

Benefits Handbook Date July 1, 2012

Best Doctors

Marsh & McLennan Companies



Best Doctors

Dealing with medical decisions can be confusing; sometimes you need a second opinion. If you have questions about your diagnosis and treatment options, the team of medical specialists at Best Doctors can help.

A Note about ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that governs many employer-sponsored plans including this one. Your ERISA rights in connection with the plan are detailed in the Plan Administration Description that, together with the plan Questions and Answers, constitute the Summary Plan Description for this plan.

SPD and Plan Document

This section provides a summary of the Best Doctors program (the "Plan") as of January 1, 2012.

This section, together with the *Administrative Information* section and the applicable section about participation, forms the Summary Plan Description and plan document of the Plan.

The Program at a Glance

Best Doctors can help you get answers to your important medical questions by providing you with a second opinion on your medical diagnosis and treatment options. The chart below contains some important program features. For more information, see “How the Program Works” on page 5.

Program Feature	Highlights
How the Program Works	<ul style="list-style-type: none"> ▪ Best Doctors provides confidential medical opinions to employees, family members and any household members who are facing important medical decisions. ▪ Your Member Advocate will work with a clinical team to select the appropriate specialist(s) to evaluate your case. ▪ Throughout the process, your Member Advocate is available to answer any questions you have. ▪ See “How the Program Works” on page 5 for details.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this program if you meet the eligibility requirements described under “Eligible Employees” on page 2. ▪ See “Participating in the Program” on page 2 for details.
Family Member Eligibility	<ul style="list-style-type: none"> ▪ Your family members can use Best Doctors if they meet the eligibility requirements described under “Family Member Eligibility” on page 3. ▪ See “Participating in the Program” on page 2 for details.
Enrollment	<ul style="list-style-type: none"> ▪ There is no need to enroll and coverage is automatic for eligible employees.
Cost	<ul style="list-style-type: none"> ▪ There is no cost to you for using Best Doctors. If the program provides referrals to other services, you are responsible for paying for any services you choose.
Confidentiality	<ul style="list-style-type: none"> ▪ Your privacy is guaranteed. Reporting of information adheres to Health Insurance Portability and Accountability Act (HIPAA) privacy laws. ▪ Your specific name and medical information will NOT be shared with anyone. ▪ See “How the Program Works” on page 5 for details.
Contact Information	<p>For more information, contact: Best Doctors Hours: Normal business hours are Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern time; after hours, messages left will generally be returned the next business day. Phone: +1 866 904 0910 Website: www.bestdoctors.com/healthymemmc Best Doctors administers this program for Marsh & McLennan Companies’ <i>Healthy Me</i>. Best Doctors’ decisions are final and binding and Marsh & McLennan Companies does not have any authority to change Best Doctors’ decisions.</p>

Participating in the Program

The following section provides information on how you start participating in the program.

If you are an employee of Marsh & McLennan Companies, or any subsidiary or affiliate of Marsh & McLennan Companies, and you meet the requirements set forth below, you become eligible on your eligibility date.

Your eligible family members are also covered under this program.

Marsh & McLennan Companies Employees (other than MMA)

As used throughout this plan summary, "Marsh & McLennan Companies Employees (other than MMA)" are defined as employees classified on payroll as U.S. regular employees of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than Marsh & McLennan Agency, LLC and any of its subsidiaries (MMA)).

MMA Employees

As used throughout this plan summary, "MMA Employees" are defined as employees classified on payroll as U.S. regular employees of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

Eligible Employees

To be eligible for the benefits described in this section, you must meet the eligibility criteria listed below.

Marsh & McLennan Companies Employees (other than MMA)

You are eligible if you are an employee classified on payroll as a U.S. regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA and any of its subsidiaries).

Individuals who are classified on payroll as temporary employees or who are compensated as independent contractors are not eligible to participate.

Eligible MMA Employees

You are eligible if you are an employee classified on payroll as a U.S. regular employee of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

Individuals who are classified on payroll as temporary employees or who are compensated as independent contractors are not eligible to participate.

"You," "Your," and "Employee"

As used throughout this plan summary, "employee," "you" and "your" always mean:

- For Marsh & McLennan Companies participants: a U.S. regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA and any of its subsidiaries).
- For MMA participants: a U.S. regular employee of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

Your Eligibility Date

No Waiting Period	
Marsh & McLennan Companies (other than MMA)	There is no waiting period if you are ACTIVELY AT WORK. Your eligibility date is the first day you are actively at work on or after your date of hire.
MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office	There is no waiting period if you are actively at work. Your eligibility date is the first day you are actively at work on or after your date of hire.

Family Member Eligibility

Your eligible family members can use Best Doctors. An eligible family member is your:

- approved domestic partner
- child for whom you are the legal guardian
- child of an approved domestic partner
- legally adopted child
- biological child
- spouse
- stepchild.

Dependent children are eligible 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 health coverage through his or her employer, doesn't attend school full-time or live with you, and is not your tax dependent.

Only dependent children over age 18 are permitted to call Best Doctors. For dependent children under age 18, a parent or guardian must call on their behalf.

Marsh & McLennan Companies 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.

When Coverage Starts and End

You are covered under this program on the later of your first day of employment or eligibility.

Coverage ends on the date when the first of the following occurs:

- you no longer meet the eligibility requirements
- you terminate employment
- your death
- the program is terminated.

Cost

There is no cost to you for using Best Doctors. The Best Doctors program is funded by Marsh & McLennan Companies. If the program provides referrals to other services, you are responsible for paying for any services you choose.

Converting to an Individual Policy

Can I convert this coverage to an individual policy when my coverage ends?

No. You can't convert this coverage to an individual policy when your coverage ends.

COBRA Coverage

Can I continue coverage through COBRA?

Yes. You can continue coverage under this program through COBRA if you experience a COBRA QUALIFYING EVENT and register your event within the legally allowable time frame.

How do I apply for COBRA?

For more information about your rights and coverage options under the Consolidated Omnibus Budget Reconciliation Act, see "Continuing Coverage" in the *Participating in Healthcare Benefits* section.

Coordination with Medical Plan

Best Doctors is NOT health insurance and is not a replacement for health care coverage; it is an independent third-party provider.

How the Program Works

Best Doctors is an independent third-party provider that can help when you or covered family members face a medical decision. The Best Doctors InterConsultation service uses physicians who are best-in-class specialists to help you confirm your diagnosis and better understand your treatment options. The whole process takes place over the phone, so you can call from the privacy of your home.

Best Doctors provides a confidential, easy-to-use service to help employees, family and household members answer questions like:

- Do I really need treatment?
- What are the treatment options that I should consider?

Best Doctors provides you with a Member Advocate who is available to speak with you Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern time; after these hours you can leave a message, which is generally returned the next business day.

After you call, a Best Doctors Member Advocate will conduct an in-depth discussion with you about your medical condition, including obtaining a full health history of you and your family. After the discussion, following your written authorization, Best Doctors will gather medical records concerning your present condition and diagnosis.

When the records are received, the Best Doctors clinical team will conduct a comprehensive analysis of your clinical information. The team will select the appropriate specialist(s) for your medical condition to evaluate your case, based on the most up-to-date medical thinking.

Your Member Advocate will send you a report of the specialist's findings, summarized in an easy-to-read format, as well as a comprehensive Expert Report for your treating physician's reference. Best Doctors will speak with you about the report's findings and then deliver the report to your treating physician, unless you do not authorize it.

Throughout the process, the Member Advocate is available to answer your questions. At both six weeks and six months after you receive the report, the Member Advocate will follow up with you to see if you need additional help. Depending on the complexity of the case and responsiveness of an individual's current physician(s) to requests for medical records, the Best Doctors process takes two to eight weeks.

Who are the doctors that Best Doctors uses?

Best Doctors physicians are best-in-class medical specialists selected through a comprehensive peer review process. Best Doctors surveys doctors nationwide, asking them for an assessment of the clinical abilities of their peers, and yielding highly qualitative insight into the medical profession. Doctors cannot pay to be included on the list, or nominate themselves for the list. Each physician is confirmed to be board certified in their specialty, licensed to practice medicine in their jurisdiction and have a clear disciplinary record. The Best Doctors in America™ database includes about five percent

of physicians across the United States covering more than 40 specialties and 375 subspecialties of medicine.

What kinds of medical diagnosis qualify for this service?

There is no list of qualified conditions — just call if you are feeling unsure about something to do with your care. Most people who call Best Doctors are trying to make a decision about their care and they will support you in doing that.

Are there medical diagnoses that do not qualify for Best Doctors?

Best Doctors does not service cases of mental health disorders that do not have physical ailments because there is insufficient data contained within the records to perform an informed analysis. For such cases, in-person evaluations are more appropriate and are typically handled by referral to other health resources.

Additionally, the Best Doctors InterConsultation program does not provide consulting services for cases being covered under Workers' Compensation. Other cases typically excluded are retrospective reviews for the purposes of gathering specialists' opinions for medical malpractice actions.

When calling Best Doctors, what information will my family member or I need to provide?

You or your eligible family member will need to provide the company name and your name. You or your eligible family member should also have available any information regarding the issue, including contact information for your doctor and/or health plan provider. In addition, an authorization or release may be required.

Will Best Doctors be talking to anyone at my health plan provider?

If you request and authorize information to be shared, Best Doctors will release your report to the appropriate individuals (e.g. health plan provider case manager) involved with your care.

Do I have to follow the recommendation of Best Doctors?

No. You remain in full control of your health care decisions. The information you and your treating physician receive from Best Doctors is intended to help you make informed decisions regarding your treatment.

Are the doctors paid for their review?

Yes, they are paid by Best Doctors. There is no charge to you.

If I have an authorized unpaid leave of absence, can I still participate in the program?

If Marsh & McLennan Companies grants you an authorized unpaid leave of absence, coverage for you and your family members continues for the duration of your authorized period of leave.

If I become disabled, does the Plan still provide a benefit?

During a period of approved disability, you and your covered family members remain eligible for coverage.

If I die

If you die while you are an active employee, your eligible family members may be eligible for coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For information on COBRA, see “Continuing Coverage” in the *Participating in Healthcare Benefits* section.

If I no longer satisfy the Plan’s eligibility requirements

Your coverage ends on the date you no longer satisfy the Plan’s eligibility requirements. Coverage for eligible family members ends when yours does.

When coverage ends, COBRA coverage may be available, as described under “Continuing Coverage” in the *Participating in Healthcare Benefits* section.

If my family member loses eligibility status

If your family member no longer meets the eligibility requirements, his or her coverage ends.

Family members who lose coverage may be eligible for coverage under COBRA provisions as described under “Continuing Coverage” in the *Participating in Healthcare Benefits* section.

Do I have to use this program?

No. Participation is completely voluntary.

Maximum

There is no limit to how often you can use Best Doctors.

Out-of-Area Care

There are no geographic boundaries to Best Doctor’s program. All you need to do to access services is to call the Best Doctor’s toll-free number: +1 866 904 0910.

Emergency Care

The Best Doctors service is not appropriate for urgent medical situations where immediate intervention is required. In these situations, Best Doctors may be able to provide you with appropriate questions to ask your provider before you proceed with

treatment. Once your condition is stabilized, Best Doctors can evaluate your case for future treatment options.

Complete Confidentiality

Your privacy is guaranteed just as it is for your other health information. Reporting of information adheres to strict Health Insurance Portability and Accountability Act (HIPAA) privacy laws. Your specific name and medical information will NOT be shared with anyone **without your prior authorization**, and will never be shared with Marsh & McLennan Companies. Only non-identifying and aggregate information will be used for program evaluation and improvement purposes.

Glossary

ACTIVE WORK STATUS

You must be actively-at-work during your approved scheduled work week and not on any type of leave.

ACTIVELY AT WORK

You are “actively at work” if you are fulfilling your job responsibilities at a company-approved location on the day coverage is supposed to begin (e.g., you are not out ill or on a leave of absence).

APPROVED SPOUSE AND DOMESTIC PARTNER

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans’ criteria, or immediately upon satisfying the plans’ criteria if you previously did not qualify. 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
 - not be Medicare eligible
 - 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.mmcpoplelink.com). Select the **Finances** tab and under **Insurance Benefits**, click **Basic Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

ELIGIBLE MMA EMPLOYEES

As used throughout this document, “MMA Employees” are defined as employees classified on payroll as U.S. regular employees of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

ELIGIBLE MARSH & MCLENNAN COMPANIES EMPLOYEES (OTHER THAN MMA)

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QUALIFYING EVENT

A “QUALIFYING EVENT” under COBRA includes loss of coverage as a result of your leaving the company (other than for your gross misconduct); a reduction of hours; your death, divorce or legal separation; your eligibility for Medicare, or a dependent child’s loss of dependent status; or, if you are a retiree, loss of coverage due to the company filing for bankruptcy.