



Frequently Asked Questions

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

Knowable/Law360 employee?

Your benefits and resources are different from what's described in these FAQs. Watch your email for specific information and enroll through www.relxbenefitscenter.com.

The Aon Active Health Exchange™ 3

1. What is an exchange? 3

2. Is Aon’s exchange sponsored by the government? 3

3. What are the advantages of the exchange? 3

4. Why do I have to enroll?..... 3

5. Where can I get more information? 4

6. How do I create my user ID and password for the RELX Benefits Center website? 5

7. How do I reset my password for the RELX Benefits Center website? 5

Enrollment 5

8. What will I need to do? 5

My Options for Medical, Prescription Drugs, Dental, and Vision 6

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

10. What happens if I enroll in a Bronze Plus or Silver medical option and have expenses early in the plan year? 6

11. I live in California. How are my medical options different?..... 6

12. Will I be able to use the same providers as I do today?..... 6

13. Why should I use in-network providers? 7

14. How should I choose a medical insurance carrier if my dependents and I live in different states? 7

15. How do I decide which medical option is right for me? 7

16. Will pre-existing conditions be covered? 8

17. How will my prescription drugs be covered? 8

18. What is “prior authorization” and when is it required?..... 8

19. What do I need to know about dental networks? 8

20. What do I need to know about vision networks? 9

Paying for Coverage 9

21. When will my benefits start?..... 9

22. When will I find out the cost of coverage?..... 9

23. Do our medical insurance carriers cover reimbursement of travel and lodging expenses? 9

24. Do I get a subsidy from RELX toward coverage of eligible dependents? 9

25. What is the working spouse/partner surcharge? 10



26. Do I get to keep the RELX subsidy if I don't enroll in coverage? 10

27. What's a deductible and how does it work? 10

28. What's an out-of-pocket maximum and how does it work? 10

29. What's a Health Savings Account (HSA)? 11

30. Can I enroll in an HSA? 11

31. Why would I want to contribute to an HSA? 12

32. How is an HSA different from a Health Care Flexible Spending Account (FSA)? 12

33. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA? . 12

34. What is the wellness incentive? 12

35. How do I earn the wellness incentive funding? 12

36. Why should I enroll in the LTD buy-up benefit? 13

37. How are my Annual Benefit Earnings for Life and LTD benefits calculated? 13

38. How long can I continue to cover my dependent children? 13



The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to purchase medical, dental, vision and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers. Carriers bid independently and generally offer the same services but may charge different costs for coverage and services. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

RELX offers plans through the Aon Active Health Exchange, and it is America's first national, large-employer, multi-insurance carrier exchange. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

2. Is Aon's exchange sponsored by the government?

No. The Aon Active Health Exchange is a private exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with the law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

The medical and prescription drug, dental and vision benefits available through the exchange offer you:

- **Lots of choices.** Traditionally, you get to choose from the health plan options offered by a company. Through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers, and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. So, it's in their best interests to offer their best prices. Plus, RELX will provide a subsidy to use toward the cost of your coverage.

In addition, you have the option to enroll in other valuable benefits—including supplemental life insurance, supplemental accidental death and dismemberment (AD&D) coverage, supplemental long-term disability coverage, critical illness insurance, supplemental hospitalization insurance, legal services and identity theft protection.

You also have help when you need it. There are great tools and resources to help you every step of the way. See question 5 for details about tools and resources.

4. Why do I have to enroll?

RELX requires eligible employees to elect their coverage if they want to be covered by RELX-offered benefits. If you have coverage through a spouse or partner, for example, you may elect to enroll or keep your current coverage and opt out of RELX coverage. However, RELX wants every eligible employee to have the opportunity to choose the coverages that best fit their personal situation. Review your options and decide which coverage level, insurance carrier, and costs will meet your needs best.



When you enroll, you'll have many tools and resources available to help you make decisions. It's easy to compare your options on the [RELX Benefits Center](#) because you'll be able to sort them by the features that are most important to you. You can also call the insurance carriers with specific questions about the options they offer.

5. Where can I get more information?

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

Before and during enrollment:

- **Make It Yours website**—Visit <https://benefits.relx.com/miy> to learn about the exchange, your coverage options, and choosing the right coverage for you and your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information and other carrier resources.
- **Pre-enrollment pricing tool** (available through the Make It Yours website and www.relxbenefitscenter.com)—Use this interactive pricing tool before you enroll to compare the costs of your healthcare options. To access it before you enroll, visit the Make It Yours website, click **New to the Company**, and click **Compare Costs**. You'll need to enter your access code, which is provided in your offer letter (or you can request it from your recruiter).
- **The RELX Benefits Center website**—Log on to the RELX Benefits Center at www.relxbenefitscenter.com to compare your options and prices, get helpful decision support and enroll. You'll have to create a user ID and password to access the site (see question 6).
- **The RELX Benefits Center app**—Enroll from the doctor's office, soccer field or anywhere, right on your smartphone. Search for "Alight Mobile" in the [Apple App Store](#) or [Google Play](#), and enter "RELX" when prompted for your company name. You'll log on using the same credentials you use when accessing the RELX Benefits Center from your desktop. (Alight Solutions is the administrator of the RELX Benefits Center.)
- **The RELX Benefits Center**—For additional help, once logged on to the RELX Benefits Center website, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have or submit a ticket (click on the **Your Help Requests** link under Quick Actions). You can also schedule an appointment with a customer service representative through the RELX Benefits Center—click on **Quick Links** and then **Schedule Time with a Representative**, or call **1.877.734.1938**, and say "Health and Insurance" when prompted. Representatives are available Monday through Friday, from 9 a.m. to 6 p.m. ET.

Managing your benefits throughout the year:

- **Make It Yours website**—Visit <https://benefits.relx.com/miy> year-round for practical tips that help you and your family get the most out of your benefits. Get "[The Inside Scoop](#)" on how to work the healthcare system, be a savvy shopper and save money.
- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources and information offered through your insurance carrier. For questions about your coverage, always start with your carrier. They know their plans best and have the final authority on all claims, billing disputes, etc.
- **The RELX Benefits Center**—Access your personalized coverage details and manage your benefits throughout the year at www.relxbenefitscenter.com.
- **Additional support**—If you need help with more complex coverage issues, you can email AlightHealthPro@alight.com or call **1.800.513.1667** and ask to be connected with a Health Pro.



Health Pros can explain how benefits work and help resolve issues. Bill negotiation representatives can help review and negotiate out-of-network medical bills. And contact an expert at 2nd.MD, who can make it easy to get a virtual second opinion from nationally recognized doctors.

6. How do I create my user ID and password for the RELX Benefits Center website?

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

- Go to the RELX Benefits Center website at www.relxbenefitscenter.com and select **New User**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

7. How do I reset my password for the RELX Benefits Center website?

To reset your password, go to the RELX Benefits Center website at www.relxbenefitscenter.com, click **Forgot User ID or Password**, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the [Apple App Store](#) or [Google Play](#)).

Enrollment

8. What will I need to do?

You must enroll in your RELX benefits within 31 days of your hire or rehire date. If you don't, you will not have RELX medical, dental, or vision coverage or contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA).

Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. And, to contribute to a Health Savings Account (HSA), if eligible, or to a Flexible Spending Account (FSA), you must make an active election.

You can enroll in supplemental life insurance (up to three times your pay or \$500,000 guaranteed issue—whichever is greater—without evidence of insurability), spouse/partner and/or dependent life insurance, supplemental accidental death and dismemberment coverage, supplemental long-term disability, supplemental hospitalization insurance, or critical illness coverage through RELX.

You can also enroll in voluntary benefits, such as the Allstate Identity Protection Pro+ and MetLife Group Legal and buy up to additional Long-Term Disability (LTD) coverage and other benefits. To enroll, log on to the RELX Benefits Center at www.relxbenefitscenter.com during your 31-day new hire enrollment period. Over the course of the enrollment process, you'll need to:

- Choose the insurance carriers and coverage levels you want for your medical, dental and vision benefits.
- **Enroll yourself and any eligible dependents you want to cover in 2024.** You'll need each dependent's Social Security number and date of birth. If your dependent does not have a Social Security number, call the RELX Benefits Center at **1.877.734.1938** (say **Health and Insurance**, when prompted) to have the dependent added and enrolled in coverage.
- Review and enroll in the rest of your benefits.



- Designate a beneficiary for your life insurance benefits (both RELX-provided and supplemental coverage, if you choose to purchase).

Get more information about enrolling on the Make It Yours website at <https://benefits.relx.com/miy>.

My Options for Medical, Prescription Drugs, Dental, and Vision

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

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

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

If you enroll in a high-deductible medical option, you should be prepared to pay the full negotiated cost of the service until you reach your annual deductible. Even if you start contributing to a Health Savings Account (HSA) right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early qualified expenses out of pocket and then, when your account balance grows enough to cover the expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

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

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

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

Also, insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option **only** offers in-network benefits. The Gold option is offered by Aetna, Anthem, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

[Learn more](#) about your California options and coverage levels.

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

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

Even if you can keep your current insurance carrier through the exchange, the provider network could be different and can change, so **always** check the provider directories before making your final decision. **Do not rely on your provider's office to know the carriers' networks.** To see whether your doctor is in-network:

- Check out the [insurance carrier preview sites](#).
- During the enrollment process on the RELX Benefits Center, check the networks of each insurance carrier you're considering. You can access this information by clicking **Find Doctors** when you're selecting your medical plan. For the best results:
 - Search for your provider by name—not medical practice.



- Check only the office locations you are willing to visit.
- When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

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

13. Why should I use in-network providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance AND 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. And certain Platinum options won't cover out-of-network services at all.

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

Because you and your eligible dependents must enroll in the same option, you may want to consider one of the national insurance carriers that offer national provider networks so that your dependents have access to in-network providers in most locations. (Regional insurance carriers *may* offer in-network coverage outside of their regional service area through partnerships with other carriers. You should contact the insurance carrier for details.)

Do not rely on your provider's office to know the carriers' networks. You need to call the insurance carrier to confirm whether a provider participates in a carrier's network.

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

You'll have access to several resources to help you make smart decisions. You should start by visiting the Make It Yours website at <https://benefits.relx.com/miy> to access videos, details about your options, comparison charts and more.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your healthcare options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the Make It Yours website and click [Compare Your Costs](#). You'll need to enter your access code, which is provided in your offer letter (or you can request it from your recruiter).

Then, when you enroll, you'll be able to see the subsidy amount from RELX and your price options on the RELX Benefits Center at www.relxbenefitscenter.com. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings and more.

If you need additional help, once logged on to the [RELX Benefits Center](#) website, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have or submit a ticket (click on the **Your Help Requests** link under Quick Actions). Representatives at the RELX Benefits Center will also be available Monday through Friday, from 9 a.m. to 6 p.m. ET, to answer questions about the exchange and enrollment process. Just call **1.877.734.1938** and say "Health and Insurance" when prompted. You can also call the [insurance carriers](#) with specific questions about the options they offer.



16. Will pre-existing conditions be covered?

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

17. How will my prescription drugs be covered?

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

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll to better understand how your prescription drugs will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the Make It Yours website for a [list of questions](#) to ask.

18. What is “prior authorization” and when is it required?

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

Who completes the process depends on where you get care:

- When you stay in-network, your doctor usually completes the process on your behalf when it's required. But you should always confirm with your doctor to be sure they are handling it.
- If you go out-of-network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care or prescriptions.

When prior authorization is required and you don't get preapproved, you could get stuck paying most or **all** of the bill or prescription or be assessed a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services and drugs you need will be covered by your insurance carrier.

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

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

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

- Check out the [insurance carrier preview sites](#).
- When you enroll, check the networks of each insurance carrier you're considering on the [RELX Benefits Center](#).



IMPORTANT! If you are considering a Platinum dental option:

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

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

Each vision insurance carrier has its own provider networks. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier. **Do not rely on your provider's office to know the carriers' networks.** To see whether your eye doctor or retail store is in-network:

- Check out the [insurance carrier preview sites](#).
- When you enroll, check the networks of each insurance carrier you're considering on the [RELX Benefits Center](#).

Paying for Coverage

21. When will my benefits start?

Your benefits coverage will be effective on your date of hire. Once you're enrolled within your 31-day window of eligibility, you will receive retroactive deductions on your paycheck that reflect your coverage as of the effective date. Retroactive deductions are taken as a full pay period deduction and are not prorated.

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

During the enrollment window, you'll be able to see the subsidy amount from RELX and your price options when you enroll on the RELX Benefits Center at www.relxbenefitscenter.com.

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your healthcare options based on your situation. You can even see how your costs stack up against other coverage options available to your family. To access the pricing tool, visit the [Make It Yours](#) website and click [Compare Your Costs](#). You'll need to enter your access code, which is provided in your offer letter (or you can request it from your recruiter).

23. Do our medical insurance carriers cover reimbursement of travel and lodging expenses?

Travel and lodging expenses *may* be covered with certain medical insurance carriers for some services across all metallic coverage levels. Covered services may include, but not limited to, transplants, bariatric surgery and State-limited access to covered services such as elective abortion and gender affirmation. Please contact your carrier of interest for coverage details, as varying limitations and guidelines will apply across the carriers.

24. Do I get a subsidy from RELX toward coverage of eligible dependents?

Yes. RELX contributes to medical and dental coverage for your spouse/partner and eligible children. It's important to know that the cost of medical coverage for a spouse/partner is significantly higher than the cost for employee coverage. RELX helps to offset the cost and support your family by providing a subsidy for a spouse/partner that is equal to that of the employee.



25. What is the working spouse/partner surcharge?

If you elect coverage through RELX for your spouse or partner who has access to health coverage through their own employer, a spouse/partner surcharge of \$65 per pay period will apply. You will be asked to complete a short questionnaire to determine if you are required to pay the surcharge.

26. Do I get to keep the RELX subsidy if I don't enroll in coverage?

No. The subsidy you get from RELX is for the medical/prescription drug and dental coverage you purchase through the exchange. A cash refund or credit for not enrolling in RELX benefits is not available. If you enroll in a Bronze Plus or Silver coverage level and don't use the full subsidy, the unused dollars (or "excess credits") will be deposited into your Health Savings Account (HSA). If you don't have an HSA with RELX, the credits will be forfeited.

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

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service and are generally lower than the actual cost. Here's how the medical deductible works depends on your coverage level:

- **The Bronze Plus and Silver medical coverage levels have a "true family deductible."**¹ This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in these coverage levels when you have family coverage.
To clarify, if you choose a Bronze Plus or Silver coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.
- **The Gold coverage level has 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 Platinum coverage level does not have an in-network deductible.** Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck and could have a smaller network.

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

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

¹ **Exception:** If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver coverage level, you will have a **traditional** annual deductible.

28. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for healthcare costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Gold and Platinum coverage levels. How the medical out-of-pocket maximum works depends on your coverage level.



- **The Bronze Plus and Silver coverage levels have a “true” family out-of-pocket maximum.**¹ 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 these options when you have family coverage.
- **The Gold and Platinum coverage levels 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.

Do you use out-of-network providers? 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.

¹ **Exception:** If you live in California, cover dependents and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver coverage level, you will have a **traditional** annual out-of-pocket maximum.

29. What’s a Health Savings Account (HSA)?

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

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

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

30. Can I enroll in an HSA?

Yes, you can enroll in and contribute to (and receive RELX contributions to) an HSA if all of the following are true:

- You are enrolled in a High Deductible Health Plan (HDHP) (i.e., Bronze Plus or Silver medical coverage level).
- You are not enrolled in a Flexible Spending Account (FSA) or in any other health plan, such as a spouse’s ineligible healthcare plan.¹
- You cannot be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare (i.e., Part A, B, etc.), TRICARE or TRICARE for Life.
- You have not received Veterans Administration benefits.

¹ **Exception:** An exception to this rule exists for Limited-Purpose Health Care FSAs (those that cover vision and dental expenses only); you would be eligible for an HSA if your spouse had a Limited-Purpose Health Care FSA.



Note: If you enroll in the Bronze Plus or Silver coverage level, you can participate in an HSA but *cannot* participate in the Health Care FSA (there are no exceptions).

31. Why would I want to contribute to an HSA?

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

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out and, thus, lower your taxes.
- Interest earnings on your HSA balance are not taxed (except in NJ and CA).
- You are not taxed on the HSA dollars when you use them to pay eligible expenses.
- Once you accumulate at least \$1,000, you can invest any dollars over that account balance. By investing, you can begin saving for health costs in retirement.

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

While both accounts offer a tax-free benefit when you pay for eligible medical, dental and vision expenses, they differ in several important ways. One of the key differences is that any unused funds in your HSA will roll over from year to year, while any unused funds in your Health Care FSA will be forfeited. For more information, compare their [differences](#) on the Make It Yours website.

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

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

34. What is the wellness incentive?

If you are enrolled in a RELX medical plan, RELX offers an incentive each year to encourage you to keep an eye on your overall health. You can earn up to \$750, and your covered spouse/partner can earn up to \$250, when you each complete wellness activities by November 30, 2024.

If you are enrolled in a Bronze Plus or Silver medical plan option, your 2024 plan year incentives will be *automatically redeemed* as HSA deposits (tax free). If you are enrolled in a Gold or Platinum medical plan option, your 2024 plan year incentives will be *automatically redeemed* as Visa eGift cards (you will be responsible for any taxes).

35. How do I earn the wellness incentive funding?

If you and your spouse/partner are enrolled in a RELX medical plan, you will each earn a wellness incentive for completing annual health and preventive screenings, as well as other wellness activities that focus on four key areas of wellbeing—Body, Mind, Community and Finance. Activities must be completed no later than November 30, 2024.



36. Why should I enroll in the LTD buy-up benefit?

RELX provides all employees with a basic Long-Term Disability (LTD) benefit of 50% of salary (maximum benefit \$10,000 per month) if you are disabled and can't work. The LTD buy-up benefit takes that coverage from 50% to 60% (maximum benefit \$15,000 per month) and saves you money on taxes if you are disabled and can't work. The cost for the buy-up benefit is taken on an after-tax basis.

37. How are my Annual Benefit Earnings for Life and LTD benefits calculated?

RELX employees share the cost of benefits with the company. Your benefit earnings are determined at hire and then annually in time for Annual Enrollment in the Fall. Your Annual Benefit earnings are calculated as follows:

- 1) *If you are a new hire or rehire and do not have a prior full year of earnings*, your Annual Benefit Earnings are calculated as your base salary plus any target incentive or commissions as of your hire/rehire date.
- 2) *If you have a prior full year of earnings*, your Annual Benefit Earnings are reflective of the last full year of earnings which includes base salary, overtime (if applicable) and incentive or commission paid as provided by RELX Payroll.

For example, if you were hired in 2024, your Annual Benefit Earnings will be updated in the Fall of 2026 with full year 2025 earnings and will be used to determine your 2027 benefit costs and coverage.

NOTE: Benefit earnings will not change during the year unless your employment status changes – such as going from working 40 hours per week to 20 hours per week, etc.

38. How long can I continue to cover my dependent children?

A dependent can be covered on your medical benefits until the end of the month in which they turn age 26, at which point they will be removed from coverage automatically.

A dependent child can be covered on your dental, vision, and/or child life through the last day of the month in which they turn age 19 but can remain on coverage through age 23 if they are a full-time student (FTS). If your child is a full-time student, they can remain on the above benefits until end of the month in which they turn age 23, they graduate, or there is a change in their FTS status (example: student is not enrolled for fall semester or changes to part-time).

NOTE: You must continue to update your dependent's status as a full-time student in order to maintain their coverage.

You may cover your own and/or your spouse's or partner's unmarried children of any age who are primarily supported by you and incapable of self-support because of a mental or physical disability that began before age 26 for medical coverage (or age 19 for dental and/or vision coverage). You must provide the appropriate carrier proof of the disability (upon request by the carrier) if enrolling your child as a disabled dependent (note this does not apply to all plans).

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

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

Aon Active Health Exchange is a trademark of Aon Corporation.

All product and company names are trademarks™ or registered® trademarks of their respective owners. Use of them does not imply any affiliation with or endorsement by them.