

Enroll Before Your Deadline.

SOAK  
up your benefits.



BLUETRITON™

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# Ready to Get Started?

You'll enroll in medical, dental, and vision benefits through the Aon Benefit Experience (BenX). Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.

# What You Need to Know and Do

If you wish to have COBRA health care coverage, you must enroll during your COBRA enrollment period or you will not have COBRA medical, dental, or vision coverage through the Company. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage, either.

## Access, Answers, and More

You have access to a number of tools and resources before, during, and after enrollment:

	BEFORE YOU ENROLL	WHEN YOU ENROLL	AFTER YOU ENROLL
<b>Insurance carrier resources</b> (see pages 15, 20, and 24 of this guide for contact information)	<b>Carrier preview sites:</b> Get up to speed on provider networks, prescription drug information, and other carrier resources. You can contact insurance carriers directly with specific questions.		<b>Once you're a member:</b> Take advantage of all the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier.
<b>The enrollment website</b>		Log on to the enrollment website at <a href="https://digital.alight.com/bluetritonbrands">digital.alight.com/bluetritonbrands</a> where you can compare your options, get helpful decision support, and enroll. You'll also see the <b>prices</b> by option.  If you need additional help, customer service representatives are available through web chat or by scheduling an appointment through the enrollment website. (Click the "Schedule Time with a Representative" tile and select your preferred date and time.)	<b>Once coverage begins:</b> Access your personalized coverage details and manage your benefits throughout the year.
<b>The Benefits Service Center</b>	If you have questions before enrolling, call <b>1-855-282-2583 (1-855-BTB-BLUE)</b> , option 2, Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.	For help during enrollment, you can call the Benefits Service Center at <b>1-855-282-2583 (1-855-BTB-BLUE)</b> , option 2, Monday through Friday, from 8:00 a.m. to 8:00 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 once a representative is available.	For ongoing benefits information and support, call the Benefits Service Center at <b>1-855-282-2583 (1-855-BTB-BLUE)</b> , option 2, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. You can also call <b>1-888-286-8014</b> if you need help with more complex coverage issues and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues.

## Enroll Before Your Deadline

Before enrollment, you can visit the insurance carrier preview sites or call the carrier(s) you're considering to find out more about their provider networks, prescription drug coverage, wellness programs, and other services they offer. See page 15 of this guide for contact information.

Then, during your COBRA enrollment period, log on to the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands) to see your available benefit options and pricing—and enroll during the enrollment period. On the enrollment site, take advantage of the **Help Me Choose** tool to get personalized recommendations for coverage.



# Medical & Prescription Drug

You have control when you enroll through BenX—you get to choose the medical coverage level, cost, and insurance carrier that are right for your situation. Make sure to take action so you don't miss out!



# Medical Coverage

## Don't let the names of the coverage levels fool you.

One option isn't better than another. The best coverage level for you depends on your tastes and your needs.

## Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A high-deductible option with prescription drug coinsurance that makes you eligible for a Health Savings Account (HSA)
- **Silver:** A high-deductible option with prescription drug coinsurance that makes you eligible for an HSA
- **Gold:** A preferred provider organization (PPO)/PPO option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, and VA, an HMO option with prescription drug copays that covers in-network care only)

Each coverage level is available from different insurance carriers at different costs.



### Do You Live in California?

Your options will be different, depending on the insurance carrier you choose. See page 8 for details.

## Do You Live Outside the Service Area?

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.

**Important:** The Silver option available to out-of-area individuals is different from the Silver option described in this guide. Refer to the enrollment website for details.

### Is a Primary Care Physician Required?

You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

### Employee Assistance Program (EAP)

You and your family have free 24/7 access to confidential counseling, educational materials, and referral services. You don't need to be enrolled in medical coverage to use the EAP.

You'll find a variety of services, including:

- **Counseling:** Get up to five free sessions for you and family members who live with you.
  - **Lifestyle coaching:** For help with personal improvement, healthy eating, weight loss, and more.
  - **Digital emotional wellbeing program:** For help with anxiety, resilience, depression, chronic pain, pregnancy, aging, and more.
  - **Financial wellness:** To take control of your finances.
  - **Legal services:** To resolve legal issues such as estate planning and family law.
  - **Identity theft resolution:** For help restoring credit.
  - **Work-life services:** Get referrals for child care, adult care, education, consumer information, emergency preparedness, and more.
  - **Member website:** Explore services, find providers, and learn more about emotional health and wellness topics.
- Call **1-800-327-2914** or visit [Member.MagellanHealthcare.com](https://www.Member.MagellanHealthcare.com) to browse all the available services.

# Annual Deductible

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs. It doesn't include copays or monthly contributions for health coverage.

If you cover family members, how the deductible works depends on the coverage level you choose:

**True family deductible:** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" when you have family coverage.

**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.

	BRONZE	SILVER	GOLD	PLATINUM
Annual Deductible (individual/family)	In-network: \$3,300/\$6,600  Out-of-network: \$3,300/\$6,600	In-network: \$1,700/\$3,400  Out-of-network: \$1,700/\$3,400	In-network: \$800/\$1,600  Out-of-network: \$1,600/\$3,200	In-network: N/A  Out-of-network: \$5,000/\$10,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

## Going Out of Network?

Keep in mind:

- Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, and VA do **not** cover out-of-network benefits at all.

# Annual Out-of-Pocket Maximum

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

If you cover family members, how the annual out-of-pocket maximum works depends on the coverage level you choose:

**True family out-of-pocket maximum:** 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” when you have family coverage.

**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.

	BRONZE	SILVER	GOLD	PLATINUM
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$6,400/\$12,800	In-network: \$4,250/\$8,500	In-network: \$3,600/\$7,200	In-network: \$1,600/\$3,200
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$8,500/\$17,000	Out-of-network: \$7,200/\$14,400	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

## What’s Included?

The annual out-of-pocket maximum **includes** amounts paid toward your deductible.

It **doesn’t include** monthly contributions for health coverage. Also, if you choose coverage under Kaiser Permanente, copays from certain medical benefits may not apply toward the annual out-of-pocket maximum under the Gold and Platinum coverage levels.



## In-Network Benefits

	BRONZE	SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	<ul style="list-style-type: none"> <li>You pay \$25 for PCP visit with no deductible</li> <li>You pay \$40 for specialist visit with no deductible</li> </ul>	<ul style="list-style-type: none"> <li>You pay \$25 for PCP visit</li> <li>You pay \$40 for specialist visit</li> </ul>
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 20% after deductible	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay \$40	You pay \$25
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay \$350
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, covered 100% <sup>1</sup>

<sup>1</sup>There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

**Note:** For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

# Just for Californians!

**Your options will be different, depending on the medical 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** an option that offers in-network benefits only (e.g., an HMO).

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:



	BRONZE, SILVER	GOLD	GOLD II	PLATINUM
Aetna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Anthem	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Cigna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Health Net	In- and out-of-network	N/A	In-network only	In-network only
Kaiser Permanente	In-network only	N/A	In-network only	In-network only
UnitedHealthcare	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network

## Gold or Gold II?

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

## Annual Deductible and Out-of-Pocket Maximum (California Residents)

	BRONZE	SILVER	GOLD	GOLD II	PLATINUM
Annual Deductible (individual/ family)	In-network: \$3,300/\$6,600	In-network: \$1,700/\$3,400 <sup>1,3</sup>	In-network: \$800/\$1,600	In-network: N/A	In-network: N/A
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$1,700/\$3,400 <sup>1,3</sup>	Out-of-network: \$1,600/\$3,200	Out-of-network: N/A	Out-of-network: \$5,000/\$10,000
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$6,400/\$12,800	In-network: \$4,250/\$8,500 <sup>2</sup>	In-network: \$3,600/\$7,200	In-network: \$5,400/\$10,800	In-network: \$1,600/\$3,200
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$8,500/\$17,000 <sup>2</sup>	Out-of-network: \$7,200/\$14,400	Out-of-network: N/A	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional	Traditional

<sup>1</sup>Under Health Net and Kaiser Permanente, the Silver coverage level features a **traditional** annual deductible. If you cover dependents under the Silver coverage level, no covered member pays more than \$3,300 toward the family deductible. See page 5 for more details.

<sup>2</sup>Under Health Net and Kaiser Permanente, these options feature a **traditional** annual out-of-pocket maximum. See page 6 for more details.

<sup>3</sup>Under Health Net, if you cover dependents under the Silver coverage level, the family deductible is \$3,300.

### Going Out-of-Network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.

## In-Network Benefits (California Residents)

	BRONZE	SILVER	GOLD	GOLD II	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%	Covered 100%
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	<ul style="list-style-type: none"> <li>You pay \$25 for PCP visit with no deductible</li> <li>You pay \$40 for specialist visit with no deductible</li> </ul>	<ul style="list-style-type: none"> <li>You pay \$25 for PCP visit</li> <li>You pay \$40 for specialist visit</li> </ul>	<ul style="list-style-type: none"> <li>You pay \$25 for PCP visit</li> <li>You pay \$40 for specialist visit</li> </ul>
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 20% after deductible	You pay \$150, then 30% after copay	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay \$40	You pay \$40	You pay \$25
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 30%	You pay \$350
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, you pay 30%	If not an office visit, covered 100% <sup>1</sup>

<sup>1</sup>There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

**Note:** For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

# Prescription Drug Coverage

## Do you or a family member take medications?

This could be a big deal for you. Your prescription drug coverage will be provided through your pharmacy benefit manager.

Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Below is an overview of the in-network coverage for each coverage level. See page 15 to find out why your carrier matters too.

	BRONZE	SILVER	GOLD	PLATINUM
<b>Preventive Drugs</b> (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0  You must have a doctor’s prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.			
30-day retail supply				
<b>Tier 1: Generally lowest cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$10	You pay \$8
<b>Tier 2: Generally medium cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$40	You pay \$30
<b>Tier 3: Generally highest cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$60	You pay \$50
90-day mail-order supply				
<b>Tier 1: Generally lowest cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$25	You pay \$20
<b>Tier 2: Generally medium cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$100	You pay \$75
<b>Tier 3: Generally highest cost options</b>	You pay 100% until you’ve met the deductible, then you pay 25%	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$150	You pay \$125



If you live in California and you're eligible for coverage under Gold II, note that prescription drug coverage is the same as for the Gold coverage level shown above.

## Prescription Drug Coverage: Your Medical Insurance Carrier Matters

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 a medical insurance carrier.

### Things to Consider

If you or a covered family member regularly takes medication, it is strongly recommended that you call CVS Caremark (if you're considering coverage under Aetna, Anthem, Cigna, or UnitedHealthcare) or the medical insurance carrier (if you're considering coverage under other carriers) before you enroll.

**Just say you're considering medical coverage offered through the Aon Benefit Experience and ask the following questions.**

#### ✓ Is my drug on the formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on a carrier's formulary, you'll pay more for it.

#### ✓ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your pharmacy benefit manager—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, pharmacy benefit managers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information by using the prescription drug search tool when you enroll.

#### ✓ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some pharmacy benefit managers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

#### ✓ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in network—but each pharmacy benefit manager determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

### What's a Pharmacy Benefit Manager?

Each medical carrier uses a pharmacy benefit manager—which could be a separate prescription drug company—to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires.

If you enroll under Aetna, Anthem, Cigna, or UnitedHealthcare, your pharmacy benefits will be managed by CVS Caremark.

For those enrolling under any of the other medical insurance carriers, pharmacy benefits are managed by the carrier.

### Copay Assistance for Certain Specialty Medications

If you are enrolled in the Gold, Gold II, or Platinum option, then certain specialty medications of yours could qualify for copay assistance through PrudentRx. If applicable, PrudentRx will contact you directly once you start a therapy that qualifies. Once enrolled in the program, you will receive a copay card for your specialty medication and a \$0 out-of-pocket cost for the prescriptions covered under the program.



✓ **Will my doctor have to provide more information before my prescription can be approved?**

Many pharmacy benefit managers require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

✓ **Will I have a step therapy program?**

If this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

✓ **Are there any quantity limits for my medication?**

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

✓ **How do I take advantage of mail-order service?**

You'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

**Did You Know?**

Certain drugs can be prescribed to treat more than one medical condition. One example is GLP1 drugs such as Ozempic. Ozempic is prescribed to treat both diabetes and weight management. Although Ozempic shows as a covered drug, the Company will only cover it for the treatment of diabetes. Ozempic is not covered for weight management.

# How Much Will It Cost?

## It's up to you.

You can choose the coverage level and insurance carrier that offer the right balance to fit your needs and budget.

You get to decide how much you want to pay for coverage through BenX. You can choose the coverage level you want from the insurance carrier offering it at the best price.

There are other factors that impact how much you pay, too, including how many family members you cover. The end result is that you could end up paying more—or less—for coverage than you do today.

## Price Shopping

You'll be able to see your price options for coverage when you enroll on the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands).

## Pay Now or Pay Later?

How much you pay in monthly contributions is one thing. You also have to consider what you'll pay throughout the year when you need care. You determine which coverage level is best based on your total health care costs.

### Paying for Coverage

For your 2025 benefits coverage, you will receive monthly invoices from our benefits administrator, Alight Solutions LLC. To pay Alight for your coverage, you may choose from among three payment methods: (1) by check or money order via U.S. mail each month; (2) by clicking "Pay Now" on the enrollment website each month; or (3) by direct debit from your bank account (you would authorize a recurring ACH from your account on the enrollment website or through the Benefits Service Center).

### Pay LESS now and MORE when you need care

The Bronze and Silver coverage levels cost less in monthly contributions, but the deductibles are higher. Make sure you know how the deductible works, and that the deductible amount is something you can afford in the event you need a lot of health care.



### Pay MORE now and LESS when you need care

The Gold and Platinum coverage levels generally cost more in monthly contributions, but the Gold deductible is lower. The Platinum coverage level does not have a deductible. If you don't expect to have a lot of health care needs, you could be spending money for benefits you don't use.

# Choose Your Insurance Carrier

## ***This is how BenX saves you money—***

by making insurance companies compete for your business. Instead of the Company choosing one or two carriers to do business with, you have several carriers to choose from.

No matter which coverage level you select, you may be able to choose from the following carriers:\*

- **Aetna**

Before you're a member (preview site): <https://www.aetna.com/aon/si>

Once you're a member (website): <https://www.aetna.com>

Phone number: 1-855-496-6289

- **Anthem**

Before you're a member (preview site):

<https://www.anthem.com/aso-learnmore>

Once you're a member (website): <https://www.anthem.com>

Phone number: 1-844-404-2165

- **Cigna**

Before you're a member (preview site):

<https://connections.cigna.com/carrierbenefits-aso2025/>

Once you're a member (website): <https://my.cigna.com>

Phone number: 1-855-694-9638

- **Dean / Prevea360 (generally available in WI)**

Before you're a member (preview site): <http://aon.deanhealthplan.com>

Once you're a member (website): <http://aon.deanhealthplan.com>

Phone number: 1-877-232-9375

- **Geisinger (generally available in PA)**

Before you're a member (preview site): <https://geisinger.org/aon>

Once you're a member (website):

<https://www.geisinger.org/member-portal>

Phone number: 1-844-390-8332

- **Health Net (generally available in CA)**

Before you're a member (preview site): <https://www.healthnet.com/myaon>

Once you're a member (website): <https://www.healthnet.com/myaon>

Phone number: 1-888-926-1692

## **Which Carriers Are Available to Me?**

Your specific options are based on where you live (so it's important to make sure your address on record is correct before you enroll). You'll be able to see the options available to you when you enroll.

\*If you live outside the service areas of all the insurance carriers, an out-of-area option through Aetna at the Silver coverage level will be your only choice. See page 4 for details.

- **Kaiser Permanente (generally available in CA, CO, DC, GA, MD, VA, OR, southwest WA)**

Before you're a member (preview site): <http://kp.org/aon>

Once you're a member (website): <http://www.kp.org>

Pre-enrollment phone number: 1-877-580-6125

CA post-enrollment phone number: 1-800-464-4000

CO post-enrollment phone number: 1-800-632-9700 (HMO)

or 1-855-364-3184 (Added Choice)

DC, MD, VA post-enrollment phone number: 1-800-777-9404 (HMO)

or 1-888-225-7202 (Added Choice)

GA post-enrollment phone number: 1-404-261-2590 (HMO)

or 1-855-364-3185 (Added Choice)

OR, southwest WA post-enrollment phone number: 1-800-813-2000 (HMO)

or 1-866-616-0047 (Added Choice)

WA pre-enrollment and post-enrollment phone number: 1-855-407-0900

- **Medical Mutual (generally available in OH)**

Before you're a member (preview site): <http://www.medmutual.com/aon>

Once you're a member (website): <https://member.medmutual.com>

Pre-enrollment phone number: 1-800-677-8028

Post-enrollment phone number: 1-800-541-2770

- **Priority Health (generally available in the lower peninsula of MI)**

Before you're a member (preview site): <https://www.priorityhealth.com/aon>

Once you're a member (website): <https://member.priorityhealth.com/login>

Phone number: 1-833-207-3211

- **UnitedHealthcare**

Before you're a member (preview site): <https://www.whyuhc.com/aon10>

Once you're a member (website): <http://myuhc.com>

Phone number: 1-888-297-0878

- **UPMC Health Plan (generally available in PA)**

Before you're a member (preview site): <https://www.upmchealthplan.com/aon>

Once you're a member (website):

<https://www.upmchealthplan.com/members>

Phone number: 1-844-252-0690

Before you're a member, you can visit specially designed carrier sites (listed on the previous page) 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. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

## What Are People Saying About Their Experiences With Health Carriers?

Sometimes it really helps to see what other people think about consumer products and services. See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available at the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands) during enrollment and throughout the year. Taking a look may help you with your choices.

Other people want to hear about your experiences too. Once you're a member, join in the dialogue and share your own ratings and opinions with others.

## Why Stay With the "In" Crowd?

Seeing out-of-network providers may cost you substantially more than seeing in-network providers. For example, you will pay more through a higher out-of-network 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.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

If you use out-of-network providers, call the insurance carriers beforehand to confirm the maximum allowed amounts for the type of services you need. It could make a big difference. For example, let's say you will have an out-of-network surgery that costs \$5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of \$2,000, you would owe 45% of \$2,000 **and** 100% of the remaining \$3,000, for a total of \$3,900.
- If a second carrier has a maximum allowed amount of \$3,000, you would owe 45% of \$3,000 **and** 100% of the remaining \$2,000, for a total of \$3,350.



## Do You Live in California?

Remember, the insurance carrier you choose may also affect your coverage level choices. See page 8 for details.



# Dental

Just like your medical coverage, you get to choose the dental coverage level, cost, and insurance carrier that are right for you.

# Dental Coverage

## Dental benefits for your dental needs.

You should choose the option that's right for you. One option isn't better than another. The coverage levels are designed to give you choices.

## Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A PPO option that covers in- and out-of-network care (remember, 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 option that covers in- and out-of-network care (remember, 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 (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults

## Paying for Coverage

Just like your medical coverage, you get to decide how much you want to pay for coverage through BenX. You can choose the coverage level you want from the insurance carrier offering it at the best price. If you enroll in dental coverage, you will receive monthly invoices from the benefits administrator, Alight Solutions, LLC.

### Is a Primary Care Dentist Required?

No, you do not need to designate a primary care dentist. Keep in mind that you'll receive the highest benefit by seeing a dentist who participates in your carrier's network.



## Annual Deductible and Plan Limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

	BRONZE	SILVER	GOLD
<b>Annual Deductible</b> (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150
<b>Annual Maximum</b> (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person
<b>Orthodontia Lifetime Maximum<sup>1</sup></b>	Not covered	\$1,500 per child up to age 19 only	\$2,000 per person

<sup>1</sup>If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

## In-Network Benefits

	BRONZE	SILVER	GOLD
<b>Preventive Care</b>	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
<b>Minor Restorative Care</b> (e.g., root canal, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
<b>Major Restorative Care</b> (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible
<b>Orthodontia</b>	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults

The charts above provide a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. This is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

**Note:** For additional comparison, you may find Benefit Summaries on the enrollment website.

## Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers:

- **Aetna**

Before you're a member (preview site): <https://www.aetna.com/aon/si>

Once you're a member (website): <https://www.aetna.com>

Phone number: 1-855-496-6289

- **Cigna**

Before you're a member (preview site):

<https://connections.cigna.com/carrierbenefits-aso2025/>

Once you're a member (website): <https://my.cigna.com>

Phone number: 1-855-694-9638

- **Delta Dental of CT (Bronze, Silver, and Gold)**

Before you're a member (preview site):

<https://www.deltadental.com/us/en/aon/connecticut.html>

Once you're a member (website): <https://www.deltadentalct.com>

Phone number: 1-877-881-6084

- **DeltaCare USA (Platinum)**

Before you're a member (preview site):

<https://www.deltadental.com/us/en/aon/california.html>

Once you're a member (website): <http://www.deltadentalins.com>

Pre-enrollment phone number: 1-800-546-9751

Post-enrollment phone number: 1-800-471-8073

- **MetLife**

Before you're a member (preview site):

<https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: 1-888-309-5526

- **UnitedHealthcare**

Before you're a member (preview site): <https://www.whyuhc.com/aon10>

Once you're a member (website): <https://www.myuhc.com>

Phone number: 1-888-571-5218

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. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

## Do Your Homework

With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering **Delta Dental**, you need to take it one step further to get the same deal.

There are actually two Delta Dental networks—**PPO** and **Premier**. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the **Premier network**. You can save more by seeing a Delta Dental dentist who participates in both the **PPO** and **Premier** networks, or by using any in-network dentist if you choose another insurance carrier.

## What Are People Saying About Their Experiences With Health Carriers?

Sometimes it helps to see what other people think. See how others have rated their health carriers at the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands). Once you're a member, share your own ratings and opinions with others too.



# Vision

Just like your medical and dental coverage, you get to choose the vision coverage level, cost, and insurance carrier that are right for your situation.

# Vision Coverage

## See how you can benefit from vision coverage.

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames, and contacts.

## Choose Your Coverage Level

You have three coverage levels to choose from:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

## Paying for Coverage

Just like your medical and dental coverage, you get to decide how much you want to pay for coverage through BenX. You can choose the coverage level you want from the insurance carrier offering it at the best price. If you enroll in vision coverage, you will receive monthly invoices from Alight Solutions, LLC.

## In-Network Benefits

	BRONZE	SILVER	GOLD
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
Lenses (once per plan year; premium lenses may cost more)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive <sup>2</sup>			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint (solid and gradient)		Varies by carrier	Varies by carrier
Standard Plastic Scratch-Resistant Coating		Varies by carrier	Varies by carrier
Standard Anti-Reflective Coating		Varies by carrier	Varies by carrier
Standard Polycarbonate—Adults		Varies by carrier	Varies by carrier
Standard Polycarbonate—Children		You pay nothing	You pay nothing
Other Add-Ons		Discount only	Discount only
Contact Lenses			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance <sup>1</sup>	\$200 allowance <sup>1</sup>
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

<sup>1</sup>Allowance can be used for frames or elective contact lenses, but not both.

<sup>2</sup>Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for BenX. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

**Note:** For additional comparison, you may find Benefit Summaries on the enrollment website.

## Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers:

- **EyeMed**

Before you're a member (preview site):

<https://eyemed.com/en-us/benx-aon>

Once you're a member (website):

<https://member.eyemedvisioncare.com/member/en>

Phone number: **1-844-739-9837**

- **MetLife**

Before you're a member (preview site):

<https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: **1-888-309-5526**

- **UnitedHealthcare**

Before you're a member (preview site): <https://www.whyuhc.com/aon10>

Once you're a member (website): <https://www.myuhcvision.com>

Phone number: **1-888-571-5218**

- **VSP**

Before you're a member (preview site): <https://www.vsp.com/aon>

Once you're a member (website): <https://www.vsp.com/signon.html>

Phone number: **1-877-478-7559**

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. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

## What Are People Saying About Their Experiences with Health Carriers?

Sometimes it really helps to see what other people think. See how others have rated their health carriers at the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands).

Once you're a member, share your own ratings and opinions with others too.





# Enroll

Now that you understand the basics, it's time to put it all together.

# Get Answers, Get the Right Medical Option

Find answers to some really important questions—**before** you enroll.

Ask yourself the following questions so when it's time to enroll, you'll be ready.

## ? Which providers are in the carrier's network?

**Why it matters:** Seeing out-of-network providers will cost you more—sometimes a lot more. For example, you will have to 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. And certain Platinum options (and certain options/carriers in California) **won't** cover out-of-network services at all.

**What to do:** Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) critical to your care. Do **not** rely on your provider's office to know the carriers' network(s). To see which doctors participate in a carrier's network:

- Check out the insurance carrier preview sites on page 15.
- When you enroll, check the networks of each insurance carrier you're considering on the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands). 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, call the insurance carrier.

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

## ? How will my prescriptions be covered?

**Why it matters:** Each medical insurance carrier's pharmacy benefit manager has its own rules about how prescriptions are covered. To avoid potentially costly surprises, you need to do your homework.

**What to do:** If you or a covered family member regularly takes medication, make sure you're comfortable with the coverage for drugs you and your covered family members need:

- Call CVS Caremark (if you're considering coverage under Aetna, Anthem, Cigna, and UnitedHealthcare) or the medical insurance carrier (for all other carriers) before you enroll. Tell them you're considering medical coverage under the Aon Benefit Experience, and ask each carrier you're considering the questions on page 12.
- If you're currently taking a more expensive brand name prescription drug, ask your doctor (or pharmacist) if a generic is available to you.
- When it's time to enroll, you can look up your medication to see how it will be classified and more.

## About ID Card(s)

If you enroll in medical coverage with Aetna, Anthem, Cigna, or UnitedHealthcare, you will have a medical ID card and a separate prescription drug ID card from CVS Caremark.

If you enroll in medical coverage with another insurance carrier, you will have one ID card for both medical and prescription drugs.

Note: Many dental insurance carriers also issue ID cards. If you receive one, simply present it when you get dental care during the plan year.

You should receive your new ID card(s) before your benefits take effect. For questions about ID cards, contact the insurance carrier or pharmacy benefit manager.

## ? Which medical coverage level is best for me?

**Why it matters:** You want to get the right amount of coverage for your needs at the best price. The enrollment website can help you choose the right coverage level and get the most value.

**What to do:** Help is just a few clicks away on the enrollment website:

- See which option could work best for you. By answering a few questions about your preferences, you can see which option could be a good fit for you and your family.
- Compare your options side by side when you enroll. Just check the boxes next to medical options you want to review and click **Compare**. You can quickly see which options cost more in monthly contributions and which options cost more when you get care. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)

## ? Which medical insurance carrier is best for me?

**Why it matters:** All insurance carriers are different. Each carrier will offer its own price for each coverage level. With the enrollment website, you'll be able to see all of the prices in one place. (**Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

**What to do:** If you need help deciding:

- See how other people rate their health carriers at the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands). Once you're a member, share your own ratings and opinions with others too!
- Compare the details when you enroll online by checking the boxes next to medical options you want to review and clicking **Compare**. That makes it easy to see which carrier is offering you the most value. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)
- Browse the carrier preview sites (see page 15) to learn about programs, tools, and other considerations that could influence your decision.

## Questions?

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 Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE)**, option 2, from 8:00 a.m. to 8:00 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.

# Make It Yours

- ✓ You got answers and you're feeling good. Now it's time to log on to the enrollment website at [digital.alight.com/bluetritonbrands](https://digital.alight.com/bluetritonbrands) or the Alight Mobile app (available through the Apple App Store or Google Play) to enroll in your benefits for 2025.

**Logging on for the first time:** From the enrollment website, register as a new user and follow the prompts to provide requested information and set up your username and password.

- ✓ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

## Enrollment Survey

In the weeks following enrollment, you could be asked to complete a short, confidential survey about your enrollment experience. The survey will be sent from an Aon email address. Please take a few minutes to share your thoughts and help us improve your experience.

## If You Don't Enroll

If you don't enroll for COBRA coverage during your enrollment period, you will not have COBRA medical, dental, or vision coverage through the Company. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage, either.

Log on to the enrollment website to check out all of your options, and if you wish to have COBRA coverage, enroll before your deadline.

If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. The Company reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.

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