

Deloitte.



Enhance your health.

Empower your well-being.

A look at benefits and resources to support your life journey.

Managing Directors and Professionals 2021



Photo credit: Elizbaeth Lascaze



Contents

Benefits for COVID-19	3
Benefits enrollment	4
Deloitte benefits	6
Medical plan choices	10
Managing costs	23
Dental plan	25
Vision care plan	27
Flexible spending account	29
Life and accident	37
Disability insurance	42
Empowered Well-being	44
Planning for Retirement	56
Contributions for 2021	57



Photo credit: Kimmy Talley

Information to consider: Benefits to support you during COVID-19

COVID-19 has changed the landscape around our healthcare and dependent care needs and should be considered as you make your annual benefit enrollment selections. We understand the stressors and unique challenges you and your family may be facing during these difficult times. Below is a quick list of how our benefits coverage and voluntary programs can support you:

Medical plan coverage and considerations

- COVID-19 testing and testing-related visits will be covered with no member cost share—in short, **these are free services and at no cost to you.**
- Virtual visits and telemedicine options
 - All in-network and out-of-network medical providers (for plans that include out-of-network coverage) who have the ability and want to connect with their patients virtually may do so. These visits will be subject to the plan’s deductible and cost share.
 - Telemedicine allows plan participants to connect via phone or online video chat, 24 hours, 7 days per week, with doctors who can diagnose, recommend treatment, and, in certain circumstances, prescribe medication. This also includes behavioral health visits with licensed psychiatrists and psychologists who can address concerns such as anxiety, depression, eating disorders, and substance abuse. To take advantage of this service, contact your medical carrier by calling the customer service phone number on your ID card.
- 100% coverage for in-network preventive services and certain cancer screenings— for example, well-child (e.g., annual exams), well-woman (e.g., mammogram, pap smear), well-man (e.g., prostate testing), and immunizations.
- Eligible dependent children can be covered under your medical and dental plan until the end of the calendar year in which they turn 26. Important note: If your dependent child turns 26 in 2021, they will be covered for insurance through December 31, 2021 no matter when their birthday occurs. In 2022, they will no longer be covered under your plan and will need their own coverage.

Dental

In keeping with our philosophy of providing a high level of preventive care, the dental plan provides for three exams and cleanings each year, which are paid at 100% of allowable fees. We encourage you to take advantage of this benefit and be proactive with your dental health.

Dependent Day Care FSA (DCFSA)

- If you have children under age 13 or other eligible dependents (including your spouse or parents) who need care so you can work, the DCFSA lets you pay for their care with before-tax earnings deducted from your paychecks.
- You can choose how much to contribute for the year up to \$5,000 for calendar year 2021 (\$2,500 if you’re married and filing taxes separately).
- Eligible expenses include childcare centers, nursery and pre-school tuition, before and after school programs, summer camps, adult day care facilities, etc.
- When you incur a qualified expense, you pay the expense and submit the appropriate claim form along with a receipt for the expense to HealthEquity (formerly WageWorks), the administrator of the account. You will then be reimbursed with tax-free dollars for the full amount of your claim, up to the amount that has already been deposited through contributions to your account at that time (minus reimbursements already made during the year). Any remaining claim amounts will be reimbursed as additional contributions are made to your account.

Deloitte Cares

- We recognize the challenges you and your dependents are experiencing as a result of COVID-19 and, in particular, the added pressures given the longer-term complexities of working from home and the increased demands driven by the uncertainties around virtual learning for children and other dependent care needs. In August, we launched **Deloitte Cares**, which provides a broad range of resources and support to you and your family. We encourage you to visit the [Work from Home and Caregiver Resource Center](#) for more information.
- **Individualized Navigator Support** through 1-800-DELOITTE where you can receive personal assistance in determining how to use the available options to solve your individual work from home and caregiving needs.
- **Financial support and reimbursement programs** to improve working virtually, including IT peripherals requests, the well-being subsidy, and the discount purchase program.
- A host of other benefits including, paid and unpaid time off options, flexible work options, virtual learning and discounted tutoring services through Bright Horizons, well-being resources, and more. Eligibility requirements and restrictions may apply.



Benefits enrollment

Deloitte offers a comprehensive variety of programs and resources designed to meet your needs. But to truly take advantage of these programs and own your health, it's important to understand the benefits available to you.

This brochure is a great first step to learn how to get the most from your plans, so you can make informed health care decisions.

Here you'll find:

- General information about your core Deloitte coverage and plan options.
- Contribution rates for 2021.
- Helpful tips you can use to better understand the benefits available to you.

If you would like detailed information beyond what you find in this brochure, please contact the Deloitte CoRe Contact Center at +1 800 DELOITTE (+1 800 335 6488). Analysts are available from 7:00 a.m. to 7:00 p.m. CT. You can also find more detailed information via the Summary Plan Descriptions and Summary of Benefits Coverage documents posted to the Benefits in Balance page on [DeloitteNet](#) for applicable plans.

Photo credit: Debbie Chou

Enrolling in your benefits

To enroll in your benefits, you will use our [online enrollment system](#) accessible on DeloitteNet. Once you make your election, you will be able to print a confirmation statement. In addition, you will automatically receive a confirmation statement via email.

Remember to enroll within 31 calendar days of becoming eligible for benefits. You will be able to make changes to your benefits each year during Open Enrollment.



Photo credit: Ludka Romero



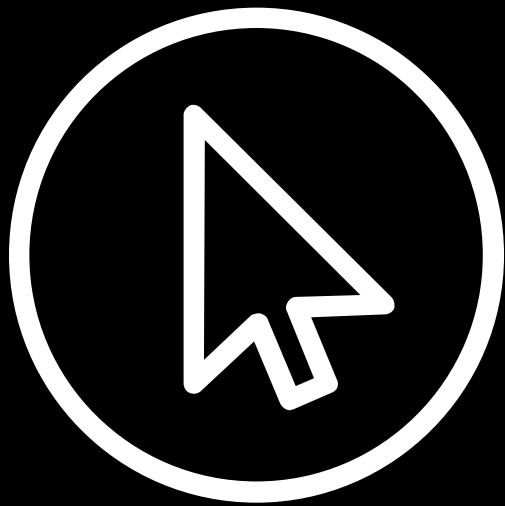
What happens if I don't enroll in medical coverage and begin employment after January 1, 2021?

If you are a newly eligible professional in 2021 and you don't enroll in medical coverage or register an election to opt out within 31 days of your eligibility date, you will be enrolled in the Basic UnitedHealthcare (UHC) Plan with individual coverage retroactive to your eligibility date.

If you want to opt out of medical coverage, you must make this choice using the online enrollment tool within 31 days of your eligibility date.



Photo credit: Kristina Davis



Your Deloitte
benefit choices



Photo credit: Melissa Dale



Photo credit: Deloitte University

Deloitte's Total Rewards program reflects our commitment to providing the programs and resources you need to own your health and well being — that's why we offer a comprehensive variety of programs and resources to meet your needs.

Deloitte provides a core level of protection for all eligible employees, including:

- Deloitte-paid core life insurance.
- Deloitte-paid core long-term disability coverage.

Note: Supplemental elective coverage is available and paid for by the employee if elected.

Medical and dental coverage, including:

- A continuum of medical care options with varied costs developed in consideration of the value and coverage levels they provide.
- 100% coverage of in-network annual well-woman/man/child exams in our national medical plans — including screenings and immunizations.
- Three dental cleanings per year, in- or out-of-network, with no deductible, paid at 100% of reasonable and customary charges.

Choices to fit our diverse workforce

- Many levels of optional life insurance coverage.
- Options that provide financial and tax-saving opportunities today and for the future.
- Spouse/domestic partner and child life insurance.

Flexibility and easy-to-use tools

- Health plan comparison tool to help you choose the right plan for you.
- An online enrollment system.
- Debit cards for Health Care Flexible Spending Accounts (HCFSAs), Health Savings Accounts (HSA), and Limited Purpose Flexible Spending Accounts (LPFSA).
- Before-tax transportation program which allows monthly online ordering and fulfillment of mass transit passes with before tax dollars.



Photo credit: Abby Sturtevant



Photo credit: Shauna Davis

General information

Eligibility — salaried employee

As a salaried employee, you are eligible to participate in Deloitte's health and welfare benefits program if you are regularly scheduled to work at least 20 hours per week.

Your benefits will typically begin on the first of the month coincident with or next following your hire date. For example, if you are hired on the first of the month, your benefits will begin that day. However, if you are hired on the second of the month or later, your benefits will begin the first day of the following month.

Eligibility — hourly employee

If you are an hourly employee, scheduled to work a minimum of 20 hours per week, your benefits begin on the first day of the month following one year of employment in a benefits-eligible position.

Your eligible dependents

Your eligible dependents include your:

- Legal spouse.
- Same- or opposite-sex domestic partner (including common law spouse and civil union partner).
- Child(ren) under age 26.*
- Disabled child(ren) if disability began before age 26.

*Children include your or your spouse/domestic partner's natural children, legally adopted children, stepchildren, or foster children. Eligible children may remain covered through the end of the calendar year in which they reach age 26.



Photo credit: Tara Cotton



Photo credit: Amit Gandre

Changing your coverage during the year

The elections you make generally stay in effect for the full calendar year. However, certain “life events” may cause your needs to change. In these limited situations, you may change your coverage within 31 calendar days of the life event that brought about the need for the change. A few examples of qualifying life events include:

- Change in marital or domestic partnership status.
- Having a baby or adopting a child.
- Your spouse or domestic partner loses or gains employment or benefits coverage.

To make a change during the year, go to the [Life Events](#) page on DeloitteNet or contact the CoRe Contact Center at +1 800 DELOITTE.

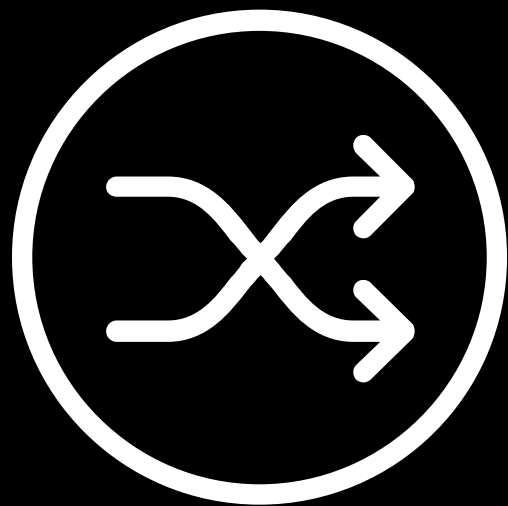
Please keep in mind that you only have 31 calendar days to register such changes. The 31-day period begins with the date of your life event.



Own your health and well-being

One of the best decisions you can make for your health and the health of your family is to make sure you visit your doctor annually for routine physical exams, immunizations, and recommended screenings.

Preventive care can help ensure that you and your family identify potential health issues early.



Medical
plan choices



Photo credit: Tiffany Minehart



Photo credit: Juliana Aragaki



Become an educated health care consumer!

Use the [Health Plan Navigator](#), a tool Deloitte provides, to make an informed decision. The Health Plan Navigator allows you to enter estimated medical expenses and compare plan costs side-by-side. Premiums are automatically entered for each plan you choose to compare. It's a great tool for understanding different plan costs. You may be surprised to see the impact a lower premium plan can make on your out-of-pocket expenses!

Deloitte offers you a continuum of medical plan options to help fit your needs and the needs of your family. The plans offer different coverage levels, health care provider networks, and different costs based upon your preferences and how you choose to receive medical care when you need it.

Your national medical plan options are:

- Aetna Open Access Select **Exclusive Provider Organization (EPO)**
(Note: In-network only coverage)
- Aetna **High-Deductible Health Plan (HDHP)**
- Anthem Blue Card **Preferred Provider Organization (PPO)**
- Anthem **High-Deductible Health Plan (HDHP)**
- UnitedHealthCare **Basic Plan (HDHP)**
- UnitedHealthcare **Choice Plus (PPO)**
- UnitedHealthcare **High-Deductible Health Plan (HDHP)**

Your medical plan choices at a glance

Plan provision	Aetna EPO	UnitedHealthcare (UHC) PPO		Anthem PPO		Aetna HDHP, Anthem HDHP, UHC HDHP		Basic UHC Plan	
	In-network only	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Calendar Year Medical Deductible (individual/family)	\$200/\$600 (Applies to medical services only)	\$200/\$600 (Applies to medical services only)	\$500/\$1,500 (Applies to medical services only)	\$500/\$1,500 (Applies to medical services only)	\$800/\$2,400 (Applies to medical services only)	\$2,800/\$5,600 (Applies to medical services and prescription expenses)		\$4,000/\$8,000 (Applies to medical services and prescription expenses)	
Coinsurance	The Plan pays 100% after deductible for most services	The Plan pays 90% after deductible for most services	The Plan pays 70% after deductible for most services	The Plan pays 90% after deductible for most services	The Plan pays 70% after deductible for most services	The Plan pays 90% after deductible for most services	The Plan pays 70% after deductible for most services	The Plan pays 90% after deductible for most services	The Plan pays 70% after deductible for most services
Medical Out-of-Pocket Maximums (deductibles, copayments, and coinsurance apply)	\$2,600/\$5,200	\$3,100/\$6,200	\$6,200/\$12,400	\$3,100/\$6,200	\$6,200/\$12,400	\$3,800/\$7,600	\$5,800/\$11,600	\$5,000/\$10,000	\$7,000/\$14,000
Lifetime Maximum	Unlimited								
Preventive Care Services including: annual exams, immunizations, screenings, and testing	The Plan pays 100% for most services (no deductible applies)	The Plan pays 100% for most services (no deductible applies)	The Plan pays 70% after deductible for most services	The Plan pays 100% for most services (no deductible applies)	The Plan pays 70% after deductible for most services	The Plan pays 100% for most services (no deductible applies)	The Plan pays 70% after deductible for most services	The Plan pays 100% for most services (no deductible applies)	The Plan pays 70% after deductible for most services
PCP Office Visits	\$25 copay, then the Plan pays 100%	\$25 copay, then the Plan pays 100%	The Plan pays 70% after deductible	\$25 copay, then the Plan pays 100%	The Plan pays 70% after deductible	The Plan pays 90% after deductible	The Plan pays 70% after deductible	The Plan pays 90% after deductible	The Plan pays 70% after deductible
Specialist office visits	\$40 copay, then the Plan pays 100%	\$40 copay, then the Plan pays 100%	The Plan pays 70% after deductible	\$40 copay, then the Plan pays 100%	The Plan pays 70% after deductible	The Plan pays 90% after deductible	The Plan pays 70% after deductible	The Plan pays 90% after deductible	The Plan pays 70% after deductible
Maternity care — office visits	\$25 copay for initial visit, then the Plan pays 100%	\$25 copay for initial visit, then the Plan pays 100%		\$25 copay for initial visit, then the Plan pays 100%					

Plan provision	Aetna EPO	UnitedHealthcare (UHC) PPO		Anthem PPO		Aetna HDHP, Anthem HDHP, UHC HDHP		Basic UHC Plan	
	In-network only	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Telemedicine	<p>\$25 copay due at time of consultation</p> <p>Log onto www.member.teladoc.com/aetna for more information or contact Aetna via the customer service number located on your ID card</p>	<p>\$25 copay due at time of consultation</p> <p>Log onto www.myuhc.com for more information or contact UHC via the customer service telephone number located on your ID card</p>		<p>\$25 copay due at time of consultation</p> <p>Log onto www.livehealthonline.com for more information or you can also contact Anthem via the customer service telephone number located on your ID card</p>		<p>10% coinsurance after deductible due at time of consultation</p> <p>Log onto your carrier specific website for more information or contact your provider via the customer service telephone number located on your ID card.</p>		<p>10% coinsurance after deductible due at time of consultation</p> <p>Log onto www.myuhc.com for more information or contact UHC via the customer service telephone number located on your ID card</p>	
Outpatient surgery	<p>\$100 copay, then the Plan pays 100% after deductible for outpatient facility</p> <p>\$25 PCP/\$40 specialist copay, then the Plan pays 100%, after deductible, if performed in physician's office</p>	<p>\$100 copay, then the Plan pays 90% after deductible for outpatient facility</p> <p>\$25 PCP/\$40 specialist copay, then the Plan pays 100%, after deductible, if performed in physician's office</p>	<p>The Plan pays 70% after deductible</p>	<p>\$100 copay, then the Plan pays 90% after deductible for outpatient facility</p> <p>\$25 PCP/\$40 specialist copay, then the Plan pays 100%, after deductible, if performed in physician's office</p>	<p>The Plan pays 70% after deductible</p>	<p>The Plan pays 90% after deductible</p>	<p>The Plan pays 70% after deductible</p>	<p>The Plan pays 90% after deductible</p>	<p>The Plan pays 70% after deductible</p>
Inpatient hospital	<p>\$250 copay per admission, then the Plan pays 100% after deductible (copay waived for newborns)</p>	<p>\$250 copay per admission, then the Plan pays 90% after deductible</p>		<p>\$250 copay per admission, then the Plan pays 90% after deductible</p>					
Emergency room services	<p>\$250 copay, then the Plan pays 100% (copay waived if admitted)</p>	<p>\$250 copay, then the Plan pays 100% (copay waived if admitted)</p>		<p>\$250 copay, then the Plan pays 100% (copay waived if admitted)</p>	<p>\$250 copay, then the Plan pays 100% (copay waived if admitted)</p>		<p>The Plan pays 90% after deductible</p>		<p>The Plan pays 90% after deductible</p>
Urgent Care Centers	<p>\$40 copay, then the Plan pays 100%</p>	<p>\$40 copay, then the Plan pays 100%</p>	<p>The Plan pays 70% after deductible</p>	<p>\$40 copay, then the Plan pays 100%</p>	<p>The Plan pays 70% after deductible</p>	<p>The Plan pays 90% after deductible</p>	<p>The Plan pays 70% after deductible</p>	<p>The Plan pays 90% after deductible</p>	<p>The Plan pays 70% after deductible</p>

Plan provision	Aetna EPO	UnitedHealthcare (UHC) PPO		Anthem PPO		Aetna HDHP, Anthem HDHP, UHC HDHP		Basic UHC Plan	
	In-network only	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Prescription drugs									
Generic substitution is mandatory									
Calendar Year Prescription Deductible (individual/family)	\$50/\$150	\$50/\$150		\$50/\$150		Prescription expenses apply to the medical plan deductibles indicated above		Prescription expenses apply to the medical plan deductibles indicated above	
Prescription Out-of-Pocket Maximums (deductibles, copayments, and coinsurance apply)	\$2,000/\$4,000	\$2,000/\$4,000	None	\$2,000/\$4,000	None	Prescription expenses apply to the medical out-of-pocket maximum indicated above		Prescription expenses apply to the medical out-of-pocket maximum indicated above	
Retail	Up to a 30-day supply	Up to a 30-day supply	Reimbursed based on what would have been paid at a participating pharmacy	Up to a 30-day supply	Reimbursed based on what would have been paid at a participating pharmacy	Up to a 30-day supply. The Plan pays 90% after deductible	The Plan pays 70% after deductible	Up to a 30-day supply. The Plan pays 90% after deductible	The Plan pays 70% after deductible
<i>Generic</i>	\$10 copay after prescription deductible	10% coinsurance after prescription deductible (min \$10)		10% coinsurance after prescription deductible (min \$10)					
<i>Preferred brand</i>	\$35 copay after prescription deductible	20% coinsurance after prescription deductible (min \$30, max \$90)		20% coinsurance after prescription deductible (min \$30, max \$90)					
<i>Non-preferred brand</i>	\$100 copay after prescription deductible	30% coinsurance after prescription deductible (min \$50, max \$150)		30% coinsurance after prescription deductible (min \$50, max \$150)					
Mail order	Up to a 90-day supply	Up to a 90-day supply	Not covered	Up to a 90-day supply	Not covered	Up to a 90-day supply. The Plan pays 90% after deductible	Not covered	Up to a 90-day supply. The Plan pays 90% after deductible	Not covered
<i>Generic</i>	\$20 copay after prescription deductible	\$20 copay after prescription deductible		\$20 copay after prescription deductible					
<i>Preferred brand</i>	\$70 copay after prescription deductible	\$70 copay after prescription deductible		\$70 copay after prescription deductible					
<i>Non-preferred brand</i>	\$130 copay after prescription deductible	\$130 copay after prescription deductible		\$130 copay after prescription deductible					

Note regarding prescription medications: Monthly quantities of certain medications that are considered to be specialty drugs may be limited to a one-month supply to assure plan members get the most effective and appropriate therapy possible according to Food and Drug Administration guidelines, medical literature, or treatment guidelines. In most cases, these medications will be available at both the retail pharmacy or through the mail order service.



Photo credit: Pamela Gordon

About the plans

All of the national plans provide:

- 100% coverage for in-network preventive services and certain cancer screenings — for example, well-child (e.g., annual exams), well-woman (e.g., mammogram, Pap smear), well-man (e.g., prostate testing), and immunizations.
- Access to quality care through networks of providers, with the PPO and HDHP plan options providing the opportunity to seek out-of-network care at a reduced benefit level.
- Prescription drug coverage.
- Protection against the cost of catastrophic illness or injury.
- The ability to see a specialist without a referral.
- Online and telephonic resources to locate a provider that participates in your medical plan's network.



Photo credit: Yogesh Wakchaure

Choosing a medical plan is just the first step— be prepared when you need care

An essential component of good medical care is the relationship you develop with your health care professional. With your health history understood, a provider is better able to gauge changes and detect a medical concern earlier, which can lead to a better outcome.

Benefits of a Primary Care Physician (PCP)

While you are not required to select a PCP (an internist, general practitioner, or pediatrician), it's always a good idea to have a primary doctor involved in your ongoing health care. Utilizing a PCP in your plan's network will significantly reduce your out-of-pocket expenses when you need care.

How a PPO works

The Anthem PPO and UnitedHealthcare PPO medical plan options provide choice and flexibility. You can use any provider you wish, or you can save money by using providers who participate in the plan's network.

In-network

You can choose to go to a provider who participates in the network and receive a higher level of benefits. There are no claim forms to file and the provider has agreed by contract to accept the negotiated fees as payment in full. In-network medical care is either based on copays and/or the plan pays 90% of the cost of most covered services after the in-network deductible has been met. You pay your portion of the cost until you reach the plan's in-network out-of-pocket maximum.

Out-of-network

You can go outside the network and use any provider, but you will pay more. Please note you will be reimbursed based on reasonable and customary limits according to the plan. If your provider's charges exceed the plan's reasonable and customary limits, you will be responsible for the difference between what the plan pays and what your provider charges. You are also responsible for precertification of hospital stays and certain outpatient procedures. You must first meet the plan's out-of-network deductible before the plan will pay 70% of reasonable and customary charges up to the out-of-network out-of-pocket maximum.

How an EPO works

The Aetna EPO is a medical option that offers a higher level of benefits than the PPO options. Coverage under the EPO is based on copays, after which the plan pays 100% of the cost of most covered services, after the in-network deductible is met. However, unlike the PPO there is no out-of-network benefit. You must use in-network providers and facilities in order for your care to be covered.

Please note: Plan participants who are traveling outside the service area, or students who are away at school, are only covered for emergency care and treatment of urgent medical conditions. Urgent care may be obtained from a walk-in clinic, an urgent care center or an emergency facility.



Photo credit: Jon Reynolds



Photo credit: Suzanne Pals

How an HDHP works

With the Aetna, Anthem, and UHC HDHP plans, you minimize your contribution costs - the amount deducted from your biweekly paycheck to pay for coverage - and, instead, pay for care as you need it.

Except for in-network preventive care (which is covered at 100%), you must meet the full annual deductible before the plan pays benefits. Once you meet the annual deductible, the plan pays 90% of the cost of covered in-network services (70% of out-of-network services), including prescription drugs, until you reach the full out-of-pocket maximum.

To help offset the potential higher cost for care, all HDHP plans offer you access to a Health Savings Account (HSA) and a Limited Purpose Flexible Spending Account (LPFSA*), that you can use to set aside money to pay for qualified vision, dental, and preventive care expenses. For details on the LPFSA program, see the Flexible Spending Account section of this brochure.

How are the HDHP plans different?

It's important to note that there are some significant differences between the UHC Basic Plan and our other HDHP plans. The UHC Basic Plan provides a basic level of protection for those who want protection, but don't expect to need much in terms of medical services during the year. In addition, the UHC Basic Plan is more "basic" in its coverage - it doesn't cover certain services, such as chiropractic, infertility treatment, or certain other expenses that are covered under the Aetna, Anthem, and UHC HDHP plans. It's important that you are aware of these and other exclusions under the UHC Basic Plan. For a more detailed description of the coverage available under the HDHP plan options, please see the Summary Plan Descriptions and Summary of Benefits and Coverage documents posted to [DeloitteNet](#).

**In order to participate in the LPFSA, you must also be enrolled in the HSA.*

The Health Savings Account (HSA)

The ability to establish an HSA is an important factor to consider when evaluating the HDHP plans. The HSA provides you with a valuable opportunity to build a personal fund that you can use to pay for current and future qualified health care expenses — tax-free.

Like an individual retirement account (IRA), you put away money before-tax and any investment returns are tax-sheltered. HSA distributions for qualified health care expenses are also tax-free.

If you are enrolled in the Aetna HDHP, Anthem HDHP, or UHC HDHP plans and are participating in the HSA, Deloitte will make an annual employer contribution to assist you in saving for your eligible health care expenses, whether incurred now or in the future. This Deloitte HSA contribution (up to \$500 for individual coverage or up to \$1,000 for coverage with a dependent) will be contributed on a biweekly basis, as soon as administratively practical, while you are covered under an eligible HDHP plan. If you are covered under an eligible HDHP plan for less than the entire calendar year, you will receive a prorated contribution.

You are immediately vested in Deloitte's contribution and can only receive it if you agree to accept it at the time you establish an HSA with Bank of America.

If you do not accept the contribution at the time you enroll, Deloitte will not be able to make the contribution. Please note that, while eligible to contribute to an HSA, Basic UHC Plan participants are not eligible to receive the Deloitte HSA contribution. When submitting claims for reimbursement from your HSA, you will only be reimbursed up to the value of your current account, even if your claims exceed your current account value.



Photo credit: Lee Lewis



Photo credit: Sandra O'Lenka Nair



Photo credit: Courtney Smith

Why should you consider contributing to an HSA?

- You reduce your taxable income by the amount you contribute to your HSA each year.
- You do not pay taxes on the money you withdraw from your account to pay for qualified health care expenses.
- The money in your account earns interest which compounds over time to build your HSA balance.
- If your account balance is at least \$100 over the minimum investment threshold of \$1,000 with no HSA transactions pending, you have the option to invest all or a portion of your balance in mutual fund options offered through Bank of America.
- By participating in the HSA, you are also eligible to participate in the LPFSA which can be used for annual eligible vision, dental and preventive care services.
- You own your HSA; the money is yours. You do not lose your contributions if they are not used by the end of the calendar year — they carry over to subsequent calendar years. In fact, should you change your affiliation with Deloitte in the future, your account goes with you — your balance can be maintained at Bank of America, rolled over into another HSA at any time, or left to a beneficiary upon your death.
- You can withdraw the money at any time and for any reason. However, it is important to note that withdrawals for expenses other than qualified health care expenses will be subject to income tax and an additional 20% tax penalty.
- You can use the funds in your HSA to pay for health care expenses during retirement, including certain Medicare premiums and long-term care premiums.
- Be sure to consider Deloitte's contribution when setting your 2021 contribution limits — reduce your contributions, if necessary, to avoid exceeding the annual maximum contribution allowed by the IRS, when combined with Deloitte's contribution.
- As an added convenience, participants can access their HSA information online and via mobile devices through the [Bank of America HSA Member Portal](#).

HSA contribution limit maximum's for 2021 are \$3,600 if you cover yourself only and \$7,200 if you cover another family member.

If you will reach age 55 during 2021, you are eligible to make an additional \$1,000 catch-up contribution. If your spouse reaches age 55 in 2021, he or she may only make a catch-up contribution to his or her own HSA.

Enrolling in the HSA

If you enroll in an eligible HDHP plan and would like to contribute to the HSA, please be aware of IRS restrictions for HSA participants:

- You cannot contribute to a Health Care Flexible Spending Account (HCFSAs).
- You may not be enrolled in Medicare.
- You may not have any other non-HDHP medical coverage (such as through your spouse or domestic partner).

You are responsible for ensuring that you satisfy these requirements.

An HSA is an individual financial account (like a bank account) owned by you that grows with interest. It's up to you to manage your money and account activity and be able to substantiate any withdrawals you make that qualify as medical deductions for tax purposes. Like the HCFSAs, you cannot submit the expenses of a domestic partner for reimbursement under the HSA unless he or she is considered your tax-dependent for federal tax purposes.

Additional HSA information is available on [DeloitteNet](#).



Photo credit: Sarah Heddleston



Telemedicine

Telemedicine allows plan participants to connect via phone or online video chat with doctors who can diagnose, recommend treatment and in certain circumstances prescribe medication.

While seeing your doctor in person may be preferred, online care can be a great alternative for those who are traveling for work or vacation, become sick outside of doctor’s office hours, or are unable to get a same-day appointment with their local doctor.

Telemedicine is available through each of Deloitte’s national medical plan carriers (Aetna, Anthem and UnitedHealthcare) for respective plan participants and their covered dependents. All plan participants and covered dependents are eligible. Minor dependents must be accompanied by an adult.

Telemedicine doctors can help address a wide variety of issues including: sinus problems, bronchitis, allergies, poison ivy, cold and flu symptoms, sore throat, nausea, stomach upset, bladder or urinary tract infections, respiratory infections, pinkeye, or rash.

In addition, the telemedicine benefit offers mental health visits or one-on-one counseling over the phone at your convenience, 24 hours, 7 days per week.

Each national medical plan carrier has its own website where you can create an account in a few easy steps and request to speak with a doctor. All doctors are U.S. Board Certified.

As with an in person office visit, each visit is in full compliance with the privacy and security protection afforded under the Health Insurance Portability and Accountability Act (HIPAA).

For more information, visit the Telemedicine page on [DeloitteNet](#).

Carrier (respective offering name)	Details
Aetna (Teladoc)	<ul style="list-style-type: none">• Available in all states, 24/7/365 by phone or online video consultation.• \$25 copay, if enrolled in the Aetna EPO Plan, or 10% coinsurance after deductible, if enrolled in the Aetna HDHP, due at time of consultation. This payment is reimbursable under the Flexible Spending and Health Savings Account participants.
Anthem (LiveHealth Online)	<ul style="list-style-type: none">• Available in all states, 24/7/365 by phone or online video consultation.• \$25 copay, if enrolled in the Aetna EPO Plan, or 10% coinsurance after deductible, if enrolled in the Anthem HDHP, due at time of consultation. This payment is reimbursable under the Flexible Spending and Health Savings Account participants.
UnitedHealthcare (Virtual Visits)	<ul style="list-style-type: none">• Available in all states, 24/7/365 by phone or online video consultation.• \$25 copay, if enrolled in the UHC PPO Plan, or 10% coinsurance after deductible, if enrolled in the HDHP or Basic Plan, due at time of consultation. This copay is reimbursable for Health Savings Account participants.

90-Day Maintenance Medication Program

	Aetna – Maintenance Choice	Anthem - RX Maintenance 90	UnitedHealthcare – Walgreens90 Saver Plus
Carrier and Program Mail Order Program Details	<p>Maintenance Choice gives you a choice to fill a 90-day supply of your maintenance medication through either Aetna Rx Home Delivery® mail-order pharmacy or CVS Pharmacy retail locations.</p> <ul style="list-style-type: none">• After receiving two courtesy maintenance Rx fills at retail, you must take action – elect to either fill a 90-day supply of your maintenance medication at a CVS pharmacy, or enroll in the mail order option.• If you have not taken action by your third retail Rx fill, your medication will not be covered under the plan and you will be charged the full Rx cost for the third fill.• There is no option to opt out of this program.	<p>RX Maintenance 90 allows you to fill a 90-day supply of your maintenance medication by mail order or by selecting a participating retail pharmacy.</p> <ul style="list-style-type: none">• After receiving two courtesy maintenance Rx fills at retail, you must take action – elect to either fill a 90-day supply of your maintenance medication at a participating RX Maintenance 90 retail location or enroll in mail order through IngenioRX.• If you have not taken action by your third retail Rx fill, your medication will not be covered under the plan and you will be charged the full Rx cost for the third fill.• There is no option to opt out of this program.	<p>Walgreens90 Saver Plus allows you to fill a 90-day supply of your maintenance medication by mail order or Walgreens pharmacy.</p> <ul style="list-style-type: none">• After receiving two courtesy maintenance Rx fills at retail, you must take action – either elect to fill a 90-day supply of your maintenance medication at Walgreens or enroll in OptumRx Home Delivery.• If you have not taken action by your third retail Rx fill, your medication will not be covered under the plan and you will be charged the full Rx cost for the third fill.• There is no option to opt out of this program.
What actions do I need to take?	<p>1. Enroll in mail order Rx by either calling Aetna at 1-888-792-3862 or by visiting www.aetnavigators.com and clicking on “Aetna Pharmacy” at the top of the page.</p> <p>If you continue using a CVS pharmacy to fill your maintenance Rx no action is required. Your pharmacist will contact your doctor and request a new 90-day prescription and process for pickup.</p>	<p>1. Enroll in mail order Rx by either calling IngenioRX at 1-877-536-4320 or through the My Decision Center tool on the IngenioRX website after you log in at www.anthem.com.</p> <p>2. Identify a RX Maintenance 90 retail location to fill your 90-day maintenance medication. All CVS, Target, Walmart, Kroger, Safeway, and Costco retail pharmacies are in the RX Maintenance 90 network.</p>	<p>1. Enroll in mail order by calling 1-800-377-2543 or visiting www.myuhc.com. Select “Manage My Prescriptions” and “Get Started.”</p> <p>If you continue using a Walgreens pharmacy to fill your maintenance Rx no action is required. Your pharmacist will contact your doctor and request a new 90-day prescription and process for pickup.</p>
What happens if I take no action?	<p>You will receive two 30-day courtesy fills at retail. If you have not actively elected mail order or 90-day retail Rx through CVS pharmacy, your medication will not be covered under the plan and you will need to pay the full cost for a 30-day retail Rx fill.</p>	<p>You will receive two 30-day courtesy fills at retail. If you have not actively elected mail order or selected a RX Maintenance 90 retail location, your medication will not be covered under the plan and you will need to pay the full cost for a 30-day retail Rx fill.</p>	<p>You will receive two 30-day courtesy fills at retail. If you have not actively elected mail order or 90-day retail Rx through Walgreens, your medication will not be covered under the plan and you will need to pay the full cost for a 30-day retail Rx fill.</p>
Do I need to contact my doctor?	<p>If you elect mail order, you can contact your doctor for a new 90-day prescription or you can have Aetna Rx Home Delivery® to this for you.</p> <p>If you elect to use CVS pharmacy, you can have the pharmacist assist you with transitioning to the 90-day retail option.</p>	<p>If you elect mail order, you can either contact your doctor for a new 90-day prescription or you can have IngenioRX do this for you.</p> <p>If you elect to use a RX Maintenance 90 day retail pharmacy, the pharmacy can assist you with transitioning to the 90-day retail option.</p>	<p>If you elect mail order, you can either contact your doctor for a new 90-day prescription or you can have Optum Rx do this for you.</p> <p>If you elect to use Walgreens, you can have the pharmacist assist you with transitioning to the 90-day retail option.</p>



Photo credit: Juanda Roberts



90-Day Maintenance Medication Program

We have a 90-day maintenance medication mail order for our three national medical carriers.

This program will require individuals with maintenance medications to either fill them through mail order or have a 90-day script filled at certain retail pharmacies (each carrier has different options for 90-day retail fills).

Managing costs

With a rich variety of plan options and features, how can you ensure you're getting the greatest value? Here are some tips on cost effective options for your health care needs.

After-hours care

Emergency room visits make sense when you have a true emergency. But for other times, more cost effective options are available. The next time you need medical care outside your physician's business hours, try:

Taking advantage of the Telemedicine option to connect with a U.S. Board certified doctor via phone or online video chat. Telemedicine is available during and after business hours and is great for when you're traveling, too. See page 25 for details on Telemedicine.

- Accessing your medical plan's 24-hour nurse's service where you can speak live with a Registered Nurse for medical guidance.
- Look for urgent care centers in your area. These centers can treat a broad range of medical issues, resulting in less time spent in the waiting room, and potentially lower costs too.

Medical plan premiums — the High-Deductible Health Plans (HDHP)

The HDHP plan premiums are lower compared to the EPO and PPO plans, but still provide a full level of coverage.

The HDHP plans use a 'pay as you go' approach with higher deductibles, so you will pay more out of pocket for your medical care when you seek treatment (note that in-network preventive care is still covered at 100%) until the deductible is met. But as a result of the significantly lower premiums, you may have a lower total annual cost, depending on your medical needs. For a better understanding of the role premiums pay on your total out of pocket costs, you can use the [Health Plan Navigator](#) to compare medical plan costs.

Also, when you enroll in a HDHP plan, you will be eligible to enroll in a Health Savings Account (HSA) for additional tax advantages. See pages 22-24 for details on the HSA.

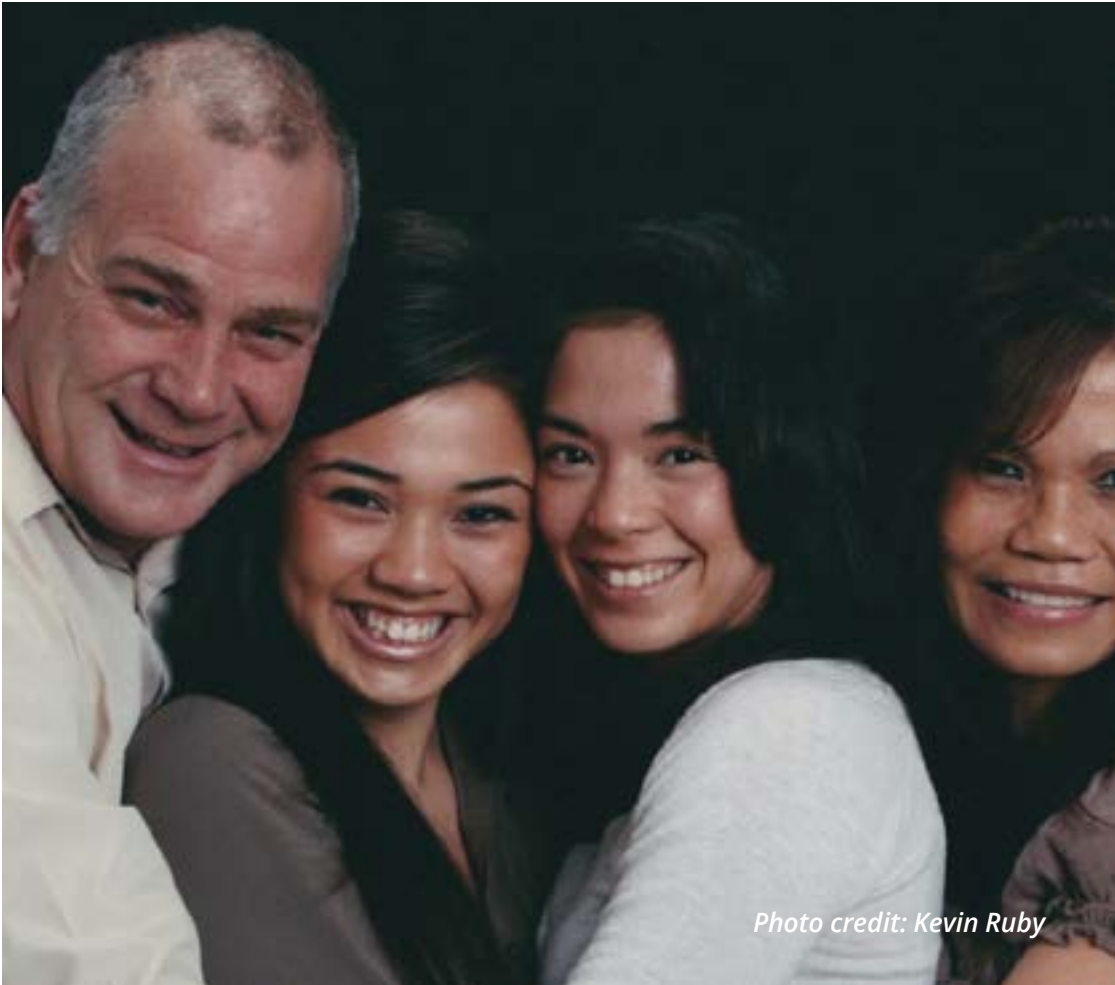


Photo credit: Kevin Ruby



Photo credit: Alex Farris

Stay in-network

By seeing an in-network provider, you will receive the most cost effective care available through your plan. There will be no claim forms to file and the doctor has agreed to accept pre-negotiated rates by your medical plan. You can locate a network provider by logging into your medical plan's online directory or by calling the medical plan's member services.

Health Care Flexible Spending Account

The Health Care Flexible Spending Account allows you to use before-tax dollars to cover out of pocket costs for certain health care expenses. You can use the HCFSAs to pay for eligible medical, dental, and/or vision care expenses (as defined by the IRS) that are not paid by a Deloitte medical, dental, or vision plan (or any other medical, dental, or vision plan under which you or your eligible dependents are covered) — tax-free. See pages 35-37 for more details.

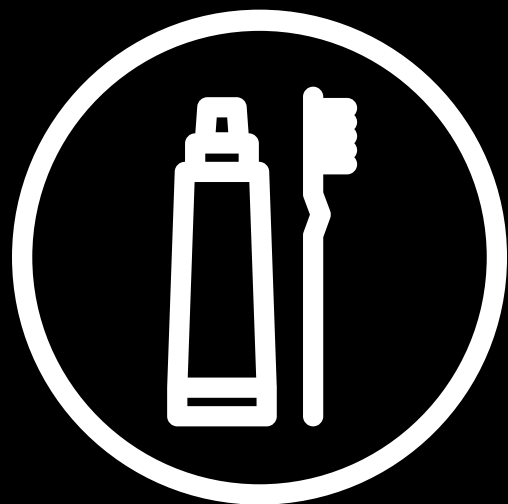
Dependent Day Care Flexible Spending Account

If you have children or other eligible dependents (including your spouse or parents) who need care so you can work, the Dependent Day Care Flexible Spending Account (DCFSA) lets you pay for their care with before-tax earnings deducted from your paychecks. See pages 39-40 for more details.

Preventive care

Preventive care can help ensure you and your family members identify potential health issues, early, helping to support better outcomes. Deloitte's medical and dental plans provide:

- 100% coverage of in-network annual well-woman/man/child exams — including screenings and immunizations.
- Three dental cleanings per year, in- or out-of-network, with no deductible, paid at 100% of reasonable charges.



Your
dental plan



Photo credit: Sarah Wineland



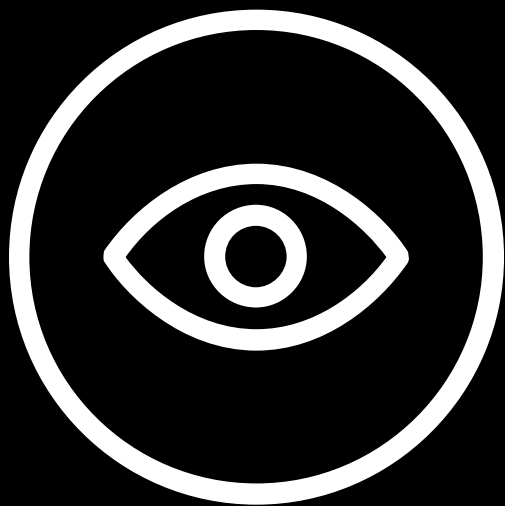
Plan provisions	In-network	Out-of-network
Annual deductible	None	\$50 per covered individual (applies to Basic and Major services only)
Annual benefit maximum	\$2,000 combined maximum	
Preventive services <ul style="list-style-type: none"> • Oral exams • Prophylaxis • Fluoride & sealant 	<ul style="list-style-type: none"> • Periapical & bitewing x-rays • Full-mouth series • Space maintainers 100%	100% of allowable fees, no deductible
Basic Services <ul style="list-style-type: none"> • Endodontic therapy • Amalgam (silver) fillings • Composite fillings • Oral Surgery & extractions 	<ul style="list-style-type: none"> • Denture, bridge, and crown repair • General anesthesia 80%	80%, after deductible
Major services <ul style="list-style-type: none"> • Prosthodontics/Major Restorations • Inlays/onlays 	<ul style="list-style-type: none"> • Crowns • Full and partial dentures • Bridges 50%	50%, after deductible
Temporomandibular Joint (TMJ)	50%, no deductible	50%, no deductible
<i>Lifetime maximum</i>	\$1,500 combined maximum	
Bruxism	50%, no deductible	50%, no deductible
<i>Lifetime maximum</i>	\$1,500 combined maximum	
Orthodontics	50%, no deductible	50%, no deductible
<i>Lifetime maximum</i>	\$2,000 combined maximum	

Deloitte offers you a PPO dental plan through MetLife.

Each time you need care, you can choose to receive care in or out of the PPO network. If you choose to receive care from a preferred provider, your share of the cost is based on the lower, network negotiated rate. If you choose to receive care out-of-network, your share of the cost will be based on the percent reimbursed from the plan, plus any costs in excess of the reasonable and customary (R&C) fees.

In keeping with our philosophy of providing a high level of preventive care, the dental plan provides for three exams and cleanings each year, which are paid at 100% of allowable fees. The plan also provides coverage for a wide range of services, including adult and child orthodontia.

Note: Receive your dental cleanings each year from an in- or out-of-network dentist and you'll be reimbursed for 100% of reasonable charges with no deductible.



Your vision
care plan
choices



Photo credit: Christine Belsky



Photo credit: Deloitte University

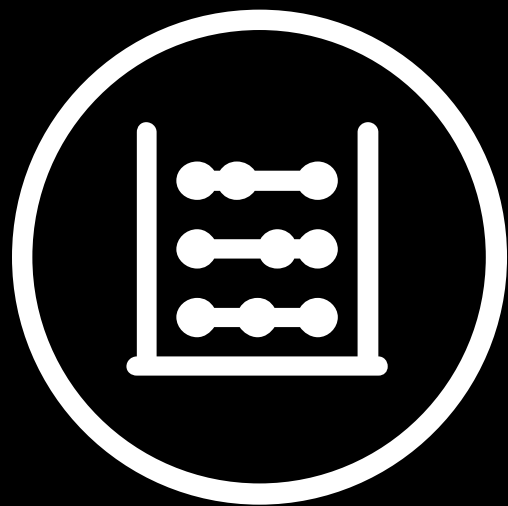
Plan provisions	Voluntary Vision Plan		Discount Program
	In-network	Out-of-network	In-network only
Exam with dilation as necessary	\$0 copay	\$35 allowance	\$5 off routine exam; \$10 off contact lens exam
Standard contact lens fit and follow-up	Up to \$40	N/A	N/A
Premium contact lens fit and follow-up	10% off retail price	N/A	N/A
Frames	\$0 copay; \$150 allowance, 20% off balance over \$150	\$45 allowance	35% off retail price
Standard plastic lenses			
Single vision	No copay	\$25 allowance	\$50 copay
Bifocal	No copay	\$40 allowance	\$70 copay
Trifocal	No copay	\$65 allowance	\$105 copay
Lenticular	No copay	\$65 allowance	N/A
Standard progressive	\$65 copay	\$40 allowance	\$65 copay
Premium progressive	80% of charge less \$55 Allowance	\$40 allowance	N/A
Lens option			
UV treatment	\$15 copay	N/A	\$15 copay
Tint (solid and gradient)	\$15 copay	N/A	\$15 copay
Standard plastic scratch coating	\$15 copay	N/A	\$15 copay
Standard polycarbonate	No copay	\$28 allowance	\$40 copay
Standard anti-reflective coating	No copay	\$32 allowance	\$45 copay
Other add-ons and services	20% off retail price	N/A	20% off retail price
Contact lenses			
Conventional	\$0 copay; \$150 allowance, 15% off balance over \$150	\$100 allowance	15% off retail price
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	\$100 allowance	Not covered
Medically necessary	\$0 copay, paid in full	\$200 allowance	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail price (5% off promotional price)	N/A	15% off retail price (5% off promotional price)
Frequency			
Examination	Once every calendar year		Unlimited
Frame	Once every calendar year		Unlimited
Lenses or Contact Lenses	Once every calendar year		Unlimited

Deloitte offers two vision care plan options:

- The EyeMed Voluntary Vision Care Plan (you must enroll in this coverage in order to participate).
- The EyeMed Discount Vision Program (Deloitte provides this coverage for you automatically).

Both provide benefits for eye exams, lenses, frames, and contact lenses. The discount program, however, is not an insurance plan. Instead, it provides you with a discount on vision services at selected vendors. Membership cards will only be provided to Voluntary Vision Plan participants.

If you wish to bring a discount card with you to your eye care provider, you can print it directly from DeloitteNet. Your vision care professional can also verify your coverage directly with EyeMed by calling +1 866 299 1358.



Your
flexible spending
account choices



Photo credit: Edward Cornejo

Flexible spending account choices at a glance

Plan type	Might appeal to someone who:	Eligible expenses	Plan requirements	Plan restrictions
Health Care Flexible Spending Account (HCFSA)	Wants to use before-tax dollars to cover out of pocket costs for certain health care expenses	Qualified medical, dental, vision	Enroll each year during Open Enrollment.	Cannot be enrolled in both the HCFSA and LPFSA or HSA
Limited Purpose Flexible Spending Account (LPFSA)	Wants to use the LPFSA for annual eligible expenses while saving HSA contributions for future use, including during retirement	Qualified dental, vision, and preventive medical	Enroll each year during Open Enrollment. Must be enrolled in either the UHC HDHP or Basic UHC Plan, as well as the HSA	Cannot be enrolled in both the HCFSA and LPFSA
Dependent Day Care Flexible Spending Account (DCFSA)	Has children or other eligible dependents who need care so you can work	Qualified dependent day care expenses	Enroll each year during Open Enrollment.	None

How much is ‘just enough’ to contribute to your HCFSA so you can gain the maximum tax benefit, without losing money by not having sufficient claims to submit?

Use the [Health Plan Navigator](#) tool to help you estimate the amount you may want to contribute to your HCFSA.



Photo credit: Dawn Patillo



Photo credit: Shenique Gray



Photo credit: Kimmy Talley

Your health care flexible spending account (HCFSa)

The HCFSa helps you save money on your share of certain health care expenses you incur for yourself and/or your eligible dependents. You can use the HCFSa to pay for eligible medical, dental, and/or vision care expenses (as defined by the IRS) that are not paid by a Deloitte medical, dental, or vision plan (or any other medical, dental, or vision plan under which you or your eligible dependents are covered) — tax-free.

How the HCFSa works

As you determine whether an HCFSa is right for you, remember that you have the potential to reap tax savings. Consider the following:

- What will your estimated eligible out-of-pocket health care expenses be for the next calendar year?
- Once you identify that number, you should consider how much to contribute to your account to cover these estimated eligible expenses. Please keep in mind that the maximum that you can contribute in 2021 is \$2,750 for the calendar year and any unused balance in your account at the end of the year will be forfeited.
- The [Health Plan Navigator](#) tool is able to help you estimate the amount you may want to contribute to your HCFSa.
- Your contributions will be deducted in equal amounts from your paychecks throughout the year before federal — and, in most cases, state — income and FICA taxes are withheld. This means that you'll have less income for the federal government to tax (compared to paying these same expenses with after-tax dollars), so you reduce your current taxes.



Photo credit: Deloitte University

Eligible HCFSAs expenses

Your contributions can be used to cover eligible health care expenses that you, your spouse, or your tax dependents (as defined for federal income tax purposes, regardless of your dependent's gross income) incur while you are contributing to your account. So, for example, you may be reimbursed for medical expenses for your dependents, even if you cannot claim the individual as a tax dependent for tax filing purposes (because the individual's annual gross income exceeds IRS limits).

Expenses eligible for reimbursement from the HCFSAs include, but are not limited to:

- Medical, dental, and vision plan deductibles, copayments, and/or coinsurance (including copays or coinsurance paid for prescription drugs).
- Amounts not reimbursed by the medical, dental, and/or vision plans because they exceed reasonable and customary fees.
- Certain eligible health care expenses not covered by any insurance plan, such as over-the-counter items like bandages and supplies for contact lenses.
- Eyeglasses and contact lenses not covered through the vision plan.
- Prescription sunglasses.
- Laser eye surgery (you should verify that you are an eligible candidate for this procedure before you elect to contribute to cover the expenses).
- You can find a complete listing of eligible expenses at www.irs.gov. Please refer to Publication 502.

Filing a claim

Deloitte's HCFSAs has a debit card feature — an additional convenience offered by Deloitte. The debit card is a convenient and easy-to-use tool that allows you immediate access to your FSA funds by simply swiping your debit card at your provider's payment terminal. Just like your bank account debit card, the HCFSAs debit card will automatically debit your FSA account for eligible expenses.

By using the debit card to purchase your eligible health care items and/or services, you avoid paying for an expense with money out of your pocket. Also, you can minimize the need to file paper claims for your eligible health care expenses just by using the debit card for eligible in-network, pharmacy purchases at certified pharmacies and retailers. You will be required to substantiate expenses that are not purchased at certified pharmacies or retailers if the expenses are not a standard copay amount within the plans, so keep your receipts. Note that if your card is not accepted for an eligible over-the-counter item for any reason, you will need to submit a claim form to receive reimbursement.

If you visit an out-of-network health care provider for services, you will need to pay your provider directly. Keep a copy of your receipt and submit it for reimbursement using the HCFSAs Reimbursement Form.

Using your HCFSAs debit card

The HCFSAs debit card may be used to purchase many of the same eligible items and services for which you currently submit paper-based claims for reimbursement. The HCFSAs debit card is accepted at medical and dental offices, hospitals, health care clinics, and retail and online pharmacies. In fact, many large retailers who sell eligible health care items have received IRS approval to accept the HCFSAs debit card.

You can be reimbursed from your HCFSAs up to your annual contribution amount, regardless of how much you have contributed to date through your payroll deductions. There is no need to wait to submit claims.

You will receive a card automatically

If you enroll in Deloitte's HCFSAs, you will automatically receive your HCFSAs debit card in the mail shortly after you enroll in the plan. Please note the cards have expiration dates three years from the date of issue. Participants will only be issued a new card once every three years. If you have a current (not expired) HCFSAs card, any contributions you make to your HCFSAs for the coming calendar year will be credited to your existing card.

You always have the choice of using the debit card or filing paper-based claims — whichever you prefer. Likewise, if a provider or merchant selling eligible items or services does not accept the card, you will still be able to pay for the eligible expenses out of pocket and submit a claim for reimbursement after the fact.

An additional card may be requested for use by an eligible dependent.



Photo credit: David Friedman



Use it or lose it!

HCFSAs, LPFSAs, and DCFSAs expenses must be incurred during the calendar year while you are participating in the plan. You have until March 31, 2022 to file claims incurred in 2021 with HealthEquity, the plan's administrator. Claim forms are available via Talent on Demand.



Photo credit: Michelle Bower



Save your receipts

Because your HCFSAs or LPFSAs are funded with before-tax dollars, IRS regulations require that you retain all the itemized receipts for purchases made with the debit card. It may be necessary for you to submit a receipt to prove the eligibility of a purchase you have already made. HealthEquity, the administrator of the account, will notify you if a receipt is needed for a particular purchase. Please save all your receipts and respond to any outreach from HealthEquity promptly to avoid suspension of your card purchasing privileges.

Limited Purpose FSA

A Limited Purpose Health Care Flexible Spending Account (LPFSA) is offered to HDHP plan participants who also contribute to an HSA. The LPFSA can help eligible participants save money on eligible vision, dental and preventive care expenses.

The LPFSA plan is ideal for HDHP participants as they are ineligible to enroll in both a Health Savings Account (HSA) and a traditional Health Care Flexible Spending Account (HCFSAs), due to IRS regulations.

By participating in the LPFSA, HDHP participants can set aside money from each paycheck on a before-tax basis — reducing taxable income, similar to a traditional HCFSAs. By using an LPFSA in conjunction with a HSA, participants are able to save on immediate and future health costs. For example, the LPFSA can be used to save on annual vision, dental, and preventive care costs while money put into the Health Savings Account can be saved for future use, including during retirement.

It's important to note:

- While a traditional Health Care FSA can be used for a variety of medical expenses, the LPFSA can only be used for eligible vision, dental and preventive care expenses.
- HDHP participants must enroll in an HSA in order to be eligible to enroll in the LPFSA. Elections for the HSA and the LPFSA must be made during Annual Open Enrollment. For eligible HDHP plan participants, Deloitte will continue to contribute to the HSA at up to \$500 for individual coverage or up to \$1,000 for coverage with a dependent.
- For 2021, the Limited Purpose Health Care Flexible Spending Account limit, as determined by the Internal Revenue Service, will be \$2,750.

For more details on the LPFSA, please visit [DeloitteNet](#).



Photo credit: Deloitte University

Your dependent day care flexible spending account

If you have children or other eligible dependents (including your spouse or parents) who need care so you can work, the Dependent Day Care Flexible Spending Account (DCFSA) lets you pay for their care with before-tax earnings deducted from your paychecks.

For purposes of the DCFSA, you can choose how much to contribute for the year up to \$5,000 for calendar year 2021 (\$2,500 if you’re married and filing taxes separately).

Keep in mind that your contributions are deducted in equal amounts from your paychecks throughout the year before federal — and, in most cases, state — income and FICA taxes are withheld, so you reduce your taxable income.

When you incur a qualified expense, you pay the expense and submit the appropriate claim form along with a receipt for the expense to HealthEquity, the administrator of the account. You will then be reimbursed with tax-free dollars for the full amount of your claim, up to the amount that has already been deposited through contributions to your account at that time (minus reimbursements already made during the year). Any remaining claim amounts will be reimbursed as additional contributions are made to your account.



How your DCFSA differs from your HCFSA and LPFSA

- You are only reimbursed from your DCFSA up to the amount you have contributed through payroll deductions year to date.
- If you and your spouse file tax returns separately, you can only contribute up to \$2,500 to your DCFSA.
- The DCFSA does not have a debit card feature.



Photo credit: Katie Glynn

Eligible expenses

Remember, to be eligible for reimbursement from the DCFS, your expenses must be incurred because you, and if you are married, your spouse, work. Eligible expenses also include those incurred because you work and your spouse attends school full-time or is disabled. The IRS regulates which expenses are eligible for a DCFS.

You may request reimbursement from your account for your eligible dependents (also referred to as “qualifying individuals” by the IRS).

For day care expenses to be eligible for reimbursement, they must be incurred for your eligible dependents. Eligible dependents include:

- A child who is under age 13 and includes your natural child, stepchild, adopted child, foster child, grandchild, (step) brother, (step) sister, niece, or nephew provided:
 - The child lives with you for more than one-half of the calendar year, and
 - Does not provide more than one-half of his or her own support for the calendar year.
- Your spouse or a tax dependent of any age who is physically or mentally unable to care for himself or herself and lives with you for more than one-half of the calendar year.

Eligible expenses include:

- A day care center (includes before/after school) that meets local regulations, provides care for more than six non-residents and receives a fee for such services, whether or not for profit.
- Housekeeper, maid, or cook as long as he/she is also responsible for the wellbeing and protection of an eligible dependent.
- Dependent day care provided in your home by a babysitter or companion, including your non-tax dependent children who have attained age 19 by the end of the calendar year, or other individual whom you (or your spouse) cannot claim as a tax-dependent on your federal income tax return.
- A licensed nursery school or preschool.
- After-school programs.
- Eligible day care facilities, senior centers, or in-home care for an elderly or disabled adult (who qualifies as an eligible dependent).
- Dependent day care services provided outside your home for a dependent child under age 13. Additionally, dependent care services provided outside your home for any other eligible dependent (e.g., a disabled spouse or older child, an elderly parent), but only if such individual spends at least eight hours a day in your home.
- You can find a complete listing of eligible expenses at www.irs.gov. Please refer to Publication 503.

Note: Dependent medical expenses are not eligible for reimbursement through the DCFS — all eligible medical expenses should be submitted through your HCFS.



Your life and
accident choices



Photo credit: Angie Keaton



Photo credit: Deloitte University

Life and accident insurance at a glance

Benefit plan	Coverage amount	Who pays
Core (Basic) Life Insurance	One times your annual base salary to \$750,000	Deloitte
Optional Life Insurance	1 - 10x your annual base salary to a maximum of \$1,500,000	You
Dependent Life Insurance	Spouse/Domestic Partner and Child life insurance coverage available	You
Business Travel Accident	Up to \$500,000	Deloitte
Personal Accident Insurance	Increments of \$10,000 to \$500,000 for you and your eligible dependents	You

Deloitte provides different levels of life and accident coverage to help protect you — and your family, who may depend on your income — from the financial impact of an unexpected loss of life or a catastrophic accident while traveling for work. Deloitte provides you with core levels of coverage at no cost to you. You can also choose to purchase additional coverage for yourself and/or your eligible dependents.

Deloitte-paid coverage

Core life insurance — Deloitte automatically provides you with life insurance equal to 1x your annual base salary, up to a maximum of \$750,000. This coverage is provided through group term life insurance.

Please note that although core life insurance is provided at no cost to you, the IRS requires that you be taxed on the value of coverage amounts over \$50,000. This is called “imputed income” and will appear on your paycheck as taxable earnings.

Business Travel Accident (BTA) Insurance — Deloitte provides you with BTA coverage to protect you and your family if your death or serious injury is the result of an accident while you are traveling on business. These amounts are:

- Managing directors: \$500,000.
- Managers/senior managers: \$250,000.
- All other client service professionals/administrative levels 1–4: \$100,000.

Your optional life insurance coverage choices

If you would like to obtain more coverage than Deloitte provides, you may choose to purchase life and/or accident coverage for yourself and your eligible dependents on an after-tax basis. You pay the full cost of any optional coverage you select. Your contributions are generally based on your age and the amount of coverage you select. The cost of optional life insurance for your spouse or domestic partner will be based on his or her age and the amount of coverage you select.

Please note: An age reduction schedule applies once you or your spouse/domestic partner reach age 65. For more information, please see the Summary Plan Description documents posted to DeloitteNet.

- **Optional life insurance** — You can buy additional life insurance in increments of 1–10x your annual base salary. Your optional life insurance may not exceed \$1,500,000.
- **Optional personal accident insurance** — You can buy additional levels of protection by purchasing optional personal accident insurance.

Optional personal accident insurance pays benefits in addition to your life insurance and BTA insurance if you die as a result of an accident. It also pays benefits to you if you suffer certain serious injuries as a result of an accident. You may purchase this coverage in increments of \$10,000 to a maximum of \$500,000.

Beneficiary designation

If you should suffer a covered injury, benefits under the personal accident and BTA plans will be paid to you as applicable. Under Deloitte's life and accident plans, benefits payable as a result of your death will be paid to whomever you have designated as beneficiary for the core and optional life insurance plans. You can make your beneficiary designation online through DeloitteNet using the enrollment system.

If you die without designating a beneficiary, your life insurance benefits will be paid in equal shares to your survivors in the following order:

- Your surviving spouse.
- If you have no spouse, to your surviving children.
- If you have no surviving children, to your surviving parents.
- If you have no surviving parents, to your surviving siblings.
- If you have no surviving siblings, to your estate.



Photo credit: Giancarlo Matos

Evidence of Insurability (EOI)

Newly eligible employees may elect the lesser of 5x annual base salary or \$750,000 of optional life insurance without providing evidence of good health. Higher amounts will require you to submit a statement of health form for medical underwriting review.

Once employed and electing optional life insurance for the first time during Annual Open Enrollment, any level of coverage chosen will require EOI.



Photo credit: Sherif Gamaleldin

Evidence of Insurability (EOI)

Newly eligible employees may elect up to \$100,000 of spouse/domestic partner life insurance without proving good health. Higher amounts will require you to submit a statement of health form for medical underwriting review will require EOI.

Once employed and electing spouse/domestic partner life insurance for the first time during Annual Open Enrollment, any level of coverage chosen will require EOI.

Your dependent life and accident insurance coverage choices

For added protection, you may want to consider purchasing life insurance for your spouse/domestic partner and/or eligible children. You pay the full cost of any additional coverage you elect with after-tax dollars. In this case, there is no need to select a beneficiary as you are automatically the beneficiary for any life or accident insurance you elect for your eligible dependents.

Your coverage options for spouse/domestic partner life insurance are:

- | | | | |
|------------|-------------|-------------|-------------|
| • \$25,000 | • \$75,000 | • \$125,000 | • \$175,000 |
| • \$50,000 | • \$100,000 | • \$150,000 | • \$200,000 |

Rates for your spouse/domestic partner coverage are based on your spouse/domestic partner’s age and the amount of coverage you elect.

Your child life insurance coverage choices

Your coverage options for each of your children up to age 26 are:

- | | | |
|-----------|------------|------------|
| • \$5,000 | • \$10,000 | • \$15,000 |
|-----------|------------|------------|

It is important to remember that if you elect child life coverage, all of your eligible children will be covered for the selected amount.

Your contributions for your children’s coverage are based on a flat rate per \$1,000 of coverage regardless of how many children you have. You are never required to provide EOI for child life insurance.

Your dependent accident insurance choices

You must enroll yourself for optional personal accident insurance in order to enroll your eligible family members. If you choose family coverage, your spouse/domestic partner and/or eligible dependent children will be included as follows:

- When your spouse/domestic partner and dependent children are covered, your spouse/domestic partner is covered for 40% of your coverage amount, and each child is covered for 10% of your coverage amount.
- When your spouse/domestic partner is covered and you have no dependent children, your spouse/ domestic partner is covered for 50% of your coverage amount.
- When your eligible children are covered but you have no spouse/domestic partner, each child is covered for 15% of your insurance amount.



Photo credit: Deloitte University

Additional choices

Personal Umbrella Liability (PUL)

This policy increases your personal liability limits by supplementing your primary insurance on a wide range of personal liability exposures such as residences, autos, watercraft, recreational vehicles, pets, swimming pools, etc. This policy does not cover professional liability, claims arising out of any business, use of aircraft, or other exclusions as defined in the policy.

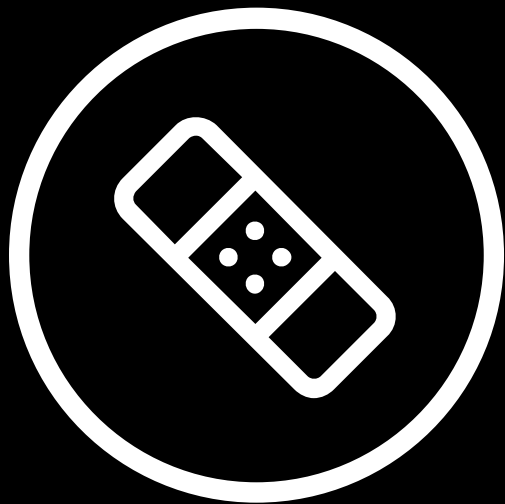
You must maintain the required underlying insurance, including liability limits. Failure to keep adequate underlying insurance in force will not invalidate this policy, however, claims will be processed as if you had complied with this condition. This could result in a gap of coverage equaling the variance between your underlying coverage amounts and the required underlying limits. For more details please review the [Personal Umbrella Liability](#) information on DeloitteNet.

MetLife legal

The group legal plan entitles you and your eligible dependents to receive certain personal legal services, including advice and consultation, either through an office consultation or by telephone. The group legal plan can provide you with assistance with issues such as:

- Credit monitoring
- Consumer protection matters
- Small claims assistance
- Debt collection defense
- Identity theft defense
- Personal bankruptcy
- Tax audits
- Civil litigation
- Administrative hearing representation
- Affidavits
- Deeds
- Demand letters
- Mortgages
- Family law

You may enroll in Personal Umbrella Liability each year during Open Enrollment. You pay the cost of this coverage through after-tax payroll deductions.



Your disability
insurance



Photo credit: Jonathan Rodriguez



Deloitte-provided disability coverage

Deloitte provides both short-term disability (STD) and a core level of long-term disability (LTD). Here's how the program works:

- Any workdays in the first seven calendar days of your absence due to illness or injury will automatically be paid to you from your paid time off (PTO).
- As long as your qualified health care provider certifies you are unable to work and you are approved for benefits under the program, in any rolling 12-month period you may be eligible for:
 - **Non-managers** — 13 weeks of base salary at 100% and an additional 12 weeks of base salary at 66.7% of pay.
 - **Managers, senior managers, and managing directors** — up to 25 weeks of 100% base salary.

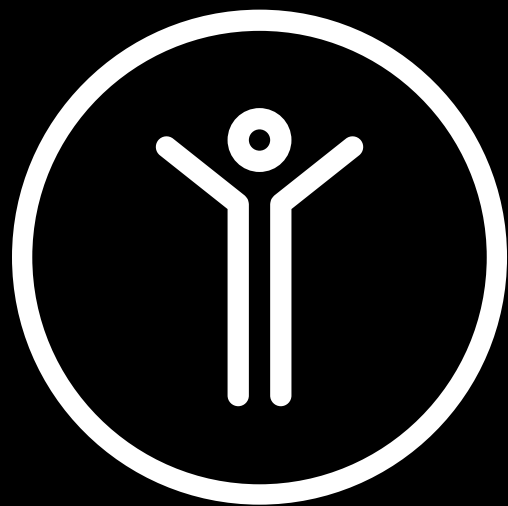
After 26 weeks of absence due to illness or injury, you may be eligible to receive LTD benefits from MetLife as follows:

- **Core LTD** — Provided to all eligible professionals at no direct cost, replaces 40% of your pre-disability annual base salary up to a monthly maximum benefit of \$10,000 (monthly maximum covered base earnings under the Core LTD plan are \$25,000). The value of Deloitte's contribution for this coverage will be added to your paycheck as imputed income, so you will not pay taxes on any benefit you receive if you become disabled.
- **Core +20% LTD Supplemental** — If you would like to have a higher level of LTD coverage, you may purchase coverage increasing your total LTD benefit to 60% of your annual base salary for a total monthly maximum benefit of \$15,000.
- **Core +26.67% LTD Supplemental** — For an even higher level of LTD coverage, you may purchase coverage increasing your total LTD benefit to 66.67% of annual base salary for a total monthly maximum benefit of \$20,000.

The premiums you pay on Core +20% and Core +26.67% coverage will be on an after-tax basis. You will not pay taxes on any benefit you receive.

Disability insurance at a glance

Benefit plan	Coverage amount	Who pays
Short-Term Disability	Income replacement for up to 25 weeks while certified disabled	Deloitte
Core Long-Term Disability	Deloitte-provided income replacement in case of disability – 40% of base annual earnings to a maximum benefit of \$10,000 per month	Deloitte
LTD Supplemental	Additional income replacement of 20% (maximum monthly benefit of \$15,000) or 26 2/3% (maximum monthly benefit of \$20,000)	You



Empowered
Well-being



Photo credit: Deloitte University



Photo credit: Deloitte University

Empowered **Well-being**

5 ways to mind your mental health

Supporting your mental health and well-being

Many of us will struggle with a mental health condition in our lifetime or have a friend or family member who will. Deloitte is committed to creating a culture that promotes courageous conversations around mental health and provides programs and resources to support mental and emotional well-being.

How can you help stop the stigma?

Visit the [Mental Health @ Work](#) microsite where you will find numerous tips, resources, and programs to help equip you with the knowledge to proactively manage mental health challenges.



Well-being tip

Review our [Mental Health @ Work guide](#) to learn about the mental health benefits and programs available to support you and your colleagues.

1. Take a break!

Creating time for rest and recovery helps you reenergize and connect to other important areas of your life. Plan your paid time off in advance to ensure you build in time to disconnect throughout the year.

Programs and benefits:

- **Paid time-off:** is offered in a single bundle (vacation, personal, sick time) to provide maximum flexibility.
- **Sabbatical program:** Offers two options, including unpaid for 1 month for any reason or partially paid for 3 to 6 months to pursue personal or professional growth opportunities.

2. Talk it out!

Sometimes you need more support when you feel overwhelmed and stressed. Talking with a mental health clinician can give you the tools needed to address your challenges privately and confidentially.

Programs and benefits:

- **Telemedicine services:** Allows plan participants to connect via phone or online video chat with doctors who can diagnose, recommend treatment, and in certain circumstances, prescribe medication. Our national health care providers offer mental health visits or one-on-one counseling over the phone at your convenience, 24 hours, 7 days per week.
- **Live Well program:** Provides access to professionals and clinicians that offer one-on-one counselling, confidential support, and guidance to help you overcome challenges. for any reason or partially paid for 3 to 6 months to pursue personal or professional growth opportunities.

3. Build resilient habits!

A good night's sleep, movement, nutrition, and meditation can all positively improve your ability to manage stress and build resilience. Even small tweaks to your lifestyle can add up to make a big impact.

Programs and benefits:

- **Well-being subsidy:** The subsidy covers 50% (up to \$500 per fiscal year) of qualifying well-being related expenses, including fitness classes and specialized equipment, nutrition services, meditation training, and much more!
- **Live Well program:** In addition to providing access to professionals and clinicians that offer one-on-one counseling the Live Well program also provides access to wellness coaching to help you achieve your health goals.

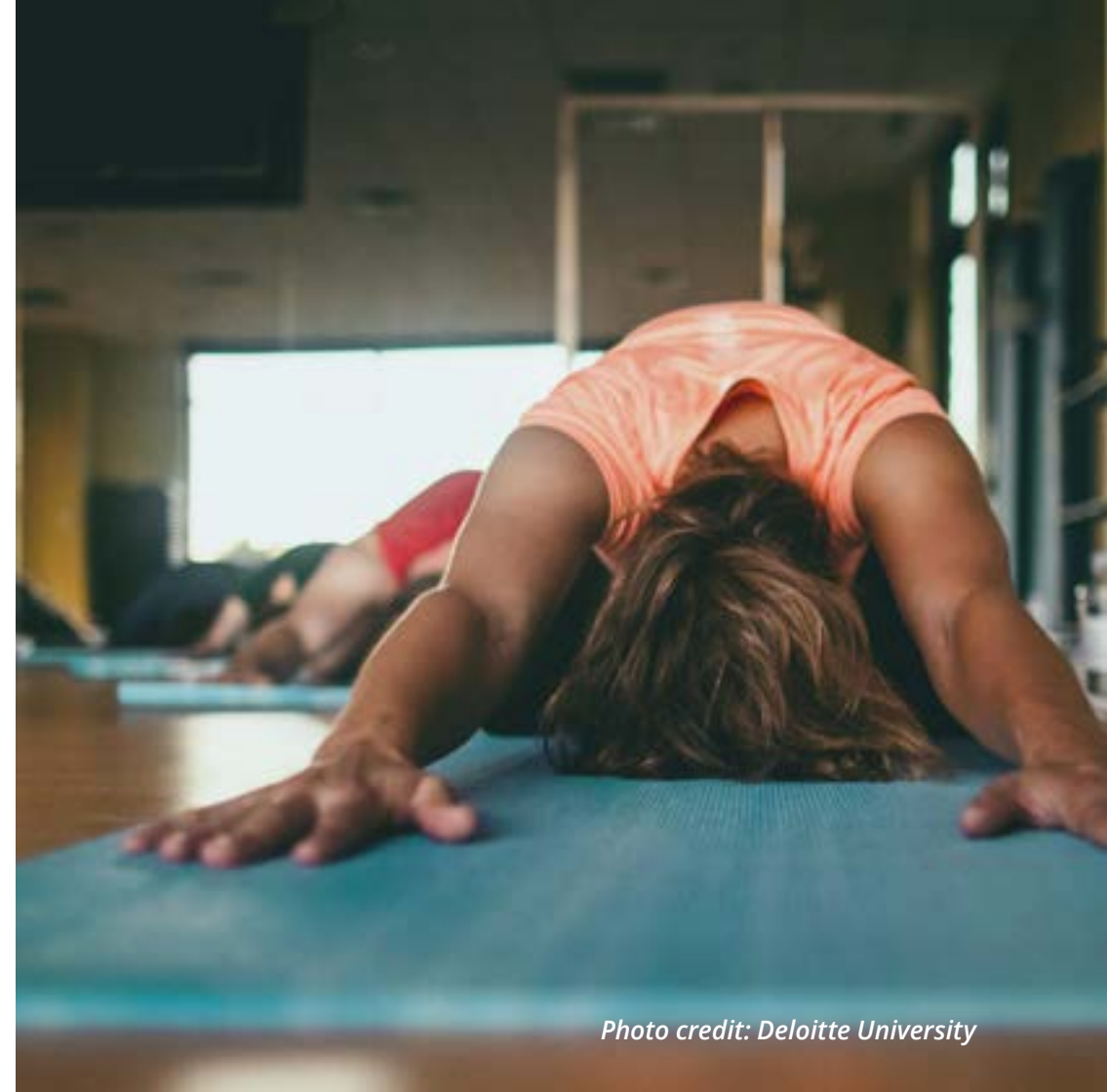


Photo credit: Deloitte University



Well-being tip

Sign up for a Mental Health First Aid [virtual training course](#) where you will build your mental health literacy and learn how to support others.

Check out the [well-being resources](#) on DeloitteNet to find guides, micro-learnings, and more on a range of well-being topics.



Photo credit: Lewis Chan

4. Give back!

Acts of kindness and gratitude can improve your mood and make you feel more connected to your community. Try a volunteer activity to help you connect to your purpose and cultivate meaning in your life.

Programs and benefits:

- **Corporate citizenship and community engagement:** Corporate citizenship is about living your purpose to help achieve lasting social impact for the greater good. [Make a tax-deductible donation](#) to support the causes and nonprofit organizations meaningful to you. [Apply for a matching gift](#) to support your alma mater. Recommend a nonprofit for the [Pro Bono Program](#).

5. Deloitte Cares: Stronger together.

We recognize the challenges you and your dependents are experiencing as a result of COVID-19 and, in particular, the added pressures given the longer-term complexities of working from home and the increased demands driven by the uncertainties around virtual learning for children and other dependent care needs. In August, we launched **Deloitte Cares**, which provides a broad range of resources and support to you and your family. We encourage you to visit the [Work from Home and Caregiver Resource Center](#) for more information.

Programs and benefits:

- **Paid Family Leave program:** Deloitte offers up to 16 weeks of paid leave to care for a spouse/domestic partner, parent, child, and/or sibling with a serious health condition. Don't forget that you can take Paid Family Leave in smaller chunks, as long as it's a minimum of 3 consecutive business days and meets the criteria for eligibility.
- **Individualized Navigator Support** through 1-800-DELOITTE where you can receive personal assistance in determining how to use the available options to solve your individual work from home and caregiving needs.
- **Financial support and reimbursement programs** to improve working virtually, including IT peripherals requests, the well-being subsidy, and the discount purchase program.
- A host of other benefits including, paid and unpaid time off options, flexible work options, virtual learning and discounted tutoring services through Bright Horizons, well-being resources, and more. Eligibility requirements and restrictions may apply.



Well-being tip

Check out your [Vitals dashboard](#), designed to provide you with insights to have more meaningful conversations with your coach and/or coachees about personal and professional well-being



Photo credit: Robyn Peters

Supporting your life journey

We believe that to be an undisputed leader in professional services, we should equip you with the resources that can make a positive impact on your well-being journey.

Our vision is to create a leadership culture focused on the development and well-being of our people. Here are some of our benefits, programs, and resources to support you and your family's well-being throughout life including major milestones.

Visit the [Empowered Well-being site](#) on DeloitteNet to learn more.



Starting at Deloitte

- Medical, dental, and vision (infertility, FSA, HSA, vision, pharmacy)
- Well-being subsidy
- Paid time-off, holidays, personal leave, military leave
- Deloitte University and DFit
- 401(k) contribution/investment setup
- Student loan refinancing and personal loan solutions*
- Discount purchase program
- Before-tax transportation and parking programs
- Reward Excellence and employee recognition programs
- Career development and performance snapshots
- Live Well program
- National sports and recreation program



Managing your finances

- Personal banking program
- Before-tax transportation and parking programs
- Disability, life, and accident insurance
- FSA (includes limited purpose) and HSA
- Student loan refinancing and personal loan solutions*
- 529 college savings plan
- Auto and home insurance
- Personal umbrella liability insurance
- DWealth**
- WealthPlanner
- WealthPortal



Creating a home

- Personal umbrella liability insurance
- Auto and home insurance
- Pet insurance
- LifeWorks®
- Discount purchase program
- Personal banking program



Starting a family

- Medical, dental, and vision (infertility, FSA, HSA, vision, pharmacy)
- Paid family leave
- Egg preservation (provided in cases of health-related issues)
- Adoption and surrogacy reimbursement program
- Bright Beginnings — Family Support Network
- Lactation support
- Deloitte University nursing mothers program
- Bright Horizons
- Emergency back-up dependent care and family support services
- Life and accident insurance
- 529 college savings plan
- Flexible and virtual work arrangements



Pursuing a passion

- Paid and unpaid sabbatical programs
- Tuition assistance
- Corporate citizenship
- Flexible and virtual work arrangements
- Well-being subsidy
- Team well-being challenge
- National sports and recreation program



Planning for the unexpected

- Deloitte Cares
- Paid family leave
- Live Well program
- Bright Horizons
- Deloitte's emergency back-up dependent care reimbursement program
- Emergency back-up dependent care and family support services
- Long-term care insurance
- LifeWorks®
- Identity theft protection
- Student loan refinancing and personal loan solutions*
- Disability, life, and accident insurance
- MetLife legal
- Disaster relief fund
- Personal leave
- Flexible and virtual work arrangements
- Remembrance fund
- Personal umbrella liability insurance
- International SOS



Preparing for retirement

- 401(k) account
- Pension benefit
- Long-term care insurance
- Life and accident insurance
- Personal umbrella liability insurance
- Health savings account
- Retiree health insurance and COBRA
- WealthPlanner
- WealthPortal

**This program is offered through a restricted entity and independence policy may prohibit participation for certain individuals. Professionals with a Trading & Trading requirement should pre-clear the lender prior to obtaining any loans through this program.*

***DWealth Program is applicable for managing directors only.*

****Assumes the US will still be in a federally declared disaster related to COVID-19 at or before calendar year-end. Also assumes that while the program will run through December 31, 2020, there will be no use between December 25 and December 31, 2020 due to holidays/collective disconnect. This program ends at calendar year-end or when the federal disaster declaration ends, whichever comes first. US PPMDs, contractors, interns, and individuals on salary continuation are not eligible. India, Mexico, Israel, and Germany professionals are also not eligible.*

Disclaimer: If a discrepancy exists between any part of this message and any benefit to which you are actually entitled under the terms of any of the Deloitte Plans, the official plan documents (as interpreted by the plan administrator in its sole discretion) and laws that govern each plan will be followed in determining your rights and benefits under each Plan. Deloitte reserves the right to amend, modify, suspend, or terminate the plans, in whole or in part, at any time without prior notice, to the extent allowed by law. This means Deloitte has the right to change plan terms (including eligibility for benefits) or to discontinue any part or all of the benefits described herein at any time.



Starting at Deloitte

Well-being subsidy covers 50% of qualifying well-being related expenses (e.g. exercise equipment, gym or class memberships, ergonomic furniture, massages, pedometers, etc.) up to \$500 per fiscal year. Check out the [infographic](#) for more ideas.

Discount purchase program provides professionals and five of their friends and family members access to discounts to more than 28,000 online retailers, local restaurants, and merchants, as well as access to Deloitte exclusives.

Live Well program is available to help you and your family with all of your well-being needs whether you are dealing with life challenge or seeking advice to maintain a healthy lifestyle. Clinicians are available 24/7/365 to provide one-on-one, confidential support. Simply call +1 800-221-3222 or visit deloitte.mhn.com (company code "Deloitte").



Photo credit: Lisa Caulfield

“

“Running outdoors for various charities and participating in long distance races is my favorite well-being activity. When I found out I could use my well-being subsidy to get half off all of my race registration fees, and raise money for causes I care about, I was thrilled! I've been able to use it to sign up for even more races than I would typically register for in a given year, including team relays, cycling tours, full/half marathons and as many 10Ks as I want! Knowing that I have the support from Deloitte really helps motivate me to stay healthy and continue to stay active with my sport.”

— Lisa Caulfield, senior manager, Strategic Marketing Planning



Photo credit: Bill Nickey

“

“I had an excellent customer service experience with our student loan refinancing and consolidation program. My oldest son is graduating from college this spring, and needed to secure a loan for his last semester. After researching the different loan options, I found their rates and terms to be highly competitive, so much so that I secured an additional loan to pay off a prior loan balance that was originally financed through a Parent Plus loan at a higher rate. I worked with a responsive, informed customer representative who made the process straightforward and easy.”

— Bill Nickey, Talent managing director



Managing your finances

Financial well-being webcasts and resources can be found on our [Benefits Resource Center](#) with a focus on financial literacy (budgeting and saving), income tax return basics, homebuying and mortgage basics, and more!

Before-tax and transportation programs help you save on qualified transportation expenses like parking and mass transit costs. Your contributions are deducted in equal amounts from the first two paychecks each month before applicable federal/state income and FICA taxes are withheld. You can enroll at any time by the 15th of the month, for participation on the first of the second following month (e.g. enroll April 15th to enroll for June 1).

529 college savings plan makes saving for college easy with automatic contributions directly from your bank account into a range of investment options that grow on a tax-free basis.

Student loan refinancing and personal loan solutions are offered through multiple voluntary programs, which may allow eligible participants to combine their existing private and federal student loans into one loan, consolidate credit card debt, or pay off high interest debt by obtaining a personal loan. Welcome interest rate discounts or a welcome “bonus” may be available for eligible participants. *Independence restrictions may apply.**

**This program is offered through a restricted entity and independence policy may prohibit participation for certain individuals. Professionals with a Tracking & Trading requirement should pre-clear the lender prior to obtaining any loans through this program.*



Creating a home

LifeWorks® provides assistance for choosing care or services and obtaining referrals to community programs. This program also offers resources including publications on a variety of parenting, education, and aging issues. Visit www.lifeworks.com to access more information on LifeWorks®.

Pet insurance is offered at a discounted rate to help reduce pet care expenses from routine office visits and preventive care to significant medical incidents.

Personal banking program provides professionals with access to several financial institutions where they can take advantage of reduced fees associated with basic banking services, including checking and savings accounts as well as loans and mortgage assistance.



Photo credit: Rhonda Allison

“

“A few years ago, I adopted my deaf English Bull Terrier named Bo. After two incidents that cost more than \$2,000 to resolve, I decided to enroll him and my other dog, Bobbi, into our discounted pet insurance plan. I have only had to use my pet insurance coverage for preventative care—thankfully. It has paid for wellness exams, vaccinations, and heartworm prevention prescriptions, covering 100 percent of the costs. I was also reimbursed for more than I paid! The claims process is quick and easy too. I feel better knowing that if my pets ever have any emergency situations in the future, I know my pet insurance will be there when I need it.”

— Rhonda Allison, Benefits manager



Photo credit: Jerry Bruno



Starting a family

Bright Beginnings — Family Support Network is a comprehensive national medical carrier program to assist and guide you through infertility, maternity, and neonatal care.

Adoption and surrogacy reimbursement programs reimburse up to \$50,000, cumulative lifetime maximum, for eligible expenses associated with the adoption of a minor child and the birth of a child through surrogacy. The cumulative lifetime maximum includes reimbursement amounts received through either program without regard to the number of children.

Paid family leave provides eligible professionals up to 16 weeks of paid leave in a rolling 52 week period to bond with a child through birth or adoption and/or to care for a spouse/domestic partner, child, parent or sibling who has a serious health condition.

“

“The adoption reimbursement program is a unique benefit that not many employers offer. The program was a significant benefit to us during the adoption process, helping to defray travel costs and legal fees. The benefit submission process was user-friendly, and the reimbursement time was remarkably quick.”

— **Jerry Bruno, DC principal**



Pursuing a passion

Sabbatical program offers two options, including unpaid for 1 month for any reason or partially paid for 3 to 6 months to pursue personal or professional growth opportunities in the areas of career development or volunteerism.

Tuition assistance program is available for approved degree programs, professional certifications, and job-related courses.

Corporate citizenship is about living your purpose to help achieve lasting social impact for the greater good. [Make a tax-deductible donation](#) to support the causes and nonprofit organizations meaningful to you. [Apply for a matching gift](#) to support your alma mater. Recommend a nonprofit for the [Pro Bono Program](#). Make an impact that matters!



Photo credit: Alexis Meyer

“

“I had always been very career-focused and when you perform well, you want to keep driving forward, so it’s easy to get wrapped up in work. I got to a point where I was working 60-80 hours a week between project work, firm initiatives, and proposals. I was up for a promotion to manager right before I went to my doctor and was told I needed to make a change in my lifestyle for the sake of my well-being. I was in and out of hospitals for a variety of tests. When my results came back clear, my doctor told me that I was fine but needed to reduce stress. With encouragement from my colleagues, I decided to go on sabbatical. The support they offered demonstrated that the firm values the well-being of their people. And when I got back, I was rested and ready for the next step in my career.”

— Alexis Meyer, DC manager



Photo Credit: Holland Keerikatte

“

“Reviewing the Deloitte Cares resources, I thought the program was so aptly named: it’s clear that Deloitte cares. It’s readily apparent how much thought, empathy, and aim for impact went into each of these initiatives. At a time when I know finances are tight for Deloitte Firms, I was really touched at the choice to invest in people – our lives, our comfort, our needs, our wellness.”

— **Holland Keerikatte, Risk manager**



Planning for the unexpected

Deloitte Cares gives employees access to our Work from Home and Caregiver Resource Center, which is a one-stop-shop for all of our new and existing dependent care, flexibility, and remote work enhancement resources.

Bright Horizons emergency back-up dependent care and family support services offer options and support when you need to be at work and your regular child or adult/elder care is unavailable. Family support services provide easy access to resources when researching babysitters, nannies, housekeepers, dog sitters, and elder care providers.

Deloitte’s emergency back-up dependent care reimbursement program offers reimbursement for fees paid for care not provided through Bright Horizons when you arrange for alternate care in the case of an emergency, e.g., school closures. You must secure your own care—which can include your personal network, such as a friend, family member, babysitter, neighbor, etc.—but can be reimbursed up to \$100/visit per household (up to 7 visits per year, deducted from the 30-day maximum of the BH benefit). Any visits (up to 7 per fiscal year) are deducted from any use of the 30-day maximum benefit offered through Bright Horizons.

Identity theft protection, offered at a discounted rate, provides credit reports, scores, and alerts, Internet fraud monitoring, and identity fraud resolution services.

Remembrance fund provides optional financial and non-financial benefits to help families in cases of death of a U.S. partner, principal, managing director, employee, spouse, domestic partner (U.S. only), or eligible dependent.

Long-term care insurance provides help and supervision for individuals with severe cognitive impairment or the inability to perform the activities of daily living. Services may be provided at home or in a facility, and care may be provided by a professional or informal caregiver, such as a friend or family member. Visit www.genworth.com/groupltc (Group ID: Deloitte) (Code: groupltc) for more details.



Preparing for retirement

401(k) offers both Traditional (before-tax) and Roth (after-tax) contributions to suit your financial considerations. Whether your primary goal is tax savings, diverse investment options, or added value from Deloitte's employer match,^{1,2} the Deloitte Plan has it. Visit Vanguard's portal to enroll or discover helpful financial tools and resources.

- Contribute 1% to 60% of your eligible pay on a before- or Roth after-tax basis up to IRS limits (\$19,500 in 2021).
- Make the most of Deloitte's 401(k) match^{1,2} — \$0.25 per dollar on the first 6% of eligible pay you contribute.
- You are always vested in your own contributions. Your vested right to Deloitte's matching contributions depends your initial hire date and tenure.
- Contribute more if you attain age 50 at any time in the calendar year, catch-up with additional contributions (\$6,500 in 2021).



Photo credit: Morgan Clark

Pension plan provides retirement income to professionals at no cost to the employee. Participation is automatic for eligible professionals and Deloitte makes contributions to fund the plan (you do not make any contributions). You start earning a pension plan benefit at the first plan entry date after you complete one year of service, provided you are age 21 or older. Plan entry dates occur twice a year, on or near June 1 and December 1.

- Deloitte bears the investment risk so your retirement income is protected. Your benefit is also insured by the Pension Benefit Guaranty Corporation.
- The cash balance formula provides annual service and interest credits to your account each calendar year you are employed after you become a participant. Your annual service credit percentage increases with your age and credited service at Deloitte.
- You are fully vested after you complete three years of service or when you reach age 62 while actively employed.
- The pension plan provides an immediate distribution option after you depart, if your balance is under \$30,000.² Otherwise, you can retire as early as age 50 with completion of at least 10 years of service, age 55 with completion of at least 5 years of service, or age 62 regardless of service.²

¹ Represents the Deloitte 401(k) Plan, Deloitte Profit Sharing Plan, and Deloitte Savings Plan for Puerto Rico.

² Plan rules vary for Managing Directors when compared to U.S. employees. Puerto Rico limitations and features may also vary. Visit DeloitteNet for additional details.

Contributions for 2021

Biweekly contributions for National Medical Plans

National plan	You only	You + spouse/ domestic partner	You + child(ren)	Family
Aetna Open Access Select EPO	\$145.00	\$319.00	\$271.00	\$480.00
Aetna HDHP	\$39.00	\$87.00	\$76.00	\$133.00
Anthem Blue Card PPO	\$74.00	\$166.00	\$142.00	\$252.00
Anthem HDHP	\$39.00	\$87.00	\$76.00	\$133.00
UHC Basic Plan	\$9.00	\$22.00	\$19.00	\$34.00
UHC Choice Plus PPO	\$154.00	\$334.00	\$286.00	\$511.00
UHC HDHP	\$39.00	\$87.00	\$76.00	\$133.00

Biweekly Optional Life Insurance Rates

Employee Optional Life Insurance		Spouse/Domestic Partner Life		Child Life Insurance	
Age	Cost per \$1,000	Age	Cost per \$1,000	Coverage per child	Flat rate
<25	\$0.016	<25	\$0.016	\$5,000	\$0.115
25-29	\$0.019	25-29	\$0.019	\$10,000	\$0.231
30-34	\$0.025	30-34	\$0.025	\$15,000	\$0.346
35-39	\$0.030	35-39	\$0.030		
40-44	\$0.038	40-44	\$0.038		
45-49	\$0.063	45-49	\$0.063		
50-54	\$0.096	50-54	\$0.096		
55-59	\$0.163	55-59	\$0.163		
60-64	\$0.266	60-64	\$0.266		
65-69	\$0.503	65-69	\$0.503		
70-74	\$0.654	70-74	\$0.653		
>75	\$0.951	>75	\$0.951		

Biweekly Premiums for Dental and Vision

National plan	You only	You + spouse/ domestic partner	You + child(ren)	Family
MetLife Dental	\$6.00	\$12.00	\$12.00	\$20.00
EyeMed Voluntary Vision	\$4.03	\$7.60	\$8.05	\$12.16

Biweekly Contributions for Long-Term Disability

Coverage level	Percentage of salary replaced	Biweekly rate per \$100 of coverage
Core coverage	40%	Provided automatically by Deloitte
Core + 20%	60%	\$0.060
Core + 26 2/3%	66.67%	\$0.168

Biweekly Personal Accident Insurance Rates

Personal accident insurance	Biweekly cost per \$10,000 of coverage
Individual	\$0.083
Family	\$0.115

Biweekly Premiums For Group Legal

MetLife Legal	Biweekly rate
Group legal	\$8.28

Personal Umbrella Liability Rates

Personal Umbrella Liability — Managing Director Plan	Annual rate	
\$5,000,000 Buy-Up	\$588.63	

Personal Umbrella Liability — Employee plan	4% Surplus Tax*	Biweekly Contribution
\$1,000,000	\$14.24	\$13.69
\$2,000,000	\$19.36	\$18.61

* The 4% surplus tax is a required one-time deduction that will be applied to your first paycheck of the year.



This document is intended to briefly summarize benefit plans available to you. It is not intended to be a summary plan description. Although a great deal of care has been taken to ensure the accuracy of this document, there may be unintentional differences between it and the legal documents governing the plans.

If a discrepancy exists between any part of this document and any benefit to which you are actually entitled under the terms of any of the Deloitte Plans, the official Plan documents (as interpreted by the Plan administrator in its sole discretion) and laws that govern each Plan will be followed in determining your rights and benefits under each Plan. Deloitte reserves the right to amend, modify, suspend, or terminate the Plans, in whole or in part, at any time without prior notice, to the extent allowed by law. This means Deloitte has the right to change Plan terms (including eligibility for benefits) or to discontinue any part or all of the benefits described herein at any time.

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited (“DTTL”), its global network of member firms, and their related entities. DTTL (also referred to as “Deloitte Global”) and each of its member firms are legally separate and independent entities. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more.

Copyright © 2020 Deloitte Development LLC. All rights reserved.
Member of Deloitte Touche Tohmatsu Limited