RELX BENEFITS CENTER

Frequently Asked Questions – 2022 Annual Enrollment

If you have a specific question, see if it's in the list below and click on the link to be taken directly to the answer you're looking for. Otherwise, browse and scan the FAQs at your own pace.

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The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to purchase medical, dental, vision, and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers. Carriers bid independently and generally offer the same services but may charge different costs for coverage and services. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

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

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

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

3. What are the advantages of the exchange?

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

- **Lots of choices.** Traditionally, you get to choose from the health plan options offered by the company. Through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers, and a range of costs.

- **Competitive pricing.** The insurance carriers are competing for your business. So, it's in their best interests to offer their best prices. Plus, RELX will provide a subsidy to use toward the cost of your coverage.

In addition, you have the option to enroll in other valuable benefits—including supplemental life insurance, supplemental accidental death and dismemberment (AD&D) coverage, supplemental long-term disability coverage, critical illness insurance, supplemental hospitalization insurance, legal services, and identity theft protection.

You also have help when you need it. There are great tools and resources to help you every step of the way. See question 5 for details about tools and resources.

4. Why do I have to enroll this year if I'm happy with my coverage?

Situations change—your provider could no longer be in-network, your prescription might no longer be covered, or who you cover might have changed (you got married, divorced, had a baby, etc.). Therefore, it's important that you look at your options every year and decide which coverage level, insurance carrier and costs will meet your needs best.

When you enroll, you'll have many tools and resources available to help you make decisions. It's easy to compare your options on the **RELX Benefits Center website** because you'll be able to sort them by the features that are most important to you. You can also call the insurance carriers with specific questions about the options they offer.

5. Where can I get more information?

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

	Before you enroll	When you enroll	After you enroll
Make It Yours website	Learn how the exchange works and what coverage options you have available, and get tips for choosing the right coverage for you. You can also watch videos and access the insurance carrier preview sites here.		Visit year-round for practical tips that help you to get the most out of your benefits. Review "The Inside Scoop" for how to work the health care system, be a savvy shopper, and even save some money.
Pre-enrollment pricing tool	Use this interactive pricing tool before you enroll to compare the costs of your health care options based on your situation. To access the pricing tool, visit the Make It Yours website and click **Compare Your Costs**. You'll need to enter your access code, which will be sent via email on October 6, 2021.	Not applicable	If you need to change your benefits due to a qualifying life event during the year, the tool is available as part of that process.
Your Carrier Connection *(available through the Make It Yours website)*	Find contact information for each carrier, including links to their member preview information so that you can see more about the specific carrier's provider networks and benefits information before you enroll.		Take advantage of all the tools, resources, and information offered through your insurance carrier by setting up and then logging on to your account on their website (accessible year-round through Your Carrier Connection). 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.
RELX Benefits Center	Go to the RELX Benefits Center to connect to tools to help you find the coverage that best fits you and your family, if applicable once Annual Enrollment begins.	Go to the RELX Benefits Center, where you can compare your options, get helpful decision support, and enroll. You'll also see the subsidy amount from RELX and prices by option. For additional help, schedule an appointment with a customer service representative through the RELX Benefits Center, or call **1.877.734.1938**, and say "Health and Insurance" when prompted. During Annual Enrollment, representatives are available Monday through Friday, from 9 a.m. to 8 p.m. ET. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available.	Access your personalized coverage details and manage your benefits throughout the year. If you need help with more complex coverage issues, call **1.866.300.6530** and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues. Bill negotiation representatives can help review and negotiate out-of-network medical bills. And expert medical opinion with 2nd.MD makes it easy to get a virtual second opinion from nationally recognized doctors.

Enrollment

6. What will I need to do?

Between October 18 and November 5 at 11:59 p.m. CT online, or 8:00 p.m. ET by phone, you must enroll, or you and your family, if applicable, will not have medical, dental, or vision coverage.

Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. And, to contribute to a Health Savings Account (HSA) (if eligible) or to a Flexible Spending Account (FSA), you must make an active election.

You also can enroll in or increase your supplemental life insurance, spouse/partner and/or dependent life insurance, supplemental accidental death and dismemberment coverage, supplemental long-term disability, supplemental hospitalization insurance, or critical illness coverage through RELX for 2022.

To enroll, log on to the RELX Benefits Center at **www.relxbenefitscenter.com** during the enrollment period. Over the course of the enrollment process, you'll need to:

- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- **Enroll yourself and any eligible dependents you want to cover in 2022.**
- Review and/or enroll in the rest of your benefits.

You can get information about enrollment on the Make It Yours website at **https://benefits.relx.com/miy**.

My Options

7. What are my options for medical and prescription drug coverage?

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

8. What happens if I enroll in a Bronze Plus or Silver medical option and have expenses early in the plan year?

If you enroll in a high-deductible medical option, you should be prepared to pay the full negotiated cost of the service until you reach your deductible. Even if you start contributing to a Health Savings Account (HSA) right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early qualified expenses out of pocket and then, when your account balance grows enough to cover the expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

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

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

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

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

Learn more about your California options and coverage levels.

10. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals, and pharmacies). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Even if you can keep your current insurance carrier through the exchange, the provider network could be different and can change, so **always** check the provider directories before making your final decision. Do not rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the **insurance carrier preview sites**.
- During the enrollment process on the RELX Benefits Center, check the networks of each insurance carrier you're considering. For the best results:
  - Search for your provider by name—not medical practice.
  - Check only the office location(s) you are willing to visit.
  - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

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

11. Why should I use in-network providers?

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

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

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

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

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

You'll have access to several resources to help you make smart decisions. You should start by visiting the Make It Yours website at **https://benefits.relx.com/miy** to access videos, details about your options, comparison charts, and more.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your health care options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the Make It Yours website and click **Compare Your Costs**. You'll need to enter your access code, which will be sent via email on October 6.

Then, when you enroll, you'll be able to see the subsidy amount from RELX and your price options on the RELX Benefits Center at **www.relxbenefitscenter.com**. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings, and more.

If you need additional help, representatives at the RELX Benefits Center will also be available during the enrollment period, Monday through Friday, from 9 a.m. to 8 p.m. ET, to answer questions about the exchange and enrollment process. Just call **1.877.734.1938**, and say "Health and Insurance" when prompted. You can also call the **insurance carriers** with specific questions about the options they offer.

14. Will pre-existing conditions be covered?

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

15. How will my prescription drugs be covered?

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

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

16. What is “prior authorization” and when is it required?

Before getting certain types of prescription drugs or care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior authorization” allows the carrier to make sure you’re eligible for the services or prescription, ensure you’re getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it’s required. But you should always confirm with your doctor to be sure they are handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care or prescriptions.

When prior authorization is required and you don’t get preapproved, you could get stuck paying most or **all** of the bill or prescription or be assessed a penalty. For that reason, it’s always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services and drugs you need will be covered by your insurance carrier.

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

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

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

- Check out the **insurance carrier preview sites**.
- When you enroll, check the networks of each insurance carrier you’re considering on the **RELX Benefits Center**.

IMPORTANT! If you are considering a Platinum dental option:

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

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

Each vision insurance carrier has its own provider networks. If it’s important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier. Do not rely on your provider’s office to know the carriers’ networks. To see whether your eye doctor or retail store is in-network:

- Check out the **insurance carrier preview sites**.
- When you enroll, check the networks of each insurance carrier you’re considering on the **RELX Benefits Center**.

Paying for Coverage

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

During the enrollment window, you'll be able to see the subsidy amount from RELX and your price options when you enroll on the RELX Benefits Center at **www.relxbenefitscenter.com**.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your health care options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the **Make It Yours website** and click **Compare Your Costs**. You'll need to enter your access code, which will be sent via email on October 6.

20. Do I get a subsidy from RELX toward coverage of eligible dependents?

Yes. RELX contributes to medical and dental coverage for spouses/partners and eligible children. It's important to know that the cost of medical coverage for a spouse/partner is significantly higher than the cost for employee coverage.

RELX helps to offset the cost by providing a subsidy for a spouse/partner which is equal to that of the employee contribution. On top of this, there is an added "transitional subsidy" for employees hired before January 1, 2020. This means RELX provides a higher contribution for spouse/partner coverage than for employee coverage.

RELX will continue to phase out the extra spouse/partner transitional contribution, and the added contribution for spouses/partners will decrease, until there is a point where spouses/partners and employees receive an equal contribution to purchase coverage.

As this transition takes place, you will see the cost for spouse/partner coverage increase. The transition period is designed to give you time to adjust to the increases or evaluate other cost-effective coverage, such as through a spouse's or partner's employer.

21. Do I get to keep the RELX subsidy if I don't enroll in coverage?

No. The subsidy you get from RELX is for the medical/prescription drug and dental coverage you purchase through the exchange. A cash refund or credit for not enrolling in RELX benefits is not available. If you enroll in a Bronze Plus or Silver coverage level and don't use the full subsidy, the unused dollars (or "excess credits") will be deposited into your Health Savings Account (HSA). If you don't have an HSA, the credits will be forfeited.

22. Why are some of the carrier rate increases significantly larger than others?

Our benefit platform acts as a marketplace where multiple carriers submit independent bids. While these bids prices are based solely on RELX experience, the dynamics in each geography are constantly evolving. If a carrier is able to contract with a large provider system in a given market, they may be able to lower their overall rate, or alternatively, a carrier may lose a large provider system from their network and be unable to offer as competitive a bid in that market. This means costs for the carriers will fluctuate somewhat independently of one another, making the price variations look high or low by comparison.

You should also know that the company subsidizes a large portion of the plan costs using the lowest-cost carrier (with broad coverage for that market). If you choose a carrier other than the lowest-cost option, you will also pay the difference in rates between the two carriers. (See examples below.)

Example 1
Carrier A was the lowest cost carrier in 2021. In 2022 Carrier A has lower rate increases than Carrier B. The result is that the percentage increase is larger for Carrier B.

	Carrier A		Carrier B	
	2021	2022	2021	2022
Plan Cost	$5,200	$5,500	$5,500	$6,160
Company Contribution	$4,750	$4,950	$4,750	$4,950
Payroll Contribution	$450	$550	$750	$1,210
Payroll Contribution Trend	**22%**		**61%**	
Monthly Payroll Cost Change	**$8**		**$38**	

Example 2
Carrier A was the lowest cost carrier in 2021, but they increased their rates more than Carrier B in 2022. In fact, the increase was so much higher, that Carrier B ends up being the lowest cost carrier for 2022. The result is that the rates decrease for Carrier B, while they increase by over 100% for Carrier A.

	Carrier A		Carrier B	
	2021	2022	2021	2022
Plan Cost	$5,200	$5,950	$5,400	$5,500
Company Contribution	$4,750	$4,950	$4,750	$4,950
Payroll Contribution	$450	$1,000	$650	$550
Payroll Contribution Trend	**122%**		**-15%**	
Monthly Payroll Cost Change	**$46**		**-$8**	

Remember, each coverage level is available from different insurance carriers at varying costs. The carriers will cover the same services and utilize the same networks across each coverage level. However, differences will apply for prescription drug coverage by carrier, so if you take medications, you should check coverage with the carrier before you enroll.

23. What's a deductible and how does it work?

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service and are generally lower than the actual cost.

How the medical deductible works depends on your coverage level:

- **The Bronze Plus and Silver medical coverage levels have a "true family deductible."** [1] This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have family coverage.

  To clarify, if you choose a Bronze Plus or Silver coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.

- **The Gold coverage level has a traditional deductible.** Once a covered family member meets the *individual* deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

- **The Platinum coverage level does not have an in-network deductible.** Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck and could have a smaller network.

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

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

[1] **Exception:** If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver coverage level, you will have a **traditional** annual deductible. No member in the family will pay more than $2,800 toward the family deductible.

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

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

- **The Bronze Plus and Silver coverage levels have a "true" family out-of-pocket maximum.**[1] This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in these options when you have family coverage.
- **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.

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

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

25. What's a Health Savings Account (HSA)?

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

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

You can decide whether to enroll in an HSA and how much (if any) money you want to contribute. And if you don't have a lot of health care expenses, your money will remain in your account year to year and earn tax-free interest. If you have questions about the use and appropriateness of an HSA as it applies to your specific situation, you should consult a tax professional.

26. Why would I want to contribute to an HSA?

An HSA lets you set aside money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. You decide how much money you want to contribute, and you can change your contribution election at any time. If you don't have a lot of health care expenses, your money will remain in your account year to year.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out and lower your taxes.
- Interest earnings on your HSA balance are not taxed (except in NJ and CA).
- You are not taxed on the HSA dollars when you use them to pay eligible expenses.
- Once you reach a specified limit, you can invest any dollars over that account balance. By investing, you can begin saving for health costs in retirement.

27. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)?

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

28. Can I enroll in both an HSA and a Health Care FSA?

No. If you enroll in the Bronze Plus or Silver coverage level, you can participate in an HSA but cannot participate in the Health Care FSA.

29. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?

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

30. What is the working spouse/partner surcharge?

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

31. What is the wellness incentive?

RELX offers an incentive each year to encourage you to keep an eye on your overall health. You can earn up to $550 and your covered spouse/partner can earn up to $250 when you each complete wellness activities by November 30, 2022.

You will have the choice of receiving your incentive as a deposit in your HSA or as a Visa gift card, and you will be responsible for any taxes.

32. How do I earn the wellness incentive funding?

If you and your spouse/partner are enrolled in a RELX medical plan, you will each earn a wellness incentive for completing a health assessment and biometric screening, as well as other wellness activities, by November 30, 2022. You will receive more information on how to earn wellness incentives in early 2022.