Frequently Asked Questions

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.

Contents

The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to get medical, dental and vision coverage, life and accidental death and dismemberment (AD&D) insurance and various voluntary coverages. It is an online insurance marketplace where buyers like you can shop for coverage from multiple insurance carriers who are competing for your business. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

The Aon Active Health Exchange is America's first national large-employer, multi-insurance carrier exchange. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

To learn more about Aon's private exchange, watch the **video** on the Make It Yours website.

2. Is Aon's exchange sponsored by the government?

No. The Aon Active Health Exchange is a private exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with the law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

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

- **Lots of choices.** You're able to choose from several options, a variety of insurance carriers and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. So it's in their best interests to offer their most competitive group pricing options. Plus, Aon continues to provide credits to use toward the cost of your medical and dental coverage.
- **Additional benefit options.** You have the option to enroll in other valuable benefits—including life and accidental death and dismemberment (AD&D) insurance, legal services, hospital indemnity insurance and identity protection. You can also elect discounted coverage for auto and home insurance and pet insurance.
- **Help when you need it.** There are great tools and resources to help you every step of the way. See question #6 for details about tools and resources.

Enrolling for 2024 Benefits

4. What will I need to do?

You must enroll or you will not have medical, dental or vision coverage through Aon in 2024.

To enroll, log on to UPoint®, Aon's HR portal, at **upoint.aon.com** or the Alight Mobile app during the enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2024.
- 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 enrollment on the Make It Yours website by going to **aon.makeityoursource.com**.

5. What happens if I don't enroll?

If you do not enroll, you will not have medical, dental or vision coverage through Aon in 2024.

You must also enroll if you want to contribute to a Health Savings Account (HSA) (if eligible) or to a health care or dependent care flexible spending account (FSA) for 2024.

Also, if you don't enroll, you will not have supplemental or dependent life insurance, supplemental or dependent AD&D insurance, accident insurance, critical illness insurance, hospital indemnity insurance, legal services or identity theft protection through Aon in 2024.

6. Where can I get more information?

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

Before and during enrollment:

- **Make It Yours website**—Visit **aon.makeityoursource.com** to learn about the exchange, your coverage options and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information and other carrier resources.
- **Pricing comparison** (available through the Make It Yours website)—Use the 2024 Pre-enrollment Healthcare Pricing Modeler to compare the costs of your medical, dental and vision options based on your situation. You can even see how your costs stack up against other coverage options available to your family. You can access the pricing tool by visiting the Make It Yours website and clicking the **New to the Company** tile and then **Compare Costs**. Enter the access code (call the Aon HR Service Center at **1.855.625.5500** to request the code).
- **UPoint and Alight Mobile app**—When it's time to enroll, log on to UPoint at **upoint.aon.com** or the Alight Mobile app (available through the Apple App Store or Google Play) to compare your options and prices, get helpful decision support and enroll. You will be able to see the credit amount from Aon and prices by option.

  Questions? Once logged on to UPoint, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web representative and other helpful resources. You can also call the Aon HR Service Center at **1.855.625.5500** from 8:00 a.m. to 4:30 p.m. CT, Monday through Friday.

Managing your benefits throughout the year:

- **Make It Yours website**—Visit year-round for practical tips that help you and your family get the most out of your benefits. Get "**The Inside Scoop**" on how to work the health care system, be a savvy shopper and save money.
- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources and information offered through your insurance carrier. Register and log on to the medical insurance carrier's primary and secure website for personalized information. For questions about your coverage, always start with your carrier.
- **UPoint and Alight Mobile app**—Access your personalized coverage details and manage your benefits throughout the year.
- **Additional support**—If you need help with more complex coverage issues, call the Aon HR Service Center at **1.855.625.5500** and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues. Bill negotiation representatives can help

review and negotiate out-of-network medical bills. And expert second opinion with 2nd.MD makes it easy to get a virtual second opinion from nationally recognized doctors.

7. How do I create my user ID and password for UPoint?

You will need to set up your user ID and password, which are needed to access your account through the Alight Mobile app (available the Apple App Store or Google Play).

- Go to **UPoint** and select **New User?**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

8. How do I reset my password for UPoint?

To reset your password, go to UPoint, 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 the Apple App Store or Google Play).

My Options

9. What are my medical coverage options?

You have several medical coverage levels to choose from, including Bronze, Bronze Plus, Silver, Gold and Platinum*. Each coverage level is available from multiple medical insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your medical options. Watch the short videos about insurance carriers, coverage levels and how to choose on the Make It Yours website by going to **aon.makeityoursource.com**.

*If you live outside the service areas of all the medical insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

10. What happens if I enroll in a Bronze, Bronze Plus, or Silver medical option and have expenses before I have a balance in my HSA?

If you enroll in a high-deductible medical option, you should be prepared to pay up to the cost of your deductible—in case you have significant medical expenses shortly after the plan year begins. Even if you start contributing to an HSA right away, your HSA balance may not yet have enough money to cover costly services early in the year. One option is to pay for those early qualified expenses out of pocket and then, when your account balance grows enough to cover the expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

11. I live in California. How are my medical options different?

Your options will be different, depending on the insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level as an option that offers in- and out-of-network benefits (such as a PPO) **or** as an option that offers in-network benefits only (such as an HMO).

Also, insurance carriers can choose to offer **either the standard Gold option** (both in- and out-of-network coverage) **or a Gold II option** (in-network benefits only). The Gold option is offered by

Aetna, Blue Cross Blue Shield of Illinois, Cigna and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

And, if you live in California, cover your dependents and enroll in the **Health Net** or **Kaiser Permanente Bronze Plus** or **Silver** medical option, you will have a traditional annual deductible. This means that once a 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, with no family member having to pay more than $3,200 toward the deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members. And, under the **Health Net Bronze Plus** option, the family deductible is $4,800 (as opposed to $4,900).

If you live in California, cover your dependents and enroll in the **Health Net** or **Kaiser Permanente Bronze Plus** or **Silver** medical option, you will have a traditional out-of-pocket maximum. This means that 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, subject to reasonable and customary pricing and plan limits.

Learn more about your California coverage options and insurance carriers.

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

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

If you don't choose one of these medical insurance carriers, you don't have to select a primary care physician.

13. 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.

Do not rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the **insurance carrier** preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint. 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**.

See the Transition of Care worksheet on the **Make It Yours website** for information to make the transition easier, including questions to ask the medical insurance carrier.

14. Why should I use in-network providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network, out-of-pocket maximum. And certain Platinum options (and certain options/carriers in California) won't cover out-of-network services at all.

15. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you may want to consider one of the national medical insurance carriers that offer national provider networks so that your dependents have access to in-network providers in most locations. (Regional insurance carriers *may* offer in-network coverage outside of their regional service area through partnerships with other carriers. You can contact the insurance carrier for details.)

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

If your insurance carrier name includes a state, this refers to the location the carrier operates from (i.e., which state has primary jurisdiction over the laws, rules and regulations the medical insurance carrier follows). In general, it isn't a reference to the network—many offer coverage nationally. For example, Blue Cross Blue Shield of Illinois offers coverage regardless of which state you live in.

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

Aon has provided a number of resources to help you make smart decisions. You should start by visiting the Make It Yours website by going to **aon.makeityoursource.com** to access videos, details about your options, comparison charts and more.

Before you enroll, take advantage of the 2024 Pre-enrollment Healthcare Pricing Modeler that helps you compare the costs of your health care options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the modeler, visit the Make It Yours website and click on the **New to the Company** tile, and then click **Compare Costs**. You'll need to enter the access code (call the Aon HR Service Center to request the code).

During enrollment, you'll be able to see the credit from Aon and your price options on UPoint at **upoint.aon.com**, find tools, like the Help Me Choose tool, that can give you a personalized suggestion, help compare the details of your options and more.

If you have questions about the exchange or the enrollment process, once logged on to UPoint, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. You can also call the Aon HR Service Center at **1.855.625.5500** Monday through Friday, from 8:00 a.m. to 4:30 p.m. CT. You can also visit the insurance carriers' sites or call them with specific questions about the options they offer.

17. Will pre-existing conditions be covered under medical?

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

18. How will my prescription drugs be covered if I enroll under Aetna, Blue Cross Blue Shield of Illinois, Cigna or UnitedHealthcare?

If you enroll under Aetna, Blue Cross Blue Shield of Illinois, Cigna, or UnitedHealthcare, your pharmacy benefits will be managed by Express Scripts. Each pharmacy benefit manager has its own rules about how prescription drugs are covered.

If you or a covered family member regularly takes medication, it is strongly recommended that you call Express Scripts at 1.877.849.8119 before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. See the Make It Yours website for a **list of questions** to ask.

19. How will my prescription drugs be covered if I choose a medical insurance carrier other than Aetna, Blue Cross Blue Shield of Illinois, Cigna or UnitedHealthcare?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

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

Note: If you're considering coverage under Aetna, Blue Cross Blue Shield of Illinois, Cigna, or UnitedHealthcare, you should call Express Scripts at **1.877.849.8119.** Refer to question #18.

20. What is "prior review" and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your medical insurance carrier first. Getting "prior review" (also referred to as prior authorization or precertification) allows the medical insurance carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition and confirm how the bill is going to be paid.

- When you stay in network, your doctor usually completes the process on your behalf when it's required. But you should always confirm with your doctor to be sure he or she is handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your medical 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. That's why 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 medical insurance carrier.

21. Will I receive separate ID cards for medical and prescription drug coverage?

If you enroll under Aetna, Blue Cross Blue Shield of Illinois, Cigna, or UnitedHealthcare, you'll receive a separate medical plan ID card from the carrier and prescription drug ID card from Express Scripts.

You should receive ID cards within a few weeks. If you need a medical ID card immediately, go to your insurance carrier's website, register online and print a temporary ID card.

For a prescription drug ID card, call Express Scripts at **1.877.849.8119** to learn how to access a temporary identification card.

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

You **may** be required to designate a primary care dentist to coordinate your care if you elect the Platinum coverage level (where available by carrier) by your individual dental carrier. If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly.

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

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' network(s). To see whether your dentist is in network:

- Check out the **insurance carrier** preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint.

If you are considering a Platinum dental option:

- It may cost less than some of the other options, but you **must** get care from a dentist who participates in the insurance carrier's DHMO network. **The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll**.
- The Platinum dental option does **not** provide out-of-network benefits. So if you don't use a network dentist, you'll pay for the full cost of services.

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

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

Do not rely on your provider's office to know the carriers' network(s). To see whether your eye doctor is in-network:

- Check the vision **insurance carrier** preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on UPoint.

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

You can choose to enroll in:

- **Supplemental and dependent life insurance:** Protects your family financially in the event of a death

- **Supplemental and dependent accidental death and dismemberment (AD&D) insurance:** Protects your family financially in the event of a tragic accident
- **Legal services:** Covers attorney fees for things like divorce and separation, real estate matters, will preparation and more
- **Identity protection:** Monitors your personal information and takes steps to protect you from fraud

You can get more details on the Make It Yours website by going to **aon.makeityoursource.com**.

26. What else is available to me through the exchange?

As part of our participation in the exchange, we are able to take advantage of group negotiated discounts. You can obtain discounted coverage for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured pet

You also have access to other services through the exchange:

- **Expert second opinion with 2nd.MD:** Makes it easy to get a virtual second opinion from nationally-recognized doctors. To get started, simply visit **2nd.MD/aon** or call **1.866.887.0712**. You must be enrolled in an Aon sponsored medical plan to access 2nd.MD services.
- **Bill negotiation services:** Offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals and creating a payment plan for medical-related expenses.

You can get more details on the Make It Yours website by going to **aon.makeityoursource.com**.

27. What is accident insurance?

Accident insurance pays a benefit directly to you if you or an eligible dependent suffer a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries—such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Learn more by going to **aonbenefits.com/link** and clicking the **Voluntary Benefits** tile.

28. What is critical illness insurance?

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke, or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You'll automatically receive critical illness coverage equal to $3,000 when you enroll in the Silver, Bronze, or Bronze Plus medical plan option. This coverage applies to you and your covered dependents. In addition, you can elect up to a maximum of $20,000 in supplemental coverage. Learn more by going to **aonbenefits.com/link** and clicking the **Voluntary Benefits** tile.

29. What is hospital indemnity insurance?

Hospital indemnity insurance pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital stay. Learn more by going to **aonbenefits.com/link** and clicking the **Voluntary Benefits** tile.

Paying for Coverage

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

You will see the credit amount from Aon and your price options when you enroll on UPoint or the Alight Mobile app.

Before you enroll, take advantage of the 2024 Pre-enrollment Healthcare Pricing Modeler that helps you compare the costs of your health care options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the Make It Yours website and click on the **New to the Company** tile, and then click **Compare Costs**. You'll need to enter the access code (call the Aon HR Service Center to request the code).

31. Do I get to keep the Aon credit (subsidy) if I don't enroll in coverage?

No. The credit you get from Aon is for the medical/prescription drug and dental coverage you purchase through the exchange. A cash refund or credit for other benefits is not available.

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

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

33. 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 option deductible works depends on your coverage level:

- The **Bronze, Gold and Platinum medical options have a traditional deductible.** Once a covered family member meets the **individual** deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- **The Bronze Plus and Silver medical options have a "true family deductible."*** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have family coverage.

  To clarify, if you choose a Bronze Plus or Silver medical option, 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.
- **The Platinum medical option does not have an in-network deductible.** Keep in mind, though, that the Platinum option is usually the most expensive cost per paycheck.

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

Do you use out-of-network providers? Out-of-network charges do **not** count toward your in-network annual deductible; they only count toward your out-of-network deductible.

*__Exception:__ If you live in California, cover dependents and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver medical option, you will have a *traditional* annual deductible. No member in the family will pay more than $3,200 toward the family deductible.

34. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Gold and Platinum medical options. How the medical out-of-pocket maximum works depends on your coverage level:

- **The Bronze, Gold and Platinum medical options have a traditional out-of-pocket maximum.** Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges* for all covered family members.
- **The Bronze Plus and Silver medical options have a "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" in these options when you have family coverage.

Do you use out-of-network providers? Out-of-network charges do **not** count toward your in-network annual out-of-pocket maximum; they only count toward your out-of-network out-of-pocket maximum.

*__Exception:__ If you live in California, cover dependents and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver medical options coverage level, you will have a *traditional* annual out-of-pocket maximum.
**Covered charges are subject to reasonable and customary pricing and plan limits.

35. What's a health savings account (HSA)?

An HSA is a special bank account that you can use when you enroll in a Bronze, Bronze Plus, or Silver medical option. It allows you to set aside tax-free money to pay for qualified health care expenses, such as your medical, dental and vision copays, deductibles and coinsurance. Because you'll be responsible for 100% of your medical and prescription drug expenses, except in-network eligible preventive care services, until you meet your deductible in the Bronze, Bronze Plus, or Silver medical options, an HSA is a great way to pay less for those out-of-pocket expenses, because you're using tax-free money.

You decide how much money you want to save, and you can change your contribution at any time. You will not forfeit your account balance at the end of the year. Your HSA balance rolls over from year to year. The account belongs to you and is available for you to use at any time in the future, even if you leave Aon or retire.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.
- You are not taxed on the HSA dollars when you use them to pay eligible expenses.

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

If you don't have many health care expenses, your money can stay in your account 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. How is an HSA different from a health care flexible spending account (health care FSA)?

While both accounts offer a tax-free benefit when you pay for eligible medical, dental and vision expenses, they differ in several key ways. Compare their **differences** on the Make It Yours website or refer to this chart.

	HSA	Health Care FSA
Do I need to be enrolled in a particular medical option to participate?	Yes, you must be enrolled in a Bronze, Bronze Plus, or Silver medical option.	No, but if you enroll in a Bronze, Bronze Plus, or Silver medical option and contribute to an HSA, your health care FSA must be limited to dental and vision expenses. Once you've met the medical option deductible, it can be used for medical expenses.
Can I contribute to my account before taxes?	Yes	Yes
When are my funds available?	You can use up to the total amount you have contributed to your HSA.	The total amount of your annual election is available at the beginning of the plan year.
Do unused dollars roll over from year to year?	Yes (In fact, your account belongs to you, and you keep it even if you leave Aon or retire.)	You can roll over up to the annual limit amount set by the IRS, which is $640 for 2024, from year to year.
Does the money in the account earn interest?	Yes	No
Can I use a debit card to pay for expenses?	Yes	Yes
Can I use the account to pay for vision or dental expenses?	Yes	Yes
How much can I contribute to the account per year?	For 2024, the annual limits set by the IRS are $4,150* for Yourself Only coverage, and $8,300* for Family coverage. If you're age 55 or older, you can also contribute an additional $1,000* catch-up contribution.	For 2024, you can contribute up to the annual limit amount set by the IRS, which is $3,200.

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

37. Can I enroll in both an HSA and a health care FSA?

Yes. If you enroll in the Bronze, Bronze Plus, or Silver medical option, you can participate in an HSA, a health care FSA, or both an HSA and a "limited-purpose" health care FSA. If you have an HSA and a health care FSA, in order to contribute to an HSA, your FSA will be "limited-purpose" and can only be used to pay for qualified dental and vision expenses. Once you've met the medical deductible, it can be used for eligible medical and prescription drug expenses. HSA funds are withdrawn first until you meet your deductible. Once your deductible is met, limited-purpose health care FSA funds are withdrawn first.

38. Why would I want to use both an HSA and a limited-purpose health care FSA?

Both accounts allow you to pay for eligible expenses with tax-free dollars. However, there are two key differences:

- Your HSA balance rolls over from year to year, even if you change medical options, leave the company, or retire. With the health care FSA (whether limited-purpose or not), any unused balance exceeding $640 is forfeited at the end of the year.
- You can invest money in your HSA, and your earnings are tax-free if you use them for qualified health care expenses.

It may not be advantageous to enroll in both an HSA and a limited-purpose health care FSA, except in unique situations. For example, if you expect to have higher expenses than your HSA balance can cover (based on the maximum you can contribute each year), you may want to contribute to the limited-purpose health care FSA also to pay for those expenses with tax-free money, once the medical option deductible is reached.

If you do not contribute to the HSA but have money remaining in that account, FSA funds are withdrawn first until they are depleted, then HSA funds from the prior year are withdrawn.

39. Can I contribute to an HSA if I am covered under my spouse's general-purpose health care FSA?

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

40. Can I contribute to an HSA?

To contribute to an HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible medical option (e.g., Bronze, Bronze Plus or Silver medical options);
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return;
- You cannot be covered by any other health insurance plan, such as a spouse's plan, that is not a high-deductible option; and
- You cannot be enrolled in a general-purpose health care FSA, but you may be enrolled only in a limited-purpose health care FSA.

You can use money from your HSA to pay your dependents' health care expenses 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).

If you are an Aon Temporary colleague (who works more than 20 hours per week) and elect the Bronze, Bronze Plus or Silver medical option for 2024, you will be eligible to open an HSA and make per pay contributions up to the IRS annual limits. (Note: Temporary colleagues are not eligible for FSAs.)