

Benefits Handbook Date May 1, 2012

Participating in Pre-65 Retiree Medical Coverage Marsh & McLennan Companies



Participating in Pre-65 Retiree Medical Coverage

This section explains the eligibility requirements for retiree medical coverage for retirees who are not eligible for Medicare (generally those who are under age 65).

If you are eligible for this retiree medical coverage, the medical options available are the same available to active employees in your area. For details on those plans, see the Medical Coverage Options section.

Participation Information for Employees and Medicare Eligible Retirees

The eligibility and participation information for the medical plans designed for post-65 retirees is generally contained in the section that describes the applicable plan. See the *Comprehensive Medical Plan* section.

For active employees, participation details are covered in the *Participating in Healthcare Benefits* section.

Contents

Eligibility	1
Spouses and Domestic Partners.....	3
Transfers/Status Changes/Rehires	4
Enrollment	5
Enrolling/Terminating Retiree Medical Plan Coverage.....	5
Deferring Retiree Medical Plan Coverage.....	7
Enrollment Changes.....	10
Paying for Coverage	11
When Coverage Begins	16
Medicare Prescription Drug Benefits	16

Eligibility

You are eligible to participate if you:

- are a U.S. regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies, (other than Marsh & McLennan Agency, LLC and any of its subsidiaries) who terminates employment at age 55 or older with at least five years of vesting service, or at age 65 or older; or
- are a current retiree under age 65.

When you or a covered family member reach age 65 or are covered by Medicare, you and your family members are no longer eligible for coverage under the pre-65 retiree medical plans. You may be eligible for coverage under the post-65 retiree medical plan. See the *Comprehensive Medical Plan* section for information.

Note: Although you may be eligible to participate in retiree medical coverage, the opportunity to defer your retiree medical coverage election only applies to employees that terminate employment on or after April 1, 2010. As an example, if you are under age 65 and terminated employment prior to April 1, 2010, the rules regarding the deferral of your retiree medical coverage election do not apply to you.

As a retiree, can I cover my approved domestic partner under this Plan?

Yes. Domestic partners, and the children of domestic partners, are eligible for retiree medical coverage. Although the Company is not legally required to offer COBRA for domestic partners, the Plan will offer retiree medical coverage to approved domestic partners and their child(ren).

How does Medicare eligibility affect my benefits under the Pre-65 retiree medical coverage?

Eligibility for coverage under the pre-65 retiree plans end once you or your covered family member(s) are Medicare eligible. Eligibility for the post-65 plan (the Comprehensive Medical Plan) begins for you and your covered family member(s) once one of you is deemed to be eligible for Medicare.

Once deemed to be Medicare eligible, you and your covered family member(s) must transfer to the Comprehensive Medical Plan (the post-65 retiree plan) regardless of whether you or your spouse enroll/enrolled in Medicare. Please contact the Employee Service Center at +1 866 374 2662 within 30 days of you or your covered family member(s) Medicare eligibility date.

Can I cover my dependent child?

You can cover:

- your biological child

- a child for whom you or your spouse are the legally appointed guardian with full financial responsibility
- the child of an approved domestic partner
- your stepchild
- your legally adopted child or a child placed with you for adoption.

Note: Any child that meets one of these eligibility requirements and who is incapable of self support by reason of a total physical or mental disability as determined by the Claims Administrator, may be covered beyond the end of the calendar year in which the child attains age 26.

Dependent children are eligible for healthcare coverage until the end of the calendar year in which they attain age 26. This eligibility provision applies even if your child is married, has access to coverage through his or her employer, doesn't attend school full-time or live with you, and is not your tax dependent.

Note: While married children are eligible for healthcare coverage under your plan until the end of the calendar year in which they attain age 26, this provision does not apply to your child's spouse and/or child(ren), unless you or your spouse is the child's legally appointed guardian with full financial responsibility.

The Company has the right to require documentation to verify dependency (such as a copy of the court order appointing legal guardianship). Company medical coverage does not cover foster children or other children living with you, including your grandchildren, unless you are their legal guardian with full financial responsibility—that is, you or your spouse claims them as a dependent on your annual tax return

What happens to my active employee medical coverage upon termination of employment if I am eligible to participate in retiree medical coverage?

If you (and your eligible family members) are enrolled in active employee medical coverage, active employee medical coverage for you and your eligible family members ends on the last day of the month in which you terminate employment. If you are eligible to participate in retiree medical coverage, you will be given an opportunity to enroll immediately following your termination of employment or defer your Marsh & McLennan Companies retiree medical coverage enrollment to some time in the future. If you defer, no immediate action is required at termination unless you wish to elect COBRA.

What happens to my active employee medical coverage upon termination of employment if I am not eligible to participate in retiree medical coverage?

If you (and your eligible family members) are enrolled in active employee medical coverage but you are not eligible to participate in retiree medical coverage, coverage for you and your eligible family members ends on your last day of employment.

COBRA medical coverage will automatically be offered to you. You will have 60 days from the date of the COBRA notice to elect COBRA continuation. Your COBRA premium will be due 45 days from your election date. The COBRA medical coverage effective date will be the day following your last day of employment.

Does eligibility to participate in retiree medical coverage impact any benefits other than active employee medical coverage?

Yes, if you are eligible to participate in retiree medical coverage, your active employee medical, dental, vision care plan, and/or EAP coverage, whichever plans you are enrolled in, will be continued through the end of the month in which you terminate.

If I am not enrolled in active employee medical coverage at the time of my termination, am I eligible to participate in retiree medical coverage?

Yes, if you meet the retiree eligibility requirements you are eligible to participate in retiree medical coverage. You will be given an opportunity to immediately elect or defer retiree medical coverage following your termination of employment.

Since you were not enrolled in Marsh & McLennan Companies' active medical coverage, you will not have the option to elect COBRA medical coverage.

Should I elect to participate in retiree medical coverage immediately following my termination date?

This is an individual decision that you must make based on your personal facts and circumstances. Note though, if you defer your retiree medical coverage enrollment election beyond 60 days of your termination, additional rules and documentation requirements apply.

Spouses and Domestic Partners

To obtain spousal or domestic partner coverage, you will need to complete an Affidavit of Eligible Family Membership via PeopleLink (www.mmcpoplelink.com), declaring that:

Spouse / Domestic Partner

- You have already received a marriage license from a U.S. state or local authority, or registered your domestic partnership with a U.S. state or local authority.

Spouse Only

- Although not registered with a U.S. state or local authority, your relationship constitutes a marriage under U.S. state or local law (e.g. common law marriage or a marriage outside the U.S. that is honored under U.S. state or local law).

Domestic Partner Only

- Although not registered with a U.S. state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently
 - have agreed to share responsibility for each other's common welfare and basic financial obligations
 - not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.

Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying either the registration of your domestic partnership with a state or local authority or your cohabitation and/or mutual commitment.

Once your Affidavit of Eligible Family Membership is completed and processed, you may cover the dependent child(ren) of your spouse or domestic partner.

Complete your affidavit, via PeopleLink (www.mmcpeoplelink.com). Select the **Health** tab and under **Medical Plans**, click any plan. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

Transfers/Status Changes/Rehires

Will I retain my eligibility for retiree medical coverage if I transfer from a participating to a non-participating company?

Yes, if you met the retiree eligibility requirements prior to your transfer to the non-participating company, you will retain the opportunity to immediately elect or defer retiree medical coverage participation when you subsequently terminate from employment.

Will I retain my eligibility for retiree medical coverage if my status changes from a regular to a temporary employee within a participating company?

Yes, if you met the retiree eligibility requirements prior to your change in status within a participating company, you will retain the opportunity to immediately elect or defer retiree medical coverage participation when you subsequently terminate from employment.

Am I eligible for retiree medical coverage if I am rehired by a participating company after I terminate from a non-participating company?

Yes, if you met the retirement eligibility requirements at a participating company, you will be given the opportunity to immediately elect or defer participation in retiree medical coverage upon subsequent termination from employment.

If I terminate after transferring from a participating company to a non-participating company, will I be eligible to participate in retiree medical coverage?

Yes, if you met the retiree eligibility requirements prior to your transfer to the non-participating company, you will be eligible to elect to participate in retiree medical coverage. Eligibility provides you with an opportunity to immediately elect or defer retiree medical coverage following termination.

If I am rehired by a non-participating company after I terminate from a participating company, am I eligible for retiree medical coverage?

Yes, if you met the retirement eligibility requirements when you terminated from the participating company, you are eligible for the opportunity to immediately elect or defer participation in retiree medical coverage.

Enrollment

Enrolling/Terminating Retiree Medical Plan Coverage

What are the available Retiree Medical Plan options?

If eligible, you can elect retiree medical coverage. If you elect this coverage, retiree medical coverage is considered an alternative to continuing Marsh & McLennan Companies medical coverage through COBRA.

You can elect any of the medical plan options that are available to active employees in the state in which you reside regardless of whether you were enrolled in active employee medical coverage. However, if you or a family member who you wish to cover is deemed to be Medicare eligible (generally age 65 or over as of your retirement date), the Comprehensive Medical Plan is your only available medical plan option.

How do I enroll in retiree medical coverage?

In order to initiate your retiree medical coverage election, you must call the Employee Service Center at least 30 days prior to your Retiree Medical Coverage Participation Date. Contact the Employee Service Center at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern time, to make your election. The requirement to contact the Employee Service Center at least 30 days prior to your Retiree Medical Coverage Participation Date will be waived if you elect to participate in retiree medical coverage within 60 days following your termination from Marsh & McLennan Companies.

If you are eligible to participate in retiree medical coverage and you elect to participate, your Retiree Medical Coverage Participation Date will be reflected as the 1st of the month following your termination date, or if you defer your election and elect coverage at a later date, the 1st of any month, but no later than the 1st of the month following the attainment of age 65 (retiree medical coverage participation dates always are on the 1st of a month).

If you defer your retiree medical coverage participation election date beyond 60 days of your termination date, you can elect to participate at a later date (no later than the 1st of the month following the attainment of age 65) **provided you submit proof of continuous coverage.**

Your retiree medical coverage will take effect the 1st of the month following the earlier of loss of continuous coverage or the 1st of the month following attainment of age 65. If you do not contact the Employee Service Center at least 30 days prior to your participation date, your coverage will begin the 1st of the next month following notification if within 63 days of loss of continuous coverage. If you notify the Employee Service Center beyond 63 days of your loss of continuous coverage or following the attainment of age 65, you will be denied retiree medical coverage.

When should I contact the Employee Service Center to elect my retiree medical coverage?

To elect retiree medical coverage, you must contact the Employee Service Center at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern time, at least 30 days prior to your Retiree Medical Coverage Participation Date. The requirement to contact the Employee Service Center at least 30 days prior to your Retiree Medical Coverage Participation Date will be waived if you elect to participate in retiree medical coverage within 60 days of your termination from Marsh & McLennan Companies.

For example:

- If you terminate on June 30th, you can contact the Employee Service Center on August 15th to elect Retiree Medical Coverage effective July 1st. This election is valid since it is within 60 days of the loss of your active medical coverage.
- If you terminate on June 30th, you cannot contact the Employee Service Center on September 15th to elect Retiree Medical Coverage effective July 1st. This election is beyond the 60 days.

Can I terminate my retiree medical coverage?

Yes, you can terminate your retiree medical coverage at any time by sending a letter requesting the discontinuance of your retiree medical coverage to:

Employee Service Center
P.O. Box 9740
Providence, RI 02940-9740

You must submit your termination of coverage request 30 days prior to your coverage end date (always the last day of a month). Retiree medical coverage cannot be terminated on a retroactive basis, nor can paid premiums be refunded. Also remember, terminated retiree medical coverage cannot be reinstated. You have a one-time opportunity to elect retiree medical coverage.

Can I elect COBRA coverage if I terminate my Retiree Medical Plan coverage?

No. Your request to discontinue your Retiree Medical Plan coverage is not considered a qualifying event. COBRA coverage is not an available option following your termination of Retiree Medical Plan coverage.

Deferring Retiree Medical Plan Coverage***If I defer my retiree medical coverage election, will I remain eligible for the present medical plan design and coverage?***

No, if you defer your retiree medical coverage election, you will be eligible for the benefit plans and options available at the time of your election to participate.

If I defer my retiree medical coverage participation election beyond 60 days of my termination date, will I retain the employer subsidy enhanced severance benefit under the severance plan?

No, if you are eligible for Enhanced Severance Benefits under the Company Severance Pay Plan and choose to defer your retiree medical coverage beyond 60-days of your termination date, you will forfeit the Company contribution towards the premium cost of retiree medical coverage.

Can Marsh & McLennan Companies change the medical post-termination eligibility rules?

Yes, Marsh & McLennan Companies reserves the right to make changes to plan design including eligibility rules, continuous coverage, etc.

How do I defer my retiree medical coverage participation election?

No action is required to defer your retiree medical coverage participation election. Once you decide to initiate your retiree medical coverage participation election, contact the Employee Service Center at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00

p.m. Eastern time, to make your election and then submit proof of continuous coverage within the required time period.

If I defer my retiree medical coverage participation election beyond 60 days of my termination date, how do I show proof of continuous coverage?

To enroll in retiree medical coverage after 60 days following your termination date, the Retiree Medical Plan requires that you provide a HIPAA Notice of Creditable coverage certificate(s) for each eligible family member you wish to enroll to prove “continuous coverage” from your date of termination with Marsh & McLennan Companies to your Retiree Medical Coverage Participation Date.

When you contact the Employee Service Center to make your retiree medical participation election, you must also send in your proof of continuous coverage to the address listed below:

Employee Service Center – H&G Benefits
P.O. Box 9740
Providence, RI 02940-9740

What are examples of continuous medical coverage that provide HIPAA creditable coverage certificates?

You should check with the coverage provider to make sure they will provide a HIPAA certificate upon request. Be sure to keep your HIPAA certificates in a safe place. Under current HIPAA rules, the following types of coverage qualify as creditable coverage:

- Group health plan coverage (whether as an active or former employee, a spouse, a dependent, or as a COBRA beneficiary)
- Individual or group health insurance policy
- Medicare or Medicaid
- Military health insurance program
- The Federal Employees Health Benefits Program
- Health program of the Indian Health Service or a tribal organization
- State health benefits risk pool
- Peace Corps
- Public health plan (including U.S. and foreign government plans whether insured or self-insured)
- State Children’s Health Insurance Plan (SCHIP).

The following coverage is not considered creditable coverage:

- Coverage under any plan that is excluded from the definition of a group health plan such as dental or vision plans.
- Plans providing specified disease or limited accident benefit coverage.

What is considered “continuous coverage” if I elect to defer my retiree medical coverage election?

If your proof of “continuous coverage” does not show a coverage gap (single period of 63 or more days without coverage), you will be deemed to have “continuous coverage”. If you have a period of 63 or more days for which you do not have a HIPAA certificate, your request for retiree medical coverage participation will be denied. Note, time spent in a group health plan waiting period or in an application review period for an individual policy will not count as part of the coverage gap.

For example, if you terminate employment on May 1, 2010 and wish to enroll in retiree medical coverage with a Retiree Medical Participation Date of October 1, 2011, and you provide HIPAA certificates:

Covering the Period of:	“Continuous Coverage” Status
<ul style="list-style-type: none"> ▪ May 1, 2010 – January 1, 2011 ▪ February 15, 2011 - September 30, 2011 	You are deemed to have “continuous coverage” because the period from January 1, 2011 to February 15, 2011 for which you do not have a HIPAA certificate is less than 63 days.
<ul style="list-style-type: none"> ▪ May 1, 2010 – January 1, 2011 ▪ July 1, 2011 - September 30, 2011 	You will not be deemed to have “continuous coverage” because the period from January 1, 2011 to July 1, 2011 for which you do not have a HIPAA certificate is more than 63 days.
<ul style="list-style-type: none"> ▪ June 1, 2010 – January 1, 2011 ▪ February 15, 2011 - September 30, 2011 	You are deemed to have “continuous coverage” because the period from May 1, 2010 to June 1, 2010 and January 1, 2011 to February 15, 2011 for which you do not have HIPAA certificates are each less than 63 days.

What happens if I do not provide proof of continuous coverage by my elected Retiree Medical Coverage Participation Date?

If proof of continuous coverage is not received by your elected Retiree Medical Coverage Participation Date, your coverage will not go into effect. If proof of continuous coverage is received within 63 days of your requested Retiree Medical Coverage Participation Date and it is deemed to be in good order, your retiree medical coverage will go into effect retroactively.

If proof of continuous coverage is not received in good order within the 63 day grace period, you will be denied retiree medical coverage.

If I defer retiree medical coverage, will I automatically receive a COBRA package?

Yes, upon termination, Ceridian will automatically mail a package, including a COBRA election form and an explanation of your COBRA rights to your home address on file. If you wish to elect COBRA coverage, complete your election form and return it to Ceridian within your 60-day COBRA election period.

Enrollment Changes***During Annual Enrollment, can I change my Retiree Medical Plan coverage?***

Yes. During Annual Enrollment you can make the following Retiree Medical Plan changes:

- End coverage for a dependent, or
- End coverage for yourself and your covered dependents.

Can I re-enroll after terminating my Retiree Medical Plan coverage during Annual Enrollment?

No. If you terminate your Retiree Medical Plan coverage, you will not be able to re-enroll at a later date.

Can I enroll my spouse in an Marsh & McLennan Companies retiree medical plan coverage option upon termination of COBRA coverage?

Yes, when COBRA has been exhausted, you can enroll your spouse in any applicable Marsh & McLennan Companies retiree medical plan option within 30 days of the event. Termination of COBRA is considered a HIPAA qualifying event.

Can I make a change to my Retiree Medical Plan coverage during the year?

Yes. You may add a dependent or end coverage for a dependent during the year if you have a qualifying family status change, such as marriage or death. The change must be consistent with the event.

How do I make a change to my Retiree Medical Plan coverage during the year?

To make a change during the year, you must send a written request to the Employee Service Center at the address below within 30 days of the status change.

Employee Service Center
P.O. Box 9740
Providence, RI 02940-9740

Paying for Coverage

Who pays for retiree medical coverage?

The Company and eligible retirees share the cost of retiree medical coverage, based on retirees' years of service. The Company determines the cost to be borne by the retiree, and the Company pays the remainder of the cost. Retirees with less than 10 years of vesting service pay the full cost of retiree medical coverage.

Am I eligible for Company-subsidized retiree medical coverage?

You are eligible for Company-subsidized retiree medical coverage (the annual increase in Company contributions for retiree medical coverage will not exceed 5%) if you:

- Are participating in the Retiree Medical Plan as of January 1, 2006;
- Are actively employed by Marsh & McLennan Companies or one of its participating subsidiaries as of December 31, 2005 and had, as of that date, either attained age 45 or completed at least 15 years of vesting service; or
- Certain other employees who, in conjunction with a business reorganization in which the employees would no longer be working for an employer participating in the Retiree Medical Plan, retained eligibility for the Retiree Medical Plan provided that they remain employed within Marsh & McLennan Companies controlled group.

Eligibility for Company-subsidized medical coverage is dependent upon meeting the retiree medical coverage criteria as previously stated in the retiree eligibility section.

How much do I have to pay if I am eligible for Company-subsidized retiree coverage?

The cost of Company-subsidized retiree medical coverage (if you satisfy the eligibility requirements) depends on your age, length of Company service, date of hire and the level of coverage you choose.

The cost of retiree coverage takes into consideration the increased cost in providing coverage for retirees.

The annual increase in Company contributions for retiree medical coverage will not exceed 5%.

PPO Rates

2012 Plan Year Costs	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Years of service			
Less than 10 years*	\$842.72	\$1,685.48	\$2,528.22
10-14	\$734.10	\$1,468.22	\$2,202.32

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
15-19	\$625.48	\$1,250.96	\$1,876.44
20-24	\$516.84	\$1,033.70	\$1,550.54
25 and more	\$408.23	\$816.44	\$1,224.66

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

EPO Rates

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Less than 10 years*	\$844.59	\$1,689.18	\$2,533.77
10-14	\$728.17	\$1,456.35	\$2,184.51
15-19	\$611.76	\$1,223.51	\$1,835.26
20-24	\$495.33	\$990.68	\$1,486.01
25 and more	\$378.91	\$757.84	\$1,136.75

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

CDHP Rates

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Less than 10 years*	\$587.36	\$1,174.72	\$1,762.08
10-14	\$508.08	\$1,016.16	\$1,524.24
15-19	\$428.81	\$857.60	\$1,286.40
20-24	\$349.53	\$699.04	\$1,048.56
25 and more	\$270.24	\$540.49	\$810.72

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

Kaiser Rates

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Less than 10 years*	\$477.28	\$954.55	\$1,431.83
10-14	\$427.91	\$855.80	\$1,283.71
15-19	\$378.53	\$757.06	\$1,135.59
20-24	\$329.16	\$658.31	\$987.47
25 and more	\$279.79	\$559.56	\$839.35

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

Hawaii PPO Rates

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Less than 10 years*	\$488.46	\$976.92	\$1,465.38
10-14	\$431.05	\$862.10	\$1,293.17
15-19	\$373.64	\$747.30	\$1,120.94
20-24	\$316.25	\$632.48	\$948.74
25 and more	\$258.84	\$517.69	\$776.53

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

Hawaii EPO Rates

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
Less than 10 years*	\$460.04	\$920.08	\$1,380.12
10-14	\$407.29	\$814.60	\$1,221.89
15-19	\$354.56	\$709.11	\$1,063.67
20-24	\$301.81	\$603.63	\$905.44

2012 Plan Year Costs Years of service	Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
25 and more	\$249.07	\$498.15	\$747.21

* If you are a former Sedgwick employee who retired prior to July 1, 2001 your contributions are equal to that of a retiree with less than 10 years of service.

How much do I have to pay if I am not eligible for Company-subsidized retiree coverage?

If you are not eligible for Company-subsidized retiree medical coverage, you pay the full monthly cost for coverage based on the Marsh & McLennan Companies Retiree Medical Plan's group rates.

The cost of unsubsidized retiree medical coverage depends on the level of coverage you choose.

PPO Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$842.74	\$1,685.48	\$2,528.22

EPO Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$844.59	\$1,689.18	\$2,533.77

CDHP Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$587.36	\$1,174.72	\$1,762.08

Kaiser Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$477.28	\$954.55	\$1,431.83

Hawaii PPO Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$488.46	\$976.92	\$1,465.38

Hawaii EPO Rates

2012 Plan Year Costs Monthly cost for Individual coverage	Monthly cost for retiree +1 family member not Medicare eligible	Monthly cost for family coverage with all members not Medicare eligible
\$460.04	\$920.08	\$1,380.12

Can my medical premiums be deducted directly from my bank account?

If you are eligible and elect to enroll for retiree medical coverage, a Benefits Billing Services (BBS) billing record is established for you with Ceridian, Marsh & McLennan Companies' Retiree Medical Billing Administrator. Once your billing record is established with Ceridian BBS Billing, an "Automatic Payment Program" form is sent to you for automatic payment deduction requests from a U.S. checking, savings or money market account.

Note: Billing records are passed to Ceridian on the 10th calendar day of each month, or if this falls on a holiday, the next applicable business day. If your retiree election is received after the 10th business day of the month, your billing record will not be set up with Ceridian BBS Billing until the 10th business day of the following month.

What happens if I am eligible for Company-subsidized retiree medical coverage, retire and am later rehired?

If you are eligible for Company-subsidized retiree medical coverage, retire and are later rehired, you will retain your eligibility for the retiree medical coverage, provided you initially retired from a participating Company with at least 10 years of vesting service (meeting the current minimum service requirement for the Company subsidy) and you elected Marsh & McLennan Companies retiree medical coverage when you initially retired and were still covered under the Plan when you were rehired.

If you are eligible for the retiree medical coverage (retire from a participating Company at age 55 or older with at least five years of vesting service or age 65 or older), you will forfeit the retiree medical coverage and will not be eligible for any retiree medical coverage when you retire again from the Company if any of the following occur:

- you leave the Company before you are eligible for retirement
- you do not initially retire from a participating Company
- you leave a participating Company after you are eligible for retirement and either you do not elect retiree medical coverage or you drop the coverage prior to the date of your rehire.

When Coverage Begins

When does my retiree medical coverage begin?

If you decide to elect to participate, your Retiree Medical Coverage Participation Date will be reflected as the 1st of the month following your termination, or if you defer your election and elect coverage at a later date, the 1st of any month, but no later than the 1st of the month following the attainment of age 65 (retiree medical coverage participation dates always are on the 1st of a month).

Medicare Prescription Drug Benefits

What happens if I am a retiree and I enroll for a Medicare Prescription Drug Plan?

The Medicare Modernization Act (MMA) added a voluntary prescription drug benefit to the Medicare Program effective January 1, 2006. If you are currently enrolled in Marsh & McLennan Companies medical coverage and you enroll in Medicare prescription drug coverage, you and your covered family members will lose all coverage under the Marsh & McLennan Companies medical plans beginning on the date your Medicare prescription drug coverage takes effect. If you later decide you no longer want Medicare prescription drug coverage, you may not re-enroll in Marsh & McLennan Companies medical coverage in the future.