

AON BENEFIT EXPERIENCE

# Make It Yours To Go

*make it yours*



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# Get Ready To Make It Yours

## What You Need To Know

You'll enroll in medical benefits through the Aon Benefit Experience (BenX) on the [Benefits Service Center portal](#), which is accessible via Single Sign-On from [HR Now](#) by selecting **My Benefits**. BenX makes it easy to find the right fit. Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with.

## What You Need To Do

You must enroll to get the medical coverage you want! If you don't enroll—or you enroll in no medical coverage but you don't submit the Hawaii medical coverage waiver form (HC-5)—you'll be covered by the lowest cost Gold medical option through HMSA. And, to contribute to a Flexible Spending Account (FSA), you must make an active election. An FSA allows you to set aside dollars from your pay on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses. The FSA contribution limit is \$3,300 for 2025. Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

### Waiving Medical Coverage?

If you elect “no medical coverage,” the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the Benefits Service Center at the address provided. You will be covered by the lowest cost Gold medical option through HMSA until the form is received.

Make sure to review or update your address by visiting the Benefits Service Center portal. A copy of the HC-5 form can also be found [here](#).

## Get More

- Learn more about the [Be Well@Red Cross](#) wellbeing program and how to participate.
- After you've enrolled, use the [prescription drug](#) and [transition of care](#) worksheets so you'll know how to use your benefits effectively when the plan year starts.

## Need Help?

If you need additional assistance, you can contact a customer service representative through the Benefits Service Center at **1-877-860-7526** from 9:00 a.m. to 5:00 p.m. ET Monday through Friday or through Chat With Us on the [Benefits Service Center portal](#).

### Questions about Coverage?

Start by contacting the medical [insurance carrier](#) directly. They know their coverage rules best.

### Contact a Health Pro

If you have additional questions or need assistance resolving your claims or billing questions, Health Pros are available to help. Email a Health Pro at [AlightHealthPro@alight.com](mailto:AlightHealthPro@alight.com) or call **1.866.300.6530**.

# Medical Coverage Level

You have several options to choose from. Each option is available at different costs. When you enroll, you'll find plenty of resources to help you choose.

## Medical Coverage Level Options

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
	Type			
Option Type	PPO	HMO	PPO	HMO
	Annual Deductible			
In-network (individual / family)	Combined in-network and out-of-network: \$200/\$600	\$200/\$400	N/A	N/A
Out-of-network (individual / family)	Combined in-network and out-of-network: \$200/\$600	Not covered	\$100/\$300	Not covered
	Annual Out-of-Pocket Maximum			
In-network (individual / family)	Combined in-network and out-of-network: \$2,200/\$6,600	\$2,200/\$4,400	Combined in-network and out-of-network: \$2,500/\$7,500	\$2,500/\$7,500
Out-of-network (individual / family)	Combined in-network and out-of-network: \$2,200/\$6,600	N/A	Combined in-network and out-of-network: \$2,500/\$7,500	N/A
	In-Network Benefits			
Preventive care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's office visit	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Emergency room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
Urgent care	You pay \$12	You pay \$15	You pay \$12	You pay \$15
Inpatient care	You pay 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
Outpatient care	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service

## Prescription Drug Coverage

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
	Type			
<b>Preventive Drugs</b>	You pay \$0*	You pay \$0*	You pay \$0*	You pay \$0*
<b>Prescription Drug Annual Out-of-Pocket Maximum (individual/family)</b>	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
30-Day Retail Supply				
<b>Tier 1 (generally lowest cost options)</b>	You pay \$7	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs	You pay \$5	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs
<b>Tier 2 (generally medium cost options)</b>	You pay \$35	You pay \$35	You pay \$30	You pay \$35
<b>Tier 3 (generally highest cost options)</b>	You pay \$75	You pay \$35 (if authorized)	You pay \$70	You pay \$35 (if authorized)
90-Day Mail-Order Supply				
<b>Tier 1 (generally lowest cost options)</b>	You pay \$14	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs	You pay \$10	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs
<b>Tier 2 (generally medium cost options)</b>	You pay \$70	You pay \$70	You pay \$60	You pay \$70
<b>Tier 3 (generally highest cost options)</b>	You pay \$150	You pay \$70 (if authorized)	You pay \$140	You pay \$70 (if authorized)

\* Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. 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.

These charts 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. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

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

For a more detailed look at these and additional coverages, go to the Benefits Service Center portal at <http://digital.light.com/redcross/>. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the Benefits Service Center portal.

**Important!** If you choose HMSA as your insurance carrier, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum (and vice versa).

## How Does The Deductible And Out-Of-Pocket Maximum Work?

- The HMSA Gold and Kaiser Gold options have a **traditional deductible**. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all 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.
- All medical options have a **traditional out-of-pocket-maximum**. Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

## Going Out Of Network?

- **If you choose HMSA**, seeing out-of-network providers will cost you more than seeing in-network providers. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds the maximum allowed amount, which is typically based on the amount Medicare pays.
- **If you choose Kaiser Permanente** as your insurance carrier, you must designate a primary care physician to coordinate your care and out-of-network care is **not** covered.

# Medicare Basics

Medicare is a federal medical insurance program, which includes Original Medicare. Original Medicare is a low-cost government insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with certain medical disabilities. It pays for many health care expenses, but not all.

## How It Works

Medicare covers its share of an approved amount and you pay the rest through deductibles and coinsurance. Original Medicare is made up of two parts:

- **Part A is hospital insurance.** It covers inpatient hospital care, skilled nursing facilities, hospice, lab tests, surgery, and home health care.
- **Part B is medical insurance.** It covers things like clinical research, ambulance services, durable medical equipment, mental health services, limited outpatient prescription drugs, and more.

You are automatically eligible for Medicare Parts A and B when you become Medicare-eligible. If you are receiving Social Security benefits, you may be enrolled in Medicare automatically.

If you have to sign up to get coverage, you can enroll starting three months before the month you turn age 65. The deadline to enroll is three months after the month you turn age 65. (Note: You can wait to enroll in Part B; however, you may have to pay a late enrollment penalty. In general, you can wait to enroll in Medicare Part B without facing a late enrollment penalty until your active employment ends or the date your coverage under your employer's plan ends, whichever occurs first. Consult your Medicare advisor for more details.)

**Part D is optional prescription drug coverage.** You can enroll in Part D if you want coverage to help pay for your prescription drug costs.

## How Medicare Works With Company Coverage

If you are actively employed, your company's health plan will be your primary medical coverage, and, if you choose to enroll in Medicare, Medicare will be your secondary coverage.

If you are retired and have coverage through your previous employer, Medicare will be your primary medical coverage, and your company's health plan will be your secondary coverage.

As you prepare to transition to Medicare, you will want to understand if your dependents under age 65 will be eligible for coverage under your company's health plan.

## How Medicare Works With COBRA

If you are eligible for Medicare Parts A and B but you choose to not enroll in Medicare Parts A and B, you may face potentially significant out-of-pocket expenses. COBRA coverage pays secondary to Medicare Parts A and B. Therefore, the plan will pay as if Medicare has already made a payment, even if the Medicare-eligible individual did not actually enroll in Medicare.

If your Medicare benefits (Parts A or B) become effective on or before the day you elect COBRA coverage, you can have COBRA and Medicare coverage. This is true even if your Part A benefits begin before you elect COBRA coverage but you don't sign up for Part B until later.

If you become entitled to Medicare after you've signed up for COBRA coverage, your COBRA coverage may be terminated by your plan as of the day you enroll in Medicare. (But if COBRA covers your spouse and/or dependent children, their coverage may continue.)

## To Learn More

Below are resources where you can find additional information and help:

- Visit the [Social Security website](#) or call **1.800.772.1213** (TTY **1.800.325.0778**) between 8:00 a.m. and 7:00 p.m. Monday through Friday
- Review the [Medicare & You](#) handbook from the Centers for Medicare & Medicaid Services

# Flexible Spending Accounts (FSAs)

Red Cross offers two tax-advantaged FSAs: the Health Care FSA and Dependent Care FSA. Both FSAs are administered by Alight Smart-Choice Accounts.

## Health Care FSA

A Health Care FSA allows you to set aside dollars from your pay on a pre-tax basis to reimburse yourself for qualified medical, dental, and vision expenses.

The Health Care FSA contribution limit is \$3,300 for 2025. Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

With the Health Care FSA, unused dollars don't roll over from year to year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

## Dependent Care FSA

A Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses. You may use this account without being enrolled in medical coverage.

The Dependent Care FSA contribution limit is \$5,000 (or \$2,500 if you are married and filing taxes separately) for 2025. Once you set your annual contribution when you enroll, you cannot change that amount during the year (except in the case of certain qualified life events).

And, with the Dependent Care FSA, you lose any unused money at the end of the year, so it's important that you carefully estimate your anticipated eligible expenses for the coming year.

## Things To Consider

When deciding whether to enroll in FSAs, be sure to consider the following:

### **Tax savings**

Do you have moderate to high health care or dependent care expenses? If so, an FSA could help reduce how much you pay in taxes.

### **Your expected expenses**

Carefully estimate your anticipated eligible expenses for the coming year. You should only set aside FSA dollars you know you will be able to use on eligible expenses.

# How to Enroll

Log on to the Benefits Service Center portal to enroll in your benefits for 2025. The [Benefits Service Center portal](#) is accessible via Single Sign-On from [HR Now](#) by selecting **My Benefits**.

**Logging on for the first time?** From the Benefits Service Center portal, register as a new user and follow the prompts to provide requested information and set up your username and password.

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

## Questions?

You can also contact the Benefits Service Center at **1-877-860-7526** from 9:00 a.m. to 5:00 p.m. ET Monday through Friday or through Chat With Us on the Benefits Service Center portal.

# Your Carrier Connection

Check out your health care insurance carrier choices—and see all the unique features and services they have to offer. Discover what each provides, see the doctors included in their network, and then decide for yourself.

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## Medical

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**Carrier Name:** HMSA

**Areas We Serve:** Offered in Hawaii

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

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

**Customer Service Hours:** Monday - Friday: 8:00 a.m. to 5:00 p.m. Hawaii Time

**Phone Number:** [1.800.651.4672](tel:1.800.651.4672) , [1.808.948.6121](tel:1.808.948.6121)

[Learn More](#)

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**Carrier Name:** Kaiser Permanente

**Areas We Serve:** Offered in Hawaii

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

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

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 5:00 p.m. HST  
Saturday 8:00 a.m. - 12:00 p.m. HST

**Phone Number:** [1.800.966.5955](tel:1.800.966.5955)

**Pre-enrollment Phone Number:** [1.877.580.6125](tel:1.877.580.6125)

[Learn More](#)

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