
Annual Enrollment Is November 9-20

Take Action!
Making informed decisions about your healthcare coverage helps you get the most value from your plans and makes sharing the cost of healthcare easier for us all. During Annual Enrollment, you have the opportunity to choose your medical, dental and vision coverage, as well as enroll in other Total Rewards. Be sure to use the tools available to help you select the best coverage and resources.
Dear Colleagues,

Every year, we take steps to ensure we offer you the best quality and value in your healthcare benefits while meeting Affordable Care Act (ACA) requirements. Similar to other large companies, we’re adapting to the changes in healthcare by adjusting our coverage options. At the same time, we will continue to invest in your well-being. Doing your part to help manage increasing costs is more important than ever. Learn about your options and use the tools, programs and resources available to help you enjoy better health. This is not the year to just let it ride — make an active choice.

You have good enrollment options. For example, this year we’re introducing a new medical plan, HSA Plus. If you’ve been on the fence about enrolling in a high-deductible health plan, consider this option. The HSA Plus plan gives you the chance to contribute to a health savings account. Health savings accounts offer tax advantages and give you more control of your healthcare dollars. Health savings accounts can be used to pay for a variety of eligible healthcare expenses, including those not normally covered by your medical plan, such as fertility treatments, LASIK surgery and hearing aids. And even better, under the HSA Plus plan, McKesson co-funds your account. McKesson-funded dollars are yours to keep — you own the account and can spend on qualified healthcare expenses or invest to save for retirement — even if you change plans or leave McKesson. Essentially, with the HSA Plus plan, we’re giving you a head start in saving for future healthcare expenses.

You have access to resources. Because we all share the cost of healthcare, we want to help you be a good healthcare consumer throughout the year. Think beyond your medical plan. Think about the Total Rewards we offer, such as the many no-cost preventive generic medications (when you choose to enroll in a high-deductible health plan), flexible spending accounts and medical premium savings available through your Vitality participation. Don’t forget about Castlight — the newest resource we’ve made available to help you compare doctors, costs and be a better healthcare consumer overall.

You have control. Choose to be a smart user of McKesson’s healthcare resources. You can do this many ways. For example, if your spouse/domestic partner has health benefits through another employer, encourage him or her to enroll in that plan. The ACA requires nearly all employers to provide healthcare insurance to their employees. That means that if your spouse/domestic partner has coverage, you can help save money for McKesson and protect the health of our business.

Your choices matter. As always, a successful Annual Enrollment depends on your active participation. Take steps to promote better health to yourself by considering your options and choosing the right healthcare choices for you.

More than ever before, the choices you make matter to your health and to the health of our business.

Jerry Warren
Senior Vice President
Total Rewards
Your Annual Enrollment Checklist

☐ Make sure you’re able to log on to UPoint, formerly Your Benefits Resources™, by October 31. If you can’t remember your password, select Forgot User ID or Password. If you forgot your password and didn’t provide an email address, you may have to wait up to 10 business days for a new password.

☐ Think about your healthcare needs for 2016 — any major procedures scheduled?

☐ Choose a medical plan. Start by deciding if a health reimbursement account or health savings account is right for you.

☐ Compare medical plan carriers.

☐ Use online tools and resources to understand your options:

  - **UPPoint**
    - **DecisionDirect™** — receive personalized plan recommendations.

  - **Health Plan Comparison Charts** — see side-by-side comparisons of deductibles, out-of-pocket maximums and other plan features.

  - **Medical Expense Estimator** — estimate how much you can expect to pay for common healthcare expenses under each medical plan.

  - **Carrier Websites**

    Visit your current medical plan carrier’s website to review your healthcare expense history, which can help you estimate future expenses and determine if switching plans makes sense for you.

  - **Total Rewards Library**

    Visit the Library to learn more about your coverage options. In particular, read How the Medical Plan Accounts Work and watch motion stories that highlight plan details and examples.

☐ Enroll in medical, dental, vision, flexible spending accounts (FSAs), long term disability (LTD), supplemental life and accidental death & dismemberment (AD&D) coverage.

☐ Provide Social Security Numbers (SSNs) for your covered dependents.

☐ Indicate if your spouse/domestic partner is eligible for medical coverage at his or her workplace.

☐ Print your enrollment confirmation.
Employed Spouse/Domestic Partner Charge

Just as we offer you resources and programs through your Total Rewards, your spouse/domestic partner’s employer may do the same. To help us better manage our healthcare costs, we’ve introduced the employed spouse/domestic partner charge.

As you enroll on UPoint, expect to confirm whether your spouse/domestic partner is eligible for medical coverage at his or her workplace. If you choose to cover your spouse/domestic partner who is eligible for medical coverage through his or her employer, you’ll incur a $100 monthly charge.

If your spouse/domestic partner is not employed or eligible for medical coverage through his or her employer, be sure to answer “no” to avoid the charge.

If your spouse/domestic partner is eligible for coverage through his or her employer and you choose to cover him or her under your McKesson medical plan, answer “yes.” If your spouse/domestic partner loses his or her job or becomes ineligible for coverage through his or her employer, this is considered a qualifying event and you can add him or her to your McKesson coverage without incurring the $100 charge.

To avoid the charge, choose not to cover your employed spouse/domestic partner and encourage him or her to enroll in medical coverage through his or her employer for 2016. The $100 charge doesn’t apply if you and your spouse/domestic partner both work at McKesson.

Dependent Social Security Number Required for Coverage

The ACA requires you to provide the SSN of each dependent, age one or older, covered under your medical plan.

Fidelity Administers Health Savings Accounts

Fidelity is our new health savings account administrator. If you currently have a health savings account with WageWorks, you can choose to have your balance transferred to Fidelity on UPoint during Annual Enrollment.
Your Options at a Glance

**Medical**
- HRA Core plan
- HSA Plus plan
- HSA plan
- HMOs
- EPOs

**Dental**
- Cigna Dental Preferred Provider Organization (PPO) — two options: PPO and PPO Plus
- Cigna Dental Health Maintenance Organization (DHMO)

**Vision**
Vision Service Plan (VSP) — two options: VSP and VSP Plus

**Flexible Spending Accounts (FSAs)**
- Standard healthcare FSA
- HSA-compatible FSA
- Dependent care FSA

**Supplemental Life and Accidental Death & Dismemberment Insurance (Life AD&D)**
- Employee
- Spouse/domestic partner
- Child

**Long Term Disability Insurance (LTD)**
Up to 60% of your covered pay during long periods of disability (up to $25,000 per month)

---

**Tip**
If you quit smoking this year, confirm that you're tobacco free on UPoint — you'll save on 2016 life insurance premiums.

---

**Medical Plan Carriers**
If you enroll in the HRA Core, HSA Plus or HSA medical plan, your choice of carrier depends on where you live. Before choosing your carrier, visit each carrier’s website to confirm that your preferred doctors and service providers are in-network. It’s also important to compare each carrier’s tools, resources and services. You may find you prefer one carrier over the others.

**Aetna**
http://aetnaresource.com/8778/mckesson
877.286.3900
All states except Hawaii

**Anthem**
http://enrollment.anthem.com/McKesson
866.820.0763
California, Florida, Michigan and Pennsylvania

**Cigna**
www.cigna4mckesson.com
800.244.6224
All states except Hawaii

---

**Qualified Status Change**
The options you select during Annual Enrollment are for all of 2016 unless you experience a qualified status change, such as marriage or the birth of a child. If you have a qualified status change, you may update certain enrollment choices within 31 days of the change on UPoint under the **Life Events** tab.

Visit UPoint to learn about Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights that allow you to enroll in coverage outside of Annual Enrollment if you qualify.
Medical Plans

Our three primary medical plans feature:

• Comprehensive medical and prescription drug coverage
• No-cost preventive care when using an in-network provider
• Coinsurance after meeting your deductible. Coinsurance is the percentage of the cost you share with McKesson. When you receive in-network care or services, you pay 20% of the cost, McKesson pays 80%. If you receive out-of-network care, you pay 40% of the cost, McKesson pays 60%.
• Out-of-pocket maximums that limit how much you pay for medical and prescription drug expenses during the year. Out-of-pocket maximum is the amount you pay in annual deductible plus your share of eligible expenses before the plan pays 100%.
• Accounts to help you pay eligible expenses

HRA Core plan

<table>
<thead>
<tr>
<th></th>
<th>Health reimbursement account</th>
<th>Deductible</th>
<th>Coinsurance out-of-pocket max</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McKesson credit</td>
<td>EE contribution</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>EE</td>
<td>$750</td>
<td>N/A</td>
<td>$2,125</td>
<td>$2,500</td>
</tr>
<tr>
<td>EE + SP/DP or Child(ren)</td>
<td>$1,100</td>
<td>N/A</td>
<td>$3,175</td>
<td>$3,750</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$1,500</td>
<td>N/A</td>
<td>$4,250</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

HSA Plus plan

<table>
<thead>
<tr>
<th></th>
<th>Health savings account</th>
<th>Deductible</th>
<th>Coinsurance out-of-pocket max</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McKesson contribution</td>
<td>EE contribution**</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>EE</td>
<td>$750</td>
<td>$0-$2,600</td>
<td>$2,125</td>
<td>$2,500</td>
</tr>
<tr>
<td>EE + SP/DP or Child(ren)</td>
<td>$1,100</td>
<td>$0-$5,650</td>
<td>$3,175</td>
<td>$3,750</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$1,500</td>
<td>$0-$5,250</td>
<td>$4,250</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

HSA plan

<table>
<thead>
<tr>
<th></th>
<th>Health savings account</th>
<th>Deductible</th>
<th>Coinsurance out-of-pocket max</th>
<th>Out-of-pocket max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>McKesson contribution</td>
<td>EE contribution**</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>EE</td>
<td>N/A</td>
<td>$0-$3,350</td>
<td>$3,500</td>
<td>$2,750</td>
</tr>
<tr>
<td>EE + SP/DP or Child(ren)</td>
<td>N/A</td>
<td>$0-$6,750</td>
<td>$5,250</td>
<td>$4,125</td>
</tr>
<tr>
<td>EE + Family</td>
<td>N/A</td>
<td>$0-$6,750</td>
<td>$7,000</td>
<td>$5,500</td>
</tr>
</tbody>
</table>

* Premiums vary by your pay and the maximum savings earned by participating in Vitality.
** Contributions to a health savings account are voluntary. You choose how much to contribute, up to the IRS limit as shown in the chart on p. 7.
Medical Plan Accounts

Each of our primary medical plans comes with an account that can save you money on healthcare expenses. Knowing which account works for you is key to choosing the right medical plan. Keep the following plan account differences in mind.

**HRA Core Plan**

*Health reimbursement account*

- McKesson owns and credits the account.
- The amount McKesson credits depends on who’s covered under your plan (p. 6). McKesson credits the account on January 1, 2016.
- Account dollars are automatically applied to eligible medical and prescription drug expenses, and count toward your deductible.
- Your medical plan carrier administers the account.
- Account dollars don’t carry over to the following year and aren’t yours to keep if you leave McKesson or retire.

**HSA Plus and HSA Plan**

*Health savings account*

- You own the account and can choose to make before-tax or tax-deductible contributions.
- McKesson makes account contributions under the HSA Plus plan (p. 6). McKesson funds half the contribution amount on January 1, 2016 and the other half on April 1, 2016. Under the HSA plan, McKesson doesn’t contribute to your health savings account.
- Your total annual contribution, including dollars funded by McKesson under the HSA Plus plan, cannot exceed the IRS limits shown in the chart below.

### Annual IRS Contribution Limits for 2016

<table>
<thead>
<tr>
<th>Health Care Savings Accounts</th>
<th>Individual Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,350</td>
<td>$6,750</td>
</tr>
<tr>
<td>$1,000 for additional catch-up contributions (age 55 or older)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- You decide how and when to spend or save your account dollars. Account dollars can be used to cover eligible medical, prescription drug, vision and dental expenses, as well as a variety of expenses not normally covered by your medical plan, such as eligible fertility treatments, LASIK surgery and even guide dogs. See examples of eligible expenses at www.mckesson.com/totalrewardslibrary > Flyers > Health Savings Account Qualified Expenses.
- Account dollars used for eligible medical, prescription drug, dental and vision expenses count toward your deductible.
- Once your account balance reaches $500 or more, you can use your account as an investment tool — similar to a 401(k) — to help you reach your long-term financial goals.
- Fidelity administers your account.
- Account dollars carry over to the following year and are yours to keep, even if you change medical plans, leave McKesson or retire.

If you’re a current CDHP member and UnitedHealthcare is your plan carrier, your unused pre-2016 health reimbursement dollars are transferred to your new carrier by April 1, 2016 (if you enroll in the HRA Core plan for 2016). This delay allows UnitedHealthcare to pay all 2015 expenses billed in the first quarter of 2016.

Unused dollars in your current health reimbursement account carry over to 2016 and are applied toward eligible 2015 expenses billed in 2016, as well as eligible 2016 expenses after your 2016 dollars are spent.

Account dollars from 2016 are applied first toward eligible expenses. You lose any 2016 dollars you don’t use by December 31, 2016.

Compare examples of how the accounts cover expenses at [www.mckesson.com/totalrewardslibrary > Guides > How the Medical Plan Accounts Work](http://www.mckesson.com/totalrewardslibrary).
Flexible Spending Accounts

One of the ways we help you take control of your healthcare spending is with the opportunity to enroll in flexible spending accounts (FSAs). FSAs allow you to use before-tax dollars to pay for eligible healthcare and dependent care expenses. There are three FSAs to choose from, all administered by WageWorks. In some cases, the type of FSA you can participate in depends on your medical plan, as shown below.

<table>
<thead>
<tr>
<th>Available to</th>
<th>Standard healthcare FSA</th>
<th>HSA-compatible FSA</th>
<th>Dependent care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA Core plan members</td>
<td>HRA Core plan members</td>
<td>HSA Plus plan members</td>
<td>All benefit eligible employees</td>
</tr>
<tr>
<td>HMO and EPO plan members</td>
<td>HMO and EPO plan members</td>
<td>HSA plan members</td>
<td></td>
</tr>
<tr>
<td>All benefit eligible employees <strong>not</strong> enrolled in the HSA Plus or HSA plan.*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use for</td>
<td>Eligible medical,</td>
<td>Eligible dental and vision out-of-pocket expenses only, including deductible and coinsurance amounts</td>
<td>Eligible child care and eldercare out-of-pocket expenses</td>
</tr>
<tr>
<td></td>
<td>prescription drug, dental and vision out-of-pocket expenses, including deductible and coinsurance amounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution amounts</td>
<td>$100 - $2,550</td>
<td>$100 - $2,550</td>
<td>$100 - $5,000</td>
</tr>
</tbody>
</table>

* If you’re covered under your spouse/domestic partner’s high-deductible health plan and wish to make health savings account contributions in 2016, don’t contribute to a standard healthcare FSA. Contributing to a 2016 standard healthcare FSA disqualifies you and your spouse/domestic partner from making health savings account contributions in 2016.

Other FSA Considerations

- If you don’t enroll in one of our primary medical plans, you may still be eligible to enroll in FSAs.
- FSA dollars don’t carry over. Carefully consider your healthcare and dependent care needs before deciding on a contribution amount.
- You can pay for your eligible expenses using your WageWorks® Healthcare Card (similar to a debit card), by filing a claim for reimbursement on the WageWorks website or using the EZ Receipts® mobile app. Be sure to keep all your FSA receipts for verification purposes.

Learn more at [www.mckesson.com/totalrewardslibrary > Flyers > Flexible Spending Account Overview](http://www.mckesson.com/totalrewardslibrary).
Prescription Drug Coverage

CVS Caremark is your carrier for outpatient prescription drug coverage whether you enroll in the HRA Core, HSA Plus or HSA plan. Under these three medical plans, your prescriptions are paid as any other eligible expense, subject to your annual deductible, coinsurance and out-of-pocket maximums. Your CVS Caremark coverage is accepted at many major pharmacies, not just your local CVS. To find a pharmacy near you, go to www2.caremark.com/locateshop > Locate a Pharmacy.

If you enroll in the HRA Core plan, your medical plan carrier automatically applies your health reimbursement account dollars to your eligible prescription drug costs. When your account balance reaches zero, you begin paying the full cost of your prescription drugs out of pocket until you meet your deductible. If you participate in a standard healthcare FSA, you can choose to pay your out-of-pocket costs with FSA dollars.

If you enroll in the HSA Plus or HSA plan, you’re responsible for the full cost of your prescription drug costs until you meet your deductible. You can choose to pay your prescriptions out of pocket or with dollars from your health savings account. A money-saving feature of the HSA Plus and HSA plans is certain generic preventive medications are covered at 100% without first having to meet your deductible. You can find the list of these generic preventive medications at www2.caremark.com/mckesson > Check Availability & Cost > HDHP Preventive Drug List – Generics.

When you reach your deductible under any of the primary plans, you begin paying coinsurance until you reach the out-of-pocket maximum. Once you reach your out-of-pocket maximum, you pay nothing for your eligible prescription drugs for the remainder of the year.

### Coinsurance (in-network only)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Generic and preferred brand name drugs</th>
<th>Non-preferred brand name drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA Core plan</td>
<td>You pay 20% — McKesson pays 80%</td>
<td>You pay 40% — McKesson pays 60%</td>
</tr>
<tr>
<td>HSA Plus and HSA plans</td>
<td>You pay 20% — McKesson pays 80%</td>
<td></td>
</tr>
</tbody>
</table>

Medical

Chronic Condition Medication Discount Program

**HRA Core plan members** may be eligible to earn discounts on certain chronic condition medications by participating in the Chronic Condition Medication Discount Program. Find more information on UPoint.

**HSA Plus and HSA plan members** aren’t eligible for the Chronic Condition Medication Discount Program. However, HRA Core, HSA Plus and HSA plan members have access to Condition Support Managers who can help them understand their health conditions. Contact your medical plan carrier (p. 15) to connect with a Condition Support Manager.

Step Therapy

Step therapy requires that you try cost-effective medications before purchasing, or “stepping up” to more expensive medications. CVS Caremark identifies first, second and third choice medications:

- **Cost-effective drugs** are first choice medications.
- **Preferred brand name drugs** are second choice medications.
- **Non-preferred brand name drugs** are third choice medications.

You and your doctor make the final decisions about which medications are right for you. Coverage will be available for more expensive medications if your doctor and CVS Caremark agree that there is a medical reason a lower-priced medication isn’t appropriate for your condition. You can learn more about step therapy at www.mckesson.com/totalrewardslibrary > Flyers > Prescription Drug Overview.

Best Doctors

Best Doctors is a second opinion service that gives you access to expert medical advice from some of the world’s leading physicians. Contact Best Doctors if you’re unsure of a diagnosis, have concerns about the medications you’re taking or want to know if a medical procedure is right for you. You’re eligible to use Best Doctors when you enroll in a McKesson medical plan. Learn more at www.mckesson/totalrewardslibrary > Flyers > Best Doctors Medical Advice.

**Best Doctors**

https://members.bestdoctors.com

866.904.0910

7 a.m. - 8 p.m. Central time, M-F

Flyers
Additional Medical Coverage

HMOs and EPOs — Available in Limited Locations
Under a Health Maintenance Organization (HMO) or Exclusive Provider Organization (EPO) plan, you’re typically charged a copay (flat dollar amount) for office visits and a coinsurance amount for certain services. Generally an HMO/EPO plan doesn’t cover out-of-network services, except in emergencies. Visit UPoint at http://resources.hewitt.com/mckesson to find out if an HMO/EPO plan is available in your state. If so, compare HMO/EPO plans to the HRA Core, HSA Plus and HSA plans to see which plan is right for you.

Available plans include:

- Aetna HMO — various locations
- Cigna HMO — various locations
- HMSA/Blue Cross HMO — HI
- Kaiser HMO — CA
- Kaiser HMO — CO
- Kaiser HMO — GA
- Kaiser HMO — HI
- Kaiser HMO — Mid-Atlantic
- Kaiser HMO — Northwest OR/WA
- Medical Associates HC Premier CDHP
- Tufts EPO — MA
- UPMC Health Plan HMO — PA

Deductibles and out-of-pocket maximums are increasing for 2016. View the Health Plan Comparison Charts on UPoint to review 2016 changes.
Dental

Cigna is our dental carrier and you can choose between two Dental Preferred Provider Organization (PPO) coverage options — PPO and PPO Plus — and the Dental Health Maintenance Organization (DHMO). The PPO, PPO Plus and DHMO plans cover in-network preventive care at 100%. PPO Plus members pay a smaller percentage of coinsurance for basic and major dental procedures and have a higher calendar year benefit maximum than PPO members. Under the PPO plans, you save money by using in-network providers who have negotiated discounted rates with Cigna dental. Visit Cigna at www.cigna4mckesson.com to find a network dentist in your location.

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>PPO Plus</th>
<th>DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-network coverage</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dental cleanings</td>
<td>100% of eligible charges</td>
<td>100% of eligible charges</td>
<td>100% of eligible charges</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 individual, $150 family</td>
<td>$50 individual, $150 family</td>
<td>None</td>
</tr>
<tr>
<td>Coinsurance/copay</td>
<td>80% or 50% coinsurance after meeting deductible</td>
<td>90%, 60% or 50% coinsurance after meeting deductible</td>
<td>Fixed copay</td>
</tr>
<tr>
<td>Orthodontia coverage</td>
<td>For children under age 19</td>
<td>For children under age 19</td>
<td>Adults and children</td>
</tr>
<tr>
<td>Calendar year benefit maximum</td>
<td>$1,500 per person</td>
<td>$2,000 per person</td>
<td>None</td>
</tr>
</tbody>
</table>

Vision

Vision Service Plan (VSP) is our vision carrier. You have your choice of two plan options — VSP and VSP Plus — that offer 100% in-network coverage for routine eye exams and prescription glasses after a copay. VSP Plus provides the highest level of coverage, which means you can expect to pay a higher per-paycheck premium in exchange for smaller copays and a higher annual allowance for frames and contact lenses.

You receive the best value under either plan if you visit a VSP doctor. When you see a non-VSP doctor, you’re required to pay in full up front and submit a claim to VSP for partial reimbursement. Visit www.vsp.com or call 800.877.7195 to find a VSP provider in your area.

<table>
<thead>
<tr>
<th>Vision Options In-Network Benefits*</th>
<th>VSP</th>
<th>VSP Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 100% after $15 copay</td>
<td></td>
<td>100% after $10 copay</td>
</tr>
<tr>
<td>• Once every calendar year</td>
<td></td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>Prescription glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 100% up to plan allowance after $25 copay for lenses and/or frame</td>
<td></td>
<td>100% up to plan allowance after $10 copay for lenses and/or frame</td>
</tr>
<tr>
<td>Frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Up to $130 allowance</td>
<td></td>
<td>Up to $210 allowance</td>
</tr>
<tr>
<td>• Once every other calendar year</td>
<td></td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>Lenses (includes single vision, bifocal, trifocal and lenticular lenses)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Once every calendar year</td>
<td></td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>• Progressive and other lens enhancements available at a discount</td>
<td></td>
<td>Progressive lenses covered after $40 copay</td>
</tr>
<tr>
<td>• Other lens enhancements available at a discount</td>
<td></td>
<td>Other lens enhancements available at a discount</td>
</tr>
<tr>
<td>Elective contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(instead of prescription glasses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Up to $150 allowance</td>
<td></td>
<td>Up to $200 allowance</td>
</tr>
<tr>
<td>• Once every calendar year</td>
<td></td>
<td>Once every calendar year</td>
</tr>
</tbody>
</table>

* 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 Summary Plan Description (SPD). Find the Vision SPD on the Total Rewards Library under the SPDs tab.

** The plan doesn’t cover the cost associated with other lens options such as anti-reflective coating, color coating, mirror coating, scratch coating, blended lenses, cosmetic lenses, laminated lenses, oversized lenses, polycarbonate lenses (except for children), photochromic lenses, tinted lenses (except Pink #1 and Pink #2), and ultraviolet protected lenses. For more information, refer to the Vision SPD. Find the Vision SPD on the Total Rewards Library under the SPDs tab.
Supplemental Life and Accidental Death & Dismemberment (AD&D)

You automatically receive basic life and AD&D benefits as part of your Total Rewards. During Annual Enrollment, you can choose to purchase supplemental coverage for yourself, or your spouse/domestic partner and children.

- Supplemental employee life and AD&D insurance:
  $10,000 to eight times your pay (or $1.5 million, whichever is less)

- 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)

Evidence of insurability (EOI) may be required if you enroll for an insurance amount greater than $10,000 or increase your insurance amount by more than one level. If your spouse or domestic partner is currently covered for supplemental life insurance, you can increase his or her coverage by $20,000 (up to $60,000) during Annual Enrollment without EOI. Take time to confirm your beneficiary designations are up to date.

Long Term Disability (LTD)

Your Total Rewards include short term disability (STD) at no cost to you. You can choose to enroll in LTD during Annual Enrollment. LTD coverage protects your income if you’re out of work for more than 180 days due to a prolonged disability. LTD provides 60% of your covered earnings (up to a maximum monthly benefit of $25,000) minus earnings from other income.

You pay only 30% of the cost for LTD coverage. McKesson pays the other 70%. This makes your cost for LTD benefits very affordable in relation to the potential value. 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 benefits, if you were to become disabled.

LTD doesn’t pay for a disability that results from a pre-existing condition and begins during the first 12 months of coverage.
Enrollment Tools

**UPoint**

[http://resources.hewitt.com/mckesson](http://resources.hewitt.com/mckesson)

Log on to access enrollment tools, such as cost calculators, medical expense estimators, and live Web Chat with an enrollment specialist.

- **DecisionDirect™**
  
  Use DecisionDirect to help you determine the right medical plan for you and your family. DecisionDirect is an online questionnaire that uses your responses to match you with a medical plan.

- **Health Plan Pricing Tool**
  
  Compare and estimate plan pricing for all of our medical, dental and vision plans. You can also see how much you can expect to save from achieving your Vitality Status®.

**Total Rewards Library**

[www.mckesson.com/totalrewardslibrary](http://www.mckesson.com/totalrewardslibrary)

Find more details about your coverage options, health reimbursement accounts, health savings accounts, FSAs and how you can save on your McKesson medical premiums.

---

**HR Support Center**

**855.GO.MCKHR (855.466.2547)**

Press 1 for the McKesson Benefits Center for Health, Vitality and Pension questions. Benefit experts are available 9 a.m. - 5 p.m. Central time, M-F (8 a.m. - 6 p.m. during Annual Enrollment).

**Oprime 1** para recibir asistencia en español a través del McKesson Benefits Center.

**Call the HR Support Center for:**

- Answers to general questions about all of your coverage options
- Eligibility and enrollment guidance
- Help resetting your UPoint password

**Consult with a Personal Health Advocate**

If a benefit expert is unable to answer your questions, a Personal Health Advocate will contact you within 24-48 hours.
Enroll on UPoint

1. **Log On to UPoint**
   Go to http://resources.hewitt.com/mckesson and enter your username and password.
   - Follow the prompts to log on.
   - If you’re a first-time user, click Log On and select Register as a New User.

2. **Make Your Choices**
   - On the homepage, under Action Needed!, click Enroll.
   - Or select the Health and Insurance tab and under Enroll!, click Enroll Now!
   - View your enrollment options.
   - Choose your coverage.

3. **Select “Complete Enrollment” or “Quit”**
   If you select:
   - **Complete Enrollment** — you save your choices and complete the enrollment process.
     - Print out the “Submitted Successfully” message and reference number as confirmation.
     - If you provided an email address, you receive a confirmation email with instructions for viewing your enrollment confirmation on UPoint.
     - If Evidence of Insurability (EOI) is required, a “Submitted Successfully - Required Follow-Ups” page appears, and you receive a confirmation number. (You can print this page as confirmation.)
   - **Quit** — your choices are not saved and they are cancelled.
     - You see a “Cancelled Successfully” message.
     - You need to make new choices the next time you log on to UPoint.

**Enroll on Your Mobile Device**
Log on to the UPoint Mobile site by visiting http://resources.hewitt.com/mckesson from your mobile device and completing steps 1-3.

**Live Web Chat available on UPoint**
Chat with a representative during Annual Enrollment on UPoint. Web Chat representatives are available to answer your questions from 8 a.m. - 3 a.m. Central time (9 a.m. - 3 a.m. after Annual Enrollment). Click the Live Help button at the top-right corner of the UPoint homepage to begin a Web Chat session.
Contact Information

**Aetna**
http://aetnaresource.com/8778/mckesson
877.286.3900
All states except Hawaii

**Anthem**
http://enrollment.anthem.com/McKesson
866.820.0763
California, Florida, Michigan and Pennsylvania

**Cigna**
www.cigna4mckesson.com
800.244.6224
All states except Hawaii

**CVS Caremark**
www.caremark.com
800.378.0822

**Cigna Dental**
www.cigna4mckesson.com
800.CIGNA24 (800.244.6224)

**Vision Service Plan (VSP)**
www.vsp.com
800.877.7195
imember@vsp.com

**Fidelity Investments**
(for 2016 health savings accounts, PSIP and ESPP)
www.netbenefits.com
888.MCK.PSIP (888.625.7747)
7:30 a.m. - 7 p.m. Central time, M-F

**WageWorks**
(for FSAs and 2015 health savings accounts)
www.wageworks.com
877.924.3967

Condition Support Managers

**Aetna — Aetna Health Connections**
866.269.4500

**Anthem — Condition Care**
866.820.0763

**Cigna — Personal Health Team**
800.244.6224
Annual Enrollment is November 9-20.
Your choices matter.

HR Support Center
855.GO.MCKHR (855.466.2547)
Press 1 for the McKesson Benefits Center for Health, Vitality and Pension questions. Benefit experts are available 9 a.m. - 5 p.m. Central time, M-F (8 a.m. - 6 p.m. during Annual Enrollment).

Oprime 1 para recibir asistencia en español a través del McKesson Benefits Center.

Total Rewards Library
www.mckesson.com/totalrewardslibrary
Access benefits and wellness information from any computer or mobile device connected to the Internet.

UPoint
http://resources.hewitt.com/mckesson
Your online destination for reviewing and managing your Total Rewards. Web Chat is available 9 a.m. - 3 a.m. Central time (8 a.m. - 3 a.m. during Annual Enrollment). Click the Live Help button to begin a Web Chat session.