

Benefits Handbook Date September 1, 2017

Back-Up Care Advantage Program (BUCA) Marsh & McLennan Companies



Back-Up Care Advantage Program (BUCA)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you need temporary assistance in caring for a family member so you can be at work, the Back-Up Care Advantage Program (BUCA) can provide quality care alternatives as well as peace of mind.

The Program at a Glance

The Bright Horizons Back-Up Care Advantage Program (BUCA) offers a network of quality care resources when you need to be at work and your regular child or adult/elder care arrangement is temporarily unavailable. The chart below contains some important program features. For more information, see “How the Program Works” on page 4.

Program Feature	Highlights
How the Program Works	<ul style="list-style-type: none"> ▪ You have access to the following back-up care programs – center-based child care; in-home child care (well and mildly ill); in-home adult/elder care. ▪ A care consultant can assist you 24/7 in finding the care arrangement that will best meet your needs, and all resources can also be accessed online. ▪ Up to 15 days of back-up care per calendar year. ▪ See “How the Program Works” on page 4 for details.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this program if you meet the eligibility requirements set forth below. ▪ See “Participating in the Program” on page 2 for details.
Family and Household Member Eligibility	<ul style="list-style-type: none"> ▪ Your family and household members can receive care services through BUCA if they meet the program’s eligibility requirements. ▪ See “Participating in the Program” on page 2 for details.
Enrollment	<ul style="list-style-type: none"> ▪ Coverage is automatic.
Cost	<ul style="list-style-type: none"> ▪ There is no cost to you for registering for the program. Registration is recommended so you are prepared in the event of a last-minute care emergency. ▪ Center-based care is \$25 per child per visit with a maximum of \$35 per family per visit. ▪ All in-home care services are \$8/hour (4 hour minimum and 10 hour maximum per day).
Contact Information	<p>For more information, contact: Back-Up Care Advantage Program – 24 hours a day, 7 days a week Phone: +1 877 BH CARES (+1 877 242 2737) Website: Go to www.backup.brighthouse.com. The login information for the website is as follows: username = MMCo and password = 4Backup. Once enrolled, If you wish to change coverage, where eligible, you must contact the Plan Administrator. Marsh & McLennan Companies does not administer this program. Bright Horizons’ decisions are final and binding.</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 and you meet the requirements set forth below, you become eligible on your eligibility date.

Your eligible family and household members are also covered under this program.

Eligible Employees

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

Marsh & McLennan Companies Employees (other than MMA or Mercer PeoplePro)

You are eligible if you are an employee classified on payroll as a US 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 (MMA) or Mercer PeoplePro).

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 US regular employee of Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), Marsh & McLennan Agency LLC – Alaska (MMA-Alaska), Marsh & McLennan Agency LLC – Southwest (excluding MHBT Inc., IA Consulting and Insurance Partners of Texas) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services.

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

Your Eligibility Date

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.

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

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

- For Marsh & McLennan Companies participants: a US regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA or Mercer PeoplePro).
- For MMA participants: a US regular employee of MMA-Corporate, MMA-Alaska, MMA-Southwest, MMA-Northeast, or Security Insurance Services.

Family and Household Member Eligibility

Your family and household members can receive services through BUCA. A family and household member is your:

- domestic partner
- child for whom you are the legal guardian
- child of a domestic partner
- legally adopted child
- biological child
- spouse
- stepchild
- parent or grandparent (anywhere in the US)
- spouse's parent or grandparent (anywhere in the US)
- any individual who currently resides with you and for which you are financially responsible.

When Coverage Starts and Ends

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

Coverage ends when the first of the following occurs:

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

If I have an authorized unpaid leave of absence, does the program still provide a benefit?

If the Company 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 program still provide a benefit?

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

If I no longer satisfy the program's eligibility requirements

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

Cost

There is no cost to you for registering for the program. Center-based care is \$25 per child per visit with a maximum of \$35 per family per visit. All in-home care services are \$8/hour (4 hour minimum and 10 hour maximum per day). All fees are collected and retained by Bright Horizons, typically via credit card or EFT. There is no fee to register and the service co-payments are assessed only when care is actually requested and provided. Please note that cancellations made after 5:00 p.m. the business day prior to care will count as a use and all applicable co-payments will apply. You can track your payments and program balances in the "My Account" section of the Bright Horizons website.

How the Program Works

BUCA offers temporary back-up care services to assist working families in coordinating alternative care arrangements for a child or adult/elder. Typically, the program is available to provide care for a family member so you can meet your work obligations.

You have access to 15 days of back-up care per calendar year for the following programs – and all services are available nationally:

- Center-based child care
- In-home child care
- In-home mildly ill child care
- In-home adult/elder care

For example, you can use back-up care when:

- Your regular caregiver or stay-at-home spouse is unavailable
- You are transitioning between child or adult/elder care arrangements
- Your child's regular center or school is closed
- Your adult/elder relative is ill or needs temporary assistance
- Your child is mildly ill at home

You must register before using the service – either with a consultant or through the online process. Reservations for care are required and can be placed one month in advance and up to the day care is needed.

To register for the program, reserve care and for additional information:

- Visit backup.brighthorizons.com (Username = MMCo and Password = 4Backup)
- Call +1 877 BH CARES (+1 877 242 2737) – consultants are available 24/7 to assist you

Maximum

You can receive up to 15 days of back-up care each calendar year through BUCA, cumulative across all services. Only 1 day of care is assessed regardless of the number of dependents cared for on any specific date. You can track your used and available care days under the “My Account” section on the Bright Horizons website.

Out-of-Area Care

The Back-Up Care Advantage Program offers a national network of child care centers and in-home care agencies, so all services are available throughout the US. For more information, please contact a consultant available 24/7 at 877-BH-CARES (+1 877 242 2737) or visit backup.brighthorizons.com (username = MMCo and password = 4Backup).

Glossary

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).

ELIGIBLE MARSH & MCLENNAN COMPANIES EMPLOYEES (OTHER THAN MMA OR MERCER PEOPLEPRO)

As used throughout this document, “Marsh & McLennan Companies Employees” are defined as employees classified on payroll as US regular employees of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA and any of its subsidiaries or Mercer PeoplePro).

ELIGIBLE MMA EMPLOYEES

As used throughout this document, “MMA Employees” are defined as employees classified on payroll as a US regular employee of Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), Marsh & McLennan Agency LLC – Alaska (MMA-Alaska), Marsh & McLennan Agency LLC – Southwest (excluding MHBT Inc., IA Consulting and Insurance Partners of Texas) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services.

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 domestic partner coverage, you will need to agree to the Affidavit of Eligible Family Membership declaring that:

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

- Although not registered with a US 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.

In order to cover the child(ren) of a domestic partner, you will be required to agree to the Affidavit of Eligible Family Membership. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.