

MCKESSON



2020 New Hire Enrollment Guide

START HERE!

Use this guide to learn about your enrollment options.



Welcome to McKesson!

We're excited to have you on our team. Our vision is to improve care in every setting — one product, one partner, one patient at a time. We're making this happen every day by touching virtually every aspect of healthcare. We work together to make better care possible for patients around the globe. And we believe better health for the world starts at home. When you're the healthiest version of yourself, you have the energy to make a difference — whether it's helping our customers care for patients around the world or giving back to your community.

As you're settling into your new role, take a moment to get to know your McKesson benefits. This guide will walk you through your 2020 enrollment options, including comprehensive healthcare coverage, health savings accounts and more. So, read on and enroll in coverage that's right for you.

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Your Options at a Glance

You're eligible for health and wellness benefits if you're a regular employee scheduled to work 30 or more hours each week. Below is a quick summary of the benefits that you can enroll in during your enrollment period.



Medical Plans

In all states except Hawaii:

- HSA
- HSA Plus

In limited locations:

- Kaiser Plus
- Kaiser HMO Hawaii
- HMSA HMO Hawaii



Supplemental Life and Accidental Death & Dismemberment Insurance (Life and AD&D)

- Employee: \$10,000 to the lesser of (1) eight times your pay or (2) \$1.5 million
- Spouse/domestic partner: \$20,000 to \$400,000
- Child(ren): \$5,000 to \$25,000 per child (in \$5,000 increments)



Dental

Cigna Dental plans:

- PPO
- PPO Plus
- DHMO



Long-Term Disability (LTD)

You pay 30% of the cost for LTD coverage. McKesson pays the other 70%. LTD provides up to 60% of your covered pay (up to \$25,000 a month) if you're out of work more than 180 days due to a disability.



Vision

Vision Service Plan (VSP) plans:

- VSP
- VSP Plus



Flexible Spending Accounts (FSAs)

- HSA-compatible healthcare FSA
- Standard healthcare FSA
- Dependent care FSA

Part-Time Enrollment Options

If you're a regular, part-time employee scheduled to work 20 to 29.9 hours a week, and have worked at McKesson for at least six months, you may be eligible to enroll in certain health and wellness benefits. Go to www.mckesson.com/totalrewardslibrary > **Part-Time Benefits** to learn more.



When Your Coverage Begins



If you're a new full-time or part-time employee scheduled to work 30 or more hours a week, your coverage begins the first day of the calendar month following your date of hire (as long as you enroll by the deadline on your welcome letter).

If you're hired more than 31 days before or during McKesson's Annual Enrollment period (generally in early November), you'll need to enroll twice this year:

- Once by the deadline on your welcome letter for coverage this year.
- Again during Annual Enrollment to choose your benefits for 2021.

If you're hired after Annual Enrollment, you need to enroll by the deadline on your welcome letter.

What happens if I don't enroll by the deadline?

You'll need to wait until the next Annual Enrollment period to choose your benefits, unless you have a qualified status change in 2020.

You're automatically enrolled in life and accidental death and dismemberment (AD&D), and Short-Term Disability (STD) coverage. McKesson pays for this coverage.

Your ID Cards

Your new medical, prescription drug and dental ID cards should arrive in the mail a few weeks after you enroll. You can also view/print a temporary ID on your carrier's website. You don't need an ID card to use your vision plan benefits.

After you receive your ID cards, register on your carrier's website to learn more about your coverage. You can find your carrier's contact information at www.mckesson.com/totalrewardslibrary > **Contacts**.

Important Dates and Deadlines

Enrollment Period

If you want to take advantage of the McKesson benefits below, you need to enroll by the **deadline on your welcome letter**.



Medical, dental and vision coverage



Health savings account



Flexible spending accounts (FSAs)



Long-Term Disability (LTD)



Supplemental life and accidental death & dismemberment (AD&D)

Choose your coverage on UPoint at digital.alight.com/mckesson.

Health Savings Account



If you enroll in the HSA, HSA Plus or Kaiser Plus plan, be sure to complete these two steps to activate your health savings account:

1. When enrolling on UPoint, accept the Terms & Conditions on the **Health Savings Account** page.
2. When you finish enrolling on UPoint, go to Fidelity's website at www.netbenefits.com and click the **Activate** tile to activate your health savings account. If you're new to Fidelity, click **Register as a new user** and follow the prompts to create a username and password.

You won't be able to use your account until you complete both steps.



You need to accept the Terms & Conditions and activate your health savings account within 90 days of the day your coverage starts for your paycheck deductions to be deposited in your health savings account (and to get McKesson's contribution if you enroll in the HSA Plus or Kaiser Plus plan). See p. 17 to learn more about health savings accounts.

Flexible Spending Accounts



The last day to spend the money you put in a 2020 McKesson healthcare and/or dependent care FSA is December 31, 2020.



The last day to submit your 2020 healthcare and dependent care FSA claims is March 31, 2021. Submit your claims to HealthyEquity (formerly WageWorks) at www.wageworks.com. See p. 20 to learn more about FSAs.

Life Changes

If you have a qualified status change such as a marriage or the birth of a child, you have 31 days to update your coverage on UPoint at digital.alight.com/mckesson > **Life Changes**.

Visit UPoint to learn about Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights that may allow you to change your coverage (for example, add a dependent) outside of your enrollment period if you qualify.



Annual Deductible

Your annual deductible is the amount you pay for office visits, prescription drugs and other covered services before your plan begins sharing the cost.

Coinsurance

Coinsurance is the percentage you and your plan each pay when you're sharing costs. Coinsurance kicks in after you meet your annual deductible.

Copay

A copay is the fixed amount you pay for a covered healthcare service.

Cost Sharing

Cost sharing means that you and McKesson each pay for a portion of your healthcare costs. When you pay coinsurance or a copay, you're cost-sharing.

Embedded Individual Deductible

An embedded individual deductible is the amount an individual would have to pay before coinsurance begins under a family plan. This feature protects an individual from having to meet the whole family annual deductible.

Network Provider

Doctors, hospitals and service providers that contract with your plan are called network providers. You usually pay less when you use a network provider.

Out-of-Network Provider

Doctors, hospitals and service providers that don't contract with your plan are called out-of-network providers. You usually pay more when you use an out-of-network provider.

Out-of-Pocket Maximum

The most you pay in a year for covered healthcare services is called the out-of-pocket maximum. After you reach the out-of-pocket maximum, the plan covers 100% of eligible services for the remainder of the plan year.

Medical Premium

The medical premium is the amount deducted from your paychecks to pay for your medical coverage. Your deduction comes out of your paychecks before taxes.*

* The cost of coverage for a domestic partner comes out of your paycheck after taxes and is subject to imputed income unless your domestic partner is a tax dependent.

Self-Insured Health Plan

A self-insured health plan's claims are paid by an employer out of its general assets (instead of an insurance company) and the plan is administered by a third party company.

Take These Steps to Enroll

Follow these steps to successfully complete enrollment.

Step 1

Log On to UPoint

Go to digital.alight.com/mckesson and enter your username and password. If it's your first time on UPoint, click **New User?** and follow the prompts.

After registering, you can access your UPoint account from McKNet using your McKesson credentials. Go to **McKNet > Life@McKesson > Pay, Benefits & Time Off** and click the **UPoint** link.

Step 2

Use Enrollment Tools

Health Plan Comparison Charts

Get a side-by-side comparison of plan deductibles, coinsurance and out-of-pocket maximums.

Medical Expense Estimator

Estimate how much common healthcare services cost under different medical plans.

Summaries of Benefits and Coverage

See a quick summary of what each medical plan covers.

TIP

Use Google Chrome, Firefox or Microsoft Edge to access UPoint.

Step 3

Choose Your Benefits

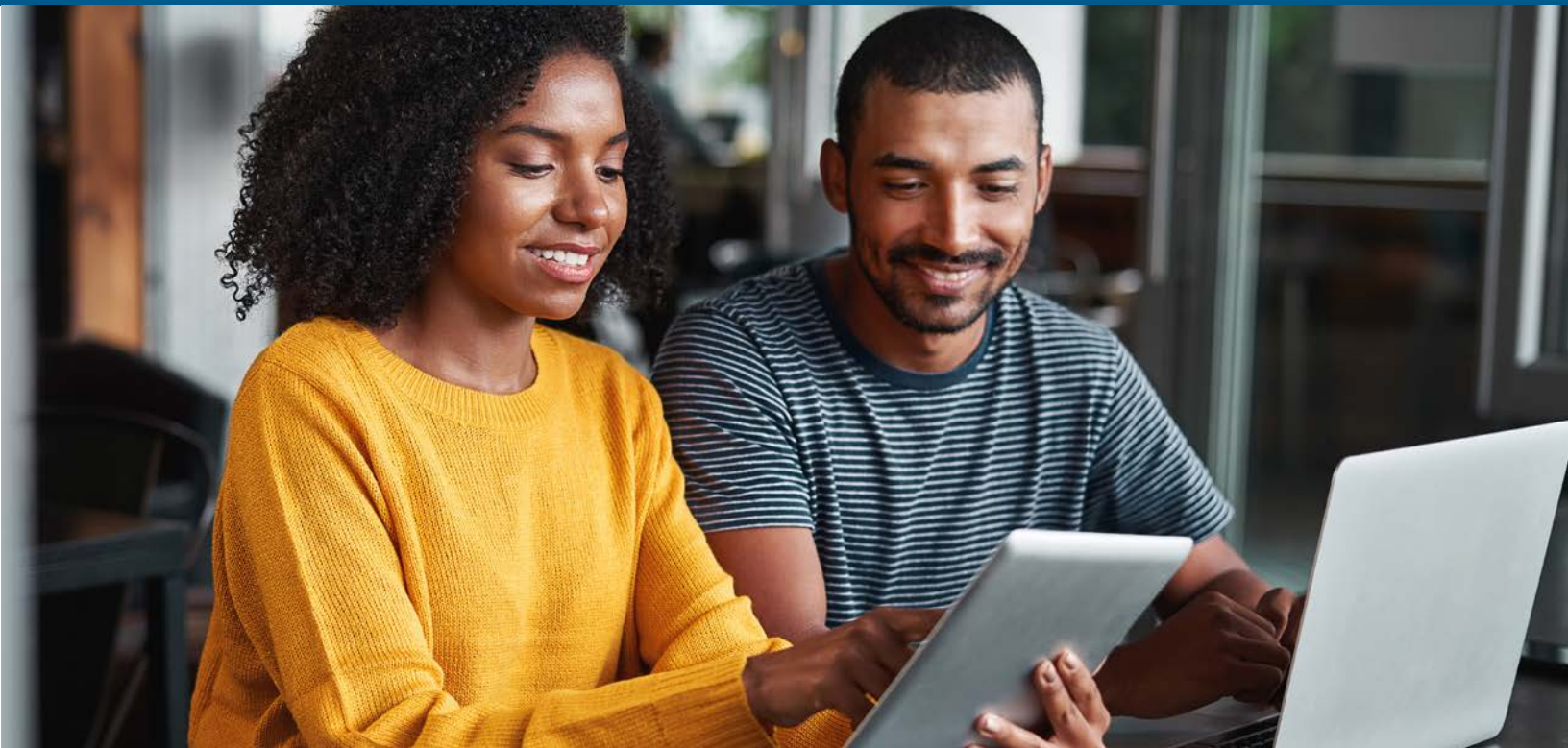
- Go to **Action Needed! > Make Your Enrollment Choices** or go to **Enroll in Your New Benefits**.
- Choose your medical, dental and vision coverage.
- When choosing your medical plan, select **Yes** or **No** in the **Employed Spouse/Domestic Partner Surcharge** field if you plan to enroll your spouse or domestic partner. Learn more about the surcharge on pp. 28-29.
- If you enroll in the HSA, HSA Plus or Kaiser Plus plan and want to contribute to a health savings account, enter an annual contribution amount.
- Read through and agree to the health savings account **Terms & Conditions**. If you need assistance, call Fidelity at **888.625.7747**.
- Enter an annual contribution amount for your flexible spending account(s) if you plan to contribute.
- Provide Social Security Numbers for your covered dependents.
- Set your beneficiaries.

Set a Health Savings Account Contribution

You can set an annual health savings account contribution amount on UPoint during your enrollment period. The amount you set is split equally between pay periods and deducted before taxes from your paychecks throughout the year. If you don't set a contribution amount during your enrollment period, your contribution is automatically set to \$0.

Although you can start, stop or change your contribution amount anytime throughout the year on UPoint, we encourage you to set an amount when you enroll. The sooner you start saving, the more time you have to accumulate enough money to help cover unexpected expenses. See p. 19.

Take These Steps to Enroll



Step 4

Select “Complete Enrollment” or “Quit”

Complete Enrollment — to save your choices and finish enrolling.

- Print the “Your Enrollment is Confirmed” page. It has your confirmation number as a reference for your records.
- If you gave your email address on UPoint, you get a confirmation email.
- If you need to provide Evidence of Insurability (EOI), it appears under your “Required Follow-Ups” on the “Your Enrollment is Confirmed” page. Click the link provided to submit your EOI.

Quit — to cancel your choices.

- You see a “Canceled successfully” message.
- You have until the deadline on your welcome letter to change your elections.

Step 5

Activate Your Health Savings Account

If you enroll in the HSA, HSA Plus or Kaiser Plus, activate your account on the Fidelity website at www.netbenefits.com. You only have to activate it once, not every year. See how on p. 18.

Need to roll over a health savings account?

Start by activating your new health savings account at www.netbenefits.com. Then choose **Contributions** from **HSA Quick Links**, click **Other Ways to Contribute** and select **Transfer money**.



Enroll on the go!

Download the UPoint Mobile HR® app from the App Store® or Google Play™ to enroll on the go.



Medical Plans

From comprehensive coverage to preventive care, McKesson medical plans offer the support you need to maintain or improve your health while saving money for unexpected and unavoidable healthcare expenses. It's important to understand what the plans offer you so you can take an active role in your healthcare. Let's jump into an overview of your primary medical plans.

HSA and HSA Plus Plans

Plan Features

- Both plans offer comprehensive coverage for medical care and prescription medications.
- You can visit any doctor you like. You get the best value when you use network providers because they offer discounted rates on services. That means you're usually charged less than someone without insurance.
- Preventive care and certain medications on the HSA Preventive Therapy Drug List are covered at 100% when you use network providers.
- You have the opportunity to contribute to a health savings account to help you pay eligible medical, prescription drug, dental and vision expenses.
- Out-of-network pharmacy expenses aren't covered.
- You pay a deductible for eligible expenses before coinsurance kicks in.
- When coinsurance kicks in:
 - You pay 20% of the eligible cost and the plan pays 80% for network care or services.
 - You pay 40% of the eligible cost and the plan pays 60% for out-of-network medical care or services.
 - You pay 100% of the difference in cost between out-of-network provider's billed charge and the plan's eligible charge.

- Once you meet the out-of-pocket maximum, the plan pays 100% of eligible claims for the rest of the year. Out-of-pocket maximums limit how much you pay for medical and prescription medication expenses in a calendar year. The out-of-pocket maximum includes your deductible amount.

Coverage for a Variety of Services

You're covered for a variety of health services, such as chiropractic care, acupuncture, addiction treatment, infertility treatment, speech therapy, physical therapy and applied behavior analysis (ABA) therapy. See what else is covered in the Summary of Benefits and Coverage (SBC) at [Total Rewards Library > Plan Documents](#).

Savings Tip

Choose the right option for care. Save emergency room visits for true emergencies and keep costs down by using the nurse advice line at no charge, telemedicine, retail walk-in clinics, your doctor's office and urgent care for non-emergency concerns. Learn more at [Total Rewards Library > Healthcare Benefits > Find the Right Help for Sniffles, Cuts and Emergencies](#).

TIP

Always use network providers when possible. Out-of-network providers can charge you for the difference between their billed charges and what your plan covers.

As Seen on UPoint

Click **Choose** to select your medical plan for 2020.

Compare up to 3 plans

Anthem HSA Your Monthly Cost

HSA Health Savings Account Available

- Coverage
- Doctors
- Prescriptions

Annual Deductible	Coinsurance	Out-of-Pocket Maximum
\$3,500 Individual	80%	\$6,250 Individual

[Estimate Your Medical Expenses](#)

[All Coverage Details](#)

Choose

Compare up to 3 plans

Anthem HSA Plus Your Monthly Cost

HSA Health Savings Account Available

- Coverage
- Doctors
- Prescriptions

Annual Deductible	Coinsurance	Out-of-Pocket Maximum
\$2,125 Individual	80%	\$4,625 Individual

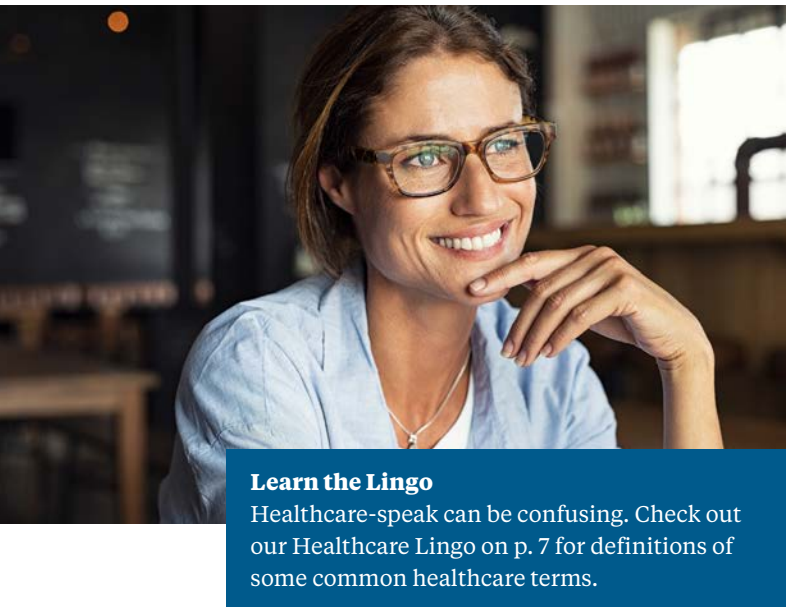
Choose

Medical Plans

Should I Choose the HSA or the HSA Plus Plan?

You may be wondering about the difference between the HSA and HSA Plus plans. After all, they both provide comprehensive coverage and access to a health savings account. But there are four important factors to keep in mind when deciding which plan is right for you.

- Monthly premium — the amount deducted from your paycheck each month before taxes.
- Deductible — the amount you pay out of pocket for eligible expenses before coinsurance kicks in.
- Out-of-pocket maximum — the most you have to pay for eligible care in a single year.
- McKesson's contribution — the money McKesson adds to your health savings account each year.



Learn the Lingo

Healthcare-speak can be confusing. Check out our Healthcare Lingo on p. 7 for definitions of some common healthcare terms.



What's the "Plus" in HSA Plus?

The HSA Plus plan comes with a McKesson contribution to your health savings account. McKesson's contribution puts the word "Plus" in the plan's name.

Need help deciding between these two plans? Your answers to the following questions may help:

1. **Would you rather have a lower premium (paycheck deduction) each month and have to pay a higher deductible when you need care?**

If so, the HSA plan may work for you.

The HSA plan has the lowest premiums of any McKesson medical plan.

You can use the money you save on premiums to contribute to your health savings account.

2. **Would you rather have a higher premium (paycheck deduction) each month and pay a lower deductible when you need care?**

If that sounds like you, the HSA Plus plan may be a better fit.

The HSA Plus plan comes with a McKesson contribution.

The HSA Plus plan comes with an annual McKesson contribution to your health savings account. How much money McKesson contributes depends on who's covered by your plan. See p. 19.

Medical Plans



Consider all the factors that make each plan unique, including premiums, deductibles and out-of-pocket maximums, so you can choose the best plan for you. Use the charts below.

HSA Plan

	Health savings account		Deductible	Coinsurance		Out-of-pocket maximum	
	EE contribution **	McKesson contribution		Network	Out-of-network	Network***	Out-of-network
				You Pay	You Pay		
EE*	\$0-\$3,550	\$0	\$3,500	20%	40%	\$6,250	\$9,000
EE + SP/DP* or EE + Child(ren)	\$0-\$7,100	\$0	\$5,250	20%	40%	\$9,375	\$13,500
EE + Family	\$0-\$7,100	\$0	\$7,000	20%	40%	\$12,500	\$18,000

HSA Plus Plan

	Health savings account		Deductible	Coinsurance		Out-of-pocket maximum	
	EE contribution **	McKesson contribution		Network	Out-of-network	Network***	Out-of-network
				You Pay	You Pay		
EE*	\$0-\$2,800	\$750	\$2,125	20%	40%	\$4,625	\$7,125
EE + SP/DP* or EE + Child(ren)	\$0-\$6,000	\$1,100	\$3,175	20%	40%	\$6,925	\$10,675
EE + Family	\$0-\$5,600	\$1,500	\$4,250	20%	40%	\$9,250	\$14,250

* EE = employee. SP/DP = spouse/domestic partner.
 ** Putting money in a health savings account is voluntary. You choose how much to put in, up to the annual IRS limit shown in the chart. You can put in up to 1/12 of the annual limit each month. If you're age 55 or older in 2020, you can make an annual catch-up contribution of up to \$1,000 (\$83.33 per month). Avoid tax penalties by making sure you don't put more in your account than the IRS monthly or annual limit. McKesson and Fidelity do not monitor your contributions for you. For more information on health savings accounts, go to [Total Rewards Library > Financial Health > Health Savings Account FAQs](#).
 *** If you're enrolled in EE + SP/DP, EE + Child(ren) or EE + Family coverage, your plan has an out-of-pocket maximum of \$6,850 per individual. This means no one covered by your plan pays more than \$6,850 a year for network services.

TIP Make your way to better health and save money by participating in our voluntary wellness program powered by Vitality. You can save up to \$125 per month on McKesson medical plan premiums (or \$250 per month if your spouse or domestic partner also participates). See p. 32.

Medical Plans

Kaiser Plus Plan

The Kaiser Plus plan is a high-deductible HMO plan available in California, Colorado, Georgia, the Mid-Atlantic states (Maryland, Virginia, Washington, DC), Oregon and Southwest Washington. This plan gives you the opportunity to contribute to a health savings account and works like this:



The plan covers 100% of your preventive care, including certain prescription medications. You pay the full cost of non-preventive care out of pocket until you meet the annual deductible of:

- \$2,125 Employee Only
- \$4,250 Employee + Spouse/Domestic Partner or Employee + Child(ren)
- \$4,250 Employee + Family

If you're enrolled in Employee + Spouse/ Domestic Partner, Employee + Child(ren) or Employee + Family coverage, your plan has an embedded individual deductible of \$2,800 per individual. This means if you or a covered family member reach the \$2,800 individual deductible, you start paying coinsurance for eligible expenses for that person without having to meet the full family deductible.



You pay coinsurance after meeting your deductible.



You pay coinsurance until meeting your out-of-pocket maximum. Once you meet the out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year.



McKesson contributes \$750-\$1,500 to your health savings account, depending on who's covered.



Kaiser Permanente is your network provider. In most cases, you don't have coverage if you visit out-of-network providers. Emergency care is covered everywhere in the world.



Kaiser Permanente administers the plan's prescription medication coverage. Register on Kaiser's website at <https://my.kp.org/mckessoncorp> to learn more about your medical and prescription drug coverage.

As Seen on UPoint

The Kaiser Plus plan is listed as the Kaiser HMO Plus HSA plan. Choose this option if you want to enroll in the Kaiser Plus plan.

Compare up to 3 plans

Kaiser HMO Plus HSA - N.CA Your Monthly Cost

HSA Health Savings Account Available

- Coverage
- Doctors
- Prescriptions

Annual Deductible	Coinsurance	Out-of-Pocket Maximum
\$2,125 Individual	80%	\$4,625 Individual

[Estimate Your Medical Expenses](#)

[All Coverage Details](#)

Choose

Medical Plans

Kaiser HMO and HMSA HMO

If you live in Hawaii, you can choose between two HMO plans:



Kaiser HMO



HMSA HMO

Use the Health Plan Comparison Charts on UPoint to get a side-by-side look at what the two HMO plans cover.

With these plans, you:



Have a copay (a fixed dollar amount) for office visits and a coinsurance amount for certain services.



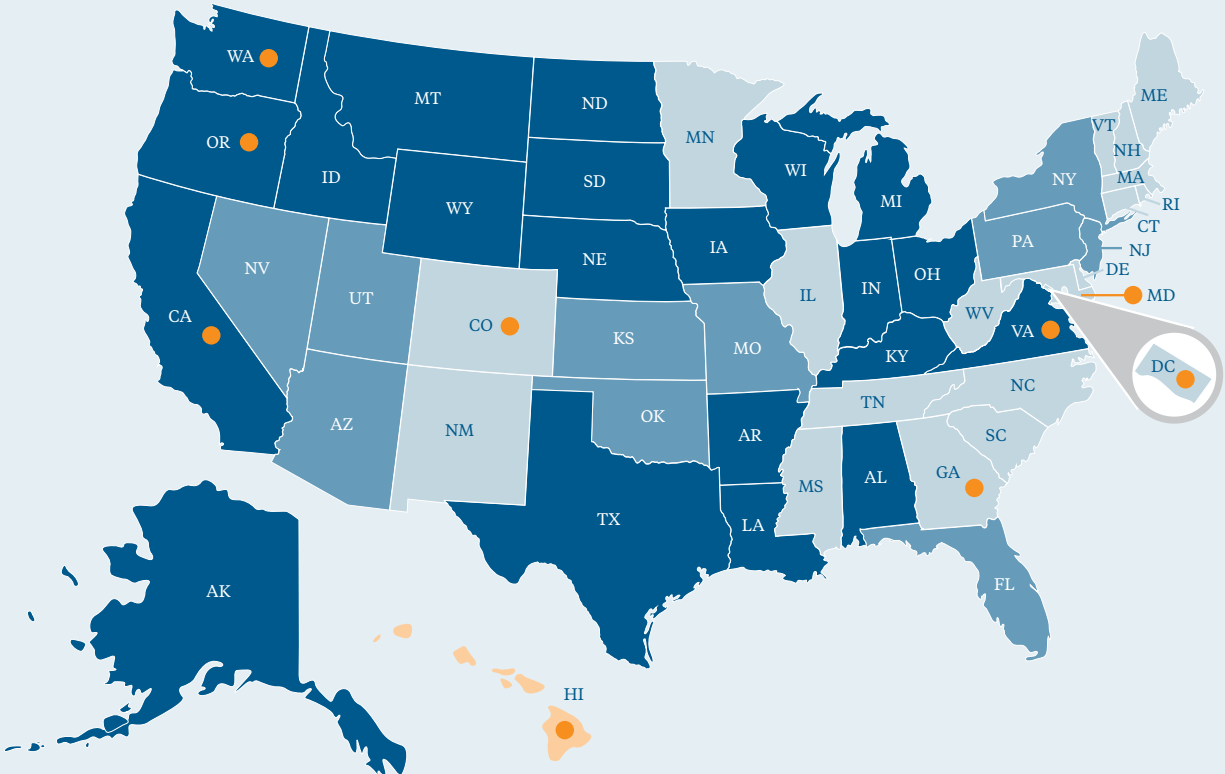
Don't have coverage for out-of-network providers, except in emergencies.



Have comprehensive prescription drug coverage.

McKesson Medical Plan Carriers by State

We offer one medical plan carrier per state for our primary medical plans, the HSA and HSA Plus. Your medical plan benefits are the same no matter which state you're in. You can enroll in the Kaiser Plus plan where Kaiser Permanente is available. In Hawaii, the HSA and HSA Plus plans are not available. You can choose between two HMO plans. Check the map to see the carrier for the state you live in.



■ Aetna ■ Anthem ■ Cigna ● Kaiser Permanente* ■ HMSA

* In the state of Washington, the Kaiser Plus plan is only available in Southwest Washington.

Prescription Drug Coverage

HSA and HSA Plus Members

If you're enrolled in the HSA or HSA Plus plan, CVS Caremark administers your prescription drug coverage. Your coverage is only accepted at pharmacies in the CVS Caremark network, which includes thousands of retail chain and independent pharmacy locations, such as Health Mart®. Pharmacies in the CVS Caremark network offer discounted rates on your medications. This means you're usually charged less than someone without insurance. Take a look at this quick summary to see how your prescription drug coverage works.

Prescription Medications on the HSA Preventive Therapy Drug List

Prescription medications on the HSA Preventive Therapy Drug List bypass the plan's annual deductible.

Generic medications and insulin

You pay 0%, the plan pays 100%.

Preferred brand-name medications (other than insulin)

You pay half the normal coinsurance.

See if your medication is on the list and view other drug lists, such as the Performance Drug and Comprehensive Specialty Pharmacy Drug lists, at [Total Rewards Library > Healthcare Benefits > Costs, Pharmacies and Medication Lists](#).



Register Online and Download the App

When you get your CVS Caremark ID card, be sure to register on the CVS Caremark website at www.caremark.com and download the CVS Caremark app to access information on network pharmacies, cost of medications, drug lists and other tools.



All Other Prescription Medications

You need to meet your medical plan's annual deductible to get discounts on prescription medications not on the HSA Preventive Therapy Drug List. In the chart below, you can see what you pay before and after meeting your deductible.

Before Meeting Deductible	After Meeting Deductible
You pay the full cost for prescription medications not on the HSA Preventive Therapy Drug List. But the full cost you pay includes a discount when you use network pharmacies.	Generic medications You pay 20%, the plan pays 80%.
	Preferred brand-name medications You pay 20%, the plan pays 80%.
	Non-preferred brand-name medications You pay 40%, the plan pays 60%.



You pay the full cost of prescription medications when you use out-of-network pharmacies.

Paying for Prescription Medications

You can pay for your prescription medications out of pocket or with money from your health savings account. Eligible prescription medication expenses count toward your plan deductible and your out-of-pocket maximum.

TIP

If you meet your out-of-pocket maximum, the plan pays 100% of the eligible cost of covered prescription medications.

Prescription Drug Coverage



Support for Chronic Conditions

If you or a family member enrolled in your medical plan take prescription medications for asthma, diabetes, heart disease, high blood pressure or high cholesterol, consider working with a condition support manager. Your support manager can help you understand your condition, answer questions and follow your doctor's treatment plan. Find your condition support manager in the chart below.

Kaiser Permanente members — call the number on your medical ID card to learn about chronic condition support available to you.

Carrier	Condition Support Manager	Phone Number
Aetna	Aetna In Touch Care	877.286.3900
Anthem	Condition Care	866.820.0763
Cigna	Personal Health Team	800.244.6224

5 Reasons to Love Health Savings Accounts

A health savings account is a personal account you can use to save money for eligible medical, prescription drug, dental and vision expenses. If you enroll in the HSA, HSA Plus or Kaiser Plus plan, you may be eligible for a health savings account. Here are the top five reasons to put money in a health savings account.



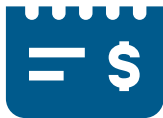
1. You call the shots when it comes to spending, investing or saving the money in your health savings account.



2. There's no deadline to spend your money. The money in your account carries over each year and it's yours to keep whether you change medical plans, leave McKesson or retire.



3. You get three tax breaks.



First break

You may pay less taxes by lowering your taxable income with before-tax or tax-deductible contributions to your account.*



Second break

You aren't taxed on withdrawals you make to pay eligible medical, prescription drug, dental and vision expenses.



Third break

Your account's interest, dividends and capital gains aren't taxed, unless you live in one of the few states that tax them.**

4. McKesson contributes to your account each year you're enrolled in the HSA Plus or Kaiser Plus plan. That contribution is what puts the word "Plus" in these plan names. Your contribution amount is deposited in a lump sum and depends on your coverage:



\$750

Employee Only



\$1,100

Employee + Spouse/
Domestic Partner
or Child(ren)



\$1,500

Employee + Family

5. You can invest the money in your account to help meet long-term financial goals and build a nest egg for healthcare expenses in retirement.



Savings Tip

If you enroll in the HSA, HSA Plus or Kaiser Plus plan, consider saving as much as you can in your health savings account. You can use the money in your account to pay eligible expenses toward your deductible amount with before-tax dollars. Or, save and invest the money in your account for healthcare expenses in retirement.

* As of 2019, California and New Jersey tax the money you and McKesson put in a health savings account. If you live in one of these states, you may need to pay state income tax on the money you and McKesson contribute to your health savings account.

** As of 2019, California, New Hampshire, New Jersey and Tennessee tax health savings account interest, dividends and capital gains. New Hampshire and Tennessee only tax dividend and interest earnings after a certain dollar amount, depending on whether you're filing individually or jointly. If you live in one of these states, talk to your tax advisor.

Activate Your Health Savings Account

Don't Forget to Activate Your Health Savings Account

You can't contribute to or use the money in your health savings account until you activate it. You only need to do this once, not every year. Take these two steps to activate your account:

1. Agree to the Health Savings Account Terms & Conditions on UPoint (One Time Only)

When enrolling on UPoint, you see a **Health Savings Account** page. Set your annual contribution amount and agree to the Terms & Conditions. You aren't required to set a contribution amount when enrolling, but to open your health savings account for future contributions, or to get McKesson's contribution, you need to agree to the Terms & Conditions.

2. Activate Your Account (One Time Only)

After you agree to the Terms & Conditions on UPoint, complete these three steps to activate your account:

- Log on to www.netbenefits.com.
- Click **Activate** in the Health Savings Account box.
- Follow the onscreen prompts to complete the required information to activate your account.

HSA Plus and Kaiser Plus members — you need to activate your health savings account within 90 days of the day your coverage starts to get McKesson's contribution for 2020.

Out-of-pocket expenses you paid before you were enrolled in a health savings account aren't qualified for reimbursements from your account.



Manage Your Health Savings Account

How to Make Contributions

Contributing to a health savings account can help you pay eligible medical, prescription drug, dental and vision expenses, and even help you grow a healthcare nest egg for expenses in retirement. Here's how to keep saving year after year.

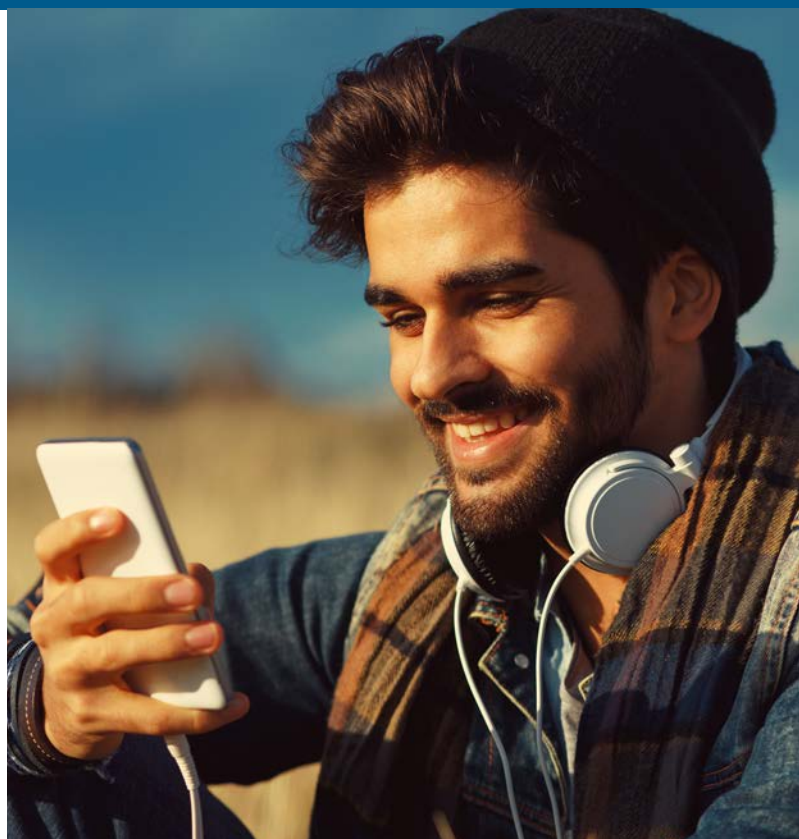
1. Set a Contribution Amount on UPoint (Each Year)

After choosing the HSA, HSA Plus or Kaiser Plus plan, decide how much to save in your account for the year. The contribution amount you set is split equally between your pay periods and deducted automatically before taxes from your paychecks throughout the year. If you don't set a contribution amount during your enrollment period, your contribution amount is \$0.

Although **you can start, stop or change your contribution amount anytime throughout the year on UPoint**, it's a good idea to set it when enrolling so you can start saving as soon as possible.

2. Manage Your Account on Fidelity's Website (Year-round)

Log on to www.netbenefits.com to see your current balance, claims, investment returns and more.



IRS Contribution Limits

The IRS limits how much you can set aside in your health savings account per month and per year. Keep in mind that any contribution McKesson makes to your health savings account also counts toward the IRS limits below.

2020 IRS Health Savings Account Contribution Limits			
Coverage	McKesson Annual Contribution	+ Your Monthly Contribution Limit	= Your Annual Contribution Limit
HSA			
EE Only	\$0	\$295.83	\$3,550
EE + SP/DP or EE + Child(ren) or EE + Family	\$0	\$591.66	\$7,100
HSA Plus and Kaiser Plus			
EE Only	\$750	\$233.33	\$2,800
EE + SP/DP or EE + Child(ren)	\$1,100	\$500	\$6,000
EE + Family	\$1,500	\$466.66	\$5,600

If you're age 55 or older in 2020, you can make an annual catch-up contribution of up to \$1,000 (\$83.33 per month).

Read IRS Publication 969 and Form 8889 at <https://www.irs.gov/pub/irs-pdf/p969.pdf> for more information about health savings account limits. You can also contact your tax advisor.

Learn more about health savings accounts at www.mckesson.com/totalrewardslibrary > Financial Health > Health Savings Account FAQs.

Flexible Spending Accounts

Flexible spending accounts (FSAs) let you use before-tax dollars to pay eligible expenses. There are three kinds of FSAs: an HSA-compatible healthcare FSA, a standard healthcare FSA and a dependent care FSA. You fund the account with paycheck deductions throughout the year. See which accounts are available to you and how you can use them in the chart below.

	HSA-compatible healthcare FSA	Standard healthcare FSA	Dependent Care FSA
Eligible expenses	Dental and vision only, including deductible and coinsurance amounts	Medical, prescription medication, dental and vision, including deductible and coinsurance amounts	Child care and elder care
Available to	<ul style="list-style-type: none"> HSA plan members HSA Plus plan members Kaiser Plus plan members 	<ul style="list-style-type: none"> Kaiser HMO and HMSA HMO plan members Benefits-eligible employees who waive medical coverage 	All benefits-eligible employees
Annual contribution amounts	\$100 - \$2,700	\$100 - \$2,700	\$100 - \$5,000
Your money is available to use	January 1	January 1	As your account is funded with the deductions from your paycheck
Why choose this account	<ul style="list-style-type: none"> You want to use before-tax dollars to pay for eligible dental and vision expenses right away. You want to save the money in your health savings account. You want to lower your taxable income. 	<ul style="list-style-type: none"> You want to use before-tax dollars to pay for eligible medical, prescription drug, dental and vision expenses right away. You want to lower your taxable income. 	<ul style="list-style-type: none"> You want to use before-tax dollars to pay for eligible child care and elder care expenses. You want to lower your taxable income.



FSAs are use-it-or-lose-it accounts, which means there's a deadline to spend your funds. If there's any money left in your account after December 31, you lose it. This is why it's important to carefully estimate how much you want to contribute to your FSA for 2020 so you don't over-fund it.

The clue to remembering how to use this account is in its name — it's a flexible **spending** account.



Unused 2020 FSA dollars don't carry over to 2021. December 31, 2020, is the last day to spend your 2020 FSA dollars.



March 31, 2021, is the last day to submit 2020 FSA claims to HealthEquity (formerly WageWorks) Keep in mind that you can't use 2020 FSA dollars to pay eligible expenses incurred in 2019 or 2021.

Flexible Spending Accounts

Make the Most of an FSA

Follow these steps to make the most of any FSA:

1. Carefully consider your healthcare and dependent care needs before entering an FSA contribution amount on UPoint. If you don't spend the money by the end of the year, you lose it.
2. Pay eligible expenses with your HealthEquity® Healthcare Card, by filing a claim for reimbursement on the HealthEquity website or using the EZ Receipts® mobile app.
3. Check the list of eligible FSA expenses at [Total Rewards Library > Financial Health](#).

You don't need to be enrolled in a McKesson medical plan to enroll in a standard healthcare or dependent care FSA. Contact HealthEquity (formerly WageWorks) at www.wageworks.com or call **877.924.3967** to see if you can enroll in an FSA.



If you enroll in a plan with a health savings account for 2020, due to the tax advantages of a health savings account, you can't contribute to a standard healthcare FSA. However, you're eligible to contribute to an HSA-compatible healthcare FSA, which can be used for eligible dental and vision expenses only.

Why have a health savings account and an HSA-compatible healthcare FSA?

Having both accounts means you can set aside more before-tax money and have more flexibility when paying for dental and vision care.

An HSA-compatible healthcare FSA is limited to covering eligible dental and vision expenses, so you can plan on spending your FSA dollars on items such as braces and contact lenses, while saving the money in your health savings account.

But remember! FSAs are spending accounts and subject to the use-it-or-lose-it rule. That's why it's important to:

1. Estimate your expected 2020 dental and vision costs carefully.
2. Spend all of your FSA dollars by December 31 of each year.

TIP

It's a good idea to save as much as you can in your health savings account. Your health savings account doesn't have a spending deadline, so the money is yours to keep even if you switch medical plans, leave McKesson or retire.

As Seen on UPoint

What you see on UPoint when enrolling in an FSA.

The FSAs you can enroll in are determined by the medical plan you choose or whether you waive medical coverage. On UPoint, enter how much you want to contribute for the year and click **Continue**.

Health Care Flexible Spending Account

Note! If you're enrolled in a medical plan with a health savings account... the contribution amounts you enter below automatically apply to an HSA-Compatible FSA, which covers dental and vision expenses only. [View a list of HSA-Compatible FSA eligible expenses.](#)

Why Use a Health Care Flexible Spending Account?

- Save more on taxes. You're never taxed on your contributions.
- You have immediate access to all of the money you'll contribute throughout the year. There is no waiting for your contribution to accrue.

Current Annual Contributions As of Today

Your Contribution Amount \$0.00

Choose Next Year's Annual Contribution Beginning Jan 1, 2020

Enter Your Contribution Amount \$
Enter 0 if you don't want to contribute. (\$100.00 - \$2,700.00)

By participating in a Health Care Flexible Spending Account, you certify that any expense paid by the account hasn't been reimbursed. You also agree not to seek reimbursement from another plan for any expenses paid by the account. If you receive a health care debit card, you agree to use the card only for eligible expenses for yourself and covered dependents, and to keep your debit card receipts.

[Continue](#)



Keep Your Smile Bright with One of the Three Cigna Dental Plans

The PPO plans let you visit any dentist you like, but you pay less if you use a network dentist. With the DHMO, you need to choose a dentist from the network. You can find a network dentist near you at www.cigna.com/mckesson.

	PPO	PPO Plus	DHMO
Out-of-network coverage	Yes	Yes	No
Network preventive care and dental cleanings	100% of eligible charges	100% of eligible charges	100% of eligible charges
Deductible	\$50 individual \$150 family	\$50 individual \$150 family	No deductible
Coinsurance/copay	80% or 50% coinsurance* after meeting deductible	90%, 60% or 50% coinsurance* after meeting deductible	Fixed copay**
Orthodontia coverage	For children under age 19	For children under age 19	Adults and children
Calendar year benefit maximum	\$1,500 per person	\$2,000 per person	None

* To find out which coinsurance percentage applies to your dental services, see the summary plan description (SPD) at [Total Rewards Library > Plan Documents > Dental SPD](#).

** See your fixed copay amount at <https://www.cigna.com/mckesson/your-plan>.

TIP

Sometimes DHMO and PPO dentists are in the same network. Be sure to compare costs carefully to see which dental plan makes the most sense for you. **Click** to access the directory and search for a dentist in the DHMO network.

Dental



You and your eligible dependents can get reimbursed on out-of-pocket expenses for certain dental treatments if you have a qualified medical condition, such as diabetes or pregnancy. Learn more at [Total Rewards Library > Healthcare Benefits > Dental Plans](#).

As Seen on UPoint

Here's what shows up on UPoint when you choose a dental plan.

A screenshot of the UPoint interface showing three dental plan options: CIGNA PPO plus, CIGNA PPO, and CIGNA DHMO. Each option includes a checkbox to compare up to 3 plans, a list of features (Coverage and Doctors), a 'Review coverage details' section, and a 'Choose' button. The 'Your Monthly Cost' field is present for each plan but is currently empty.

Plan Name	Features	Action	Cost
CIGNA PPO plus	Coverage, Doctors	Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Your Monthly Cost
CIGNA PPO	Coverage, Doctors	Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Your Monthly Cost
CIGNA DHMO	Coverage, Doctors	Review coverage details to understand how much you will pay when you use your coverage. All Coverage Details	Your Monthly Cost





Protect Your Eyes with Coverage from Vision Service Plan (VSP)

You can choose from two VSP plans that offer 100% network coverage for routine eye exams and prescription glasses after a copay. Visit a network VSP doctor to get the best value. If you visit a non-VSP provider, you pay in full up front and submit a claim to VSP for partial reimbursement later. Visit www.vsp.com or call **800.877.7195** to find a VSP provider near you.

	Vision Options (network only)*	
	VSP	VSP Plus
	Plan pays	
Eye exam	<ul style="list-style-type: none"> • 100% after \$15 copay • Once every calendar year 	<ul style="list-style-type: none"> • 100% after \$10 copay • Once every calendar year
Prescription glasses	100% up to plan allowance after \$25 copay for lenses and/or frame	100% up to plan allowance after \$10 copay for lenses and/or frame
Frame	<ul style="list-style-type: none"> • Up to \$150 allowance • Once every other calendar year 	<ul style="list-style-type: none"> • Up to \$250 allowance • Once every calendar year
Lenses (includes single vision, bifocal, trifocal and lenticular lenses)**	<ul style="list-style-type: none"> • Once every calendar year • Standard progressive lenses covered in full • Other lens enhancements available at a discount 	<ul style="list-style-type: none"> • Once every calendar year • Standard progressive lenses covered in full • Premium and custom progressive lenses covered after \$40 copay • Other lens enhancements available at a discount
Elective contact lenses (instead of prescription glasses)	<ul style="list-style-type: none"> • Up to \$150 allowance • Once every calendar year 	<ul style="list-style-type: none"> • Up to \$200 allowance • Once every calendar year

* These coverages are also available for out-of-network provider services. However, dollar maximums apply to exams, lenses, frames and contact lenses as shown in the Vision SPD at [Total Rewards Library > Plan Documents](#).

** The plan doesn't cover the costs of other lens options such as anti-reflective coating, color coating, mirror coating, scratch coating, blended lenses, cosmetic lenses, laminated lenses, oversize lenses, polycarbonate lenses (except for children), photochromic lenses, tinted lenses (except Pink #1 and Pink #2), and ultraviolet protected lenses. For more information, see the Vision SPD at [Total Rewards Library > Plan Documents](#).



As a Vision Service Plan member, you and your family can get up to 60% off digital hearing aids, plus 48 free batteries per device. Learn more at [Total Rewards Library > Healthcare Benefits > Vision Plans and Hearing Discount](#).

As Seen on UPoint

Here's what shows up on UPoint when you choose a vision plan.

Compare up to 3 plans **Vision Service Plan (VSP) Plus** Your Monthly Cost

- Coverage
- Doctors

Review coverage details to understand how much you will pay when you use your coverage.

[All Coverage Details](#)

Choose

Compare up to 3 plans **Vision Service Plan (VSP)** Your Monthly Cost

- Coverage
- Doctors

Review coverage details to understand how much you will pay when you use your coverage.

[All Coverage Details](#)

Choose



Supplemental Life and Accidental Death & Dismemberment

Automatic Protection

We hope you or your loved ones never need to use your life and accident insurance benefits, but it's good to know your family is protected. As a McKesson team member, you automatically get company-paid:

- Basic life coverage — \$50,000
- Accidental death and dismemberment (AD&D) coverage — \$50,000

You can also buy supplemental coverage for you and your dependents during your enrollment period.

Get Legal, Financial and Travel Support

You automatically have access to Securian Lifestyle Benefits. Use this resource to find a lawyer, create a will or get assistance when traveling more than 100 miles from home. Learn more at [Total Rewards Library](#) > [Financial Health](#) > [Securian Lifestyle Benefits](#).



Additional Protection You Can Buy

You can protect your family's finances by buying:

- Supplemental life and AD&D insurance — \$10,000 to the lesser of (1) eight times your pay or (2) \$1.5 million.
- Spouse/domestic partner life and AD&D insurance — \$20,000 to \$400,000.
- Child life and AD&D insurance — \$5,000 to \$25,000 per child (in \$5,000 increments).

You may be asked for Evidence of Insurability (EOI). If you need to provide EOI after enrolling, you'll see a "Submitted Successfully - Required Follow-Ups" page and get a confirmation number. Watch a short video at lifebenefits.com/videos/term to learn more about supplemental life insurance and use [Benefit Scout](#), an interactive tool, to help you figure out your life insurance needs. Find it at LifeBenefits.com/mckesson.

TIP

Be sure to set your beneficiaries on UPoint. When enrolling your spouse or domestic partner in life insurance, you're automatically the primary beneficiary.

Long-Term Disability

We all know that life happens and you need to make your health and the health of your loved ones a priority. That's why you automatically have Short-Term Disability (STD) coverage. The benefit amount is equal to a percentage of your earnings before your disability, minus earnings from other income. McKesson pays for this coverage as part of your Total Rewards.

If you want additional protection, you can enroll in optional Long-Term Disability (LTD) coverage. LTD coverage protects your income if you're out of work for more than 180 days due to a disability. LTD generally provides 60% of your covered earnings (up to a maximum monthly benefit of \$25,000), minus earnings from other income.



During the first 12 months of LTD coverage, you won't be paid LTD benefits for a disability that results from a pre-existing condition.

You and McKesson Share the Cost of LTD

For example, if you earn \$50,000 a year, you pay \$3.99 per month for LTD coverage and receive \$2,500 per month in LTD benefits if you become disabled.



Enrolling Your Spouse or Domestic Partner



Savings Tip

Avoid the Employed Spouse/Domestic Partner Surcharge by encouraging your spouse or domestic partner to enroll in medical coverage through their employer.

The Yes/No Answer

If you plan to enroll your spouse or domestic partner in a McKesson medical plan, answer this question on UPoint: "Is your spouse or domestic partner eligible to enroll in medical coverage in his or her employer-sponsored health plan?" If you answer **Yes**, it means you agree to pay a \$100 monthly surcharge on your McKesson medical plan premiums. Be sure to answer **No** if the surcharge doesn't apply to you.



Answer Yes If

You're enrolling your spouse or domestic partner in your McKesson medical plan even though they're eligible for medical coverage through their employer. You'll pay a \$100 monthly surcharge* on your McKesson medical premiums. The \$100 surcharge is split over your pay periods each month.

*The surcharge for an employed spouse is taken before taxes. The surcharge for an employed domestic partner is taken after taxes.

You pay the surcharge.



Answer No If

Your spouse or domestic partner:

- Doesn't work.
- Doesn't have access to medical coverage through their employer. For example, if your spouse or domestic partner works at a company that doesn't offer medical coverage.
- Works at McKesson, like you. You can each enroll in Employee Only coverage or decide who enrolls as an employee and who enrolls as a dependent.
- Is self-employed.
- Is retired and eligible for Medicare.
- Only has access to employer-provided medical coverage through COBRA (Consolidated Omnibus Budget Reconciliation Act).

You don't pay the surcharge.

Enrolling Your Spouse or Domestic Partner

As Seen on UPoint

Here's what shows up on UPoint in the **Employed Spouse/Domestic Partner Surcharge** field.

Monthly Surcharge

Surcharge will increase the cost of your coverage.

Employed Spouse or Domestic Partner Surcharge

Not sure if the surcharge applies to you? Click [here](#) for additional information.

Yes (\$100.00 monthly surcharge)

No (\$0.00)

Continue to Next Step

Decline Coverage

Let us know within 31 days if your spouse or domestic partner loses or gets medical coverage through their employer and we'll add the surcharge to your paycheck or take it off. Simply call the HR Support Center at **855.GO.MCKHR (855.466.2547)** and **press 1**, or go to **UPoint > Life Changes**.

Enrolling in Your Spouse or Domestic Partner's Medical Plan

If you decide to enroll in your spouse or domestic partner's medical plan for 2020, you can still use your enrollment period to:

- Waive McKesson medical coverage.
- Enroll in McKesson dental, vision, supplemental life and AD&D, Long-Term Disability (LTD) coverage, and a dependent care and/or standard healthcare flexible spending account (FSA).
- Set a contribution amount for a standard healthcare FSA. You can only enroll in a standard healthcare FSA if you and/or your spouse aren't planning to contribute to a health savings account in 2020.



You can only set a contribution amount for an HSA-compatible healthcare FSA with McKesson if you enroll in the HSA, HSA Plus or Kaiser Plus plan.

Enrolling Your Kids



You can keep your kids on your McKesson medical plan until the end of the month of their 26th birthday. Children 26 and older can be on your McKesson medical plan if they're unmarried and are mentally or physically disabled and dependent on you. Their disability needs to have begun before age 26.

If one of your kids is going to college out of state, their coverage depends on your medical plan. For example:

- If you enroll in the HSA or HSA Plus plan, your covered child (under age 26) can use network providers in any state. Access to out-of-network providers is available, but you'll pay more for these services.
- If you enroll in the Kaiser Plus plan, only Kaiser Permanente providers are covered. Your child isn't covered outside of Kaiser Permanente service areas except for emergency care.
- The HSA, HSA Plus and Kaiser Plus plans aren't available in Hawaii. If you enroll in the Kaiser or HMSA HMO plan in Hawaii, only network coverage is available, and your child isn't covered outside Hawaii (except in emergencies).

You can keep your kids on your McKesson life and AD&D insurance until the end of the month in which they turn 26 years old.

What to Expect When Enrolling Your Dependents

As a McKesson new hire, you're required to provide dependent verification documents for each dependent you enroll in a McKesson benefit plan (medical, dental and vision). If your dependent's eligibility isn't confirmed, they lose coverage under all plans they're enrolled in.

In the coming weeks, you can expect to receive a notice from the Dependent Verification Center in the mail. The notice will let you know which documents to submit to confirm dependent eligibility. Here are some steps you can take to make your verification process easier.

1. **Determine who is considered an eligible dependent.**

Who is an eligible dependent?

- Your opposite-sex or same-sex spouse unless legally separated or divorced
- Common law spouse if recognized in your state of residence
- Domestic partner
- Children under age 26 (including your own children, step-children, domestic partner's children, legally adopted children, legal wards and foster children)
- Unmarried children age 26 or older who are incapable of self-support because of a disabling sickness or injury that began before age 26.
- Other children related by blood or marriage (for whom you pay at least half of their support and reside with you)
- Children who become eligible for medical coverage under the terms of a Qualified Medical Child Support Order (QMCSO)

Who is *not* an eligible dependent?

- A former spouse
- Children age 26 and older (unless unmarried and incapable of self-support because of a disabling sickness or injury that began before age 26)

2. **Gather your documents.** Take time to find your documents now to avoid delays later — some state and local public records offices can take weeks to issue documents.

Here are some documents you can begin looking for:

- Documents proving joint ownership — mortgage statements, credit card statements, bank statements, property tax statements and current, non-expired residential leasing agreements listing both parties' names as co-owners. The joint ownership may be established before the current year. However, the statement provided must be issued within the last six months or still be current, if it's a residential lease.
- Proof of marriage — the documents need to be a government-issued marriage license or marriage certificate with the date of your marriage. Church-issued certificates are *not* acceptable.
- Birth certificates listing parent names — birth certificates must be government-issued and list parent names. Short form government-issued birth certificates without parent names are *not* acceptable. Use the long form with the parent names (the same used for a passport).

3. **Look for your notice in the mail.** Once received, follow these steps when submitting your documents:

- Send copies only. Keep your original documents.
- Black out Social Security Numbers on the copies of the documents you submit.
- If a copy of your prior year's federal tax return is needed, send only the first page of the IRS Form 1040, which shows your dependents. Black out any dollar amounts.

Questions?

The **Dependent Verification Center** is available to help before and after you receive your notice.
800.725.5810
9 am - 5 pm CT, M-F

8 Tips to Make the Most of Your Benefits

1. If you haven't already, register for our voluntary wellness program, powered by Vitality. You can register 14 business days after your hire date. When you participate, you can earn rewards such as gift cards and savings of up to \$125 per month for Employee Only coverage on your McKesson medical plan premiums. If your spouse or domestic partner also participates in Vitality and is enrolled in your McKesson medical plan, you can save up to \$250 per month.

Go to [Total Rewards Library > Wellness Programs](#) to learn more.



2. Activate your health savings account if you haven't yet. HSA Plus and Kaiser Plus plan members — you need to activate your account within 90 days of the day your coverage starts to get McKesson's contribution for 2020.



3. Register on the websites of your medical, prescription drug, dental and vision plan administrators. Link directly to these sites from the [Contacts](#) page on the [Total Rewards Library](#).



4. Download your plan administrators' apps, such as the Aetna, Anthem and Cigna mobile apps, from the App Store or Google Play.

Then, register for your carrier's telemedicine service and download the app. Learn more at [Total Rewards Library > Additional Healthcare Benefits > Telemedicine](#).



8 Tips to Make the Most of Your Benefits



5. Consider investing your health savings account dollars. Visit Fidelity's website at www.netbenefits.com to get started.



6. Look for your medical ID card in the mail. You can also view/print a temporary ID on your carrier's website.

7. Check the new benefit deductions on your paycheck. Contact the HR Support Center at **855.466.2547** if something is out of place.



8. Visit the **Total Rewards Library** throughout the year for benefits information 24/7. You can visit the library from any computer or mobile device connected to the internet, and you don't need a username or password to access the site. Be sure to check out the:

- Vitality Overview
- Checklists and FAQs
- Short videos
- Health savings account tips

Additional Benefits



A World of Total Rewards

There's more to your benefits than medical, dental and vision. As a member of Team McKesson you have access to benefits that support your total well-being, including:



Paid Parental Leave



Educational Assistance



Best Doctors



401(k) Retirement Savings Plan



Employee Stock Purchase Plan (ESPP)



Telemedicine Service



Commuter Benefits



Adoption Assistance



Rethink

You don't need to enroll in these benefits on UPoint. Learn more in the Perks, Plans and Programs guide at www.mckesson.com/totalrewardslibrary > **Healthcare Benefits**.

Carrier Contact Information

Aetna

<http://aetnaresource.com/8778/mckesson>
877.286.3900

Anthem

<http://enrollmentanthem.com/McKesson>
866.820.0763

Cigna (medical and dental)

www.cigna4McKesson.com
800.244.6224
888.806.5042 — first-time enrollees only

Enter these plan names on your medical carrier's website to make sure your current doctor is in your plan's network.

Aetna Network: Aetna Choice POS II (Open Access)

Anthem Network: BlueCard PPO

Cigna Network: Open Access Plus with CareLink

Kaiser Permanente

<https://my.kp.org/mckessoncorp>

Available in California, Colorado, Georgia, Hawaii, Mid-Atlantic (Virginia, Maryland, Washington, DC), Oregon and Southwest Washington.

CVS Caremark

www.caremark.com
800.378.0822

Vision Service Plan (VSP)

www.vsp.com
800.877.7195

Fidelity Investments

Health savings accounts, 401(k)s and the ESPP

www.netbenefits.com
888.625.7747

7:30 am - 7 pm CT, M-F

HealthEquity (formerly WageWorks)

Flexible spending accounts and commuter benefits

www.wageworks.com
877.924.3967

Resources for Living®

www.resourcesforliving.com

(username: mckesson, password: eap)

888.425.6174

The Employee Assistance Program (EAP) is available 24/7 for free, confidential support for everything from child care referrals to addiction counseling. No problem is too big or too small.

Best Doctors

<https://members.bestdoctors.com>
866.904.0910
7 am - 8 pm CT, M-F

Health Design Plus — COE Hip and Knee Program

www.hdplus.com/intake
800.656.1064

7:30 am - 7 pm CT, M-F

Rethink

<http://mckesson.rethinkbenefits.com>
support@rethinkbenefits.com
800.714.9285

8 am - 4 pm CT

HMO Plans

HMSA HMO — HI

www.hmsa.com
808.948.6372

Kaiser HMO — HI

<https://my.kp.org/mckessoncorp>
808.432.5955 (Oahu)
800.966.5955 (neighbor islands)

Life and Disability

Securian Life Insurance

Life and accidental death and dismemberment (Life and AD&D)
866.293.6047

Matrix Absence Management

Short-Term Disability
www.matrixabsence.com
866.254.8706

Cigna

Long-Term Disability
<https://www.cigna.com/customer-forms>
800.362.4462

Condition Support Managers

Aetna — Aetna In Touch Care

877.286.3900

Anthem — Condition Care

866.820.0763

Cigna — Personal Health Team

800.244.6224



HR Support Center

855.GO.MCKHR (855.466.2547)

Press 1 for the McKesson Benefits Center for Health and Vitality questions. Benefit experts are available 7 am - 6 pm CT, M-F. **Oprime 1** para asistencia en español a través del McKesson Benefits Center.

Call the HR Support Center for:

- Answers to general questions about your coverage options
- Guidance about eligibility and enrollment
- A paper copy of this guide

Speak with an Advocate

When you have a question about your healthcare, you can talk to an advocate any time of year. You can reach your medical plan carrier's member advocacy services by calling the number on the back of your medical ID card.

Total Rewards Library

www.mckesson.com/totalrewardslibrary

Find information 24/7 about health and wellness programs from any device connected to the internet.

UPoint

digital.alight.com/mckesson

Enroll in, review and manage your benefits. Download the UPoint Mobile HR app from the App Store or Google Play to enroll on your phone. Use Google Chrome, Firefox or Microsoft Edge to access UPoint.

McKNet

<https://m.mckesson.com>

Stay up to date on everything going on at McKesson.

Yammer

Join the MCK Health FYI group on Yammer to share health tips, memes and words of encouragement with your coworkers. Connect to Yammer through Office 365.



McKesson reserves the right to modify, terminate or amend benefit plans/provisions at its discretion at any time and for any reason. This document summarizes highlights of some of our benefit plans. This document also serves as a “summary of material modifications” to our benefit plans in accordance with the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Please keep this document with your copy of the Summary Plan Description.