

Open Enrollment 2025 Brown & Brown, Inc.

Benefits Guide for U.S. Teammates

Brown & Brown Total Well-Being means physical, mental, social and financial health.

Every year our team assesses and benchmarks our benefits program to ensure we are offering a competitive program that supports the total well being of our teammates across diverse needs and life stages. We give careful thought to the plans and resources we deliver, alongside the related costs for our teammates and our business. We are committed to providing you with a comprehensive program that offers you choice and flexibility.

There are some key changes to our benefits for 2025, including medical plan deductibles and copayments, expanded family planning benefits and updated requirements for weight loss drug coverage.

This Open Enrollment Guide is designed to help teammates learn about benefit changes and options, choose the coverages that make sense for their unique needs and benefit from an array of year-round resources to take more control of their health and manage their total well-being.

If you do not take any action, your current elections will default to your 2024 benefit plans and roll over into the new plan year effective January 1, 2025—covering the same eligible dependents you cover today. The exception is the Flexible Spending Accounts (Health Care, Limited Purpose and Dependent Care) and Health Savings Account, as your contribution elections do not carry over from one calendar year to another. New elections are required every calendar year to participate in these accounts.

Important note: The coverage(s) available for enrollment may have an actively at work provision and/or for non-medical coverage may also have a pre-existing condition exclusion or limitation. The benefits information found on The Spot is available to further explain the specific circumstances to which these provisions and/or conditions may apply. Please refer to the Summary Plan Descriptions (SPDs) located on The Spot for detailed eligibility information.

This year's Open Enrollment window is November 4 – November 18, 2024

Who is Eligible for Coverage

Open Enrollment is your time to sign up for or renew your benefits. Your next opportunity to change, add or drop benefits coverage will be during the 2026 Open Enrollment period next fall, **unless you experience a qualifying life event.**

Open Enrollment is your chance to:

- Review, change, elect or discontinue benefit elections.
- Add or remove dependent(s) from your coverage.
- Choose contributions for your Flexible Spending Accounts and Health Savings Account.

All U.S. teammates are eligible for Lyra Coaching, Therapy and Work Life Services. You are eligible for the additional Brown & Brown benefits coverage described in this Guide if you are a U.S.-based, full-time teammate regularly scheduled to work at least 30 hours per week. Part-time teammates regularly working at least 20 hours per week are eligible only for Commuter Benefits (Transit/Parking).

You are able to cover the following family members:

- Your same- or opposite-gender lawfully married spouse or your state-recognized same- or opposite-gender common law spouse
- Your and/or your spouse's married or unmarried minor child(ren) up to the end of the calendar year in which they reach age 26
- Your and/or your spouse's unmarried children over the age of 26 who are incapable of self-support due to a mental or physical disability

Have You Recently Joined Brown & Brown?

- Newly hired teammates with benefits beginning December 1, 2024 should have their 2024 benefits elected and confirmed prior to the start of Open Enrollment. Teammates will need to re-enroll for benefits effective January 1, 2025 during the Open Enrollment period.

Medical Plan Changes in 2025

DEDUCTIBLES AND COPAYS

The in-network deductibles in both UnitedHealthcare (UHC) Choice Plus medical plans are increasing for 2025. The Choice Plus Copay deductibles will increase from 2024 rates of \$750 for an individual and \$1,500 for a family to 2025 rates of \$800 for an individual and \$1,600 for a family.

	2024 UHC “Choice Plus Copay Plan”	2025 UHC “Choice Plus Copay Plan”
Individual Copay Deductible Amount	\$750	\$800
Family Copay DeductibleAmount	\$1,500	\$1,600
Primary Care Physician Office Visits Copay	\$25	\$30
Specialist Office Visits Copay	\$50	\$60

	2024 UHC Choice Plus HDHP	2025 UHC Choice Plus HDHP
Individual Deductible Amount	\$1,750	\$2,000
Family Deductible Amount	\$3,500	\$4,000

In-Person or Virtual Visits	2025 UHC “Choice Plus Copay Plan”	2025 UHC Choice Plus HDHP
Primary Care Visit	\$30 Copay	You pay 20% after deductible
Mental Health Visits	\$0 Copay	Covered in full after deductible
Specialist visits	\$60 Copay	You pay 20% after deductible
Speech Therapy Visits	\$60 Copay	You pay 20% after deductible

In addition, office visit copays will increase in the “Choice Plus Copay Plan.” Primary care physician office visits will increase from \$25 to \$30 and specialist office visits will increase from \$50 to \$60. There are no changes to the coinsurance in the Choice Plus HDHP.

VIRTUAL VISIT COVERAGE in 2025

For 2025, we are simplifying virtual visit costs under both of the UHC Choice Plus medical plans—so you will pay the same amount based on visit type, whether your care is received in person or virtually.

Expanded Family Planning Benefits

Beginning in 2024, new benefits were introduced through the UHC medical plans to offer support for teammates and their covered dependents pursuing fertility treatments.

Adoption benefits were also added for all benefits-eligible teammates through an adoption assistance reimbursement program.

For 2025, Brown & Brown family building benefits are being expanded with the addition of surrogacy coverage—offering benefits-eligible, U.S. teammates even more options in choosing how to build or expand their families. Surrogacy coverage will be subject to the existing \$20,000 annual benefit maximum and \$50,000 lifetime benefit maximum for all family building support (which now includes fertility, surrogacy and adoption benefits combined).

Additional information about surrogacy coverage will be provided later this year.

Medical Plan Premiums

As we do every year, Brown & Brown has worked diligently to secure the best rates for our medical plans on behalf of our business and our teammates—and we will continue to pay a majority of the cost of your medical premiums in 2025. However, with continued national health care cost increases, there will be an increase in payroll contributions for both UHC medical options. While the premium you pay will vary based on which plan you choose and which dependents you cover, teammates will see increases ranging from \$3.00–\$20.50 per biweekly pay

As you consider your health care needs and budget, be sure to take another look at the Choice Plus HDHP and see if it may offer you the best value.

Weight Loss Prescription Drug Management Program

We understand that for certain individuals, achieving and maintaining good health requires a combination of lifestyle habits and prescription medication. That is why we want you and your covered dependents to have access to the best possible support when you are considering weight loss medications.

Beginning January 1, 2025, certain criteria are changing that teammates must meet in order to be eligible for and to maintain coverage of weight loss medications. This includes meeting specific BMI criteria, verification of your BMI from your prescribing physician and more frequent engagement activities with Omada®.

If you are already taking a weight loss medication...

Even if you currently participate in the Omada® program and completed the 2024 requirements, you must meet the new 2025 criteria going forward to maintain coverage of your weight loss medication. This includes:

1. Having your prescribing physician attest that you meet the BMI criteria (based on the BMI you had when you first began the program).
2. Engaging with Omada® four times every 30 days, in addition to weighing in four times every 30 days prior to your next refill.

Please note: You must weigh in four times and engage with Omada® for Prevention four times in the 30 days prior to your first weight loss medication refill in 2025.

If you anticipate beginning weight loss medication on or after January 1, 2025...

You will need to follow the same criteria noted above to maintain coverage. Prior to your first prescription fill, you will need to enroll in Omada® and have your prescribing physician attest that you meet the BMI criteria. Visit omadahealth.com/bbins or call 1-888-409-8687 to enroll.

These requirements do not apply for GLP-1s that treat type 2 diabetes, or for medical plan participants who are under age 18.

For more information regarding weight loss prescription drug requirements, please contact Omada® at 888-409-8687 or email support@omadahealth.com.

Medical Plan ID Cards

New ID cards will be provided for the 2025 plan year. Medical and prescription drug information is combined on one UHC ID card.

- If you have elected paperless communications, you will receive an email alerting you when your new digital ID card is available and how to access it, including instructions for how to add your ID card to your Apple or Google wallet.
- If you have not elected paperless communications, UHC will mail an ID card to your home address on file.
- For all teammates, ID card information is available online in your myuhc account.

Consider How You Might Benefit

While it may feel easier to keep your benefits on “autopilot,” Open Enrollment is a great opportunity to evaluate how your needs may be changing. For example, if you are expecting to grow your family, have a surgery or make some other significant life change, you may want to reassess whether you have the right mix of health care and insurance coverages that best meets your needs and budget.

Choose: The Coverage That Works for You

Prepare

Here are the steps you can take to get ready for enrollment:

- Review all of the information in this Guide and share it with your family members or anyone else who helps you make important decisions about your benefits!
- Watch the Open Enrollment video on The Spot for an interactive overview of your benefit options.
- Visit The Spot and click on View 2025 Benefits Information on the homepage for additional information and benefits details.
- Review your current benefit elections in Workday. Log in to The Spot and click on the Workday tile under Tools, or access your information through the Workday Benefits App.

Need Printed Materials? All posted information is available upon request in printed form. Contact Team Resources at 1-866-505-0991 (press 1) or email benefits@bbins.com. Representatives are available Monday–Friday 8:00 a.m. to 6:00 p.m. ET.

Compare

Every teammate at Brown & Brown is unique—with different needs, priorities and life experiences. You have flexibility to create the benefits package that best meets your individual needs. So, think about your priorities today, along with what you expect for your future, to make the best benefits choices.

To help you get started, these hypothetical teammate profiles illustrate how benefit decisions could be decided. Consider your own situation/needs carefully as you make your benefit elections.

Meet Marisa

Marisa just graduated from college last year. She is single and healthy, focused on spending time with her friends and excited about starting her career with Brown & Brown. This fall is the first time she is making choices about benefits coverage—and it feels like a big decision. She wants to cover her bases and make sure she has what she needs to feel secure.

- With no health concerns, Marisa does not expect many health care expenses. But she understands the importance of insurance and wants to have medical and dental coverage. She chooses the Choice Plus HDHP for the lower payroll contribution, knowing preventive care (like routine physical exams and immunizations) will be free if she visits an in-network doctor. At this point, she is not really worried about the higher deductible.
- Marisa also enrolls in the MetLife Low Dental PPO Plan because she is only intending to have her annual exam and routine cleanings. She understands the importance of using an in-network dentist to maximize her benefits and eliminate out-of-network balance billing. With 20/20 vision, she does not enroll in the vision plan.
- Without any planned expenses or dependents to cover, she is not interested in the FSAs. After reviewing the Company-paid Short Term Income Replacement and Long Term Disability coverage, and Basic Term Life Insurance, Marisa decides she does not need to purchase additional levels of coverage.
- Marisa plans to review her budget to figure out how much she can afford to contribute to the 401(k) Employee Savings Plan so she can get the maximum matching contribution from Brown & Brown. She plans to start small and then “bump up” her contributions when possible. She also decides to set aside some money in her Health Savings Account with pre-tax contributions.

Meet Deon

Deon and his wife Lia are in their early thirties, just celebrated their first anniversary, bought their first home and are eager to welcome their first child in March. It is an exciting time, but Deon knows he should think about his benefits a bit differently for next year with a growing family and changing needs.

- While Deon is healthy, his wife is managing a chronic condition. He elects the Choice Plus Copay for himself and Lia. The hospital stay and services she will have next year will result in higher medical costs—and he decides he would rather pay higher premiums up front and lower costs at the time of care. And with Lia’s non-preferred brand prescription to help manage her condition, he prioritizes more predictable out-of-pocket expenses. (He also makes a note to remember to request a life event and switch to Employee + Family medical coverage when their baby arrives.)
- As Lia had a few inpatient hospital stays due to her condition in the past, Deon decides one of the Hospital Indemnity Protection Plan options would offer additional financial security.
- He is also looking forward to working with a dedicated Brown & Brown Health Concierge who can guide Lia through better understanding her diagnosis and finding a specialist.
- With the predictability of their prescription drug expenses, Deon decides to contribute to the Health Care FSA to set aside pre-tax contributions for these expenses through convenient payroll deductions. (He also makes a note to remember to request a life event and enroll in the Dependent Care FSA when their baby arrives, as they will have day care expenses once Lia returns to work.)
- Since he feels the added responsibility of caring for his family, he chooses to enroll in both the Voluntary Term Life and Long Term Disability Buy-Up for the safety net of income protection for his wife and child.

Meet Anne

Anne is 54 and married with two children and covers her entire family of four through Brown & Brown. Her daughter is a gymnast and her son plays football. While she and her husband stay active, she realizes they are moving toward their late fifties. So, she wants to make sure she is taking advantage of all the plans that can protect her family's physical and financial well-being.

- Anne was enrolled in the Choice Plus Copay plan but for 2025 changes to the Choice Plus HDHP (which worked well for her family when they previously had HDHP coverage). Between the four of them, she expects to reach the annual out-of-pocket maximum—which is the same under both medical plan options. This way, she has the benefit of the lower up-front premium and can take advantage of the HSA (she decides to contribute the maximum and lower her taxable income by \$8,550).
- Anne's husband recently had bloodwork and the results showed he has prediabetes. Knowing the Omada® diabetes management program is available, Anne suggests to her husband that he visit omadahealth.com/bbins to get started building healthier habits.
- With athletic and active children who have landed in the emergency room more than once, Anne elects Group Accident Insurance through Voya for additional protection.
- Anne has a root canal and crown scheduled for next year, so she chooses the MetLife High Dental PPO Plan for the higher annual maximum. And, because she will have the HSA, she decides to contribute to the Limited Purpose FSA to set aside pre-tax dollars for orthodontia expenses above the dental plan maximum.
- Anne already enrolled in both the Voluntary Term Life and Long Term Disability Buy-Up last year and plans to maintain those coverages.
- Now that her children are a bit older and spending more time online, Anne decides it is a good idea to enroll in ID Watchdog protection for her entire family.

Meet Jordan

When Jordan's dad passed away many years ago, he did not leave behind any life insurance or personal savings—so Jordan's family struggled while he was growing up. That is why he has focused much of his life on making sure his own husband and children are financially secure. However, he is now juggling his work and family while being solely responsible for taking care of his aging mother.

- Jordan chooses the Choice Plus HDHP. He prefers the lower premium and tax advantages of the HSA. He feels he has enough of a cushion to cover the higher deductible if he has an unexpected, larger health care expense.
- His entire family wears glasses, so he also enrolls in the Vision Plan through VSP.
- Jordan's dad had cancer, so he decides to enroll in Critical Illness Insurance for the comfort of a lump-sum benefit if he is ever faced with a diagnosis for a critical illness or specified event.
- Looking ahead into 2025, given all of the stress he has been feeling, he plans to reach for the various support resources Brown & Brown provides to support teammates. He will contact Lyra Coaching, Therapy and Work Life Services for help and advice about taking care of his mother. He also plans to use UHC's virtual behavioral health visits to conveniently reach a behavioral health provider—since he does not feel he can carve out time in his schedule for a full appointment.
- Finally, while he is already contributing the IRS maximum to the 401(k) Employee Savings Plan and getting the full Company match, he decides it is time to explore some professional guidance. He registers for the Charles Schwab Financial Wellness Program.

Enroll

Beginning November 4, log onto Workday to make your elections. Workday will guide you through the steps to choose your coverage for next year.

To elect your benefits:

- Login to The Spot.
- Click the Workday tile under Tools.
- Click Open Enrollment Change under Awaiting Your Action and complete your enrollment.

You can also enroll in benefits through the Workday Benefits Mobile App. Visit the 2025 Open Enrollment page on The Spot for instructions.

WHAT HAPPENS AFTER YOU ENROLL?

Once you submit your elections, be sure you see the 'Elections Confirmation' screen to confirm your elections were recorded. You can print and save this confirmation screen for your records—and double check that your choices were captured correctly. Remember, you must make your elections by the November 18, 2024 Open Enrollment deadline!

Selecting commuter benefits? Visit healthequity.com/wageworks to make your elections.

Important note: The coverage(s) available for enrollment may have an actively at work provision and/or for non-medical coverage may also have a pre-existing condition exclusion or limitation. The benefits information found on The Spot is available to further explain the specific circumstances to which these provisions and/or conditions may apply. Please refer to the Summary Plan Descriptions (SPDs) located on The Spot for detailed eligibility information.

Important Reminders About Payroll Deductions and ID Cards

Payroll Deductions.

- Your first paycheck in January 2025 will reflect your elected benefits and deduction amounts. Verify they are correct and contact the Brown & Brown Team Resources Center at 1-866-505-0991 (press 1) or email benefits@bbins.com if there are discrepancies.

ID Cards.

You and your family can always visit Brown & Brown's MyBenefitsApp to view digital ID cards on bbinsurance.mybenefitsapp.com. In addition, depending on your elections, please note the following:

- New UnitedHealthcare (UHC) ID cards will be provided for the 2025 plan year. Medical and prescription drug information is combined on one UHC ID card. ID card information is available online in your myuhc account, and you may also receive an ID card in the mail at home if you have not elected paperless communication.
- New Optum HSA debit cards will only be issued to teammates who enroll in the Choice Plus HDHP and elect to contribute to an HSA for the first time. (If you currently have an active Brown & Brown Optum HSA but have misplaced your debit card, a replacement card can be requested.)
- New HealthEquity FSA Visa® debit cards will be issued for new enrollees. Remember, the Health Care FSA debit card cannot be used for dependent day care expenses.
- ID cards are not issued for dental coverage through MetLife or vision coverage through VSP. Coverage is validated at time of service for these benefit plans.

Understanding the Basics

What Is a Deductible?

- A deductible is the amount you pay for eligible health care services before your insurance starts to pay; it often doesn't apply when you pay a copay.

What Is a Copay?

- A copay is a fixed, flat dollar amount that you pay for eligible in-network health care services. Copays do not count toward your deductible, but copays do count toward your annual out-of-pocket maximum.

What Is Coinsurance?

- Coinsurance is a percentage of the cost you pay for covered health services after a deductible limit has been met for the calendar year. Coinsurance typically applies anywhere a deductible applies.

What Is an Out-of-Pocket Maximum?

- An out-of-pocket maximum is the sum of your copays, deductibles and coinsurance expenses paid. This is the most you will pay for services during the year. Once you reach your out-of-pocket maximum, all future eligible services are covered at 100%.

Remember, it is always more cost-effective to use in-network providers. Out-of-network services are subject to separate deductibles and out-of-pocket maximums, and you will be responsible for any costs above the plan's negotiated rates.

Clinical Management Program:

Genetic Testing, Radiology and Cardiology

The Genetic Testing, Radiology and Cardiology Prior Authorization clinical management programs through UHC are designed to help improve health care quality and cost outcomes for teammates using evidence-based medicine. The programs are intended to help reduce variation in teammate care, while also preventing avoidable and costly procedures.

If prior authorization is required, a clinical coverage review will be conducted before the service is performed to determine whether it's medically necessary based on evidence-based clinical guidelines. This prior authorization will be managed by your provider directly with UHC—there is no teammate action required. However, if you have any concerns, you can always call the Brown & Brown Health Concierge with questions. The number is listed on the back of your ID card.

Benefit: Support for Your Total Well-Being

Brown & Brown offers a broad array of benefits to help you manage and enhance your physical, mental, social and financial health:

- High-quality health care coverage options.
- Expanded options for virtual and on-demand self-care and emotional support.
- Tax-advantaged accounts that help you save money on health care and dependent care expenses.
- Important income protection benefits if you are unable to work.
- Life insurance benefits to provide for you and your family in the event of your death or serious injury.
- Savings and retirement benefits that help you prepare for a secure future.
- And so much more.

The Brown & Brown Health Concierge!

We know health care can be complicated—and it is not always easy to figure out what services are covered, which resources can best meet your needs and where you can get answers to your questions. We also know it can be easier to have ONE person to call to guide you and your covered dependents through your benefits and resources and help you make more confident decisions when using your medical plan and receiving health care services.

That is why we offer the Brown & Brown Health Concierge to teammates who enroll in one of our UnitedHealthcare (UHC) medical plans. This enhanced advocacy and guidance service, offered through UHC, will pair you with a dedicated health and benefits expert to support you and your family through your health care journey.

Your dedicated Brown & Brown Health Concierge can guide you through getting the most value from your medical plan, understanding a diagnosis, finding a specialist, reviewing a bill or explanation of benefits, managing claims and more. The number is listed on the back of your ID card.

Medical Coverage

There are two plans to choose from: The “Choice Plus Copay Plan” or the Choice Plus HDHP. While there are important differences in how you pay for services throughout the year, it is equally important to understand what the two plans have in common:

- Both are administered by UnitedHealthcare (UHC) and utilize the national Choice Plus network. Teammates residing in Maine, Massachusetts or New Hampshire will utilize the Choice Plus with Harvard Pilgrim network. This means the same doctors, hospitals, clinics and facilities are considered in-network in both plans—so there is no worrying about whether your doctor is in one plan, but not another.
- Preventive care is free when you receive services in network. There are no copays, coinsurance or deductibles to meet. So, get those annual physicals and routine screenings at no cost—just make sure your provider indicates the visit and services are for preventive care. (Remember: If you enroll in the Choice Plus HDHP, you also will benefit from \$0 copays for many preventive drugs, with no deductible to meet. This includes a variety of drugs for conditions such as asthma, cholesterol, depression, heart disease and high blood pressure.)
- Both offer access to virtual care. Whichever plan you choose, UHC provides access to convenient virtual care. Connect 24/7/365 with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Prescription drug coverage is through Express Scripts. While cost-sharing for preventive, generic, preferred brand and non-preferred brand drugs varies across the two medical plans, the tiers of medications are the same. This means a preferred brand name drug under one plan is a preferred brand name drug under the other. Teammates will also be eligible for the same copay assistance benefits through PillarRx under both plans if they meet certain criteria. (If eligible, PillarRx will contact you or your adult dependent.)

“CHOICE PLUS COPAY Plan” 2025 Rates Per Pay Period			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$71.50 per pay period	\$227.50 per pay period	\$287.50 per pay period	\$371.00 per pay period
<i>The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).</i>			

CHOICE PLUS HDHP 2025 Rates Per Pay Period			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$53.00 per pay period	\$197.50 per pay period	\$250.50 per pay period	\$323.00 per pay period
<i>The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).</i>			

2025 In-Network Benefits at a Glance		
	2025 “Choice Plus Copay Plan”	2025 Choice Plus HDHP
<i>Annual Deductible Employee</i>	\$800	\$2,000
<i>Annual Deductible Family</i>	\$1,600	\$4,000
<i>Annual Out-of-Pocket Maximum Employee</i>	\$6,000	\$6,000
<i>Annual Out-of-Pocket Maximum Family</i>	\$12,000	\$12,000
<i>Preventative Care</i>	\$0	\$0
<i>Primary Care Physician Visit (same cost in office or virtual)</i>	\$30 copay	You pay 20% after deductible
<i>Mental Health Visit (same cost in office or virtual)</i>	\$0	Covered in full after deductible
<i>Specialist Visit (same cost in office or virtual)</i>	\$60 copay	You pay 20% after deductible
<i>Speech Therapy Visit (same cost in office or virtual)</i>	\$60 copay	You pay 20% after deductible
<i>Urgent Care</i>	\$40 copay	You pay 20% after deductible
<i>Emergency Room</i>	\$400 copay, waived if admitted	You pay 20% after deductible
<i>Outpatient Care</i>	You pay 20% after deductible	You pay 20% after deductible
<i>Inpatient Care</i>	You pay 20% after deductible	You pay 20% after deductible

2025 Prescription Drugs		
	2025 “Choice Plus Copay Plan”	2025 Choice Plus HDHP
<i>Preventative (30-day supply)</i>	\$15	Covered in full
<i>Preventative (90-day supply)</i>	\$45	You pay 20% after deductible
<i>Generic (30-day supply)</i>	\$15	\$15 after deductible
<i>Generic (90-day supply)</i>	\$45	\$45 after deductible
<i>Preferred Brand (30-day supply)</i>	\$50	\$50 after deductible
<i>Preferred Brand (90-day supply)</i>	\$150	\$150 after deductible
<i>Non-Preferred Brand (30-day)</i>	\$90	\$90 after deductible

supply)		
Non-Preferred Brand (90-day supply)	\$270	\$270 after deductible
Specialty	\$200 ** If eligible for the Copay Assistance Program, PillarRx will contact you or your adult dependent age 18 or older.	\$200 after deductible ** If eligible for the Copay Assistance Program, PillarRx will contact you or your adult dependent age 18 or older.
* Certain preventive drugs are covered in full as part of the Affordable Care Act (ACA) under both plans. In addition, the Choice Plus HDHP offers an expanded list of preventive medications covered in full. You can find a list of ACA preventive drugs and the expanded Choice Plus HDHP preventive drug list on the Express Scripts Brown & Brown website.		

Prescription Drug Coverage

Teammates enrolled in a Brown & Brown UnitedHealthcare (UHC) Choice Plus medical plan automatically have prescription drug coverage through Express Scripts®. Here are some things to keep in mind about your prescription benefits:

- Certain preventive drugs are covered in full as part of the Affordable Care Act (ACA). In addition, certain diabetic medications and supplies are covered in full under both Choice Plus medical plans—with no copay and no deductible.
- When you go to a pharmacy that is in the Express Scripts network, you will generally pay less for your medications.
- You can manage your long-term prescriptions with the convenience of home delivery. Express Scripts will ship up to a 90-day supply of your long-term medicine right to your door with free standard shipping.

FOCUSING ON COST AND QUALITY IN OUR PRESCRIPTION DRUG PROGRAM

Brown & Brown prescription drug benefits include step therapy and prior authorization features.

- Step therapy helps you and your doctor choose a clinically effective, lower cost medicine as the first step in treating certain health conditions. Step therapy encourages individuals to first try less expensive, clinically appropriate options before “stepping up” to drugs that cost more. If you try (or have tried) a first line drug and it does not work for you, then you may receive coverage for a non preferred drug that your doctor prescribes.
- Prior authorization helps to ensure our teammates are prescribed the most cost-effective and clinically appropriate medications for certain health conditions. Similar to the way our medical plans require approval before certain procedures, some prescription drugs may need a prior authorization. This program makes sure you are getting a prescription that is suitable for the intended use and covered by your prescription plan.

You will receive information directly from Express Scripts if one or more of your prescriptions is impacted by either of these programs.

Register at Express-Scripts.com or on the Express Scripts mobile app to connect with pharmacists, locate a retail pharmacy near you and access your plan info.

Accredo® Specialty Pharmacy

Accredo is the Express Scripts specialty pharmacy. Their pharmacists, nurses, pharmacy techs and patient care advocates understand chronic and complex conditions—and are there to help you and your family members navigate your specialty medication needs with 24/7 personalized clinical support.

Specialty medications are typically used to treat chronic, complex conditions like multiple sclerosis and cancer. They can include oral solids, or can be injected, infused or inhaled and may require special handling, such as refrigeration.

You can order refills, set dose reminders and track your health with the Accredo mobile app.

Weight Loss Prescription Drug Management Program

We understand that for certain individuals, achieving and maintaining good health requires a combination of lifestyle habits and prescription medication. That is why we want you and your covered dependents to have access to the best possible support when you are considering weight loss medications.

Teammates must meet certain requirements before weight loss medications will be covered through Brown & Brown health insurance.

If you are already taking a weight loss medication...

Even if you currently participate in the Omada® program and completed the 2024 requirements, you must meet the new 2025 criteria going forward to maintain coverage of your weight loss medication. This includes:

1. Having your prescribing physician attest that you meet the BMI criteria (based on the BMI you had when you first began the program).
2. Engaging with Omada® four times every 30 days, in addition to weighing in four times every 30 days prior to your next refill.

Please note: You must weigh in four times and engage with Omada® for Prevention four times in the 30 days prior to your first weight loss medication refill in 2025.

If you anticipate beginning weight loss medication on or after January 1, 2025...

You will need to follow the same criteria noted above to maintain coverage. Prior to your first prescription fill, you will need to enroll in Omada® and have your prescribing physician attest that you meet the BMI criteria. Visit omadahealth.com/bbins or call 1-888-409-8687 to enroll.

These requirements do not apply for GLP-1s that treat type 2 diabetes, or for medical plan participants who are under age 18.

For more information regarding weight loss prescription drug requirements, please contact Omada® at 888-409-8687 or email support@omadahealth.com.

The Health Savings Account (HSA): A Closer Look

The Choice Plus HDHP comes with access to a Health Savings Account—offering you a unique opportunity to help pay for eligible expenses today AND save for eligible expenses in the future. Even as far away as retirement. To help you consider whether the Choice Plus HDHP with HSA makes sense for you, here is a closer look at some of the account advantages:

- It offers a triple tax savings. You may not realize that an HSA offers more tax advantages than a 401(k) plan! Contributions to an HSA—through the convenience of pre-tax payroll contributions—lower your taxable income. Your HSA is also tax-free as it grows, as any interest or investment earnings are not subject to taxes and are tax-free when you use them on qualified health care expenses. That means you are saving money on medical, dental and vision coinsurance and deductibles.
- Contributions are flexible. You choose the amount you want to contribute for 2025 when you enroll, but you are not locked into that decision. Unlike an FSA, changes to an HSA can be requested monthly in Workday. The more you can set aside, the more your money will grow over time, but you are not required to make any minimum contribution.
- It is easy to use. In addition to being able to manage your account online, there are multiple ways to use your HSA to pay for eligible expenses. You can use your debit card, use the website to send money to your provider electronically or reimburse yourself from your HSA for claims paid in cash.
- It is always your money. Just like a bank account, you own your HSA, so it is always yours to keep and use even if you change medical plans, leave Brown & Brown or retire. There is no “use it or lose it” rule like an FSA, so you are always in complete control of how you spend the money in your HSA. You can use the funds each plan year or pay for your health care expenses out of pocket and save your HSA balance for the future. You can even use your HSA to pay premiums for medical coverage in retirement.

HSA CONTRIBUTION LIMITS

If you enroll in the Choice Plus HDHP, you can contribute up to \$4,300 if you cover only yourself and up to \$8,550 if you cover any dependents. If you are age 55 or older, you may contribute an additional \$1,000 in annual catch-up contributions. (Catch-up contributions can begin any time in the calendar year in which you will reach age 55.)

How You Can Save on Taxes

Remember, any contributions you make to your HSA from your paycheck go into your account tax-free—and lower your taxable income.*

HSA: How You Can Save on Taxes	
If you contribute before taxes:	\$3000
Your take-home pay is reduced by:	\$2100
Your estimated potential tax savings:	\$890

** With respect to federal income and payroll tax only. Contributions, earnings and distributions may or may not be subject to state taxation. See a tax professional for more information on the state tax implications.*

*** Estimated annual after-tax cost assumes a single taxpayer in the 22% federal income tax bracket, with a 7.65% payroll tax and no state taxes incurred. Your actual tax savings may be more or less than the estimate shown depending on your taxable federal and state income, deductions, and filing status. Potential changes to federal and/or state tax rates may affect tax savings in future years.*

DID YOU KNOW Once you have \$1,000 in your HSA, you can begin to invest in mutual funds.

Important Facts About HSA Eligibility

If you enroll in the Choice Plus HDHP, you can also elect an HSA. However, under IRS rules, you are not eligible for an HSA if you are claimed as a dependent on someone else's tax return or if you are enrolled in any other non-qualified medical coverage. This includes:

- Your or your spouse's Health Care FSA (HCFSA). If you enroll in an HDHP for 2025 and have a 2024 HCFSA, the balance in your HCFSA on December 31, 2024 will be automatically converted to a Limited Purpose FSA (LPFSA) for 2025. Your LPFSA can be used for dental and vision expenses.
- Medicare Part A or B. However, if you have an existing HSA funded by contributions made prior to your Medicare enrollment, you may continue to invest your money and use it for qualified expenses.
- TRICARE, TRICARE for Life or Veterans Administration medical benefits (unless you have a service-connected disability).
- Short-term travel medical insurance that provides coverage when you travel outside the U.S. (whether or not provided by Brown & Brown).

Please consult your tax professional with questions. Also be sure to review IRS Publication 969. (Please note: The current version of this publication is for 2023 tax filings. The 2024 version will be released in late 2024/early 2025.)

Additional Benefits for Your Mental Health and Well-Being

Lyra Coaching, Therapy and Work Life Services— a Better Path to Care

Lyra offers confidential care for your emotional and mental health, how, when and where you need it. Whether you are feeling stressed, anxious or depressed—or are concerned for someone in your family who could benefit from Lyra's services—you will be able to find support. Lyra members waste less time looking for care and spend more time feeling better.

Completely confidential services and support include:

- Up to eight free coaching or therapy sessions per person each year.* You and each of your eligible family members have up to eight (8) free coaching or therapy sessions per person each year. Coaching is often most helpful for members who need support getting challenges like stress, burnout, anxiety and relationship issues under control so the feelings do not get worse. Your Lyra coach will work with you to identify challenges, get to the root of the issue, listen and help you learn new strategies to feel better and stay on track. Therapy is often most helpful for members dealing with clinical diagnoses or more complex or long-standing mental health challenges, such as PTSD, depression or eating disorders. Please note: Medication management and psychiatry are not included in free coaching or therapy. If you are enrolled in one of our Brown & Brown UnitedHealthcare (UHC) Choice Plus medical plans, you can access these services through your medical coverage.
- Access to Lyra's expansive network of 8,800+ diverse providers. Therapists are available across a multitude of provider categories (including gender, ethnicity, language and sexual orientation) and specialty areas (including divorce, veteran support and grief)—so you can find a provider more closely aligned to your unique needs.
- Self-help resources available on demand. With everything from guided meditations, how-to videos and mindfulness exercises through Lyra's app or on the web, you can choose the type of support that best fits your needs at any time.
- Access to coaches based on your preferences. We understand that different people have different levels of comfort with their care, as well as with technology—so you and each of your eligible family members can choose how you prefer to get that support in the way that feels best. Whether that is via live messaging through a mobile device or computer with real-time responses, phone, video or "face-to-face."
- Lyra Care for Teens. Lyra Care for Teens guides the young people you care about to tailored support, designed around them. Specialized providers exclusive to Lyra's network deliver the immersive, evidence-based Lyra Care experience.
- Support beyond mental health. In addition to mental health support, Lyra offers free consultations for legal, financial and identity theft services, and referrals for child, elder and pet care services.

Lyra is available to all teammates, regardless of medical plan enrollment. For complete details about eligibility and getting started with Lyra, as well as how you may be able to continue care with a Lyra provider beyond your free sessions if you enroll in a Brown & Brown UHC medical plan, see our 2024 Mental Health Resources Guide posted on The Spot.

Substance Use Treatment Helpline

Teammates and their families enrolled in a UHC medical plan have access to a substance use recovery advocate. Advocates provide judgment-free support. Call the UHC Substance Use Treatment Helpline at 1-855-780-5955, any time (24/7).

** U.S.-based teammates and their eligible dependents enrolled in one of our Brown & Brown UnitedHealthcare (UHC) Choice Plus medical plans can continue care beyond the eight free sessions with a Lyra network provider and access medication management/psychiatry.*

Additional sessions are billed through the medical plan and are subject to network cost-sharing, as defined in the Summary Plan Description.

2nd.MD

Brown & Brown teammates and their family members enrolled in a UHC medical plan have access to 2nd.MD, a virtual expert medical consultation and navigation service. With 2nd.MD you can connect with board-certified, elite specialists about your diagnosis or treatment plan all within a matter of days—at no cost to you! Get expert advice when you or an eligible family member has questions about a new or existing diagnosis, treatment plan, possible surgery, your medications or a chronic condition.

To activate your account and request a consult, visit 2nd.md/bbinsurance or call 1-866-269-3534. Download 2nd.MD from your phone's app store (Apple and Google Play).

Clinical Management Program: 2nd.MD Consultations Are Required for Spine, Hip and Knee Surgery
Depending on where you live and the physician you are currently seeing, treatment recommendations can vary widely for certain surgical procedures, like spine, hip and knee surgeries. Brown & Brown is committed to ensuring our teammates and their families are fully educated by some of the best doctors in the country before making major medical decisions. That is why we offer 2nd.MD to connect you with a board-certified, elite specialist for a virtual expert medical consultation via phone or video from the comfort of your home.

To encourage the best approach and quality of care, it will be required that you consult with 2nd.MD by phone at least 30 days prior to a scheduled spine, hip or knee surgery. If you do not take this step, a \$750 surcharge will be assessed to your surgery claim. This amount will not apply toward your deductible or out-of-pocket maximum. (This surcharge will not apply to emergency surgery or urgent surgery.)

It is important to keep in mind that it is always your choice whether or not to follow the guidance of the 2nd.MD specialist. This requirement is intended make sure you and your loved ones are equipped with expert information about treatment, diagnosis and surgical recovery.

Omada® Program for Diabetes

If you or your adult family members are living with diabetes and are enrolled in a Brown & Brown UHC medical plan, you have access to Omada® for Diabetes at no cost. It offers a personalized program that surrounds you with the tools and support you need to reach your wellness goals. The program includes:

- A professional health coach: Be paired with a Certified Diabetes Care and Education Specialist (CDCES) who is skilled in diabetes management and support.
- Connected devices: Receive a scale, glucose meter and strips that are automatically connected to a participant's private account.
- Access to medication management support: Coaches address challenges with taking medications and support your care plan.
- Online community support: Tailored to your interests. Visit omadahealth.com/bbins to get started.

Omada® for Prevention

If you or your adult family members are at risk for type 2 diabetes or heart disease and are enrolled in a Brown & Brown UHC medical plan, you have access to Omada® for Prevention at no cost. It offers an online behavioral counseling support program designed to help at-risk individuals combat obesity-related chronic disease. Participants in the program will:

- Receive a wireless smart scale and any necessary connected devices, delivered to your door.
- Be paired with a dedicated health coach and care team.
- Have access to interactive weekly lessons.
- See long-term results through changes to habits and behavior.

Visit omadahealth.com/bbins to get started.

Please note: Beginning December 1, 2024, you will need a unique access code to enroll. You can find this access code on your ESI Health Solutions portal (under the Health Solutions tab) or in Omada communications starting in 2025.

Supplemental Health Benefits

Hospital Indemnity Protection Plan

Brown & Brown offers all eligible teammates two Hospital Indemnity Protection Plan (HIPP) options through UnitedHealthcare (UHC). Enrollment in a Brown & Brown medical plan is not required and both plans can help protect from the high costs of hospital care for covered expenses such as:

- Hospital admissions
- Hospital confinements
- Intensive Care Unit (ICU) admissions
- ICU confinements

Covered teammates receive direct payments after hospital care that can be used for medical bills, living expenses, child care or a vacation. HIPP High Option 2 offers higher benefit amounts.

Insurance is not medical coverage. Please see the back cover of this Guide for an important disclosure about Hospital Indemnity Insurance.

A HIPP can be a great complement to medical coverage for an additional layer of financial protection. Keep in mind, however, no one may be covered more than once—if covered as a teammate, you cannot be covered as a dependent. For details about the coverage levels of the two options, visit the 2025 Open Enrollment page on The Spot.

2025 HIPP Low Option 1: \$1000			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$4.11 per pay period	\$7.22 per pay period	\$8.23 per pay period	\$12.09 per pay period
The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).			

2025 HIPP High Option 1: \$2000			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$8.23 per pay period	\$14.44 per pay period	\$16.46 per pay period	\$24.17 per pay period
The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).			

The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).

UHC Benefit Assist for Faster Payments

UHC offers a Benefit Assist feature if you also enroll in a Brown & Brown UHC Choice Plus medical plan. With Benefit Assist, following a qualifying critical illness diagnosis, hospital stay or serious

accident, you or your covered dependent will be contacted by a UHC Benefit Assistant. The Benefit Assistant will work with you to kick-start the claim process so cash benefits arrive more quickly.

Teammates covered under another medical plan can initiate a claim by calling UHC at 800-444-5854.

Dental Coverage

Brown & Brown teammates can choose between two MetLife dental plan options that use the PDP Plus provider network: a High or Low PPO. Members have access to in- and out-of-network benefits. Low Plan coverage is subject to usual and customary billing practices and typically results in greater out-of-pocket costs and provider balance billing.

2025 Dental HIGH Plan			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$22.54 per pay period	\$50.64 per pay period	\$45.43 per pay period	\$72.50 per pay period
<i>The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).</i>			

2025 Dental Low Plan			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$12.01 per pay period	\$27.14 per pay period	\$24.33 per pay period	\$38.91 per pay period
<i>The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).</i>			

2025 Dental In-Network Benefits at a Glance		
	2025 Dental High Plan	2025 Dental Low Plan
<i>Annual Deductible Employee</i>	\$50	\$100
<i>Annual Deductible Family</i>	\$150	\$300
<i>Type A: Preventative</i>	\$0	\$0
<i>Type B: Basic Restorative</i>	You pay 10% after deductible	You pay 20% after deductible
<i>Type C: Major Restorative</i>	You pay 40% after deductible	You pay 50% after deductible
<i>Type D: Orthodontia (Child)</i>	You pay 50%	You pay 50%
<i>Type D: Orthodontia (Adult)</i>	You pay 50%	Not Covered
<i>Annual Maximum (per person)</i>	\$2,000 per calendar year	\$1,250 per calendar year
<i>Orthodontia Lifetime (per person)</i>	\$1,000	\$1,000

The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).

* Important Note on Low Plan: The Low Plan is designed to be used as an in-network plan only. Out-of-network benefits are available; however, the reimbursement schedule is limited to the in-network provider negotiated fee resulting in balance billing, deductible for preventive service and higher costs to the participant. It is also important to point out that the calendar year deductible is not waived for out-of-network preventive services. If you anticipate out of-network services will be needed, please consider enrolling in the High Plan.

** Implants are not covered under the Low Dental Plan.

Vision Coverage

2025 Vision Plan			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$3.98 per pay period	\$6.84 per pay period	\$6.96 per pay period	\$11.05 per pay period
<i>The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).</i>			

The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).

2025 Vision In-Network Benefits at a Glance	
VSP Vision Plan	2025 Vision Plan Benefits
<i>Copay</i>	Exam \$0/Materials \$10
<i>Eye Exams (every calendar year)</i>	100% covered after your copay
<i>Standard Lenses (every calendar year)</i>	100% covered after your copay
<i>Contact Lenses (necessary every calendar year)</i>	100% covered after your copay
<i>Contact Lenses (elective every calendar year)</i>	Up to \$160 allowance
<i>Frames (every other calendar year)</i>	\$160 retail allowance

The vision plan through VSP allows you and your family members the freedom to visit any in-network or out-of-network doctor. However, when a VSP Advantage Network doctor is used, you will typically have lower out-of-pocket costs.

Spending Account Benefits

Brown & Brown provides you with the opportunity to pay for eligible medical, dental, vision and dependent care expenses on a pre-tax basis with flexible spending accounts (FSAs). Administrative services and claim reimbursements for the Health Care FSA (HCFSA), Limited Purpose FSA (LPFSA) and Dependent Care FSA (DCFSA) are provided by HealthEquity/WageWorks.

- Visa® debit cards are issued for the Health Care and Limited Purpose FSAs by HealthEquity/WageWorks. Debit cards for dependent care elections are not issued. Expenses for dependent care reimbursement can be submitted through the member portal on the HealthEquity website, completion of a DCFSA reimbursement form or through the HealthEquity mobile app. Recurring DCFSA claims can be scheduled for the duration of the Plan Year. Reimbursements will be made through direct deposit to an account specified by you.
- The Plan Year is January through December. Eligible expenses must be incurred by December 31 to be qualified for reimbursement in the current Plan Year. It is important to choose your annual amount(s) carefully to avoid having any unused funds at the close of the Plan Year.
- The HCFSA and LPFSA include a carryover provision and the DCFSA includes a 2.5 month grace period. Eligible expenses incurred during the Plan Year must be submitted by the following March 31. Please note: If you currently have a HCFSA and elect the Choice Plus HDHP for 2025, any available carryover balance will automatically be transitioned to an LPFSA on your behalf.
- The HCFSA and LPFSA can be reimbursed up to the total amount you have elected to deposit for the year. If termination of the either account occurs prior to the end of the Plan Year, you are only eligible for reimbursement of expenses which were incurred while you are a participant in the plan unless (if applicable) COBRA continuation is elected.
- DCFSA can be reimbursed up to the total amount you have deposited. If termination of the DCFSA occurs prior to the end of the Plan Year, you can continue to request eligible reimbursements until the earlier of the date your balance is exhausted or the end of the Plan Year.
- New elections are required for all FSAs. If you do not make new elections for 2025, your participation in these accounts will end. Elections do not roll over from year to year.
- Please keep in mind when electing the DCFSA—it is not used for the reimbursement of medical expenses for dependents.
- The DCFSA is subject to IRS discrimination testing. Future annual benefit elections of highly compensated participating teammates may be adjusted based on test results.

Limited Purpose FSA for Choice Plus HDHP Members

Under IRS rules, you (and your spouse, if applicable) cannot have both an HSA and a Health Care FSA.

If you are enrolling in the Choice Plus HDHP with HSA and would like to take advantage of additional tax savings opportunities, you can enroll in the Limited Purpose FSA for dental and vision expenses only. Your HSA can be used for medical expenses.

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	Available with or without a medical plan election and only if an HSA is not opened	Available if you enroll in the Choice Plus HDHP and elect contributions to the HSA	Available with or without a medical plan election
Qualified Expenses	Medical, prescription drug, dental, vision and hearing	Dental and vision only	Dependent care facility fees before and after school, local day camp, nursery school for eligible dependents under age 13 (or tax eligible dependents who cannot care for themselves) and adult day care. Medical (health care) expenses for dependent(s) are not eligible for reimbursement under the DCFSA.
Annual Contributions (You cannot change your elections unless you have a qualified life event)	\$100/min; \$3,300/max through pre-tax payroll deductions	\$100/min; \$3,300/max through pre-tax payroll deductions	\$5,000 per year; \$2,500 if tax filing as single through pre-tax payroll deductions
Carryover	Carryover Yes: \$660*	Yes: \$660*	No
Grace Period	No	No	Yes

* Current plan participants with funds remaining in your HCFSA as of 12/31/24 will have up to \$640 of those unused funds to carry over and can be used for eligible expenses incurred in 2025. Any unused funds over \$640 will be forfeited. For example, if you contributed \$2,850 to the HCFSA in 2024 and only incurred eligible expenses totaling \$2,000, \$640 would carry over into 2025 but the remaining \$240 of unused funds would be forfeited.

** Current plan participants with funds remaining in your DCFSA as of 12/31/24 will have a 2.5 month grace period, January 1–March 15, to allow for additional time to spend those dollars. You will have until March 15, 2025 to incur eligible dependent care expenses and use money left over from 2024 to pay them. The last day to submit claims is March 31, 2025. Any unused funds would be forfeited after the grace period ends.

Note: Teammates are required to follow all tax laws and are encouraged to consult your tax professional with questions.

Commuter Benefits

2025 Benefits at a Glance: Commuter Benefits		
Description	Commuter Transit	Commuter Parking
Elections	Available with any plan elections or alone	Available with any plan elections or alone
Qualified Expenses	Public Transportation (bus, train, ferry, subway); Commuter Highway Vehicles (vanpools) for commuting to work	Parking expense for parking at or near your job or location from which you commute to work
Maximum Pre-Tax Monthly Contributions	\$325 per month through pre-tax payroll deductions	\$325 per month through pre-tax payroll deductions
Portability (year end balance rollover)	Yes	Yes

Teammates in New York should make elections for the Long Island Railroad and Metro North Railroad prior to 12/4/24 to be effective 1/1/25. All other elections and/or changes must be made by 12/10/24 for a 1/1/25 effective date.

Disability Coverage

Short Term Income Replacement (STIR) and Long Term Disability (LTD) coverage are offered through The Hartford.

Short Term Income Replacement

Brown & Brown offers STIR at no cost to you. This benefit provides valuable income replacement in the event you have a non-occupational injury or illness that prevents you from working your regular work schedule.

- Eligible teammates are automatically enrolled in this benefit.
- Income replacement will be determined using current earnings.
- Benefits begin after completion of a qualifying period.
- Benefits will be coordinated with state disability plans where applicable.
- Disability Period and Maximum Benefit Period: The disability period will begin with the first date you are away from work due to the disabling condition and may continue for a maximum benefit period of 90 calendar days subject to approval by the Clinical Advisor.

2025 SHORT TERM INCOME REPLACEMENT RATES	
Employee Cost	Maximum Benefit Period
\$0.00 per pay period	90 calendar days

2025 Long Term Disability Rates		
Employee Cost	Buy-up Benefit Option 1	Buy-up Benefit Option 2
\$0.00 core benefit	\$0.19 per \$100 of your covered monthly earnings	\$0.264 per \$100 of your covered monthly earnings

Long Term Disability

Brown & Brown also offers LTD to replace a portion of your income when you cannot work on a full-time basis because of a non-occupational injury or illness. No medical information is required if you elected LTD during your initial enrollment period. If you did not elect coverage during your initial enrollment period, you may enroll during Open Enrollment.

- Company Paid Core LTD Benefit: 50% of covered earnings, up to \$5,000 monthly maximum benefit. No cost to teammates.
- Buy-Up Option 1: 60% to \$15,000 monthly maximum benefit or up to \$300,000 in covered earnings ($\$300,000 \times .60 = \$180,000/12 = \$15,000$ monthly maximum benefit).
- Buy-Up Option 2: 60% to \$25,000 monthly maximum benefit or up to \$500,000 in covered earnings ($\$500,000 \times .60 = \$300,000/12 = \$25,000$ monthly maximum benefit); teammates must earn over \$300,000 per year to elect this option.

All options include a 90-day qualifying period, actively at work provision and pre-existing conditions limitation.

Life and Accidental Death & Dismemberment (AD&D)

Insurance Basic Term Life and AD&D Insurance

Basic Term Life and AD&D Insurance

Group Term Life and AD&D insurance is offered through The Hartford. If group term life is elected during your initial enrollment period, no medical information is required.

- \$50,000 basic life insurance at no cost to teammates.
- Additional 2x earnings when combined with basic \$50,000 is offered at 50% cost share up to a maximum benefit of \$500,000.
- Monthly cost is \$0.0515 per \$1,000 of coverage amounts over \$50,000.
- Guarantee Issue at hire to a maximum of \$500,000.
- Coverage is reduced by 35% at age 70 and an additional 20% at age 75.
- Includes an AD&D benefit which provides additional benefits.
- Coverage can be converted or ported in the event of termination from employment.

Voluntary Term Life and AD&D

Voluntary Term Life (VTL) and AD&D is offered by The Hartford. If you elect coverage for yourself, you then may also elect coverage for your spouse and/or dependent children. You cannot be covered more than once under the Plan.

No medical information is required if benefit is elected during your initial enrollment period. If you do not elect coverage for yourself or your dependents during your initial enrollment period, you may enroll during Open Enrollment; however, Evidence of Insurability (EOI) may be required and processed through underwriting.

- Available in 1 to 8 times your annual earnings to a maximum of the lesser of 8 times salary or \$1M.
- Premium is based on age and smoking status.
- Benefit is based on annual earnings. Refer to the Summary Plan Description for details.
- Guaranteed Issue at hire to a maximum of \$1M.
- Coverage is reduced by 35% at age 70 and an additional 20% at age 75.
- Coverage can be converted or ported in the event of termination from employment.

SPOUSAL COVERAGE

- Available only if teammate elects VTL insurance (this coverage operates independently of Group Term Life).
- Premium is based on spouse's age and smoking status.
- May purchase up to 50% of teammate coverage, up to a maximum of \$150,000 in \$10,000 increments.
- Guarantee Issue is up to \$150,000 if elected during initial enrollment.
- Coverage is reduced by 35% at spouse age 70 and an additional 20% at spouse age 75.

CHILD(REN) COVERAGE

- Available only if teammate elects VTL insurance (this coverage operates independently of Group Term Life).
- \$20,000 life only (AD&D coverage does not apply) benefit level per child; birth to age 26.

Employee Cost	Core Benefit
\$0.00 per pay period	\$50,000 basic coverage

Personal Accident (AD&D)

Personal Accident (AD&D) Insurance through New York Life (formerly Cigna) can help you pay expenses if you, your covered spouse or children are seriously injured or killed in a covered accident. Your cost will depend on the option and benefit amount you select. Visit the 2025 Open Enrollment page on The Spot for detailed benefit information.

Coverage can be elected to cover a lawful spouse until the end of the year the spouse turns 99 and any unmarried dependent child(ren) from live birth until the end of the calendar year in which the child reaches age 26. No one may be covered more than once under this Plan. If covered as a teammate, you cannot be covered as a dependent.

2025 Personal Accident (AD&D)			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Select from \$25,000 to \$1,500,000 of coverage in units of \$25,000. Maximum coverage cannot be more than 8 times your annual salary.	Each covered child's benefit will be equal to 25% of teammate's benefit amount. The benefit amount per child cannot exceed \$100,000. The premium is the same regardless of the number of children covered.	Spouse's benefit amount will be 60% of teammate's and cannot exceed \$600,000.	Spouse's benefit will be 50% of teammate's, not to exceed \$600,000. Each covered child's benefit will be equal to 20% of teammate's benefit amount; not to exceed \$100,000 per child. The premium is the same regardless of the number of children covered.

Voya Accident and Critical Illness Insurance Plans

Group Accident and Critical Illness Insurance plans through Voya are an additional layer of financial protection from unexpected life events when used in conjunction with a medical plan.

2025 Group Accident Rates			
EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
\$2.19 per pay period	\$4.71 per pay period	\$4.38 per pay period	\$6.90 per pay period
The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).			

GROUP ACCIDENT INSURANCE

Group Accident Insurance coverage pays cash benefits to help with the costs associated with out-of-pocket expenses and bills—expenses major medical may not take care of, including:

- Emergency room visits • X-rays
- Physical therapy
- Stitches
- Follow-up doctor treatments

The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).

GROUP CRITICAL ILLNESS

Group Critical Illness coverage is intended to help with the treatment cost of life-changing illnesses and health events, so you can stay focused on recuperation. Recent advances in medicine can allow patients who suffer from a critical illness to live longer, thus increasing the concern about paying for treatments or expenses. With the Group Critical Illness plan, you receive cash benefits directly from Voya giving you the flexibility to pay bills related to treatment or to help with everyday living expenses. Rates are based on age and coverage level. Visit the 2025 Open Enrollment page on The Spot for detailed benefit information.

Take Advantage of the Voya Wellness Benefit!

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit included with your Voya Group Accident and Critical Illness Insurance provides an annual payment if you complete a covered health screening on or after your coverage effective date. You may also receive a benefit payment for your spouse and/or children if they are covered. You can earn \$50 for yourself and your spouse, and \$50 for your children.

For a complete list of eligible health screening tests, as well as instructions for filing a claim for your benefit, visit the 2025 Open Enrollment page on The Spot.

Identity Theft Protection

ID Watchdog theft protection is available to eligible Brown & Brown teammates and provides an affordable way to help protect and monitor the identities of you and your family. You will be alerted to potentially suspicious activity through the support of dedicated resolution specialists.

ID theft services include:

- Credit report and dark web monitoring
- Credit score tracking and financial accounts monitoring
- Up to \$1M identity theft insurance and more!

ID Watchdog is everywhere you cannot be to help you better protect your identity. Find more details on the 2025 Open Enrollment page on The Spot or call ID Watchdog at 1-866-513-1518 for further information.

2025 Identity Theft Protection Rates			
Employee Only	Employee + Spouse/Family		
\$3.75 per pay period	\$7.00 per pay period		
The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).			

The rates above show twice per month (24) payroll deductions. Calculate the monthly employee rate (12) by multiplying the cost above by two (2).

Additional Benefits Beyond Open Enrollment

Medical plan enrollment is not required

Memorial Sloan Kettering

MSK Direct by Memorial Sloan Kettering Cancer Center is a benefit that gives you and your family dedicated access to exceptional cancer care, support and expert resources. Whether you need treatment, a second opinion or expert guidance on topics like prevention and caregiving, the MSK Care Team can help. Visit The Spot for detailed information or call the Brown & Brown MSK Direct dedicated phone line at 1-833-516-1113.

Medicare Advocacy

Teammates and/or family members eligible for Medicare often have questions about Medicare, Medigap, Medicare Advantage or Medicare Prescription Drug coverage. Brown & Brown Eligibility Services is the Medicare-focused arm of Brown & Brown Absence Services Group. Brown & Brown Eligibility Services can provide valuable education to assist with answering Medicare questions at no cost. To learn more about Medicare or Medicare-related products and services, visit The Spot or contact Brown & Brown Eligibility Services at 1-833-830-2386.

Education Assistance Program

The Education Assistance Program is an investment in your future career growth and development. Our culture strongly values driven teammates who work hard for our Company and who also want to further their education. Eligible teammates have an opportunity to utilize available funding for Tuition Reimbursement, Student Loan Repayment Assistance and the National Merit Brown & Brown Scholarship competition. Additional information is available on The Spot.

Home, Auto and Pet Insurance

Through the Brown & Brown Teammate Savings Center platform, you can find discounts and preferred pricing on auto, home and pet insurance. Visit the Teammate Savings Center for more information.

KinderCare Tuition Savings

Brown & Brown partners with KinderCare Education to provide a 10% savings on tuition at KinderCare Learning Centers and Champions school programs. As a result, most Brown & Brown families could save \$1,500 per year or more! Visit the Teammate Savings Center for more information.

Teammate Discounts

Find additional discounts on The Spot in the Teammate Hub under Teammate Discounts.

Employee Stock Purchase Plan (ESPP)

The ESPP presents the opportunity for teammates to purchase shares of Brown & Brown, Inc. common stock at a 15% discount through payroll deduction. The ESPP plan year runs from August 1 to the following July 31 and Open Enrollment is held each year during the month of July. You may reduce your deduction one time during the plan year, or discontinue deductions at any time, but you will not be allowed re-entry until the next plan year. This benefit is offered through E*Trade. Additional information is available on The Spot.

401(k) Employee Savings Plan

You may choose to make pre-tax or after-tax contributions through a Roth 401(k) election up to the annual IRS maximum limit. Deferrals may be a percentage of your earnings and, for teammates paid bi-weekly, deductions are taken on all 26 pay periods that you participate. You may stop or change your contribution, change your investment direction or reallocate funds at any time. Brown & Brown will make Safe Harbor

Employer Matching Contributions to your account if you are participating in the Plan. Brown & Brown will match 100% of the first 3% of your eligible pay and 50% of the next 2% of your eligible pay that you contribute to the Plan. If you contribute less than 5%, you are not taking full advantage of the matching contribution. This benefit is offered through Schwab Retirement Plan Services, Inc. Additional information is available on The Spot.

Financial Wellness Programs

Whether you are at the beginning of your career, nearing retirement or anywhere in between, a financial wellness program can provide the tools, resources and guidance to help achieve your financial goals. Brown & Brown is proud to offer two financial wellness programs at no cost to teammates.

- Morgan Stanley: The Morgan Stanley financial wellness program will provide you with access to educational tools, resources and professionals. Please log into the financial wellness digital portal to measure and improve your financial well-being by exploring a range of topics recommended based on your individual needs. Additional information is available on The Spot.
- Charles Schwab: Schwab Retirement Plan Services offers an interactive, online dashboard designed to help retirement plan participants save and invest. An active Schwab Retirement Plan Services account is required to access the Financial Wellness tools and resources. Additional information is available on The Spot.

Contacts

Medical and Brown & Brown Health Concierge

UnitedHealthcare

UHC National Choice Plus and Choice Plus Harvard Pilgrim Networks

Group Number: 909131

1-844-298-8929

myuhc.com

Need to find a provider? Sign-in to your myuhc.com account OR select “Find a Provider” on the UHC home page. Look at care options under “Choice Plus” or “Choice Plus with Harvard Pilgrim” if you live in Maine, Massachusetts or New Hampshire.

Health Savings Account (HSA)

Access your account through:

UnitedHealthcare

1-844-298-8929

myuhc.com

-or-

Optum Bank

1-866-234-8913

optumbank.com

Medicare Advocacy

Brown & Brown Eligibility Services

1-833-830-2386

bbeligibility.com/medicare-advocacy

Memorial Sloan Kettering Cancer Center

MSK Direct

1-833-516-1113

mskcc.org/bbins

Dental

MetLife

PDP Plus Network Group Number: 316235

1-855-638-3943

metlife.com

Need to find a provider? Visit MetLife’s web page and click on “Find a Dentist.” Select “PDP Plus” as the network and enter your search criteria.

Prescription Drug

Express Scripts

Group Number: BRWNRX1

BIN Number: 003858

PCN Number: A4

1-800-745-3931

express-scripts.com

accredo.com

-or-

PillarRx

1-636-289-0114

Vision

VSP

Advantage Network

Group Number: 30086006

1-800-877-7195

vsp.com

Need to find a provider? Visit VSP's web page and click on "Find A Doctor." Create an Account or Log In. Select the search option (i.e., Location; Office; Doctor) and enter in the requested information.

Omada® Program for Diabetes

Omada® Program for Prevention

Omada

1-888-409-8687

omadahealth.com/bbins

Virtual Expert Medical Consultation

2nd.MD

1-866-269-3534

2nd.md/bbinsurance

Short Term Income Replacement

The Hartford

Policy #697940

NY DBL/PFL Policy #709694

HI TDI Policy #297230

1-888-277-4233

thehartford.com/mybenefits

Long Term Disability

The Hartford

Policy Number: 715023

1-888-277-4233

thehartford.com/mybenefits

Life and AD&D Insurance

The Hartford

Policy Number (Life): 715023

Policy Number (AD&D): S09316

Contact Brown & Brown Team Resources Center at 1-866-505-0991/Press 1 or benefits@bbins.com

Personal Accident (AD&D) Insurance

New York Life

Group Number: OK-809523

Contact Brown & Brown Team Resources Center at 1-866-505-0991/Press 1 or benefits@bbins.com

Hospital Indemnity Protection Plan (HIPP)

UnitedHealthcare Financial Protection

Group Number: 306944

1-800-444-5854

myuhcfp.com

Accident & Critical Illness

Voya Financial

Group Number: 738581

1-888-790-6056

Claims Filing: voya.com/claims

Flexible Spending Accounts

HealthEquity/WageWorks

Health Care, Limited Purpose & Dependent Care Group Number: 40136

1-877-924-3967

healthequity.com/wageworks

Commuter Benefits

HealthEquity/WageWorks

Group Number: 40136

1-877-924-3967

healthequity.com/wageworks

ID Theft Protection

ID Watchdog

Group Number: 2000153353466

1-866-513-1518

idwatchdog.com

Lyra Coaching, Therapy and Work Life Services

Care Navigator Team

1-877-253-2606

bbins.lyrahealth.com

care@lyrahealth.com

Employee Stock Purchase Plan

E*Trade

1-800-838-0908

etrade.com

401(k) Employee Savings Plan

Charles Schwab

1-800-724-7526

workplace.schwab.com

Financial Wellness Program

Charles Schwab

1-800-724-7526

workplace.schwab.com

Morgan Stanley

1-866-324-6087

mso.morganstanleyclientserv.com/publiccontent/finwell/

welcome.html?c=bbins

RESOURCES AVAILABLE:

Download the MyBenefitsApp

Stay informed and know what is covered by visiting

bbinsurance.mybenefitsapp.com.

Need More Help?

Contact the Brown & Brown Team Resources Center at

1-866-505-0991 (press 1) or benefits@bbins.com with benefits questions (Monday – Friday 8:00 a.m. to 6:00 p.m. ET).

All posted information is available in printed form upon request including Summary of Benefits and Coverage, Summary Plan Descriptions (SPD), Summary Annual Reports and Regulatory Notices listed below from the Brown & Brown Team Resources Center:

Children's Health Insurance Program Notice (CHIP), HIPAA Notice of Privacy Practices, Special Enrollment Rights Notices, Medicare Part D, Women's Health and Cancer Rights Act (WHCRA), Glossary of Health Coverage and Medical Terms, COBRA Frequently Asked Questions, Hospital Indemnity Notice, Health Insurance Marketplace Coverage Notice and Rights & Notice of Surprise Billing.

Hospital Indemnity Notice

This is a fixed indemnity plan, not health insurance. Since this policy does not have health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. If you are looking for comprehensive health insurance, visit HealthCare.gov, call 1-800-318-2596 (TTY: 1-855-889-4325), or contact Brown & Brown Team Resources.

DISCLAIMER: The information provided by Brown & Brown and its subsidiaries ("Company") in this Guide is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.