

Benefits Handbook Date July 1, 2019

Employee Assistance Program (EAP)

Marsh & McLennan Companies



Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an every day issue, the Employee Assistance Program (EAP) can be an invaluable resource.

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 Employee Assistance Program (the "Plan") as of January 1, 2019.

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

The Employee Assistance Program (EAP) can help you manage your life by providing you with resources to help you through a difficult time. 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"> ▪ The EAP provides confidential personal counseling to employees, family members and any household members who are dealing with difficult issues. ▪ You may speak with a Cigna EAP counselor at any time, day or night, to address issues. Employees can seek help for any reason, crisis or non-urgent. ▪ Sessions are unlimited when you speak with a Cigna EAP counselor over the telephone at no cost to you. ▪ Up to five sessions per issue with a Cigna EAP counselor—whether conducted in person or via video-based telehealth — are provided at no cost to you. ▪ 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 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 use the Employee Assistance Program if they meet the eligibility requirements described below. ▪ 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 using the Employee Assistance Program. 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"> ▪ Services are completely confidential. The Company isn’t told if you contact the EAP. ▪ Your family and household members’ calls are also confidential—even you will not be notified if any member of your family or household contacts the EAP. ▪ See “How the Program Works” on page 5 for details.
Contact Information	<p>For more information, contact: Cigna Behavioral Health (CBH), 24 hours a day, 7 days a week Phone: +1 800 382 3432 Website: mycigna.com</p> <p>The Employer ID to access the site is: mmc. The Employer ID is needed only for initial registration. Upon registration, create a userid and password. Marsh & McLennan Companies does not administer this program. Cigna Behavioral Health’s (CBH) 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)

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)).

Individuals who are classified on payroll as temporary employees, who are compensated as independent contractors, or who are employed by any entity in Bermuda, Barbados or Cayman Islands 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, Insurance Partners of Texas, Hendrick & Hendrick, Inc. and Eustis Insurance) (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).
- 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 use the Employee Assistance Program. 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
- any individual who currently resides with you.

For your child to be covered, your child must be:

- dependent on you for maintenance and support,
- unmarried, and
- under 19 years of age, *or*
- under 25 years of age if a full-time student in a college or other accredited institution (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school) and not employed on a full-time basis.

The Company has the right to require documentation to verify the relationship (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 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.

Exception: If you are in treatment, your coverage will continue for 30 days. If you need to continue treatment, you can continue your coverage through COBRA.

A bereavement benefit is offered as a resource to survivors who reside in your household. When the household member calls EAP, the EAP counselor explains the bereavement benefit and provides grief counselor referrals in the local area. An authorization is activated that is effective for up to six months.

If you are eligible to participate in retiree medical coverage, not only your active employee medical coverage, but also your active EAP coverage will be continued through the end of the month in which you terminate.

Cost

There is no cost to you for using Employee Assistance Program. 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

You can have up to five face-to-face counseling sessions per issue through the Employee Assistance Program. If your counseling sessions go beyond five, your medical plan's mental health benefits might pay for some of your counseling costs. Before you begin sessions through the Employee Assistance Program, you might want to verify if your EAP counselor is in your medical plan's behavioral or mental health network. That way, if you need more than five visits, you will not have to select a new counselor or experience an interruption in service. Check with your medical plan to confirm if your provider participates in your plan's network, or if the care you are receiving is covered.

Keep in mind that each medical plan has its own limits on inpatient and outpatient care, including copayments, number of visits/days of coverage, and annual maximums, so you

should check with your medical plan to determine how much of your outside referral care, if any, is covered.

How the Program Works

The EAP can help you manage your life by providing you with resources to help you through a difficult time.

The EAP provides confidential personal counseling to employees, family and household members who are dealing with:

- bereavement
- emotional stress
- family difficulties
- financial problems
- legal problems
- substance abuse
- work-related issues.

You may speak with a Cigna EAP counselor at any time, day or night, to address issues. Employees can seek help for any reason, crisis or non-urgent.

EAP offers support for managers who need to help employees cope with issues that interfere with productivity in the workplace. Managers should first check with their HR Representative to obtain information on special manager and supervisor resources available through the EAP.

When you or your family or household member contacts the Employee Assistance Program, you have the option of speaking to a counselor immediately over the telephone for crisis needs, scheduling a telephone session for non-crisis concerns or setting up a meeting with a local counselor, face to face*. The counselor will help assess your situation, make recommendations, and provide you with resources and new approaches.

EAP telehealth is also available for video-based counseling with Cigna contracted EAP providers who offer this specialty service. Similar to face to face counseling, sessions are held using secure video-based technology meeting state requirements.

* Authorization is needed for the face to face EAP counseling and telehealth. The authorization can be obtained by telephone or online. An online authorization can be submitted after using the provider search tool.

Sessions are unlimited when you speak with a Cigna EAP counselor over the telephone at no cost to you.

Up to five sessions with the counselor—whether conducted in person or via secure video-based telehealth—are provided per issue at no cost to you, and may be all that are required to put you on the right track to resolving your issues. At any time, or after the five sessions, the counselor may refer you to other professional, fee-based resources (for instance, a psychologist, a licensed social worker, or a psychiatrist).

If your situation requires such a professional resource, your EAP counselor can help you transition to another provider. While every attempt is made to help you transition to a provider in your medical plan, you are responsible for confirming that your provider participates in your plan's network and that the care you are receiving is covered.

Keep in mind that each medical plan has its own limits on inpatient and outpatient care, including copayments, number of visits/days of coverage, and annual maximums, so you should check with your medical plan to determine how much of your outside referral care, if any, is covered.

The EAP offers online resources and tools at mycigna.com. To access the online resources and tools, you will need to register and set up an account by creating a userid and password. You will be able to view program information, access Live Chat, schedule a telephone consultation, obtain authorization for face-to-face visits, find an EAP counselor near you and access health programs and resources in the Manage My Health section.

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

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

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 the "Participating in Healthcare Benefits" section of the Benefits Handbook, under "Continuing Coverage."

A bereavement benefit is offered as a resource to survivors who reside in your household. When the household member calls EAP, the EAP counselor explains the bereavement benefit and provides grief counselor referrals in the local area. An authorization is activated that is effective for up to six months.

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. If you and/or your eligible

family members are receiving treatment when coverage ends, your coverage will continue for 30 days after termination. This 30-day period will count towards your COBRA continuation period.

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

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 described in the “Participating in Healthcare Benefits” section of the Benefits Handbook, under “Continuing Coverage.”

Maximum

You and your eligible family and household members can each receive up to five sessions per issue each calendar year through Cigna Behavioral Health.

When you call the EAP, a representative will identify a counselor that is near your home or office. The counselor will typically offer you an appointment within 48 hours. (You can speak to crisis counselors immediately in the case of an emergency.) If it is more convenient, you can have your appointment over the telephone.

Out-of-Area Care

Yes, Cigna Behavioral Health (CBH) has a nationwide network of services. For more information, contact Cigna Behavioral Health Network (CBH) by calling +1 800 382 3432.

Emergency Care

Whenever you need to talk to a counselor, contact:

- Cigna Behavioral Health Network.

You can access the Employee Assistance Program 24 hours a day, 7 days a week by calling +1 800 382 3432. When you call, provide the name of the Marsh & McLennan Companies operating company in which you are employed.

Legal Assistance

The Employee Assistance Program offers you a referral for a free 60-minute consultation, either by telephone or in person, with a network attorney in a private practice.

Note: Legal assistance does not include consultation on Employment or Labor Law, Immigration Law, Workers Compensation, Patent, Corporate, or Business Law.

The attorney will:

- evaluate the merits of your case
- make a referral if necessary
- act as your attorney if you wish on a fee for service basis
- discuss viable alternative courses of action.

Each consultation is 60 minutes. Services beyond the initial consultation will require your payment. You may use the program for as many different legal matters as you wish. One free consultation will be provided for each legal matter.

If you need legal assistance beyond the initial consultation, you may choose a network attorney and enjoy reduced rates (typically a 25% discount, depending on the services required).

Note: The benefits of the Employee Assistance Program are not coordinated with the benefits of the Legal Assistance Plan, which the Company offers as an elective benefit. If you are thinking about obtaining legal assistance through the EAP beyond the initial consultation, you may wish to compare services and cost to those under the Legal Assistance Plan. See the *Legal Assistance Plan* in the *Voluntary Benefits* section under *Employee Programs and Policies*.

For more information, contact Cigna Behavioral Health (CBH) 24 hours a day, 7 days a week by calling +1 800 382 3432.

Identity Theft Support

To help manage the recovery process after an identity theft event, the Employee Assistance Program offers you a referral for a free 60-minute consultation, with a fraud resolution specialist.

The fraud resolution specialist will:

- counsel you on seven emergency response activities, including how to notify the proper authorities, agencies and creditors
- provide forms or letters to help you report and itemize each fraudulent occurrence
- advise you on how you can dispute fraudulent debts, obtain and monitor your credit report every four months, place a fraud alert or credit freeze (if allowed by state law) on your credit file and take future preventative measures.

Note: The benefits of the Employee Assistance Program are not coordinated with the benefits of the Identity Theft Protection Benefit Program, which the Company offers as an elective benefit. For additional information regarding the Identity Theft Protection Benefit Program, see the *Identity Protection Benefit Program* in the *Voluntary Offerings* section under *Employee Programs and Policies*.

For more information, contact Cigna Behavioral Health (CBH) 24 hours a day, 7 days a week by calling +1 800 382 3432.

Financial Services

The Employee Assistance Program offers you telephonic counseling with qualified financial experts including certified financial planners, certified tax preparers, enrolled agents, CPAs, and professionals from both the banking and insurance industries.

You will receive an initial financial needs assessment to determine if personal or emotional issues are affecting your financial situation. Many issues are resolved within one call but there is the opportunity for additional telephonic coaching and advisement, when necessary.

There is no cost for initial or follow up services.

Telephonic consultations cover many types of financial issues such as the following, and more:

- budgeting techniques
- college funding
- reverse mortgages
- tax planning
- IRS problems
- debt counseling
- how to negotiate a late mortgage payment
- credit repair.

If there is a financial need that extends beyond what the Employee Assistance Program has the expertise to address and/or if you request a referral for a face-to-face financial expert in your community, that can be arranged.

The EAP offers you a referral for a free 60-minute consultation and up to a 25% discount off usual and customary fees for on-going services.

Note: There are some financial situations, such as those involving securities, where a discount is not available.

In addition, the Employee Assistance Program offers a unique tax preparation program in which an employee can call a toll-free number to have their taxes prepared by a Certified Public Accountant (CPA) over the telephone. Other services available through this program include:

- Preparation of extension requests

- Amendments of prior-year tax returns.

You pay the costs for this tax preparation program, which will vary based on the complexity of your tax return.

For more information, contact Cigna Behavioral Health (CBH), 24 hours a day, 7 days a week by calling +1 800 382 3432.

Complete Confidentiality

One of the most important reasons for using a third-party firm for this program is to ensure absolute objectivity. All calls and referrals are completely confidential. The Company receives only a periodic statistical breakdown of program usage.

When you voluntarily contact the Employee Assistance Program, the Company has no way of learning of your call or any details of your case. Likewise, you will not be notified if a member of your family or household initiates a call to the Employee Assistance Program.

The Employee Assistance Program is entirely voluntary. No “treatment” is imposed on you. You always make the decision whether or not to seek professional help referred to you, even in cases where a Company manager has referred you to the program. The content of the assessment and the nature of the recommendation are always confidential.

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).

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.

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 Tools.