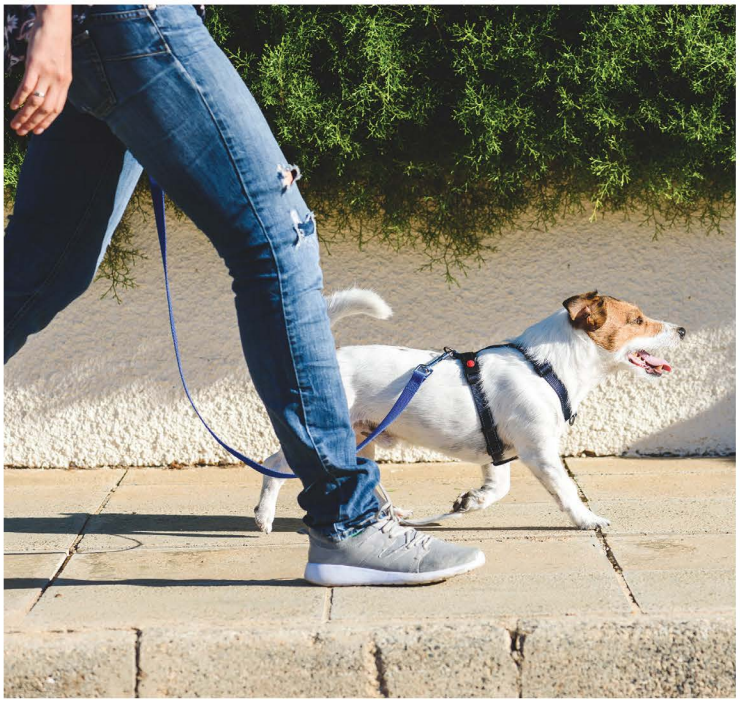
AON ACTIVE HEALTH EXCHANGE™

# Make It Yours To Go



# Table of Contents

# Eligibility

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

## Dependent Eligibility

# Medical Coverage Level

In a hurry? Get the highlights the easy way—just watch the video! (Closed captioning is available.)

## Which Coverage Level Is Best?

You get to choose how much coverage you need and how you want to pay for it. It's up to you! When you choose your coverage level, you get to pick the one with the features you want. If you're enrolling again, consider what changes you may be facing. Change is constant, so make sure you **do your homework** before sticking with what you had in the past.

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).

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.

## Medical Coverage Level Options

You have several coverage levels to choose from. Each coverage level is available from different **insurance carriers** at different costs.

When you enroll, you'll find plenty of tools and resources to help you choose a coverage level.

| | BRONZE | BRONZE PLUS | SILVER | GOLD | PLATINUM |
|---|---|---|---|---|---|
| **Option type** | High-deductible option with HSA | High-deductible option with HSA | PPO | PPO | PPO that offers limited benefits for out-of-network care** |
| **Paycheck contributions** | $ | $ | $$ | $$$ | $$$$ |
| | | | **Annual Deductible** | | |
| **In-network (individual / family)** | $4,900 / $9,800 | $2,450 / $4,900 | $1,000 / $2,000 | $800 / $1,600 | N/A |
| **Out-of-network (individual / family)** | $4,900 / $9,800 | $2,450 / $4,900 | $2,000 / $4,000 | $1,600 / $3,200 | $5,000 / $10,000 |
| **Traditional or true family?** | Traditional | True family | Traditional | Traditional | Traditional |
| | | | **Annual-Out-of-Pocket-Maximum** | | |
| **In-network (individual / family)** | $6,400 / $12,800 | $3,900 / $7,800 | $5,300 / $10,600 | $3,600 / $7,200 | $1,600 / $3,200 |

| | | | | | |
|---|---|---|---|---|---|
| **Out-of-network (individual / family)** | $12,800 / $25,600 | $11,500 / $23,000 | $10,600 / $21,200 | $7,200 / $14,400 | $11,500 / $23,000 |
| **Traditional or true family?** | Traditional | True family | Traditional | Traditional | Traditional |
| | | **In-Network Benefits** | | | |
| **Preventive care** | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100% |
| **Doctor's office visit** | You pay 25% after deductible | You pay 25% after deductible | You pay $30 for PCP visit and $50 for specialist visit, no deductible | You pay $25 for PCP visit and $40 for specialist visit, no deductible | You pay $25 for PCP visit and $40 for specialist visit |
| **Emergency room** | You pay 25% after deductible | You pay 25% after deductible | You pay $150, then 30% after deductible | You pay 25% after deductible | You pay $200 |
| **Urgent care** | You pay 25% after deductible | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay $50 |
| **Inpatient care** | You pay 25% after deductible | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay $350 |
| **Outpatient care** | You pay 25% after deductible | You pay 25% after deductible | If not an office visit, you pay 30% after deductible | If not an office visit, you pay 25% after deductible | If not an office visit, covered 100%*** |

**For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only.

***There is a $100 copay for outpatient surgery at a hospital or free-standing facility.

## Prescription Drug Coverage

| | BRONZE | BRONZE PLUS | SILVER | GOLD | PLATINUM |
|---|---|---|---|---|---|
| **Preventive drugs** | You pay $0** | You pay $0** | You pay $0** | You pay $0** | You pay $0** |
| | | **30-Day Retail Supply** | | | |
| **Tier 1 (generally lowest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $12 | You pay $10 | You pay $8 |
| **Tier 2 (generally medium cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $50 | You pay $40 | You pay $30 |
| **Tier 3 (generally highest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $70 | You pay $60 | You pay $50 |
| | | **90-Day Mail Order Supply** | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Tier 1 (generally lowest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $30 | You pay $25 | You pay $20 |
| **Tier 2 (generally medium cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $125 | You pay $100 | You pay $75 |
| **Tier 3 (generally highest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $175 | You pay $150 | You pay $125 |

**Preventive drugs are determined by the insurance carrier. 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. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. 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 Active Health Exchange. 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 the exchange.

For a more detailed look at these and additional coverages, go to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**California Residents:** Your options will be different, depending on the insurance carrier you choose. See **what's different**.

**Out-of-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.

**Choosing a Primary Care Physician:** Certain options require you to choose a primary care physician. You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

## Do You Take Any Prescription Drugs?

This is really important! Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

While your coverage level will determine your coverage for prescription drugs, each pharmacy benefit manager has its own rules. You need to make sure you're comfortable with how the insurance carrier will cover any medications you and your covered family members need. **Get the details**.

## Questions?

It's easy to find answers! Check out the **Frequently Asked Questions** (PDF) and the **Glossary**.

# California Medical Coverage Level

## Live In California?

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

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

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering.

| | BRONZE | BRONZE PLUS | SILVER | GOLD | GOLD II | PLATINUM |
|---|---|---|---|---|---|---|
| **Aetna** | In- and out-of-network | In- and out-of-network | In- and out-of-network | In- and out-of-network | N/A | In- and out-of-network |
| **Blue Cross Blue Shield of Texas** | In- and out-of-network | In- and out-of-network | In- and out-of-network | In- and out-of-network | N/A | In- and out-of-network |
| **Cigna** | In- and out-of-network | In- and out-of-network | In- and out-of-network | N/A | In-network only | In-network only |
| **Health Net** | **Northern California** In-network only **Southern California** In- and out-of-network | **Northern California** In-network only **Southern California** In- and out-of-network | **Northern California** In-network only **Southern California** In- and out-of-network | N/A | In-network only | In-network only |
| **Kaiser Permanente** | In-network only | In-network only | In-network only | N/A | In-network only | In-network only |
| **United Healthcare** | In- and out-of-network | In- and out-of-network | In- and out-of-network | In- and out-of-network | N/A | In- and out-of-network |

## Medical Coverage Level

| | BRONZE | BRONZE PLUS | SILVER | GOLD | GOLD II | PLATINUM |
|---|---|---|---|---|---|---|
| **Option type** | High-deductible option with HSA | High-deductible option with HSA | PPO | PPO | HMO | PPO that offers limited benefits for out-of-network care** |
| **Paycheck contributions** | $ | $ | $$ | $$$ | $$$ | $$$$ |
| | | | **Annual Deductible** | | | |
| **In-network (individual / family)** | $4,900 / $9,800 | $2,450 / $4,900† | $1,000 / $2,000 | $800 / $1,600 | N / A | N / A |
| **Out-of-network (individual / family)** | $4,900 / $9,800 | $2,450 / $4,900† | $2,000 / $4,000 | $1,600 / $3,200 | N / A | $5,000 / $10,000 |
| **Traditional or true family?** | Traditional | True family | Traditional | Traditional | N / A | Traditional |
| | | | **Annual Out-of-Pocket Maximum** | | | |
| **In-network (individual / family)** | $6,400 / $12,800 | $3,900 / $7,800‡ | $5,300 / $10,600 | $3,600 / $7,200 | $5,400 / $10,800 | $1,600 / $3,200 |
| **Out-of-network (individual / family)** | $12,800 / $25,600 | $11,500 / $23,000‡ | $10,600 / $21,200 | $7,200 / $14,400 | N / A | $11,500 / $23,000 |
| **Traditional or true family?** | Traditional | True family | Traditional | Traditional | Traditional | Traditional |
| | | | **In-Network Benefits** | | | |
| **Preventive care** | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100%, no deductible | Covered 100% | Covered 100% |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Doctor's office visit** | You pay 25% after deductible | You pay 25% after deductible | You pay $30 for PCP visit and $50 for specialist visit, no deductible | You pay $25 for PCP visit and $40 for specialist visit, no deductible | You pay $25 for PCP visit and $40 for specialist visit | You pay $25 for PCP visit and $40 for specialist visit |
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| **Urgent care** | You pay 25% after deductible | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay 30% | You pay $50 |
| **Inpatient care** | You pay 25% after deductible | You pay 25% after deductible | You pay 30% after deductible | You pay 25% after deductible | You pay 30% | You pay $350 |
| **Outpatient care** | You pay 25% after deductible | You pay 25% after deductible | If not an office visit, you pay 30% after deductible | If not an office visit, you pay 25% after deductible | If not an office visit, you pay 30% | If not an office visit, covered 100%*** |

**For some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, the Platinum coverage level is an HMO option that covers in-network care only.

***There is a $100 copay for outpatient surgery at a hospital or free-standing facility.

†Under Health Net and Kaiser Permanente, if you cover dependents, no covered member pays more than $2,800 toward the family deductible. Also, these options feature a traditional annual deductible.

‡Under Health Net and Kaiser Permanente, these options feature a traditional annual out-of-pocket maximum.

## Prescription Drug Coverage

| | BRONZE | BRONZE PLUS | SILVER | GOLD | GOLD II | PLATINUM |
|---|---|---|---|---|---|---|
| **Preventive drugs** | You pay $0** | You pay $0** | You pay $0** | You pay $0** | You pay $0** | You pay $0** |
| | | | **30-Day Retail Supply** | | | |
| **Tier 1 (generally lowest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $12 | You pay $10 | You pay $10 | You pay $8 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Tier 2 (generally medium cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $50 | You pay $40 | You pay $40 | You pay $30 |
| **Tier 3 (generally highest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $70 | You pay $60 | You pay $60 | You pay $50 |
| **90-Day Mail Order Supply** | | | | | | |
| **Tier 1 (generally lowest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $30 | You pay $25 | You pay $25 | You pay $20 |
| **Tier 2 (generally medium cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $125 | You pay $100 | You pay $100 | You pay $75 |
| **Tier 3 (generally highest cost options)** | You pay 100% until you've met the deductible, then you pay 25% | You pay 100% until you've met the deductible, then you pay 25% | You pay $175 | You pay $150 | You pay $150 | You pay $125 |

**Preventive drugs are determined by the insurance carrier. 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. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

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For a more detailed look at these and additional coverages, go to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**Out-of-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.

**Choosing a Primary Care Physician:** Certain options require you to choose a primary care physician. You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

## Do You Take Any Prescription Drugs?

This is really important! Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

While your coverage level will determine your coverage for prescription drugs, each pharmacy benefit manager has its own rules. You need to make sure you're comfortable with how the insurance carrier will cover any medications you and your covered family members need. **Get the details**.

## Questions?

It's easy to find answers! Check out the **Frequently Asked Questions** (PDF) and the **Glossary**.

# How Deductibles Work

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs.

For example, let's say you break your wrist. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you reach the deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept for a particular service from the **insurance carrier**.

## It Depends On Your Medical Coverage Level

**Bronze, Silver, and Gold 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 other 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 annual deductible doesn't include amounts taken out of your paycheck for health coverage.

**Bronze Plus has a "true family deductible".** 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 the Bronze Plus coverage level when you have family coverage. So even if one person in your family has a lot of expenses, you'll have to pay for it on your own until the full family deductible is met.

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

**Platinum Coverage Level**
The Platinum coverage level **does not have an in-network deductible**. Keep in mind that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck.

**Do You Use Out-of-Network Providers?**

Out-of-network charges will **not** count toward your in-network deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network deductible or out-of-pocket maximum.

And some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do **not** cover out-of-network benefits at all.

# How Out-of-Pocket Maximums Work

The out-of-pocket maximum is the most you have to pay for covered medical services in a year. Generally, it includes any applicable deductible, copayments, and/or coinsurance.

Here’s how the out-of-pocket maximum works if you have family coverage:

## It Depends On Your Medical Coverage Level

**Bronze, Silver, Gold, and Platinum 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.

It doesn't include amounts taken out of your paycheck for health coverage. Also, if you choose coverage under Kaiser Permanente, copays for certain medical benefits may not apply towards the annual out-of-pocket maximum under the Silver, Gold, and Platinum options.

**Bronze Plus has a "true family out-of-pocket-maximum".** This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member.

There is no "individual out-of-pocket maximum" in the Bronze Plus coverage level when you have family coverage.

The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage.

**Do You Use Out-of-Network Providers?**
Out-of-network charges will **not** count toward your in-network deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network deductible or out-of-pocket maximum.

And some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do not cover out-of-network benefits at all.

# Medical Price

In a hurry? Get the highlights the easy way—just watch the video! (Closed captioning is available.)

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 the exchange. You get to decide if you'd rather **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.

How much you'll pay for medical coverage depends on:

## The Amount Of Your Company Credit From Mr. Cooper Group

All eligible team members will receive a company credit to use toward the cost of coverage.

You'll see the company credit amount from Mr. Cooper Group and your price options for coverage when you **enroll**.

## The Coverage Level You Choose

The Bronze and Bronze Plus coverage levels cost less per paycheck, but you will pay a higher deductible before your coverage kicks in.

The Silver, Gold, and Platinum coverage levels cost more per paycheck, but you'll probably pay less out of pocket for services throughout the year.

**Learn more about coverage levels.**

## The Insurance Carrier You Choose

You can see which insurance carrier offers the lowest paycheck amount for each coverage level. For example, if you know you want a Silver option, you can look to see how much each insurance carrier would charge you for it. **Learn more about insurance carriers.**

**Important:** Choose an insurance carrier whose network includes providers critical to your care. If you see an out-of-network provider, your medical insurance carrier could pay a much lower benefit—leaving you to pay the rest.

## Your Dependents

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

# Pay Now or Later?

It's a trade-off. It's up to you to choose which option gives you the best deal on your total health care costs.

Would you rather pay **less** now and **more** when you need care? Or pay **more** now and **less** when you need care?

## Pay Less *Now*

The Bronze and Bronze Plus coverage levels cost less per paycheck, but your deductible is higher. That means you'll pay more out of your pocket when you need care.

Make sure you know **how the deductible works**. Also, make sure the deductible amount is something you could afford in the event you need a lot of health care.

**TIP**: You can save money by enrolling in an **HSA** when you enroll in a Bronze or Bronze Plus coverage level.

## Pay Less *Later*

The Silver, Gold, and Platinum coverage levels cost more per paycheck, but your deductible is lower. The Platinum coverage level does not have a 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.

# How to Get the Right Medical Option

Now that you understand the basics, it's time to put it all together. Get confident in your choices—before you enroll—by finding answers to some really important questions. And breathe easy knowing online tools will make it easy to make it yours.

Don't wait. **Get ready** now so when it's time to enroll, you'll have answers to the following questions.

## Which Providers Are In The Carrier's Network?

**Why It Matters**
Seeing out-of-network providers will cost you more—sometimes a lot more. For example, you will have to pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount. And certain Platinum options (and certain options/carriers in **California**) won't cover out-of-network services at all.

**What to Do**
Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) critical to your care.

Do **not** rely on your provider's office to know the carriers' network(s). To search for providers:

- Check out the **insurance carrier** preview sites.
- When you enroll, check the networks of each insurance carrier you're considering on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. For the best results:
    - Search for your provider by name—not medical practice.
    - Check only the office location(s) you are willing to visit.
    - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

**Important!** Do **not** rely on your provider's office to know the carriers' network(s). If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, call the insurance carrier.

Even if you can keep your current insurance carrier, the provider network could be different and can change, so always check the provider networks on the carrier preview sites before making a decision.

## How Will My Prescription Drugs Be Covered?

**Why It Matters**
Each medical insurance carrier's pharmacy benefit manager has its own rules about how prescription drugs are covered. To avoid potentially costly surprises, you need to do your homework.

**What to Do**
If you or a covered family member regularly takes medication, make sure you're comfortable with the carrier's coverage for drugs you and your covered family members need:

- Call the medical **insurance carrier** before you enroll. Get a list of **prescription drug questions** to ask the insurance carriers.
- If you're currently taking a more expensive brand name prescription drug, ask your doctor (or pharmacist) if a generic is available to you.
- When it's time to enroll, you can use the prescription drug search tool to look up your medication, see how it will be classified (Tier 1, Tier 2, Tier 3), and more.

## Which Medical Coverage Level Is Best For Me?

**Why It Matters**
You want to get the right amount of coverage for your needs at the best price. Get help choosing the right level of coverage.

**What to Do**
If you need help deciding, there are tools to help you:

- Get an overview of your medical **coverage levels**.
- See which coverage level could be **best for you** with the Help Me Choose tool. By answering a few questions about your preferences when you enroll, you can see which option could be a good fit for you and your family.
- Compare your options side by side when you enroll on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. Just check the boxes next to medical options you want to review and click **Compare**. You can quickly see which options cost more out of your paycheck and which options cost more when you get care. (You may also find Summaries of Benefits and Coverage for comparison on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.)

## Which Medical Insurance Carrier Is Best For Me?

**Why It Matters**
All insurance carriers are different. Each carrier will offer its own price for each coverage level, and you'll be able to see all of the prices in one place on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. (**Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

**What to Do**
If you need help deciding:

- See how other people rate their health carriers on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** anytime.
- Compare the details, when you enroll online, by checking the boxes next to medical options you want to review and clicking **Compare**. That makes it easy to see which carrier is offering you the best deal. (You may also find Summaries of Benefits and Coverage for comparison on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.)
- Browse the carrier preview sites to learn about programs, tools, and other considerations that could influence your decision.

Ready to enroll? **Find out how.**

# HSA Basics

An HSA—or Health Savings Account—is a special bank account that you can use when you enroll in a Bronze or Bronze Plus coverage level. If you also have coverage under a second medical plan, it must also be a high-deductible option for you to use an HSA.

It's a great way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover health care expenses that come up. Plus, it's tax-free, so you're actually getting a better deal.

You can decide if you want to enroll in an HSA when you enroll for benefits. That's a great time to **decide how much to save**.

You can change the amount you save at any time throughout the year.

## Why Consider An HSA?

You'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible in the Bronze or Bronze Plus coverage level. An HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Let's say you injure your knee playing basketball. With a high deductible, you might worry about how you're going to afford the medical bills.

Now imagine if you had already set aside money for expenses like these. That's where an HSA comes in handy! You could already have the money you need saved up.

An HSA allows you to set aside tax-free money to pay for qualified health care expenses. This includes your medical, dental, and vision copays, deductibles, and coinsurance.

If you want, you can elect to contribute after-tax dollars to your HSA through the bank. Your before-tax and after-tax contributions apply to the same annual limit.

## It's Tax-Free—And Yours To Keep!

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside a little money in an HSA.

**It's tax-free when it goes in.** You can put money into your HSA on a before-tax basis through convenient payroll contributions. You'll save money on qualified health care expenses and lower your taxable income.

**It's tax-free as it grows.** You earn tax-free interest on your money.

**It's tax-free when you spend it.** When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on your qualified medical, dental, and vision expenses.

**It's always your money.** You can carry over your unused HSA balance from year to year. Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the company, or retire.

**Important!** Make sure you use money in your HSA only for qualified health care expenses. Otherwise, you'll pay income taxes on that distribution. You'll also pay an additional 20% penalty tax if you're under age 65.

Wondering what the difference is between an HSA and a Health Care Flexible Spending Account (FSA)? **Find out.**

## Questions?

**Get answers** to your questions, including eligibility rules and what happens if you already have an HSA or FSA.

If you enroll in a Bronze or Bronze Plus coverage level, learn how the HSA works in the **HSA User's Guide** (PDF).

# HSA vs FSA

Wondering how an HSA is different from a Health Care Flexible Spending account (FSA)? Here's how:

| | HEALTH SAVINGS ACCOUNT | FLEXIBLE SPENDING ACCOUNT |
|---|---|---|
| **When to Use** | You can use the HSA to pay for eligible medical, dental, and vision expenses under the Bronze or Bronze Plus coverage levels. | You can use the Health Care FSA to pay for eligible medical, dental, and vision expenses under the Silver, Gold, or Platinum coverage levels. |
| **Contributions** | You can contribute to your account before taxes. For 2022, the annual limits set by the IRS are $3,650 for individual coverage, and $7,300 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. | You can contribute to your account before taxes, up to the $2,850 annual limit. |
| **Fund Availability** | You can use up to the total amount you have contributed to your HSA. | The total amount of your annual election is available at the beginning of the plan year. |
| **Rollovers** | Unused dollars roll over from year to year. The funds are always yours to keep, even if you leave the company or retire. | Unused dollars **don't** roll over from year to year. |
| **Earning Interest** | The money in your HSA earns interest. | The money in your FSA does **not** earn interest. |
| **Debit Cards** | Yes, a debit card is available. | Yes, a debit card is available. |
| **Investment Option** | You can open an investment account when your balance reaches $1,000. | You cannot invest your FSA balance. |

# How Much to Save?

You decide how much money you want to save in your HSA, and you can change it at any time. It's a smart idea to save enough to cover your annual deductible.

For 2022, you can save up to $3,650 if you're covering just yourself, or $7,300 if you're covering yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to $1,000.

And if you don't need that much health care, your money stays in your account and earns tax-free interest. It's a great way to save for future expenses.

**Note:** If you want to, you can elect to contribute after-tax dollars to your HSA through the bank. Your before-tax and after-tax contributions apply to the same annual limit.

# Prescription Drugs

This is a really big deal! Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

That means your prescription drug coverage depends on the medical coverage level you choose **and** your medical **insurance carrier.**

## Your Coverage Level Matters

You pay nothing for preventive drugs, as determined by your insurance carrier. You need a doctor's prescription, and you must use an in-network retail pharmacy or mail-order service.

**Bronze or Bronze Plus**
You pay the full cost for prescription drugs until you reach the annual medical deductible. Then you pay coinsurance. Once you reach the out-of-pocket maximum, you pay nothing.

**Silver, Gold, or Platinum**
You pay a copay for all prescription drugs. Once you reach the out-of-pocket maximum, you pay nothing.

Your specific prescription coverage is based on the medical coverage level you select. **Get the details**.

## Your Carrier Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. So you need to do your homework to find out how your medications will be covered—**before** choosing an insurance carrier.

Get a list of **prescription drug questions** to ask the insurance carriers.

# Prescription Drug Questions

Do you or a family member take medications? This could be a big deal for you!

Your prescription drug coverage will be provided through your **insurance carrier's** pharmacy benefit manager. Your prescription drug coverage depends on the **medical coverage level** you choose.

However, each pharmacy benefit manager has its own rules about how prescription drugs are covered. So **you need to do your homework** to find out how your medications will be covered—**before** you choose an insurance carrier.

## What To Ask

Here's a list of questions to ask each carrier you're considering.

**Tip:** You can also print out the **Prescription Drug Transition Worksheet** (PDF) and use it to take notes.

**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 listed on the formulary, you'll pay more for it.

**How much will my drug cost?**
It depends on how your medication is classified by your insurance carrier—Tier 1, Tier 2, or Tier 3. Typically, 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. This means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can find this information on the carrier preview sites. Or you can 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.

**Will my doctor have to provide more information before my prescription drug can be approved?**
Many insurance carriers require approval of certain medications before covering them. This may apply for costly medications that aren't considered medically necessary.

**Will I have a step therapy program?**
If 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 be covered only 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. Mail order can take a few weeks to establish. So 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

After you enroll, check out things to know **before your benefits start**.

# 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. However, 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. Please note, once you are enrolled in any part of Medicare (Parts A or B), you can no longer make contributions to an HSA, even if you are also covered by an HSA-eligible medical plan.

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. To understand your options, contact the Mr. Cooper Group HR Service Center at **1-844-MR COOPER (672-6673)** from 9:00 a.m. to 6:00 p.m. CT, Monday through Friday.

## 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

Start **here** (PDF) to better understand Medicare, your options, impacts to your current coverage, and 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.

You can learn more about this coverage **here**.

## 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 the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**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 experience a serious health condition in the future, 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 once 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).

You can learn more about this coverage **here**. Critical illness coverage has limitations and exclusions.

## Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose $10,000, $20,000, or $30,000 of coverage.

## 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 the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**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 pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital stay.

You can learn more about this coverage **here**.

## 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 the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**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. It's up to you! 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 |
|---|---|---|---|
| | **Annual Deductible and Plan Limits** | | |
| **Annual deductible (individual / family)** | $100 / $300 | $100 / $300 | $50 / $150 |
| **Annual maximum (excludes orthodontia)** | $1,000 per person | $1,500 per person | $2,500 per person |
| **Orthodontia lifetime maximum**[1] | Not covered | $1,500 per child | $2,000 per person |
| | **In-Network Benefits** | | |
| **Preventive care** | 100% covered, no deductible | 100% covered, no deductible | 100% covered, no deductible |
| **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 |
| **Major restorative care (e.g., implants, dentures)** | Not covered | You pay 40% after deductible | You pay 20% after deductible |
| **Orthodontia** | Not covered | You pay 50%, no deductible; children up to age 19 only | You pay 50%, no deductible; for children and adults |

[1]If 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.

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. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. 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 Active Health Exchange. 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 the exchange.

For a more detailed look at these and additional coverages, go to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**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 to get the same deal.

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 on the exchange.

# 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 the exchange.

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

## The Amount Of Your Company Credit From Mr. Cooper Group

All eligible team members will receive a company credit to use toward the cost of coverage.

You'll see the company credit amount from Mr. Cooper Group 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.

## 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. It's up to you! 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 | You pay $15 | You pay $15 |

| | | | |
|---|---|---|---|
| **Tint (solid and gradient)** | Discount may apply | You pay $15 | You pay $15 |
| **Standard plastic scratch-resistant coating** | Discount may apply | You pay $15 | You pay $15 |
| **Standard anti-reflective coating** | Discount may apply | You pay $45 | You pay $45 |
| **Standard polycarbonate (adults)** | Discount may apply | You pay $40 | You pay $15 |
| **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 |

[1]Allowance can be used for frames or elective contact lenses, but not both.

[2]Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

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. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. 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 Active Health Exchange. 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 the exchange.

For a more detailed look at these and additional coverages, go to the Mr. Cooper Group Benefits Marketplace at www.mrcoopergroupbenefits.com. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the Mr. Cooper Group Benefits Marketplace at www.mrcoopergroupbenefits.com.

# 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 the exchange.

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)

## 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 $2,850 for 2022. Once you enroll and set your annual contribution, you cannot change that amount during the year (except in the case of certain qualified life events).

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

Wondering what the difference is between a Health Savings Account (HSA) and Health Care FSA? **Find out.**

## 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 2022. 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.

# 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, identity theft protection, 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://info.legalplans.com/Home/** (access code "9900230") or call MetLife Legal Plans at **1.800.821.6400**.

Legal Services is a voluntary benefit administered by MetLife Legal Plans. The plan covers team members 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 the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**.

**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.

# 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.

You can add or drop coverage at any time during the year. Go to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** for additional information and to enroll.

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

# Other Benefits

Learn more about additional benefits offered to you:

- **Additional Coverage**

# How to Enroll

Log on to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** (click the Team Members tile) to enroll in your benefits for 2022.

**Logging on for the first time?** From the Mr. Cooper Group Benefits Marketplace, 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.

There are also things you should do to set yourself up for success **after you enroll**.

## Questions?

Start with the **Frequently Asked Questions** (PDF). If you still have questions, you can reach a customer service representative by web chat through the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. You can also call the Mr. Cooper Group HR Service Center at **1-844-MR COOPER (672-6673)** from 9:00 a.m. to 6:00 p.m. CT Monday through Friday. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available.

# Actions After You Enroll

Now that you've enrolled, it's time to focus on the road ahead. And there are things you need to do **now** to use your benefits successfully when they take effect.

Here's your to-do list:

## Know How Your Prescription Drug Plan Works

Your prescription drug coverage is provided through your medical insurance carrier's pharmacy benefit manager, who sets the rules for how medications are covered. Don't be caught by surprise! Visit your carrier's website for information about your medications. And, check out the **Prescription Drug Transition Worksheet** (PDF) for tips and questions you may need to ask your carrier.

### Check 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. **Check with your carrier** to make sure your drug is listed on the formulary **before** you fill it. If it isn't, you'll pay more.

### Go Generic

Generic drugs meet the same standards as brand name drugs, but they **typically** cost less. And, because brand name drugs can be expensive, some carriers don't cover them **at all** if a generic is available. Ask your doctor if a generic drug is available for you.

### Mail-Order Setup

Mail-order service can save you a trip to the pharmacy and may reduce your costs. To set up mail order with a new medical insurance carrier, you'll likely need a new 90-day prescription from your doctor. 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.

Track your to-dos and get organized! Print the **Prescription Drug Transition Worksheet** (PDF).

## "Transition Of Care" Setup

Are you or a covered family member pregnant? Will you or your covered family member continue needing treatment for an ongoing medical condition?

If you will have a new medical insurance carrier and you answered "yes" to either question, you may be able to temporarily continue that care with your current provider once your **new** medical coverage begins. This is true even if your provider isn't in the new insurance carrier's network.

If you think this applies to you, **call customer service** at your **new** medical insurance carrier as soon as possible to ask for help with "transition of care."

Give your new insurance carrier information about your treatment and the providers you use today.

**Will you have a new dental plan?** Will you or your child(ren) continue receiving ongoing orthodontic treatment? **Call customer service** at your **new** dental insurance carrier as soon as possible to ask for help with "transition of care."

Track your to-dos and get organized! Print the **Transition of Care Worksheet** (PDF).

## Avoid Unexpected Out-Of-Network Costs

It's very important to know whether your doctor participates in your medical insurance carrier's network.

### You Could Pay a Lot More for Out-of-Network Care

Your medical insurance carrier could pay a much lower benefit if you see an out-of-network doctor—leaving you to pay the rest.

For instance, you will pay more through a higher out-of-network deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

**Example**
For example, let's say you will have an out-of-network surgery that costs $5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of $2,000, you would owe 45% of $2,000 and 100% of the remaining $3,000, for a total of $3,900.
- If a second carrier has a maximum allowed amount of $3,000, you would owe 45% of $3,000 and 100% of the remaining $2,000, for a total of $3,350.

### Take These Steps to Protect Yourself

**If you *didn't* check your doctor's status before you enrolled or you want to look up a different doctor, do it *now*—before making an appointment with that doctor.**

You can check the provider directory through the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** or your medical insurance carrier's website.

**Important!** Do not rely on your provider's office to know the carriers' network(s). If you have any uncertainty (for instance, covering out-of-area dependents) or you need the network name, call the insurance carrier.

Even if you're keeping the same insurance carrier, the provider network could be different. **Always** check the provider directories on the carrier preview sites before making a decision.

**If your doctor is out-of-network and you still want to see him or her, check the cost with your doctor *before* you get care.** Then ask your doctor to confirm the portion that will be covered by your medical insurance carrier and the portion for which you'll be responsible. That way you'll be prepared for any potentially significant costs.

## When To Expect New Cards

You'll receive a new ID card when you enroll for the first time or change insurance carriers or coverage levels. You'll use your ID card for medical and prescription drug needs.

**Note:** Many dental insurance carriers also issue ID cards. If you receive one, simply present it when you get dental care during the new plan year.

For questions about ID cards, **contact the insurance carrier**. If you need an ID card immediately, go to your insurance carrier's website, register online, and print a temporary ID card.

## Contributing To An HSA?

If you enrolled in the Bronze or Bronze Plus coverage levels, you had the option to elect to contribute to an HSA.

If you decided to put money in an HSA for the first time, you'll receive a welcome letter and HSA debit card in the mail. If you decided to put money in your HSA and you've previously contributed to the HSA, you'll continue to use your existing debit card. New money added to your account will be accessible through your current debit card.

## Transfer Existing HSA Balances

If you enrolled in the Bronze or Bronze Plus coverage levels, you'll have access to an HSA.

If you already have an HSA with an account balance, you can continue to use it for qualified health care expenses at any time in the future. Or, you can transfer unspent money into your new HSA so you don't have to manage two separate accounts. During the plan year, you can find a "transfers form" and directions through the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. There are no tax penalties for transferring money from one HSA to another.

## Want To Print?

Track your to-dos and get organized! Print these worksheets and get a step-by-step guide to what to do and what to ask as you get ready to use your new coverage.

**Prescription Drug Transition Worksheet** (PDF)
**Transition of Care Worksheet** (PDF)

# How to Get Care

When you get care, it helps to know what you can expect:

## Getting Care At The Doctor's Office

Present your medical ID card at your doctor's office to get discounted rates. If you're enrolled in the Bronze or Bronze Plus coverage levels, you can wait to pay until your insurance carrier processes the claim and you get your doctor's bill.

When it's time to pay, you can **pay with your HSA**, FSA, or pay another way—it's your choice!

## Filling Prescription Drugs At A Retail Pharmacy

Present your medical ID card each time you drop off a prescription. If payment is due, you can pay out of pocket or you can **pay with your HSA** or FSA, if you have one.

## Know When You'll Owe

If your doctor bills services as preventive care or your medication is listed as preventive on the formulary, you'll owe nothing. For other types of covered services or non-preventive prescription drugs, you could owe a deductible, copay, and/or coinsurance.

## Remember: You'll Pay Less With In-Network Providers

You can check the provider directory on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** or refer to your **insurance carrier's website**.

If a doctor is out-of-network and you still want to see him or her, check the cost with the doctor before you get care.

Then, ask the doctor to confirm the portion that will be covered by your medical insurance carrier and the portion for which you will be responsible.

That way, you'll be prepared for any potentially significant costs.

**Remember:** Not all options cover out-of-network care.

# Paying for Care

When you receive medical care, you choose how to pay your share of the cost. Follow these easy steps when it's time to get care:

## Step 1: Meet With Your Provider

Don't forget, you'll probably pay **a lot** less when you see in-network providers. You can check the provider directory on the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** or refer to your **insurance carrier's website**.

**Remember:** Not all options cover out-of-network care.

## Step 2: Present Your Medical ID Card

When you visit your doctor, hospital, or other health care provider, remember to show them your ID card so they know how to bill for the services they are providing you.

## Step 3: Review The Explanation Of Benefits (EOB)

An EOB is **not** a bill. It's simply a statement from your insurance carrier that shows when you got care and how much it cost.

It will show your provider's charges, the negotiated amount your insurance carrier agreed to pay, how much is covered (if any), and your payment responsibility.

Remember, if you haven't met your deductible, you could owe the entire negotiated amount. Keep the EOB for your records because you'll need it for the next step.

## Step 4: Review Your Provider's Bill

A provider's bill typically arrives in your mailbox after the EOB arrives. The amount you owe on your provider's bill should match what's on the EOB.

## Step 5: Pay Your Provider

You can pay your provider out of pocket. Or, you can **pay with your HSA** or FSA for eligible health care expenses.

# Paying With Your HSA

You can open an HSA if you enrolled in a Bronze or Bronze Plus coverage level. When it's time for you to pay for care or prescription drugs, your HSA gives you options:

## Use Your HSA Debit Card

Just use it when you're ready to pay for qualified medical expenses. The funds will be taken directly from your account.

Make sure you only use the card for eligible expenses, and that you have enough money in your HSA to cover it.

Log on to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** to check your balance beforehand.

## Pay Out Of Pocket

If you prefer, you can pay for your expenses up front and pay yourself back through your HSA later. You'll log on to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** to transfer money from your HSA to your regular bank account. If you need help with this, contact Alight Smart-Choice Accounts at **1.844.672.6673**.

## Set Up Direct Payments

Another option is to have Alight Smart-Choice Accounts make direct payments to your provider from your HSA. Log on to the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com** to set up direct payments.

## Eligible Expenses

You can find a complete list of eligible expenses at **https://www.irs.gov/publications/p502**.

Don't forget! If you use money from your HSA to pay for nonqualified expenses, you'll pay taxes on that money. You'll also pay an additional 20% penalty tax if you're under age 65. This applies to expenses such as child care, cosmetic surgery, health club fees, teeth whitening products, and vitamins.

## Keep Your Receipts!

Always remember to save your receipts when you make payments from your HSA, in case you need to provide proof of your eligible expenses to the IRS.

## Questions?

Learn more in the **HSA User's Guide** (PDF).

# Transparency in Coverage

Your employer is subject to the Affordable Care Act's requirements to make certain information available to the public. These links lead to the machine-readable files that are published in response to the federal Transparency in Coverage Rule and include negotiated service rates and out-of-network allowed amounts between health plans and health care providers. The machine-readable files are formatted to allow researchers, regulators, and application developers to more easily access and analyze data.

- Aetna: https://health1.aetna.com/app/public/#/one/insurerCode=AETNACVS_I&brandCode=ALICFI/machine-readable-transparency-in-coverage
- Cigna: https://www.cigna.com/legal/compliance/machine-readable-files
- Dean/Prevea360:
    - https://www.Deancare.com/transparencyincoverage
    - https://www.Prevea360.com/transparencyincoverage
- Geisinger: https://www.geisinger.org/health-plan/nosurprisesact
- HealthNet: https://www.centene.com/price-transparency-files.html
- HCSC: https://www.bcbstx.com/member/policy-forms/machine-readable-file
- Kaiser: https://healthy.kaiserpermanente.org/front-door/machine-readable
- Med Mutual of OH: https://www.medmutual.com/For-Employers/Employer-Resources/No-Surprises-Act-Legislation.aspx
- Priority Health: www.priorityhealth.com/landing/transparency
- United Healthcare: https://transparency-in-coverage.uhc.com
- UPMC: https://www.upmchealthplan.com/transparency-in-coverage/mrf/

# Your Carrier Connection

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

## Medical

**Carrier Name:** Aetna

**Areas We Serve:** Offered in all states except AK, ID, MT, WY, MO and SD. Availability in some states may be limited.

**Before you're a member (preview site):** https://www.aetna.com/aon/fi/2022

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

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm local time

**Phone Number:** 1.855.496.6289

**Who We Are:** At Aetna, we're not just a health insurance company. We're a health company that understands that your health is about more than just coverage and costs.

Learn More

**Carrier Name:** Blue Cross Blue Shield

**Areas We Serve:** Available nationally

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

**Once you're a member (website):** https://www.bcbstx.com/member/register

**Customer Service Hours:** Monday - Friday 8:00 a.m. - 6:00 p.m. CT

**Phone Number:** 1.877.217.7986

**Who We Are:** Find out why nearly one in three Americans choose a Blue Cross and Blue Shield Plan. Access to a large, national provider network, wellness resources, discount and points programs, and great service are just a few of the features you get when you sign up with Blue Cross and Blue Shield of Texas.

Learn More

**Carrier Name:** Cigna

**Areas We Serve:** Generally offered in most states, except MN, ND. Limited availability in MI.

**Before you're a member (preview site):** https://connections.cigna.com/aonactivehealth-2022/

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

**Customer Service Hours:** Cigna One Guide® personal guides are available Monday - Friday: 8:00 a.m. - 9:00 p.m. EST.

Outside of the standard hours, customer service advocates are available 24 hours a day, 7 days a week.

**Phone Number:** 1.855.694.9638, For Cigna company names and product disclosures, visit Cigna.com/product-disclosure

**Who We Are:** For over 225 years, Cigna has made it our mission to improve the health, well-being, and peace of mind for our customers - delivering quality care at an affordable price. Especially in times of uncertainty, you can count on us to work hard and help you safeguard your health and financial stability.

Learn More

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**Carrier Name:** Dean/Prevea360

**Areas We Serve:** South Central and Northeastern Wisconsin

**Before you're a member (preview site):** http://aon.deanhealthplan.com/

**Once you're a member (website):** http://aon.deanhealthplan.com/

**Customer Service Hours:** Mon - Thurs: 7:30 a.m. - 5:00 p.m. CST
Friday: 8:00 a.m. - 4:30 p.m. CST

**Phone Number:** 1.877.232.9375

**Who We Are:** With access to more than 4,000 practitioners and close to 200 primary care sites and 28 hospitals, Dean Health Plan connects a strong network of health care providers, innovative hospitals, and comprehensive insurance coverage into one integrated health care system working for you.

Learn More

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**Carrier Name:** Geisinger Health Plan

**Areas We Serve:** Generally available in PA

**Before you're a member (preview site):** https://geisinger.org/aon

**Once you're a member (website):** https://www.geisinger.org/member-portal

**Customer Service Hours:** Monday - Friday: 7:00 a.m. - 7:00 p.m. EST
Saturday: 8:00 a.m. - 2:00 p.m EST

**Phone Number:** 1.844.390.8332

**Who We Are:** Choosing a good health insurance plan is more important than ever. With Geisinger Health Plan, we cover the services you need and help you stay healthy by better managing your healthcare needs.

Learn More

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**Carrier Name:** Health Net

**Areas We Serve:** Oregon and select markets in California

**Before you're a member (preview site):** https://www.healthnet.com/myaon

**Once you're a member (website):** https://www.healthnet.com/myaon
**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 6:00 p.m. PT

**Phone Number:** 1.888.926.1692

**Who We Are:** Health Net.... Coverage for every stage of life™

Learn More

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**Carrier Name:** Kaiser Permanente

**Areas We Serve:** Generally available in CA, CO, DC, GA, MD, VA, OR, and southwest WA

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

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

**Customer Service Hours:** CA: 24/7 except major holidays
CO: Mon - Fri: 8:00 a.m. - 6:00 p.m. MST
GA: Mon - Fri: 7:00 a.m. - 7:00 p.m. EST
DC, MD, VA: Mon - Fri: 7:30 a.m. - 9:00 p.m. EST
OR and WA (Vancouver/Longview area): Mon - Fri: 8:00 a.m. - 6:00 p.m. PST

**Phone Number:** 1.877.580.6125, CA Post-enrollment: 1.800.464.4000
CO Post-enrollment: 1.303.338.3800
GA Post-enrollment: 1.404.504.5712
DC, MD, VA Post-enrollment: 1.800.777.7902
OR and southwest WA Post-enrollment: 1.800.813.2000

**Pre-enrollment Phone Number:** 1.877.580.6125

**Who We Are:** Experience the Kaiser Permanente difference. To be healthy, you need quality care that's simple, personalized, and hassle-free. At Kaiser Permanente, care and coverage come together — so you get everything you need to stay on top of your health in one easy-to-use package.

Learn More

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**Carrier Name:** Kaiser Permanente

**Areas We Serve:** Generally available in WA

**Before you're a member (preview site):** https://kp.org/wa/aonactivehealth

**Once you're a member (website):** https://wa-member.kaiserpermanente.org

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 5:00 p.m. PST

**Phone Number:** 1.855.407.0900

**Who We Are:** Experience the Kaiser Permanente difference. To be healthy, you need quality care that's simple, personalized, and hassle-free. At Kaiser Permanente, care and coverage come together — so you get everything you need to stay on top of your health in one easy-to-use package.

Learn More

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**Carrier Name:** Medical Mutual

**Areas We Serve:** Generally available in OH

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

**Once you're a member (website):** https://member.medmutual.com

**Customer Service Hours:** Monday- Thursday: 7:30 a.m. - 7:30 p.m. EST Friday: 7:30 a.m. - 6:00 p.m. EST Saturday: 9:00 a.m. - 1:00 p.m. EST

**Phone Number:** 1.800.541.2770

**Pre-enrollment Phone Number:** 1.800.677.8028

**Who We Are:** We care about the health and wellbeing of Ohioans. That's why we offer high-quality health insurance plans with access to the doctors and hospitals you know and trust. Plus, prescription drug coverage, personalized wellness programs and more.

Learn More

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**Carrier Name:** Priority Health

**Areas We Serve:** Available in the lower peninsula of MI

**Before you're a member (preview site):** https://www.priorityhealth.com/aon

**Once you're a member (website):** https://member.priorityhealth.com/

**Customer Service Hours:** Monday -Thursday 7:30 a.m. -7:00 p.m. EST
Friday 9:00 a.m. - 5:00 p.m. EST
Saturday 8:30 a.m. - noon EST

**Phone Number:** 1.833.207.3211

**Who We Are:** Looking for a health plan that fits with your lifestyle? We work hard to create health insurance plans that work for you, your family, your health status and your budget. From cost cutting tools to nationally-recognized customer service, Priority Health delivers a better experience.

Learn More

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**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://eims.uhc.com/aon7

**Once you're a member (website):** http://myuhc.com

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. all time zones

**Phone Number:** 1.888.297.0878

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

Learn More

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**Carrier Name:** UPMC Health Plan

**Areas We Serve:** Generally available in PA

**Before you're a member (preview site):** https://www.upmchealthplan.com/aon/

**Once you're a member (website):** https://www.upmchealthplan.com/members/

**Customer Service Hours:** Monday-Friday: 7:00 a.m. - 7:00 p.m. EST Saturday: 8:00 a.m. - 3:00 p.m. EST

**Phone Number:** 1.844.252.0690

**Who We Are:** Here's the plan for getting the high-quality care you and your family deserve: Choose UPMC

Health Plan. When you do, you can expect the best.

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/2022

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

**Customer Service Hours:** Monday - Friday: 8:00 am - 6:00 pm local time

**Phone Number:** 1.855.496.6289

**Who We Are:** As a member, enjoy dental care that focuses on ease, simplicity and service. You can choose from a selection of affordable plans and programs.

Learn More

**Carrier Name:** Cigna

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

**Before you're a member (preview site):** https://connections.cigna.com/aonactivehealth-2022/

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

**Customer Service Hours:** Customer service advocates are available 24 hours a day, 7 days a week.

**Phone Number:** 1.855.694.9638

**Who We Are:** A healthy partnership starts here. Cigna provides affordable, predictable, and simple health and wellness solutions for real life. Regardless of your unique needs, we have a plan for you, at a price you can afford. Offered by Cigna Health and Life Insurance Company or its affiliates.

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):** http://ddca.deltadentalexchange.com/

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

**Customer Service Hours:** PPO - Mon - Fri: 7:15 a.m. - 8:00 p.m. EST
DHMO - Mon - Fri: 8:00 a.m. - 9:00 p.m. EST

**Phone Number:** 1.800.471.7614

**Pre-enrollment Phone Number:** 1.800.503.4162

**Who We Are:** Delta Dental protects more smiles than anyone. As the nation's leading dental insurance provider, we make it easy to keep your smile healthy with specialized expertise and the largest network of dentists.

Learn More

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**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-exchange

**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

**Who We Are:** MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries. We are also the largest commercial dental insurance carrier in the U.S. and offer both dental and vision benefits on the Aon Active Health Exchange.

Learn More

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**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://eims.uhc.com/aon7

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

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. all time zones

**Phone Number:** 1.888.571.5218

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

Learn More

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## Vision

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**Carrier Name:** EyeMed

**Areas We Serve:** Available nationally

**Before you're a member (preview site):** https://www.eyemedexchange.com/aon/

**Once you're a member (website):** https://eyemed.com/en-us

**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

**Who We Are:** Driven to become the nation's first choice for vision benefits, EyeMed seeks to give you choice and to make using your benefits easy. We're focused on developing innovative benefit solutions and the networks you want. Visit eyemed.com.

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-exchange

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

**Customer Service Hours:** Monday - Friday 8:00 a.m. - 11:00 p.m., ET
Saturday 10:00 a.m. - 11:00 p.m., ET
Sunday 10:00 a.m. - 11:00 p.m., ET

**Phone Number:** 1.888.309.5526

**Who We Are:** MetLife is among the largest global providers of insurance, annuities, and employee benefit programs, with 90 million customers in over 60 countries. We are also the largest commercial dental insurance carrier in the U.S. and offer both dental and vision benefits on the Aon Active Health Exchange.

**Learn More**

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**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://eims.uhc.com/aon7

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

**Customer Service Hours:** Monday - Friday: 8:00 a.m. - 8:00 p.m. all time zones

**Phone Number:** 1.888.571.5218

**Who We Are:** UnitedHealthcare provides health plans and services to help our members live healthier lives. We are dedicated to simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

**Learn More**

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**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):** http://aon.vspexchange.com

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

**Customer Service Hours:** Monday - Friday: 5:00 a.m. - 6:00 p.m. PT
Saturday: 7:00 a.m. - 5:00 p.m. PT
Sunday: 7:00 a.m. - 5:00 p.m. PT

**Phone Number:** 1.877.478.7559

**Who We Are:** Your well-being is at the heart of everything we do. VSP® Vision Care gives you access to quality eye care from VSP network doctors with low out-of-pocket costs. Get the most out of your vision plan with up to 100K provider access points including independent doctors, popular retailers, and online.

**Learn More**

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## Get Carrier Ratings

See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available at **www.mrcoopergroupbenefits.com** during enrollment and throughout the year.

Your specific medical options are based on where you live. You'll be able to see the options available to you when you enroll. 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. (Note: Coverage may be slightly different than the Silver option on this site. Refer to **www.mrcoopergroupbenefits.com** for details.).

# Contacts

You can reach a customer service representative by web chat through the Mr. Cooper Group Benefits Marketplace at **www.mrcoopergroupbenefits.com**. You can also call the Mr. Cooper Group HR Service Center at **1-844-MR COOPER (672-6673)** from 9:00 a.m. to 6:00 p.m. CT Monday through Friday. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available.

**Health Pros** are also available to assist with tough issues like claims and billing disputes.

**Questions About Coverage?**
Start by contacting the **insurance carrier** directly. They know their coverage rules best.

If you enrolled in a Bronze or Bronze Plus medical coverage level, check out the **HSA User's Guide** (PDF) for additional contacts during the year.

# Contact a Health Pro

Have questions about your claims or coverage? Start by contacting your **insurance carrier** directly. They know their coverage rules best and have the final say on all claims and billing questions.

Sometimes you need more help than your insurance carrier can provide. If you have a billing issue, such as your provider charging you more than the amount your Explanation of Benefits (EOB) says you owe, or you believe your plan covers more than what your EOB shows, Alight Advocacy Services is available. Alight Health Pros are experts in handling and resolving your claims and billing issues. Find more information about Health Pros **here**.

If you aren't satisfied with the resolution, you can file an appeal through your insurance carrier, who will be able to direct you through that process. Mr. Cooper Group doesn't have any influence on the outcome. The insurance carrier—not Mr. Cooper Group—is responsible for the cost of claims.

## Questions?

Don't worry. You have backups. When you face a billing issue:

1. Start with your insurance carrier.
2. Email a Health Pro at **AlightHealthPro@alight.com** or call **1.866.300.6530** if you need help.
3. File an appeal if you're unhappy with the final outcome.

# Get the Answers

Have a question? We've got you covered.

Start with the **Frequently Asked Questions** (PDF).

Wondering what something means? Check out the **Glossary**.

Just want to talk to a real person? No sweat! Here's who to **contact**.

# Glossary

Wondering what a term means? Find it here!

**Brand Name**
A more expensive prescription drug for which there is an active patent. (A patent is a time-sensitive right to market a drug under a certain name.)

**Coinsurance**
The percentage of costs you pay for eligible expenses after you meet the deductible.

**Coverage Level**
A benefit level that determines how services are covered.

**Deductible**
What you pay out of your own pocket before your insurance begins to pay a share of your costs. **How the deductible works** depends on your coverage level. Out-of-network charges do **not** count toward your in-network annual deductible. They only count toward your out-of-network deductible.

**EOB**
Also known as an Explanation of Benefits. An EOB shows the claim filed by your health care professional, what was paid, and what your portion of the payment was or will be. Your insurance carrier provides the EOB. It's not a bill.

**Formulary**
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. You should make sure your medication is on the formulary of the medical insurance carrier you choose.

**Generic**
Medications that have been approved by the FDA as safe and effective. These medications contain the same active ingredients in the same amounts as brand name products. Generics may be different in color, shape, or size from their brand name counterparts. Your physician may substitute a generic for a brand name drug to save you money.

**Health Savings Account (HSA)**
A special bank account that allows you to set aside tax-free money to pay for qualified health care expenses. These include your medical, dental, and vision copays, deductibles, and coinsurance.

**HMO**
Health Maintenance Organization (HMO) options offer care through a network of doctors and hospitals. All of your care generally must be provided through the HMO network and coordinated through the HMO primary care physician (PCP) you select when you enroll. Except in emergencies, your care is usually covered only if it's coordinated by your PCP. There's no coverage for out-of-network care.

**Network**
A group of health care providers that offer services to participants in a health plan at a negotiated, discounted cost. You'll save money if you use doctors inside your carrier's network.

**Out-of-Pocket Maximum**
The most you have to pay for covered medical services in a year. Generally, it includes any applicable deductible, copayments, and/or coinsurance. **How the out-of-pocket maximum works** depends on your coverage level. Out-of-network charges do **not** count toward your in-network annual out-of-pocket maximum. They only count toward your out-of-network out-of-pocket maximum.

**Payroll Contribution**
The amount deducted from your paycheck on a pre-tax basis to cover your share of health care benefit costs.

**Pharmacy Benefit Manager**
The insurance carrier or third-party administrator who manages your retail and mail-order prescription drug benefit.

**PPO**
A Preferred Provider Organization, or PPO, is a type of medical plan that uses a network of physicians, hospitals, and other health care providers that have agreed to provide care at negotiated prices. You can also go to out-of-network providers, but you'll pay more.

**Preventive Care**
Annual physicals, wellness screenings, immunizations, well-woman exams, well-baby exams, and more. In-network preventive care is 100% covered without having to pay your deductible.

**Reasonable and Customary**
The normal charge made by a licensed practitioner in a specific area for a specific service. It doesn't exceed the normal charge made by most providers in the area where the service is provided.

**Traditional Deductible**
Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.

**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.

**True Family Deductible**
The entire family deductible must be met before your insurance will pay benefits for any covered family member.

**True Family Out-of-Pocket Maximum**
The entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member.

# Newly Eligible for Benefits?

## Welcome!

Being new to the company, you have a lot on your plate. Enrolling in Mr. Cooper Group benefits is one of those really important “to dos”—and shouldn’t take all that long.

For your 2022 benefits, you can start here:

- Quick Guide
- Enrollment Checklist
- Medical
- Dental
- Vision

## Make It Yours

Once you’ve done your homework, if you want coverage through Mr. Cooper Group, you must enroll by your deadline. Otherwise, you won’t have medical and prescription drug, dental, or vision coverage through Mr. Cooper Group for you and your family.

Enroll now

## Questions?

Check out the Frequently Asked Questions (PDF) for more details.

# COBRA Coverage Options

If you leave the company or lose coverage due to a status change, your COBRA enrollment notice has details regarding your options.

If you choose not to enroll by your COBRA enrollment deadline, you will not be able to enroll in COBRA coverage in the future. Also, once enrolled, you can make changes to your elections only during enrollment or following a qualified change in status.

You will receive additional information—including prices—once you lose access to health benefits through the company.

## Your COBRA Coverage Options

You can start by reviewing your **medical**, **dental**, and **vision** coverage level options.

You'll also want to review your **insurance carrier** options.

## How To Enroll

To enroll in COBRA coverage when eligible, follow the instructions on the COBRA enrollment notice mailed to you.