

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, dental, and vision benefits through the Aon Benefit Experience (BenX) at <https://digital.alight.com/veritiv>. 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. Also, if you don't enroll, you will not have dental or vision coverage through Veritiv. And, to contribute to a flexible spending account, you must make an active election.

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 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 lowest cost Gold option retroactive to your eligibility date. You will also default to paying the \$100 monthly employee tobacco surcharge.

Get More

- Check out the [Quick Guide](#) for help finding what you need—when you need it.
- Once you know the basics, you might need to dig a little deeper. [Get answers](#) to frequently asked questions.
- 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?

Once logged on to My-HR at <https://digital.alight.com/veritiv>, look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through My-HR. You can also call the Veritiv Benefits Center at **1.855.278.4981** from 9 a.m. to 6 p.m. ET Monday through Friday.

Questions about Coverage?

Start by contacting the medical, dental, and vision **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 issues, Advocacy Health Pros are available to help. Email an Advocacy Health Pro at 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				
Preventive Drugs	You pay \$0*	You pay \$0*	You pay \$0*	You pay \$0*
Prescription Drug Annual Out-of-Pocket Maximum (individual/family)	\$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				
Tier 1 (generally lowest cost options)	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
Tier 2 (generally medium cost options)	You pay \$35	You pay \$35	You pay \$30	You pay \$35
Tier 3 (generally highest cost options)	You pay \$75	You pay \$35 (if authorized)	You pay \$70	You pay \$35 (if authorized)
90-Day Mail-Order Supply				
Tier 1 (generally lowest cost options)	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
Tier 2 (generally medium cost options)	You pay \$70	You pay \$70	You pay \$60	You pay \$70
Tier 3 (generally highest cost options)	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 My-HR at <https://digital.alight.com/veritiv>. 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 My-HR.

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 [Alight Retiree Health Solutions](#) or call **1.833.791.0780**
- 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

Accident Insurance

Accidents can slam your wallet too.

Even with medical coverage, your costs related to an accident can be hefty. Depending on the injury, you may be faced with copays, deductibles, hospital charges, transportation fees, and lodging expenses.

Accident insurance pays a benefit in the event you or a family member covered under this plan is in an accident. Accident insurance is not a replacement for medical coverage. And, unlike AD&D coverage, accident insurance does not require death or serious injury for you to be eligible for a benefit.

Accident insurance is administered by Aflac. For a complete list of covered accidents and benefits, go to <https://aflacgroupinsurance.com> or call 1.800.433.3036.

Things To Consider

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

Cost per Paycheck

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through My-HR at <https://digital.alight.com/veritiv>.

Your and Your Family's Needs

Does your family lead an active lifestyle? Have you or an eligible family member suffered financial loss resulting from an accident? If you answered "yes" to either question, having accident insurance could give you peace of mind.

Other Coverage

Consider how accident insurance could fit in with other coverage for which you might enroll.

Critical Illness Insurance

When illness strikes, you can strike back. If you have a serious health condition, critical illness coverage can help lighten the load.

Even with medical insurance, a serious health condition could cost you. Critical illness insurance can provide you with extra cash when you need it most—if you or a family member covered under this plan 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 renal disease).

The benefit pays you a single lump-sum payment based on the coverage level you choose, even if you have a pre-existing condition.

Critical illness insurance is administered by Aflac. For a list of covered conditions and complete details, go to <https://aflacgroupinsurance.com> or call **1.800.433.3036**.

Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose from among these benefit amounts:

- Employee: \$5,000 or \$15,000
- Spouse: \$5,000 or \$7,500
- Child: \$2,500

Things To Consider

When deciding whether to enroll in critical illness insurance, be sure to consider the following:

Cost per Paycheck

The cost of coverage is based on who you cover, age, tobacco status, and the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through My-HR at <https://digital.alight.com/veritiv>.

Your and Your Family's Needs

Does a serious health condition run in your family? Would you need financial help to offset the cost of a serious health situation? If you answered “yes” to either question, having critical illness insurance could give you peace of mind.

Hospital Indemnity Insurance

Even with medical insurance, hospital stays can be costly. You may have copays, deductibles, and other incidental hospital charges that add up. That's why you can buy extra insurance through hospital indemnity coverage.

Hospital indemnity insurance provides financial assistance to enhance your current coverage, so you might be able to avoid dipping into savings. The plan pays benefit amounts based on type of hospital admission. You can cover yourself and eligible family members.

Hospital indemnity insurance is administered by Aflac. For a complete list of covered situations, go to <https://aflacgroupinsurance.com> or call **1.800.433.3036**.

Things To Consider

When deciding whether to enroll in hospital indemnity insurance, be sure to consider the following:

Cost per Paycheck

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through My-HR at <https://digital.alight.com/veritiv>.

Your and Your Family's Needs

Does a serious health condition run in your family? Are you or an eligible family member frequently hospitalized? If you answered "yes" to either question, having hospital indemnity insurance could give you peace of mind.

Dental Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays). Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Dental Coverage Level Options

	BRONZE	SILVER	GOLD	PLATINUM ²
Annual Deductible and Plan Limits				
Annual deductible (individual / family)	\$100 / \$300	\$100 / \$300	\$50 / \$150	None
Annual maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia lifetime maximum¹	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier
In-Network Benefits				
Preventive care	100% covered, no deductible	100% covered, no deductible	100% covered, 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., crowns, 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

¹If 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.

²Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll.

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Note: For additional comparison, you may find Summaries of Benefits and Coverage on My-HR at <https://digital.alight.com/veritiv>.

Considering Platinum? It may cost less than some of the other options, but you **must** designate a primary care dentist who participates in the insurance carrier's Platinum network (where available by carrier) and get care from your primary care dentist. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. 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. If you enroll in a Platinum option and don't use a network dentist, you'll pay for the full cost of services.

Considering Delta Dental? With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further.

- 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.
- 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. You can also get the same deal by using any in-network dentist if you choose another insurance carrier.

You can check if your provider is part of either network on <https://digital.alight.com/veritiv> or through [Your Carrier Connection](#).

Dental Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with BenX.

Just like your medical coverage, your dental coverage costs will depend on a few factors:

The Amount Of Your Subsidy From Veritiv

All eligible employees will receive a subsidy to use toward the cost of coverage.

You'll see the subsidy amount from Veritiv and your price options for coverage when you [enroll](#).

The Coverage Level You Choose

Bronze

The Bronze coverage level generally costs less per paycheck. That's because some services aren't covered and because it has the lowest benefit maximum.

Silver

The Silver coverage level is moderately priced since most services are covered. However, the benefit maximum is lower.

Gold

The Gold coverage level costs more per paycheck since most services are covered. The benefit maximum is also higher.

Platinum

The Platinum coverage level generally costs less. It provides comprehensive coverage for in-network care only.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Vision Coverage Level

Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. When you choose your coverage level, you get to pick the one with the features you want.

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care. Make sure to take your **total** costs into consideration when choosing a coverage level.

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Vision Coverage Level Options

	BRONZE	SILVER	GOLD
In-Network Benefits			
Routine vision exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single vision	Discount may apply	You pay \$20	You pay \$10
Bifocal	Discount may apply	You pay \$20	You pay \$10
Trifocal	Discount may apply	You pay \$20	You pay \$10
Standard Progressive ²	Discount may apply	You pay \$20	You pay \$10
Lenticular	Discount may apply	You pay \$20	You pay \$10
Lens Enhancements			

UV treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint (solid and gradient)	Discount may apply	Varies by carrier	Varies by carrier
Standard plastic scratch-resistant coating	Discount may apply	Varies by carrier	Varies by carrier
Standard anti-reflective coating	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (adults)	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate (children)	Discount may apply	You pay nothing	You pay nothing
Other add-ons	Discount may apply	Discount only	Discount only

Contact Lenses

Medically necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and evaluation	Discount may apply	You pay \$20	You pay \$10

Laser Surgery

Elective	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
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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.

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Note: For additional comparison, you may find Summaries of Benefits and Coverage on My-HR at <https://digital.alight.com/veritiv>.

Vision Price

Find the right balance between what you pay out of your paycheck and what you pay when you get care.

When you make a purchase, you decide how you want to pay. Would you rather pay cash now or use credit and pay later? It's the same idea with BenX.

Just like your medical coverage, your vision coverage costs will depend on a few factors:

The Coverage Level You Choose

The Bronze option will generally be less expensive per paycheck. That's because it covers only exams with some in-network discounts available. The Silver and Gold options will cost more per paycheck and provide coverage for exams as well as frames and lenses.

The Insurance Carrier You Choose

Certain insurance carriers may be able to provide a more competitive price per paycheck.

Your Dependents

You can enroll any combination of you, your eligible spouse/domestic partner, and your children in the option you choose.

Flexible Spending Accounts (FSAs)

Veritiv 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, you can roll over up to \$660 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.

Life Insurance

Protect your loved ones. Choose the amount of life insurance coverage that's right for you and your family.

Life insurance protects your family financially in the event of a death. Veritiv automatically provides basic life insurance for you free of charge.* And, if you decide your family needs more protection, you can buy supplemental coverage for yourself and dependents. If you purchased supplemental coverage, you may be eligible for additional benefits through the MetLife Advantages program. See more details at www.metlife.com/insurance/life-insurance/metlife-advantages.

Life insurance is administered by MetLife. For more information, call Metlife at **1.877.275.6387**.

* 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.

Choose Your Beneficiaries

Your family depends on you for all kinds of things—including your pay. Make sure to choose the people and/or estate that should receive your life insurance benefit if you die. It is important that you make your beneficiary elections on My-HR at <https://digital.alight.com/veritiv>.

First, gather the Social Security numbers and birth dates for each beneficiary. Then, when you're enrolling in life insurance, you'll be prompted to designate your beneficiaries.

You can change beneficiaries at any time. If you die and have no beneficiaries on file, the benefit may—or may not—eventually reach the individual(s) you would prefer. The result could be a significant delay in payment during an already challenging time for your loved ones.

Things To Consider

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 and dependent life insurance coverage could be based on age, level of coverage, and whether the covered person uses tobacco. You'll be able to see the cost per paycheck for your options when you enroll through My-HR at <https://digital.alight.com/veritiv>.

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 spouse /domestic partner life insurance, you'll need to prove that you and your spouse /domestic partner 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.

If you don't submit the EOI form or it doesn't get approved, your coverage (and paycheck contributions) will reflect the highest level of coverage that doesn't require EOI.

AD&D Insurance

Accidents happen. It's a fact of life. But you can soften the financial impact of an accidental death or injury.

Accidental death and dismemberment (AD&D) benefits protect your family financially in the event of a tragic accident. Veritiv automatically provides basic AD&D coverage for you free of charge. And, if you decide your family needs more protection, you can buy supplemental and dependent AD&D coverage.

AD&D is administered by MetLife.

Choose Your Beneficiaries

Your family depends on you for all kinds of things—including your pay. Make sure to choose the people and/or estate who receive your AD&D coverage benefit if you die as the result of an accident. It is important that you make your beneficiary elections on My-HR at <https://digital.alight.com/veritiv>.

First, gather the Social Security numbers and birth dates for each beneficiary. Then, when you're enrolling in AD&D coverage, you'll be prompted to designate your beneficiaries.

You can change beneficiaries at any time. But if you die and have no beneficiaries on file, the benefit may—or may not—eventually reach the individual(s) you would prefer. The result could be a significant delay in payment during an already challenging time for your loved ones.

Note: You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss.

Things To Consider

When deciding whether to enroll in supplemental and dependent AD&D coverage, be sure to consider the following:

Cost per Paycheck

The cost of supplemental and dependent AD&D 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 coverage pays a benefit only in the event of an accident, it is not a substitute for life insurance.**

Disability

Could you pay your bills if an illness or injury prevented you from working? Disability benefits can help.

Short-term and Long-term disability benefits are administered by New York Life.

Short-Term Disability (STD)

STD benefits replace a portion of your income if you're unable to work due to pregnancy, illness, or non-work-related injury. Veritiv automatically provides STD coverage for you free of charge.

Long-Term Disability (LTD)

Veritiv automatically provides LTD coverage for you free of charge. LTD benefits pick up where your STD benefits end and pay 60% of wages up to \$100,000 of your base pay, providing you coverage from 26 weeks to age 65. You also have the option to purchase LTD Buy-Up if you wish to cover more of your base pay.

Things To Consider

When deciding whether to enroll in voluntary disability coverage, be sure to consider the following:

Cost per Paycheck

The cost of disability coverage is based on the level of coverage you elect. You'll be able to see the cost per paycheck when you enroll.

Other Income Sources

If you were unable to work, would other sources of income be available to you, such as sick pay, salary continuance, a short-term state disability plan, or Social Security? If so, consider whether you would have enough money to pay your ongoing expenses for a period of time.

Taxes

Disability benefits may be taxable as ordinary income. That means federal and state income taxes will be deducted from disability benefit checks. When choosing a disability coverage level, be aware that taxes may affect the dollar amount of your benefit.

Legal Services

You don't want to spend a fortune to get legal advice when you need it. Legal Services coverage offers a network of attorneys who can help with 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://legalplans.com/> or call MetLife Legal Plans at **1.800.821.6400**. If you have already created an account, you can log into <https://members.legalplans.com>.

Legal Services is a voluntary benefit administered by MetLife Legal Plans. The plan covers employees and eligible family members.

Things To Consider

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

Cost per Paycheck

If you expect to need Legal Services, the cost of coverage could be less than if you paid an in-network attorney directly. You'll be able to see the cost per paycheck when you enroll through My-HR at <https://digital.alight.com/veritiv>.

Your Personal Situation

Consider your expected legal needs and access to network attorneys. Do you plan to purchase, sell, or refinance a home? Do you need help preparing a will or trust? If you answered "yes" to either question, having Legal Services coverage could give you peace of mind.

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.

Identity theft protection is a voluntary benefit administered by Allstate Identity Protection. For a complete list of services, go to www.myaip.com or call **1.800.789.2720**. The plan allows you to cover yourself and eligible family members.

Things To Consider

When deciding whether to enroll in identity theft protection, be sure to consider the following:

Cost per Paycheck

You'll be able to see the cost per paycheck when you enroll.

Your Risk Factors

While everyone has risk, some people are at greater risk than others. Have you used credit cards on unsecure websites? Do you make online purchases regularly? If you answered "yes" to either question, having identity theft protection could give you peace of mind.

Auto and Home Insurance

It's your stuff. Keep it safe.

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance. Auto and home insurance is a voluntary benefit. You sign up for coverage directly with the insurance carrier. And you can add or drop coverage at any time during the year.

Go to www.myautohome.farmers.com or call **1.800.438.6381** for additional information.

Paying For Coverage

You'll pay your premiums through payroll deductions.

Things To Consider

When deciding whether to enroll in auto and home insurance, be sure to consider the following:

Cost

The cost for coverage depends on the insurance carrier, the type of policy you choose, and your location. You can get a personalized quote before you enroll.

Your Personal Situation

Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.

Flexibility

Since you can add or drop coverage at any time, it's easy to make a change if the need arises.

Pet Insurance

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian. Go [here](#) for a complete list of covered services.

Paying For Coverage

You'll pay your premiums by credit or debit card.

Things To Consider

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

Cost

Your cost of coverage is based on the type of pet, breed, and age. Coverage is provided by pet. So if you have more than one, you can get a personalized quote for each.

Your Pet's Needs

Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered “yes” to either question, having pet insurance could give you peace of mind.

Flexibility

Since you can add or drop coverage at any time, it's easy to make a change if the need arises.

International Vacation Medical

Is your family covered for health care outside the U.S.?

International vacation medical offers affordable, comprehensive coverage for covered family members when traveling outside the U.S. It can supplement any coverage offered by your medical insurance carrier. Coverage also includes claims support, translation services, a direct bill payment option, and more.

Have an international trip(s) coming up? Click [here](#) to learn more or call GeoBlue at **1.844.358.7278** for additional information. You do **not** need to enroll for coverage during enrollment.

Paying For Coverage

You'll pay by credit card only if you buy coverage.

Things To Consider

When deciding whether to buy international vacation medical coverage, be sure to consider the following:

Your Medical Coverage

First, check with your medical insurance carrier to see how they will cover you and your family when traveling internationally. If coverage is limited or unavailable, having international vacation medical coverage could give you peace of mind.

Cost

Your cost of coverage is based on age, length of stay, policy amount, and deductible selected.

Your Personal Situation

Do you or an eligible family member have an ongoing health condition or often require health care? If you answered "yes" and your medical carrier offers limited or no international coverage, having international vacation medical coverage could be valuable.

Bill Negotiation Services

You don't have to be a health care expert when you have one in your corner.

Bill negotiation services puts years of health care and billing expertise to work for you. When you're facing a large bill from an **out-of-network** provider, negotiators are available to partner with you and your providers to make sure the amount billed to you is appropriate (which could reduce the amount you owe). In many cases, negotiators can help save you 20% or more.

Bill negotiation services is administered by MCA. You do **not** need to enroll for coverage. When you have a bill of at least \$300, you can sign up and get started at www.medicalcostadvocate.com/aon or call **1.844.891.8981** for more information.

Paying For Coverage

If you don't save any money through bill negotiation services, it's totally free. If you **do** save money through bill negotiation services, you'll pay 35% of your savings.

Things To Consider

When deciding whether to use bill negotiation services, be sure to consider the following:

It's Risk-Free

Because you only pay if negotiators save you money, you have nothing to lose—and a smaller provider bill to gain.

Peace of Mind

Do you think you've been overcharged for health care services? Do you lack the time, expertise, and energy needed to successfully negotiate health care charges? If you answered "yes" to these questions, bill negotiation services could give you peace of mind.

Provider Network

Bill negotiation services can save you money on large, out-of-network provider bills. Just remember, you will receive the highest benefit by using in-network providers. You also have Advocacy Health Pros that are available to help with benefits or billing issues.

How to Enroll

Log on to My-HR at <https://digital.alight.com/veritiv> or the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)) to enroll in your benefits for 2025.

Logging on for the first time? From My-HR, 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?

Once logged on to My-HR at <https://digital.alight.com/veritiv>, look for the “Need Help?” icon to ask your virtual assistant any questions you may have. It can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through My-HR. You can also call the Veritiv Benefits Center at **1.855.278.4981** from 9 a.m. to 6 p.m. ET Monday through Friday.

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.

Medical

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](#)

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](#)

Dental

Carrier Name: Aetna

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.aetna.com/aon/fi>

Once you're a member (website): <https://www.aetna.com>

Customer Service Hours: Monday - Friday: 8:00 am - 6:00 pm EST

Phone Number: [1.855.496.6289](tel:1.855.496.6289)

[Learn More](#)

Carrier Name: Cigna

Areas We Serve: Available nationally with the exception of MN and ND.

Before you're a member (preview site): <https://connections.cigna.com/carrierbenefits-fi2025/>

Once you're a member (website): <https://my.cigna.com>

Customer Service Hours: Cigna Support is available 24/7/365

Phone Number: [1.855.694.9638](tel:1.855.694.9638)

[Learn More](#)

Carrier Name: Delta Dental (Bronze, Silver, and Gold)

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.deltadental.com/us/en/aon/california.html>

Once you're a member (website): <http://www.deltadentalins.com>

Customer Service Hours: Mon - Fri: 8:00 a.m. - 8:00 p.m. EST

Phone Number: [1.800.471.7614](tel:1.800.471.7614)

Pre-enrollment Phone Number: [1.800.503.4162](tel:1.800.503.4162)

[Learn More](#)

Carrier Name: Delta Dental (Platinum)

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.deltadental.com/us/en/aon/california.html>

Once you're a member (website): <http://www.deltadentalins.com>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 9:00 p.m. EST

Phone Number: [1.800.471.8073](tel:1.800.471.8073)

Pre-enrollment Phone Number: [1.800.546.9751](tel:1.800.546.9751)

[Learn More](#)

Carrier Name: MetLife

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 11:00 p.m. EST

Phone Number: [1.888.309.5526](tel:1.888.309.5526)

[Learn More](#)

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.whyuhc.com/aon9>

Once you're a member (website): <https://www.myuhc.com>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

Phone Number: [1.888.571.5218](tel:1.888.571.5218)

[Learn More](#)

Vision

Carrier Name: EyeMed

Areas We Serve: Available nationally

Before you're a member (preview site): <https://eyemed.com/en-us/benx-aon>

Once you're a member (website): <https://member.eyemedvisioncare.com/member/en>

Customer Service Hours: Monday - Friday: 7:30 a.m. - 11:00 p.m. EST
Saturday: 8:00 a.m. - 11:00 p.m. EST
Sunday: 11:00 a.m. - 8:00 p.m. EST

Phone Number: [1.844.739.9837](tel:1.844.739.9837)

[Learn More](#)

Carrier Name: MetLife

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.metlife.com/aon-benefit-experience>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Customer Service Hours: Monday-Saturday 9:00am-8:00pm EST

Phone Number: [1.888.309.5526](tel:1.888.309.5526)

[Learn More](#)

Carrier Name: UnitedHealthcare

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.whyuhc.com/aon9>

Once you're a member (website): <https://www.myuhcvision.com>

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

Phone Number: [1.888.571.5218](tel:1.888.571.5218)

[Learn More](#)

Carrier Name: VSP Vision Care

Areas We Serve: Generally offered in all states, but availability in some states may be limited.

Before you're a member (preview site): <https://www.vsp.com/aon>

Once you're a member (website): <https://www.vsp.com/login>

Once you're a member (website): <https://www.sps.com/login>

Customer Service Hours: Monday - Friday: 7:00 a.m. - 4:30 p.m. HAST

Phone Number: [1.877.478.7559](tel:18774787559)

[Learn More](#)
