



Annual Enrollment: Preview of What’s Changing for 2024

Annual Enrollment is coming up fast: **October 16 through November 3**. But before you enroll, you need to understand what’s changing with your current Aon Active Health Exchange™ benefits. Many changes have occurred in health care in recent years, they’re occurring right now, and they’ll continue to occur in the future. Changes are continuously made to carrier networks, prescription drug formularies, and of course, how much you pay.

Below is an overview of important considerations for 2024.

What’s New	Why It Matters
You must enroll.	If you don’t enroll, you will not have medical, dental, or vision coverage through RELX next year. Keep in mind, if you don’t elect medical coverage, you won’t have prescription drug coverage, either. And, if you want to contribute to a Health Savings Account (HSA) (if eligible) or flexible spending account (FSA), you must make an active election.
Your cost of coverage has changed.	Because prices can go up or down each year, your current coverage may not be your best deal next year. Carefully review your options and prices to find the right fit for you and your family. Before the enrollment period starts, take advantage of our interactive pricing tool that helps you compare the costs of your health care options. To access the pricing tool beginning October 4, use the access code provided on the email and postcard you receive prior to Annual Enrollment. During enrollment, you’ll see pricing of your options on the RELX Benefits Center website.
Insurance carrier provider networks could have changed.	Insurance carrier provider networks can change. Seeing out-of-network providers may cost you substantially more than seeing in-network providers. Always double-check the networks of each insurance carrier you’re considering before making a decision. When it’s time to enroll, see if the providers critical to your care are in the network through the RELX Benefits Center website. For the best results: <ul style="list-style-type: none"> • 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. <p>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.</p>



What's New

Why It Matters

Medical and Prescription Drug

Empire Blue Cross Blue Shield is changing their name to Anthem.	Effective January 1, Empire will change their name to Anthem (but remain part of the Blue Cross Blue Shield Association). If you're currently enrolled in Empire Blue Cross Blue Shield, you should double-check the Anthem network to make sure your providers participate before making a decision. Employees who enroll in Anthem will receive new ID cards by January 1.
The Silver deductibles will increase slightly.	The Silver in-network deductibles are increasing from \$1,500 to \$1,600 for individual coverage, and from \$3,000 to \$3,200 if you cover dependents.
Employees covered under Gold or Gold II will have a copay when visiting urgent care or the emergency room.	If you choose a Gold or Gold II coverage level: <ul style="list-style-type: none"> You will have a \$40 copay when you visit an urgent care clinic. You will no longer have to meet a deductible and then pay your portion of coinsurance. You will have a \$150 emergency room copay before the deductible and coinsurance apply.
The Platinum urgent care copay is decreasing.	If you choose a plan under the Platinum coverage level, your urgent care copay will decrease from \$50 to \$25.
How your medication is classified (and covered) could have changed.	Because your medical insurance carrier's pharmacy benefit manager can change how it covers prescription drugs at any time (such as changing coverage tiers), it's strongly recommended that you call the insurance carrier before you enroll to see how your medication will be covered in the new plan year.
Other medical benefits may have changed.	Medical insurance carriers may offer new or enhanced benefits for 2024. Additional coverage details will be available when you enroll, so be sure to review your options carefully.

Health Savings Account (HSA)

The IRS has updated the annual HSA contribution limits.	If eligible, for 2024, you can contribute up to \$4,150 if you cover just yourself or \$8,300 if you cover yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000.
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Want more information? Beginning October 4, find the details about all your coverage options on the Make It Yours website at <https://benefits.relx.com/miy>.

Once logged on to the RELX Benefits Center website beginning October 16, 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). For additional support, you can schedule an appointment with a customer service representative through the RELX Benefits Center website.

This overview of 2024 changes serves as a Summary of Material Modifications (SMM), providing information on various RELX benefit plan changes that take effect January 1, 2024. It is intended to provide an overview of changes and information about some of the benefits you may be eligible for through RELX. If there is a discrepancy between the information displayed and the official plan documents, the official plan documents will govern.

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.

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