

## **2025 Veritiv New Hire: Frequently Asked Questions (Employees in Hawaii)**

### **GENERAL**

#### **1. What is the Aon Benefit Experience (BenX)?**

The Aon Benefit Experience (BenX) is a way for you to get 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 who are competing for your business. BenX merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

#### **2. My child lives in another state. Do I need to do anything special?**

If you and one or more of your family members live in different areas, be sure to check the plans and carrier networks. If you have questions, you can call the Veritiv Benefits Center at **1.855.278.4981**. Customer service representatives are available from 3:00 a.m. to 12:00 p.m. HT, Monday through Friday. The insurance carriers can also answer specific questions about their provider networks.

#### **3. Where can I get more information?**

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

- **Make It Yours website**—Visit [veritiv.makeityoursource.com/hawaii](https://veritiv.makeityoursource.com/hawaii) to learn about your coverage options and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **My-HR and Aight Mobile app**—When it's time to enroll, log on to My-HR ([digital.alight.com/veritiv](https://digital.alight.com/veritiv)) and click Enroll Now (or visit [digital.alight.com/myhrveritiv](https://digital.alight.com/myhrveritiv)) or use the Aight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to compare your options and prices, get helpful decision support, and enroll.
- **Veritiv Benefits Center**—You can reach a customer service representative by web chat or by scheduling an appointment through My-HR. You can also call the Veritiv Benefits Center at **1.855.278.4981** from 3:00 a.m. to 12:00 p.m. HT, Monday through Friday. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back.

#### Managing your benefits throughout the year:

- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources, and information offered through your insurance carrier. 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.
- **My-HR and Aight Mobile app**—Access your personalized coverage details and manage your benefits throughout the year.
- **Aight Advocacy Services**—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 Services**—Get assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses. Call **1.844.891.8981** for more information.

## ENROLLMENT

### 4. What will I need to do?

You **must actively** enroll or actively decline to make sure you get the coverage you want!

To enroll, log on to My-HR ([digital.alight.com/veritiv](https://digital.alight.com/veritiv)) and click **Enroll Now** (or visit [digital.alight.com/myhrveritiv](https://digital.alight.com/myhrveritiv)) or use the Aight mobile app during the enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2025. See question #6 for dependent verification requirements.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits.

You can get information on the Make It Yours website at [veritiv.makeityoursource.com/hawaii](https://veritiv.makeityoursource.com/hawaii).

### 5. What happens if I don't take action within 31 days?

- **If you don't enroll—or you elect “no medical coverage” and you don't submit the Hawaii medical coverage waiver form (HC-5) (see question #16)—you'll be covered by the lowest cost Gold medical option.**
- You will also default to paying the \$100 monthly employee tobacco surcharge.
- You will not have dental or vision coverage through Veritiv.
- If eligible, you will default to \$0 contributions to your flexible spending account(s).

### 6. What family members can I enroll in coverage?

#### Eligible dependents may include:

- Your lawful spouse as defined by the plan's Summary Plan Description, including same-sex domestic partners and common law spouses where application for consideration has been submitted and approved.

- Natural children, stepchildren, adopted children, disabled children, children placed in your home for adoption, and children for whom you are the legal guardian. A dependent child must be under the age of 26, unmarried, and rely on you for primary support and maintenance. For all plans, dependent children may be covered until the last day of the month in which the child turns 26.
- Unmarried children of any age who are incapable of self-support due to a physical or mental handicap, and who are fully dependent on you for support, are also eligible.

#### **Things to consider when electing coverage for a family member:**

- If you choose to elect coverage for your spouse or partner in the Veritiv Medical plan, and he or she has access to subsidized medical coverage through his or her own employer, a monthly surcharge of \$150 will be added to your paycheck deduction cost.
- If you elect to cover dependents in 2025 for Medical, Dental, Vision, or Life benefits, you will be asked to provide documentation and certify that those family members meet the criteria of an eligible dependent under Veritiv's Benefits Plan. Prepare now by making sure you have access to marriage licenses, birth certificates, etc.
- If you elect to cover a new family member during 2025 (i.e., due to a marriage or birth), you will be asked to provide documentation in order to add him or her to the Veritiv Benefits Plan. Don't forget that all family status changes must be made within 31 days of the date of change!

#### **7. How do I create my user ID and password for My-HR?**

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

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

#### **8. How do I reset my password for My-HR?**

To reset your password, go to My-HR, click **Forgot User ID or Password**, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the Apple App Store or Google Play).

### **MY CHOICES**

#### **9. What are my options for medical and prescription drug coverage?**

You have several options to choose from, including HMSA Gold, Kaiser Gold, HMSA Platinum, and Kaiser Platinum. When you enroll, you'll be able to compare benefits and features across your medical options.

## 10. Am I required to designate a primary care physician?

You must designate a primary care physician to coordinate your medical care under the Kaiser Gold and Platinum options.

## 11. Is one option better than another?

No. Don't let the names fool you—one option isn't better than another. They're designed to give you choice so that you can find the option that makes the most sense for your situation.

There are several factors to consider as you review your options:

- **Out-of-network coverage:** For starters, you'll always get the highest benefit by seeing in-network providers. However, if you want the flexibility to see out-of-network providers, the options work differently. Under the HMSA Gold and Platinum options, you're covered when you go outside the HMSA network (oftentimes at a reduced benefit). **The Kaiser Gold and Platinum options do not cover out-of-network services.** So if you don't use a network provider, you'll pay for the full cost of services.

If you want to keep seeing your current doctors, choose the insurance carrier whose network includes your preferred providers (e.g., doctors, specialists, hospitals). This is especially important if you're considering Kaiser Permanente. See question #13 to learn how to check the carrier networks and question #14 for out-of-state considerations.

- **Prescription drugs:** Under the HMSA Gold and HMSA Platinum options, 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. So you could pay a lot more out of your pocket if you have moderate to high prescription drug needs.

Under the Kaiser Gold and Kaiser Platinum options, your medical and prescription drug expenses count toward the same out-of-pocket maximum. However, the Kaiser options do **not** cover medications that are classified as Tier 3 (non-formulary brand name) drugs unless prescribed and authorized by a licensed provider.

**It is strongly recommended that you call the medical insurance carrier before you enroll** to better understand how your particular medication will be covered.

- **Total costs:** Remember to take your total costs into consideration, which includes what you pay out of your paycheck (before-tax premiums) *and* what you pay out of your pocket (deductibles, coinsurance, copays) when you get medical care.

## 12. Where can I learn more about the medical insurance carriers?

Before you're a member, you can visit specially designed carrier sites to give you 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. You can get to the carrier preview sites through the [Make It Yours website](#). Once you enroll and become a member of a carrier, you'll be able to register and log on to the carrier's main website for personalized information.

During enrollment (and throughout the year), you can see how other people have rated the insurance carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and comments can help you with your choices. Log on to My-HR ([digital.alight.com/veritiv](https://digital.alight.com/veritiv)) and click **Enroll Now** (or visit [digital.alight.com/myhrveritiv](https://digital.alight.com/myhrveritiv)).

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

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

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

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on My-HR. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results:
  - Search for your provider by name—not medical practice.
  - Check only the office location(s) you are willing to visit.
  - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

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

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

Because you and your dependents must enroll in the same option, you need to take a close look at your options. The HMSA options offer access to a national provider network so that your dependents can get care from in-network providers in most locations. The Kaiser Permanente options offer limited coverage for dependent students who are temporarily out of the area.

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

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

You'll have access to a number of resources to help you make smart decisions. You should start by visiting the [Make It Yours website](#) for details about your options and more.

When you enroll, you'll be able to see the subsidy amount from Veritiv and your price options on My-HR ([digital.alight.com/veritiv](https://digital.alight.com/veritiv)) by clicking **Enroll Now** (or visit [digital.alight.com/myhrveritiv](https://digital.alight.com/myhrveritiv)), or use the Alight app. 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, you can reach a customer service representative by web chat or by scheduling an appointment through My-HR. You can also call the Veritiv Benefits Center at **1.855.278.4981** from 3:00 a.m. to 12:00 p.m. HT, Monday through Friday. If you don't connect with a representative right away, you will be given the option to save your place in line and receive a call back once a representative is available. You can also call the [insurance carriers](#) with specific questions about the options they offer.

#### **16. Can I waive 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 after enrollment. 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 Veritiv Benefits Center at the address provided.

Note: If the form is not received by the Veritiv Benefits Center within 30 days, you will be automatically enrolled in the **Gold** option retroactive to your eligibility date. You will also default to paying the \$100 monthly employee tobacco surcharge.

#### **17. Will pre-existing conditions be covered?**

Yes.

#### **18. 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 particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year.

#### **19. What is “prior review” and when is it required?**

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

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 he or she is handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don't get preapproved, you could get stuck paying most or **all** of the bill or 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 you need will be covered by your insurance carrier.

## 20. What do I need to know about dental networks?

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

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

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

If you are considering a Platinum dental option:

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

## 21. 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' network(s). 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 My-HR.

## 22. What other benefits are available to me?

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease).
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized.

- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident.

You can also choose to enroll in:

- **Supplemental life insurance:** Protects your family financially in the event of a death.
- **Supplemental accidental death and dismemberment coverage:** Protects your family financially in the event of a tragic accident.
- **Long Term Disability Buy-Up:** Purchase additional long term disability coverage to supplement the disability benefits provided to you by Veritiv.
- **Group legal services:** Provides access to a network of attorneys who can help with legal issues such as creating or updating a will, real estate matters, tax audits, document preparation, and more.
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud.

You can get more details on the Make It Yours website at [veritiv.makeityoursource.com/hawaii](https://veritiv.makeityoursource.com/hawaii).

## 23. What else is available to me?

We are able to take advantage of group negotiated discounts for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance and convenient payroll deductions.
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured pet.
- **International vacation medical:** Covers any medical needs that arise during travel outside the United States.

You can get more details on the Make It Yours website at [veritiv.makeityoursource.com/hawaii](https://veritiv.makeityoursource.com/hawaii).

## PAYING FOR COVERAGE

### 24. When will I find out the cost of coverage?

You'll be able to see the subsidy amount from Veritiv and your price options when you enroll. Log on to My-HR ([digital.alight.com/veritiv](https://digital.alight.com/veritiv)) and click **Enroll Now** (or visit [digital.alight.com/myhrveritiv](https://digital.alight.com/myhrveritiv)) or use the Alight app.

### 25. Do I get to keep the Veritiv subsidy if I don't enroll in coverage?

No. The subsidy you get from Veritiv is for the medical/prescription drug and dental coverage you purchase.

Information contained herein is not intended as legal, tax, or other professional advice. You should not act upon any such information without first seeking a qualified professional for your specific matter.

Terms and conditions of policies may change. Please consult policy documents to confirm availability of benefits.