



Frequently Asked Questions

(For full-time benefits-eligible employees)

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?

Asurion Benefits Central is the website where you'll find a wide variety of choices for your medical/prescription, 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 featuring interactive decision tools, year-round educational resources and personalized customer service.

The **ABC** is powered by the Aon Benefit Experience (BenX) (not related to any public healthcare 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 provides a credit to use toward the cost of medical 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, critical illness, accident and hospital indemnity insurance.
- **Help when you need it.** Continue reading for details about the great tools and resources available to help you every step of the way.

3. Where can I get more information?

- **ABC InfoShare.** Visit [ABCInfoShare.online](#) anytime, anywhere you have Internet access to learn everything you need to know about your benefits.
- **ABC and Alight Mobile app.** The **ABC** is 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. You may access the **ABC** three ways. 1) Log on using single sign-on through Homebase. 2) Visit [asurion.benefitsnow.com](#) and log on with your username and password. 3) Download the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)). You can also call the **ABC** at **844.988.6278**, Monday-Friday, 8am-8pm ET.
- **Questions?** Once logged on to the **ABC**, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa also can connect you with a web chat representative and other helpful resources. For one-on-one support, you can schedule an appointment with an **ABC** representative.
- **Make It Yours website.** Here you'll find an interactive **Pricing Tool** (available to all employees excluding Hawaii) to estimate your cost of benefits. Direct access available at [benefitspricing.com/asurion/2025](#).

The access code is available through Employee Solutions at **866.678.5821** or by calling an **ABC** representative at **844.968.6278**, Monday-Friday, 8am-8pm ET.

You'll also find **Your Carrier Connection**, which gives you access to each insurance carrier's preview site. Check out the carrier you're considering for an advance peek at provider networks and other resources.

Enrollment

4. Who is eligible for coverage?

It's up to you to understand whom 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 30 or more work hours per week are eligible. Part-time employees have access to medical, dental and vision fixed indemnity plans through Aetna.
- Eligible dependents include your legal spouse and your natural children, stepchildren, and adopted or foster 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 also are 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 coverage.
- No other person qualifies as a dependent, including a partner or 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 within 30 days of your date of hire. To enroll, visit the **ABC** on Homebase, or log on at asurion.benefitsnow.com or the Alight Mobile app. During the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2025.
- Choose the insurance carriers and coverage levels you want for your medical, dental and vision benefits.
- Enroll in the rest of your benefits.

You can get information about carriers on the **Make It Yours** website:

- For U.S. employees: asurion.makeityoursource.com
- For Hawaii employees: asurion.makeityoursource.com/hawaii.

We encourage you to log on and be sure your preferences are submitted. Federal regulations govern that Asurion cannot allow changes to your benefits elections once your window has closed unless you have a qualifying event.

6. How do I create my user ID and password for the ABC?

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 **ABC** 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
- Answer security questions to verify your identity in case you forget your user ID or password in the future.

7. How do I reset my password for the ABC?

- To reset your password, go to the **ABC**, 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).

8. What if I don't enroll?

U.S. Employees	Hawaii Employees
<ul style="list-style-type: none">You will not have medical, prescription, dental, vision coverage or other benefits.To contribute to a Health Savings Account (with the Silver option only) or to a flexible spending account, you must make an active election.	<ul style="list-style-type: none">You will be enrolled for employee only, medical coverage under the Gold coverage level through Kaiser.You will not have dental and vision coverage or other benefits.To contribute to a flexible spending account, you must make an active election.

9. Can I enroll from home?

You can enroll from home and anywhere you can access the Internet at asurion.benefitsnow.com or through the Alight Mobile app. If this is your first time accessing the system, you'll need to create your own username and password. You'll need to provide your personal information to get started.

If you have any issues logging on to your account, contact the ABC at 844.968.6278, Monday-Friday, 8am-8pm ET.

10. Will I receive new ID cards?

Yes. If you enroll in medical/prescription coverage, you will receive a new ID card from the respective carrier following your enrollment in coverage.

If you enroll under Aetna, Anthem Blue Cross Blue Shield, Cigna or UnitedHealthcare, you'll receive a separate medical ID card from the insurance carrier and a prescription drug ID card from CVS Caremark.

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

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

Yes, you can revisit the **ABC** to view what you elected anytime.

Medical Options

12. 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.

13. 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.

14. 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 (such as Aetna, Anthem Blue Cross Blue Shield, Cigna or UnitedHealthcare) 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.

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

First, you should think about how you use medical coverage; 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 copays 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, visit the **ABC** and look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa also can connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with an **ABC** representative. You can also call the **ABC** at **844.988.6278**, Monday-Friday, 8am-8pm ET.

16. 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 keep your current insurance carrier through the **ABC**, the provider network could be different and can change, so **always** check the provider directories before deciding.

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 preview sites of the insurance carriers:
 - [U.S. insurance carriers](#).
 - [Hawaii insurance carriers](#).
- When you enroll, check the networks of each insurance carrier you're considering on the **ABC**. 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.

17. 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.

18. 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 selecting.

Employees who enroll under Aetna, Anthem Blue Cross Blue Shield, Cigna or UnitedHealthcare will have pharmacy benefits managed by CVS Caremark.

If you or a family member regularly takes medication, we strongly encourage you to call CVS Caremark (if you're considering coverage under Aetna, Anthem Blue Cross Blue Shield, Cigna and UnitedHealthcare) or the medical insurance carrier (for other carriers) 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.

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

Before getting certain types of care or prescriptions, 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 or prescriptions, 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.

California Options

20. I live in California. Are my options for medical and prescription coverage different?

Your medical coverage includes coverage for your prescriptions. 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).

Gold or Gold II?

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

- Aetna, Anthem Blue Cross Blue Shield, Cigna and UnitedHealthcare offer the **Gold** option; while
- 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.

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

Hawaii Options

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

Your medical coverage includes coverage for your prescriptions. You have the following options to choose from:

- **HMSA Gold:** A comprehensive medical option with a deductible and separate medical and prescription out-of-pocket maximums.
- **Kaiser Gold:** An HMO option that covers in-network care only and has a deductible and prescription copays for most medications.
- **HMSA Platinum:** A PPO option with separate medical and prescription out-of-pocket maximums.
- **Kaiser Platinum:** An HMO option that covers in-network care only and has prescription copays for most medications.

When you enroll, you can compare benefits and features across your medical options.

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

You must designate a primary care physician to coordinate your medical care under the Kaiser Gold and Platinum options.

23. Is one option better than another?

No. Don't let the names fool you—one option isn't better than another. They're designed to give you choices so you can find the option that makes the most sense for your situation.

There are several factors to consider as you review your options:

- **Out-of-network coverage:** For starters, you'll always get the highest benefit by seeing in-network providers. However, if you want the flexibility to see out-of-network providers, the options work differently. Under the HMSA Gold and Platinum options, you're covered when you go outside the HMSA network (often at a reduced benefit). **The Kaiser Gold and Platinum options do not cover out-of-network services.** If you don't use a network provider, you'll pay for the full cost of services.
- If you want to keep seeing your current doctors, choose the insurance carrier whose network includes your preferred providers (e.g., doctors, specialists, hospitals). This is especially important if you're considering Kaiser Permanente. See question #24 to learn how to check the carrier networks and question #25 for out-of-state considerations.
- **Prescriptions:** Under the HMSA Gold and HMSA Platinum options, you'll have a separate and additional out-of-pocket maximum for prescriptions. That means your medication costs will not count toward your medical out-of-pocket maximum. You could pay a lot more out of your pocket if you have moderate to high prescription needs.

Under the Kaiser Gold and Kaiser Platinum options, your medical and prescription expenses count toward the same out-of-pocket maximum. However, the Kaiser options do not cover medications that are classified as Tier 3 (nonformulary brand name) medications unless prescribed and authorized by a licensed provider.

We strongly recommend that you call the medical insurance carrier before you enroll to better understand how your particular medication will be covered.

- **Total costs:** 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.

24. Where can I learn more about the medical insurance carriers?

During your enrollment process you can visit specially designed carrier sites to give you a “preview” of their services, networks and more. You should check out the insurance 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 asurion.makeityoursource.com/hawaii. 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 **ABC** at asurion.benefitsnow.com.

25. 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 plan, you need to take a close look at your options. The HMSA options offer access to a national provider network so your dependents can get care from in-network providers in most locations. The Kaiser Permanente options offer limited coverage for dependent students who are temporarily out of the area.

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 a carrier’s network.

26. 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 asurion.makeityoursource.com/hawaii for details about your options and more.

When you enroll, you’ll be able to see the credit amount from Asurion and your price options on the **ABC** at asurion.benefitsnow.com. You’ll also be able to access tools that help compare the details of your options, let you see insurance carrier ratings and more.

If you still have questions, visit the **ABC** and look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa also can connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with an **ABC** representative. You can also call the **ABC** at **844.968.6278**, Monday-Friday, 8am-8pm ET.

27. Can I waive medical coverage?

If you elect “no medical coverage,” the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you by mail after enrollment. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Healthcare Act. After completing it, please return it to the **ABC** at the address provided.

Note: Even if you elect “no medical coverage,” until your form is received by the **ABC**, you’ll be enrolled in medical coverage under Kaiser Gold (at the Employee only coverage tier).

Other Options

28. 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 [U.S. insurance carrier](#) or the [Hawaii 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.

29. 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 [U.S. insurance carrier](#) or the [Hawaii insurance carrier](#) preview sites.
- When you enroll, visit the **ABC** to check the network of each insurance carrier you're considering.

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

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Provides you with extra cash in the event of a cancer diagnosis or critical illness (such as a heart attack, stroke or end-stage kidney disease).
- **Hospital indemnity insurance:** Reimburses for hospital admissions, inpatient hospital stays and intensive care stays.
- **Accident insurance:** Pays a benefit in the event of 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.

Get detailed information about all benefit options through **Homebase**.

Paying for Coverage

31. 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:

U.S. Employees	Hawaii Employees
<ul style="list-style-type: none"> ▪ The Bronze Plus, Gold and Platinum medical coverage levels have a traditional deductible. Once a covered family member meets the <i>individual</i> 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 (excluding copays and coinsurance amounts until you reach your out-of-pocket maximum), your insurance will pay benefits for all covered family members. 	<ul style="list-style-type: none"> ▪ The HMSA Gold and Kaiser Gold options have a traditional deductible. Once a covered family member meets the <i>individual</i> 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 (excluding copays and coinsurance amounts until you reach your out-of-pocket maximum), your insurance will pay benefits for all covered family members.
<ul style="list-style-type: none"> ▪ The Silver 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 this coverage level when you have family coverage. ▪ To clarify, if you choose Silver 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. <p>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.</p>	<ul style="list-style-type: none"> ▪ The HMSA Platinum and Kaiser Platinum options don’t have an in-network deductible. Keep in mind, though, that in exchange for no deductible, the Platinum coverage level is usually more expensive per paycheck.

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

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

32. What’s an out-of-pocket maximum and how does it work?

An annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for healthcare costs.

How the medical out-of-pocket maximum works depends on your coverage level:

U.S. Employees	Hawaii Employees
<ul style="list-style-type: none"> The Bronze Plus, Gold and Platinum coverage levels have a traditional out-of-pocket maximum. Once a covered family member meets the <i>individual</i> 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. 	<ul style="list-style-type: none"> With the HMSA Gold and HMSA Platinum options, your medical expenses (copays, etc.) will count toward the medical out-of-pocket maximum and your prescription expenses (copays, etc.) will count toward a separate and additional prescription out-of-pocket maximum. With the Kaiser Gold and Kaiser Platinum options, your medical and prescription expenses (copays, etc.) will count toward the same out-of-pocket maximum.
<ul style="list-style-type: none"> The Silver coverage level has a “true family out-of-pocket maximum.”¹ This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” in these options when you have family coverage. <p>The annual out-of-pocket maximum doesn’t include amounts taken out of your paycheck for health coverage or certain copays under the Bronze Plus, Gold and Platinum coverage levels.</p> <p>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.</p>	<p>The annual out-of-pocket maximum doesn’t include amounts taken out of your paycheck for health coverage.</p>

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

33. 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 benefitspricing.com/asurion/2025. Contact Employee Solutions at **866.678.5821** or an **ABC** representative to get the access code at **844.968.6278**.

34. 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 coverage you purchase through the **ABC**. A cash refund or credit for other benefits is not available.

Spending Accounts—Silver Plan Only

35. What's a Health Savings Account?

An HSA is a special tax-advantaged account that you should 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.

36. Why would I want to use an HSA?

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 Asurion or retire.

37. Am I eligible to 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).

38. 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.

39. 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 at [ABCInfoShare.online](#).

40. Can I enroll in both an HSA and a dental and vision flexible spending account?

Yes. If you enroll in the Silver option, you may enroll in an HSA or a dental and vision FSA or both. If you elect both, your dental and vision FSA can only be used to pay for qualified dental and vision expenses as well as post-deductible medical 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 is forfeited. However, your HSA balance is always yours to keep and use, even if you change medical coverage, leave Asurion or retire.

41. What happens to my HSA if I enroll in a PPO?

Once you are no longer enrolled in the Silver (high-deductible) option, you will not be eligible to make contributions. However, the balance in your HSA is yours to use on eligible expenses. Your account will move from a group account to an individual account with UMB (the bank that holds your HSA). At that time, you will become responsible for the monthly fee associated with the account. You will receive a packet of information as well as a new debit card at your home address as listed in Workday from UMB. Please review the account information and begin using your new debit card for any eligible expense.

42. What happens if I enroll in the Silver (high-deductible) option and have expenses shortly after coverage begins?

If you enroll in the Silver option and have medical and/or prescription expenses shortly after coverage begins (or after the effective date of your coverage) 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 right after coverage begins. 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.

Other Benefits

43. 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 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.

44. 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.

45. 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 electronically by Securian. *Note: The evidence of insurability process is required for employees outside of a new hire or newly eligible enrollment window.*

46. Why are my dependents showing as “Not Verified” in the benefits system?

Newly added dependents show as “Not Verified” 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.

47. What if I’m eligible for Medicare Part B?

You are responsible for knowing what you need to do when it comes to your Medicare enrollment and timing.

- **Option 1:** You can postpone your Medicare Part B enrollment and only enroll in Asurion’s medical coverage.
- **Option 2:** You can enroll in Medicare Part B as well as Asurion’s medical coverage. In this situation, Asurion’s medical coverage will be your primary coverage (first to pay) and Medicare will be your secondary.

If you postpone your Medicare enrollment while working at Asurion, you qualify for a special enrollment period to sign up for Medicare anytime while working at Asurion and for up to eight months after you lose Asurion’s medical coverage or your employment ends, whichever comes first. You should enroll in Medicare Part A and B before the end of that special enrollment period. Failure to enroll could result in late-enrollment penalties for both Part A and Part B, as well as waiting for the general enrollment period for Part B (January 1 - March 31) which could leave big gaps in coverage.

48. How can I make changes to my 401(k)?

You can make changes at any time by going to the Principal website at www.principal.com or **Homebase Launchpad > 401(k)**.

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.