

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, feel free to browse and scan the FAQs at your own pace.

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The Aon Benefit Experience

1. What is the Aon Benefit Experience (BenX)?

You'll notice references to the Aon Benefit Experience (BenX) in communications. Steelcase partners with BenX, the first nationwide private large-employer, multi-insurance carrier marketplace.

BenX, formerly referred to as the Aon Active Health Exchange, is a way for you to receive medical, dental, and vision coverage through an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers who are competing for your business. You get a premium credit from Steelcase to purchase coverage. Your cost for coverage will depend on any dependents you cover, your health care coverage level (such as Bronze, Bronze Plus, Silver, and Gold), and the carrier you select. And Steelcase asks employees in higher salary ranges to pay a bigger percentage of the medical premiums than employees who don't earn as much.

In addition to health insurance, employees also have access to a variety of voluntary benefits through BenX such as supplemental life insurance, supplemental accidental death and dismemberment (AD&D) coverage, long-term disability coverage, legal coverage, pet insurance, and health supplement insurance.

2. Where can I get more information?

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

	Before you enroll	When you enroll	After you enroll
Steelcase Benefits Center website	Access your current, personalized coverage details and manage your benefits.	Log on to the Steelcase Benefits Center website at benefitscenter.steelcase.com or the Alight Mobile app (available through the Apple App Store or Google Play) where you can compare your options, get helpful decision support, and enroll. You'll also see the credit amount from Steelcase and prices by option. If you still have questions, you can reach a customer service representative by web chat or by scheduling an appointment through the Steelcase Benefits Center website. You can also call the Steelcase Benefits Center at 1-833-885-5660 Monday through Friday, from 8:00 a.m. to 5:00 p.m. ET (and, during Annual Enrollment, Monday through Friday 8:00 a.m. to 8:00 p.m. ET).	Once coverage begins: Access your personalized coverage details and manage your benefits throughout the year. If you need help with more complex coverage issues, call the Steelcase Benefits Center at 1-833-885-5660 and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues.

Enrollment

3. What will I need to do?

Between January 13 and January 31, 2024, you should review your current elections and decide if you want to change your coverage for the next year beginning March 1. Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your prescription drugs are covered.

If you don't enroll, your current elections will continue at 2025 prices. To change or discontinue coverage, or contribute to a Health Savings Account (HSA) or a Flexible Spending Account (FSA), you must make an active election.

To enroll, log on to the Steelcase Benefits Center website at benefitscenter.steelcase.com during the Annual Enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover starting March 1, 2025.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Assign your beneficiaries.
- You will also have the opportunity to review, change, or enroll in supplemental life insurance, supplemental accidental death and dismemberment (AD&D) coverage, long-term disability coverage, legal plan, pet insurance, and health supplement insurance.

You can get information about enrollment on the Steelcase Benefits Center website at benefitscenter.steelcase.com.

My Options

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

You have several coverage levels to choose from, including Bronze, Bronze Plus, Silver, and Gold. 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.

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

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

6. How are prescriptions covered under the Bronze and Bronze Plus plans?

If you enroll in a Bronze or Bronze Plus coverage level, you will pay the full discounted cost of a drug until you meet the combined medical and prescription drug deductible. After meeting your deductible, you will begin to pay only 25% of the cost of the medication until you reach your out-of-pocket maximum. Once you have reached your out-of-pocket maximum the insurance carrier will cover the full cost of your prescriptions.

7. 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.

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

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

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

Even if you can keep your current insurance carrier through BenX, the provider network can change, so **always** check the provider directories before making a decision.

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

- When you enroll, check the networks of each [insurance carrier](#) you're considering on the Steelcase Benefits Center website. You can access this information by clicking **Find Doctors** when you're selecting your medical plan or using the **Help Me Choose** tool on the enrollment site. For the best results:
 - Search for your provider by name—not medical practice.
 - Check only the office location(s) you are willing to visit.
 - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.
- **Important!** 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.

9. Why should I use in-network providers?

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

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

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

Do **not** rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

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

When you enroll, you'll be able to see the credit amount from Steelcase and your price options on the Steelcase Benefits Center website at benefitscenter.steelcase.com or the Alight Mobile app. 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 still have questions, you can reach a customer service representative by web chat or by scheduling an appointment through the Steelcase Benefits Center website. You can also call the Steelcase Benefits Center at **1-833-885-5660** Monday through Friday, from 8:00 a.m. to 5:00 p.m. ET (and, during Annual Enrollment, Monday through Friday 8:00 a.m. to 8:00 p.m. ET). You can also call the [insurance carriers](#) with specific questions about the options they offer.

12. Will pre-existing conditions be covered?

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

13. 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.

You can easily verify if your prescriptions are covered under each carrier by using the **Help Me Choose** tool on the enrollment page of the Steelcase Benefits Center website.

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier or use the Help Me Choose tool before you enroll to better understand how your particular prescription drug(s) will be covered. Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Click [here](#) to see the recommended questions to ask when determining how your prescription drugs will be covered.

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

Before getting certain types of care, you or your doctor may be required to get approval from your insurance carrier first. Getting prior authorization (also known as pre-certification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

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

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

15. When will I get new insurance cards?

If you enroll for the first time or change carriers, you will receive new cards for medical insurance and prescriptions before your coverage starts. Make sure your doctors and pharmacies are aware that your insurance coverage is changing—they will need to update their records accordingly. If you do not make a change, you can continue to use your same cards unless you receive new ones.

16. How are telemedicine visits covered?

The cost of the telemedicine service is subject to your plan's copay, deductible, and coinsurance, as applicable, and is generally less expensive than an in-person visit. Check the Steelcase Benefits Center website at benefitscenter.steelcase.com for more information.

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

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage 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. If you find your provider is not in-network, please reach out to your dentist's office directly to discuss what your increased out-of-pocket costs may be.

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

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

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

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

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

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

19. Is my spouse or domestic partner eligible for medical and dental coverage?

If your spouse or domestic partner is eligible for medical and dental coverage from another employer, he or she is not eligible for coverage under the Steelcase plan even on a secondary basis. However, all spouses/domestic partners are eligible for other coverages through Steelcase including vision, supplemental insurance, accidental death and dismemberment and life insurance.

20. What other benefit options are available to me?

You can choose to supplement your medical coverage with:

- **Health supplement insurance:** Covers you and covered family members for a variety of unexpected health situations—such as critical illness diagnosis (cancer, heart attack, stroke, or end-stage kidney disease), hospitalization for an accident or sickness, or an injury due to an accident

You can also choose to enroll in:

- **Supplemental life insurance:** Protects your family financially in the event of a death
- **Accidental death and dismemberment coverage:** Protects your family financially in the event of a tragic accident resulting in catastrophic injuries or death
- **Long-term disability:** Provides you with income if you are unable to work due to an illness or non-work-related injury
- **Legal plan:** Covers attorney fees for things like wills, real estate matters, and more
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured pet

You can get more details on the Steelcase Benefits Center website at benefitscenter.steelcase.com.

Paying for Coverage

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

In January, a pre-enrollment statement will be mailed to your home, which compares your current costs to your expected 2025 costs if you were to make no changes during Annual Enrollment. You can also visit benefitspricing.com/steelcase (use the access code provided in recent communications) to learn more about your plan options and costs prior to or after Annual Enrollment.

During Annual Enrollment, you can compare costs of coverage by logging onto the Steelcase Benefits Center website at benefitscenter.steelcase.com or the Aight Mobile app.

All employees will also receive an Enrollment Kit that includes an Enrollment Guide.

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

No. The credit you get from Steelcase is for the medical/prescription drug, dental, and vision coverage you purchase through BenX. A cash refund or credit for other benefits is not available.

Exception: If you enroll in a Bronze or Bronze Plus coverage level and don't use the full credit, the unused dollars will be deposited into your HSA. If you are ineligible for an HSA, please contact the Steelcase Benefits Center at **1-833-885-5660**.

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

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

Just make sure you use money in your HSA only for qualified health care expenses. A list of these expenses is available on the IRS website, [irs.gov/publications/p502](https://www.irs.gov/publications/p502). 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 records of your health care expenses and withdrawals from your HSA, in case you ever need to provide proof that your expenses were qualified.

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

24. Why would I want to use an HSA?

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

The HSA has the following tax advantages:

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

25. What are the differences between an HSA, a Limited Use Health Care Flexible Spending Account (FSA) and a Health Care FSA?

	HSA	Limited Use Health Care FSA	Health Care FSA
Do I need to be enrolled in a particular medical coverage level to participate?	Yes, you must be enrolled in a Bronze or Bronze Plus coverage level.	Yes, you must be enrolled in a Bronze or Bronze Plus coverage level.	Yes, you must be enrolled in a Silver or Gold coverage level (or non-HDHP if covered outside of Steelcase).
Can I contribute to my account before taxes?	Yes	Yes	Yes
Do unused dollars roll over from year to year?	Yes	Yes, up to \$660	Yes, up to \$660
Does the money in the account earn interest?	Yes	No	No
Can I use a debit card to pay for expenses?	Yes	Yes	Yes
Can I use the account to pay for vision or dental expenses?	Yes	Yes	Yes
When are funds available for me to pay health care expenses?	Funds become available as they are deposited.	The full amount elected is available on 3/1/25.	The full amount elected is available on 3/1/25.
How much can I contribute to the account per year?	For 2025, the annual limits set by the IRS are \$4,300* for individual coverage, and \$8,550* for family coverage. If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an additional \$1,000* catch-up contribution.	\$3,300	\$3,300
Is there a minimum contribution amount?	No	Yes, the minimum amount is \$100 per year	Yes, the minimum amount is \$100 per year

*Limits subject to changes per IRS regulations. For more information, go to [irs.gov](https://www.irs.gov).

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

Yes. If you enroll in a Bronze or Bronze Plus coverage level, you have two options. You can choose to enroll in an HSA which can be used for eligible medical, prescription drug, dental, and vision expenses **and/or** a Limited Use Health Care FSA which can only be used to cover eligible dental and vision expenses. You can choose to enroll in just one of these, or both. Once you meet your medical deductible, your Limited Use Health Care FSA can be used toward eligible medical and prescription expenses.

Contact the Steelcase Benefits Center at **1-833-885-5660** if you want to change your Health Care FSA from limited use to a full use Health Care FSA once you meet the medical deductible.

27. Why would I want to use both an HSA and a Limited Use Health Care FSA?

Both accounts allow you to pay for eligible expenses with tax-free dollars. The biggest difference between the accounts is that your HSA balance rolls over from year to year, even if you change medical plans, leave the company, or retire. With the Health Care FSA (whether Limited Use or not), any unused balance exceeding \$660 is forfeited at the end of the plan year.

It may not be advantageous to enroll in both, except in unique situations. For example, if you expect to have higher expenses than your HSA balance can cover (based on the maximum you can contribute each year), you may also want to contribute to the Limited Use Health Care FSA to pay for those expenses with tax-free money once the medical deductible is reached.

28. Can I contribute to an HSA if I am covered under my spouse's 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.

29. Can I contribute to an HSA if I'm over 65?

If you are enrolled in Medicare Part A or B, you can no longer contribute to an HSA as of the month in which your Medicare coverage begins. However, you can continue to withdraw money from your HSA once you enroll in Medicare if you use your account funds for eligible medical expenses such as deductibles, co-payments, coinsurances, and Medicare premiums. If you met the requirements for Medicare but have not yet applied, you may continue to contribute to an HSA as long as you maintain enrollment in a high deductible health plan, such as the Bronze or Bronze Plus plans. If you are eligible for a medical excess credit under a Bronze or Bronze Plus plan but unable to participate in an HSA due to Medicare enrollment, the medical excess credits will be forfeited.

30. Who is the HSA administrator?

The HSAs will be administered by Alight Smart-Choice Accounts. You'll be provided with directions for opening your new account and for transferring funds (if applicable) after you enroll.

Additional Questions

31. Who answers the phone at the Steelcase Benefits Center? Am I talking to a Steelcase employee?

The Steelcase Benefits Center is managed by Alight, the administrator for BenX (formerly referred to as the Aon Active Health Exchange). You will be talking to an Alight representative at one of several call centers in the U.S or the Philippines. These representatives will have access to all the relevant information about the Steelcase plans and have access to eligibility information for Steelcase employees and dependents.

32. Who do I call if I need to change my home address, tax withholdings, or have payroll questions?

Steelcase MyHR is the place to call if you need help with these types of questions. You can reach them at **1-616-475-2020** Monday through Friday from 8:00 a.m. to 5:00 p.m. ET.

33. What should I do if I am considering changing carriers but am receiving care for a condition or have an upcoming surgery or procedure planned?

Carriers offer transition of care to ensure there is no disruption to your planned treatment. If you need help with transition of care, call the Steelcase Benefits Center at **1-833-885-5660** and ask to be connected with a Health Pro. A Health Pro can explain the process and connect you to the insurance carrier.

34. Am I able to enroll my spouse under my plan if we are both Steelcase employees?

If you and your spouse (or domestic partner) are both employees of Steelcase, you can choose to enroll in benefits separately, or one spouse may choose to cover the other. If you enroll in a Bronze or Bronze Plus coverage level and you did not enroll separately, only the employee that elected the coverage will be able to make contributions to an HSA.

35. How are out-of-state providers covered if I elect Priority Health?

If the provider participates in Cigna's PPO, you'll be able to see the provider as an in-network provider with Priority Health. Visit <https://www.priorityhealth.com/aon/doctors-drugs> and select "Go to the Cigna OAP Network directory" to view the list of doctors.

36. What is the difference between a traditional deductible and true family deductible?

If your medical option has a true family deductible—like our Bronze Plus coverage level—this means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in this plan when you have family coverage. So even if one person in your family has a lot of expenses, you'll have to pay for it on your own until the full family deductible is met. (**Note:** The Bronze, Silver, and Gold coverage levels have traditional family deductibles.)

37. How can I compare detailed plan options side-by-side?

After you see the results from the **Help Me Choose** tool on the Steelcase Benefits Center website, you may compare several options. Check the box next to the options you wish to review and press the **Compare** button. You'll see all the plan details side-by-side.

38. How is the estimated cost calculated using the Help Me Choose tool?

The **Help Me Choose** tool takes the answers you provide—including your age, gender, and where you live—to determine an estimated annual cost for each medical option you have available. It includes both contributions from your paycheck for medical coverage and what you might expect to pay after you receive care. It is important to remember that this is an estimate—your **total costs** may be different.

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.

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