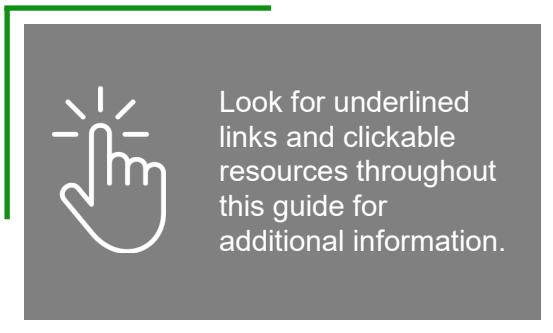


>> 2024 BENEFITS GUIDE



Welcome

About this guide:



Look for underlined links and clickable resources throughout this guide for additional information.



Please consider the environment before printing this guide.



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This booklet provides selected highlights of the employee benefits program at WebMD. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at WebMD. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. WebMD reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Need More Information?

BenefitASSIST is your Benefit Resource

BenefitASSIST is your resource for claims resolution and benefit plan details. They can help you resolve issues with the following benefits and topics:

- Medical, Dental, Vision, Life, Disability, FSA, Commuter Benefits, and HSA
- Benefit questions
- ID card issues
- Questions regarding bills/claims and resolutions
- Prescription issues
- Provider network questions
- ...and much more!

You can contact your dedicated BenefitASSIST representatives at:

Phone: 1.866.MyWebMD (1.866.699.3263), Option 1

Monday - Friday

9:00 am - 8:00 pm (ET)

Email: BenefitASSIST@mcgriffinsurance.com



Eligibility



Eligibility

You are eligible for benefits if you are a:

- Full-time employee working at least 30 hours a week.
- Former full-time employees moving to a part-time status (working at least 20 hours a week) may retain benefits

Eligible Dependents

You may also enroll your eligible dependents in the medical, dental, and vision plans. Generally, your eligible dependents are:

- Your legally married spouse or domestic partner (same or opposite sex)
- Your children up to age 26. Your “children” may include your natural, stepchildren, and/or adopted children
- Your mentally or physically disabled children over age 26, if they are incapable of self-care. You will have to provide documentation of their disability

Enrolling a Domestic Partner

If you are enrolling a same-sex or opposite-sex domestic partner, you must submit a Statement of Domestic Partnership form, which can be found on Employee Central. You must submit this form, along with all required supporting documentation, to HR at Benefits@webmd.net before your domestic partner receives benefits coverage. This form can be also found on the Better Yourself Health Manager under Benefits Information. Additionally, to add a Domestic Partner, you should log onto the Ceridian Dayforce platform and follow the instructions to add your dependent.

New Hires

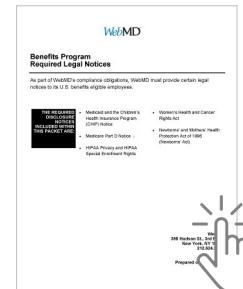
If you are a benefits eligible new hire, you will be eligible for benefits on the first day of the month following your date of hire. You will receive an email explaining that you are now able to enroll in your benefits. As a new hire, you will need to enroll in your benefits within 31 days of your hire date. If you do not enroll within the 31 day deadline, you will not be eligible to enroll in benefits until the next Open Enrollment period.

Even if you are not electing to enroll in WebMD's benefits program, please login and actively “Waive” all benefits.

Required Legal Notices

As part of WebMD's compliance obligations, WebMD must provide certain legal notices to its U.S. benefits eligible employees.

Click the thumbnail on the right to view these Required Legal Notices.



When Can Benefits be Changed?

Changing Coverage During the Year

Once you enroll, your elections will remain in effect until December 31, 2024. You will not be able to make changes to your elections until the next Open Enrollment period, unless you have a "Qualified Life Event" during the plan year, as defined by the IRS. Some examples include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Commencement/termination of spouse's job
- Dependent becomes ineligible for coverage

In the event of a Qualified Life Event (QLE), you may change your coverage level or benefit plan type, with the exception of the Legal Assistance Plan. You must notify HR Benefits and make your changes within 31 days of the effective date of the QLE, otherwise you will not be able to change your election until the next Open Enrollment period.

Please note the steps to making changes to your benefit elections;

1. Complete and submit in Ceridian Dayforce a QLE Form located in "Benefits/Forms"
2. Send supporting documentation to:
Benefits@webmd.net
3. Once the QLE request has been approved, you must complete the Enrollment Change in Ceridian Dayforce to make election changes

Tax Implications of Domestic Partner Coverage

The portion of the cost that you pay for domestic partner coverage is paid with after-tax dollars. In addition to paying for part of the coverage on an after-tax basis, the IRS requires you to be taxed on the value of the coverage the company provides to a domestic partner. As such, it must be added to your gross taxable income. This amount is referred to as imputed income. The amount of imputed income is calculated by taking the Fair Market Value of your domestic partner's coverage and subtracting any after-tax cost you've paid. Imputed income for your domestic partner coverage is added to your earnings, taxed accordingly and then deducted from your pay check. Imputed cost for domestic partner coverage will be displayed on your pay stub as follows:

- Medical: MED IMPUTED INC
- Dental: DEN IMPUTED DP



Making Your Benefit Elections

Your 2024 Benefit Elections will be administered through Ceridian Dayforce.

Step 1: Access Dayforce

Option 1: Access Dayforce via Single Sign-on

Ceridian Dayforce has a “single sign-on” (SSO) feature that allows you to log on to the site when connected to the VPN. Access to Dayforce through SSO can be done through the Intranet at account.activedirectory.windowsazure.com/#/applications.

For this option, no Employee ID or Password is required. If you have any issues signing-on, please submit a ticket to Desktop Services.

Option 2: Access and Register with Dayforce directly from the Internet, via www.dayforcehcm.com

- The Company Code is WebMD
- Your User Name is your Employee ID. Your Employee ID is a five digit code provided to you by your HR Team. You may email HRCentral@webmd.net if you are not sure what your Employee ID is.
- Your default Password is the last four digits of your Social Security number, followed by an “!”, then your birth year, another “!”, and your last name.

For example:

Sample Employee Name: John Smith

Sample Employee SSN: 123-45-6789

Sample Employee Date of Birth: November 30, 1975

Sample Employee Password: **6789!1975!Smith**

Note: If you need a password reset please contact HRCentral@webmd.net.

Step 2: Understand Your Benefits

Review this 2024 Benefits Guide, your medical plans’ Summaries of Benefits and Coverage (SBC), and any other benefit plans’ summaries and flyers to familiarize yourself with your options. If you have questions about your benefit offerings, please call BenefitASSIST at 1.866.MyWebMD, Option 1.

Step 3: Make Your Benefit Elections for the 2024 Plan Year



Better Yourself Wellness Program

Better Yourself, powered by WebMD ONE, offers tools to help support every step of your well-being journey.

No matter your inspiration or motivation, Better Yourself is here when you decide it's time for a change. Better Yourself provides resources that can help you stay positive, push through challenges and pursue more healthy passions throughout your life. Plus, you can earn up to **\$600 in premium credits** for next year!

Find resources that can help with every health goal:

- **Health Assessment**—Learn exactly where your health stands. Answer this quick questionnaire to get a personalized health report and recommendations. The Health Assessment is required to earn rewards—complete it today and take the first step toward up to \$600!
- **Health Coaching**—Receive free, professional health advice. A coach can help create a well-being routine that matches your goals and lifestyle.
- **Media library**—Watch easy-to-follow exercise videos, listen to engaging mental health podcasts and more.
- **Device and App Connection Center**—Automatically track and upload your activity with a fitness device or app.
- **Personal Health Record**—A simple way to view all your health information in one place.

Earn Rewards and So Much More

Better Yourself is here to help you feel happy, healthy and connected. If you'd like, you can team up with co-workers to work toward shared well-being goals or join fun wellness challenges. Participate in rewards and earn up to \$600 of health insurance premium reductions for 2025. The incentives you earn can be applied to a medical, dental or vision WebMD benefit plan.

Not enrolled in WebMD benefits? You can still earn rewards! If you are not enrolled in any of the WebMD benefit plans, the incentive dollars you earn will be paid to you directly in every paycheck and subject to taxation.

Visit the Rewards page for a simple way to track your progress and see all the ways you can earn rewards, including:

- Work with a WebMD Health Coach.
- Log 8,000 exercise minutes.
- Improve your mental health with meQuilibrium.
- Complete preventive medical, dental, or vision exams.

You must complete preventive exams and screenings by October 31st and all other activities by November 30th in order to receive your premium credits for the upcoming year.

Notice of Reasonable Alternative Standard

The Better Yourself Wellness Program is a voluntary program that offers you financial incentives for taking active steps to learn about and improve lifestyle habits that influence your health. Rewards for participating in the Better Yourself Wellness Program are available to all benefits eligible employees. If you think you might be unable to meet a standard for a reward under this wellbeing program, you might qualify for an opportunity to earn the same reward by a different means. Please contact benefits@webmd.net to request that WebMD work with you to find an activity with the same reward that is right for you, in light of your health status. [Click here](#) to learn more.

webmdhealth.com/betteryourself

To log in, access **Azure** when you are logged into the WebMD network. Then, click on Better Yourself. If you need assistance, contact Customer Service at **1.866.302.6577**, option 1.

Download the Wellness At Your Side Mobile App

1. Visit the Apple App Store or the Google Play Store and search for "Wellness At Your Side."
2. Download the app and enter your connection code: **BetterYourself**.
3. Register a new account on the WebMD ONE portal and personalize your experience by answering a few questions about your health goals.





Choosing the right health plan is probably one of the most important decisions you can make for you and your family. What's most important to you – cost, provider choice, or convenience?

Considerations When Making Your Medical Plan Decision

Carefully review all of the medical plan options made available to you and your family members. Variables that impact your selection normally include your dependents' health, your expected medical costs, your payroll contributions and any anticipated family changes. In deciding on a medical option, please consider the following:

Are your current doctors in the plans' network of providers?

You may choose to see in-network physicians who are contracted with UnitedHealthcare (UHC) and its national PPO Network of doctors, or non-network doctors who are not. However, it is almost always in your best interest to see in-network providers whenever possible. Providers who are contracted with UHC, will save you the most in your out-of-pocket expenses because UHC has negotiated discounts with these providers. Plus you will not be billed for balances beyond any deductible and/or coinsurance for covered services.

How often do you plan to use your medical benefits during the year?

Some plans make sense if you require extensive medical care throughout the year or have a longstanding relationship with a non-network provider. Others may be more cost effective with lower out-of-pocket costs if you only need routine care during the year.

What are the out-of-pocket costs associated with each plan?

Keep in mind that depending on the plan, you may have to pay coinsurance or copayments for medical services received, and/or an annual deductible that will need to be met before the plan starts paying any benefits.

How much are my premium contributions?

When I combine my premium contributions with my anticipated medical costs, which plan makes the most sense financially? If I have less premium contributions, can I put the money I save in premium costs into a savings account toward potential/future health care expenses?

You can refer to the medical plan comparison charts for a snapshot on commonly used benefits and refer to the carrier plan benefit summary or plan document for more details on specific benefits.

Medical

The Medical Plan Summaries included in this Benefits Guide provide you with a high-level comparison of the Choice Plus PPO and HSA Plans. For a more detailed look at all benefits and services please see the Summary of Benefits and Coverages (SBC), or your plan documents. Both options are provided through UnitedHealthcare and its national PPO Network of doctors.

Choice Plus PPO - Medical Plan Summary

Limeade PPO Plan		
Feature or Service	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Calendar Year Out-of-Pocket Maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Preventive Care	No Charge	Not covered
Office Visit (PCP Specialist)	\$20 copay	50% ¹
Diagnostic Lab and X-Ray	\$75 copay	50% ¹
Urgent Care	\$20 copay	50% ¹
Emergency Room	20% ¹	
Hospital - Inpatient	20% ¹	50% ¹
Surgery - Outpatient	20% ¹	50% ¹
Durable Medical Equipment	20% ¹	50% ¹
Prescription Drug Benefits		
Generic Drugs (Tier 1)	\$10 copay	
Preferred Brand Drugs (Tier 2)	\$30 copay	
Non-Preferred Brand Drugs (Tier 3)	\$60 copay	
Specialty (Tier 4)	n/a	
Mail Order Prescriptions (90-day supply)		
Generic Drugs (Tier 1)	\$25 copay	
Preferred Brand Drugs (Tier 2)	\$75 copay	
Non-Preferred Brand Drugs (Tier 3)	\$150 copay	
Specialty (Tier 4)	n/a	

¹Subject to the applicable deductible



Medical

It's important that you take the time to think about how you use your healthcare benefits and services to determine which plan is best for you. In comparison to the PPO plan, the HSA offers you significantly lower payroll contributions and the opportunity to open a tax-advantaged Health Savings Account (HSA) to help pay for medical expenses, including your deductible.

Annual employer contributions into the HSA can equal up to \$600 for employee only coverage or \$1,200 for employees enrolled with dependent coverage. Employer contributions are contingent upon the employee opening up an HSA with Fidelity. Please see additional information on HSAs beginning on page 13.

Choice Plus HSA Plan - Medical Plan Summary

Limeade HSA Plan		
Feature or Service	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$1,600	\$3,200
Family	\$3,200	\$6,400
Calendar Year Out-of-Pocket Maximum		
Individual	\$4,500	\$6,850
Family	\$9,000	\$18,000
Preventive Care	No Charge	Not covered
Office Visit (PCP Specialist)	20% ¹ 20% ¹	50% ¹ 50% ¹
Diagnostic Lab and X-Ray	20% ¹	Not covered
Urgent Care	20% ¹	50% ¹
Emergency Room	20% ¹	
Hospital - Inpatient	20% ¹	50% ¹
Surgery - Outpatient	20% ¹	50% ¹
Durable Medical Equipment	20% ¹	Not covered
Prescription Drug Benefits		
Generic Drugs (Tier 1)		\$15 ¹
Preferred Brand Drugs (Tier 2)		\$45 ¹
Non-Preferred Brand Drugs (Tier 3)		\$85 ¹
Specialty (Tier 4)		\$300 ¹
Mail Order Prescriptions (90-day supply)		
Generic Drugs (Tier 1)		\$37.50 ¹
Preferred Brand Drugs (Tier 2)		\$112.50 ¹
Non-Preferred Brand Drugs (Tier 3)		\$212.50 ¹
Specialty (Tier 4)		\$750 ¹

¹Subject to the applicable deductible



Health Savings Accounts (HSA)

How an HSA Compatible Medical Plan Works

First, you can use your HSA funds to pay for medical care and prescriptions. Remember that unused HSA funds rollover from year to year and are yours to keep.

After you have used all of your HSA funds, or if you choose not to use the HSA to pay for covered services, you will be responsible for the remainder of your deductible. Once your deductible is satisfied, you will pay a percentage of the cost (your coinsurance) until your annual out-of-pocket maximum is reached.

Once your annual out-of-pocket maximum is reached, the plan will pay 100% in-network of the cost of covered services. Please note you will still be responsible for costs in excess of reasonable and customary limits (applies to non-network providers only).

If you choose the HSA Plan, a reminder that you must open the HSA Account with Fidelity to avoid any delays in your funds being deposited, even if you do not elect to contribute to the HSA. To open your HSA, please log onto the Fidelity Website at www.netbenefits.com and click on the "Accounts & Benefits" tab at the top of the homepage. Then click "Health Savings Account" under the MH Sub I LLC company from the drop-down menu to follow the simple steps to open your HSA. If you do not receive your debit card within 7-10 business days, please reach out to Fidelity directly.

Deductible

Your traditional in-network health coverage begins after you meet the deductible. In-network deductible is \$3,200 if you enroll yourself only, or \$6,400 if you enroll one or more family members. Out-of-network deductible is \$6,400 if you enroll yourself only, or \$12,800 if you enroll one or more family members. After meeting the deductible, most benefits are paid on a percentage basis rather than flat dollar co-pays.

If you have family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Out-of-Pocket Maximum

Your calendar year deductible, non-preventive medical services and non-preventive prescription drug co-pays all apply to the HSA annual out-of-pocket maximum. Amounts charged exceeding usual, customary and reasonable are not included in your out-of-pocket maximum when using out-of-network providers. Once you have reached your annual out-of-pocket maximum, medical and prescription drug expenses are covered at 100% in-network.

Preventive Care

Preventive care and wellness visits for adults and children are paid in full when you use PPO Preferred, in-network providers. You don't need to meet any deductibles for preventive care/wellness visits.



Health Savings Accounts (HSA)

Health Savings Accounts (HSA)

The UnitedHealthcare HSA Plan is a high deductible medical plan with a Health Savings Account (HSA). The HSA allows you to fund a personal bank account to help offset future medical expenses and provides triple-tax savings¹:

- Tax-free contributions when you or WebMD contribute to the account
- Tax-free interest on your HSA balance and investment gains
- Tax-free withdrawals for qualified medical expenses

Important Components of the Health Savings Account

Contributions can be made to your HSA up to the limits set by the U.S. Treasury and the Internal Revenue Service (IRS) annually. These limits include contributions from any source, including WebMD. The 2024 maximum funding set by the IRS is combined employee and employer contributions.

WebMD will fund your HSA, within 6 weeks of your benefits effective date. Please note for mid-year plan changes and new hires, the Employer portion is prorated on the number of months the HSA Plan coverage is in effect.

Employees may increase their HSA contributions if necessary during the year by sending a request to Benefits@webmd.net.

You can use your HSA funds to pay for covered health expenses. Any unused dollars are saved and are yours to keep if you retire or leave the company. HSA dollars earn interest and can be invested.

HSA Rules

You can contribute money to an HSA if:

- You are enrolled in a qualified high deductible health plan, such as the HSA plan offered to you by WebMD
- You are not covered by any other medical plan, unless it is also a qualified high-deductible health plan
- You are not enrolled in Medicare or TRICARE
- You cannot be claimed as a dependent on another person's tax return
- You are a U.S. Resident
- You and your covered dependents do not participate in a health care flexible spending account, unless it is an HSA compatible FSA plan - a "Limited Purpose FSA". Limited Purpose FSAs restrict reimbursements to qualified dental and vision expenses only

These are just the general guidelines. Please consult a tax professional for more information.

Remember! It is your responsibility to make sure that:

- You are eligible to participate in a tax-advantaged HSA bank account, based on the guidelines outlined above
- Your annual contribution amount is within the maximum contribution limits set forth by the IRS
- Your account has been opened by Fidelity, following the Customer Identification Program (CIP) procedures required under the USA Patriot Act. Employer contributions will only begin once your account has been opened with Fidelity.

Enrollment Tier	Employer Contribution	Employee Contribution	Maximum HSA Contribution Limit ²
Employee Only	\$600	\$0-\$3,550	\$4,150
Employee + Dependent(s)	\$1,200	\$0-\$7,100	\$8,300

¹California and New Jersey have not enacted legislation to allow pre-tax treatment of HSA contributions or earnings for state taxes. If you reside in one of these states, additional state taxes may apply.

²Employees age 55 or older may contribute an additional \$1,000 into their HSA account. In order to be eligible for the catch-up contribution, you must be at least age 55 prior to December 31, 2024. If you are eligible, you may contribute the full additional \$1,000 during the plan year.





UnitedHealthcare - Telemedicine

Limeade offers a Telemedicine program through UnitedHealthcare. This program is available to employees enrolled in Limeade health benefits and their eligible dependents. Eligible members can use this telemedicine program to speak with a U.S. board-certified, licensed doctor via video, chat or phone, 24 hours a day, 7 days a week. No appointments are necessary!

Telemedicine allows for ease of access to consult with a physician from the comfort of your home and without having to visit a doctor's office. Each visit is processed as a health plan claim, and your costs count toward your deductible.

Talk to a doctor anytime for a \$20 copay if you are on the PPO plan; and, 20% after you meet your deductible if you are on the HSA plan.

With telemedicine, you can be treated for symptoms and conditions such as:

- Abdominal pain
- Ear infections
- Fever
- Sinusitis
- Colds
- Flu
- Skin irritations
- ...and more

Registering is easy! Sign-in at myuhc.com.

***Reminder! Telemedicine should not be confused with Virtual visits.
Standard copays will apply for Virtual visits with your doctor.***



WebMDRx Prescription Savings Program

As a WebMD employee, you have access to WebMDRx, our in-house prescription savings program!

Even if you already have prescription insurance through your health plan, WebMDRx prices may be lower than your current copays, and may cover prescriptions your health plan does not.

In these cases, you can use WebMDRx *instead* of your health insurance when paying for your prescriptions to take advantage of WebMDRx's savings.¹

Enjoy major cost savings on prescriptions:

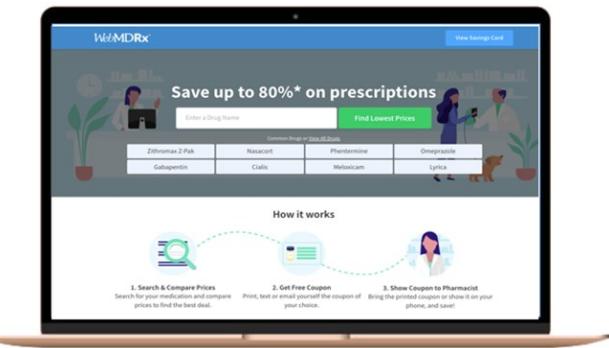
- Save up to 80% on your prescriptions
- WebMDRx includes both branded and generic medications

It is easy to sign up and use!

To start, visit [WebMDRx.com](https://www.webmdrx.com) and begin searching for the best prices on your prescription medications. You can download and keep your savings card to redeem at your in-network pharmacy.

For more information, visit the WebMDRx FAQ page at: www.webmd.com/rx/faq/

¹Please note that this prescription savings program does not directly affect the accumulators of your health plan's prescription plan. Any costs paid through this program will not be credited towards any applicable plan deductible or out-of-pocket maximum.





Dental

Limeade offers a dental PPO option administered by UnitedHealthcare. Under the DPPO plan, you may see any provider you wish, in or out-of-network. If you see an in-network provider, your costs will be less than if you visit an out-of-network provider. If you visit an out-of-network provider, you should expect to pay for services in-full at the time of service.

Feature or Service	Options PPO 30	
	In-Network	Out-of-Network ¹
Calendar Year Deductible		
Individual / Family	\$50 / \$150	\$50 / \$150
Waived for Preventive	Yes	
Annual Maximum	\$2,000	\$2,000
Diagnostic & Preventive ² (deductible does not apply)	No charge	No charge
Basic Services	10%	10%
Major Services	40%	40%

¹Benefits subject to Reasonable & Customary levels.

²Additional cleanings are allowable based on provider recommendation.

Under the Dental Preferred provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any non-participating dentist. With the PPO plan, savings are possible because the participating dentist have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to recognized charge limits.

Also, before having dental work done that exceeds \$300, be sure your dental provider reaches out to UnitedHealthcare for a Predetermination of Services.

To find an In-network dentist, review claims, etc., visit myuhc.com.



Vision

The Vision Plan, administered by UnitedHealthcare, covers a variety of vision care services, such as eyeglasses, contacts, and eye exams. The plan also offers discounts on other services and has a national network of vision care providers.

If you visit a provider in the UnitedHealthcare network, you receive a higher level of benefit coverage. If you wish to visit an out-of-network provider, you will pay more out of your pocket for care and can be balanced billed the excess over the allowed amount.



Vision Service Plan		
Benefits	In-Network	Out-of-Network
Copay		
Examination	\$10 copay	Up to \$40 reimbursed
Materials	\$25 copay	See allowances below
Contact Lens Examination	Up to \$60 copay	See below
Benefit Frequency		
Examination	1 x every 12 months	
Lenses	1 x every 12 months	
Frames	1 x every 24 months	
Contacts (in lieu of glasses)	1 x every 12 months	
Lenses		
Single	Paid in full after copay	Up to \$40 reimbursed
Bifocal		Up to \$60 reimbursed
Trifocal		Up to \$80 reimbursed
Elective Contact Lenses	Up to \$200 in lieu of lenses/frames	Up to \$130 in lieu of lenses/frames
Frames Allowance	\$225 - wide selection \$245 - featured frame brands Up to \$125 - Costco frames	Up to \$45 every year

To find an in-network UnitedHealthcare provider, review claims, etc., visit myuhcvision.com or call UnitedHealthcare at **1.800.638.3120**.



Life and AD&D Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

WebMD provides company-paid Basic Life Insurance and Basic Accidental Death and Dismemberment (AD&D) coverage equal to two times your base salary up to a maximum of \$500,000. This plan is administered by New York Life.

The AD&D benefit would be provided to you in the event of your death due to an accident (if an accident results in dismemberment, the plan will pay benefits according to a schedule). You do not need to enroll for either of these benefits (Life or AD&D) – they are automatically provided at no cost to you.

Business Travel Accident Insurance

Business Travel Accident Insurance provides a benefit of two times your base salary (up to a maximum benefit of \$500,000) to your beneficiary in the event of your death while traveling on business including to and from work. You do not need to enroll for this benefit – it is provided to you automatically at no cost to you.

Supplemental Life and AD&D Insurance

You may also choose to purchase additional Life and/or AD&D Insurance coverage. If you choose to purchase supplemental insurance for yourself, you may also choose to purchase insurance for your spouse or domestic partner (unless he/she is a WebMD employee), and/or your child(ren). You are required to designate a beneficiary for the Basic Life, Basic AD&D and Supplemental Life and Supplemental AD&D Insurance benefits. At any time during the year, you may add or change a beneficiary by logging onto the Ceridian Dayforce platform and completing the online form.

Covered Individual	Coverage Available
You	One, two, three, four or five times your base salary (up to \$750,000)
Your Spouse or Domestic Partner	Increments of \$25,000 (up to \$100,000)
Your Dependent Children	\$5,000 or \$10,000

Evidence of Insurability (EOI) Form

If you decide to increase your coverage, you may have to submit an Evidence of Insurability (EOI) form when you purchase additional life insurance. Your form will be reviewed by New York Life to determine your eligibility for supplemental life coverage. A copy of the EOI form is attached to the enrollment, and is also available through the *Better Yourself Health Manager* under “Benefits Information” or via Employee Central. **Completed EOI Forms must be submitted via email to Benefits@webmd.net in this format: Employee ID, Last Name - EOI. (e.g. ID# 86753, Johnson - EOI)**

New hires are able to purchase additional life insurance up to \$500,000 without having to provide EOI. You can also purchase life insurance for your spouse up to \$50,000 without having to complete an EOI form.

	Supplemental Life	Spouse Life	Buy-Up LTD
New Hire	EOI is required for any amounts greater than the guaranteed issue of \$500K	EOI is required for any amounts greater than the guaranteed issue of \$50K	EOI not required provided enrollment is during initial enrollment window. Late Entrants will require EOI.
Ongoing Life-Events, Future Open Enrollments	EOI is NOT required for increases of one step/level up, provided the one step does not exceed \$500K. EOI is required for increases one step/level up exceeding the lesser of 3 x salary or guaranteed issue of \$500K. New Entrants <i>always</i> require EOI.	EOI is NOT required for increases of one step/level up, provided the one step does not exceed \$50K. EOI is required for increases one step/level up exceeding \$50K. New Entrants <i>always</i> require EOI.	EOI is required.



Life and AD&D Insurance

Supplemental Life Insurance Monthly Premiums

The following rates per age band apply to both Employee Supplemental Life insurance and Spousal life insurance and are per \$1,000 in coverage:

Age	Rate per \$1,000 Coverage
< 30	\$0.06
30-34	\$0.08
35-39	\$0.11
40-44	\$0.13
45-49	\$0.20

Age	Rate per \$1,000 Coverage
50-54	\$0.34
55-59	\$0.62
60-64	\$0.77
65-69	\$1.37
70+	\$2.06

1. Multiply your annual salary by your election amount (5 times your salary) and round to the nearest 1,000 (example: \$49,600 x 3 times salary = \$148,800, round up to \$149,000)
2. Consult the Supplemental Life Insurance chart above for rate per \$1,000 according to your age. Divide your Total Supplemental Life Insurance amount by 1,000 and then multiply the rate times this amount, which will then equal your monthly premium.
3. Multiply Monthly Supplemental Life Insurance Premium by 12 and then divide by 26 to get your per-paycheck premium (example: \$16.39 x 12/26 = \$7.56)

To calculate Spousal Life Insurance:

Follow the same process as you did to calculate your Supplemental Life Insurance rate. Instead of using annual salary, use the dollar amount of coverage elected.

Child Supplemental Life Insurance can also be purchased for \$0.05 per \$1,000 of coverage:

Amount	Per-Pay-Period Cost
\$5,000	\$0.115
\$10,000	\$0.230

Supplemental Accidental Death & Dismemberment Insurance Monthly Premiums:

Covered Individual	Rate per \$1,000 coverage
Employee	\$0.017
Spouse	\$0.023

1. Multiply your annual salary by your election amount (5 times your salary) and round to the nearest 1,000 (example: \$49,600 x 3 times salary = \$148,800, round up to \$149,000)
2. Consult the Supplemental AD&D Insurance chart above for rate per \$1,000. Divide your Total Supplemental AD&D Insurance amount by 1,000 and then multiply the rate times this amount, which will then equal your monthly premium.
3. Multiply Monthly Supplemental AD&D Insurance Premium by 12 and then divide by 26 to get your per pay check premium (example: \$2.53 x 12 / 26 = \$1.17)

To calculate Spousal AD&D Insurance:

Follow the same process as you did to for your Supplemental AD&D Insurance rate. Instead of using annual salary, use the dollar amount of coverage elected.

Child Supplemental AD&D Insurance can also be purchased for \$0.03 per \$1,000 of coverage:

Amount	Per-Pay-Period Cost
\$5,000	\$0.07
\$10,000	\$0.14

Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes



Disability Coverages

Disability Insurance

WebMD provides you with Short-Term Disability (STD) and Basic Long-Term Disability (LTD) at no cost to you.

Short-Term Disability Insurance (STD)

You must satisfy a 7 calendar day waiting period prior to becoming eligible for STD benefits. If you are eligible for benefits under the STD plan, you will continue to receive a percentage of your base salary for the period of time you are disabled, maximum of up to 180 days. Benefits are paid as follows:

Week of Disability	Benefit Amount
1-9	85%
10-12	75%
12+	66.67%

If you work in the state of California, Hawaii New York, New Jersey, Rhode Island or Washington you may receive your STD benefits from two different checks. One check will come from New York Life on behalf of the states of New York, New Jersey or Hawaii, or you may receive your check from the state directly. The other check will come from New York Life on behalf of the WebMD STD plan. **Benefit deductions will not be taken from these checks.** This means that any deductions taken prior to your leave (e.g. taxes, medical, dental, vision, life insurance, 401(k) etc.) will not continue to be taken while you are out on STD. Please reach out to Benefits@webmd.net for more information on requesting an invoice.

Long-Term Disability Insurance (LTD)

Upon the exhaustion of STD benefits (180 days), you will be eligible to receive benefits under the LTD plan. The basic, employer sponsored LTD plan will pay 50% of your base salary. Payments received under the LTD plan will come directly from New York Life.

Supplemental Long-Term Disability Insurance

You can also choose to enroll in the supplemental "Buy-Up" LTD plan. If you enroll in the Buy-Up LTD plan, you may be entitled to receive up to 66% of your current base salary; but please note that the combined benefit maximum of the basic, employer sponsored LTD plan plus the Buy-Up LTD plan is \$10,000.

The rate for purchasing Supplemental Long-Term Disability is **\$0.261 per \$100 of your monthly salary.**

Follow these steps to calculate your per-pay-check Long-Term Disability Buy-up premium.

1. Take your annual salary and divide by 12 to get the monthly salary amount, then round up to the nearest \$100.
2. Divide your rounded monthly salary by 100 and multiply by \$0.261, which will equal your monthly Long-Term Disability Buy-Up premium.
3. Multiply the monthly LTD Buy-Up premium by 12 and divide by 26 to get your per paycheck premium.

If you do not enroll in the Supplemental LTD plan when first eligible, and later wish to add this coverage as a result of a qualified life event or at Annual Enrollment, an EOI form will be required.

Leave of Absence – Including Disability & Maternity/Paternity

For all Leave of Absence, please send an email to loa@webmd.net, and copy your HRBP.

Please note that employees may be eligible for two weeks of Maternity/Paternity pay, at 100%, to be taken within a year of the baby's birth. For more information, please send an email to loa@webmd.net, and copy your HRBP.



Employee Assistance Program

24/7 support

Phone: 1.888.736.7009

www.well.evernorth.com

Employer ID: webmd1

The Employee and Family Resources Program puts convenient and confidential resources within reach to help you and your loved ones with life's challenges. Whether your needs are big or small, your Employee Assistance Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call anytime, any day

An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.



Visit a Specialist

You have five face-to-face sessions with Evernorth Health Services network counselors available to you and each of your household members. Call to request a referral.

Achieve Work/Life Balance

If you'd like help handling life's demands, call for extra support. An advocate can refer you to a service in your community or provide guidance on topics such as:

Legal consultation¹

Receive a free 30-minute consultation with an attorney

Parenting

Get guidance on child development, sibling rivalry, separation anxiety and much more

Senior care

Learn how to solve the challenges of caring for an aging loved one

Child care

Whether you need care all day or just after school, find a place that's right for your family

Pet care

Resources and referrals for pet sitting, obedience training, veterinarians and pet stores

Identity Theft

60-minute consultation with a fraud resolution specialist

¹Legal consultations and discounts are excluded for employment-related issues.



Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA), managed and administered by HealthEquity allows you to pay for eligible, essential health care and dependent care expenses for you and your eligible dependents. You may enroll in an FSA plan even if you are not enrolled in WebMD's benefits program.

Plan deductibles, copayment amounts, annual coverage limits and excluded coverages can amount to significant out-of-pocket costs for you. The FSA allows you to pay for these expenses in a tax-advantaged manner. Your savings will be based on your individual tax rate. FSA contributions are exempt from Federal income tax, Social Security taxes (FICA/FUTA) and, in most cases, state income tax. The tax exempt status for FSA contributions is the mechanism that allows you to save money on eligible health care and dependent care expenses.

It is important to remember that an FSA is not a savings account and that you must use your contributions each year or risk losing your balance at the end of the run-out period, March 31st. You should plan to contribute what you expect to be able to spend on eligible expenses within the benefit plan year.

If you terminate employment with the company, you will be able to use your FSA funds through the last day of the month of your termination date. Any remaining funds will be forfeited, however, you will be offered to extend your Health Care FSA through COBRA.

Plan Your Contributions

The key to getting the most from your FSA is to maximize your contributions based on your anticipated eligible expenses. To plan your contributions, follow these simple steps:

- Review the list of eligible expenses.
- Review your expenses from last year.
- Write down any new eligible expenses you anticipate in the new benefit plan year (e.g. prescription eyeglasses, new medications, scheduled surgery, dental or vision expenses, orthodontia, etc.). Be sure to include plan deductibles or some portion of them.

- Estimate your cost for each of these uncovered or partially covered eligible expenses. The total of your individual estimates from above is about what you should contribute to your FSA.

Flexible Spending Accounts (FSAs)

WebMD offers three separate FSAs: a Health Care FSA, a Limited Purpose FSA, and a Dependent Care FSA.

The chart below highlights the differences between the three FSA plans. Please note that FSA account allowable expenses are not interchangeable. As an example, dependent care expenses cannot be paid with health care FSA funds and dependent care funds cannot be used for health care expenses, even if those expenses are for a dependent.

When you enroll in an FSA, your election stays in effect for the entire year. You cannot increase, decrease, or cancel your contributions during the year, unless you have a Qualified Life Event.

Health Care and Limited Purpose FSA Rollover

WebMD's Health Care and Limited Purpose FSAs include a rollover provision, allowing you to carryover up to \$640 of your unused Health Care or Limited Purpose FSA funds from one plan year into the next. Any unused Health Care or Limited Purpose FSA funds beyond the \$640 rollover maximum will be forfeited at the end of the run-out period, March 31st, in accordance with IRS regulations

Dependent Care FSA Grace Period

WebMD's Dependent Care FSA includes a 2½ month grace period. The grace period allows you to access any unused Dependent Care funds remaining in your account after the close of the previous plan year for eligible expenses incurred during the grace period (January 1st - March 15th of the following year). Any unused Dependent Care FSA funds will be forfeited at the end of the run-out period, March 31st, in accordance with IRS regulations.

Account	Who is Covered?	Coverage	Annual Contribution Limit
Health Care FSA	You and/or Your Eligible Dependents	Eligible Health Care Expenses	\$3,200
Limited Purpose FSA	You and/or Your Eligible Dependents	Eligible Dental and/or Vision Expenses	\$3,200
Dependent Care FSA	Eligible Child(ren) under 13 and/or Eligible Elders	Eligible Non-Medical Child and/or Elder Care	\$5,000



Flexible Spending Account (FSA)

Health Care FSA Eligible Expenses

This is an abbreviated list of eligible health care items that can be reimbursed from the Health Care FSA. Please visit the IRS website at www.IRS.gov for a complete list. Please remember, you must actively re-enroll each year in your Health Care FSA plan.

- Acupuncture & Chiropractic Services
- Back support devices
- Dental & Orthodontia expenses
- Hearing aids & batteries
- Infertility treatments
- Health plan deductibles & copayments
- Occupational/physical therapy
- Orthopedic shoes
- Prescription drugs
- Psychology & psychoanalysis
- Sterilization (reproductive)
- Vision care expenses

Limited Purpose Flexible Spending Account Eligible Expenses

A Limited Purpose Flexible Spending Account (LPFSA) allows you to pay for essential dental and vision care expenses for you and your eligible dependents that are not covered, or are only partially covered, by your dental and vision insurance plans. Please note that LPFSA's are only available for those enrolled in the HSA Medical Plan. Please remember, you must actively re-enroll each year in your LPFSA plan.

The dental and vision expenses below are an abbreviated list of expenses that are eligible for reimbursement under a LPFSA. An exhaustive list of eligible expenses can be found on the IRS website at www.IRS.gov.

Dental Expenses:

- Examinations & cleanings
- Crowns, bridges & extractions (medically necessary)
- Dentures and denture supplies
- Fillings & filling replacement (medically necessary)
- Periodontal disease treatments
- Orthodontia

Vision Expenses:

- Eye exams & glaucoma screenings
- Prescription eyeglasses & contact lenses
- Contact lens maintenance solutions & equipment
- Lasik & Cataract surgery

Dependent Care Flexible Spending Account Eligible Expenses

A Dependent Care Flexible Spending Account (FSA) allows you to pay for non-medical child and elder care expenses such as:

- Care at licensed nursery schools
- Day care in your home or outside
- Before & after school care
- Day camps
- Child care centers
- Babysitter or au pair
- Elder care

If you are uncertain about whether or not a dependent care expense qualifies for reimbursement, you should determine its eligibility before incurring the expense. Please visit www.IRS.gov for a complete list. Please remember, you must actively re-enroll each year in your Dependent Care FSA plan.

Dependent Care FSA Coverage Eligibility:

Child(ren) under age 13 who you claim as a dependent on your federal income tax return or anyone living with you who is mentally or physically incapable of self-care and depends on you for more than one half of his/her support are dependents in which expenses for care are applicable. The services must be provided to allow the employee and spouse (if applicable) to work.

Elder care may be eligible for reimbursement if the adult lives with you at least 8 hours of the day and is claimed as a dependent on your federal income tax return. For a Dependent Care FSA, the expenses for elder care will qualify for reimbursement if they allow the FSA holder and his/her spouse to be gainfully employed, search for gainful employment, or study as a student full-time.

Please Note: If you need to update your address, contact HealthEquity/WageWorks directly or login to your account.



Commuter Benefits

Our Commuter Benefits program allows you to set aside pre-tax money to pay for eligible transportation expenses incurred by commuting to and/or from work and for parking.

The Commuter Benefits program allows you to pay for eligible commuting and/or parking expenses on a pre-tax basis. Your savings will be based on your individual tax rate. Commuter Benefits contributions are exempt from Federal Income Tax, Social Security taxes (FICA/FUTA) and, in most cases, State Income Tax.

There are two types of available Commuter Benefit accounts: Transit Account and Parking Account. For 2024, you may contribute on a pre-tax basis, up to \$315¹ per month for transportation in a commuter highway vehicle and/or any transit pass, and/or \$315¹ per month for qualified parking expenses. You can also contribute additional amounts as needed on an after tax basis. You may purchase services from eligible transit and parking providers anywhere in the U.S.

It is not necessary to re-enroll in the Commuter Benefits Account each plan year. Once you are enrolled in the plan, you can change, suspend or stop your participation in this plan at any time.

Two Types of Accounts — Two Sets of Eligible Expenses

Below is an abbreviated list of eligible expenses for both Transit Accounts and Parking Accounts. If you are uncertain about whether or not a commuting expense qualifies for reimbursement, you should determine its eligibility before incurring the expense.

Transit Account

- Subway, bus, ferry or commuter train
- Van pooling

Parking Account

- Parking at or near your workplace
- Transit station parking

Please Note: If you need to update your address, contact HealthEquity/WageWorks directly or login to your account.

¹IRS regulations do not allow pre-tax amounts to be refunded. These limits are subject to change. You will be notified if the limits change.



Enrolling

Health Care FSA, Limited Purpose FSA, and Dependent Care FSA elections are made through the enrollment system, in Ceridian Dayforce. However, elections for the Transit Accounts and Parking Accounts must be made directly through HealthEquity/WageWorks.

To enroll in the Commuter Benefits program you must visit www.wageworks.com. Click “LOGIN/REGISTER” and select “Employee Registration”. Follow the instructions to register and create a new account with HealthEquity/WageWorks. If you have had an account with a previous employer, you will need to create a WebMD account.

Once you have registered and logged in, select “Enroll in Commuter.” Choose the type of order you wish to make: public transit, vanpool, or your parking option, and follow the instructions. Select “Every Month” to repeat the same order automatically each month until you change or cancel it. Select “Manage Calendar” to select benefit months you wish to receive your order. Select “One Time” if you prefer to log in again whenever you’d like to order more. Then complete your order. Make sure to enter your email address to receive account status electronically.

That’s it! If you provided your email address, check your inbox after you enroll for a welcome email with order and account information.

To enroll in this program and/or make changes to your commuter accounts, you must do so by the 10th of the month for cards to be delivered for the next benefit month, following the date of change. For the Mail and Ride you must enroll by the 4th of the month for cards to be delivered for the next benefit month, following the date of change.



Legal Plan

The MetLife Legal Plan, provides you and your family with convenient, affordable access to legal services. You have access to a national network of more than 9,000 attorneys who are screened, trained, and monitored regularly. You may see any attorney in the plan or any licensed attorney you wish. You will be responsible for any third-party fees (filing fees, court costs, etc.). Covered services include will & estate planning, debt collection, debt defense, and bankruptcy.

Using a Plan Attorney

If you visit an in-network attorney, your benefit will be greater. The attorney's fees (depending on the service) will be paid in full and there are no deductibles. In addition, when you see a plan attorney who is part of the MetLife network:

- Services for selected covered legal matters are fully paid
- You do not file a claim. Your plan attorney will bill MetLife directly
- The plan offers telephone advice and office consultations
- You are encouraged to use the plan to resolve as many legal issues as necessary
- You may even seek telephone advice or office consultation about legal matters not covered under this program

To find an in-network attorney or for instructions on how to file a reimbursement for an out-of-network attorney, call 1.800.821.6400. If you are calling to initiate a claim, you will be asked for your Social Security number and your zip code. You will receive an authorization number that will identify you as a participant in the Legal Plan when you call an in-network attorney. MetLife will verify your eligibility with the Benefits team before you can use the benefit. If you run into any issues, please reach out to the Benefits team at benefits@webmd.net.

Please note that once enrolled in this plan, you cannot make any changes until the next Open Enrollment period.

For more details on the MetLife Legal Plan, please visit www.info.legalplans.com and enter the pre-enrollment Access Code: 9900625.

Carrier	Cost Per Pay Period
MetLife Legal Plan	\$9.95



Other Benefits

Identity Theft Support

If you should fall victim to identity theft, you have access to the help you need to manage the recovery process. By calling the Employee Assistance Program (EAP), you can report an identity theft event and receive a 60-minute free consultation with a Fraud Resolution Specialist™ who will work with you through seven emergency response activities to help restore your identity and good credit.

For more information call 1.888.736.7009.

Financial Services

Planning financially for the future is a top priority for most people – but also a major source of stress. The EAP is offering Financial Planning assistance in helping you look for answers or advise. Please call 1.888.736.7009 or visit www.well.evernorth.com. (Employer ID: webmd1).

Working Advantage

Having fun, getting away, and saving money are important for your well-being. This cost-free program offers you the opportunity to save up to 60% on entertainment, travel, concerts, restaurants, gifts and more. You can also earn rewards while you save. To become a member, visit workingadvantage.com and click *Become a Member*. To register and begin saving, use your @webmd.net email or WebMD's company code: **808288864**

Need help? Call 1.800.565.3712 or email: customerservice@workingadvantage.com.

Tuition Assistance

Tuition Assistance reimburses full-time employees up to \$5,250 per year for classes toward a degree at an accredited college or university, provided the course is directly related to the employee's current position. To receive this benefit, you must receive a grade of "B" or better. The program reimburses for tuition only.

Adoption Assistance

Adoption Assistance reimburses you up to \$5,000 in eligible expenses per adoption. Eligible expenses include legal fees and placement fees. There is no limit to the number of eligible adoptions; however, the adopted child must be a non-family member under 12 years of age. The adoption must be finalized before expenses will be reimbursed.

Farmers Insurance Auto & Home Insurance

Farmers GroupSelect Auto & Home Insurance offers employees special group rates, great coverage, access to customer service support and be able to pay for their coverage through convenient payroll deductions.

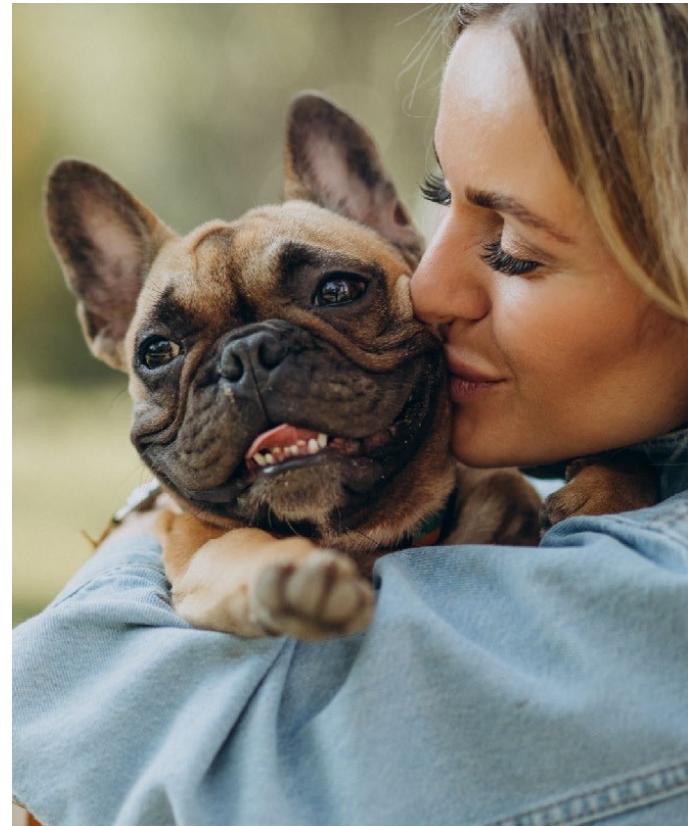
For more information, call 1.800.438.6381 or visit www.farmers.com/groupselect.

Pet Insurance offered by MetLife

This program offers comprehensive illness and accident insurance for dogs and cats. Each plan must be individually underwritten; however, employees can pay for their coverage through payroll deductions.

For more information, call 1.800.GET.MET.8 (1.800.438.6388) or visit www.metlife.com/getpetquote.

Other discount and benefit programs are available to WebMD employees. Visit Employee Central for more information.



401(k) Benefits

Eligibility

Eligible employees may join the MH Sub I, LLC 401(k) Plan (the “Plan”) on the 1st of the month following their first two months of service, and may roll any other qualified retirement plan assets into the Plan at any time. The Plan is record-kept and administered by Fidelity Investments.

About Fidelity

Fidelity is the plan’s record-keeper and administrator. Founded in 1946, Fidelity is the largest privately held provider of financial services. Fidelity has been administering defined contribution plans since 1982 and continues to be a leader in the 401(k) industry.

Enrolling

You will have online access to your participant account within 35 business days of your hire date. To enroll in or opt out of the Plan, log into Fidelity’s website at www.401k.com and enter your name, last 4 digits of SSN and your date of birth. Using this site, you can enroll, view your account balance and investment choices, change your contribution rate or investment choices, request a loan or withdrawal, view annual IRS limits and more.

Contributions

You may elect to defer between 0% to 75% of your eligible compensation, up to the maximum dollar limit set by the IRS for each calendar year. For 2024, you may defer up to \$23,000. If you are age 50 or over, or will turn age 50 during the 2024 Plan Year, you may contribute an additional \$7,500.

Auto-Enroll

New employees who do not opt out or make an affirmative deferral election will be automatically enrolled into the plan at a 6% pre-tax deferral rate after your first sixty days of service. Your first deferral is entered in the payroll period after the 1st of the month following two months of service.

Employer Match

The Company makes employer matching contributions in the amount of \$0.25 on every \$1.00 contributed to the plan, up to 3% deferred per pay period.

For Example:

% of Salary Deferral	Your Contribution	Employer's Contribution	Total Annual Savings
1%	\$700	\$175	\$875
3%	\$2,100	\$525	\$2,625
6%	\$4,200	\$525	\$4,725
10%	\$7,000	\$525	\$7,525

Table assumes annual salary of \$70k

Vesting

You are always 100% vested in your contributions. You will be 100% vested in employer contributions after completing three years of service, as shown below:

Years of Service	Percent Vested	
	Employee Contributions	Employer Contribution
< 3 years	100%	0%
Year 3+	100%	100%

Disclaimer: This information is provided only as a high level Plan summary. The Summary Plan Description contains the terms, conditions, and provisions specific to the Plan and is available to participants upon request.



401(k) Benefits

Traditional vs. Roth

"Traditional" contributions are invested prior to taxes being taken out, reduce your taxable income dollar for dollar, any growth accumulates tax-deferred, and then you pay your then-current ordinary income taxes at the time of withdrawal. "Roth" contributions are invested after taxes are taken out, grow tax-free, and may be withdrawn tax-free post 59½.

After-Tax Contributions

After-Tax contributions are withheld from your paycheck in the same way as Roth contributions, but allow you to save above the traditional IRS limits that apply to Traditional and Roth contributions. Unlike Roth contributions, any earnings grow tax-deferred, and are subject to ordinary income taxes at the time of withdrawal. After-Tax contributions are not match eligible.

Roth In-Plan Conversion

Money in your accounts not designated as Roth, including your after-tax contributions, may be converted to Roth within the Plan. There are important tax consequences of converting amounts to Roth. Roth In-Plan Conversions are irrevocable.

Investments

The Plan offers a diverse combination of best-in-class actively managed mutual funds and passively-managed index funds, as well as the ability to invest in individual funds or target retirement date funds. If you are looking for more investment options, the plan even allows you to make individual selections through a self-directed brokerage option. Participants may change existing or future investment elections via the Fidelity Website. Once you are enrolled, if you do not make any investment elections, your contributions will be directed to the American Funds Target Date Retire funds based on your date of birth and an expected retirement age of 65.

Withdrawals

401(k) plans are designed to be long-term savings plans, so the government places restrictions on, and stiff penalties for, taking money out before age 59½. There are a number of exceptions where withdrawals may be penalty free, and you are encouraged to consult your tax advisor if you plan to take any withdrawals prior to attaining age 59½. Please reference the Summary Plan Document for guidance on regarding distributions that are allowed by the Plan.

Loans

You may borrow up to 50% of your vested account balance, to a maximum loan of \$50,000 with a minimum loan amount of \$1,000. The loan principal and interest is automatically repaid via pro-rata payroll deduction over 5 years for a general loan, or 10 years if you borrow to purchase an owner-occupied primary residence.

Support

The Plan website is hosted by Fidelity. Fidelity can be reached Monday-Friday, from 8:30am-8:30pm ET, by telephone at 1.800.835.5095, or by email on their website at www.401k.com.

Disclaimer: This information is provided only as a high level Plan summary. The Summary Plan Description contains the terms, conditions, and provisions specific to the Plan and is available to participants upon request.



401(k) Benefits

Get answers to your key questions and take your next steps.

NetBenefits is your go-to source for answers about retirement and your retirement benefits. When you're ready to make a change, you can do it online.

Discover educational resources and next steps that can make your financial life feel more manageable. Try something new on NetBenefits today.

Get Started

To get started, go to www.401k.com and click "Register Now." Follow the instructions to set up your username and password. After that, simply log in to see all the great features and information on your NetBenefits home page.

Your NetBenefits Home Page

Your NetBenefits home page makes it easy to see where you are today - and get steps to consider to help you reach your next retirement milestone. Quickly check your account balance(s) and access resources to help you on your financial journey.

Things you can find on your Home Page:

Your Account Balance(s). View the total balance for all your workplace and Fidelity accounts. Select View Summary to access all of your portfolio details.

Quick Links. Easily access the following:

- Summary
- Transaction History
- Statements
- Contribution Amount
- Performance & Research
- Change Investments
- Loans or Withdrawals
- Rollover Withdrawals
- Distribution Elections
- Electronic Payments
- Plan Information

Your Next Steps. Look here for important information you can act on - like meeting a suggested retirement savings milestone. You can model contribution changes or get other targeted messages as you consider your next steps.

Retirement Income. Get help closing any retirement income gap you may have. Take action from within the Planning & Guidance Center.

Make the Most of Your Benefits. Access resources and important educational information for you.

Discover something new on NetBenefits

Planning: Model and plan for your financial goals within the Planning & Guidance Center.

Try This:

- Create a Retirement Goal: Estimate how much income you may have - or need - in retirement.
- Create an Investment Goal: Get options for how you may want to build your new portfolio.

Library: A collection of financial learning resources - articles, infographics, videos, and more - to suit your interests and skill level.

Try This:

- View a video about managing your debt
- Scroll through an infographic that helps explain how to balance saving and spending habits
- Read an article to learn more about different strategies for claiming Social Security

Life Events: Important Life changes call for timely financial and benefits decisions. Here are key insights, tools, and steps to help guide your way if you're changing jobs, entering retirement, or experiencing another major event.

Try This:

- New Hire Checklist
- Annual Financial Checkup
- Retirement Checklist

NetBenefits mobile apps

You can get instant access to balances, investments, and more, with the NetBenefits apps.

Download them today.

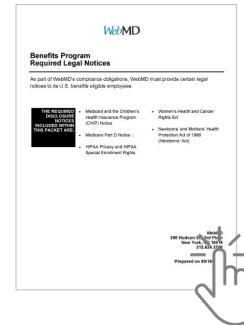


Required Legal Notices

As part of WebMD's compliance obligations, WebMD must provide certain legal notices to its U.S. benefits eligible employees.

The required disclosure notices are:

- Medicaid and the Children's Health Insurance Program (CHIP) Notice
- Medicare Part D Notice
- Summaries of Benefits and Coverage (SBCs)
- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act)



Click the thumbnail on the right to view these Required Legal Notices.



2024 Employee Contributions¹

Carrier	Coverage	Category	Per-Pay-Period Cost
Medical Coverage			
UnitedHealthcare	Choice Plus PPO	Employee Only	\$40.07
		Employee + Spouse/DP	\$165.26
		Employee + Child(ren)	\$140.22
		Family	\$264.42
UnitedHealthcare	Choice Plus HSA	Employee Only	\$25.39
		Employee + Spouse/DP	\$131.20
		Employee + Child(ren)	\$110.03
		Family	\$214.98
Dental Coverage			
UnitedHealthcare Dental	Options PPO 30	Employee Only	\$2.14
		Employee + Spouse/DP	\$7.93
		Employee + Child(ren)	\$8.49
		Family	\$14.29
Vision Coverage			
UnitedHealthcare	Vision	Employee Only	\$0.23
		Employee + Spouse/DP	\$0.57
		Employee + Child(ren)	\$0.59
		Family	\$1.15

¹Taxation For A Domestic Partnership - Domestic partners are not currently recognized as IRS dependents. Therefore, the portion of premiums WebMD pays on behalf of your domestic partner must be taxed. This process is called "imputed income". Also, any premiums you pay which are attributable toward the domestic partner must be taxed. Therefore, these premiums are deducted on an after-tax basis versus pre-tax.



Customer Service Numbers

BenefitASSIST			
General Benefits Questions		Phone: 866.MyWebMD, Opt. 1	Email: benefitassist@mcgriffinsurance.com
Coverage Type – Carrier	Group Number	Phone	Website
Better Yourself	N/A	866.302.6577	webmdhealth.com/betteryourself
Medical – UnitedHealthcare			
Choice Plus PPO Plan Choice Plus HSA Plan	922922	866.633.2446	myuhc.com
Virtual Care – UnitedHealthcare			
Virtual Care	N/A	855.615.8335	myuhc.com/virtualvisits
Dental – UnitedHealthcare			
Options PPO 30	922922	866.414.1959	myuhc.com
Vision – UnitedHealthcare			
UHC Standard Network Vision	922922	800.638.3120	myuhcvision.com
Life and Accidental Death & Dismemberment (AD&D) – New York Life			
Life Supplemental Life AD&D Supplemental AD&D	FLY-960260 YOK-960274	800.238.2125	myNYLGBS.com
Short-Term and Long-Term Disability – New York Life			
STD LTD Buy-up LTD	SHY-800569 NYK-960188	888.842.4462	myNYLGBS.com
Employee Assistance Program (EAP) – Evernorth			
EAP	Employer ID: webmd1	888.736.7009	well.evernorth.com
Flexible Spending Accounts (FSA) & Commuter Plans – HealthEquity/WageWorks			
FSA Commuter Plans	N/A	877.924.3967	wageworks.com
Pet Insurance – MetLife			
Pet Insurance	N/A	800.438.6388	metlife.com/getpetquote
Auto and Home Insurance – Farmers GroupSelect Insurance			
Auto & Home	N/A	800.438.6381	farmers.com/groupselect
Legal Plan – MetLife			
MetLife Legal Plan	Access Code: 9900625	800.821.6400	info.legalplans.com
Health Savings Account (HSA) – Fidelity			
HSA	Account #09480	800.835.5097	netbenefits.com
401(k) – Fidelity			
401(k)	MH Sub I, LLC	800.835.5095	401k.com





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McGriff Insurance Services

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