AN OVERVIEW OF YOUR 2023 - 2024

HURON BENEFITS

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WELCOME

Whether you are just starting your career, or you have been with us for years, benefits are a valuable part of your total compensation.

Benefits and rewards at Huron are designed to offer you a broad array of benefits and choices to meet your individual needs. Our Total Rewards package is designed to support your overall physical, emotional and financial health and well-being throughout your career and to help you plan for your current needs, the future and even the unexpected.

Total Rewards are a critical component of our Commitment to You and supports a philosophy which:

- · Is employee and family-focused.
- Provides comprehensive, quality care and financial protection.
- Delivers information and tools to assist you in making informed decisions during open enrollment and throughout the year.
- Offers meaningful choices and a robust suite of voluntary benefits to help you meet your individual needs.
- Ensures foundational fully-company funded benefits such as EAP, life insurance, short and long-term disability and back up childcare, even if you don't choose participation in other plans.

Please take the time to read this guide carefully to learn more about your Huron benefits so you can choose coverage that is right for you. For additional benefits information, please visit the Benefits page on the Human Resources section of **iNet**.

If you have any questions regarding your benefits or the online enrollment process, contact **Benefits Support**. For urgent matters, please call the Huron benefits team at **866-801-3739**. We are here to help!

This benefits guide is not a comprehensive source of benefits information. Employees are responsible for reading the Summary Plan Descriptions and policy documents found on Quantum's website.

Using this Guide

Note: Each benefit listed on the cover page links to more information in the guide. You will also find important web links identified in **BLUE** on many of the pages.

We hope the easy-to-use format helps you learn more about making choices for your company benefits.

Last updated: June 1, 2023

It is important to understand how your programs work so that you can become a smarter benefits consumer and take action to ensure you and your family are covered.

Benefits Eligibility*

All full-time employees scheduled to work 30 hours or more per week are benefits-eligible (excluding project consultants and temporary employees).

Eligible dependents include:

- Your legal spouse, same sex or opposite sex domestic partner.
 For more information on Domestic Partner Coverage, visit iNet.
- · Dependent children up to age 26.
- Dependent children include a natural child, stepchild, legally adopted child, and domestic partner's children.
- Disabled, unmarried dependent children of any age (if disabled before age 19).

Newly hired employees must choose benefits within 31 days of hire date or your next opportunity will be during the annual open enrollment period. You can make mid-year changes if you experience a **Qualifying Life Event.**



Enrolling for Benefits

- Refer to the <u>Employee Self-Service (HR) job aids</u> for more information about how to enroll in benefits and update your personal information in <u>Workday</u>.
- Ready to enroll? Make your elections in <u>Workday</u>.

BENEFIT OPTION	WHO PAYS	ELIGIBILITY DATE
Medical	Employee and Huron	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Dental	Employee and Huron	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Vision	Employee and Huron	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Basic Life and AD&D	Huron	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Supplemental Life and Dependent Life	Employee	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Short-Term Disability	Huron	First of the month following date of hire
Long-Term Disability (Below Managing Director Level)	Huron	First of the month following date of hire
Long-Term Disability (Managing Director & Above)	Employee	First of the month following date of hire
Flexible Spending Account	Employee	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Parking and Commuter Accounts	Employee	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Retirement Savings Plan - 401(k)*	Employee and Huron	First of the month following first day of employment
Stock Ownership Participation Program	Employee and Huron	Quarterly enrollment periods
Employee Assistance Program	Huron	First day of employment
Prepaid Legal Services & Identify Theft Protection**	Employee	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Critical Illness, Accident Insurance & Hospital Indemnity	Employee	First of the month following date of hire (exception: coverage is immediate if hire date is the first of the month
Auto and Home** & Pet Insurance**	Employee	First day of employment
Travel Recognition Benefit **	Huron	First day of employment; Managing Directors and above are not eligible to participate
Adoption Assistance Program **	Huron	Employed at least six continuous months
Bright Horizons Family Support Benefits **	Huron	First day of employment
Business Travel Accident	Huron	First day of employment

^{*} All employees, excluding Project Consultants and temporary employees, are eligible for the Retirement Savings plan. Temporary employees become eligible once they have worked 1,000 hours in a year.

^{**} These programs are not part of Huron's welfare benefit plan nor covered by ERISA.



Quantum Care Coordinators

Quantum delivers customer service and healthcare navigation through its team of Care Coordinators.

WHO IS QUANTUM?

Quantum provides customer service and benefits support for Huron's medical plans. Quantum is your primary contact and one-stop-shop for all healthcare and benefit-related needs for you and your dependents.

Quantum delivers healthcare navigation through its team of dedicated Care Coordinators. They are your resource to contact whenever you need help with your medical, pharmacy, or general Huron benefits.

WAYS TO REACH QUANTUM

You can call Quantum Care Coordinators directly or for selfservice, you can access the website or use the mobile phone app:

• Phone number: (833) 762-0850

• Website: www.myhuronbenefits.com

 Mobile phone app: download the MyQHealth app on the app store

QUANTUM CARE COORDINATORS

The Quantum Care Coordinators are a dedicated team of benefits experts, claim specialists, and nurses who know your Huron benefits from top to bottom. They are ready to save you time and:

- Answer claims, billing, and benefit questions.
- Find in-network Aetna providers.
- Verify coverage and get prior approval, if needed
- Contact providers to help coordinate your treatment.
- Explain tests and treatments ordered by your healthcare professional.
- Provide information on health issues.
- Help you save on out-of-pocket costs.
- Support you to get the most out of your benefits

Nothing is more important than your good health. That is why Huron offers medical insurance designed to help you and your family get the care you need.



Huron offers three medical plan options through Aetna:

- Health Savings Plan with HSA
- POS II Plan
- Select Open Access HMO Plan

AETNA HEALTH SAVINGS PLAN WITH HSA

With the Health Savings Plan, except for certain preventive care, you must meet a deductible and pay health care costs first before the plan pays its share.

Health Savings Account (HSA)

An HSA is a personal savings account where you can place tax- deferred money to help pay qualified expenses not covered by your medical plan, including copays and deductibles. Enjoy triple tax savings with an HSA: 1) your contributions are pretax, 2) tax-free earnings through interest and investments, and 3) tax-free withdrawals for qualified medical expenses now and in the future. Even better, Huron contributes to your HSA (see chart to the right).

To participate in the Health Savings Plan with HSA, you cannot be covered by another health insurance plan.

AETNA POS II PLAN

In the POS II plan, no primary care physician (PCP) is required and you can go to any doctor you choose. You receive the highest level of benefits, continuity of care and lower out-of-pocket expenses when you choose an in-network provider.

AETNA SELECT OPEN ACCESS HMO PLAN

The Select Open Access HMO Plan provides only in-network coverage. You pay a copayment at the time of your office visit and generally, lower out- of- pocket costs than other medical plan options. The plan is open access which means no PCP election or referrals are required.

2023 IRS HSA LIMITS*

COVERAGE TYPE	ANNUAL CONTRIBUTION LIMIT	HURON'S CONTRIBUTION***	55 & OLDER CATCH- UP CONTRIBUTION
Single	\$3,850**	\$500	\$1,000
Family	\$7,750**	\$1,000	\$1,000

^{*} You must be enrolled in the Health Savings Plan to contribute to the HSA.

Summary Plan Descriptions (SPDs) available on Quantum's website.

^{**} Subject to limits based on time period enrolled in Health Savings Plan. Annual limits are offset by Huron's contribution.

^{***} Prorated based on effective date of enrollment.



PRESCRIPTION DRUG COVERAGE

Each time a prescription is filled at a participating pharmacy, you will need to pay a copay for a 30-day supply:

- \$11 for generic
- \$35 brand formulary
- \$60 brand non-formularyprescription.

See the **Prescription Drug List** for a full list of what is covered.

If you are enrolled in the Health Savings Plan, prescriptions are covered at 80% after deductible provided you go to an innetwork pharmacy and 60% after deductible if you go to an out of network pharmacy. Certain preventive prescriptions are not subject to the deductible. See the list of **Preventive**Prescriptions. A select list of prescriptions are covered at 80% before the deductible.

MAINTENANCE DRUGS

You may obtain a 90-day supply (at the cost of a two-month supply) at a CVS pharmacy retail location that is convenient for you or order through CVS Caremark mail order service program. See this brochure for more information.

MEMBER PAYS THE DIFFERENCE

Member Pays the Difference is a program feature that encourages you to choose a generic equivalent drug whenever possible. If you choose a brand name drug when a generic equivalent is available, you will pay more by paying the difference between the cost of the brand name drug and the cost of the generic drug. This "pay the difference" amount is in addition to the brand name drug copayment.

If you are enrolled in the Health Savings Plan and choose a brand name drug when a generic equivalent is available, you will be responsible for meeting the deductible, 20% coinsurance and the difference in cost between the generic drug and the brand name drug. The maximum amount you will pay is capped at the cost of the brand name drug.

SPECIALITY DRUGS

<u>Specialty drugs</u> will need to be filled at an CVS Specialty Pharmacy mail-order pharmacy or picked up at a CVS pharmacy.*

At www.CVSspecialty.com it's easy to manage your medications.

- Existing prescriptions? Call 1-800-237-2767 (TTY:711) to transfer your prescription.
- New prescriptions? Your doctor can:
 - E-prescribe to CVS Specialty
 - Call a registered pharmacist at 1-800-237-2767 (Monday-Friday, 7:30am – 9:00pmET)
 - Fax the prescription to 1-800-323-2445

*Note: Some specialty medications may qualify for third-party copayment assistance programs that could lower your out of-pocket costs for those products. For any such specialty medication where third-party copayment assistance is used, the member shall not receive credit toward their maximum out-of-pocket or deductible for any copayment or coinsurance amounts that are applied to a manufacturer coupon or rebate.

MEDICAL COVERAGE

HOW TO FIND AN AETNA DOCTOR

To begin, login to www.myhuronbenefits.com > Provider Search and search by plan type:

- POS II (Choice POS II Open Access Network)
- Health Savings Plan with HSA (Choice POS II Open Access Network)
- Aetna Select Open Access HMO

TELADOC

Teladoc provides you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors by phone or online video.

It is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many of common medical issues:

- Sinus problems
- Bronchitis
- Allergies
- · Cold and flu symptoms
- Respiratory infection
- Mental health services (anxiety, depression, etc.)
- And more!

Watch this **video** for a brief overview of the Teladoc service. Register online at **www.teladoc.com** or call **1-855-Teladoc (835-2362)** to get started.

MEDICAL COVERAGE

Please review each option carefully and choose the coverage that fits your budget and lifestyle.

2023/2024 Medical Premiums (per paycheck)

\$117.50 \$135.00 \$189.00	\$174.50 \$201.50	
\$135.00	\$201.50	
\$135.00	\$201.50	
\$135.00	\$201.50	
'	'	
\$189.00	\$286.00	
\$200.00	'	
\$217.00	\$328.50	
\$270.00	\$408.00	ı
\$204.50	\$309.00	
\$222.00	\$335.50	
\$274.50	\$415.00	
	\$217.00 \$270.00 \$204.50 \$222.00	\$217.00 \$328.50 \$270.00 \$408.00 \$204.50 \$309.00 \$222.00 \$335.50



MEDICAL COVERAGE

The following chart compares coverage for POS II, Select Open Access HMO and Health Savings Plan with HSA.

SUMMARY OF MEDICAL BENEFITS

	POS	II PLAN	SELECT OPEN ACCESS HMO	HEALTH SAVIN	GS PLAN WITH HSA
BENEFIT OPTION	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Annual Medical Deductible* Individual Family	\$750 \$1,500	\$1,500 \$3,000	(Applies to inpatient & outpatient hospital services) \$500 \$1,000	\$1,750 \$3,500	\$3,500 \$7,000
Out-of-Pocket Maximum (Includes copays and deductible) Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$2,500 \$5,000	\$3,500 \$7,000	\$7,000 \$14,000
Physician's Office Visits	100% after \$25 copay	60% after deductible	100% after \$25 copay	80% after deductible You pay 20% after deductible	60% after deductible You pay 40% after deductible
Specialist's Office Visits	100% after \$40 copay	60% after deductible	100% after \$40 copay	80% after deductible You pay 20% after deductible	60% after deductible You pay 40% after deductible
Teladoc Medical Visit	100% after \$15 copay	N/A	100% after \$15 copay	100% after \$49 copay	N/A
Diagnostic X-ray and Lab	100% after \$25 copay (PCP) 100% after \$40 copay (specialist)*****	60% after deductible	100% after \$25 copay (PCP) 100% after \$40 copay (specialist)*********	80% after deductible You pay 20% after deductible	60% after deductible You pay 40% after deductible
Allergy Shots (injections)	100%**	60% after deductible	100% after \$25 copay (PCP) 100% after \$40 copay (specialist)	80% after deductible You pay 20% after deductible	60% after deductible You pay 40% after deductible
Rehab Therapy (90 visits per plan year) Physical and Speech therapy Occupational therapy Spinal subluxation Autism/Habilitative (no limit)	100% after \$40 specialist copay	60% after deductible	100% after \$40 copay (visit max. excludes chiropractic services)	80% after deductible*** You pay 20% after deductible	60% after deductible**** You pay 40% after deductible
Chiropractic Care	100% after \$40 copay	60% after deductible	100% after \$40 copay	80% after deductible You pay 20% after deductible	60% after deductible You pay 40% after deductible

^{*} Under POS II and Select Open Access plans, if family coverage is elected, any member of the family must satisfy only the individual deductible before coinsurance applies. Under Health Savings Plan, if family coverage is elected, any member of the family must satisfy only an individual deductible of \$3,000 before coinsurance applies. ** If there is an office visit associated with this service, the copay will apply. *** Subject to plan limits. **** Limited to diagnosis and treatment of underlying medical condition.
*****Depends on the place of service. If done at physician's office, then 100% after copay. If done at a free-standing facility, then office visit copay applies.

MEDICAL INSURANCE

SUMMARY OF MEDICAL BENEFITS (CONT.)

	POS II	Plan	SELECT OPEN ACCESS HMO	HEALTH SAVIN	GS PLAN WITH HSA
BENEFIT OPTION	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Infertility Treatment and Related Charges	80% after deductible***	60% after deductible****	100% after deductible****	80% after deductible***	60% after deductible****
Preventive Care*** Well-childcare Prostate/colorectal cancer screening Routine physical Flu shots	100%	60% after deductible	100%	100%	60% after deductible
Women's Preventive Care	100%	60% after deductible	100%	100%	60% after deductible
Hospital Room and Board	80% after deductible	60% after deductible	\$300 copay (per admission) then 100% after deductible******	80% after deductible	60% after deductible
Emergency Room Charges	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	80% after deductible	80% after deductible
Maternity Services	80% after deductible	60% after deductible	100% after deductible	80% after deductible	60% after deductible
Same-Day Surgery (outpatient)	80% after deductible	60% after deductible	\$100 copay (per admission) then 100% after deductible ******	80% after deductible	60% after deductible
Inpatient Mental Health	80% after deductible	60% after deductible	\$300 copay (per admission) then 100% after deductible*****	80% after deductible	60% after deductible
Outpatient Mental Health Office Visits	100% after \$25 copay	60% after deductible	100% after \$25 copay (per visit) ******	80% after deductible	60% after deductible
Skilled Nursing Convalescent Facility (120 visits per plan year)	80% after deductible	60% after deductible	100% after \$300 copay***	80% after deductible	60% after deductible

^{*} Under POS II and Select Open Access plans, if family coverage is elected, any member of the family must satisfy only the individual deductible before coinsurance applies. Under Health Savings Plan, if family coverage is elected, any member of the family must satisfy only an individual deductible of \$3,000 before coinsurance applies ** If there is an office visit associated with this service, the copay will apply. *** Subject to plan limits. **** Limited to diagnosis and treatment of underlying medical condition. † 7 exams in the first 12 months of life, 3 exams in the 13th-24th months of life, 3 exams in the 25th-36th months of life, 1 exam per 12 months to age 18. ******Under SELECT OPEN ACCESS HMO Plan, deductible and copay will apply

(continued)

MEDICAL INSURANCE

SUMMARY OF MEDICAL BENEFITS (CONT.)

BENEFIT OPTION	F	POS II	SELECT OPEN ACCESS HMO	HEALTH SAVINGS	S PLAN WITH HSA
DENETH OF HOW	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Hospice Care (outpatient)	80% after deductible	60% after deductible	100% after deductible***	80% after deductible	60% after deductible
Home Health Care (120 visits per year)	80% after deductible	60% after deductible	100% after deductible***	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible	100% after deductible***	80% after deductible	60% after deductible
Retail Care Prescription Services 30-day supply (including diabetic supplies, infertility drugs) Generic Brand formulary Brand non-formulary	\$11 \$35 \$60	60% after \$11 copay 60% after \$35 copay 60% after \$60 copay	\$11 \$35 \$60	80% after deductible (deductible is waived for certain preventive prescriptions)	60% after deductible (deductible is waived for certain preventive medications)
Mail-Order Drugs 90-day supply (including diabetic supplies, infertility drugs, contraceptives) Generic Brand formulary Brand non-formulary	\$22 \$70 \$120	No coverage for out of network mail order	\$22 \$70 \$120	80% after deductible (deductible is waived for certain preventive medications)	No coverage for out of network mail order

^{***} Subject to plan limits.

For a complete list of covered services, please refer to your Summary Plan Description.

The following expenses will not be applied toward satisfaction of the out-of-pocket maximum: any cost-containment provision penalty, charge in excess of reasonable and customary. Out-of-network benefits are subject to reasonable and customary level.

Pre-certification is also required for skilled nursing and home health care. If benefits are not pre-authorized, no benefit will be paid.

DENTAL INSURANCE

Dental health is important for your overall health.

Dental Insurance

Delta Dental offers both in network and out of network benefits and covers a wide range of services, such as routine checkups — and just about any other type of dental work you might need: crowns, root canals and even orthodontia for both adults and children enrolled in the dental plus plan.

You will not receive a mailed ID card for this plan. You can print an ID card by logging into your account or access an electronic ID card via the mobile app. Just let your dentist know that you have Delta Dental and provide Huron's group number (20496) to file claims.

For more information, you can visit Delta Dental's website at www.deltadentalil.com or call **1-800-323-1743**. You can also access your account via the Delta Dental mobile app.



SUMMARY OF DENTAL BENFITS

	DELTA DENTAL PPO		
COVERAGE	Dental Plus Plan	Dental Saver Plan	
Individual Deductible	\$50	\$50	
Family Deductible	\$150	\$150	
Preventive and Diagnostic Treatment (routine exams, cleanings, fluoride treatments, sealants, X-rays)	100%	100%	
Basic Treatment (composite fillings, periodontics, oral surgery, endodontics)	80%	50%	
Major Treatment (root canals, crowns, partial/full dentures, bridgework)	50%	50%	
Orthodontics	50%	Not Covered	
Orthodontia Lifetime Maximum	\$2,000 /person	Not Covered	
Annual Maximum Benefit	\$2,000 /person	\$1,250 /person	

^{*} If you do not use a network dentist benefits are subject to reasonable and customary (R&C) charges, which are based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar service, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Dental Summary Plan Description (SPD) is available on Quantum's website.

Dental Premiums (per paycheck)

	EMPLOYEE	EMPLOYEE + 1	FAMILY
Dental Plus Plan	\$12.00	\$24.00	\$37.00
Dental Saver Plan	\$8.00	\$16.00	\$24.50

VISION INSURANCE

With the Vision Service Plan (VSP), the focus is on you!

Vision Insurance

You will not receive an ID card for this plan. Just let your provider know that you have VSP and they will take care of the rest. For more information, or to locate in network providers, you can visit VSP's website at www.vsp.com or call 1-800-877-7195.

VSP VISION BENEFITS

- · Covers eye exams, eyeglasses, contact lenses and more.
- · Laser vision discounts.
- Additional discounts and savings on glasses, sunglasses, contact lenses.

AETNA MEDICAL PLAN (VISION) COVERAGE

• One vision exam every 24 months if the provider is in-network.

Vision Summary Plan Description (SPD) is available on Quantum's website.

Vision Premiums (per paycheck)

	EMPLOYEE	EMPLOYEE + 1	FAMILY
Vision	\$2.39	\$3.42	\$6.18

SUMMARY OF VISION BENEFITS

COVERAGE	IN NETWORK	OUT OF NETWORK*
Eye Exams (every plan year)	\$15 copay	Up to \$50
Prescription Glasses (lenses and/or frame)	\$30 copay	N/A
Lenses (every 12 months*) • Single vision • Lined bifocal • Lined trifocal	Covered in full after copay Covered in full after copay Covered in full after copay	Up to \$30 Up to \$50 Up to \$65
Frames (every 24 months)	\$200 allowance/\$220 for Featured Frame Brands 20% off out-of-pocket costs	Up to \$70
Contact Lens Exam Fee	Not to exceed \$15	N/A
	OR	
Contacts (every 12 months)	\$200 allowance	Up to \$105

^{*} When you choose contacts instead of glasses, your allowance applies to the cost of your contacts and the contact lens exam. This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses, you will be eligible for a frame one plan year from the date the contact lenses were obtained.

^{*} Most popular lens options include progressives, photochromic, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options available at a 20% discount

LIFE INSURANCE

Should the unthinkable happen, life insurance is there to help protect your loved ones' financial health by providing the proceeds they can use to pay bills or continue to achieve financial goals you made together.

Life and AD&D Insurance

Huron provides you with basic life and accidental death & dismemberment (AD&D) insurance at one time your base salary (up to \$600,000) — at no cost to you. If you want added protection for you and your family, you can purchase supplemental life insurance. *

MONTHLY SUPPLEMENTAL LIFE PREMIUMS

EMPLOYEE/SPOUSE (PER \$1,000)	
Younger than 30	\$0.044
30 – 34	\$0.062
35 – 39	\$0.079
40 – 44	\$0.088
45 – 49	\$0.132
50 – 54	\$0.202
55 – 59	\$0.378
60 – 64	\$0.581
65 – 69	\$1.118
70 – 74	\$1.813
75 and older	\$2.130
Voluntary Life - Child (per \$10,000)	\$0.24

HARTFORD SUPPLEMENTAL, SPOUSE AND DEPENDENT LIFE INSURANCE

Employee Supplemental Life	In increments of \$10,000 up to a maximum of \$750,000 or the lesser of 5x your base salary (\$1,350,000 when combined with company-paid basic life) *
Spouse/Domestic Partner Supplemental Life (must elect Employee Supplemental Life to enroll)	Increments of \$10,000 up to half of the supplemental life insurance elected for the employee or a maximum of \$300,000. *
Dependent Life (must elect Employee Supplemental Life to enroll)	Flat \$10,000 per child for children age 15 days or older.
Employee Guarantee Issue (for new hires only)	\$500,000
Spouse Guarantee Issue (for new hires only)	\$30,000 spouse
Coverage changes after initial new hire enrollment	Any amount of supplemental life insurance elected after your first 31 days of employment is subject to evidence of insurability.
Portability	Yes

^{*}If you need to complete evidence of insurability (EOI), you will receive an EOI task in your Workday inbox with a link to the Hartford website to complete the online EOI form. EOI must be submitted within 90 days.

Summary Plan Descriptions (SPDs) are available on Quantum's Website.

DISABILITY INSURANCE

Short-term and long-term disability benefits are available to help protect your income in the event of a serious illness or injury that leaves you unable to work.

Short-Term and Long-Term Disability
Your benefits cover most disabilities caused by a sickness or injury (other than work-related), including surgery and pregnancy.

SHORT-TERM DISABILITY (STD)

Eligible employees are provided with this coverage designed to help protect your income for up to 180 days if you are unable to work because of a serious illness or injury for more than five consecutive working days.

SERVICE	DAYS	BENEFIT AMOUNT
Up to 1 year	180	50% of pay
1 year +	1 - 90	100% of pay
	91-180	50% of pay

BASIC LONG-TERM DISABILITY (LTD) FOR BELOW MANAGING DIRECTOR LEVEL

All benefits-eligible employees automatically receive LTD coverage, which is fully paid by Huron. The plan provides income protection to replace up to 50% of your regular pay, up to a maximum benefit of \$8,000. Any benefit you receive is considered taxable income since Huron pays the premiums.

SUPPLEMENTAL LONG-TERM DISABILITY (LTD) FOR BELOW MANAGING DIRECTOR LEVEL

You can purchase an additional 10% of LTD coverage (for a total of 60%, including the 50% basic LTD), up to a maximum of a \$12,500 monthly benefit. The cost of this voluntary coverage is \$0.104 per \$100 of monthly earnings and will be deducted on an after-tax basis from your paycheck. Any benefit you receive from this supplemental coverage is not considered taxable income since you pay the premium.

BASIC LONG-TERM DISABILITY (LTD) FOR MANAGING DIRECTORS AND ABOVE

LTD coverage is a benefit paid in full by the employee. Following a 180-day elimination period (short-term disability), the plan provides income protection to replace up to 60% of your regular pay, up to \$10,000 per month. The cost of coverage is \$0.371 per \$100 of monthly earnings. Any benefit you receive from this coverage is not considered taxable income since you pay the premiums.

BASIC LONG-TERM DISABILITY (LTD) FOR PRINCIPALS

Benefits eligible principals are automatically enrolled in LTD coverage, which is fully paid by Huron. The plan provides income protection to replace up to 60% of your regular pay, up to a maximum of a \$15,000 monthly benefit.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Looking for a way to save money by reducing your medical and dependent care expenses? An FSA may be the answer.

Healthcare and Dependent Care FSAs
Flexible Spending Accounts are a smart way to save by
setting aside pretax money out of your paycheck to pay for expenses
not reimbursed under your insurance plans. Huron offers both a
Healthcare FSA and a Dependent Care FSA through
WageWorks/Health Equity.

Register at **www.wageworks.com** to track balances and submit claims. Additional plan information, including lists of eligible expenses, are available on **iNet**.

Each year you can contribute up to:

- \$3,050 to a Healthcare FSA
 - Healthcare FSA Carryover feature. Allows up to \$610 of unused dollars to carry over into the next plan year. Any carryover may be used (in addition to a new FSA election) for eligible expenses throughout the plan year.
- \$5,000 to a Dependent Care FSA

HOW AN FSA WORKS

Be sure to estimate your expenses carefully because you will forfeit any unused funds at the end of the plan year. If you are enrolled in the Health Savings Plan with HSA, you can also make contributions to the FSA; however, you will be limited to using it for eligible dental and vision expenses until you meet your medical deductible. You can then convert your Limited FSA to a Standard FSA for use on all eligible healthcare expenses by notifying **Benefits Support**.

SAMPLE SAVINGS WITH AN FSA*

	HEA	HEALTHCARE FSA		DEPENDENT CARE FSA	
BENEFIT OPTION	WITHOUT ACCOUNT	WITH ACCOUNT	WITHOUT ACCOUNT	WITH ACCOUNT	
Weekly Earnings	\$400	\$400	\$400	\$400	
Account Deposit (before taxes)	\$0	\$20	\$0	\$75	
Taxable Wages	\$400	\$380	\$400	\$325	
Total Wages - 28%	\$112	\$106.40	\$112	\$91	
Expenses (after taxes)	\$20	_	\$75	-	
Take Home	\$268	\$273.60	\$213	\$234	
Weekly Savings	\$0	\$5.60	\$0	\$21	
Annual Savings	\$0	\$291.20	\$0	\$1,092	

^{*} Sample savings are provided for illustrative purposes only. Actual savings may vary depending on individual circumstances, including FICA and state taxes. Consult your tax advisor before making any financial decisions.

FSA Summary Plan Description (SPD) is available on Quantum's website.

COMMUTER BENEFIT ACCOUNT

The Commuter Benefit Accounts allow you to use pretax dollars for public transit – including train, subway, bus, ferry, and eligible vanpool – and parking as part of your daily commute to and from work.

You can elect up to \$300 pre-tax per month to pay for public transit or parking expenses. You can sign up at any time to start saving on your daily commute.

Online orders will get your transit passes quickly delivered to your home every month and allow you to set up direct parking payments. You may set up your account to place orders automatically OR just one month at a time.

Click here to learn how to enroll in the commuter transit benefits.

If you are already a registered participant with WageWorks/Health Equity, you can enroll at www.wageworks.com by entering your current username and password. If you are a first-time user, follow the instructions listed on iNet.

Contact WageWorks/Health Equity Customer Service at 1-877-924-3967.



RETIREMENT PLAN

Whether you are just starting your career or retirement is only a few years away, it is important to consider your financial needs when the time comes to retire.

Retirement Savings Plan - 401(k)
Huron Retirement Savings Plan can help you save for retirement and assist you in meeting your financial goals.

Plan highlights include:

- · Automatic enrollment (new hires only) at 6%.
- Contribute between 1% and 60% of your compensation as a pretax, Roth after-tax, or after-tax contributions (up to IRS maximums).
- Huron matches your contributions dollar-for-dollar up to 6% of your total annual compensation (subject to plan limitations).
- You are immediately 25% vested in the company-matching contributions, 50% vested after one year of service and 100% vested after two years of service.
- Choose from among 16 core investment fund offerings (visit iNet for a complete list of funds) and/or JP Morgan Target Date Funds.
- For the more sophisticated investor, the self-directed brokerage feature called BrokerageLink provides expanded access to more than 1,400 Fidelity and non-Fidelity funds, exchange traded funds, individual stocks and more.
- Loans and hardship withdrawals are available, subject to plan limitations.
- Rollovers are allowed from another qualified plan or IRA.

ENROLLMENT IN THE 401(K) PLAN IS AUTOMATIC

New hires will be automatically enrolled with a pretax deferral percentage of 6%. Rehired employees must actively enroll in the plan. Fidelity will mail a letter to your home address that outlines your options. You have 30 days from the date of the letter to take action as follows:

Do nothing: Your 6% deferral will take effect within the next two paychecks following 30 days from the date of the letter from Fidelity and all your contributions will be invested in the JP Morgan age- appropriate target date fund.

Take action: Log into your account at **www.401k.com** to accept the 6% enrollment, decrease your election or increase your election. If you do this before the 30-day period ends, your deferral may begin with an earlier paycheck.

Decline auto enrollment: If you don't wish to participate, log into your account at **www.401k.com** and decline auto enrollment. You must do so within 30 days of the date of the Fidelity letter or your deductions will begin at 6%. Once deductions begin, you can still choose to increase, decrease or stop your contributions at any time through your account on the Fidelity website.

HOW TO ACCESS YOUR FIDELITY 401(K) ACCOUNT

Go to www.401k.com and click on New User Registration and follow the prompts. If you already have a Fidelity account from a previous employer, you should use your existing username and password.

401(k) Summary Plan Description (SPD) is available on Quantum's website.

ADDITIONAL FINANCIAL OPPORTUNITIES

Huron provides additional financial and investment opportunities.

Short-Term Incentives

Huron offers short-term incentives designed to reward employees based on the achievement of company and practice financial results, as well as your individual goals. Incentive bonuses are generally paid in March for the prior calendar year. Employees must be hired prior to the 4th quarter and be employed on the payout date to be eligible.

Stock Ownership Participation Program

You may use a portion of your base salary and/or annual gross incentive bonus to purchase Huron stock.

Huron provides a 25% matching grant provided you hold all the shares you purchased for a minimum of six months and remain employed with Huron for one year from the date of purchase for the matching grant to vest. Otherwise, the matching grant will be forfeited.

You must be hired by the start of the enrollment period to participate. Managing Directors, Principals, Corporate Vice Presidents and Project Consultants are not eligible to participate.

For more information including enrollment dates click <u>here</u>.



PAID TIME OFF

Huron recognizes that, to do your work well, you also need time away from work to refresh and renew. That is why we offer you paid time off from work.

Holidays

Huron employees are paid for ten holidays each year.

Note: HMS employees assigned to customers will follow the customer's standard holiday schedule instead of Huron's.

Click here for more information.

Paid Time Off

Employees may take reasonable amounts of paid time off for vacation, sick time, and personal responsibilities.

Click here for more information.

Paid Parental Bonding Leave

Non-birthing parents may take up to eight weeks of paid parental bonding leave in the first 12 months after the birth of a child.

Click here for more information.

Maternity Leave

Birthing parents are eligible for up to 16 weeks of paid maternity leave regardless of the type of delivery and can take an additional 4 weeks of unpaid parental leave. View the Benefits Guide for New Parents for more information including a list of helpful resources.

Recharge Leave

Huron's Recharge Leave Policy allows employees to take a period away from work to rejuvenate and engage in personal interests. Following five years of employment, employees are eligible for up to six weeks of Recharge Leave. Please connect with your leader, coach and/or HR with questions. Note: HMS employees assigned to customers are not eligible for Recharge Leave.

Click here for more information.



Paid Sick Leave

Full-Time eligible employees are entitled to 40-72 hours of paid sick leave per year based on state compliance.

Part-Time eligible employees will accrue no less than 1 hour of paid sick leave for every 30 hours worked. Click here for more information.

Huron is mindful of the demands of balancing work, family and home. To help, we provide several additional benefits.

Employee Assistance Plan (EAP)

The EAP connects you and your immediate family members (including spouses and domestic partners) to resources that provide confidential support, counseling, and work/life resources for personal, family or financial concerns. The EAP can assist with personal issues such as family relationships, marital concerns, emotional issues, stress, anxiety or depression. Receive up to ten no-cost counseling sessions per family member each year.

The EAP also helps with childcare placement, college searches and elder care resources, legal and financial services. Click here for more information.

HEALTH ADVOCATE

All benefits-eligible employees and dependents (including spouses, domestic partners, children, parents and parents-in-law) can take advantage of this program. Health Advocate will help you:

- Find the right doctors and hospitals, make appointments and arrange secondopinions.
- · Resolve claims and billing issues.
- Navigate insurance plans and answer questions regarding your coverage.
- Explain test/treatments ordered by your doctor.
- Locate eldercare and help resolve Medicare claims issues for parents.

Click **here** to watch a three-minute introduction video to Health Advocate.

Travel Recognition Benefit

Offered to billable employees below the level of Managing Director, this benefit provides an award to recognize the challenges related to significant out-of-town travel and promote a better balance between work and employees' personal time. Eligible employees will receive a cash award on a quarterly basis, up to \$3,750 per plan year to spend on anything they choose.

Click here for more information.

Adoption/Surrogacy Assistance

Employees can receive reimbursement for adoption or surrogacy related expenses, up to a maximum of \$15,000 per year, and may use up to eight weeks of paid parental bonding leave. Review the policies here.

Breast Milk Shipping

To support nursing moms transitioning back to work, Huron will pay for the cost of shipping breast milk home while traveling on business. Milk Stork offers a convenient way to ship breast milk back home while traveling. Contact Huron Benefits Support for details.

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Bright Horizon's Family Support Benefits

Huron partners with Bright Horizons to support you through your personal and professional life stages. Learn more below.

Back-Up Child and Elder Care:

- Reserve high-quality childcare in a center, or in-home care for your child, adult, or elder relatives.
- 8 days per employee per calendar year (June 1-May 31)
- Center: \$15 per child or \$25 per family
- In-Home: \$6 per hour (up to 3 care recipients, 4-hour minimum copay required).

Registration and Reservations:

Dependents must be registered with Bright Horizons before care is provided, so if you might use services in the future, register now.

Plan ahead by registering

today: https://clients.brighthorizons.com/huron

Care for the Whole Family:

Bright Horizon's **Additional Family Supports** helps you find:

- Sitters, virtual sitting, remote learning help, teachers for learning pods, tutors for 1:1 instruction, and homeschool help through a premium account on SitterCity, which includes a waived membership fee (\$150 value) and free basic background checks.
- Discounts on a placement service of trained, screened nannies for full-time childcare.
- Senior care solutions including care companions, online needs assessment, senior housing search and evaluation tools, and more.
- Full-time childcare in a Bright Horizons center, where you can jump ahead on the wait list.
- Caregivers who can assist with special needs, companion care, homework help, and housekeeping.

Click here for more information.

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Gympass

We believe the health and well-being of you and your family is important to fueling your personal growth. We understand the importance of taking time to care for yourself and recognize that each person's well-being needs are unique. That is why we offer Gympass starting at no cost to you.

What's Included in Your Gympass Membership?

- No-cost. All benefits-eligible employees will receive access to 20
 well-being apps and the Gympass Starter Plan, with unlimited
 monthly access to over 1,000 gyms/studios across the country, as
 well as virtual fitness options.
- Additional cost. Employees can upgrade to one of six additional plans that include access to additional gyms, studios, and classes, with prices ranging from \$19 to \$268 per month.
- **Dependents**. Up to three of your dependents can purchase their own starter plans for \$11.99 each or purchase one of the upgraded packages.
- Gym/studio access. Regardless of which plan you choose, you
 have access to all gyms and studios in that plan, as well as all
 included in the lower cost plans. That means you can attend a
 different gym or class that is part of your plan each day, giving
 you the freedom and support to stay healthy, both at home and
 on the road.

How to Activate Your Gympass Account:

- Download the Gympass App (preferred for best user experience) or visit the Gympass Website
- 2. Click "Sign up"
- 3. Search for company name "Huron"
- 4. Select "Huron"
- 5. Use your Huron email address to register and follow the prompts to complete your registration

Important Information: Because not all employers fund the Gympass Starter Plan, when you first enroll, the Gympass app presents you with a free 7-day trial and requires entry of a credit card. Once the trial ends, if you enrolled in the Starter Plan, your credit card will not be charged. It will only be charged if you purchased one of the buy-up plans.



Gym Memberships

Huron offers discounted prices on enrollment and monthly dues at Fitness Formula Clubs (FFC). Visit iNet for information on how to enroll in the corporate gym memberships.

Huron is mindful of the demands of balancing work, family and home. To help, we provide several additional benefits.



Employee Perks & Discounts

Enjoy easy access to a wide variety of discounts on products and services through Huron's Employee Perks Program. <u>Visit iNet for a complete list of current offerings.</u>

ADDITIONAL VOLUNTARY BENEFITS

The programs listed below are voluntary employee-paid benefits. Huron is making you aware of the availability of these programs and provides the convenience of collecting premiums via payroll deduction and remitting to carrier, on your behalf.

Identity Theft Protection*

This voluntary benefit provides financial and privacy protection through Allstate Identity Protection. Includes coverage for:

- ✓ Identity and Credit Monitoring and Alerts
- ✓ 24/7/365 Privacy Advocate Remediation
- \$1M Identity Theft InsurancePolicy
- Credit Score and Reporting
- ✓ Wallet and Password Protection

Monthly premium: \$7.95 (single) / \$13.95 (family)

Coverage must be elected during open enrollment or due to a qualifying life event. To learn more about identity theft protection, call

800-789-2720 or visit www.myaip.com

Prepaid Legal Plan

Offered through MetLife Legal Services for \$18 per month, eligible employees receive access to a large network of attorneys for telephone advice and consultation on a variety of issues including consumer protection, debt matters, document preparation and review, real estate matters, traffic/criminal matters, will and estate planning and more. Coverage must be elected during open enrollment or due to a qualifying life event. Click here for more information.

Pet Insurance*

From wellness care to significant medical incidents, MetLife Pet Care protects your pet's health and your pocketbook. Get a free quote by calling 1-800-438-6388.

Auto and Home Insurance*

Employees can purchase various types of insurance at group rates through Farmers GroupSelect, including auto, homeowners, renters, and umbrella coverages, with the option of convenient payroll deduction.

To learn more about Auto and Home Insurance, call Farmers at **1-800-438-6381** or visit www.myautohome.farmers.com.

*These programs are not part of Huron's welfare benefit plan nor covered by ERISA

ADDITIONAL VOLUNTARY BENEFITS

The programs are voluntary employee-paid benefits. Huron is making you aware of the availability of these programs and provides the convenience of collecting premiums via payroll deduction and remitting to carrier, on your behalf.

Critical Illness

Critical Illness Insurance helps cover the unexpected costs and potential loss of income associated with a critical illness such as: cancer, stroke, heart attack, Alzheimer's Disease.

Benefits are paid as a lump-sum of \$10,000 directly to you, and you can spend however you want. Coverage must be elected during open enrollment or due to a qualifying life event.

Coverage is available to you, your spouse/domestic partner, and dependent children.

Monthly Critical Illness Rates

Attained Age	Employee	Employee + 1	Employee + Family
<25	\$1.63	\$3.22	\$6.03
25–29	\$2.23	\$4.25	\$7.12
30–34	\$3.42	\$6.32	\$9.32
35–39	\$5.24	\$9.49	\$12.67
40–44	\$7.96	\$14.22	\$17.68
45–49	\$10.97	\$19.48	\$23.24
50–54	\$16.15	\$28.53	\$32.83
55-59	\$23.20	\$40.84	\$45.88
60–64	\$34.14	\$59.93	\$66.10
65–69	\$47.64	\$83.45	\$91.00
70+	\$72.62	\$126.93	\$137.05

Accident Insurance

Accident Insurance can help you pay for unexpected out-of-pocket costs when you or a covered family member is injured. Benefits are paid as a lump-sum directly to you based on the type of injury and required treatment. You can spend the benefits on anything you choose such as: household bills, medical insurance deductibles, copayments, and more.

Please refer to **iNet** for a full list of covered injuries and expenses. Coverage must be elected during open enrollment or due to a qualifying life event.

Coverage is available to you, your spouse/domestic partner, and dependent children.

Monthly Accident Rates

	Employee	Employee + 1	Family
Monthly Rate	\$4.65	\$10.30	\$12.42

Hospital Indemnity Plan

The Hospital Indemnity Plan pays benefits when you have a planned or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to pay out-of-pocket medical costs or personal expenses.

Coverage is available to you, your spouse/domestic partner, and dependent children.

Monthly Hospital Indemnity Rates

	Employee	Employee + 1	Family	
Monthly Rate	\$12.81	\$26.20	\$35.65	

If you have questions or would like to learn more about Critical Illness, Accident Insurance or Hospital Indemnity Plan call Aetna at **1-800-607-3366** (TTY: 711)

PROVIDER CONTACT INFORMATION

Important Provider Contacts

It is important to stay informed about your benefits. You can contact the individual provider listed below to learn more about a specific benefit plan. For a full list of Huron's benefit providers, view the vendor contact list on iNet.

Benefits Questions

If you have any questions about your benefits, contact <u>Benefits Support</u> or call the benefits hotline at **866-801-3739**. For additional benefits information, please visit our Benefits page in the Human Resources section of the <u>iNet</u>.

PROGRAM	CONTACT	GROUP#	PHONE NUMBER	WEBSITE	Where to Enroll / Make Changes
Medical Plans – Health Savings Plan with HSA, POS II, and Select Open Access HMO	Quantum	19639	833-762-0850	www.myhuronbenefits.com	Workday
Health Savings Account (HSA)	Fidelity	n/a	1-800-890-4015	www.netbenefits.com	Workday
Telemedicine	Teladoc	n/a	1-855-835-2362	www.teladoc.com	Medical plan enrollment required.
Health Advocate	Health Advocate	n/a	1-866-695-8622	www.healthadvocate.com/members	Participate directly with vendor
Dental Insurance	Delta Dental of Illinois	20496	1-800-323-1743	www.deltadentalil.com	Workday
Vision Insurance	VSP	n/a	1-800-877-7195	www.vsp.com	Workday
Flexible Spending Accounts and Commuter Transportation Program	WageWorks/Health Equity	n/a	1-877-WAGEWORKS	www.wageworks.com	FSA – Workday Commuter – Directly with WageWorks
Short-Term & Long-Term Disability Insurance	Reliance Standard - Matrix	n/a	1-877-202-0055	www.absencematrix.com	
401(k) Retirement Savings Plan	Fidelity	48537	1-800-FIDELITY	www.401k.com	Participate directly with vendor
Supplemental Life Insurance	The Hartford	n/a	1-800-523-2233	www.thehartford.com	Workday
Employee Assistance Program	TELUS Health	n/a	1-800-272-2727	www.one.telushealth.com Username: Huron Password: Huron	Participate directly with vendor
Critical Illness, Accident & Hospital Indemnity	Aetna	n/a	1-800-607-3366 (TTY:711)	www.Myaetnasupplemental.com	Workday
Identity Theft Protection	Allstate	n/a	1-800-789-2720	www.MyPrivacyArmor.com	Workday
Legal Plan	MetLife Legal	n/a	1-800-821-6400	www.legalplans.com	Workday
Auto and Home Insurance	Farmers GroupSelect	n/a	1-800-438-6381	www.myautohome.farmers.com	www.myautohome.farmers.com
Pet Insurance	MetLife	n/a	1-800-GET-MET8	www.metlife.com/mybenefits	www.metlife.com/mybenefits
Medicare Transition Services		n/a	1-833-806-8289	www.MedicareTransitionServices.com/huron	Participate directly with vendor
Child/Elder Care Assistance	Bright Horizons	n/a	1-888-748-2489	https://clients.brighthorizons.com/huron	Participate directly with Bright Horizons

LEGAL NOTICES

As required by the U.S. Department of Labor (DOL) and/or Employee Retirement Income Security Act (ERISA), links are provided below for the following compliance notices.

- Medicare Part D: Provides information related to prescription drug coverage available for those individuals that are enrolled in Medicare.
- √ <u>Women's Health and Cancer Rights Act</u>: Provides the outline of coverage available through the Huron medical plan for mastectomy and breast reconstruction after mastectomy.
- ✓ <u>Children's Health Insurance Program (CHIP):</u> Provides the listing of states that offer premium assistance programs for those individuals that cannot afford an employer-sponsored medical plan.
- ✓ <u>Health Care Marketplace Notice</u>: Includes notice on life limits and dependent coverage up to age 26.
- ✓ HIPAA Special Enrollments Rights Notice: Provides the ability to add an individual to a group health plan without regard to prior health history when certain events occur (i.e. loss of coverage, marriage, birth, adoption, placement for adoption).
- ✓ <u>Notice of Huron's Privacy Practices:</u> This notice describes our legal duties and privacy practices with respect to health information that the Plan may collect and maintain about you.
- ✓ Newborns and Mothers Health Protection Act (NMHPA) Notice: Includes important protections for mothers and their newborn children with regard to the length of the hospital stay following childbirth.
- ✓ <u>EEOC Notice</u>: Regarding Huron's Wellness Program.

ABOUT THIS GUIDE

This guide describes the benefit plans and policies available to you as an employee of Huron. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts.

This guide is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your **Summary Plan Descriptions** (as required by ERISA) found in your other employee benefit materials.

If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits described in this guide may be changed at any time and do not represent a contractual obligation — either implied or expressed — on the part huron.

- ✓ <u>Summary Annual Report</u> for Huron's Welfare Benefit Plan
- ✓ Summary of Benefits and Coverage (SBC) See Quantum's Website for SBCs
- ✓ Summary Plan Descriptions (SPD) See Quantum's Website for SPDs

GLOSSARY

There are several terms associated with benefit programs and insurance used in this guide. These terms directly affect your coverage amounts and payments.

Learn the basics below.

COBRA

A federal law that allows workers and dependents who lose their medical, dental, vision, or FSA coverage to continue any group coverage for a specified length of time.

Coinsurance

The portion of covered expenses that you must pay for care, after first meeting a deductible amount, if any.

Copayment

A flat fee that you pay for health care services at the time they are received, regardless of the actual amount charged by your doctor or another provider. This generally applies to office visits and prescription drugs.

Deductible

The amount you pay toward covered services per specified period before the plan begins paying benefits.

Evidence of Insurability (EOI)

A statement of your medical history used to determine if you will be approved for coverage, also known as medical underwriting.

Network

A list of physicians and hospitals who provide discounted health care services to the members of a specific health plan.

Out-of-Pocket Maximum

Pre-determined amount of medical expenses you are responsible for paying before a plan pays 100% of the remaining charges. After you pay this amount, your benefit plan will pay all covered expenses for the rest of the year.

Reasonable & Customary (R&C) Charge

The usual amount charged by most doctors for a particular service. The R&C charge may vary based on geographic area or circumstance (for example, emergency versus non- emergency). R&C charges may apply only if you use out of network providers. You are responsible for paying any amount that exceeds the R&C limit.

Summary Plan Description (SPD)

A summary of the benefit plan required to be distributed to employees. The SPD tells participants what the plan provides and how it operates. It provides information about when an employee can begin to participate in the plan, how service and benefits are calculated, when benefits become vested, when and in what form benefits are paid and how to file a claim for benefits.