



Mobilizer Benefits Guide



Plan Year | 2018

WELCOME

Kony, Inc. is a leader in the industry we serve. Our success depends on the commitment, dedication and well-being of our greatest assets – our Mobilizers. We are constantly striving to keep benefits affordable without compromising the quality of the services we offer our Mobilizers and their dependents.

Kony, Inc. is proud to offer you and your family a comprehensive benefits program that gives you access to the best healthcare available, protection against unforeseen events and the tools to obtain financial security upon retirement.

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ELIGIBILITY

When you are eligible

If you are an active Mobilizer working **30 hours** or more per week, you are eligible to enroll in our benefits program on **first month following from your date of hire**.

Who is eligible?

You may enroll your eligible dependents in the medical, dental, vision and voluntary life plans. Your legal dependents include your legal spouse, natural and adopted children, stepchildren, and any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order. You may enroll your eligible children up to the ages shown below:

Coverage	Age
Medical, Dental, Vision, and Voluntary Life	Up to age 26

When benefits begin

Your coverage will begin on January 1, 2018, provided that you sign up and are considered to be an active Mobilizer on that day. If you are not an active Mobilizer on the day your coverage would otherwise be effective, the effective date of your coverage will be delayed until you return to work full-time as governed by the provision of the plan.

How to enroll

You will enroll for your benefits online at www.infinityhr.com. Please review your current benefits elections and verify your personal information is accurate. You will then be prompted to review your benefit elections and make changes for the new plan year.

When you can make changes to your benefits

The benefit choices you make upon initial enrollment and during our annual enrollment period will remain in place until the next open enrollment, or when you experience a qualified change in family status. Your benefit change must be consistent with your change in family status. These changes include:

- Marriage, divorce, or legal separation;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent age limit;
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.

Should one of these events apply to you, it is your responsibility to contact your Talent Mobilization Team **within 30 days of the qualifying event** to request a change and complete the appropriate documentation.

When your employment terminates

The life and disability plans end on your date of termination. Your medical, dental and vision plans end on the last day of the month following the date of termination. You may continue your medical, dental and vision plans for a limited period of time after termination through Federal COBRA continuation.

MMA SERVICE CENTER & CARRIER CONTACTS



MMA's Service Center is available to you for assistance with inquiries such as ID cards, provider network assistance, claims resolution, and benefits / eligibility verification.

You may contact each of our carriers directly using the information below, or email a dedicated account representative at MMA for questions or concerns regarding your benefits.

Service Email Address: kony@marshmma.com

Service Phone Number: 1-855-301-3696

Whether you need assistance with a claim or simply have a benefits question you may use the email address above or call MMA directly. An account representative with MMA will respond promptly.

The representatives responding to the Service Email and taking your calls are insurance professionals who know your benefit plans. Their goal is to resolve your benefits related issues. In certain situations, it will be necessary for the representative to contact a provider or insurance carrier on your behalf. If your issue cannot be resolved in one email or phone call, you will always be informed of the status until resolution has been reached.

Inquiries not handled by the Service Center: Please contact Talent Mobilization Team for matters concerning benefit enrollment transactions.

Carrier	Contact Info
Medical BlueCross BlueShield #196155	Phone: (800) 521-2227 www.bcbstx.com
Medical HMO – California ONLY Kaiser Permanente #604023	Phone: (800) 464-4000 www.kaiserpermanente.org
Dental Metlife - 5947929	Phone: (800) 942-0854 www.Metlife.com
Vision Metlife - 5947929	Phone: (855) 638-3931 www.Metlife.com
Life & Disability Metlife - 5947929	Phone: (800) 858-6506 www.Metlife.com
Flexible Spending Account Discovery Benefits	Phone: (866) 451-3399 www.discoverybenefits.com
Health Savings Account Discovery Benefits	Phone: (866) 451-3399 www.discoverybenefits.com
Employee Assistance Program (EAP)	Phone: (888) 319-7819 metlifeeap.lifeworks.com

MEDICAL PLANS

Your medical and prescription coverage is provided through Blue Cross Blue Shield (Blue Choice Network) & Kaiser Permanente HMO (California ONLY). To locate an in-network provider for either company, visit www.bcbstx.com or www.kaiserpermanente.org and click the "Find a Physician" link.

Below is a summary of the health plans offered through Kony, Inc. This summary contains a review of in-network services only. To see a full scope of benefits and services, please review the detailed plan summaries. Remember: The Kaiser HMO plan does not have coverage for out-of-network services.

	Blue Cross Blue Shield (Blue Choice Network)			Kaiser
IN-NETWORK	Premium	Standard	Consumer Driven (HSA)	HMO (CA ONLY)
Calendar Year Deductible (ind/fam)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,000 / \$6,000	N/A
Coinsurance Amount	100%	80%	100%	N/A
Calendar Year Out-of-Pocket Max (includes ded & copays)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Well Baby / Well Child	100%	100%	100%	100%
Preventive Exams (annual physical, well woman exam)	100%	100%	100%	100%
Preventive Lab & X-ray	100%	100%	100%	100%
Office Visit (PCP/Spec)	\$25 / \$50	\$30 / \$50	100% after deductible	\$20 copay
Inpatient Hospital Services	100% after deductible	80% after deductible	100% after deductible	\$250 per admission
Outpatient Surgery	100% after deductible	80% after deductible	100% after deductible	\$100 copay
Urgent Care	\$75 copay	\$75 copay	100% after deductible	\$20 copay
Outpatient Lab & X-Ray	100% after deductible	80% after deductible	100% after deductible	\$10 copay
Advanced Imaging (MRI, CAT Scan, PET Scan)	100% after deductible	80% after deductible	100% after deductible	\$50 copay
Emergency Room - Facility Charge	\$300 copay	\$300 copay	100% after deductible	\$50 copay
Physician Charge	100% after deductible	80% after deductible	100% after deductible	
Prescription Drugs (30-day supply)				
Generic	\$10 copay	\$15 copay	100% after deductible	\$10 copay
Preferred Brand	\$35 copay	\$50 copay		\$30 copay
Non-Preferred Brand	\$70 copay	\$90 copay		\$30 copay

Please refer to your Certificate of Coverage and Summary of Benefits for a complete listing of available services, limitations and exclusions.

Semi-Monthly Medical Rates				
	Premium	Standard	Consumer Driven (HSA)	HMO (CA ONLY)
Mobilizer Only	\$94.01	\$64.57	\$11.76	\$131.71
Mobilizer + Spouse	\$206.30	\$142.05	\$77.63	\$144.88
Mobilizer + Child(ren)	\$169.21	\$116.22	\$63.51	\$127.76
Mobilizer + Family	\$291.41	\$200.15	\$109.38	\$220.71

VIRTUAL VISITS / MD LIVE



Virtual Visits Means Convenient Health Care at Your Fingertips. Whether you're at home or traveling, access to an independently contracted, board-certified MDLIVE doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

Based on your location, get the care you need for many non-emergency medical conditions over the phone, mobile app or online video. Behavioral Health consultations may also be available with your plan.

Registering for a Virtual Visits is easy. Log in to your Blue Access for Members account at <https://www.bcbstx.com/> and select the Virtual Visits link in the My Coverage Benefits box. The complete the registration steps on MDLIVE's website. Once you are registered you will be able to search for a provider using your virtual visits account.

You can also visit mdlive.com/bcbstx to register and setup a virtual visit.

If you prefer to reach a health service specialist or doctor by phone, just call MDLIVE at **1-888-680-8646**. To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

What can be treated:

- Allergies
- Cough
- Ear Problems
- Flu
- Nausea/Vomiting
- Urinary problems/UTI
- Respiratory problems
- Sore throats
- Acne
- Constipation
- Insect bites
- Pink eye
- Rash
- And more

Medical Plan	Cost Per Visit
Standard	\$30
Premium	\$25
HSA	100% after deductible

What You Get With MDLIVE



The nation's largest
telehealth network



Get prescriptions
(when appropriate)*



Quality care on
your schedule



Private and secure
consultations



Peace of mind for
you and your family

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account that works with a HSA-compatible High Deductible Health Plan (HDHP) to pay for qualified medical expenses. **You must be enrolled in the Consumer Driven Health Plan to be eligible for a Health Savings Account (HSA).**

How does a HSA work?

You can make contributions into a HSA in any of the following ways:

- Pre-tax payroll deductions
- Individual contributions
- IRA transfer
- Transfer/Rollover from another HSA

Unused funds will not be forfeited at the end of the year.

Managing Qualified Health Care Expenses

You own the funds in your HSA, and it is your responsibility to manage your account and purchases to ensure they are used only for qualified health care expenses.

Examples of Qualified Health Care Expenses:

- Doctors' fees
- Laboratory fees
- X-rays
- Operations and surgery
- Hospital services
- Psychiatric care
- Therapy and counseling
- Prescription medications
- Insulin
- Over-the-counter medications with a valid prescription
- Durable medical equipment such as wheelchairs and crutches
- Acupuncture
- Chiropractic care
- Dental treatment (non-cosmetic)
- Eye exams and glasses
- Eye surgery
- Contact lenses and solutions
- Birth control pills

HSA Annual Contribution Limits

	Maximum for Tax
Individual	\$3,450
Family	\$6,900

Since a HSA is a tax-advantaged account, if a HSA expenditure is not used for a qualified health care expense, the accountholder will be required to pay income tax and a 20 percent penalty on the amount used.

Catch-up contributions: If you are age 55 or older, you may contribute an additional \$1,000.

Note: the 20 percent* penalty does not apply if the accountholder is disabled, age 65 or older, or deceased. For more details, visit www.discoverybenefits.com

*Tax references are at the federal level. State taxes may vary. Please consult your tax advisor if you have additional questions.

Not Eligible for a HSA if you:

- Are enrolled in health insurance other than a HSA - compatible health plan (including a spouse's medical FSA)
- Are enrolled in Medicare or Tri-care
- Are eligible to be claimed as a dependent on someone else's tax return
- Have received VA medical benefits in the past three months
- Are not enrolled in the Consumer Driven Health Plan

DENTAL

Your dental coverage is provided through Metlife.

Metlife offers a dental plan with the same level of coverage for both in-network and out-of-network providers. Your out-of-pocket costs may be higher out of network because Metlife will only reimburse according to Reasonable and Customary Allowances. An out-of-network dentist may still balance bill up to their usual fees.

To locate an in-network (contracted) dentist, visit www.Metlife.com and click the "Find a Dentist" link (Network: PDP Plus).

Dental Benefits	PDP Plus
Calendar Year Maximum	\$1,750
Annual Deductible	\$50 per Individual \$150 per Family
Class I – Preventive and Diagnostic Care Oral Exams, Routine Cleanings, X-rays, Space Maintainers	100% (deductible waived)
Class II – Basic Restorative Care Fillings, Root Canal Therapy, Endodontics, Periodontal Scaling, Root Planning, Oral Surgery, Extractions	90%
Class III – Major Restorative Care Crowns, Dentures, Bridges, Inlays, Onlays, Implants	60%
Class IV – Orthodontia Dependent children ONLY to age 19	50% \$1,000 Lifetime Max
Missing Tooth Limitation – Teeth missing prior to coverage under the Kony Dental plan are not covered.	
Pretreatment review is recommended when extensive dental work in excess of \$200 is proposed.	

Please refer to your Certificate of Coverage and Summary of Benefits for a complete listing of available services, limitations and exclusions.

Semi-Monthly Dental Rates	
Mobilizer Only	\$5.15
Mobilizer + Spouse	\$10.48
Mobilizer + Child(ren)	\$11.33
Mobilizer + Family	\$17.80

VISION

Your vision coverage is provided through Metlife.

To locate an in network (contracted) vision eye care professional, visit www.Metlife.com and click the “Find a Provider” link.

Vision Benefits		
	In Network	Out of Network Reimbursement:
Exams	\$0 copay	Up to \$45
Materials	\$0 copay	See below
Lenses		
Single Vision	100% covered	Up to \$30
Bifocal	100% covered	Up to \$50
Trifocal	100% covered	Up to \$65
Lenticular	100% covered	Up to \$100
Standard Progressive	\$55 copay	Up to \$50
Frames		
Frame Allowance	\$150 allowance + 20% discount off balance	Up to \$70
Contact Lenses		
Elective	\$150 allowance	Up to \$105
Necessary	100% covered	Up to \$210
Frequency		
Exams	12 months	
Lenses	12 months	
Frames	24 months	
Contacts (in lieu of eyewear benefit)	12 months	

Please refer to your Certificate of Coverage and Summary of Benefits for a complete listing of available services, limitations and exclusions.

Semi-Monthly Vision Rates	
Mobilizer Only	\$0.00
Mobilizer + Spouse	\$0.00
Mobilizer + Child(ren)	\$0.00
Mobilizer + Family	\$0.00

LIFE INSURANCE

Basic Life and Accidental Death & Dismemberment insurance is provided to Mobilizers by Kony, Inc.

Metlife Basic Life / AD&D (Company Paid)	
Benefit Maximum	1 x salary up to a maximum of \$350,000
Age Reduction	35% at age 65; 50% at age 70
Extended Death Benefit	50% of benefit amount
AD&D Benefit	100% of Basic Life benefit amount for Accidental Death. Portion of Basic Life benefit for dismembering injuries

Kony, Inc. also offers you the opportunity to purchase Voluntary Life and Accidental Death & Dismemberment insurance coverage for yourself and for your dependents.

Metlife Voluntary Life / AD&D		
Benefit Amount	Mobilizer	Increments of \$10,000 up to a maximum of \$300,000
	Spouse	Increments of \$5,000 up to a maximum of \$100,000
	Child(ren)	\$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Guarantee Issue*	Mobilizer	\$150,000
	Spouse	\$30,000
	Child(ren)	\$10,000
Age Reduction	None	
Accelerated Death Benefit	80% of benefit amount payable for terminal illness	

* Guarantee Issue only applies at your initial new hire enrollment. If this is not your first election opportunity, you will need to submit an Evidence of Insurability for any amount elected. Metlife will notify you if you have been approved for coverage.

Voluntary Life / AD&D Rates (rates per \$1,000) (Monthly Rates)		
Age	Mobilizer	Spouse
<20	\$0.087	\$0.087
20 – 24	\$0.087	\$0.087
25 – 29	\$0.087	\$0.087
30 – 34	\$0.095	\$0.095
35 – 39	\$0.119	\$0.119
40 – 44	\$0.161	\$0.161
45 – 49	\$0.227	\$0.227
50 – 54	\$0.337	\$0.337
55 – 59	\$0.508	\$0.508
60 – 64	\$0.614	\$0.614
65 – 69	\$0.739	\$0.739
70 – 74	\$1.103	\$1.103
75 +	\$1.103	\$1.103
Spouse rate is based on Mobilizer's age		
Child Rate	\$0.29	

Calculation Example:

36 year old Mobilizer purchasing \$50,000 in Life and AD&D insurance:

$$50,000 \div 1,000 \times \$0.119 = \$5.95 \text{ monthly}$$

$$\$5.95 \div 2 = \underline{\$2.98} \text{ per semi-monthly pay period}$$

DISABILITY

Kony, Inc. offers Voluntary Short Term Disability coverage and Voluntary Long Term Disability coverage through Metlife. Disability insurance is designed to provide you income when you are unable to work because of an accident or illness that is not work related.

A Mobilizer is considered disabled if, solely because of injury or sickness, he or she is:

1. Unable to perform the material duties of his or her Regular Occupation; **and**
2. Unable to earn 80% or more of his or her Indexed Earnings from working in his or her Regular Occupation

Metlife Voluntary Short Term Disability	
Accident Elimination Period	7 days
Illness Elimination Period	7 days
Benefit	60% of weekly earnings
Maximum Weekly Benefit	\$3,000 per week
Benefit Duration	12 weeks

***Pre-Existing Conditions Limitations:**

The pre-existing conditions limitation applies to any medical condition for which you received care within 3 months prior to the effective date of coverage. Benefits will not be paid for a total disability caused by a pre-existing condition unless you have been actively at work for 12 months from the day you became insured.

Metlife Long Term Disability	
Elimination Period	90 days
Benefit	60% of covered monthly earnings
Maximum Monthly Benefit	\$15,000
Benefit Duration	Social Security Normal Retirement Age or if 60+ please see Certificate of Coverage for benefit duration calculation
Benefit Enhancements Return to Work Incentive Survivor Benefit	Included 3 months
Limitations Pre-Existing Condition* Mental / Nervous Condition / Substance Abuse	3 / 12 24 months combined benefit

FLEXIBLE SPENDING ACCOUNT (FSA)

Kony's Flexible Spending Account is administered by Discovery Benefits. Your monthly FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified health and/or dependent care medical, dental, and/or vision expenses. Be sure to save all your itemized receipts as you may be required to produce them. This may happen during a plan year audit. **For the 2018 Plan Year, you may elect up to \$2,650 for your Health FSA, and up to \$5,000 Family Maximum (\$2,500 if married, filing separately) for your Dependent Care (child or elderly care) FSA.** The maximum amount you may elect is reduced for couples that file separate returns, when one spouse is a student, or when a spouse earns little or no income. For more information, please visit the IRS website at http://www.irs.gov/publications/p969/ar02.html#en_US_publink100038864.

MEDICAL FSA – DISCOVERY BENEFITS

A Health FSA allows you to set aside tax-free dollars into an account that will reimburse you for out-of-pocket medical, dental, and vision expenses “incurred” during the plan year (Jan 1st through Dec 31st). The term “incurred” means that the service must be performed during the plan year. Eligible expenses may be incurred by you, your spouse, or your dependent child (ren), even if they are not enrolled in a Kony medical plan.

You can use your debit card to pay for qualified expenses directly from your reimbursement account at the time of service or pay another way and submit your claim for reimbursement. You have ninety (90) days after the 2018 plan year ends to file claims incurred during the 2018 plan year. Reimbursements received from your Health FSA are tax-free. However, medical expenses incurred by or on behalf of domestic partners or their children are ineligible for tax-free reimbursement from an FSA unless the domestic partner qualifies as a dependent under IRC Section 152. **If you have not spent all the amounts in your Dependent Care FSA by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period."** The "Grace Period" extends 2 1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Health Flexible Spending Account.

Examples of eligible expenses include deductibles, copays, Lasik eye surgery, prescription drugs, and orthodontia. **Over-the-counter medications, with the exception of insulin, will require a prescription to be considered a qualified medical expense for reimbursement from your FSA.** Please refer to IRS Code Section 213(d) for a list of eligible expenses. The expenses must be for “medical care” and be for the diagnosis, care, mitigation, treatment or prevention of a disease, or for the purpose of affecting any structure or function of the body.

How Can A Flexible Spending Account Save Me Money?

Example: Jennifer's gross monthly income is \$3,000. She has annual health care expenses of \$1,800 and dependent care expenses of \$4,980. The following illustration provides further clarification of the savings by contributing to a Health and Dependent Care FSA. In this example, Jennifer's annual tax savings is \$1,478.04.

	With Flex Spending Account	Without Flex Spending Account
Gross Monthly Pay	\$3,000	\$3,000
▪ Health Care Expenses	- \$150	- \$0
▪ Dependent Care Expenses	- \$415	- \$0
Taxable Income	\$2,435	\$3,000
▪ Federal Income Tax	- \$252.05	- \$332
▪ Social Security / Medicare	- \$186.28	- \$229.50
Jennifer's Income	\$1,996.67	\$2,438.50
▪ Health Care Expenses Paid with Post-Tax Dollars	- \$0	- \$150
▪ Dependent Care Expenses Paid with Post-Tax Dollars	- \$0	- \$415
Jennifer's Income after FSA Expenses	\$1,996.67	\$1,873.50
▪ Monthly Tax Savings with FSA	\$123.17	\$0
▪ Annual Tax Savings with FSA	\$1,478.04	\$0

FLEXIBLE SPENDING ACCOUNT (FSA)

DEPENDENT CARE FSA – DISCOVERY BENEFITS

To qualify as employment-related expenses, the care must be for a qualifying individual. Under Code Section 21(b)(1) “qualifying individual” means a dependent of the taxpayer as defined in Code Section 152(a)(1) (i.e., a qualifying child) who has not attained age 13; a dependent of the taxpayer who is physically or mentally incapable of caring for himself or herself and has the same principal residence as the taxpayer for more than half of the year.

Qualified day care expenses include:

- Care provided while both parents are working or looking for work
- Care that has been provided during the plan year (1/1/18 – 12/31/18)
- Actual day care expenses (separate fees for services such as transportation, meals, classes, lessons, trips or supplies are not reimbursable unless the charges are included as part of your base fee – not itemized)
- Day camps, including those that focus on specific activities, such as sports and arts (overnight camps are excluded even if the camp apportions the day camp and overnight charges)
- Pre-kindergarten tuition
- Day care provider’s tax ID or individual’s social security number must be provided

Sample of ineligible expenses include:

- Child care provided by *your* tax dependent
- Child care provided by *your* child under age 19
- Overnight camps

Use It-Or-Lose It

Any money that you do not use from a Dependent Care FSA for expenses incurred during the plan year **will** be forfeited. This is governed under the IRS “use-it-or-lose-it” rule. Claims must be incurred during the plan year. To avoid forfeiting any money, you should estimate your expenses carefully. You have ninety **(90)** days after the plan year ends to submit expenses incurred during the plan year. **If you have not spent all the amounts in your Dependent Care FSA by the end of the Plan Year, you may continue to incur claims for expenses during the “Grace Period.” The “Grace Period” extends 2 1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Dependent Flexible Spending Account.**

Debit Card

Your *Discovery Visa Debit Card* can be used to pay at point of service for many health services received from providers that accept Visa. The debit card is a “signature” card and does not require a PIN (although, you will receive a pin – the law requires this). If a service provider has trouble processing your card, ask them to run it as “credit”.

Your debit card will only work at retailers that are “IIAS Compliant”. If you purchase eligible items, and you purchase them at an “IIAS Compliant” retailer, give the retailer your FSA debit card **FIRST**. The payment system will determine for which items you can pay with the FSA debit card and deduct appropriately. Once payment has been made for the eligible items, the retailer will request alternative form of payment for items that cannot be purchased using the FSA debit card. If you are unable to use the debit card, you may file a paper claim. **The debit card may be used to pay for Dependent Care services, if the facility or the service provider accepts credit card payments.**

Employee Assistance Program

We all need help every now and then

Problems are just a part of everyday life. In addition to the benefits provided under your MetLife Group Insurance coverage, you and your household members will have access to an Employee Assistance Program (EAP) beginning on January 1, 2018. This program provides you with services to help with the everyday challenges of life that may affect your health, family life and desire to excel at work. *EAP services will be provided by a third party, LifeWorks US Inc., under an agreement with MetLife.*



Your EAP may be used to address a broad range of issues including:

- Marriage, Relationship and Family Problems
- Problems at Work
- Legal and Financial Issues
- Stress and Anxiety
- Alcohol and Drug Dependency
- Identity Theft
- Health and Wellness Concerns

Consultation and support

You and the members of your household are entitled to up to **5 consultations with a licensed clinician per issue, per individual, per calendar year**. You choose between in-person sessions with a provider from LifeWorks' extensive network or convenient and easy telephonic consultations with a licensed LifeWorks clinician. Please call 1-888-319-7819 anytime to speak with a clinician, request a referral or schedule an appointment.

Work and life services

Telephonic consultations are available in the following areas:

Legal Services: Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and MetLife/LifeWorks/your employer).

Financial Services: Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.

Childcare and Eldercare Assistance: Consultation plus referrals to childcare and eldercare providers.

Identity Theft Recovery Services: Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.

Daily Living Services: Referrals to consultants and businesses that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).

Online Member Services: LifeWorks' EAP website and app that will be available to you features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to **metlifeeap.lifeworks.com**, **user name: metlifeeap** and **password: eap**.



Navigating life together



Services are provided by LifeWorks, one of the nation's premier providers of EAP services, with a national network of more than 30,000 practitioners. LifeWorks' staff provides immediate crisis resolution, information and referrals to appropriate counseling and support services. Licensed staff clinicians with crisis intervention expertise, including bilingual Spanish-/English-speaking staff, are available to handle emergency or urgent need cases.

Answers to frequently asked questions

Are EAP services confidential?

Yes. LifeWorks is required to comply with state and federal laws governing the confidentiality of your personal information.

When should I seek help?

The right time to seek help for a problem is as early as possible, before the problem becomes critical. EAP services can be accessed through a dedicated toll-free number 24 hours a day, 7 days a week.

How do I get help?

You can call 1-888-319-7819 to arrange for your EAP services. You will be deemed to have used up one of your consultations if you fail to cancel an appointment at least 24 hours in advance, unless the appointment is missed because of an emergency or circumstances beyond your control.

Will I have to pay for services?

No! Your employer pays for EAP services. There are no co-payments, co-insurance or deductible payments, and you will not be liable for any fees covered by your employer's EAP under any circumstances. If you decide you want services not included in the EAP offered by your employer, you will have to arrange and pay for them separately.

Do I have rights under the Consolidated Omnibus Budget Reconciliation Act ("COBRA")?

For information about COBRA rights, contact your Human Resources Department.

Does the EAP offered by my employer have any limitations?

EAP services **do not** provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

We're here to lend a hand: 1-888-319-7819

TDD callers can call: 1-800-999-3004

Grief Counseling

MetLife

Resources for Comfort and Support

Facing a loss is never easy, and how you cope and grieve is very personal. No matter the circumstances, whether it's a death, an illness, a divorce, or even a child leaving home, there are resources that can help.

Your MetLife Group Term Life coverage through your employer comes with Grief Counseling¹ provided by Harris, Rothenberg International (HRI), Inc., for you, your dependents and your beneficiaries at no extra cost. It is valuable, confidential support that can provide the comfort and guidance you need at the most difficult of times.

We're Here to Help – In a way that accommodates your needs

Simply call a dedicated 24/7 toll-free number, 1-855-609-9989, to speak with a licensed professional counselor experienced in helping people who have suffered a loss. You, your dependents and your beneficiaries can have up to five confidential counseling sessions per event². Sessions can either take place in-person, because meeting face-to-face may provide a personalized experience if you so desire, or by phone if you prefer. The choice is yours depending upon your preference.

If further assistance is desired, the counselor will help you access services that are appropriate to your situation, preferences, finances and health insurance coverage.

You might call to discuss any situation you perceive as a major loss, including:

- Death of a loved one
- Divorce
- Receiving a serious medical diagnosis
- Losing a pet

You can also log on to <https://griefcounseling.harrisrothenberg.net/default.aspx> (username: MetLife; password: grief) to contact a counselor or access helpful grief-related information and resources.

More Services to Help Cope With Loss

Additional assistance from research specialists is also available at the same toll-free number at no cost. These specialists can refer services and providers as well as offer additional information that you may find helpful. They can help you:

- Locate local funeral homes and identify monument vendors
- Locate back-up care for children or older adults
- Find specific types of support groups, e.g., children who have lost parents, survivors of suicide, dealing with grief, etc.
- Find storage facilities, estate sale planners and charities that pick up donations

They can also provide information on important tasks such as notifying the Social Security Administration, banks and utilities.

Help Is Just a Phone Call Away

With Grief Counseling and related services provided by HRI, you, your dependents and your beneficiaries will have access to resources that help cope with the grief and practical challenges that accompany a loss. That's just one of the valuable services that come with your MetLife group life coverage.

Call 1-855-609-9989 or log on to <https://griefcounseling.harrisrothenberg.net/default.aspx>
Username: MetLife Password: grief

NOTES

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The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have questions about this summary, please contact your Talent Mobilization Team.



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