AON BENEFIT EXPERIENCE

Make It Yours To Go

make it yours

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Medical Coverage Level

Which Coverage Level Is Best?

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

Your coverage level determines how much you pay out of your paycheck (premiums). It also determines how much you pay out of your pocket when you receive care (deductibles, coinsurance, copays).

Don't let the names of the coverage levels fool you. One option isn't better than another. The coverage levels are designed to give you choices. It's up to you to find the one that makes sense for your situation.

Medical Coverage Level Options

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

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

	BRONZE PLUS	SILVER	GOLD	PLATINUM
Option type	High-deductible option with HSA	PPO	PPO	PPO that offers limited benefits for out-of-network care**
Paycheck contributions	$	$$	$$$	$$$$
		2025 Annual Deductible		
In-network (individual / family)	$2,500 / $5,000	$1,000 / $2,000	$800 / $1,600	$250 / $500
Out-of-network (individual / family)	$2,500 / $5,000	$2,000 / $4,000	$1,600 / $3,200	$5,000 / $10,000
Traditional or true family?	True family	Traditional	Traditional	Traditional
		2025 Annual-Out-of-Pocket-Maximum		
In-network (individual / family)	$4,500 / $9,000	$5,300 / $10,600	$3,600 / $7,200	$2,300 / $4,600
Out-of-network (individual / family)	$11,500 / $23,000	$10,600 / $21,200	$7,200 / $14,400	$11,500 / $23,000

Traditional or true family?	True family	Traditional	Traditional	Traditional
		2025 In-Network Benefits		
Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's office visit	You pay 25% after deductible	You pay $30 for PCP visit and $50 for specialist visit, no deductible	You pay $25 for PCP visit and $40 for specialist visit, no deductible	You pay $25 for PCP visit and $40 for specialist visit, no deductible
Emergency room	You pay 25% after deductible	You pay $150, then 30% after deductible	You pay $150, then 20% after deductible	You pay $150, then 15% after deductible
Urgent care	You pay 25% after deductible	You pay $50	You pay $40	You pay $25
Inpatient care	You pay 25% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 15% after deductible
Outpatient care	You pay 25% after deductible	If not an office visit, you pay 30% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, you pay 15% after deductible

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

Prescription Drug Coverage

	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive drugs	You pay $0**	You pay $0**	You pay $0**	You pay $0**
		30-Day Retail Supply		
Tier 1 (generally lowest cost options)	You pay 100% until you've met the deductible, then you pay 25%	You pay $12	You pay $10	You pay $8
Tier 2 (generally medium cost options)	You pay 100% until you've met the deductible, then you pay 25%	You pay $50	You pay $40	You pay $30
Tier 3 (generally highest cost options)	You pay 100% until you've met the deductible, then you pay 25%	You pay $70	You pay $60	You pay $50
		90-Day Mail Order Supply		
Tier 1 (generally lowest cost options)	You pay 100% until you've met the deductible, then you pay 25%	You pay $30	You pay $25	You pay $20

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

**Preventive drugs are determined by the insurance carrier or pharmacy benefit manager. You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

These charts may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here. In the event that there is a discrepancy between this site and the official plan documents, the official plan documents will control.

These charts are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. They are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX.

For a more detailed look at these and additional coverages, go to the enrollment website at **https://whitecastle.benefitsnow.com**. It does account for any carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website at **https://whitecastle.benefitsnow.com**.

Out-of-Area: Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

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

Do You Take Any Prescription Drugs?

Your prescription drug coverage will be provided through your insurance carrier’s pharmacy benefit manager.

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

Questions?

Check out the **Frequently Asked Questions** (PDF) and the **Glossary**.

How Deductibles Work

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

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

It Depends On Your Medical Coverage Level

Silver, Gold, and Platinum have a traditional deductible. Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member.

Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

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

Bronze Plus has a "true family deductible". This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members.

There is no "individual deductible" in the Bronze Plus coverage level when you have family coverage. So even if one person in your family has a lot of expenses, you'll have to pay for it on your own until the full family deductible is met.

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

Do You Use Out-of-Network Providers?

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

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

How Out-of-Pocket Maximums Work

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

It Depends On Your Medical Coverage Level

Silver, Gold, and Platinum have a traditional out-of-pocket-maximum. Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.

Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

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

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

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

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

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

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

Medical Price

When you make a purchase, you decide how you want to pay. Would you rather pay cash now, or use credit and pay later?

It’s the same idea with BenX. You get to decide if you’d rather **pay now or pay later**.

How much you pay out of your paycheck is one thing. You also have to consider what you’ll pay throughout the year when you need care.

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

The Amount Of Your Employer Contribution From White Castle

All eligible team members will receive a employer contribution to use toward the cost of coverage.

You'll see the employer contribution amount from White Castle and your price options for coverage when you **enroll**.

The Coverage Level You Choose

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

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

Learn more about coverage levels.

The Insurance Carrier You Choose

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

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

Your Dependents

You can enroll any combination of you, your eligible spouse, and your children in the option you choose. Check out the **Frequently Asked Questions** (PDF) to see who’s eligible.

Pay Now or Later?

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

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

Pay Less *Now*

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

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

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

Pay Less *Later*

The Silver, Gold, and Platinum coverage levels cost more per paycheck, but your deductible is lower. If you don't expect to have a lot of health care needs, you could be spending money for benefits you don't use.

How to Get the Right Medical Option

Now that you understand the basics, it's time to put it all together. Get confident in your choices—before you enroll—by finding answers to some really important questions.

Get ready now so when it's time to enroll, you'll have answers to the following questions.

Which Providers Are In The Carrier's Network?

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

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

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

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

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

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

How Will My Prescription Drugs Be Covered?

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

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

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

Which Medical Coverage Level Is Best For Me?

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

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

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

Which Medical Insurance Carrier Is Best For Me?

Why It Matters
All insurance carriers are different. Each carrier will offer its own price for each coverage level, and you'll be able to see all of the prices in one place when you enroll on the enrollment website at **https://whitecastle.benefitsnow.com**. (**Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

What to Do
If you need help deciding:

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

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

HSA Basics

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

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

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

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

Why Consider An HSA?

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

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

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

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

It's Tax-Free—And Yours To Keep!

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

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

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

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

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

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

Questions?

Get answers to your questions, including eligibility rules, how to contribute, and more.

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

How Much to Save?

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

For 2025, you can save up to $4,300 if you're covering just yourself, or $8,550 if you're covering yourself and your family. If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to $1,000.

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

Prescription Drugs

Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

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

Your Coverage Level Matters

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

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

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

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

Your Carrier Matters

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

Get a list of **prescription drug questions** to ask.

Prescription Drug Questions

Your prescription drug coverage will be provided through your **insurance carrier's** pharmacy benefit manager. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. So **you need to do your homework** to find out how your medications will be covered—**before** you choose an insurance carrier.

What To Ask

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

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

Is my drug on the formulary?
A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't listed on the formulary, you'll pay more for it.

How much will my drug cost?
It depends on how your medication is classified by your insurance carrier—Tier 1, Tier 2, or Tier 3. Typically, the higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs. This means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can find this information by using the prescription drug search tool when you enroll.

Will I have to pay a penalty if I choose a brand name drug?
Because many brand name drugs are so expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—**plus** the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

Is my drug considered "preventive" (covered 100%)?
The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in-network. But each insurance carrier determines which drugs it considers "preventive." If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

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

Will I have a step therapy program?
If this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will be covered only if the first drug isn't effective in treating your condition.

Are there any quantity limits for my medication?
Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

How do I take advantage of mail-order service?
You'll likely need a new 90-day prescription from your doctor. Mail order can take a few weeks to establish. So it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy

in the meantime.

We'll Help You Through The Transition

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

Medicare Basics

Medicare is a federal medical insurance program, which includes Original Medicare. Original Medicare is a low-cost government insurance program that guarantees access to health insurance for Americans age 65 and older and younger people with certain medical disabilities. It pays for many health care expenses, but not all.

How It Works

Medicare covers its share of an approved amount and you pay the rest through deductibles and coinsurance. Original Medicare is made up of two parts:

- **Part A is hospital insurance.** It covers inpatient hospital care, skilled nursing facilities, hospice, lab tests, surgery, and home health care.
- **Part B is medical insurance.** It covers things like clinical research, ambulance services, durable medical equipment, mental health services, limited outpatient prescription drugs, and more.

You are automatically eligible for Medicare Parts A and B when you become Medicare-eligible. If you are receiving Social Security benefits, you may be enrolled in Medicare automatically.

If you have to sign up to get coverage, you can enroll starting three months before the month you turn age 65. The deadline to enroll is three months after the month you turn age 65. (Note: You can wait to enroll in Part B; however, you may have to pay a late enrollment penalty. In general, you can wait to enroll in Medicare Part B without facing a late enrollment penalty until your active employment ends or the date your coverage under your employer's plan ends, whichever occurs first. Consult your Medicare advisor for more details.)

Part D is optional prescription drug coverage. You can enroll in Part D if you want coverage to help pay for your prescription drug costs.

How Medicare Works With Company Coverage

If you are actively employed, your company's health plan will be your primary medical coverage, and, if you choose to enroll in Medicare, Medicare will be your secondary coverage. Please note, once you are enrolled in any part of Medicare (Parts A or B), you can no longer make contributions to an HSA, even if you are also covered by an HSA-eligible medical plan.

If you are retired and have coverage through your previous employer, Medicare will be your primary medical coverage, and your company's health plan will be your secondary coverage.

As you prepare to transition to Medicare, you will want to understand if your dependents under age 65 will be eligible for coverage under your company's health plan.

Auto and Home Insurance

It's your stuff. Keep it safe.

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance. Auto and home insurance is a voluntary benefit administered by Farmers. You sign up for coverage directly with the insurance carrier. And you can add or drop coverage at any time during the year.

You can learn more and start the enrollment process through Farmers at **https://www.myautohome.farmers.com/**.

Things To Consider

When deciding whether to enroll in auto and home insurance, be sure to consider the following:

Cost
The cost for coverage depends on the insurance carrier, the type of policy you choose, and your location. You can get a personalized quote before you enroll.

Your Personal Situation
Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.

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

Pet Insurance

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian. Go **here** for a complete list of covered services.

You can add or drop coverage at any time during the year. You can learn more and enroll through the enrollment website at **https://whitecastle.benefitsnow.com**.

Click here for more information on Healthy Paws.

Things To Consider

When deciding whether to enroll in pet insurance, be sure to consider the following:

Cost
Your cost of coverage is based on the type of pet, breed, and age. Coverage is provided by pet. So if you have more than one, you can get a personalized quote for each.

Your Pet's Needs
Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered "yes" to either question, having pet insurance could give you peace of mind.

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

International Vacation Medical

Is your family covered for health care outside the U.S.?

International vacation medical offers affordable, comprehensive coverage for covered family members when traveling outside the U.S. It can supplement any coverage offered by your medical insurance carrier. Coverage also includes claims support, translation services, a direct bill payment option, and more.

Have an international trip(s) coming up? Click **here** to learn more or call GeoBlue at **1.844.358.7278** for additional information. You do **not** need to enroll for coverage during enrollment.

Things To Consider

When deciding whether to buy international vacation medical coverage, be sure to consider the following:

Your Medical Coverage
First, check with your medical insurance carrier to see how they will cover you and your family when traveling internationally. If coverage is limited or unavailable, having international vacation medical coverage could give you peace of mind.

Cost
Your cost of coverage is based on age, length of stay, policy amount, and deductible selected.

Your Personal Situation
Do you or an eligible family member have an ongoing health condition or often require health care? If you answered “yes” and your medical carrier offers limited or no international coverage, having international vacation medical coverage could be valuable.

Bill Negotiation Services

You don't have to be a health care expert when you have one in your corner.

Bill negotiation services puts years of health care and billing expertise to work for you. When you're facing a large bill from an **out-of-network** provider, negotiators are available to partner with you and your providers to make sure the amount billed to you is appropriate (which could reduce the amount you owe). In many cases, negotiators can help save you 20% or more.

Bill negotiation services is administered by MCA. You do **not** need to enroll for coverage. When you have a bill of at least $300, you can sign up and get started at **www.medicalcostadvocate.com/aon** or call **1.844.891.8981** for more information.

Paying For Coverage

If you don't save any money through bill negotiation services, it's totally free. If you **do** save money through bill negotiation services, you'll pay 35% of your savings.

Things To Consider

When deciding whether to use bill negotiation services, be sure to consider the following:

It's Risk-Free
Because you only pay if negotiators save you money, you have nothing to lose—and a smaller provider bill to gain.

Peace of Mind
Do you think you've been overcharged for health care services? Do you lack the time, expertise, and energy needed to successfully negotiate health care charges? If you answered "yes" to these questions, bill negotiation services could give you peace of mind.

Provider Network
Bill negotiation services can save you money on large, out-of-network provider bills. Just remember, you will receive the highest benefit by using in-network providers. You also have **Health Pros** that are available to help with benefits or billing issues.

How to Enroll

Log on to the enrollment website at **https://whitecastle.benefitsnow.com** or the Alight Mobile app (available through the **Apple App Store** or **Google Play**) to enroll in your benefits for 2025.

Logging on for the first time? From the enrollment website, register as a new user and follow the prompts to provide requested information and set up your username and password.

Already registered? If you have not accessed your account within the last 90 days, you will have to reset your password in order to log in. To reset your password, visit the enrollment website at **https://whitecastle.benefitsnow.com**, click on "Forgot User ID or Password?" and follow the prompts to confirm your identity.

To eliminate delays in receiving a password reset, you should add a current email address to your account.

Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

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

Questions?

Once logged on to the enrollment website at **https://whitecastle.benefitsnow.com**, look for the “Need Help?” icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through the enrollment website. You can also call The Corporate Health Exchange Call Center for White Castle at **1.855.564.6151** from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

Actions After You Enroll

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

Here's your to-do list:

Know How Your Prescription Drug Plan Works

Your prescription drug coverage is provided through your insurance carrier, who sets the rules for how medications are covered. Visit your carrier's website for information about your medications. You can also check out the **Prescription Drug Transition Worksheet** (PDF) for tips and questions you may need to ask your carrier.

Check the Formulary

A **formulary** is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. **Check with your carrier** to make sure your drug is listed on the formulary **before** you fill it. If it isn't, you'll pay more.

Go Generic

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

Mail-Order Setup

Mail-order service can save you a trip to the pharmacy and may reduce your costs. To set up mail order with a new medical insurance carrier, you'll likely need a new 90-day prescription from your doctor. Because mail-order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

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

"Transition Of Care" Setup

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

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

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

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

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

Avoid Unexpected Out-Of-Network Costs

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

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

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

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

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

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

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

Take These Steps to Protect Yourself

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

You can check the provider directory through the enrollment website at **https://whitecastle.benefitsnow.com** or your **insurance carrier's website**.

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

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

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

When To Expect New Cards

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

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

Contributing To An HSA?

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

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

If you *don't* receive your HSA debit card, contact Alight Smart-Choice Accounts at **1.855.564.6151** to request one be mailed to you.

Want To Print?

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

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

How to Get Care

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

Getting Care At The Doctor's Office

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

Have an HSA?
Don't present your debit card at the doctor's office—just your medical ID card! Wait to pay until you get your doctor's bill. Then, you can **pay with your HSA** or pay another way—it's your choice!

Filling Prescription Drugs At A Retail Pharmacy

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

Know When You'll Owe

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

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

You can check the provider directory on the enrollment website at **https://whitecastle.benefitsnow.com** or refer to your **insurance carrier's website**.

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

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

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

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

Paying for Care

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

Step 1: Meet With Your Provider

Don't forget, you'll probably pay **a lot** less when you see in-network providers. You can check the provider directory on the enrollment website at **https://whitecastle.benefitsnow.com** or refer to your **insurance carrier's website**.

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

Step 2: Present Your Medical ID Card

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

Step 3: Review The Explanation Of Benefits (EOB)

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

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

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

Step 4: Review Your Provider's Bill

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

Step 5: Pay Your Provider

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

Paying With Your HSA

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

Use Your HSA Debit Card

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

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

Log on to the enrollment website at **https://whitecastle.benefitsnow.com** to check your balance beforehand.

Pay Out Of Pocket

If you prefer, you can pay for your expenses up front and pay yourself back through your HSA later. You'll log on to the enrollment website at **https://whitecastle.benefitsnow.com** to transfer money from your HSA to your regular bank account.

Set Up Direct Payments

Another option is to have Alight Smart-Choice Accounts make direct payments to your provider from your HSA.

Log on to the enrollment website at **https://whitecastle.benefitsnow.com** to set up direct payments.

Eligible Expenses

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

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

Keep Your Receipts!

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

Transparency in Coverage

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

- **Aetna:** https://health1.aetna.com/app/public/#/one/insurerCode=AETNACVS_I&brandCode=ALICFI/machine-readable-transparency-in-coverage
- **Anthem:** https://www.anthem.com/machine-readable-file/search
- **Cigna:** https://www.cigna.com/legal/compliance/machine-readable-files
- **Dean/Prevea360:**
    - https://www.Deancare.com/transparencyincoverage
    - https://www.Prevea360.com/transparencyincoverage
- **Geisinger:** https://www.geisinger.org/health-plan/nosurprisesact
- **HealthNet:** https://www.centene.com/price-transparency-files.html
- **Kaiser:** https://healthy.kaiserpermanente.org/front-door/machine-readable
- **Med Mutual of OH:** https://medmutual.healthsparq.com/healthsparq/public/#/one/insurerCode=MMO_I&brandCode=MMO&productCode=MRF/machine-readable-transparency-in-coverage
- **Priority Health:** www.priorityhealth.com/landing/transparency
- **United Healthcare:** https://transparency-in-coverage.uhc.com
- **UPMC:** https://www.upmchealthplan.com/transparency-in-coverage/mrf/

Your Carrier Connection

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

Medical

Carrier Name: **Aetna**

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

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

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

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

Phone Number: 1.855.496.6289

Learn More

Carrier Name: **Anthem Blue Cross and Blue Shield**

Areas We Serve: Available Nationally

Before you're a member (preview site): https://www.anthem.com/learnmore

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

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. EST

Phone Number: 1.844.404.2165

Learn More

Carrier Name: **Cigna**

Areas We Serve: Available nationally with the exception of MN and ND.

Before you're a member (preview site): https://connections.cigna.com/carrierbenefits-fi2025/

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

Customer Service Hours: Cigna Support is available 24/7/365

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

Learn More

Carrier Name: **Dean/Prevea360**

Areas We Serve: South Central and Northeastern Wisconsin

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

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

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

Phone Number: 1.877.232.9375

Learn More

Carrier Name: **Geisinger Health Plan**

Areas We Serve: Generally available in PA

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

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

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

Phone Number: 1.844.390.8332

Learn More

Carrier Name: **Health Net**

Areas We Serve: Available in CA

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

Once you're a member (website): https://www.healthnet.com/myaon

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

Phone Number: 1.888.926.1692

Learn More

Carrier Name: **Kaiser Permanente**

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

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

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

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

Phone Number: 1.877.580.6125 , CA Post-enrollment: 1.800.464.4000
CO Post-enrollment: 1.800.632.9700 (Gold II & Platinum); 1.855.364.3184 (All other metallics)
GA Post-enrollment: 1-888-865-5813 (Gold II & Platinum); 1-855-364-3185 (All other metallics)
DC, MD, VA Post-enrollment: 1.888.225.7202 (All metallics)
Southwest WA Post-enrollment: 1.800.813.2000 (Kaiser & Platinum); 1.866.616.0047 (All other metallics)

Pre-enrollment Phone Number: 1.877.580.6125

Learn More

Carrier Name: **Kaiser Permanente**

Areas We Serve: Generally available in WA

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

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

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

Phone Number: 1.855.407.0900

Learn More

Carrier Name: **Medical Mutual**

Areas We Serve: Generally available in OH

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

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

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

Phone Number: 1.800.541.2770

Pre-enrollment Phone Number: 1.800.677.8028

Learn More

Carrier Name: **Priority Health**

Areas We Serve: Available in the lower peninsula of MI

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

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

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

Phone Number: 1.833.207.3211

Learn More

Carrier Name: **UnitedHealthcare**

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

Before you're a member (preview site): https://www.whyuhc.com/aon9

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

Customer Service Hours: Monday - Friday: 8:00 a.m. - 8:00 p.m. local time zone

Phone Number: 1.888.297.0878

Learn More

Carrier Name: **UPMC Health Plan**

Areas We Serve: Generally available in PA

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

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

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

Phone Number: 1.844.252.0690

Learn More

Get Carrier Ratings

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

Contacts

Once logged on to the enrollment website at **https://whitecastle.benefitsnow.com**, look for the "Need Help?" icon to ask Lisa, your virtual assistant, any questions you may have. Lisa can also connect you with a web chat representative and other helpful resources. For additional support, you can schedule an appointment with a customer service representative through the enrollment website. You can also call The Corporate Health Exchange Call Center for White Castle at **1.855.564.6151** from 8:00 a.m. to 5:00 p.m. ET, Monday through Friday.

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

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

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

Contact a Health Pro

Medical bills can be confusing. That's why White Castle offers expert support to help you understand and resolve medical claims or billing issues. Your Health Pro can review your health care bills to ensure you are charged correctly according to your plan benefits. If there is an error, they will partner with your care provider and health plan on your behalf.

Bill negotiation services may be able to save you 20% or more.

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

Not sure where to start? Once your coverage has begun, contact your **insurance carrier**. Your insurance carrier is most knowledgeable about coverage rules and has the final decision on all claims and billing questions.

Need Help? Your Health Pro Is Waiting.

Reach out to your Health Pro and they will guide you through the required steps and important deadlines. Your Health Pro can also manage the back-and-forth between your health insurance and doctor, as needed.

Your Health Pro can help:

- Interpret explanation of benefits (EOB) statements.
- Identify and correct claims or billing errors.
- Navigate the health plan appeals process.
- Manage correspondence with your health plan or providers.

If you've contacted your carrier and were unable to resolve your issue, email or call your Health Pro for help.

Email: **AlightHealthPro@alight.com**

Call: **1.855.564.6151**

Get Answers

Have a question? Start with the **Frequently Asked Questions** (PDF).

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

Want to talk with someone? Here's who to **contact**.

Glossary

Wondering what a term means? Find it here.

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

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

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

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

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

Formulary
A list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. You should make sure your medication is on the formulary of the medical insurance carrier you choose.

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

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

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

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

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

depends on your coverage level. Out-of-network charges do **not** count toward your in-network annual out-of-pocket maximum. They only count toward your out-of-network out-of-pocket maximum.

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

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

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

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

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

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

Traditional Out-of-Pocket Maximum
Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member.

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

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

Newly Eligible for Benefits?

Welcome!

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

For your 2025 benefits, you can start here:

- **Quick Guide**
- **Enrollment Checklist**
- **Medical**

Need To Enroll For 2024 *And* 2025 Benefits?

If you’re enrolling in benefits for the rest of 2024 and all of 2025, you should know what to expect for both years. While most things don’t change from year to year, some things could be different.

For your 2024 benefits, you can start here:

- **2024 Benefits Guide (PDF)**
- **What's Changing (PDF)** (see what’s different from 2024 to 2025)

Make It Yours

Once you’ve done your homework, if you want coverage through White Castle, you must enroll by your deadline. Otherwise, you won’t have medical and prescription drug coverage through White Castle for you and your family.

Enroll now

Questions?

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