



Aon Active Health Exchange™

Something for Everyone

*make it yours*



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# Ready to Get Started?

You'll enroll in medical, dental, vision, and other benefits through the Aon Active Health Exchange.™ Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.

# What You Need to Do

You should enroll to make sure you get the coverage you want next year! Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your drugs are covered. It's worth a look even if you choose exactly what you have today.

If you don't enroll, your current medical, dental, and vision coverage will continue. But, the 2017 premiums may be higher or lower than what you pay now.

**Exception:** If you live in California and are covered by Cigna under the Bronze Plus or Silver coverage level, or by UnitedHealthcare under any coverage level, you must enroll. These plans are no longer offered. The new offerings are PPO (not HMO) plans. If you don't enroll, you'll be automatically enrolled in the same metallic coverage level with the lowest cost carrier next year.

You'll also miss out on:

- The tobacco-free credit of \$12/week if you are tobacco-free.
- Tax savings from the Health Care and Dependent Daycare Flexible Spending Accounts.

Plus, you'll pay the \$1,200 spousal surcharge if you cover your spouse on the medical plan.



## *Access, Answers, and More*

You have access to a number of tools and resources before, during, and after you enroll.

Start with the Make It Yours website at <https://swift.makeityoursource.com> to see short videos, FAQs, and more.



# Eligibility

It's up to you to understand who you can cover under your medical and prescription drug, dental, vision, and other benefits. Be sure to review the information below *before* you enroll in coverage.

## Who is eligible for benefits

You're eligible for benefits if:

- You are a current full-time non-driving employee scheduled to work at least 30 hours per week.
- You are a current full-time driver working at least 30 hours per week.

You can save for your future and save on taxes with the 401(k) Retirement Plan after 6 months of service, if you are at least 21 years old.

## Who you can cover

Eligible family members (dependents) you can cover include:

- Your legal spouse of the same or opposite gender. If you're legally separated pursuant to a court order, your spouse is not eligible for coverage.
- Your children up to age 26 (includes adopted children, stepchildren, and legal foster children).
- Your unmarried, disabled children over the age of 26 who you claim as a dependent on your federal income taxes. (Proof of disability will be required.)

**Note:** Eligibility requirements may be different under the life and AD&D insurance plans for children (including disabled children) over the age of 19.

You can cover your eligible family members in most of the plans you select for yourself. You will be required to send in documentation on any new dependents you add to your coverage.







# Medical & Prescription Drug



You have control when you enroll through the exchange—you get to choose the medical coverage level, cost, and insurance carrier that are right for your situation. Make sure to take action so you don't miss out!

# Medical Coverage

***Don't let the names of the coverage levels fool you.***

One option isn't better than another. The best coverage level for you depends on your tastes and your needs.

## Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze Plus:** A high-deductible option with prescription drug coinsurance
- **Silver:** A preferred provider organization (PPO) option with prescription drug copays
- **Gold:** A PPO option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, an HMO option with prescription drug copays that covers in-network care only)

Each coverage level is available from different insurance carriers at different costs.



### Check This Out!

See pages 16-17 for a listing of the medical plan provider websites and phone numbers. Do your research before you enroll to make sure you are making the best choice for next year.



### Do You Live in California?

Your options will be different, depending on the insurance carrier you choose. See page 9 for details.



### Do You Live Outside the Service Area?

Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

**Important:** The Silver option available to out-of-area individuals is different than the Silver option described in this guide. Refer to the enrollment website for details.



### Is a Primary Care Physician Required?

You must designate a primary care physician to coordinate your care if you:

- Choose Kaiser Permanente as your insurance carrier;
- Live in Northern California and choose Health Net as your insurance carrier; or
- Live in Southern California and choose Health Net as your insurance carrier and Gold II or Platinum as your coverage level.

## Prescription Drug Coverage: Your Medical Insurance Carrier Matters

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 a medical insurance carrier.

### Things to Consider

If you or a family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll. Just tell the carrier you're considering medical coverage offered through the Aon Active Health Exchange and ask the following questions.

#### ✓ Is my drug on the formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on a carrier's formulary, you'll pay more for it.

#### ✓ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your insurance carrier—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information on the carrier preview sites, or use the prescription drug search tool when you enroll.

#### ✓ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

#### ✓ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in network—but, each insurance carrier determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

Examples include certain contraceptives and breast cancer preventive medications for women.



#### Check This Out!

If you're switching insurance carriers, make sure your prescription is covered with the new carrier and that you have an ample supply of medications to cover you through the transition.



#### What's a Pharmacy Benefit Manager?

In the exchange, each medical carrier uses a pharmacy benefit manager to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires.

**Heads up:** Your prescription drug coverage *could* change if:

- You stay with the same medical carrier as you have today and the carrier changes its pharmacy benefit manager or how it covers your drugs.
- You change your medical carrier.

So you still need to do your homework and make sure you're comfortable with how your prescription drugs will be covered *before* choosing your medical carrier.



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

Many carriers require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

✓ **Will I have a step therapy program?**

If you switch insurance carriers and this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

✓ **Are there any quantity limits for my medication?**

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

✓ **How do I take advantage of mail-order service?**

You'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.



*We'll Help You Through the Transition*

A Prescription Drug Transition Worksheet is posted on the Make It Yours website at <https://swift.makeityoursource.com>. It includes information on what you need to do to make it through the transition, along with other helpful tips.

# How Much Will It Cost?

## *It's up to you.*

You can choose the coverage level and insurance carrier that offer the right balance.

You get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price.

There are other factors that impact how much you pay, too, including your credit amount from Swift and how many family members you cover. The end result is that you could end up paying more—or less—for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with before-tax dollars.

## Price Shopping

You'll be able to see the credit amount from Swift and your price options for coverage when you enroll on the enrollment website at <https://swift.benefitsnow.com>.

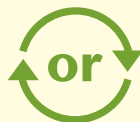


## Pay Now or Pay Later?

How much you pay out of your paycheck is one thing. You also have to consider what you'll pay throughout the year when you need care. You determine which coverage level gives you the best deal on your *total* health care costs.

### *Pay LESS now and MORE when you need care*

The Bronze Plus coverage level costs less per paycheck, but the deductible is higher. Make sure you know how the deductible works, and that the deductible amount is something you can afford in the event you need a lot of health care.



### *Pay MORE now and LESS when you need care*

The Silver, Gold, and Platinum coverage levels generally cost more per paycheck, but the Silver and Gold deductibles are lower. The Platinum coverage level does not have an in-network deductible. If you don't expect to have a lot of health care needs, you could be spending money for benefits you don't use.



# Vision



Just like your medical and dental coverage, you get to choose the vision coverage level, cost, and insurance carrier that are right for your situation. Make sure to take action so you don't miss out!



# Vision Coverage

*See how you can benefit from vision coverage.*

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

## Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

## Paying for Coverage

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



### Check This Out!

Most carriers will give you a choice of purchasing glasses and lenses or contacts. Typically, they do not allow you to purchase both in the same time frame. Be sure to tell your provider if you're getting both so you can determine which one to apply towards your vision benefits.



## Choose Your Insurance Carrier

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

- **EyeMed**

Before you're a member (preview site):

<https://www.eyemedexchange.com/aon>

Once you're a member (website):

<https://www.eyemedvisioncare.com/member/public/login.emvc>

Phone number: **1.844.739.9837**

- **MetLife**

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

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

Phone number: **1.888.309.5526**

- **UnitedHealthcare**

Before you're a member (preview site): <http://welcometouhc.com/aonhewitt>

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

Phone number: **1.888.571.5218**

- **VSP**

Before you're a member (preview site):

<http://www.VSPExchange.com/AonHewitt>

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

Phone number: **1.877.478.7559**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.



### *What Are People Saying About Their Experiences With Health Carriers?*

Sometimes it really helps to see what other people think. See how others have rated their health carriers at the enrollment website at <https://swift.benefitsnow.com>

Share your own ratings and opinions with others too!

# Make It Yours

- ✓ You got answers and you're feeling good. Now it's time to log on to the enrollment website at <https://swift.benefitsnow.com> to enroll in your benefits for 2017.  
**You'll need to register as a new user.** Due to recent security enhancements, all employees will need to register as a new user, provide some personal information to verify your identity, and set up a user ID and password that you'll use in the future to access your benefits information online or by phone. Click **Are You a New User?** on the login screen.
- ✓ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.
- ✓ There are also Transition Worksheets posted on the Make It Yours website at <https://swift.makeityoursource.com>. They include instructions for everything you should do to set yourself up for success next year.



## *If You Don't Enroll*

If you don't enroll, your current medical, dental, and vision coverage will continue. But, the 2017 premiums may be higher or lower than what you pay now.

### **Live in California?**

If you live in California and are covered by Cigna under the Bronze Plus or Silver coverage level, or by UnitedHealthcare under any coverage level, you must enroll. These plans are no longer offered. The new offerings are PPO (not HMO) plans. If you don't enroll, you'll be automatically enrolled in the same metallic coverage level with the lowest cost carrier next year.

This overview of 2017 changes serves as a Summary of Material Modifications (SMM), providing information on various Swift benefit plan changes that take effect January 1, 2017. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through Swift. If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. Swift reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.



BUILT  
TO MAKE  
YOU BETTER™

Aon Active Health Exchange™

# Do Your Thing

Enroll by December 2

*make it yours*

AON

# Start Something New

Benefits Open Enrollment is November 14 through December 2. You **must** enroll or you will not have coverage effective January 1, 2017.

Get the information you need on the Make It Yours website at <https://msc.makeityoursource.com>.

Prices won't be available until Benefits Open Enrollment—but don't let that stop you from looking over your options now.

Beginning November 14, log on to the MSC Benefits Center website at <https://msc.benefitsnow.com> to compare your options, see costs, check which providers are in network (since carriers can make changes), and enroll.

## Summary of Benefits and Coverage Availability

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

During Benefits Open Enrollment, you can view the SBC as follows:

- Log on to the MSC Benefits Center website
- Click on **Enroll**
- Once you're in the "Choose Your Medical" step, expand "View Plans"
- Click on **All Coverage Details**
- Under "Summary of Benefits Coverage," click on the **SBC** link next to "Coverage Details"

A paper copy is also available, free of charge, by calling the MSC Benefits Center at **1.844.260.3603**.

**Note:** If you have dependents in your household who are enrolled in an MSC plan, please share this SBC information with them.

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MSC Benefits Center

P.O. Box 1495

Lincolnshire, IL 60069-1495



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## Set yourself up for success.



You're enrolled in your benefits, but you may not be done. If you switched insurance carriers, download the Transition Worksheets to see what you need to do now before your new coverage starts.

[Download Now](#)



## Use Your HSA Wisely

If you enrolled in a Bronze Plus medical option, check out your Health Savings Account (HSA) User's Guide to learn how to make the most of your account. It all starts with electing to contribute—start it up now or change your election at any time.

[Download Guide](#)



## Wait! What? I Can Do THIS With My HSA?

You may know all the rules about Health Savings Accounts (HSA), but there's something you might not have considered. Check out this different way to benefit from an HSA.

[Get the Inside Scoop](#)