Your 2014 Reference Guide

It’s time to get coverage you can smile about.

Make It Yours

Start
Change isn’t always easy to digest, but this is really pretty simple.

Just choose your plan level, the price you want to pay, and the insurance carrier you want to work with. That’s how you can make it yours.

WELCOME TO THE CORPORATE HEALTH EXCHANGE!
New this year, you’ll enroll in medical, dental, vision, and pre-tax savings account coverage through Aon Hewitt’s Corporate Health Exchange.

What’s in It for Me?
Here’s what you can look forward to by enrolling through the Corporate Health Exchange:

• **More choices.** Traditionally, you got to choose from the health plans offered by your company. Through the Corporate Health Exchange, you’ll be able to choose from a variety of plan levels, insurance carriers, and price ranges.

• **Competitive pricing.** The insurance carriers are competing for your business. So it’s in their best interest to offer their best prices. Plus, Payless will provide a credit to use toward the cost of your coverage. You’ll be able to see the credit amount from Payless and your price options for coverage on the Payless Health Exchange website when you enroll.

• **Help when you need it.** There are great tools and resources to help you every step of the way.
  – The **Make It Yours** website is available now at [www.makeityoursource.com/payless](http://www.makeityoursource.com/payless).
  – When you enroll, you’ll have access to state-of-the-art online tools and personalized support from the Payless Benefits Center, and the insurance carriers will be available to answer specific questions.
  – Once you’re in the plan, you can take advantage of all the resources offered through the insurance carriers. You’ll also have access to health advocacy representatives who can explain how benefits work and help resolve issues.

In the Reference Guide that follows, you’ll find a brief overview of your benefit options and information about the enrollment process.

Continued
Hey! Pay attention!

You must enroll or you will not have coverage next year! There’s no getting out of it—you must do something or you’ll have nothing.

GET READY TO ENROLL

With the transition to the Corporate Health Exchange, you must enroll if you want medical, dental, vision, and pre-tax savings account coverage for next year. If you don’t select a medical plan, you also won’t have prescription drug coverage for next year.

If you don’t enroll by the deadline, you won’t be able to enroll until the next Annual Enrollment for 2015, unless you experience a qualified event (like marriage, divorce, birth of child, etc.).

Get Started

If you review this Reference Guide, you’ll be off to a great start to making good choices for you and your family.

• Get an overview of the medical, dental, and vision plan levels.
• Learn how your cost for medical, dental, and vision coverage will be determined.
• Find out your options for medical, dental, and vision insurance carriers.
• See how you can take advantage of a Health Savings Account (HSA).
• Find out how your prescription drug coverage may change.
• Find out what you need to do to enroll.

Feeling Overwhelmed?

Don’t worry. You have access to a number of tools and resources before, during, and after you enroll. If you have questions now, check out the FAQs on the Make It Yours website at www.makeityoursource.com/payless.
Choosing a plan level is sort of like choosing a meal.

One option isn’t necessarily “better” than another. So don’t let the names of the plan levels fool you. The best plan level for you depends on your tastes and your needs.

MEDICAL COVERAGE

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

Choose Your Plan Level
You have several plan levels to choose from, including:*  
- **Bronze**: A basic, high-deductible preferred provider organization (PPO) plan that offers access to an HSA  
- **Bronze Plus**: A buy-up to the Bronze option—a high-deductible PPO plan that offers access to an HSA  
- **Silver**: A PPO plan  
- **Gold**: A PPO plan  
- **Platinum**: A PPO plan that covers in-network care and limited benefits for out-of-network care (or, for some insurance carriers in CO, DC, GA, MD, OR, VA, and WA, an HMO plan that covers in-network care only)

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

*If you live outside the service areas of all the insurance carriers participating in your area, an out-of-area plan at the Silver or Gold level will be your only option.

Do You Live in California?  
Your plans might be a little different, depending on the insurance carrier you choose. See page 8 for details.

Which Plan Level Is Best?  
It depends on your situation. It’s up to you to determine how much coverage you need and how you want to pay for it. See the tools and resources available to help you choose a plan level on page 25.

What’s the Difference?  
Wondering what the difference is between a PPO and a high deductible plan? Check out the FAQs on the Make It Yours website at www.makeityoursource.com/payless.

Continued
## Plan Levels At-a-Glance

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>BRONZE AND BRONZE PLUS OPTIONS</th>
<th>SILVER AND GOLD OPTIONS</th>
<th>PLATINUM OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High-deductible plan that covers in- or out-of-network care</td>
<td>PPO plan that covers in- or out-of-network care</td>
<td>PPO plan that covers in-network care and limited benefits for out-of-network care (or, for some insurance carriers in CO, DC, GA, MD, OR, VA, and WA, an HMO plan that covers in-network care only)</td>
</tr>
</tbody>
</table>

### Pay now or pay later?

**Note:** See the deductible and out-of-pocket amounts on pages 5 and 6.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE AND BRONZE PLUS OPTIONS</th>
<th>SILVER AND GOLD OPTIONS</th>
<th>PLATINUM OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay now</td>
<td>Lower paycheck contributions; higher deductibles and out-of-pocket maximum</td>
<td>Higher paycheck contributions; lower deductible and out-of-pocket maximum</td>
<td>Highest paycheck contributions; no in-network deductible, and lower out-of-pocket maximum</td>
</tr>
<tr>
<td>Pay later</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Does it offer access to an HSA?

See how an HSA can save you money on page 11.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE AND BRONZE PLUS OPTIONS</th>
<th>SILVER AND GOLD OPTIONS</th>
<th>PLATINUM OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer HSA</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### How are in-network prescription drugs covered?

**Note:** Your prescription drug coverage will be provided by the medical insurance carrier you select. See how this may affect you on page 15.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE AND BRONZE PLUS OPTIONS</th>
<th>SILVER AND GOLD OPTIONS</th>
<th>PLATINUM OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>You pay the full cost until you reach the deductible, then you pay coinsurance until you reach the out-of-pocket maximum, and then you pay nothing</td>
<td>• In the Silver plan, you pay a copay for all prescription drugs until you reach the out-of-pocket maximum, and then you pay nothing • In the Gold plan, you pay a copay for most generics and coinsurance for brand name drugs until you reach the out-of-pocket maximum, and then you pay nothing</td>
<td>You pay a copay for all prescription drugs until you reach the out-of-pocket maximum, and then you pay nothing</td>
</tr>
</tbody>
</table>

### Do You Live in California?

Your plans might be a little different, depending on the insurance carrier you choose. See page 8 for details.
**Annual Deductible**

You may know that the deductible is what you pay out of pocket before your insurance starts paying its share of your costs. But did you know that how the deductible works depends on the plan level you choose?

The Bronze and Bronze Plus plan levels have 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 these plans when you have family coverage.

The Silver and Gold plan level has a traditional deductible. For example, in the Gold plan, once a covered family member meets the $600 individual deductible, your insurance will begin paying benefits for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The Platinum plan level does not have an in-network deductible. Keep in mind that in exchange for no deductible, the Platinum plan is usually the most expensive plan per paycheck.

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

<table>
<thead>
<tr>
<th></th>
<th>BRONZE</th>
<th>BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong> (individual/family)</td>
<td>In-network: $2,750/$5,500</td>
<td>In-network: $2,000/$4,000</td>
<td>In-network: $750/$1,500</td>
<td>In-network: $600/$1,200</td>
<td>In-network: N/A</td>
</tr>
<tr>
<td></td>
<td>Out-of-network: $2,750/$5,500</td>
<td>Out-of-network: $2,000/$4,000</td>
<td>Out-of-network: $1,500/$3,000</td>
<td>Out-of-network: $1,200/$2,400</td>
<td>Out-of-network: $5,000/$10,000</td>
</tr>
</tbody>
</table>

Remember, some insurance carriers in CO, DC, GA, MD, OR, VA, and WA cover in-network benefits only.

Do You Use Out-of-Network Providers?

Your out-of-network charges may not count toward your in-network deductible, depending on the insurance carrier you choose. You can use the Compare Plans tool when you enroll to check, or contact the carriers directly.

Continued
Annual Out-of-Pocket Maximum

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. What counts toward your out-of-pocket maximum depends on your plan level:

**With the Bronze and Bronze Plus plans**, all medical and prescription drug amounts you pay will count toward the out-of-pocket maximum.

**With the Silver and Gold plans**, medical and prescription drug copays and amounts you pay as coinsurance will count toward the out-of-pocket maximum. If you choose Kaiser Permanente (Kaiser) as your insurance carrier, though, your prescription drug copays will not count toward your out-of-pocket maximum.

**With the Platinum plan**, medical and prescription drug copays will count toward the out-of-pocket maximum, unless you choose Kaiser as your insurance carrier, in which case your prescription drug copays will not count toward your out-of-pocket maximum.

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

<table>
<thead>
<tr>
<th>BRONZE</th>
<th>BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>In-network: $5,950/$11,900</td>
<td>In-network: $5,000/$10,000</td>
<td>In-network: $5,000/$10,000</td>
<td>In-network: $1,500/$3,000</td>
</tr>
<tr>
<td></td>
<td>Out-of-network: $11,900/$23,800</td>
<td>Out-of-network: $10,000/$20,000</td>
<td>Out-of-network: $10,000/$20,000</td>
<td>Out-of-network: $6,000/$12,000</td>
</tr>
</tbody>
</table>

Remember, some insurance carriers in CO, DC, GA, MD, OR, VA, and WA cover in-network benefits only.

Do You Use Out-of-Network Providers?

Your out-of-network charges may not count toward your in-network out-of-pocket maximum, depending on the insurance carrier you choose. You can use the Compare Plans tool when you enroll to check, or contact the carriers directly.
In-Network Benefits
The following chart compares in-network benefits across plan levels.

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor’s Office Visit</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share</td>
<td>You pay 20% after deductible</td>
<td>You pay $30 copay for primary care physician (PCP) visit, $50 for specialist visit with no deductible</td>
<td>You pay $20 for PCP visit; $35 for specialist visit</td>
<td>You pay $20 for PCP visit; $35 for specialist visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Care</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share</td>
<td>You pay 20% after deductible</td>
<td>Cost share based on place of service</td>
<td>Cost share based on place of service</td>
<td>Cost share based on place of service</td>
</tr>
</tbody>
</table>

In-Network Prescription Drugs
Both the plan level and the medical insurance carrier you choose will affect your prescription drug coverage. See how on page 15.

<table>
<thead>
<tr>
<th>Generic (30-day supply)</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share</td>
<td>You pay 20% after deductible</td>
<td>You pay $10</td>
<td>You pay $5</td>
<td>You pay $4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Brand Name (30-day supply)</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share</td>
<td>You pay 20% after deductible</td>
<td>You pay $40</td>
<td>You pay 20% (up to $50 maximum)</td>
<td>You pay $20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-preferred Brand Name (30-day supply)</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share</td>
<td>You pay 20% after deductible</td>
<td>You pay $60</td>
<td>You pay 40% (up to $100 maximum)</td>
<td>You pay $40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order (90-day supply)</th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
</table>
| Cost Share                 | You pay 20% after deductible | You pay:  
  • $25 for generic  
  • $100 for preferred brand name  
  • $150 for non-preferred brand name | You pay:  
  • $12 for generic  
  • 20% (up to $125 maximum) for preferred brand name  
  • 40% (up to $250 maximum) for non-preferred brand name | You pay:  
  • $10 for generic  
  • $50 for preferred brand name  
  • $100 for non-preferred brand name |

Continued »
Just for Californians!

Your plans might be a little different, depending on the medical insurance carrier you choose.

**DO YOU LIVE IN CALIFORNIA?**

The following benefits apply to you only if you live in California. Note that insurance carriers will offer the Gold or Gold II plan—not both.

### Annual Deductible

<table>
<thead>
<tr>
<th>Plan</th>
<th>BRONZE</th>
<th>BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>GOLD II</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong> (individual/family)</td>
<td>$2,750/$5,500</td>
<td>$2,000/$4,000</td>
<td>$750/$1,500</td>
<td>$600/$1,200</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Out-of-network</strong></td>
<td>$2,750/$5,500</td>
<td>$2,000/$4,000</td>
<td>$1,500/$3,000</td>
<td>$1,200/$2,400</td>
<td>N/A</td>
<td>Out-of-network: $5,000/$10,000</td>
</tr>
<tr>
<td>Out-of-network care NOT covered if you choose Kaiser or UnitedHealthcare as your insurance carrier</td>
<td>Out-of-network care NOT covered if you choose Kaiser, UnitedHealthcare or Health Net as your insurance carrier</td>
<td>Out-of-network care NOT covered</td>
<td>Out-of-network care NOT covered if you choose Kaiser, UnitedHealthcare or Health Net as your insurance carrier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Annual Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>Plan</th>
<th>BRONZE</th>
<th>BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>GOLD II</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong> (individual/family)</td>
<td>$5,950/$11,900</td>
<td>$5,000/$10,000</td>
<td>$5,000/$10,000*</td>
<td>$3,000/$6,000*</td>
<td>$5,000/$10,000*</td>
<td>$1,500/$3,000*</td>
</tr>
<tr>
<td><strong>Out-of-network</strong></td>
<td>$11,900/$23,800</td>
<td>$10,000/$20,000</td>
<td>$10,000/$20,000*</td>
<td>$6,000/$12,000*</td>
<td>N/A</td>
<td>Out-of-network: $10,000/$20,000*</td>
</tr>
<tr>
<td>Out-of-network care NOT covered if you choose Kaiser or UnitedHealthcare as your insurance carrier</td>
<td>Out-of-network care NOT covered if you choose Kaiser, UnitedHealthcare or Health Net as your insurance carrier</td>
<td>Out-of-network care NOT covered</td>
<td>Out-of-network care NOT covered if you choose Kaiser, UnitedHealthcare or Health Net as your insurance carrier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you enroll in Kaiser, your prescription drug copays will not count toward your annual out-of-pocket maximum.

Continued ▶
## Other In-Network Benefits

<table>
<thead>
<tr>
<th></th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>GOLD II</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%</td>
<td>Covered 100%, no deductible</td>
</tr>
<tr>
<td>Doctor's Office Visit</td>
<td>You pay 20% after deductible</td>
<td>You pay $30 for PCP visit; $50 for specialist visit with no deductible</td>
<td>You pay $20 for PCP visit; $35 for specialist visit with no deductible</td>
<td>You pay $20 for PCP visit; $35 for specialist visit</td>
<td>You pay $20 for PCP visit; $35 for specialist visit</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>You pay 20% after deductible</td>
<td>Cost share based on place of service</td>
<td>Cost share based on place of service</td>
<td>Cost share based on place of service</td>
<td>Cost share based on place of service</td>
</tr>
</tbody>
</table>

## In-Network Prescription Drugs
Both the plan level and the medical insurance carrier you choose will affect your prescription drug coverage. See how on page 15.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>GOLD II</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic (30-day supply)</td>
<td>You pay 20% after deductible</td>
<td>You pay $10</td>
<td>You pay $5</td>
<td>You pay $5</td>
<td>You pay $4</td>
</tr>
<tr>
<td>Preferred Brand Name (30-day supply)</td>
<td>You pay 20% after deductible</td>
<td>You pay $40</td>
<td>You pay 20% (up to $50 maximum)</td>
<td>You pay 20% (up to $50 maximum)</td>
<td>You pay $20</td>
</tr>
<tr>
<td>Non-preferred Brand Name (30-day supply)</td>
<td>You pay 20% after deductible</td>
<td>You pay $60</td>
<td>You pay 40% (up to $100 maximum)</td>
<td>You pay 40% (up to $100 maximum)</td>
<td>You pay $40</td>
</tr>
<tr>
<td>Mail Order (90-day supply)</td>
<td>You pay 20% after deductible</td>
<td>You pay: • $25 for generic • $100 for preferred brand name • $150 for non-preferred brand name</td>
<td>You pay: • $12 for generic • 20% (up to $125 maximum) for preferred brand name • 40% (up to $250 maximum) for non-preferred brand name</td>
<td>You pay: • $12 for generic • 20% (up to $125 maximum) for preferred brand name • 40% (up to $250 maximum) for non-preferred brand name</td>
<td>You pay: • $10 for generic • $50 for preferred brand name • $100 for non-preferred brand name</td>
</tr>
</tbody>
</table>
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. Make sure to take your total health care costs into consideration by choosing the plan level and insurance carrier that offer the right balance.

**HOW MUCH IT COSTS**

How much you pay for coverage will depend on a few factors:

- **The amount of your credit from Payless.** All eligible employees will receive a credit to use toward the cost of coverage. This credit may vary by employee, depending on who you cover in the plan.

- **The plan level you choose.**
  - The Bronze and Bronze Plus plan levels cost less per paycheck, and they have higher deductibles that you pay before your coverage kicks in.
  - The Silver, Gold, and Platinum plan levels cost more per paycheck because of the higher coverage they provide, and you’ll probably pay less out of pocket for services throughout the year.

- **The insurance carrier you choose.** You’ll be able to see which carrier offers the lowest paycheck amount for each level. For example, if you know you want a Silver option, you can look to see how much each carrier would charge you for it.

- **The dependents you cover.** You can enroll any combination of you, your spouse, and your children in the plan you choose at different price points.

---

**Pay Now or Pay Later?**

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

**Pay less now and more when you need care**

The Bronze and Bronze Plus plan levels cost less per paycheck, but the deductibles are higher. Make sure you know how the deductible works, and the deductible amount is something you could afford in the event you need a lot of health care.

Keep in mind, you can enroll in an HSA when you enroll in a Bronze or Bronze Plus plan level. See how an HSA could save you money on page 11.

**Pay more now and less when you need care**

The Silver, Gold, and Platinum plan levels cost more per paycheck, but the deductibles are lower. If you don’t have a lot of health care needs, you could be spending money for benefits you don’t use.

---

**Price Shopping?**

You’ll be able to see the credit amount from Payless and your price options for coverage when you enroll on the Payless Health Exchange website at [https://payless.benefitsnow.com](https://payless.benefitsnow.com).

Look for this symbol if you want to sort your options by the cost per paycheck:

- **Sort by Price (low to high)**

---

**Continued ➤**
Save the smart way.

An HSA is 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.

DO YOU WANT AN HSA WITH THAT?

The Bronze and Bronze Plus plan levels give you access to an HSA administered by Your Spending Account (YSA). This is a personal bank account that works with your medical plan if you’re eligible.

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

You can decide whether to enroll in an HSA and how much (if any) money you want to save when you enroll. You can change the amount you save at any time throughout the year.

Set Aside Money Now, Save Money Later

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 deductions. Not only do you save money on qualified health care expenses, your taxable income is lowered. For 2014, you can save up to $3,300 if you’re covering just yourself, or $6,550 if you’re covering yourself and your family.

If you’re age 55 or older, you can also make additional “catch-up” contributions to your HSA up to $1,000, for a total of $4,300 if you cover just yourself or $7,550 if you’re covering yourself and your family.

✔ 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. See more about how to use your HSA on page 12.

✔ 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 plans, leave the company, or retire.

Already Have an HSA?

No problem. See what you need to do on page 12.

After-Tax Is an Option Too

If you want to, you can contribute to your HSA on an after-tax basis. The same annual limit applies.

Continued →
Use Your HSA Easily
It’s your money, so it should be easy to access—and it is! In addition to being able to manage your account online, there are two ways to use your HSA to pay for expenses:

1 Use your HSA debit card.
   Just swipe it when you’re ready to pay for qualified medical expenses, and the funds will be taken directly from your account—just make sure you have enough money in your HSA to cover the expense.

2 Pay out of pocket.
   If you prefer, you can pay for your expenses up front and submit a claim to pay yourself back from your HSA.

You can find a complete list of eligible expenses at www.irs.gov/publications/p502. Keep careful records of your expenses, including receipts, in case you ever need to provide proof of how your HSA funds were spent.

Keep in mind, if you use money from your HSA to pay for nonqualified expenses, you’ll pay taxes on that money and pay an additional 20% penalty tax if you’re under age 65.

After you enroll, you’ll receive a User’s Guide with details about how to get care, pay for care, change your contribution amount, access your funds online, and more.

Rules About Eligibility
✔ To be eligible to contribute to an HSA, you must enroll in a Bronze or Bronze Plus medical plan level. If you’re covered by another medical plan in addition to your Bronze or Bronze Plus plan, it must also be a high deductible medical plan for you to be eligible for an HSA. For example, if you’re also enrolled in your spouse’s coverage, that plan must be a high deductible medical plan too.

✔ You can’t contribute to an HSA if:
  – You’re enrolled in Medicare or a veteran’s medical plan.
  – You’re claimed as a dependent on someone else’s federal tax return.
  – Your spouse participates in a general purpose health care FSA.

✔ Although you can enroll your children up to age 26 in your medical coverage, you can’t use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes. (This generally applies to children over age 18 or age 22 if they are full-time students.)

✔ You can’t have an HSA and use a general purpose health care flexible spending account (FSA) for medical expenses at the same time. If you currently have money in a health care FSA, use it before you begin contributing to your HSA. This includes any “grace period” that applies during a plan new year (generally before April 1). Otherwise, your FSA will be considered a limited health care FSA and you’ll only be able to use it to pay qualified dental and vision expenses, and medical expenses after you have met the combined medical and prescription drug deductible. (Your HSA can be used for medical, dental, and vision expenses.)

Continued
This is how the Corporate Health Exchange saves you money—
by making insurance companies compete for your business. Instead of Payless choosing one or two carriers to do business with, Payless is stepping aside as the middleman and bringing all the carriers to you.

**CHOOSE YOUR INSURANCE CARRIER**
No matter which plan level you select, you may be able to choose from the following carriers based upon your location:*

- **Aetna**  
  Microsite/Website: [http://ah.myhealthbenefitschoice.com](http://ah.myhealthbenefitschoice.com)  
  Phone Number: **1.855.496.6289**

- **Health Net**  
  Microsite: [www.healthnet.com/aonhewitt](http://www.healthnet.com/aonhewitt)  
  Website: [www.healthnet.com](http://www.healthnet.com)  
  Phone Number: **1.888.926.1692**

- **Kaiser Permanente**  
  Microsite: [http://kp.org/aonhewitt](http://kp.org/aonhewitt)  
  Website: [www.kp.org](http://www.kp.org)  
  Phone Number:  
  - CA: **1.800.464.4000**  
  - CO: **1.800.632.9700**  
  - GA: **1.404.504.5712**  
  - DC, MD, VA: **1.800.777.7902**  
  - OR AND WA: **1.800.813.2000**

- **UnitedHealthcare**  
  Microsite/Website: [www.uhchealthplans.com/aonhewitt](http://www.uhchealthplans.com/aonhewitt)  
  Phone Number: **1.888.297.0878**

- **UnitedHealthcare of NCA**  
  Microsite/Website: [www.uhchealthplans.com/aonhewitt](http://www.uhchealthplans.com/aonhewitt)  
  Phone Number: **1.888.297.0878**

- **UnitedHealthcare of SCA**  
  Microsite: [www.uhchealthplans.com/aonhewittuhcwes](http://www.uhchealthplans.com/aonhewittuhcwes)  
  Website: [www.uhcwest.com](http://www.uhcwest.com)  
  Phone Number: **1.877.365.4198**

*If you live outside the service areas of all the insurance carriers participating in your area, an out-of-area plan with Aetna will be your only option.

The carriers have designed special microsites to help you learn about their plan and the services they offer through the Corporate Health Exchange. You can check those out beginning in October, or browse around their general websites now. Check out the things you should consider when choosing your carrier on the **next page**.
Things to Consider
When deciding which insurance carrier to choose, be sure to consider the:

✔️ Cost per paycheck

Each carrier will offer its own price for each plan level. Just like shopping for a flight on a travel website, you’ll be able to see all of those prices in one place on the Corporate Health Exchange. That makes it easy to see which carrier is offering you the best deal. The benefits provided under a plan level will be almost identical no matter which carrier you choose.

✔️ Network

If you want to keep seeing your current doctors, choose an insurance carrier whose network includes your preferred providers (e.g., doctors, specialists, hospitals). Why? Your carrier will pay much less if you see an out-of-network doctor—leaving you to pay the rest. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds what’s considered “reasonable and customary” (R&C). The R&C amount is typically based on the amount Medicare pays.

If you use out-of-network providers, make sure to find out what percentage of Medicare your carrier will pay—it makes a big difference. For example, let’s say you have an out-of-network surgery that costs $5,000, and Medicare would pay $2,000. If your carrier pays 100% of what Medicare would pay, you would owe the amount over $2,000, which is $3,000 ($5,000 - $2,000 = $3,000). If your carrier pays 120% of what Medicare would pay, you would owe the amount over $2,400 ($2,000 x 120% = $2,400), or in this case, $2,600 ($5,000 - $2,400 = $2,600). The higher the percentage of Medicare that your carrier pays, the less you will owe for out-of-network services.

✔️ Prescription drug coverage

Remember, your prescription drug coverage will be provided by your medical insurance carrier through a pharmacy benefit manager. You will not have a separate prescription drug carrier. So you need to make sure you’re comfortable with how the medical insurance carrier will cover any medications you and your covered family members need. See how on page 15.

✔️ Tools and resources

All of the insurance carriers offer their own tools and resources designed to help you get the most out of your medical plan. Browse their websites to learn about tools and other considerations that could influence your decision.

Look for this icon when you enroll to check the provider networks for each insurance carrier you’re considering. Even if your current carrier is participating in the Corporate Health Exchange, the provider network could be different, so always check the provider directories before making a decision.
Do you or a family member take medications?

Listen up! This could be a big deal for you. Your prescription drug coverage will be provided by your medical insurance carrier through a pharmacy benefit manager, rather than a separate prescription drug company.

**PRESCRIPTION DRUG COVERAGE**

Your prescription drug coverage depends on the medical plan level you choose and your medical insurance carrier. Below is an overview of the in-network coverage for each plan level. See page 16 to find out why your carrier matters too.

<table>
<thead>
<tr>
<th></th>
<th>BRONZE, BRONZE PLUS</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td>You pay 20% after deductible</td>
<td>You pay $10</td>
<td>You pay $5</td>
<td>You pay $4</td>
</tr>
<tr>
<td><strong>Preferred Brand Name</strong></td>
<td>You pay 20% after deductible</td>
<td>You pay $40</td>
<td>You pay 20% (up to $50 maximum)</td>
<td>You pay $20</td>
</tr>
<tr>
<td><strong>Non-preferred Brand Name</strong></td>
<td>You pay 20% after deductible</td>
<td>You pay $60</td>
<td>You pay 40% (up to $100 maximum)</td>
<td>You pay $40</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>You pay 20% after deductible</td>
<td>You pay: • $25 for generic • $100 for preferred brand name • $150 for non-preferred brand name</td>
<td>You pay: • $12 for generic • 20% (up to $125 maximum) for preferred brand name • 40% (up to $250 maximum) for non-preferred brand name</td>
<td>You pay: • $10 for generic • $50 for preferred brand name • $100 for non-preferred brand name</td>
</tr>
</tbody>
</table>

Continued →
PRESCRIPTION DRUG COVERAGE: YOUR MEDICAL INSURANCE CARRIER MATTERS

Each insurance carrier has its own rules about how prescription drugs are covered. That’s why you need to do your homework to determine how your medications will be covered before choosing a medical insurance carrier.

Things to Consider

If you or a family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll. Just tell the carrier you’re considering a medical plan offered through the Aon Hewitt Corporate Health Exchange, and you want to know how your medication will be covered. Here’s a list of questions to ask each carrier you’re considering:

- **Is my drug on the formulary?** A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn’t on a carrier’s formulary, you’ll pay more for it. You need to decide if you’re comfortable paying more, or want to explore how other carriers cover your drug.

- **Will I have a step therapy program?** This is a “step” approach to providing prescription drug coverage. It encourages you to use cost-effective medication. If this applies, you’ll need to try using a generic alternative before your drug will be covered. You may want to consider another carrier if you don’t want to go through this process.

- **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 plus the cost difference between brand and generic drugs if you choose a brand when a generic is available. You may want to consider another carrier if you aren’t willing to use the generic alternative.

- **Are there any quantity limits?** Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use. Ask if a limit applies to your drug. If so, make sure you’re comfortable with it or consider another carrier.

- **Will my doctor have to provide more information before my prescription can be approved?** If yes, the medical insurance carrier will need more information from you and your doctor before deciding whether to cover your medication. (This may apply for costly medications that are not considered medically necessary.) You may want to consider another carrier if you don’t want to deal with this process.

- **Are the pharmacies easy to access?** Each insurance carrier has a network of participating pharmacies. Check your medical insurance carrier’s network directory to find an in-network pharmacy close to you.

We’ll Help You Through the Transition

After you enroll, there will be a Transition Checklist posted on the Make It Yours website at www.makeityoursource.com/payless. It will include instructions for everything you need to do to make it through the transition, like setting up your mail-order prescriptions with your new insurance carrier, along with other helpful tips.

Know Who Counts What

If you enroll in a Silver, Gold, or Platinum plan level through Kaiser, your prescription drug copays will not count toward your annual out-of-pocket maximum.
Dental benefits for your dental needs.

You should choose the plan that’s right for you. For example, if you don’t need orthodontia care, the Bronze plan level may be all you need.

**DENTAL COVERAGE**

You must enroll!

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

### Choose Your Plan Level

You have several plan levels to choose from, including:

- **Bronze**: A basic PPO plan that covers in- and out-of-network care, but does not cover major or orthodontia expenses
- **Silver**: A buy-up to the basic PPO plan that covers in- and out-of-network care, including coverage for major services and orthodontia expenses for children
- **Gold**: An enhanced PPO plan that covers in- and out-of-network care, including coverage for major services and orthodontia expenses for children
- **Platinum**: A DHMO plan that covers in-network care only, including orthodontia expenses for children and adults (not available in AK, ME, MT, ND, NH, SD, VT, WY, and some other limited areas)

### Plan Levels At-a-Glance

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO that covers in- or out-of-network care</td>
<td>PPO that covers in- or out-of-network care</td>
<td>PPO that covers in- or out-of-network care</td>
<td>DHMO that covers in-network care only</td>
</tr>
<tr>
<td>Pay now or pay later?</td>
<td>Lower paycheck contributions, higher deductible, and lower annual maximum</td>
<td>Lower paycheck contributions, higher deductible, and moderate annual maximum</td>
<td>Higher paycheck contributions, lower deductible, and higher annual maximum</td>
<td>Higher paycheck contributions; no in-network deductible, and no annual maximum</td>
</tr>
<tr>
<td>Does it cover orthodontia?</td>
<td>No</td>
<td>Yes, for children only</td>
<td>Yes, for children only</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Not available in AK, ME, MT, ND, NH, SD, VT, WY, and some other limited areas.
### Annual Deductible and Annual Maximum

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$100/$300</td>
<td>$100/$300</td>
<td>$50/$150</td>
<td>None</td>
</tr>
<tr>
<td>(individual/family)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum (excludes orthodontia)</td>
<td>$1,000 per person</td>
<td>$1,500 per person</td>
<td>$2,000 per person</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Not available in AK, ME, MT, ND, NH, SD, VT, WY, and some other limited areas.

### Other Benefits

#### In-Network

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Covered 100%, no deductible</td>
<td>Insurance carrier schedule applies; generally covered 100%</td>
</tr>
<tr>
<td>Minor Restorative Care (e.g., endodontic, periodontic, and oral surgery)</td>
<td>You pay 20% after deductible</td>
<td>You pay 20% after deductible</td>
<td>You pay 20% after deductible</td>
<td>Insurance carrier schedule applies</td>
</tr>
<tr>
<td>Major Restorative Care (e.g., implants)</td>
<td>Not covered</td>
<td>You pay 40% after deductible</td>
<td>You pay 20% after deductible</td>
<td>Insurance carrier schedule applies</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered</td>
<td>You pay 50%, no deductible; children only</td>
<td>You pay 50%, no deductible; children only</td>
<td>Insurance carrier schedule applies</td>
</tr>
</tbody>
</table>

*Not available in AK, ME, MT, ND, NH, SD, VT, WY, and some other limited areas.

#### Out-of-Network

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>Covered 100% of reasonable and customary (R&amp;C) charges, no deductible</td>
<td>Covered 100% of R&amp;C charges, no deductible</td>
<td>Covered 100% of R&amp;C charges, no deductible</td>
<td></td>
</tr>
<tr>
<td>Minor Restorative Care (e.g., endodontic, periodontic, and oral surgery)</td>
<td>You pay 20% of R&amp;C charges after deductible</td>
<td>You pay 20% of R&amp;C charges after deductible</td>
<td>You pay 20% of R&amp;C charges after deductible</td>
<td>No out-of-network benefits in the Platinum DHMO</td>
</tr>
<tr>
<td>Major Restorative Care (e.g., implants)</td>
<td>Not covered</td>
<td>You pay 40% of R&amp;C charges after deductible</td>
<td>You pay 20% of R&amp;C charges after deductible</td>
<td></td>
</tr>
<tr>
<td>Orthodontia (children only)</td>
<td>Not covered</td>
<td>You pay 50% of R&amp;C charges with no deductible</td>
<td>You pay 50% of R&amp;C charges with no deductible</td>
<td></td>
</tr>
</tbody>
</table>

*Continued*
HOW MUCH IT COSTS
Just like your medical coverage, your dental plan costs will depend on a few factors:

• **The amount of your credit from Payless.** All eligible employees will receive a credit to use toward the cost of coverage. You’ll be able to see the credit amount from Payless and your price options for coverage when you enroll on the Payless Health Exchange website at https://payless.benefitsnow.com.

• **The plan level you choose.**
  – The Bronze plan level will generally cost less per paycheck because some services aren’t covered and because it has a lower annual maximum.
  – The Silver plan level will be moderately priced since most services are covered, but the annual maximum is lower.
  – The Gold plan level will cost more per paycheck since most services are covered, but the annual maximum is higher.
  – The Platinum plan level will generally cost less and provide comprehensive coverage for in-network care only.

• **The insurance carrier you choose.** Certain insurance carriers may be able to provide a more competitive cost per paycheck.

• **The dependents you cover.** You can enroll any combination of you, your spouse, and your children in the option you choose at different price points.

Choose Your Insurance Carrier
No matter which plan level you select, you may be able to choose from the following carriers based upon your location:

• **Aetna**
  Microsite/Website: http://ah.myhealthbenefitschoice.com
  Phone Number: 1.855.496.6289

• **Delta Dental Bronze, Silver, Gold**
  Microsite: www.deltadental.com/aonhewitt/ks
  Website: www.deltadentalks.com
  Phone Number: 1.800.234.3375

• **DeltaCare USA Platinum**
  Microsite: www.deltadental.com/aonhewitt/ks
  Website: www.deltadentalins.com
  Phone Number: 1.800.422.4234; press 2

• **MetLife**
  Microsite: www.metlifedentalxchange.com
  Website: www.metlife.com
  Phone Number: 1.888.309.5526

• **UnitedHealthcare**
  Microsite: www.uhchealthplans.com/aonhewitt
  Website: www.myuhcdental.com
  Phone Number: 1.888.571.5218

The carriers have designed special microsites to help you learn about their plan and the services they offer through the Corporate Health Exchange. You can check those out beginning in October, or browse around their general websites now.

Continued
Things to Consider
When deciding which insurance carrier to choose, be sure to consider the:

✓ Price
Each insurance carrier will offer its own price for each plan level. You’ll be able to see and sort by those prices when you enroll, which makes it easy to compare your options and find the best deal. Especially since the benefits provided within the Bronze, Silver, and Gold plan levels will be almost identical no matter which insurance carrier you choose. Note: Platinum plan level benefits will vary by insurance carrier.

✓ Network
Is it important to you to keep seeing your current dentist? If so, select an insurance carrier that includes your preferred providers in its network. Look for this icon when you enroll to check the provider networks for each insurance carrier you’re considering. Even if your current insurance carrier is participating in the Corporate Health Exchange, the provider network could be different, so always check the provider directories before making a decision.

Considering Delta Dental?
It’s always important to know if your dentist is in the network before choosing a carrier. If you’re considering Delta Dental, you need to take it one step further.
• If you choose a Bronze, Silver or Gold plan, there are actually two Delta Dental networks that dentists can be part of—Premier only or PPO and Premier. Although the benefits are the same for both, the PPO network offers deeper discounts, which means bigger savings for you. So take a close look at the Delta Dental network, and if your dentist is part of the Premier network only, know you may have to pay more.
• If you choose a Platinum plan, the Delta Dental network goes by the name of “DeltaCare.” So you need to make sure your dentist is in the DeltaCare network—not just the Delta Dental network.
See how you can benefit from vision coverage.

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

**VISION COVERAGE**

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

**Choose Your Plan Level**

You have several plan levels to choose from, including:

- **Bronze:** Exam-only option that provides discounts for materials (e.g., lenses, frames, contacts)
- **Silver:** A PPO plan that covers in- and out-of-network care
- **Gold:** An enhanced PPO plan that covers in- and out-of-network care

**Plan Levels At-a-Glance**

<table>
<thead>
<tr>
<th></th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Plan</strong></td>
<td>Exam-only option</td>
<td>PPO that covers in- or out-of-network care</td>
<td>PPO that covers in- or out-of-network care</td>
</tr>
<tr>
<td><strong>Pay now or pay later?</strong></td>
<td>Lower paycheck contributions, but limited to exams only</td>
<td>Lower paycheck contributions, higher copays, and lower allowances on frames and contacts</td>
<td>Higher paycheck contributions, lower copays, and higher allowances on frames and contacts</td>
</tr>
<tr>
<td><strong>Does it cover frames, lenses, and contact lenses?</strong></td>
<td>Discounts apply</td>
<td>Yes, up to an allowance</td>
<td>Yes, up to an allowance</td>
</tr>
</tbody>
</table>

Continued
## PLAN LEVELS IN DETAIL

<table>
<thead>
<tr>
<th>PLAN PROVISION</th>
<th>BRONZE</th>
<th>SILVER</th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Vision Exam (every 12 months)</td>
<td>Covered 100%*</td>
<td>You pay $20</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>Discount may apply</td>
<td>$100 allowance</td>
<td>$70 allowance</td>
</tr>
</tbody>
</table>

### Lenses (benefits may vary by vision plan)

<table>
<thead>
<tr>
<th>Lens Option</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>Discount may apply</td>
<td>You pay $20</td>
<td>$30 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Discount may apply</td>
<td>You pay $20</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Discount may apply</td>
<td>You pay $20</td>
<td>$55 allowance</td>
</tr>
<tr>
<td>Progressive**</td>
<td>Discount may apply</td>
<td>You pay $10</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Discount may apply</td>
<td>$100 allowance</td>
<td>$70 allowance</td>
</tr>
</tbody>
</table>

### Lens Options (benefits may vary by vision plan)

<table>
<thead>
<tr>
<th>Option</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV Treatment</td>
<td>Discount may apply</td>
<td>You pay $15</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>Discount may apply</td>
<td>You pay $15</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>Discount may apply</td>
<td>You pay $15</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>Discount may apply</td>
<td>You pay $45</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard Polycarbonate—Adults</td>
<td>Discount may apply</td>
<td>You pay $40</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard Polycarbonate—Children</td>
<td>Discount may apply</td>
<td>You pay nothing</td>
<td>Not covered</td>
</tr>
<tr>
<td>Other Add-Ons</td>
<td>Discount only</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Contact Lenses (benefits may vary by vision plan)

<table>
<thead>
<tr>
<th>Category</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Necessary</td>
<td>Discount may apply</td>
<td>You pay $20</td>
<td>$200 allowance</td>
</tr>
<tr>
<td>Elective</td>
<td>Discount may apply</td>
<td>$100 allowance</td>
<td>$70 allowance</td>
</tr>
<tr>
<td>Fit and Evaluation</td>
<td>Discount may apply</td>
<td>You pay nothing</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* $45 allowance for exams received out-of-network.
** Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

Continued
HOW MUCH IT COSTS
Just like your medical coverage, your vision plan costs will depend on a few factors:

• The **plan level** you choose. The Bronze plan will generally be less expensive per paycheck because it covers exams only. The Silver and Gold plans 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 cost per paycheck.

• The **dependents** you cover. You can enroll any combination of you, your spouse, and your children in the plan you choose at different price points.

Choose Your Insurance Carrier
No matter which plan level you select, you’ll be able to choose from the following insurance carriers:

• **MetLife**
  Microsite: [www.metlifedentalxchange.com](http://www.metlifedentalxchange.com)
  Website: [www.metlife.com](http://www.metlife.com)
  Phone Number: **1.888.309.5526**

• **UnitedHealthcare**
  Microsite: [www.uhchealthplans.com/aonhewitt](http://www.uhchealthplans.com/aonhewitt)
  Website: [www.myuhcvision.com](http://www.myuhcvision.com)
  Phone Number: **1.888.571.5218**

• **VSP**
  Microsite: [www.vspexchange.com/aon](http://www.vspexchange.com/aon)
  Website: [www.vsp.com](http://www.vsp.com)
  Phone Number: **1.800.877.7195**

The carriers have designed special microsites to help you learn about their plan and the services they offer through the Corporate Health Exchange. You can check those out beginning in October, or browse around their general websites now.
Things to Consider
When deciding which insurance carrier to choose, be sure to consider the:

✔ Price

Each insurance carrier will offer its own price for each plan level. You’ll be able to see and sort by those prices when you enroll, which makes it easy to compare your options and find the best deal. Remember, the benefits provided under a plan level will be almost identical no matter which insurance carrier you choose.

✔ Network

Is it important to you to keep seeing your current eye doctor? If so, select an insurance carrier that includes your preferred providers in its network. Look for this icon when you enroll to check the provider networks for each insurance carrier you’re considering. Even if your current insurance carrier is participating in the Corporate Health Exchange, the network of preferred providers could be different, so always check the provider directories before making a decision.
How to enroll.
Log on to Payless Health Exchange at https://payless.benefitsnow.com to enroll in your benefits for 2014. From the home page, click Enroll under Action Needed! and then click Continue to begin the process.

When You Enroll
From the Enroll in Your Benefits page, you’ll see all the benefits you can enroll in.

When you’re ready to get started, click the Take Me Through Each Benefit or Make Changes button to the right of Medical.

Medical
From the Enroll in Medical Benefits page:

✔ Choose who you want to cover. You’ll also provide your tobacco status on this screen. Then click Continue (or Decline Medical Coverage).
Then choose your medical plan by deciding on a plan level, insurance carrier, and price, in any order.

✔ Choose your plan level. Your options will automatically be displayed by price. You can sort and view your options differently by clicking Group by Carrier or Sort by Price.

You’ll be able to see the basics of each plan level, including the annual (or pay period) price.

Click the Show Plans button appearing to the right of the price you want.

Need Help Choosing a Plan Level?
Wondering which medical plan would save you the most money? The Estimate My Usage tool allows you to build a side-by-side comparison of your total costs for each plan available to you.

If You Don’t Enroll
No medical coverage
No prescription drug coverage
No saving money through a Health Savings Account
No dental coverage
No vision coverage

Need to Go Back?
As you go through the enrollment process, you can go back and make changes at any time by clicking Return to All Benefits.
Even after you’ve completed your enrollment, you can come back to the Payless Health Exchange website and make changes until your deadline.
✔ Choose your insurance carrier. If you chose a plan level first, the insurance carriers offering the plan level you select will appear. You’ll be able to view each carrier’s annual (or pay period) price, compare the details of up to three insurance carriers (the benefits will be almost identical), and more.

Click the Choose button appearing to the right of the insurance carrier you want.

✔ Review your medical election. Confirm your choice, agree to the terms and conditions, and click Continue. If you enroll in the Bronze or Bronze Plus plan level, you’ll have the option to contribute to the HSA. Then, click Continue again.

Your medical election will be saved and you’ll return to the Enroll in Your Benefits page.

Need help choosing a Carrier?

Remember to take these important steps before choosing an insurance carrier:

- Make sure your preferred providers (e.g., doctors, specialists, hospitals) participate in a carrier’s network by clicking the Doctors and Facilities icon.

- Know how your medications will be covered. You can start by using the “Prescription Coverage” tool to look up your medication’s cost by carrier, but it is strongly recommended that you contact the insurance carrier to learn about factors other than price.

You can also visit the insurance carriers’ microsites to help you learn about their plans and the services they offer through the Corporate Health Exchange. You can check those out beginning in October, or browse around their general websites now.
Dental and Vision
Follow the same process when you’re ready to enroll in your dental and vision options:

• Choose who you want to cover.
• Choose your plan level.
• Choose your insurance carrier.
• Review your election.

Other Benefits
Now it’s time to enroll in other benefits, including flexible spending accounts. Then, in January, you can also enroll in commuter benefits.

• Make your choices. When you’re ready to enroll in each benefit, click the Make Changes button to the right of that benefit. Then, on the following page, make your election and click Continue.

Once you’ve made all your elections, you’re ready to review your benefits and costs.

• Confirm your choices. Take a close look to make sure everything looks right. Then, when you’re satisfied, click Complete Enrollment toward the bottom of the page. Your confirmation number will appear once you’ve completed your enrollment.

Questions?
Start with the FAQs on the Make It Yours website at www.makeityoursource.com/payless. Customer service representatives are also available at the Payless Benefits Center from 9:00 a.m. to 6:00 p.m. Eastern Time, Monday through Friday, to answer questions. Just call 1.855.564.6152.

After You Enroll
Print your confirmation statement. Simply click the Print icon at the top of the page.

Complete any required follow-ups. You may still need to take action following your enrollment. If you do, the required follow-ups will appear on the confirmation page. There will also be a Transition Checklist posted on the Make It Yours website at www.makeityoursource.com/payless. It will include instructions for everything you should do to set yourself up for success in 2014.

Throughout the year
• For questions about your coverage, start by contacting your insurance carriers directly. They know their plans best and have the final authority on all claims, billing disputes, etc. Get their contact information on page 13 for medical, page 19 for dental, and page 23 for vision.

• If you need more help, health care advocates are available through the Payless Benefits Center at 1.855.564.6152 to assist with tough issues like claims and billing disputes. Representatives are available from 9:00 a.m. to 6:00 p.m. Eastern Time.

• For tips for making the most of your benefits, visit the Make It Yours website at www.makeityoursource.com/payless.