

My Choice

Frequently Asked Questions

FAQs

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

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My Choice

1. What is My Choice?

My Choice is an online benefits shopping experience that offers a way for you to get medical, dental, vision, and certain other coverage. It's offered through the Aon Active Health Exchange, America's first national, large-employer, multi-insurance carrier private online benefits store. Its website is easy to navigate and, just like other online consumer-product stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options at a price you can afford.

2. Is My Choice sponsored by the government?

No. **My Choice** is a private online benefits shopping experience that is unrelated to the government-run state and federal health insurance sites.

3. What are the benefits of this model?

The medical and prescription drug, dental, vision, and certain other benefits available through **My Choice** offer you:

- **A variety of choices.** Through **My Choice**, you're able to choose from several coverage options, a variety of insurance carriers, and a range of costs.
- **More control.** YOU get to decide, based on your and your family's unique needs, the level of coverage you need, the carrier you want to work with, and which price you're willing to pay.
- **Competitive pricing.** The insurance carriers are competing for your business.

In addition, you can get help with negotiating out-of-network bills — and if you plan to travel internationally, you can get discounted rates for international vacation medical coverage (at the time you need it) through **My Choice**.

You also have help when you need it. There are great tools and resources to help you every step of the way. See question #4 for details about tools and resources.

4. Where can I get more information?

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

	Before you enroll	When you enroll	After you enroll
Make It Yours website	safelite.makeityoursource.com Learn how My Choice works and what coverage options you may have — and get tips for choosing the right coverage for you. You can also watch videos and access the insurance carrier preview sites here.		Visit year-round for practical tips that help you to get the most out of your benefits. Get “The Inside Scoop” on how to work the health care system, be a savvy shopper, and even save some money.
My Choice Pricing Tool	Use the My Choice Pricing Tool before you enroll to compare the costs of your medical, dental, and vision options based on your situation. To access the My Choice Pricing Tool , go to safelitebenefits.com (or directly at benefitspricing.com/safelite/2021). You will need an access code (get the access code online at People System, or call the My Choice Service Center at 844-315-3794 to request it).	N/A	N/A
Your Carrier Connection <i>(available through the Make It Yours website)</i>	Carrier preview sites: Get up to speed on provider networks, prescription drug information, and other carrier resources. And you can contact insurance carriers directly with specific questions.		Once you’re a member: Take advantage of all 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. (contact information is available on the Make It Yours website).
The My Choice enrollment website	N/A	Log on to the My Choice enrollment website through People System (or directly at safelite.benefitsnow.com) where you can compare your options, get helpful decision support, and enroll. You’ll also see the credit amount from Safelite and prices by option. If you need additional help, contact the My Choice Service Center at 844-315-3794 or via live chat, Monday through Friday, 8 AM to 8 PM ET. If you don’t connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available.	Once coverage begins: Access your personalized coverage details and manage your benefits throughout the year. If you need help with more complex coverage issues, call the My Choice Service Center at 844-315-3794 and ask to be connected with an advocate. Advocates can explain how benefits work and help resolve issues. Bill negotiation representatives can also help review and negotiate out-of-network medical bills.

Please note: You can call People Direct at **800-631-6966** for your Safelite® associate-related questions.

Enrollment

5. What will I need to do?

You must enroll for medical, dental, and vision benefits or you won't have coverage through Safelite in 2021. And, to contribute to a Health Savings Account (HSA) for 2021 (if eligible) or to a flexible spending account, you must make an active election.

To enroll, log on to the **My Choice** enrollment website through People System (or directly at safelite.benefitsnow.com). Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2021.
- Choose the insurance carriers and coverage options you want for your medical, dental, and vision benefits.
- You will be prompted to use the **Help Me Choose** tool when you begin your enrollment. Be sure to set aside some extra time to use the tool so you can decide what coverage will be right for you and your family in the coming year.

You can get information about enrollment on the **Make It Yours** website available on safelitebenefits.com (or directly at safelite.makeityoursource.com).

My Options

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

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

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

If you enroll in a Health Savings Account medical option, you should be prepared to pay up to the cost of your deductible — in case you have significant medical expenses shortly after the plan year begins. Even if you start contributing to an HSA right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early qualified expenses out of pocket and then, when your account balance grows enough to cover the expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

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

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

How the medical deductible works depends on your coverage level:

- **The Bronze, Bronze Plus, Gold, and Platinum medical coverage levels 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.
- **The Silver medical coverage level has a “true family deductible.”**¹ This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no “individual deductible” in this coverage level when you have family coverage.

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

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

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

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

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

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

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

Also, insurance carriers can choose to offer **either the standard Gold option or a Gold II option — not both**. The Gold II option **only** offers in-network benefits.

Find details on the Make It Yours website from safelitebenefits.com (or directly at safelite.makeityoursource.com).

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

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

Even if you can keep your current insurance carrier through **My Choice**, the coverage options, networks, and other details can change, so *a/ways* check these key factors before you enroll.

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

- Check out the [insurance carrier](#) preview sites.
- When you enroll, check the networks of each [insurance carrier](#) you're considering on the **My Choice** enrollment website. For the best results, search for your provider by name — not medical practice — and only the office location where you will visit the provider.

Important! If you have any uncertainty or, for instance, you will cover out-of-area dependents, you need to call the insurance carrier to confirm whether a provider participates in a carrier's network.

11. Why should I use in-network providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance. You will also pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even if you reach your annual out-of-network out-of-pocket maximum.

12. 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 may want to consider one of the national insurance carriers that offer national provider networks so that your dependents have access to in-network providers in most locations.

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.

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

You have access to a number of resources to help you make smart decisions. You can start by visiting the Make It Yours website from [safelitebenefits.com](#) (or directly at [safelite.makeityoursource.com](#)) to access videos, details about your options, comparison charts, and more.

Before you enroll, take advantage of the **My Choice** Pricing Tool and compare the costs of your health care options based on your own situation. You can even see how your costs stack up against other coverage options available to your family. To access the **My Choice** Pricing Tool, go to [safelitebenefits.com](#) (or directly at [benefitspricing.com/safelite/2021](#)) and click **Compare Your Costs**. You will need to enter the access code (get the access code online at People System; or call the **My Choice** Service Center to request it).

Then, when you enroll on the **My Choice** enrollment website through People System (or directly at [safelite.benefitsnow.com](#)), the credit amount from Safelite and your price options will be listed. You can also access tools that will give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings, and more. You'll find that reviewing the carrier ratings

can be an important part of the shopping experience, as carriers strive for high marks in communication, overall satisfaction, and customer services — just like you do as a Safelite associate.

If you need additional help, customer service associates at the **My Choice** Service Center will also be available from 8 AM to 8 PM ET, Monday through Friday, to answer questions about **My Choice** and the enrollment process. Just call **844-315-3794** or use live chat. You can also call the [insurance carriers](#) with specific questions about the options they offer.

14. Will pre-existing conditions be covered?

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

15. How will my prescription drugs be covered?

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

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical [insurance carrier](#) before you enroll to better understand how your 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. See the **Make It Yours** website for a [list of questions](#) to ask.

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

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.

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

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage option 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 the **My Choice** enrollment website.

If you are considering a Platinum dental option:

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

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

Each vision insurance carrier has its own provider networks. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do **not** rely on your provider's office to know the carriers' 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 the **My Choice** enrollment website.

19. What other benefit options are available to me through My Choice?

You can also choose to enroll in:

- **Accident insurance:** pays a benefit in the event you or a family member covered under this plan is in an accident. Does not replace medical coverage.
- **Critical illness insurance:** provides extra cash if you or a family member once covered under this plan is treated for a major medical event or diagnosed with a critical illness.
- **Hospital Indemnity insurance:** pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized.
- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more.
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud.

For more details, check out the Make It Yours website through [safelitebenefits.com](#) (or directly at [safelite.makeityoursource.com](#)).

20. What else is available to me through My Choice?

As part of our participation in **My Choice**, we are able to take advantage of group negotiated discounts. You can elect discounted coverage for **international vacation medical**, which covers any medical needs that arise during travel outside the United States.

You also have access to **bill negotiation services**. This service offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses. Just call when you need it.

Advocacy services provides you with a personal Health Pro® consultant ready to assist you and your family. Let Shana Winter, your Health Pro, take the hassle out of health care so you can spend more time on what matters most. Your Health Pro can help you:

- Understand your benefits
- Verify care coverage
- Resolve billing errors
- Transfer medical records
- Schedule appointments

Contact Shana Winter at **866-300-6530** or shana.winter@compassphs.com.

When you enroll, you'll also enroll for other Safelite benefits for which you're eligible, such as a Health Care Flexible Spending Account (FSA) and/or Dependent Day Care FSA; life insurance; accidental death and dismemberment insurance; and disability. You can link to pet insurance enrollment and purchasing power services from **My Choice**, too.

You can get more details on all of these benefits by visiting the Make It Yours website through safelitebenefits.com (or directly at safelite.makeityoursource.com).

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21. Where will I go to enroll in my 2021 benefits?

All of the benefits for which you're eligible will be part of your enrollment process on the **My Choice** enrollment website, which you'll access from People System. (Or you can access the site directly at safelite.benefitsnow.com.) You can shop for medical, dental, and vision coverage from a variety of options and carriers — and then make selections for the remaining benefits for which you're eligible. For some of these benefits, during your enrollment, you may need to link out to a separate administrator's site for additional information or to complete that particular enrollment.

Paying for Coverage

22. Will Safelite offer a credit to help pay for my coverage?

Safelite is always investing in you and values you and your family's health and well-being and, therefore, will continue to pay a significant portion of your health care costs in the form of a credit applied to your premiums. Be sure to maximize the value of your Safelite credit by comparing, evaluating, and shopping for the coverage that best suits your needs.

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

- Enrollment is your once-a-year opportunity to carefully evaluate carriers and coverage levels so that you can choose an option that will yield the highest quality of health care coverage at a price you can afford. And it's wise to consider what your total costs over the course of the year may be. Carefully review your options and prices to find the right fit for you and your family.
- Before enrollment, take advantage of the **My Choice** Pricing Tool to compare the costs of your health care options based on your situation. To access the tool, go to safelitebenefits.com (or directly at benefitspricing.com/safelite/2021) and enter the access code (get the access code online at People System; or call the **My Choice** Service Center to request it).
- During the enrollment window, you'll be able to see the credit amount from Safelite and your price options when you enroll on the **My Choice** enrollment website (through People System or directly at safelite.benefitsnow.com).

24. Do I get to keep the Safelite credit if I don't enroll in coverage?

No. The credit you get from Safelite is for the medical and dental coverage you purchase through **My Choice**. A cash refund or credit for other benefits is not available.

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

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

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

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

26. Why would I want to use an HSA?

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

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.
- You are not taxed on the HSA dollars when you use them to pay eligible expenses.

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

	HSA	Health Care FSA
Do I need to be enrolled in a particular medical coverage option to participate?	Yes, you must be enrolled in a Bronze or Silver coverage option.	No, but if you're enrolled in a Bronze or Silver coverage option, you're not eligible to participate.
Can I contribute to my account before taxes?	Yes	Yes
Do unused dollars roll over from year to year?	Yes	No
Does the money in the account earn interest?	Yes	No
Can I use a debit card to pay for expenses?	Yes	Yes
Can I use the account to pay for vision or dental expenses?	Yes	Yes
How much can I contribute to the account per year?	For 2021, the annual limits set by the IRS are \$3,600* for Associate Only coverage and \$7,200* for Family coverage. If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an additional \$1,000* catch-up contribution.	\$2,750

* Limits subject to mid-year changes per IRS regulations. For more information, go to www.irs.gov.

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

No.

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

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

30. Can I keep my current HSA?

Yes. If you currently have an HSA and you have a balance, the unspent funds will remain in your HSA, earn tax-free interest, and be available for qualified health care expenses at any time in the future. If eligible for, and you elect to contribute to, an HSA in 2021, your contributions will be deposited into an HSA with Bank of America. You'll make your contribution amount election via the **My Choice** enrollment website.

In order to continue contributing to your HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible option at the Bronze or Silver coverage level;
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return; and
- You cannot be covered by any other health insurance plan, such as a spouse's plan, that is not a high-deductible option.