

2020 Benefits Buyer's Guide

FOR ACTIVE RELX EMPLOYEES

2020 ANNUAL BENEFITS ENROLLMENT IS
OCTOBER 14 THROUGH NOVEMBER 1, 2020

YOU MUST MAKE AN ELECTION THIS YEAR

Review this guide to see what's changing, learn what you need to know to shop for benefits and how to enroll for 2020.

WHAT'S CHANGING

Changes for 2020

Annual Benefits Enrollment is **October 14** to **November 1**. Before you enroll, you need to understand what's changing with your benefits so you can make the best choices for you and your family.

Changes are made annually to carrier networks and prescription drug formularies, which may impact your healthcare costs. To keep deductible costs low in 2020, RELX is reducing the number of plans offered.

Additionally, RELX is making some changes to other benefits—such as the 401(k) and SSP, disability, paid time off (PTO), and well-being programs—plus improving the employee online experience through vendor enhancements and mobile apps, and adding Modern Family benefits.

You don't need to make decisions about all of these benefits during Annual Benefits Enrollment, but it's important you learn about these changes and how they may impact you. Visit [What's Changing](#) on the RELX Benefits Center to learn more about all of your benefits changes.

**VISIT WHAT'S CHANGING ON
THE RELX BENEFITS CENTER**

Medical & Rx

Improvement to the lowest cost plan

Based on your feedback, we are increasing the RELX contribution for medical plans. The Lowest Cost Plan offered for 2020 is now the Bronze Plus plan. For individual and child(ren) coverage, you will receive the Lowest Cost Plan (Bronze Plus) in 2020 **for the same per-paycheck amount** you paid for the Lowest Cost Plan (Bronze) in 2019, but with Bronze Plus, the annual deductible for 2020 will be \$2,450 (compared to \$3,000 in last year's Bronze). The Bronze Plus plan is a true family deductible plan, meaning that claims for all covered family members go toward the deductible (if applicable), before co-insurance kicks in. There is no "individual deductible" in these coverage levels when you have true family coverage.

If you cover a spouse or domestic partner and you enroll in the Lowest Cost Plan (Bronze Plus) for 2020, you will see an increase to your plan contribution averaging \$25 a month due to a decrease in the amount RELX pays toward a spouse's or domestic partner's coverage (this amount could be lower or higher depending on where you live).

Additional coverage level options include Silver, Gold and Platinum.

New medical carriers

We're adding a few new carriers as follows:

- Empire Blue Cross Blue Shield will provide coverage options nationally.
- Medical Mutual of Ohio (available in Ohio)
- Priority Health (available in the lower peninsula of Michigan)

WHAT'S CHANGING

Changes for 2020

You'll be able to see all options available to you when you enroll. As always, be sure to review the options and provider networks carefully before you enroll.

Spouse/domestic partner transitional contribution

RELX offers healthcare coverage for employee spouses and domestic partners. The insurance carriers charge 40% more for the cost to cover a spouse or domestic partner than they charge for an employee. To continue providing an equitable plan, RELX will progress toward contributing the same amount for spouses and domestic partners as it does for employees. This means that you may see a small increase from 2019 in payroll deductions should you choose to cover your spouse or partner in 2020.

If you cover a spouse or domestic partner and you enroll in the Lowest Cost Plan (Bronze Plus) for 2020, you will see an increase to your plan contribution averaging \$25 a month due to a decrease in the amount RELX pays toward a spouse's or domestic partner's coverage (this amount could be lower or higher depending on where you live).

See [page 9](#) for more information about the transitional contribution.

Adjustments to annual deductibles and out-of-pocket maximums

The RELX Marketplace is offered through Aon. The plan designs are reconfigured every three years to maintain a balanced spread of options with new plan designs effective from 2020 through 2022. This includes increases to Bronze Plus and Gold annual deductibles, Bronze Plus, Silver, Gold and Platinum out-of-pocket limits and coinsurance levels for all coverage levels. See **What's Changing** on the **RELX Benefits Center** for details about the changes in these limits.

It is critical to carefully consider your **total expected costs**. This includes what comes out of your paycheck **and** what you pay for care (including prescriptions).

Important reminders:

Some medical insurance carriers may offer enhanced benefits—such as increased infertility benefits. Additional coverage details will be available when you enroll, so be sure to review your options carefully.

Because your medical insurance carrier's pharmacy benefit manager can change how it covers prescription drugs (such as changing coverage tiers) at any time, it's strongly recommended that you call the insurance carrier before you enroll to see how your medication will be covered in the new plan year. When you enroll, you can also find out how your prescription drug would be covered by using the online prescription drug search tool.

WHAT'S CHANGING

Changes for 2020

Health Savings Account

For 2020, if you enroll in a Health Savings Account (HSA), you can save up to \$3,550 if you cover just yourself or \$7,100 if you cover yourself and your family and use it to pay for eligible healthcare expenses now or in retirement. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA of up to \$1,000.

Dental

There are some enhancements to dental coverage for 2020. The Gold coverage level annual benefit maximum (excluding orthodontia) is increasing from \$2,000 to \$2,500.

RELX currently varies its contributions based on your pay level. By 2024, this variation will be phased out. There will be a simpler and more transparent calculation for the amount RELX will contribute toward the cost of your coverage.

For more information

[Frequently asked questions—enrollment](#)

[Frequently asked questions—what's changing](#)

[People Like Me](#)

Questions?

Contact the carriers. See [page 37](#) for contact details.

Call the RELX Benefits Center at **1.877.734.1938, Option 1**, for help with enrollment or questions about your 2020 benefits.

Other changes

Introducing a second opinion service: 2nd.MD

When dealing with illness, injury or chronic pain, you may want to seek a second opinion before beginning treatment. RELX has partnered with 2nd.MD to make it easy to get a virtual second opinion from nationally recognized doctors. RELX will offer you and your covered dependents the opportunity to connect with board-certified doctors via phone or video. When you call 2nd.MD, you can get an expert second opinion—within days and at no cost to you. More information about this new benefit will be coming in January.

Well-being programs

In 2020, we will launch a well-being champion network to increase the number of on-site events aimed at supporting a healthy and balanced life for you and your family. The champion network will continue to be supplemented by local Employee Resource Groups and business-led initiatives, but you will notice more programs being offered virtually and at many of your locations.

New identity theft protection administrator

ID Notify: If you plan to enroll in identity theft protection again this year, you should note the administrator is changing from InfoArmor to ID Notify for 2020.

This overview of 2020 changes serves as a Summary of Material Modifications (SMM), providing information on various RELX benefit plan changes that take effect January 1, 2020. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through RELX. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

HOW TO ENROLL

It's Time to Shop for Benefits

Annual Benefits Enrollment is your annual opportunity to choose coverage for you and your family. You must make your choices by November 1 or you'll be defaulted to "No Coverage."

[GO TO THE RELX BENEFITS CENTER](#)



HOW TO ENROLL

Take Action and Enroll

Annual Benefits Enrollment is your once-a-year opportunity to shop for coverage and enroll in the option that works best for your year ahead. Your shopping site is the **RELX Benefits Center**—use it to compare options for medical, dental and vision coverage as well as buy coverage for life, accident and disability insurance.

Determine the best level of coverage. Consider last year's medical expenses and your 2020 projected healthcare needs to determine the level of coverage that will work best for you. When shopping, you can answer a few simple questions and get recommendations.

Shop for the best carrier. Multiple benefits carriers are competing for your business. Shop around and look at who offers the level of coverage you want for the price that works best for you. Just like other online markets, you can look at reviews to inform your decisions—just bear in mind the carriers should be judged on their network and service, not the level of coverage selected. When you begin the enrollment process, you will be asked to answer some questions to help you find out which carriers include your providers and prescription drugs. Check out the insurance carrier preview sites on [page 37](#) to learn about programs, tools and other considerations that could influence your decision.

If you don't make an active election, you will not have RELX coverage for 2020

If you are an active employee and you want RELX-sponsored medical, dental or vision coverage for yourself and/or your family for 2020, **you must enroll no later than Friday, November 1, 2019**. If you don't make an active election on the **RELX Benefits Center** by the deadline, you and your family will not be covered and you won't be able to buy coverage again until next year's enrollment period (unless you have a qualifying change or life event).

Beginning October 14, start shopping on the **RELX Benefits Center** for:

- Competitive pricing and cost transparency
- Secure 24/7 access to research your options and record your elections
- Guided comparison shopping of plan options from multiple major carriers
- Recommendations after answering a few simple questions before you enroll

Questions? Representatives are ready to answer questions about your 2020 benefit options. Call **1.877.734.1938, Option 1**, Monday through Friday, from 9 a.m. to 6 p.m. ET.

HOW TO ENROLL

What You Need to Know to Enroll

Shopping for Coverage

You will have a choice of different coverage levels and a choice of carriers.

- Your first instinct may be to select the same coverage level and carrier you have today, but look back at your 2019 expenses (including prescription drugs) and consider how much coverage you think you will need next year. Then shop around to see who has the best offering.
- First you'll need to think about what coverage level will fit you and your family best. See "Coverage Levels" on [page 20](#).
- Then you'll want to explore carrier options within your chosen coverage level. See [page 37](#) for medical carrier contact information.
- For examples of some of the things you should be thinking about as you shop for coverage, check out [People Like Me](#).

We encourage you to spend some time before enrolling this year. Get to know your choices and use the tools we've made available.

Find Your National and Regional Carriers

Each coverage level is available through a number of different carriers. The carriers will generally offer the same services, but will charge different costs for coverage. Regardless of the type of plan you choose (high deductible or PPO), the carriers offer robust national networks of providers. Enter your home zip code in the [Network Look-Up](#) tool to see which carriers are available to you. When you know your regional carrier options, you can make sure your doctors are in-network before you purchase coverage.

The RELX Contribution

RELX provides a contribution to each employee to use for medical and dental coverage. This is a portion of the "shopping money" you'll use to buy yourself and your eligible dependents coverage. You'll be able to see the amount of your RELX contribution as well as costs for coverage when you enroll.

If you make less than \$70K/year in salary and you enroll in medical coverage for 2020, you will continue to receive the RELX paid \$5,000 Critical Illness Coverage.

HOW TO ENROLL

What You Need to Know to Enroll

Medical Plan Coverage Levels

- You will have multiple levels to choose from for your medical coverage.
- Plans cover the same medical services and utilize the same broad networks across different coverage levels. You can review what services are covered on [page 28](#).
- Bronze Plus will be your lowest per-paycheck cost option and Platinum will be your highest per-paycheck cost option.
- If you take medications, you should check coverage with the carrier before you enroll. See [page 34](#) for your prescription drug checklist.
- Many deductibles and out-of-pocket maximums are changing for 2020, as well as coinsurance and copays for prescription drugs.
- If you are concerned about continuation of care, check insurance carrier sites to see if your current providers are in-network and review the [transition of care worksheet](#).

HSAs

- You will only be able to contribute to a Health Savings Account if you enroll in a Bronze Plus or Silver coverage level.
- If you choose a plan that is HSA-eligible (Bronze Plus or Silver plan), you cannot contribute to the HSA if you use a healthcare FSA.
- If you choose a plan that is not HSA-eligible (a Gold or Platinum plan), you may contribute to a healthcare FSA but you cannot **contribute** to an existing HSA; however, you can roll funds over from a previous HSA to pay for eligible medical costs.

TAKE NOTE

EARN WELLNESS INCENTIVES IN 2020

For 2020, employees can earn incentive funding of up to \$375 for completing various wellness activities (spouses/domestic partners can earn up to \$250). Employees and/or spouses/domestic partners will earn \$125 for completing their Staywell health assessment and biometric screening. They can then earn additional funding by completing additional wellness activities through Staywell such as participating in health coaching, logging preventive measures such as dental cleanings, annual physicals or flu shots, or syncing a fitness tracker. You will receive communications from RELX Benefits with specific details on what activities you can complete to earn your full incentive in 2020.

HOW TO ENROLL

What You Need to Know to Enroll

The Cost to Cover Dependents

Who you cover affects your costs

Insurance carriers set rates based on historical costs. The costs for spouse/domestic partner coverage are 40% more than the cost for employee coverage and the cost for child(ren) coverage is 20% less than the cost for employee coverage. These costs will also vary by geography, making small variations for pricing based on where you live.

Does your spouse or domestic partner have access to medical coverage elsewhere?

As you prepare for Annual Benefits Enrollment, involve your spouse or domestic partner. Use the pre-enrollment modeler (available beginning October 1) to review your options and costs together. If your spouse or domestic partner has access to healthcare through an employer, it may be a more cost-effective option.

TAKE NOTE

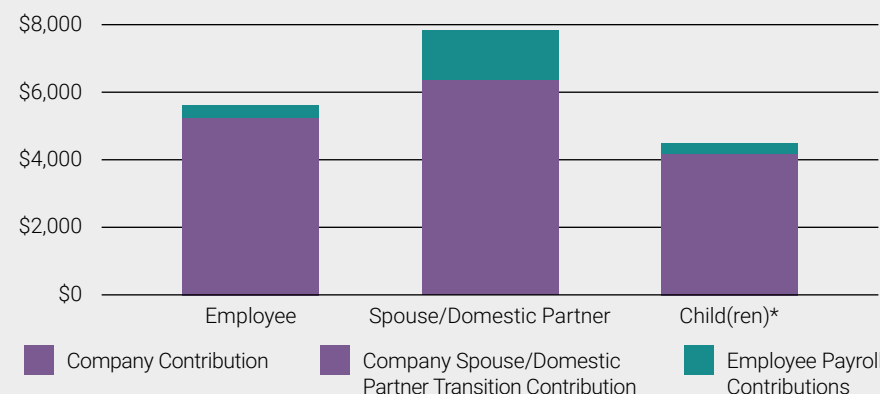
If you elect coverage through RELX for your spouse or domestic partner who has access to health coverage through his or her own employer, a spousal surcharge of \$65 per pay period will apply, and you will be asked to complete a short questionnaire.

RELX Contributions for Dependents

For employees hired before January 1, 2020, RELX helps to offset the higher cost for spouses/domestic partners by providing additional contributions coverage. However, these additional contributions for your spouse/domestic partner are transitional and the "Spouse/Domestic Partner Transition Contributions" will decline over time.

The graph below shows how you and RELX share the cost to purchase coverage for the year. It shows costs for employee, spouse/domestic partner (including the RELX Transition Contribution), and children coverage for the lowest pay band (<\$70,000 annual base pay) and lowest cost plan option.

Annual Cost Sharing



*The cost is the same if you cover one or multiple child(ren).

HOW TO ENROLL

Mark Your Calendar

Prepare and shop wisely. For your 2020 coverage, you'll need to review which plans and carriers offer the best coverage and price for you. You'll have access to different tools and resources now and throughout the rest of the year.

Dates to note		
October 1	The RELX Benefits Center is open	<p>On the Annual Benefits Enrollment page you'll find links to everything you need:</p> <ul style="list-style-type: none"> The pre-enrollment pricing tool to compare the costs for different medical, dental and vision options. You'll also be able to review RELX coverage and cost vs. your spouse's or partner's (if applicable). To get started, enter access code Medical2020. Important details about What's Changing for your benefits in 2020 and how it impacts you. Answers to frequently asked questions about the new website, enrolling this fall, your coverage options and paying for coverage. A network look-up tool that shows you the health plans available to you based on your home zip code. Your transition of care worksheet to help you in the event you decide to change carriers this year.
October 14 – November 1	It's time to enroll	You must enroll during this period to have medical coverage through RELX in 2020. Go to the RELX Benefits Center to get started.
December 1 – December 31	Confirm you're ready for January 1	Check your enrollment confirmation statement and contact the RELX Benefits Center if information is incorrect.
January 1, 2020	Your new coverage takes effect	Look for ID cards in the mail and check your paycheck to ensure your contributions are correct. Visit the RELX Benefits Center for information on your current coverage throughout the year.

HOW TO ENROLL

2020 Annual Benefits Enrollment Checklist

Here is a rundown of what you need to do, and when:

BETWEEN OCTOBER 1 AND
OCTOBER 13

DURING ENROLLMENT:
OCTOBER 14 – NOVEMBER 1

AFTER NOVEMBER 1

JANUARY 1, 2020 AND
BEYOND

- Learn about benefit changes and options here and on the [RELX Benefits Center](#).
- Look at your healthcare over the past year. Review your claims, see how much you've spent from your Health Savings Account (HSA), think about any medication changes and consider any major healthcare needs you or your dependents may have in 2020.
- Talk with your spouse or domestic partner about his or her employer-provided coverage options. If he/she has access to healthcare through an employer, but you choose to cover him/her on your coverage, you will pay the \$65 surcharge.
- Review examples of what different employees may consider when selecting medical coverage in **People Like Me** on the **RELX Benefits Center**.
- If you are concerned about continuation of care, check insurance carrier sites to see if your current providers are in-network and review the **transition of care worksheet**.
- If you or a covered family member regularly takes medication, call the medical insurance carrier before you enroll to make sure your medication is on their formulary. See [page 37](#) for more information.
- Take advantage of the [pre-enrollment pricing tool](#) that will help you compare the costs of your healthcare options and link to carriers' websites for more information (like whether or not your providers are in-network). **To get started, enter access code [Medical2020](#).**

HOW TO ENROLL

2020 Annual Benefits Enrollment Checklist

Here is a rundown of what you need to do, and when:

BETWEEN OCTOBER 1 AND
OCTOBER 13

DURING ENROLLMENT:
OCTOBER 14 – NOVEMBER 1

AFTER NOVEMBER 1

JANUARY 1, 2020 AND
BEYOND

- You must enroll between October 14 and November 1.
- If you don't make an election, you will not have coverage for 2020.**
- Review your choices and enroll on the **RELX Benefits Center**.
- Explore different options as much as you'd like during Annual Benefits Enrollment, but after November 1, your elections are set.
- Before you enroll, you'll answer a few simple questions that will help you compare your current providers and prescription drugs to the network options.
- If you or a covered family member regularly takes brand medication, call the medical insurance carrier to make sure the medication is on their formulary and find out how much it costs. See [page 37](#) for more information.
- Enrolling a new dependent? If he or she hasn't been verified through the **Dependent Verification** process, you'll receive information about how to do so in December.
- Annual Benefits Enrollment is a good time to check your beneficiary designations and revise if necessary.

HOW TO ENROLL

2020 Annual Benefits Enrollment Checklist

Here is a rundown of what you need to do, and when:

BETWEEN OCTOBER 1 AND
OCTOBER 13

DURING ENROLLMENT:
OCTOBER 14 – NOVEMBER 1

AFTER NOVEMBER 1

JANUARY 1, 2020 AND
BEYOND

- Review your confirmation statement as soon as you get it. If you find errors, contact the **RELX Benefits Center** immediately at **1.877.734.1938, Option 1**.
- If you enrolled in a new plan, look for new medical and prescription drug plan ID cards and HSA cards in the mail toward the end of 2019.

HOW TO ENROLL

2020 Annual Benefits Enrollment Checklist

Here is a rundown of what you need to do, and when:

BETWEEN OCTOBER 1 AND
OCTOBER 13

DURING ENROLLMENT:
OCTOBER 14 – NOVEMBER 1

AFTER NOVEMBER 1

JANUARY 1, 2020 AND
BEYOND

- Your new benefits take effect January 1, 2020.
- Check your first paycheck in January to confirm that the benefits you selected match what you see on your paycheck. Contact the **RELX Benefits Center** immediately if you spot a discrepancy.
- Start and continue using your new benefits.
- Covered spouses or domestic partners should register for StayWell (our Wellness partner). They can participate in well-being activities again in 2020.
- Use your Healthcare and/or Dependent Care Flexible Spending Account funds before the end of the year. Claims can be submitted until March 31 of the following year. Unused FSA funds are forfeited at the end of the year.

HOW TO ENROLL

Enrolling Dependents

Here's a reminder about whom you can cover as a dependent.

Who Is Eligible?

For certain benefits, you may also enroll your eligible family members. Eligible family members include:

- Your spouse or domestic partner. **Note:** If you're divorced and have a divorce decree that requires you to provide coverage for your ex-spouse, that person is not eligible to be covered through the RELX plans.
- For medical coverage only, you may cover your own and/or your spouse's or domestic partner's children up to age 26. Coverage is offered regardless of the dependent's student, mental or employment status; regardless of whether the employee's home is the dependent's principal residence; and regardless of whether the dependent has coverage available through his/her own employer. If you cover a domestic partner, you may be subject to imputed income adjustments to comply with IRS tax rules.
- For all other coverage, you may cover your own and/or your spouse's or domestic partner's unmarried dependent children up until the end of the month they turn age 19, or up to age 23 if they are full-time students.

- Your own and/or your spouse's or domestic partner's unmarried children of any age who are primarily supported by you and incapable of self-support because of a mental or physical disability that began before age 19 (or 26 for medical coverage). You must provide the appropriate carrier proof of the disability within 30 days if enrolling your child as a disabled dependent (note this does not apply to all plans).

Dependent Verification

If you are enrolling (and covering dependents) in a RELX medical plan for the first time, or, if you are adding a new dependent for 2020, you will be required to provide verification of your covered dependents' eligibility.

HOW TO ENROLL

Questions to Consider

2020 Annual Benefits Enrollment is October 14 through November 1, 2019.

Get confident in your choices.

Find answers to some really important questions before you enroll to get confident in your choices. Then during Annual Benefits Enrollment, the tools on the **RELX Benefits Center** will help you through the enrollment process.

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

Q1 Are my providers in the carrier's network?

Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) who are 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 37](#).
- When you enroll, check the networks of each insurance carrier you're considering on the **RELX Benefits Center**. For the best results, search for your provider by name—not medical practice—and only the office location where you will visit the provider.
- When enrollment opens on October 14, before you enroll, you will answer some questions to help you check which carriers include your providers and prescription drugs.

Important! If you have *any* uncertainty or, for instance, if you will cover out-of-area dependents, call the insurance carrier to confirm whether a provider participates in a carrier's network. 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.

Q2 How will my prescriptions be covered?

If you or a covered family member regularly takes medication, make sure you're comfortable with the carrier's coverage for drugs you and your covered family member needs:

- Call the medical insurance carrier before you enroll. See a list of questions to ask each carrier you're considering on [page 34](#).
- 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 use the prescription drug search tool to look up your medication, see how it will be classified and more.

[continued on next page](#)

HOW TO ENROLL

Questions to Consider

Q3 Which medical coverage level is best for me?

You want to get the right amount of coverage for your needs at the right price for you. The **RELX Benefits Center** can help you choose the right coverage level and get the best deal.

- See which option could work best for you. By answering a few questions before you enroll, 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 out of your paycheck and which options cost more when you get care. (You may also find Summaries of Benefits and Coverage for comparison on the **RELX Benefits Center**.)

Q4 Which medical insurance carrier is best for me?

All insurance carriers are different. Each carrier will offer its own price for each coverage level. The **RELX Benefits Center** will show you all of the prices in one place. (**Important Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

If you need help deciding:

- See how other people rate their health carriers on the **RELX Benefits Center**. Please share your own ratings and opinions with others. The more information we all have the better.
- 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 best value based on your coverage needs. (You may also find Summaries of Benefits and Coverage for comparison on the **RELX Benefits Center**.)
- Browse the carrier preview sites (see [page 37](#)) to learn about programs, tools and other considerations that could influence your decision.

continued on next page

HOW TO ENROLL

When You're Ready to Enroll...

TAKE NOTE

IF YOU DON'T ENROLL

You must enroll by midnight ET on November 1 or you will *not* have the following in 2020:

- Medical or prescription drug coverage
- Dental coverage
- Vision coverage
- Flexible Spending Accounts and the supplementary insurance and coverage options outlined in this guide



Making your final elections!

From the Home Page of the RELX Benefits Center, click on the link to Annual Benefits Enrollment.

Explore different options as much as you'd like during Annual Benefits Enrollment, but after November 1, your elections are set. **Note:** There is no "submit" button in the enrollment tool. The elections showing in the **RELX Benefits Center** at midnight ET, November 1 are your final elections for 2020. You cannot change these elections (unless you have a qualifying change of life event) until next year's enrollment period.

You will receive a confirmation email of your elections after Annual Benefits Enrollment has closed.

MEDICAL & RX

Shopping for Medical

You will have access to multiple coverage levels and different carriers will be competing for your business at each level. You should start by choosing what level of coverage is right for you based on your previous coverage and any healthcare needs you expect in 2020. Then look at what the different carriers have to offer and who will provide the best value within your chosen coverage level.

Choose a coverage level

Evaluate the total costs for each level and determine what type of coverage will best fit your needs.

All medical options will cover the same services, but what is your preference:

- To pay more upfront through payroll contributions so you can pay less out-of-pocket for the services you use?

Or

- To pay less through payroll contributions and more out-of-pocket for the services you use?

Choose an insurance carrier

- Carefully review your options and prices. Prices can go up or down each year, your current coverage may not be your best option next year.
- Check your providers are in-network.
- Review the formulary to check your prescription medications are covered.
- Read reviews and see what others are saying about the carrier.
- Use the [network look-up tool](#) to see what carriers are available to you.

Make your selection

Make your selection and use the **RELX Benefits Center** and your carrier's website throughout the year to manage your coverage and get the best out of your plan.

TAKE NOTE

If you have a question about a carrier's network, coverage or services, including prescription drugs, call them. They will be happy to answer your questions before or during enrollment so you can choose the right carrier. Go to the **RELX Benefits Center** to learn about carriers and get carrier contact information.

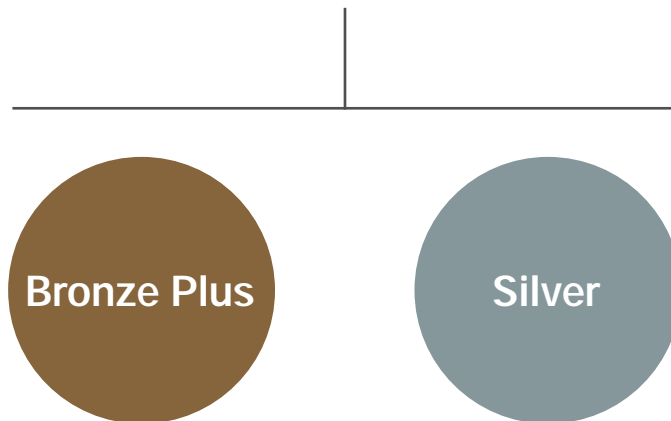
MEDICAL & RX

Coverage Levels

You have several coverage levels to choose from and they are:

High-deductible plans with an HSA

"Consumer-driven health plans" provide lots of flexibility, but you need to play an active role in your healthcare choices, including how and when you pay for healthcare.

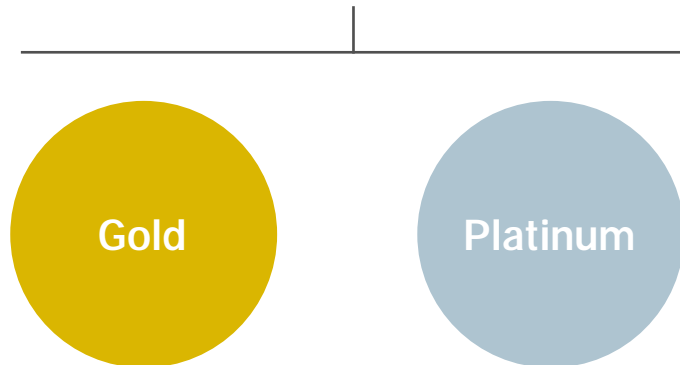


A high-deductible (lower cost per paycheck) option with a Health Savings Account (HSA) and coinsurance for prescription drugs and medical services after the deductible has been met

A high-deductible option with a lower deductible than the Bronze Plus option, an HSA and coinsurance for prescription drugs and medical services after the deductible has been met

Preferred provider organizations or PPOs

Groups of doctors, hospitals and other providers who work with your carrier to provide services at agreed upon rates. It's important to stay in-network when enrolling in a PPO or HMO. In fact out-of-network care may even be restricted. These plans are more "traditional" and have lower deductibles and copays with higher payroll costs.



A preferred provider organization (PPO) option with prescription drug and medical services copays after satisfying a small deductible

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, VA and WA, a Health Maintenance Organization (HMO) option with prescription drug copays that covers in-network care only)

MEDICAL & RX

Coverage Levels

TAKE NOTE

Remember, each coverage level is available from different insurance carriers at varying costs (but you are always covered no matter what coverage level you select). The carriers will cover the same services (although costs may differ) and utilize the same networks across each coverage level. If you take maintenance medications, differences will apply for prescription drug coverage by carrier, so you should check coverage with the carrier before you enroll.

Attention California! Your options will be different, depending on the insurance carrier you choose. See [page 29](#) for details.

Do You Live Outside the Service Area?

When you enroll, all the options you see are based on your home ZIP code. It's unlikely you live outside the service areas of all the insurance carriers, but if you do, you can choose an out-of-area option at the Silver coverage level. Aetna is the only insurance carrier available, and you should note, this option is different from the Silver option described in this guide. For details, you can refer to the **RELX Benefits Center** once Annual Benefits Enrollment opens on October 14.

MEDICAL & RX

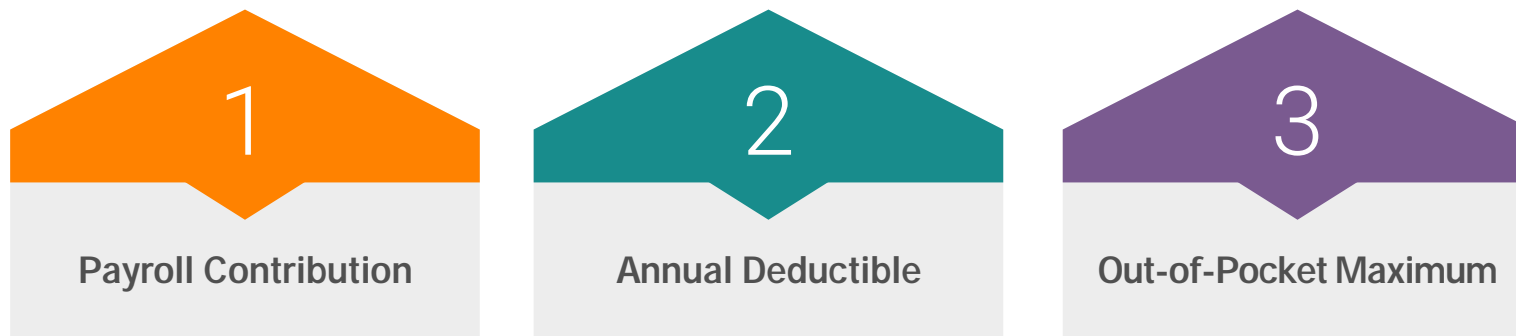
What Does It Cost?

The cost structures for each coverage level are different. What you want to do is balance the total cost of coverage throughout the year, and to do that there are three important numbers to assess each plan:

[more details](#)

MEDICAL & RX

What Does It Cost?



Costs and contributions up front

Your costs

You make a payroll contribution each paycheck before taxes. The amount depends on your salary tier and the coverage you select. In terms of payroll contribution costs, Bronze Plus is the lowest cost option and Platinum is the highest.

RELX contribution

RELX contributes toward medical and dental coverage; see the amount when you enroll.

You can earn additional funding through wellness incentives. If you enroll in a Bronze Plus or Silver coverage level, the incentive will be directed to your HSA. If you enroll in Gold or Platinum, because you are not eligible to open an HSA, your incentive will be given to you in the form of a gift card, with applicable taxes taken from a subsequent paycheck (due to IRS regulations).

Potential costs and coverage for services

Your costs

You pay out-of-pocket (or from your HSA or HCFSA) until you hit your annual deductible. **Deductibles vary greatly** by coverage level and are separate for in- and out-of-network services.

Shared costs

Coinsurance and copays are the percentages or amounts you pay once you've met your deductible and your coverage has kicked in.

You'll pay **different amounts for different services**. But for example, for most in-network services at the Bronze Plus and Silver coverage levels, after you've met the deductible, your share is 20% of costs and the plan pays the remaining 80%.

Covered by insurance

Once you've met your **out-of-pocket maximum**, the plan pays 100% of costs.

MEDICAL & RX

What Does It Cost?

TAKE NOTE

You can compare costs before enrollment begins by using the [pre-enrollment pricing tool](#) on the **RELX Benefits Center**—click on the link from the home page. **Enter access code [Medical2020](#) to get started.**

It's a secure, interactive tool that lets you plug in some considerations and compare your medical, dental and vision plan options.

Not only can you compare costs, but you can link to carriers' websites to check out the tools they offer and whether or not your providers are in-network.

Buyer's tips

Know your limits!

There are different types of deductibles depending on the coverage level you choose and if you are covering dependents. See [page 26](#) for more details.

You will have different in-network and out-of-network deductibles and out-of-pocket maximums. Claims will only count toward one of these limits, either in-network or out-of-network. This is a change from prior years. If you are planning to have any out-of-network care, this is very important to note. See [page 27](#) for more details.

MEDICAL & RX

What Does It Cost?

Payroll Contributions

You get to decide how much you want to pay for coverage through the **RELX Benefits Center**. You can choose the coverage level you want from the insurance carrier offering it at the best price. The number of family members you cover will also play a factor in how much you pay. The end result is that you could end up paying more—or less—for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with before-tax dollars. RELX also contributes toward the cost of your coverage. This is your "shopping money" to use toward any coverage level you choose.

Shopping for the best price

You'll be able to see the RELX contribution and your price options for coverage when you enroll on the **RELX Benefits Center**. If you enroll in a Bronze Plus or Silver coverage level and don't use the full credit, the unused dollars will be deposited into your HSA.

How much you pay out of your paycheck is one thing. You need to consider what you'll pay throughout the year when you need care. You determine which coverage level gives you the best value for your total healthcare costs.

Buyer's tips

Pay LESS now and MORE when you need care

The Bronze Plus and Silver coverage levels cost less per paycheck, 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 healthcare.

Keep in mind, you can enroll in and contribute to an HSA when you enroll in a Bronze Plus or Silver coverage level. See how an HSA can help you save for eligible healthcare costs on [page 38](#).

Pay MORE now and LESS when you need care

The Gold and Platinum coverage levels tend to have higher per paycheck costs and lower or no deductibles. Make sure you understand how your annual paycheck costs offset these lower deductible amounts. And don't forget you can make tax-free contributions to a Healthcare Flexible Spending Account to use toward eligible expenses during the year.

[See page 52.](#)

MEDICAL & RX

What Does It Cost?

Here are the annual deductibles for each plan level:

Annual Deductible (individual/family) ¹				
	Bronze Plus	Silver	Gold	Platinum
In-network	\$2,450/\$4,900	\$1,500/\$3,000	\$800/\$1,600	N/A
Out-of-network	\$2,450/\$4,900	\$1,500/\$3,000	\$1,600/\$3,200	\$5,000/\$10,000

Buyer's tips

The Bronze Plus and Silver coverage levels 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 member. There is no "individual deductible" in these coverage levels when you have family coverage.

The Gold and Platinum coverage levels have a traditional deductible.

Once a covered family member meets the *individual* deductible, your insurance will

begin paying benefits for that family member. Charges for all 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 Platinum coverage level does not have an in-network deductible.

Keep in mind that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck and also has the narrowest network.

TAKE NOTE

All preventive care is still being covered at 100%. Preventive drugs are also covered at 100% but each carrier defines what is preventive (as determined by the Affordable Care Act).

See more information on [page 32](#) for prescription drugs.

¹The 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.

MEDICAL & RX

What Does It Cost?

Next, here are the out-of-pocket maximums:

Out-of-Pocket Maximums (individual/family) ²				
	Bronze Plus	Silver	Gold	Platinum
In-network	\$3,900/\$7,800	\$3,800/\$7,600	\$3,600/\$7,200	\$1,600/\$3,200
Out-of-network	\$11,500/\$23,000	\$8,000/\$16,000	\$7,200/\$14,400	\$11,500/\$23,000

Buyer's tips

The Bronze Plus and Silver coverage levels 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 coverage levels when you have family coverage.

The Gold and Platinum coverage levels have a traditional out-of-pocket maximum.

Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

Going out-of-network

- If you choose to receive care through out-of-network providers, those 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, VA and WA will offer Health Maintenance Organization or "HMO" style benefits that do not cover out-of-network benefits at all.

Kaiser Permanente

If you choose coverage under Kaiser Permanente, copays for certain medical services may not apply toward the annual out-of-pocket maximum under the Bronze Plus, Silver, Gold and Platinum coverage levels.

²The 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.

MEDICAL & RX

What's Covered?

Here is a breakdown of what each benefit level covers for in-network benefits:

In-Network Coinsurance and Copays				
	Bronze Plus	Silver	Gold	Platinum
Preventive Care	Covered 100% no deductible			
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	You pay a \$25 copay for primary care physician (PCP) visit with no deductible You pay a \$40 copay for specialist visit with no deductible	You pay a \$25 copay for primary care physician (PCP) visit with no deductible You pay a \$40 copay for specialist visit with no deductible
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay a \$200 copay
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay a \$50 copay
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay a \$350 copay
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, covered at 100% ³

TAKE NOTE

Coinsurance is a percentage you pay of a discounted or negotiated rate for a service.

Copays are a negotiated flat fee for the cost of a service.

Gold and Platinum coverage levels have copays instead of coinsurance for doctor's office visits, and Platinum has copays for emergency room, urgent care and inpatient care services.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels. 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 the **RELX Benefits Center**. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **RELX Benefits Center** will give 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 can find Summaries of Benefits and Coverage on the **RELX Benefits Center**.

³There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

MEDICAL & RX

Do You Live in California?

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:

California Benefit Options					
	Bronze Plus	Silver	Gold	Gold II	Platinum
Aetna	In- and out-of-network		In- and out-of-network	N/A	In- and out-of-network
Cigna	In- and out-of-network		N/A	In-network only	In-network only
Empire Blue Cross Blue Shield	In- and out-of-network		In- and out-of-network	N/A	In- and out-of-network
Health Net	Northern California: In-network only		N/A	In-network only	In-network only
	Southern California: In- and out-of-network				
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

Insurance carriers can choose to offer either the standard Gold option or a Gold II option—not both. The Gold II option offers only in-network benefits. The Gold II option is offered by Cigna, Health Net and Kaiser Permanente. The Gold option is offered by Aetna and UnitedHealthcare and includes out-of-network coverage.

MEDICAL & RX

Do You Live in California?

Annual Deductibles and Out-of-Pocket Maximums for California:

Annual Deductible					
	Bronze Plus	Silver	Gold	Gold II	Platinum
In-network (Individual/family)	\$2,450/\$4,900 ¹	\$1,500/3,000 ¹	\$800/\$1,600	N/A	N/A
Out-of-network (Individual/family)	\$2,450/\$4,900 ¹	\$1,500/3,000 ¹	\$1,600/\$3,200	N/A	\$5,000/\$10,000

Annual Out-of-Pocket Maximum					
	Bronze Plus	Silver	Gold	Gold II	Platinum
In-network (Individual/family)	\$3,900/\$7,800 ²	\$3,800/\$7,600 ²	\$3,600/\$7,200	\$5,400/\$10,800	\$1,600/\$3,200
Out-of-network (Individual/family)	\$11,500/\$23,000 ²	\$8,000/\$16,000 ²	\$7,200/\$14,400	N/A	\$11,500/\$23,000

Buyer's tips

Going out-of-network

If you choose to receive care through out-of-network providers, those 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.

¹Under Health Net and Kaiser Permanente, if you cover dependents, no covered member pays more than \$2,800 toward the family deductible. Also, these options feature a traditional annual deductible.

²Under Health Net and Kaiser Permanente, these options feature a traditional annual out-of-pocket maximum.

MEDICAL & RX

Do You Live in California?

In-Network Benefits for California:

Note: Gold, Gold II and Platinum coverage levels have copays instead of coinsurance for doctor's office visits, and Platinum has copays for emergency room, urgent care and inpatient care services.

In-Network Coinsurance and Copays					
	Bronze Plus	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	You pay a \$25 copay for primary care physician (PCP) visit with no deductible You pay a \$40 copay for specialist visit with no deductible	You pay a \$25 copay for primary care physician (PCP) visit You pay a \$40 copay for specialist visit	You pay a \$25 copay for primary care physician (PCP) visit You pay a \$40 copay for specialist visit
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay a \$200 copay
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay a \$50 copay
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay a \$350 copay
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30% after deductible	If not an office visit, covered at 100% ¹

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

The charts above are a high-level listing of commonly covered benefits across carriers and coverage levels. 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 the **RELX Benefits Center**. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **RELX Benefits Center** 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 plans 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 can find Summaries of Benefits and Coverage on the **RELX Benefits Center**.

MEDICAL & RX

What You Need to Know About Prescription Drug Coverage

Knowing what your prescription drugs cost is important if you or a family member takes medications. Your prescription drug coverage will be provided through the same carrier you choose for medical coverage. There have been increases to coinsurance and certain copays for the coming year.

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 34](#) to find out why it also matters what carrier you choose.

Prescription Drug Coverage				
	Bronze Plus	Silver	Gold	Platinum
Preventive Drugs (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. Note: Maintenance medications are not considered preventive.			
Deductible	Included in medical		\$0	
30-day retail supply				
Tier 1: Generally lowest-cost options (e.g. generics)	You pay 100% until you've met the deductible, then you pay 25%		You pay \$10	You pay \$8
Tier 2: Generally medium-cost options (e.g. preferred brand drugs on the formulary)	You pay 100% until you've met the deductible, then you pay 25%		You pay \$40	You pay \$30
Tier 3: Generally highest-cost options (e.g. specialty medication and brand drugs not on the preferred formulary)	You pay 100% until you've met the deductible, then you pay 25%		You pay \$60	You pay \$50

[continued on next page](#)

MEDICAL & RX

What You Need to Know About Prescription Drug Coverage

Prescription Drug Coverage				
	Bronze Plus	Silver	Gold	Platinum
90-day mail-order supply				
Tier 1: Generally lowest-cost options	You pay 100% until you've met the deductible, then you pay 25%		You pay \$25	You pay \$20
Tier 2: Generally medium-cost options	You pay 100% until you've met the deductible, then you pay 25%		You pay \$100	You pay \$75
Tier 3: Generally highest-cost options	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.

TAKE NOTE

Do you or a family member take a maintenance medication? If so, check with the vendor to see how it will be covered, as vendors may treat them differently.

MEDICAL & RX

Why the Carrier You Choose Matters for Your Prescriptions

Each medical carrier has an in-house or preferred pharmacy benefit manager with 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.

Your Prescription Drug Checklist

Buyer's tips

If you or a covered family member regularly takes medication, it is strongly recommended that you review the formulary carefully before you enroll.

Maintenance medications are not considered preventive and in the Bronze Plus and Silver options, you will pay the full cost for these drugs until you meet the deductible. The questions you answer before you enroll will let you compare your medications against all the formularies in one convenient place. You can also call the medical carrier and tell them you're considering medical coverage offered through the RELX benefits program 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 and it may not count toward your deductible and out-of-pocket limits.

How much will my drug cost?

The cost of your prescription drug depends on how your medication is classified by your insurance carrier—generally 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, insurance carriers 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 on the carrier sites, or use 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 highly expensive, some medical insurance carriers 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.

[continued on next page](#)

MEDICAL & RX

Why the Carrier You Choose Matters for Your Prescriptions

Your Prescription Drug Checklist

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 insurance carrier 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.

Note: Maintenance medications are not considered preventive.

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

Many carriers 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 be covered only 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.

Thinking of changing carriers? Get help through the transition

A [Transition of Care Worksheet](#) is posted on the **RELX Benefits Center**. It includes information on what you need to do to make it through the transition, along with other helpful tips.

You can also call the **RELX Benefits Center** at **1.877.734.1938, Option 1**, Monday through Friday, from 9 a.m. to 6 p.m. ET and a representative will be there to answer your questions.

MEDICAL & RX

Choosing a Medical Carrier

This is how the benefits program saves you money—by making insurance companies compete for your business. Instead of RELX choosing one carrier to do business with, you have several carriers to choose from.

Before you enroll with a carrier, 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’ve enrolled, you’ll be able to register and log on to your carrier’s main website for personalized information. No matter which coverage level you select, you may be able to choose from the following carriers:*

National Carriers

- Aetna
- Cigna
- Empire Blue Cross Blue Shield
- UnitedHealthcare

Regional Carriers

- **Dean** (generally available in WI)
- **Geisinger** (generally available in PA)
- **Health Net** (generally available in CA and OR)
- **Kaiser Permanente** (formerly Group Health in WA)
- **Kaiser Permanente** (generally available in CA, CO, DC, GA, MD, VA, OR and southwest WA)
- **Medical Mutual of Ohio** (generally available in OH)
- **Priority Health** (generally available in the lower peninsula of Michigan)
- **UPMC Health Plan** (generally available in PA)

[See next page for more details.](#)

*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 21](#) for details.

Buyer's tips

The carriers available to you depend on where you live.

Use the [network look-up tool](#) to see which carriers are available to you.

TAKE NOTE

THINKING OF CHANGING CARRIERS?

Call or view the carrier websites to see if your current providers are in-network with the carrier you choose before you enroll. And if you or one of your family members is taking medications, don't forget to ask if your medications are on the formulary and review the [transition of care worksheet](#).

MEDICAL & RX

Choosing a Medical Carrier

Visit any of the carrier-specific websites below for information about each carrier's covered physicians, facilities, and prescription drugs information.

Carrier	Preview Website	Member Website	Phone
National Carriers			
Aetna	https://www.aetna.com/aon/fi/2020	https://www.aetna.com	1.855.496.6289
Cigna	https://connections.cigna.com/aonactivehealth-2020/	https://my.cigna.com	1.855.694.9638
Empire Blue Cross Blue Shield	https://www.empireblue.com/learnmore	https://www.empireblue.com	1.844.424.8339
UnitedHealthcare	https://welcometouhc.com/aon3	http://myuhc.com	1.888.297.0878
Regional Carriers			
Dean (generally available in WI)	http://aon.deanhealthplan.com	http://aon.deanhealthplan.com	1.877.232.9375
Geisinger (generally available in PA)	https://geisinger.org/aon	https://www.geisinger.org/member-portal	1.844.390.8332
Health Net (generally available in CA and OR)	https://www.healthnet.com/myaon	https://www.healthnet.com/myaon	1.855.407.0900
Kaiser Permanente (formerly Group Health in WA)	https://kp.org/wa/aonactivehealth	https://wa-member.kaiserpermanente.org	1.855.407.0900
Kaiser Permanente (generally available in CA, CO, DC, GA, MD, VA, OR and southwest WA)	http://kp.org/aon	http://www.kp.org	Pre-enrollment: 1.877.580.6125 Post-enrollment: • CA: 1.800.464.4000 • CO: 1.303.338.3800 • GA: 1.404.261.2590 • DC, MD, VA: 1.800.777.7902 • OR and southwest WA: 1.800.813.2000
Medical Mutual of Ohio (generally available in OH)	http://www.medmutual.com/aon	https://member.medmutual.com	Pre-enrollment: 1.800.677.8028 Post-enrollment: 1.800.541.2770
Priority Health (generally available in the lower peninsula of Michigan)	https://www.priorityhealth.com/aon	https://member.priorityhealth.com/login	1.833.207.3211
UPMC Health Plan (generally available in PA)	https://www.upmchealthplan.com/aon	https://www.upmchealthplan.com/members	1.844.252.0690

Check the reviews

See how others have rated the available health carriers on a variety of measures, such as customer service, network of providers and online experience. Help others by adding your experiences.

HEALTH SAVINGS ACCOUNT

Health Savings Account (HSA)

The Bronze Plus and Silver coverage levels give you access to an HSA administered by Optum Bank. This is a personal bank account that works with your medical coverage. If you already have an HSA, it will continue through your Optum account.

How It Works

- It works like a regular bank account, but the funds can only be used for IRS qualified medical and prescription drug expenses. See qualified expenses at irs.gov/publications/p502. You cannot contribute to your HSA if you are not in an eligible high deductible health plan (Bronze Plus or Silver).
- Use your HSA funds to pay for healthcare expenses today, or save and invest the money to use for future medical expenses, even after retirement. Once your HSA balance reaches \$2,000 it becomes an investment account and you can select how you'd like to invest. Your HSA account will be integrated into the Empower Retirement platform to help you plan for medical expenses during retirement.
- You choose the tax-free amount you want to contribute for 2020 when you enroll (you can change this amount at any time during the year). This amount will be deposited into your HSA via automatic payroll deductions throughout the year. Check your HSA balance regularly to be sure you have sufficient funds to cover eligible healthcare expenses.

- The maximum contributions in 2020, including any well-being incentive contributions from RELX, are:
 - \$3,550 per individual
 - \$7,100 per family
 - HSA participants age 55 and over can contribute an additional \$1,000 catch-up contribution

HSA advantages

It's tax-free when it goes in. You can put money into your HSA on a before-tax basis through the convenience of payroll deductions. Not only do you save money on qualified healthcare expenses, but your taxable income is also lowered.

It's tax-free as it grows. You earn tax-free interest on your money. The interest you earn even earns interest!

It's tax-free when you spend it. When you spend your HSA funds on qualified healthcare expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental and vision coinsurance and deductibles. See more about how to use your HSA on [page 40](#).

It's always your money. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical coverage, leave the Company or retire.

HEALTH SAVINGS ACCOUNT

Health Savings Account (HSA)

If you currently have an HSA through RELX

- If you currently have money in an HSA, you can continue to use it to pay for qualified medical expenses in 2020, even if you no longer contribute to your HSA due to plan rules.
- If you enroll in a Bronze Plus or Silver medical coverage level you will keep your same account and you will be prompted during enrollment to review your contribution amount.
- If you do not enroll in medical coverage, or you enroll in a Gold or Platinum coverage level, you cannot continue to make contributions to your HSA and you should note that Optum may charge fees to administer any funds left unused in your account.

If you don't currently have an HSA through RELX

- If you don't have an HSA now and you enroll in a Bronze Plus or Silver medical coverage level, during enrollment you can choose to open an HSA account with Optum Bank and make contributions. However, you are not required to contribute. You may decline to make any contributions during enrollment.
- If you don't have an HSA now and you enroll in a Gold or Platinum medical coverage level, you will not be allowed to open an HSA. You may want to consider allocating money to a Healthcare Flexible Spending Account instead. See [page 52](#) for more information.

TAKE NOTE

You will only have access to a Health Savings Account if you enroll in a Bronze Plus or Silver coverage level.

If you enroll in a Bronze Plus or Silver coverage level and don't use the full RELX contribution toward your medical coverage, the unused portion will be deposited into your HSA. If you don't have an HSA, you will receive a gift card, with applicable tax deductions taken on a subsequent payroll statement (due to IRS tax regulations).

You and your spouse or domestic partner can still earn HSA incentive funds by completing well-being activities. Employees can earn up to \$375 in wellness incentives (\$250 for spouses /domestic partners).

HEALTH SAVINGS ACCOUNT

Health Savings Account (HSA)

Choosing what to contribute

You will need to actively choose how much you want to contribute to your HSA when you enroll for 2020. If it's financially feasible for you, increase your contribution amount. The more you can save, the more your money will grow over time and the more you'll benefit from the tax savings. However you are not required to contribute. When you enroll you can decline to contribute.

Complete activities to earn well-being incentives

To earn the incentive-based HSA funding in 2020, you (and your covered spouse or domestic partner) have to complete a health assessment, biometric screening, and various wellness activities, such as participating in health coaching or logging preventive visits, to earn points on the StayWell portal by November 30, 2020. You will receive more information from RELX Benefits with specific details on what activities you can complete to earn your full incentive in 2020.

You can earn up to \$375 (and your spouse or domestic partner could earn up to \$250) when you complete these activities by the deadline. If you enroll in a Bronze Plus or Silver coverage level, the incentive will either be directed to your HSA, or you can choose to receive your incentive in the form of a gift card with applicable tax deductions taken on a subsequent payroll statement (due to IRS tax regulations). If you enroll in a Gold or Platinum coverage level, you will receive the gift card because these options are not eligible for an HSA.

Using your account

Using your HSA funds is easy! Our partnership with Optum will help you determine how much to contribute into your HSA to fit your budget. Paying claims with your HSA debit card or through the portal won't change from your current process. In addition to being able to manage your account online, there are multiple ways to use your HSA to pay for expenses. You can use the Optum portal to send money to your provider electronically, or, you can reimburse yourself from your HSA for claims paid in cash earlier in the year.

Find a complete list of qualified expenses at <https://www.optum.com/content/dam/optum/consumer-activation/A13534/42994-hsa-qualified-expenses.pdf.pdf>.

TAKE NOTE

For more resources, go to the [Optum HSA website](#). There you'll be able to [sign up for live HSA webinars on a variety of topics](#) and find a list of [frequently asked questions](#).

HEALTH SAVINGS ACCOUNT

Health Savings Account (HSA)

Eligibility

- To be eligible to contribute to an HSA, you must enroll in a Bronze Plus or Silver medical coverage level. If you're covered by a second medical plan, it must also be a high-deductible option for you to be eligible for an HSA. For example, if you're also enrolled in your spouse's coverage, that plan must be a high-deductible option too.
- Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their healthcare expenses unless 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).

TAKE NOTE

You choose the tax-free amount you want to contribute for 2020 when you enroll. But you can stop, start or change contributions at any time during the year.

You can't contribute to an HSA if:

- You're eligible for Medicare or enrolled in a veteran's medical plan (TRICARE).
- You're claimed as a dependent on someone else's federal tax return.
- Your spouse currently participates (or previously participated within the current plan year) in a general purpose Healthcare Flexible Spending Account (Healthcare FSA).
- In general, you can't contribute to an HSA if you use a Healthcare FSA for medical expenses. If you have an HSA and enroll in a Healthcare FSA:
 - Your leftover HSA balance can be used for qualified medical, dental and vision expenses, but you cannot contribute any more money to your HSA while your FSA is active.
 - If you contribute to an HSA, you cannot have a Healthcare FSA.

DENTAL & VISION

Dental — Coverage Levels

Just like with medical, you'll have your choice of dental coverage level and carriers. You'll want to be sure to choose the option that's right for you and your family, if applicable. For example, if you don't need orthodontic care (braces) or major restorative care, the Bronze coverage level may be all you need.

You have several coverage levels to choose from and they are:

Bronze

A basic DPPO option that covers in- and out-of-network care. You'll receive a discounted rate with in-network providers, but it does not cover major services or orthodontic expenses

Silver

A buy-up to the basic DPPO option that covers in- and out-of-network care. 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 DPPO option that covers in- and out-of-network care. You'll receive a discounted rate with in-network providers, including coverage for major services and orthodontic expenses for children and adults

Platinum

A DHMO option that covers in-network care only, including orthodontic expenses for children and adults. Not available in some limited areas

Remember, each coverage level is available from different insurance carriers at different costs, but the options cover the same services across the coverage levels, except where specifically noted (e.g., orthodontia).

Dental — What Does It Cost?

You'll pay the cost of dental coverage with before-tax dollars. Just like your medical coverage, you get to decide how much you want to pay for coverage through the **RELX Benefits Center**. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on:

- **The amount of your dental contribution from RELX.** All eligible employees will receive a dental contribution to use toward the cost of coverage. You'll be able to see your contribution amount and your price options for coverage when you enroll on the **RELX Benefits Center**.
- **The dependents you cover.** You can enroll any combination of you, your spouse or domestic partner and your eligible children in the option you choose.

Buyer's tips

Considering Platinum?

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 Platinum network which could be considerably smaller. Be sure to check the availability of local in-network dentists before you enroll. If you don't use a network dentist, you'll pay for the full cost of services.

If you choose the Platinum coverage level (where available by carrier), you must designate a primary care dentist to coordinate your care. 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.

DENTAL & VISION

Dental — What Does It Cost?

Annual Deductibles

Here are the Annual Deductibles for each coverage level:

Annual Deductible (individual/family)			
Bronze	Silver	Gold	Platinum
\$100/\$300	\$100/\$300	\$50/\$150	N/A

Plan Limits

Here are the out-of-pocket maximums for 2020:

Annual Maximums (excluding orthodontia)			
Bronze	Silver	Gold	Platinum ¹
\$1,000 per person	\$1,500 per person	\$2,500 per person	N/A

Orthodontia Lifetime Maximum			
Bronze	Silver	Gold	Platinum
Not covered	\$1,500 per child	\$2,000 per person ²	Varies by insurance carrier

TAKE NOTE

Once you reach your Annual Maximum, you are responsible for 100% of dental expenses for the remainder of the plan year.

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

²If 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.

DENTAL & VISION

Dental — What's Covered?

Here is a breakdown of what each benefit level covers for in-network benefits:

In-Network Benefits				
	Bronze	Silver	Gold	Platinum ¹
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Varies by insurance carrier, generally covered 100%
Minor Restorative Care (e.g., root canal treatment, gum disease treatment and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

The charts above are a high-level listing of commonly covered benefits across carriers and coverage levels. 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 the **RELX Benefits Center**. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **RELX Benefits Center** will give 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 can find Summaries of Benefits and Coverage on the **RELX Benefits Center**.

DENTAL & VISION

Dental — Choosing a Carrier

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

Before you enroll with a carrier, 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've enrolled, you'll be able to register and log on to your carrier's main website for personalized information.

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

Carrier	Preview Website	Member Website	Phone
Aetna	https://www.aetna.com/aon/fi/2020	https://www.aetna.com	1.855.496.6289
Cigna	https://connections.cigna.com/aonactivehealth-2020/	https://my.cigna.com	1.855.694.9638
Delta Dental Insurance Company (Bronze, Silver, and Gold)	http://ddca.deltadentalexchange.com	http://www.deltadentalins.com	Pre-enrollment: 1.800.503.4162 Post-enrollment: 1.800.471.7614
DeltaCare USA (Platinum)	http://ddca.deltadentalexchange.com	http://www.deltadentalins.com	Pre-enrollment: 1.800.546.9751 Post-enrollment: 1.800.471.8073
MetLife	https://www.metlife.com/aon-exchange	https://www.metlife.com/mybenefits	1.888.309.5526
UnitedHealthcare	https://welcometouhc.com/aon3	https://www.myuhc.com	1.888.571.5218



Check the reviews

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 on the **RELX Benefits Center** 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 in the plan, join in the dialogue and share your own ratings and opinions with others.

Dental — Choosing a Carrier

TAKE NOTE

Call or go online to see if your current dentist is in-network before you enroll. But if you're considering **Delta Dental**, you need to take it one step further to get the same deal.

- If you choose a Bronze, Silver or Gold option, 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 when you enroll.

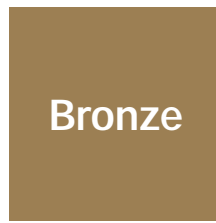
- If you choose a Platinum option, the Delta Dental network goes by the name of "DeltaCare." So you need to make sure your dentist is in the DeltaCare network—not just the Delta Dental network. Or get the same deal by using any in-network dentist if you choose another insurance carrier when you enroll.

DENTAL & VISION

Vision — Coverage Levels

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

You have several coverage levels to choose from and they are:



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

Remember, each coverage level is available from different insurance carriers at different costs, but the options cover the same services across the coverage levels.

DENTAL & VISION

Vision — What Does It Cost?

You'll pay the cost of vision coverage with before-tax dollars. Just like your medical and dental coverage, you can choose the cost that is best for your budget. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on the option you choose and the dependents you cover. You can enroll any combination of you, your spouse or domestic partner and your eligible children in the option you choose.

In-Network Benefits			
	Bronze	Silver	Gold
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames	Discount may apply	\$100 allowance	\$200 allowance ¹
Lenses (once per plan year)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive ²			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	You pay \$15	You pay \$15
Tint (solid and gradient)		You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating		You pay \$15	You pay \$15
Standard Anti-Reflective Coating		You pay \$45	You pay \$45
Standard Polycarbonate-Adults		You pay \$40	You pay \$15
Standard Polycarbonate-Children		You pay nothing	You pay nothing
Other Add-Ons		Discount only	Discount only

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

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

[continued on next page](#)

DENTAL & VISION

Vision — What Does It Cost?

In-Network Benefits			
	Bronze	Silver	Gold
Contact Lenses			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$100 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
	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

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

The charts above are a high-level listing of commonly covered benefits across carriers and coverage levels. 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 the **RELX Benefits Center**. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **RELX Benefits Center** will give 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 can find Summaries of Benefits and Coverage on the **RELX Benefits Center**.

DENTAL & VISION

Vision — Choosing a Carrier

Before you enroll with a carrier, 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’ve enrolled, you’ll be able to register and log on to your carrier’s main website for personalized information.

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

Carrier	Preview Website	Member Website	Phone
EyeMed	https://www.eyemedexchange.com/aon	https://www.eyemedvisioncare.com/member/public/login.emvc	1.844.739.9837
MetLife	https://www.metlife.com/aon-exchange	https://www.metlife.com/mybenefits	1.888.309.5526
UnitedHealthcare	https://welcometouhc.com/aon3	https://www.myuhcvision.com	1.888.571.5218
VSP	http://aon.vspexchange.com	https://www.vsp.com/signon.html	1.877.478.7559



Check the reviews

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 on the **RELX Benefits Center** during Annual Benefits 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 in the plan, join in the dialogue and share your own ratings and opinions with others.

FLEXIBLE SPENDING ACCOUNTS

Healthcare Flexible Spending Account (HC FSA)

Get additional tax savings for out-of-pocket healthcare expenses when you sign up for the HC FSA through Optum Bank.

The savings are based on your tax bracket; because the government lets you contribute money to this account before taxes are withheld from your paycheck. **Remember:** If you want to contribute to the HC FSA in 2020, you have to enroll this fall through the **RELX Benefits Center**.

If you are enrolled in a medical plan that is eligible for a Health Savings Account, you cannot enroll in an HC FSA.

How It Works

- You can use your HC FSA to help pay for eligible out-of-pocket healthcare expenses for you and your dependents.
- Your account comes with a debit card.
- The minimum amount you can contribute is \$260
- You can contribute an annual maximum up to \$2,700.
- A list of eligible expenses can be found at [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

TAKE NOTE

You can use the money in your account for expenses incurred between January 1 and December 31, 2020. You have until March 31, 2021 to file claims for reimbursement. After that date, any unused money will be forfeited. Unlike the HSA, **you cannot roll over your FSA funding from year to year. You must make a new election for 2020.**

FLEXIBLE SPENDING ACCOUNTS

Dependent Care Flexible Spending Account (DC FSA)

Get additional tax savings for out-of-pocket dependent daycare expenses when you sign up for the DC FSA through Optum Bank.

The savings are based on your tax bracket; because the government lets you contribute money to this account before taxes are withheld from your paycheck. **Remember:** If you want to use the DC FSA in 2020, you have to enroll this fall through the **RELX Benefits Center**.

How It Works

- Use it to pay for dependent daycare expenses that allow you to work, like charges for a daycare center, nursery school or preschool, after-school programs for children under age 13, as well as elder care.
- **This account cannot be used for healthcare expenses for your dependents.**
- If you are married, your spouse must either be employed, a full-time student or disabled (unable to care for self) in order to enroll in the DC FSA.
- The RELX DC FSA can be used to pay for the qualified daycare expenses of any family member who qualifies as a dependent on your tax return. The minimum amount you can contribute is \$260. You can contribute an annual maximum up to \$5,000.
- When paying for expenses, the minimum payment you can make is \$25.

TAKE NOTE

You can use the money in your account for expenses incurred between January 1 and December 31, 2020. You have until March 31, 2021 to file claims for reimbursement. After that date, any unused money will be forfeited. Unlike the Health Savings Account (HSA), you cannot roll over your FSA funding from year to year. You must make a new election for 2020.

OTHER BENEFITS

Life Insurance

Life insurance protects your family financially in the event of a death.

Basic Coverage

RELX helps provide for you and your family in the event of your death or serious injury with Basic Life insurance of 1× your total pay, up to a maximum of \$750,000. There is no election for this coverage, it is provided automatically at no cost to you.

Federal tax law requires you to pay taxes on the cost of basic life insurance coverage over \$50,000. This is called “imputed income” and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount. You can choose to limit your Life Insurance to \$50,000 to avoid imputed income. If you decide to increase your coverage, you will be required to submit evidence of insurability (EOI).

Please note: Your life insurance benefit will decrease at age 65 to 65%, and to 50% at age 70, based on your annual earnings at the time you turn 65. You may want to consider purchasing Supplemental Life Insurance to supplement this reduction.

Supplemental Coverage

If you decide your family needs more protection, you can buy supplemental coverage for yourself and your eligible dependents, subject to evidence of insurability (EOI).

Supplemental Life	Options
Employee only (after tax)	1× pay up to 8× pay* (up to a maximum of \$2.1 million)

The RELX life insurance plans are administered by Unum.

*Base Benefit Earnings: Your Life Insurance benefits costs are based on your annual base benefit earnings. Generally, your annual base benefit earnings comprise your earnings for 2019 and include base salary paid plus any variable compensation, commissions, spot bonuses, annual incentive payments, and/or overtime). If you were hired in 2018, your annual base benefit earnings are comprised of your base salary plus any target incentive and/or variable compensation (e.g., commission) as of your hire date.

TAKE NOTE

Make sure to check that the people and/or estate that should receive your life insurance benefit after your death are designated correctly. It is important you check your beneficiary elections on the **RELX Benefits Center**.

You can change beneficiaries at any time. If you have no beneficiaries on file at the time of your death, the benefit may—or may not—eventually reach the individual(s) you would prefer.

OTHER BENEFITS

Life Insurance

Shopping for Life Insurance

When deciding whether to enroll in supplemental and dependent life insurance coverage, be sure to consider the following:

- **Cost per paycheck.** The cost of supplemental life insurance coverage is based on your age and level of coverage. You'll be able to see the cost per paycheck for your options when you enroll.
- **Your family's needs.** Remember that life insurance is intended to help protect your family financially if a covered family member dies. Would you have enough money to pay funeral expenses? Would you need to replace an income? Every situation is different, so consider your family situation carefully.
- **EOI requirements.** In order to buy certain levels of supplemental and dependent life insurance coverage, you'll need to prove that you or your family member(s) are in good physical health. This is called providing evidence of insurability (EOI). If EOI is required, you will get instructions on how to access the form as you complete your enrollment online. Please fill out the form and submit it promptly. Full coverage won't take effect until the carrier approves your coverage.

Please complete the form and submit it promptly. Any insurance elected during Annual Enrollment will become effective on January 1, 2020, or when EOI is completed. If you don't submit the EOI form or it doesn't get approved, you'll get the highest level of coverage that doesn't require EOI, if any.

Spouse or Domestic Partner and Dependent Life Insurance

You may also purchase life insurance coverage for your spouse or domestic partner—as well as your eligible children. You'll be able to see the cost per paycheck for your options when you enroll. You purchase these plans with after-tax dollars, so the benefit will not be taxed if it is paid out to your beneficiaries.

Spouse or Domestic Partner Life	Options
(after tax)	\$25,000 \$50,000* \$100,000*

Dependent Life	Options
(after tax)	\$5,000 \$10,000

*EOI required for this option.

TAKE NOTE

Make sure to check that the people and/or estate that should receive your life insurance benefit after your death are designated correctly. It is important that you check your beneficiary elections on the **RELX Benefits Center**.

You can change beneficiaries at any time. If you have no beneficiaries on file at the time of your death, the benefit may—or may not—eventually reach the individual(s) you would prefer.

OTHER BENEFITS

Accidental Death and Dismemberment Coverage (AD&D)

Accidental Death and Dismemberment (AD&D) benefits protect your family financially in the event of a tragic accident.

Basic Coverage

RELX provides you with AD&D coverage of 1× your total pay, up to a maximum of \$750,000. There is no election for this coverage, it is provided automatically at no cost to you.

Supplemental Coverage

If you decide your family needs more protection, you can buy supplemental coverage for yourself and dependents.

Supplemental AD&D	Options
(after tax)	1× pay up to 8× pay (up to a maximum of \$2.1 million)

Life insurance plans are administered by Unum.

Shopping for insurance

When deciding whether to enroll in supplemental life insurance coverage, be sure to consider the following:

- **Cost per paycheck.** The cost of supplemental life insurance coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck for your options when you enroll.
- **Your life insurance election(s).** Remember that AD&D coverage is intended to help protect your family financially if you or a covered family member dies or suffers a serious injury resulting from an accident. **Because AD&D only pays a benefit in the event of an accident, it is not a substitute for life insurance.**



TAKE NOTE

Make sure to check that the people and/or estate that should receive your life insurance benefit after your death are designated correctly. It is important you check your beneficiary elections on the **RELX Benefits Center**.

You can change beneficiaries at any time. If you have no beneficiaries on file at the time of your death, the benefit may—or may not—eventually reach the individual(s) you would prefer.

OTHER BENEFITS

Disability Coverage

Disability coverage helps you to pay your bills if an illness or injury prevents you from working.

Short-Term Disability (STD)

STD benefits replace a portion of your income if you're unable to work due to a pregnancy, illness or non-work-related injury. There are no decisions to make and your protection is automatic and paid for by RELX.

All employees with a minimum of six months of service are eligible for up to 25 weeks of paid STD coverage. The percentage of pay replacement during those 25 weeks is based on your years of service. "Pay" excludes overtime, bonuses and commissions.

As of January 1, 2020 we will simplify the way we calculate your STD benefit. See these STD Coverage formula tables; current employees will receive the more generous of the two benefit calculations. Employees hired after January 1, 2020 will receive the new STD benefit calculation.

STD Coverage formula, <u>prior to January 1, 2020</u>			
Service	Elimination Period	Weeks at 100%	Weeks at 67%
<60 days	No coverage		
60 days – 6 months	1 week	1 week	0 weeks
6 months – 1 year	1 week	2 weeks	23 weeks
1 – 5 years	1 week	8 weeks	17 weeks
5 – 10 years	1 week	13 weeks	12 weeks
>10 years	1 week	25 weeks	0 weeks

STD Coverage formula, as of January 1, 2020			
Service	Elimination Period	Weeks at 100%	Weeks at 60%
<60 days	No coverage		
60 days to 3 years	1 week	8 weeks	17 weeks
>3 years	1 week	13 weeks	12 weeks

Long-Term Disability (LTD)

After 25 weeks of short-term disability (and the one-week elimination period), RELX also provides basic LTD coverage of 50% of your pay up to \$240,000. "Pay" includes overtime, bonuses and commissions, based on the most recent full-calendar year of your employment. If no full year information is available, an estimate will be use.

You can choose to "buy up" and pay for a higher level of coverage during Annual Benefits Enrollment—for a total of 60% of your pay up to \$300,000.

How do you decide whether you should purchase the buy up? Ask yourself—can I afford to live on 50% of my net pay? If the answer is no, you have a way to increase your coverage at a very low price...with after-tax money.

OTHER BENEFITS

Additional Benefits

To enroll in these supplemental health coverage benefits, you must make an election during Annual Benefits Enrollment (unless you have a qualifying change of life event).

Supplemental Hospitalization Insurance (also known as the Hospital Indemnity Plan)

In addition to your medical/Rx plan coverage through RELX, you can purchase additional limited coverage for hospitalization costs. This supplemental coverage can help with hospital costs before meeting your deductible. This coverage is not a medical insurance plan and is not a replacement for other major medical insurance. You can enroll in this coverage only if you enroll in a RELX medical plan.

Coverage highlights

- Benefits are paid directly to you.
- Admissions are payable for one hospital and one Intensive Care Unit (ICU), one time per enrolled family member, per calendar year. The hospital confinement benefits are for up to 364 days per year.
- Be sure to check policy details about pre-existing conditions and how that could impact your coverage.

How benefits are paid for this coverage

If you or your covered dependent has a hospital stay (as defined in the program policy) that is a direct result of injuries or illness from a covered accident or illness and starts within seven days of the covered accident or illness and lasts for at least 23 hours. This includes hospitalizations that result from childbirth.

Who is eligible?

All benefits-eligible employees.

Critical Illness Coverage

You may elect Critical Illness coverage for yourself and your eligible dependents if you are also enrolled in RELX medical coverage. There are several coverage options, ranging from \$5,000–\$30,000, with rates based on your age.

When you enroll on the **RELX Benefits Center** you will see information on rates.

TAKE NOTE

If you are in the Under \$70,000 salary tier, Basic Critical Illness coverage of \$5,000 will automatically be provided to you by RELX at no cost. Please note, Critical Illness and Basic Critical Illness coverage does not apply to all illnesses, injuries or conditions.

OTHER BENEFITS

Voluntary Benefits

You can elect to participate in any of these voluntary benefits at any time throughout the year.

Identity Theft Protection

Victims of identity theft spend countless hours trying to sort out the damage. Identity theft protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.

Administered by InfoArmor, the plan covers employees and eligible family members. And you can drop coverage at any time during the year.

Vacation Insurance

If you have any plans to travel outside of the U.S. you may want to consider International Vacation Medical. Administered by GeoBlue, it offers affordable, comprehensive medical coverage for covered family members when traveling outside the U.S. Coverage also includes claims support, translation services, a direct bill payment option, and more.

Call GeoBlue at **1.844.358.7278** for more information. You can buy coverage at any time.

Legal Services

Legal advice doesn't have to break the bank. You have an affordable way to get help with your personal legal needs. Legal Services offers a network of attorneys who can help with divorce and separation, creating or updating a will, real estate matters, tax audits, document preparation and more. If you use a network attorney, you don't pay any fees, deductibles or copays.

For a complete list of network attorneys and covered services, go to <https://info.legalplans.com/AONEXCH/sponsor> or call Hyatt Legal Plans at **1.800.821.6400**. Legal Services is a voluntary benefit administered by Hyatt Legal Plans (a MetLife Company). The plan covers employees and eligible family members.

OTHER BENEFITS

Voluntary Benefits



Voluntary Benefits on PeopleHUB

Buying Paid Time Off (PTO)

Each year Legal & Professional, Risk & Business Analytics, Exhibitions, and all U.S. divisions except Reed Tech are given a set amount of PTO days. You also have a one-time option to buy additional PTO in December 2019. If you do decide to purchase additional PTO, we recommend you do it during the Annual Benefits Enrollment period. When you elect to buy PTO for 2020 now, the cost of the PTO will be based on your salary as of January 1, 2020 and the cost will be spread across each pay period throughout 2020. You have the whole year to pay for your additional PTO in 26 installments.

When you purchase PTO toward the end of the year—November for example—you're only going to have the remainder of November and December to pay it back through your paychecks. So it's going to seem like a much bigger expense. But before you buy PTO, don't forget to get your manager's approval.

Commuter Spending Account (CSA)

If you pay to park your car, take public transportation or participate in a vanpool to get to work, the Commuter Spending Account (CSA) offers you a way to save money. You can pay for your parking or transit pass expenses with tax-free money. The CSA also offers the convenience of automated payment and home delivery of transit passes. Sign up for a CSA at PeopleHUB anytime throughout the year.

TOOLS & RESOURCES

Tools to Help You Choose

There are several ways RELX supports you in finding the right benefits coverage for you and your family. Here are some tools and resources to help you decide...

► Now

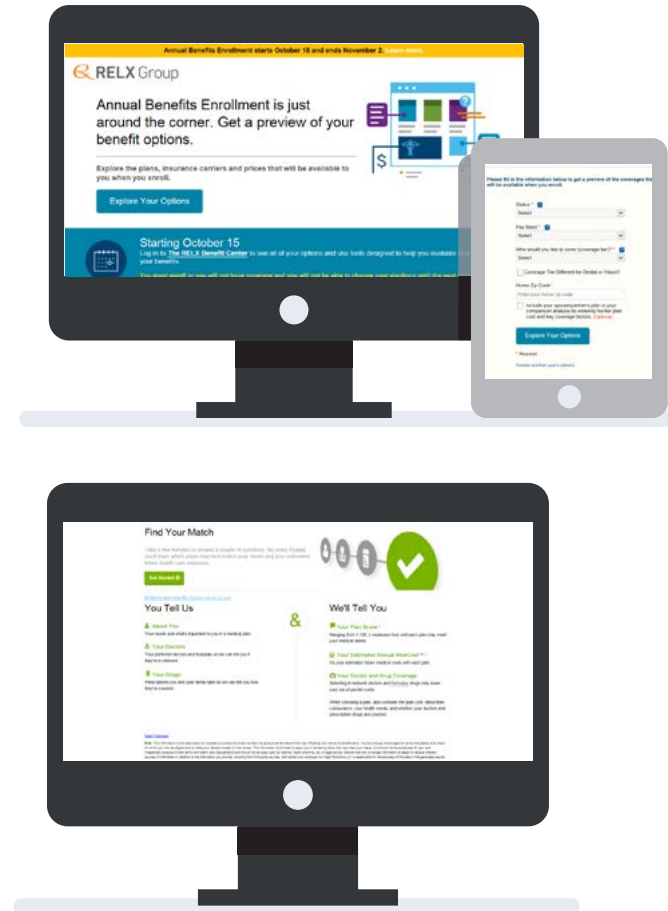
- Get prepared to enroll by reviewing [what's changing](#) for 2020 and [what you need to know to enroll](#). For additional information and support, get answers to [frequently asked questions](#).
- See different examples of what [people like me](#) consider when shopping for medical coverage.
- Check out the [pre-enrollment pricing tool](#) to see how the costs of your medical, dental and vision options stack up.

TAKE NOTE

To get started with the pre-enrollment pricing tool, enter access code [Medical2020](#).

► Starting October 14

Start shopping on the [RELX Benefits Center](#) and purchase coverage for you and your family. Answer a few simple questions to get recommendations for medical coverage. [Be sure to enroll by November 1](#).



TOOLS & RESOURCES

What You Need to Know to Enroll

Enrolling and Continued Support

- To learn more and for tips on how to enroll in 2020 benefits coverage, see pages [16-18](#) of this guide.
- As of January 1, all your 2020 benefits elections and benefits information, including dependents, summary plan documents and additional benefits resources will be accessed through the **RELX Benefits Center**.
- Review your confirmation statement immediately after Annual Benefits Enrollment. If you spot an issue, please call the **RELX Benefits Center** at **1.877.734.1938, Option 1**, as soon as possible.
- Review your first paycheck of 2020 to ensure that the proper deductions are coming out for your elected benefits coverage. If you spot a discrepancy, please call the **RELX Benefits Center** as soon as possible.

TAKE NOTE

Your 2019 elections WILL NOT roll over. If you want RELX-sponsored medical, dental or vision coverage for yourself or for your family in 2020, you must go to the **RELX Benefits Center** and make an active election by November 1.

STAY UPDATED

It's important that RELX has up-to-date contact information for you. Please take a moment to review your personal information and ensure it is accurate via the [Personal Information](#) quick link on PeopleHUB.

TOOLS & RESOURCES

Helpful Resources



2020 Buyer's Guide

Read this guide online, email it home or print a copy to share with your spouse or domestic partner to see what's changing and review your options.



RELXBenefitsCenter.com

Your mobile-friendly, 24/7, go-to source for benefit updates, details, tips, timely content and your new place for benefits enrollment. You can also use it to access your carriers who have lots of information and help for using your benefits.

Access it at work, home or on your tablet or smartphone

- Starting October 1, access the [pre-enrollment pricing tool](#) from the home page to plug in some considerations and weigh up your medical, dental and vision plan options. You can also link to carriers' preview websites. USE THE ACCESS CODE: **Medical2020**
- Starting October 14, when Annual Benefits Enrollment begins, link to the enrollment platform from the home page.
- During Annual Benefits Enrollment, you'll be asked to answer a few simple questions before you enroll to get recommendations. You can also see if your providers are in-network and if your prescriptions are on the formulary, all at once, without having to leave the enrollment portal.



@RELX_Benefits on Twitter

Follow [@RELX Benefits](#) so you don't miss any updates, deadlines or timely tips.

continued on next page

Helpful Resources



Contact the RELX Benefits Center

The **RELX Benefits Center** is staffed by customer service representatives. Call **1.877.734.1938, Option 1**, for help with enrollment or questions about your 2020 benefit options. After enrollment, you can call with questions about your elected benefits, or if you need some additional help. Representatives will be available Monday through Friday, from 9 a.m. to 6 p.m. ET.

In the meantime, if you have general questions, please email the RELX benefits team at corporatebenefits@relx.com.



Contact the Carriers

For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc.

During Annual Benefits Enrollment:

- Check if your provider(s) participate in the network(s) you're considering. Use the [Network Look-Up Tool](#) to confirm the provider networks available to you.
- Call the carriers with specific coverage questions

After you enroll:

- Take advantage of the tools, resources and information the carrier offers
- **For carrier information:**
 - [Medical carriers, page 37](#)
 - [Dental carriers, page 46](#)
 - [Vision carriers, page 51](#)

LEGAL NOTICES

Legal Notices

Patriot Act Notice Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open a Health Savings Account, the associated financial institution will ask for your name, address, date of birth and other information that will allow the financial institution to identify you. The financial institution may also ask to see your driver's license or other identifying documents.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

LEGAL NOTICES

Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following pages, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

LEGAL NOTICES

Legal Notices

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your state for more information on eligibility.

State	
ALABAMA – Medicaid	Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO	Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 / State Relay 711
FLORIDA – Medicaid	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp . Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162 ext 2131
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

LEGAL NOTICES

Legal Notices

State	
IOWA – Medicaid	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA – Medicaid	Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA – Medicaid	Medicaid Website: https://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900

LEGAL NOTICES

Legal Notices

State	
NEW HAMPSHIRE – Medicaid	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059

LEGAL NOTICES

Legal Notices

State	
TEXAS – Medicaid	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

LEGAL NOTICES

Legal Notices

This overview of 2020 changes serves as a Summary of Material Modifications (SMM), providing information on various RELX benefit plan changes that take effect January 1, 2020. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through RELX. If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. RELX 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.