



CAESARS
ENTERTAINMENT®
HEALTHCARE & BENEFITS MARKETPLACE

Frequently Asked Questions (FAQs)

FAQs

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 Caesars Entertainment Healthcare & Benefits Marketplace

1. What is the Caesars Entertainment Healthcare & Benefits Marketplace?

Caesars Entertainment Healthcare & Benefits Marketplace is a way for you to get medical, dental, vision, and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers who are competing for your business. The Marketplace merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

The Caesars Entertainment Healthcare & Benefits Marketplace website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

2. Is the Caesars Entertainment Healthcare & Benefits Marketplace sponsored by the government?

No. The Caesars Entertainment Healthcare & Benefits Marketplace is a private exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with applicable law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the Caesars Entertainment Healthcare & Benefits Marketplace?

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

- **Lots of choices.** Through the Caesars Entertainment Healthcare & Benefits Marketplace, you're able to choose from several plan options, a variety of insurance carriers, and a range of costs.
- **Competitive pricing.** The insurance carriers are competing for your business. So, it's in their best interests to offer their best prices. Plus, Caesars will provide a credit to use toward the cost of medical, dental, and vision coverage.

In addition, you have the option to enroll in other valuable benefits—including critical illness insurance, hospital indemnity insurance, accident insurance, legal services, and identity theft protection. Also, you can get discounted rates for auto and home insurance and pet insurance through the Marketplace.

You also have help when you need it. There are great tools and resources to help you every step of the way.

Enrollment

4. What will I need to do?

You must TAKE ACTION to enroll, or you will not have any benefits coverage through Caesars, except for a few Company-paid benefits. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage either. And, to contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account, you must make an active election.

To enroll, log on to the Caesars Benefit Service Center website at www.caesars.benefitsnow.com or the Aight Mobile app during your enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2023.
- Choose the insurance carriers and plan option you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits.

5. What is the Caesars Benefit Service Center?

- The Caesars Benefit Service Center is your primary point of contact for any Caesars benefit-related questions. The Caesars Benefit Service Center is also where you enroll in or change your Caesars benefits coverage. There are two ways you can contact Caesars Benefit Service Center:
 - **Online:** www.caesars.benefitsnow.com
 - **By Phone:** 866-BEN-FITS (236-3487), Monday – Friday, 8:00 A.M. – 8:00 P.M. ET.
- All of the information you need to enroll in coverage, or make updates, is available 24/7 through the Caesars Benefit Service Center website. You can also find plan materials, general information, and other helpful information on the site.
- If for any reason you are unable to resolve your question or need through the Caesars Benefit Service Center website, you can call the dedicated Caesars Benefit Service Center team and they will assist.

My Options

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

You have several plan options to choose from, including Bronze, Bronze Plus, Silver, Gold, and Platinum. The Bronze, Bronze Plus and Silver plans are high deductible plans that also offer the option to contribute to a Health Savings Account (HSA). The Gold and Platinum plans are traditional copay plans with low deductibles for non-routine services. Each plan option 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.

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

If you enroll in a high-deductible medical option, you should be prepared to pay 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 expenses out of pocket and then, when your account balance grows enough to cover the qualified expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

8. 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 plan option either as an option that offers in- and out-of-network benefits (e.g., a PPO) or as an option that offers in-network benefits only (e.g., an HMO).

Also, insurance carriers can choose to offer either the standard Gold option or a Gold II option—not both. The Gold II option only offers in-network benefits.

The Gold option is offered by Aetna, Anthem, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

9. 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.

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 Caesars Benefit Service Center website at www.caesars.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.

Please note, if your primary care provider is a Caesars onsite clinic provider, they will be covered at the standard Caesars clinic pricing, no matter which carrier you choose for your coverage. Caesars onsite clinic providers are only available to Caesars Team Members and their enrolled dependents, so our clinic providers may not appear in the provider search tool for your insurance carrier of choice.

10. 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 that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum. And certain Platinum options (and certain options/carriers in [California](#)) won't cover out-of-network services at all.

11. 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. Contact information for carriers is available through the Caesars Entertainment Health and Benefits Marketplace information page at: <https://caesars.makeityoursource.com>

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

When you enroll, you'll be able to see the credit amount from Caesars and your price options on the Caesars Benefit Service Center website at www.caesars.benefitsnow.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 need additional help, you can reach a customer service representative by calling the Caesars Benefit Service Center at **1.866.236.3487** from 8:00 a.m. to 8:00 p.m. ET, Monday through Friday. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available. You can also call the carrier with specific questions about the options they offer.

13. Will pre-existing conditions be covered?

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

14. How will my prescription drugs be covered?

Team Members who enroll under Aetna, Anthem, Cigna, Hometown Health, or UnitedHealthcare will have their pharmacy benefits managed by CVS Caremark. If you enroll in a plan through a regional carrier, your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager—which could be a separate prescription drug company. Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication, it is strongly recommended that you call CVS Caremark (if you're considering coverage under Aetna, Anthem, Cigna, and UnitedHealthcare) or the medical insurance carrier (for all other carriers) 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. Visit the Caesars Entertainment Healthcare & Benefits Marketplace for a [list of questions](#) to ask.

15. What is “prior review” and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting “prior review” (also referred to as prior authorization or precertification) 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 review is required and you don't get preapproved, 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.

16. 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 plan option you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

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

- When you enroll, check the network of each insurance carrier you're considering on the Caesars Benefit Service Center website: <http://www.caesars.benefitsnow.com>.

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

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

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

- When you enroll, check the network of each insurance carrier you're considering on the Caesars Benefit Service Center website: <http://www.caesars.benefitsnow.com>.

18. What other benefit options are available to me through the Caesars Entertainment Healthcare & Benefits Marketplace?

You can choose to supplement your medical coverage with:

- **Supplemental life, Spouse/Domestic Partner life, and Dependent life:** Caesars provides basic life insurance coverage to all benefit eligible Team Members at no cost. However, you may want additional life insurance coverage for yourself, your spouse/domestic partner, and your dependent children. All of these coverages are available to you through the Caesars Healthcare & Benefits Marketplace.
- **Accidental Death & Dismemberment (AD&D):** AD&D can be purchased through the Caesars Healthcare & Benefits Marketplace for yourself, your spouse/domestic partner, and your

dependents. AD&D works similar to a life insurance benefit, but only pays out if the covered person's death or dismemberment was caused by an accident.

- **Short-term and long-term disability coverage:** Caesars provides paid basic short-term and long-term disability coverage to all benefit eligible Team Members. If you need additional disability coverage, you may purchase it through the Caesars Healthcare & Benefits Marketplace.
- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

You can also choose to enroll in:

- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud
- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance
- **Pet insurance:** Helps pay veterinary expenses for your sick or injured dog or cat

Paying for Coverage

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

During the enrollment window, you'll be able to see the credit amount from Caesars and your price options when you enroll on the Caesars Benefit Service Center website at www.caesars.benefitsnow.com or the Alight Mobile app.

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

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

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

The deductible is what you pay out of your own pocket before the plan begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service.

How the medical deductible works depends on your plan option:

- **The Bronze, Gold, and Platinum medical plan options have a traditional (or embedded) 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 Bronze Plus and Silver medical plan options have a "true family deductible"¹ also known as an aggregate deductible.** This means that the entire family deductible must be met

¹ Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus plan option, you will have a traditional annual deductible. No member in the family will pay more than \$3,000 toward the family deductible.

before your insurance will pay benefits for any covered family members. There is no “individual deductible” in these plan options when you have family coverage.

To clarify, if you choose a Bronze Plus or Silver medical plan, the individual deductible only applies if you cover just yourself. If you choose to cover dependents too, though, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.

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

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

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

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

The Bronze, Gold, and Platinum plan options 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.

The Bronze Plus and Silver plan options have a “true family out-of-pocket maximum.”² This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” in these options when you have family coverage.

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

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, Bronze Plus, or Silver plan option. It allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, prescription, 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, Bronze Plus, or Silver plan options, 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. If you use money in your HSA for unqualified expenses, you'll pay income taxes on that money and an additional 20% penalty tax if you're under age 65. Keep careful records of your 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. 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. Also, the money is yours to keep even after you no longer work for the company. 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.

² Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Bronze Plus or Silver plan option, you will have a traditional annual out-of-pocket maximum.

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 qualified expenses.

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

While both accounts offer a tax-free benefit when you pay for eligible medical, dental, and vision expenses, they differ in several key ways. Compare their [differences](#) on the Caesars Entertainment Healthcare & Benefits Marketplace website.

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

No. If you enroll in the Bronze, Bronze Plus, or Silver medical plan options, you can choose to participate in either an HSA or a Health Care FSA. You can't contribute to an HSA and participate in the Health Care FSA at the same time. Note: Your HSA account will be opened once you enroll in one of the HSA-eligible plan options and agree to the HSA terms and conditions. You do not need to elect to contribute to an HSA to open the account.

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

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

28. Can I contribute to an HSA?

In order to contribute to an HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible plan option: either Bronze, Bronze Plus, or Silver ;
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return; and
- You cannot be covered by any other health insurance plan, such as a spouse's plan, that is not a high-deductible option.

You can use money from your HSA to pay your dependents' health care expenses as long as you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

29. Can I enroll my dependents on my Caesars coverage?

Yes. The Caesars benefit plans allow you to enroll your legal spouse, your same or opposite sex domestic partner, and your dependent children up to age 26. Dependent children over the age of 26 who are permanently and totally disabled may be able to remain on your coverage with certification from your insurance carrier.

A spousal surcharge will apply if your spouse or domestic partner is eligible for coverage from his or her employer, and you still choose to enroll them on your Caesars Benefit Plans.

When enrolling a new dependent onto your coverage, you will be expected to provide documentation that certifies your dependent's eligibility to be covered by your Caesars benefit plans. The Caesars

Benefit Service Center will mail you a letter explaining what documentation is needed to certify your dependent's eligibility, and how to submit the necessary documentation.

30. Why does Caesars require me to verify my dependent's eligibility?

Caesars benefit plans are governed under specific rules that comply with ERISA guidelines. To ensure our Plan remains compliant under ERISA, we must take reasonable measures to ensure that the plan only covers persons who are eligible to participate.

31. How will I be expected to pay for my Caesars Benefit Plans?

Caesars will deduct your portion of the costs to pay for your Caesars Benefits from your paycheck. Benefit costs are evenly distributed across all paychecks in the plan year. If you miss one or two deductions, then Caesars will automatically collect 100% of the missed deduction amount on your next scheduled paycheck.

If you are on an approved leave of absence, paid or unpaid, then your scheduled paycheck deductions will stop, and you will be expected to continue paying for your benefit deductions through the Benefit Service Center. Payment must be made timely, on a monthly basis, to ensure your coverage does not end while you are on leave of absence. Normally scheduled PTO/FTO that are not associated with any approved Leave of Absence Plan are not considered a Leave of Absence for the purpose of this rule.

32. Will I be asked to participate in a wellness program?

The voluntary Caesars Wellbeing Program will be available to all Team Members and Spouses/Domestic Partners covered under a employer sponsored medical plan. If you choose to participate in the wellbeing program you will be asked to complete a biometric screening.

Although participation is not required, eligible participants who choose to participate will receive an incentive in the form of reduction in medical contributions. Please look for further communications to ensure you receive all of incentives available to you through this program.

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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