out the [insurance carrier](#) preview sites.
- When you enroll, visit the ABC to check the network of each insurance carrier you're considering.

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

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 covered family member is in an accident.

You also can choose to enroll in:

- **Legal services:** Covers attorney fees for things like divorce and separation, real estate matters, and more.
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud and more.
- **Group universal life coverage with a long-term care provision:** Plan care for yourself or a covered dependent during the final season of life.

Get detailed information about all benefit options during Annual Benefits Enrollment at asurion.benefitsnow.com.

Paying for Coverage

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

Before the enrollment period starts, take advantage of an interactive pricing tool that helps you compare the costs of your healthcare options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, go to <http://benefitspricing.com/asurion>. **(Contact an ABC representative to get the access code.)** During the enrollment window, you'll be able to see the credit amount from Asurion and your price options on the ABC.

22. Do I get to keep the Asurion premium credit if I don't enroll in coverage?

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

23. What happens if I enroll in the Silver (high-deductible) option and have expenses early in the plan year?

If you enroll in the Silver option and have medical and/or prescription expenses shortly after the plan year begins, you should be prepared to pay up to the cost of your deductible. Even if you start contributing to an HSA right away, your HSA may not 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.

Keep in mind that your HSA balance rolls over year to year if you don't use all that you've saved.

If you choose not to contribute to the HSA, the Silver option is likely not the best option for you.

24. What's a Health Savings Account?

An HSA is a special bank account that you can elect to participate in when you enroll in the Silver option. It works like a savings account for qualified healthcare expenses. The HSA allows you to set aside tax-free money to pay for qualified healthcare expenses, like your medical, dental and vision copays, deductibles and coinsurance.

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

You decide whether to enroll in an HSA and how much (if any) money you want to contribute. And if you don't use all the money in your HSA for eligible healthcare expenses, the money can stay in your account to roll over to the next 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.

25. Why would I want to use an HSA?

An HSA allows you set aside money to pay for qualified healthcare expenses like your medical, dental and vision copays, deductibles and coinsurance. You decide how much money you want to contribute, and you can change your contribution at any time during the year. If you don't use the balance in your account for eligible healthcare expenses, it rolls over to the next year; it's your money.

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. This lowers your total taxable income for tax purposes.
- 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.
- The HSA money you do not use will roll over to the next year.
- Your HSA money is always yours to keep and use, even if you change medical coverage, leave the company or retire.

The HSA is available only when you enroll in the Silver option. In the Silver option, you're responsible for 100% of your medical and prescription expenses until you meet your deductible. The HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

26. How is an HSA different from a Healthcare Flexible Spending Account?

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

27. Can I enroll in both an HSA and a Dental and Vision Flexible Spending Account?

Yes. If you enroll in the Silver option, enroll in a dental and vision FSA, or both. If you elect both, in order to contribute to an HSA, your dental and vision FSA can only be used to pay for eligible dental and vision expenses. Your HSA can be used for eligible medical, prescription, dental and vision expenses.

Any remaining balance in a dental and vision FSA at year-end will be forfeited; however, your HSA balance is always yours to keep and use, even if you change medical coverage, leave the company or retire.

28. Can I contribute to an HSA if I am covered under my spouse's general purpose Healthcare FSA?

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

29. 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 the Silver coverage option;
- 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 Healthcare FSA, but you may be enrolled in a dental and vision FSA.

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

Other Benefits

30. Why don't I have the option to purchase disability insurance?

If you have been employed with Asurion for more than five years, Asurion pays for the buy-up option for short-term and long-term disability insurance at no cost to you. Therefore, you will not have this option during Annual Benefits Enrollment. All other employees will see these as options to elect. If the buy-up is not the right choice for you, you still have coverage that Asurion provides automatically.

31. Can I elect disability buy-up coverage?

If you have less than five years of service, you can elect the disability buy-up; however, you are required to complete the evidence of insurability process for approval. Approval decisions are made by Prudential, the disability carrier. Pre-existing condition limits still apply if you are currently in treatment for an illness.

32. Do I need to complete an evidence of insurability form for supplemental life insurance?

If you elect the same amount of insurance as your current enrollment, you do not have to complete another form. If you want to purchase additional life insurance, you must complete this form, which is provided directly by Securian in December.

33. Why are my dependents showing as "Unverified" in the benefits system?

Newly added dependents show as "Unverified" until the ABC receives documentation proving eligibility to enroll in Asurion's plans. The ABC will notify you directly on how to submit documentation. Be on the lookout for notifications sent to your home address or in your personal email box on the ABC.

If you do not provide the appropriate documentation, unverified dependents are deemed ineligible and terminated from the plan.

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.

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