Benefits Handbook Date September 1, 2013

Contact Information Marsh & McLennan Companies



Contact Information

For questions not answered in this handbook, or to follow up on a claim, learn more about a network, etc., please use the contact information below.

| For questions about | |
|--|--|
| Medical | |
| Aetna | Claims Administrator |
| Exclusive Provider Organization (EPO) | Aetna P.O. Box 843 Blue Bell, PA 19422-0843 Phone: +1 866 210 7858 |
| | Website: www.aetna.com/docfind/custom/mmc |
| | Group #: 876230 |
| | (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Pharmacy Benefits Manager |
| | Express Scripts P.O. Box 2187 Lee's Summit, MO 64063-2187 Phone: 800-987-8360 |
| | Website: www.express-scripts.com |
| | Group #: MMCRX05 |
| Blue Cross Blue Shield | Claims Administrator |
| Exclusive Provider Organization (EPO) | Empire BlueCross BlueShield P.O. Box 5076 Middletown, N.Y. 10940 Phone: +1 866 219 8695 Website: http://www.empireblue.com/mmc/ Group #: 295648 |
| | (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Pharmacy Benefits Manager |
| | Express Scripts P.O. Box 2187 Lee's Summit, MO 64063-2187 Phone: +1 800 987 8360 Website: www.express-scripts.com |
| | Group #: MMCRX05 |

| For questions about | |
|--|---|
| CA North and South – Kaiser Foundation Health Plan | Claims Administrator Kaiser Permanente 393 East Walnut Street Pasadena, CA 91188 Phone: +1 800 464 4000 Website: www.kaiserpermanente.org Northern California Group #: 8656 Southern California Group #: 102756 |
| Consumer Directed Health Plan (CDHP) | Claims Administrator Aetna P.O. Box 843 Blue Bell, PA 19422-0843 Phone: +1 866 210 7858 Website: www.aetna.com/docfind/custom/mmc Group #: 876230 (Be sure to check your claim form or instructions for the address of the claims processing office.) Fax: +1 952 594 6500 |
| | Pharmacy Benefits Manager Express Scripts P.O. Box 2187 Lee's Summit, MO 64063-2187 Phone: +1 800 987 8360 Website: www.express-scripts.com Group #: MMCRX05 |
| HMSA's Health Plan Hawaii Plus HMO | Claims Administrator HMSA P.O. Box 860 Honolulu, HI 96808-0860 Phone: +1 808 948 6372 Website: www.hmsa.com Group #: 96770-1 and 96770-3 (COBRA) (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| HMSA's Preferred Provider Plan | Claims Administrator HMSA P.O. Box 860 Honolulu, HI 96808-0860 Phone: +1 808 948 6111 Website: www.hmsa.com Group #: 96770-1 and 96770-3 (COBRA) (Be sure to check your claim form or instructions for the address of the claims processing office.) |

| For questions about | |
|---------------------|---|
| Preferred Provider | Claims Administrator |
| Organization (PPO) | Aetna |
| | P.O. Box 843 |
| | Blue Bell, PA 19422-0843 |
| | Phone: +1 866 210 7858 |
| | Website: www.aetna.com/docfind/custom/mmc |
| | Group #: 876230 |
| | (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Pharmacy Benefits Manager |
| | Express Scripts |
| | P.O. Box 2187 |
| | Lee's Summit, MO 64063-2187 |
| | Phone: 800-987-8360 |
| | Website: www.express-scripts.com |
| | Group #: MMCRX05 |
| United Health Care | Claims Administrator |
| Exclusive Provider | United Healthcare |
| Organization (EPO) | P.O. Box 740800 |
| | Atlanta, GA 30374-0800 |
| | Phone: +1 866 540 5954 Website: www.myuhc.com/groups/mmc |
| | |
| | Group #: 098400 |
| | (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Pharmacy Benefits Manager |
| | Express Scripts |
| | P.O. Box 2187 |
| | Lee's Summit, MO 64063-2187 |
| | Phone: +1 800 987 8360 |
| | Website: www.express-scripts.com |
| | Group #: MMCRX05 |

| For questions about | |
|-----------------------|---|
| Trion | COBRA Administrator |
| | For election forms and premium payments: |
| | Trion Group, Inc. |
| | P.O. Box 2672 |
| | Omaha, NE 68108-2672 |
| | For all other correspondence: |
| | Trion Group, Inc. 2300 Renaissance Boulevard |
| | King of Prussia, PA 19406 |
| | Phone: +1 866 324 4087, any business day, 8:30 a.m. to 5:30 p.m. |
| | Eastern time. |
| | Website: http://www.cobra-link.com/ |
| | Retiree Medical Billing Administrator |
| | Trion Group, Inc. |
| | Phone: +1 866 324 4087, any business day, 8:30 a.m. to 5:30 p.m. |
| | Eastern time. |
| Retiree Medical | |
| Comprehensive Medical | Claims Administrator |
| Plan (CMP) | United Healthcare |
| | P.O. Box 740800 |
| | Atlanta, GA 30374-0800 |
| | Phone: +1 800 645 6555 |
| | Website: www.myuhc.com/groups/mmc |
| | Group #: 98400 |
| | (Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Pharmacy Benefits Manager |
| | Express Scripts |
| | P.O. Box 2187 |
| | Lee's Summit, MO 64063-2187 |
| | Phone: +1 800 987 8360 |
| | Website: www.express-scripts.com |
| Dontal | Group #: MMCRX05 |
| Dental | Olaima Administrator |
| Dental Plan | Claims Administrator |
| | Metropolitan Life Insurance Company (MetLife) One Madison Avenue |
| | New York, NY 10010 |
| | Phone: +1 800 942 0854 |
| | Website: www.metlife.com/mybenefits (enter "Marsh & McLennan |
| | Companies" in the form to enter your company name) |
| | |

| For questions about | |
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| Vision | |
| Vision Care Plan | VSP Phone: +1 800 877 7195 Email: www.vsp.com Online chat: www.vsp.com Group #: 12222153 |
| Vision Discount Program | VSP Phone: +1 800 877 7195 Email: www.vsp.com Online chat: www.vsp.com Group #: 12235617 |
| Spending Accounts | |
| Dependent Care Flexible Savings Account | Claims Administrator PayFlex Systems, USA P.O. Box 4000 Richmond, KY 40476-4000 Phone: +1 888 678 8242 Fax: +1 888 238 3539 Website: www.aetna.com/docfind/custom/mmc |
| | Group #: 876230 |
| Health Care Flexible Savings Account | Claims Administrator PayFlex Systems, USA P.O. Box 4000 Richmond, KY 40476-4000 Phone: +1 888 678 8242 Fax: +1 888 238 3539 Website: www.aetna.com/docfind/custom/mmc |
| | Group #: 876230 |
| Health Savings Account (HSA) | Claims Administrator PayFlex Systems, USA P.O. Box 4000 Richmond, KY 40476-4000 Phone: +1 888 678 8242 Fax: +1 888 238 3539 Website: www.aetna.com/docfind/custom/mmc Group #: 876230 |
| Limited Durness Health | Group #: 876230 |
| Limited Purpose Health Care Flexible Savings Account | Claims Administrator PayFlex Systems, USA P.O. Box 4000 Richmond, KY 40476-4000 Phone: +1 888 678 8242 Fax: +1 888 238 3539 |
| | Website: www.aetna.com/docfind/custom/mmc Group #: 876230 |

| For questions about | |
|---------------------------|---|
| Insurance | |
| Basic Life Insurance Plan | Claims Administrator |
| | Metropolitan Life Insurance Company |
| | 200 Park Avenue |
| | New York, NY 10166 |
| | Group #: 1098400 |
| | (Be sure to check your claim form for the address of the claims processing office.) |
| | Contacts |
| | For general information: |
| | Employee Service Center |
| | Phone: +1 866 374 2662, any business day, 8 a.m. to 8 p.m., |
| | Eastern time. |
| | For filing a claim: |
| | MetLife |
| | Group Life Claims |
| | P.O. Box 3016 |
| | Utica, NY 13504 |
| | For appealing a claim: |
| | MetLife |
| | Group Life Claims |
| | P.O. Box 3016 Utica, NY 13504 |
| | |
| | For converting your coverage: |
| | Metropolitan Life Insurance Company Phone: +1 877 431 1167 |

| For questions about | |
|--------------------------|---|
| Business Travel Accident | Claims Administrator |
| Insurance Plan | National Union Fire Insurance Company of Pittsburgh, PA (a member company of Chartis) |
| | Executive Offices: 175 Water Street 18 th Floor |
| | New York, NY 10038 Phone: +1 646 857 1589 |
| | Active Group #: 9129189 |
| | Retired Group #: 9132260 |
| | (Be sure to check your claim form for the address of the claims processing office.) |
| | Contacts |
| | For filing a claim: |
| | National Union Fire Insurance Company of Pittsburgh, PA (a member company of Chartis) |
| | Accident & Health Claims |
| | P.O. Box 25987 |
| | Shawnee Mission, KS 66225 Phone: +1 800 551 0824 |
| | For appealing a claim |
| | National Union Fire Insurance Company of Pittsburgh, PA (a member company of Chartis) |
| | Accident & Health Claims P.O. Box 25987 |
| | Shawnee Mission, KS 66225 Phone: +1 800 551 0824 |

| For questions about | |
|--------------------------|---|
| Dependent Children Life | Claims Administrator |
| Insurance Plan | Metropolitan Life Insurance Company |
| | 200 Park Avenue |
| | New York, NY 10166 |
| | Group #: 0100212 |
| | Contacts |
| | For general information: |
| | Employee Service Center |
| | Phone: +1 866 374 2662, any business day, 8 a.m. to 8 p.m., |
| | Eastern time. |
| | For filing a claim: |
| | Metropolitan Life Insurance Company |
| | Claims Office |
| | One Madison Avenue |
| | New York, NY 10010-3690 |
| | For appealing a claim: |
| | Metropolitan Life Insurance Company |
| | Claims Office |
| | One Madison Avenue |
| | New York, NY 10010-3690 |
| | For converting your coverage: |
| | Metropolitan Life Insurance Company |
| | Phone: +1 877 431 1167 |
| | Website: www.metlife.com/metlife-advice |
| Group Umbrella Liability | Marsh US Consumer |
| Insurance Plan | Phone: +1 800 225 2265, any business day, 8 a.m. to 6 p.m. |
| | Eastern time. |
| | Website: www.marshvoluntarybenefits.com |
| | Group #: GPE-157342816 |

| For questions about | |
|--------------------------|---|
| Long Term Care Insurance | Claims Administrator |
| Plan | Genworth Life Insurance Company |
| | Group Processing Center – Marsh & McLennan Companies |
| | P.O. Box 64010 |
| | St. Paul, MN 55164-0010 |
| | Telephone: +1 800 416 3624 |
| | Policy Numbers: 11034 and 11035 |
| | Contacts |
| | For filing a claim: |
| | Genworth Life Insurance Company |
| | Group Processing Center – Marsh & McLennan Companies |
| | P.O. Box 64010 |
| | St. Paul, MN 55164-0010 |
| | For appealing a claim: |
| | Genworth Life Insurance Company |
| | Group Processing Center – Marsh & McLennan Companies |
| | P.O. Box 64010 |
| | St. Paul, MN 55164-0010 |
| ptional Life Insurance | Claims Administrator |
| an | Metropolitan Life Insurance Company |
| | 200 Park Avenue |
| | New York, NY 10166 |
| | Group #: 0100212 |
| | Contacts |
| | For general information: |
| | Employee Service Center |
| | Phone: +1 866 374 2662, any business day, 8 a.m. to 8 p.m. |
| | Eastern time. |
| | For filing a claim: |
| | MetLife |
| | Group Life Claims |
| | P.O. Box 3016 |
| | Utica, NY 13504 |
| | For appealing a claim: |
| | MetLife |
| | Group Life Claims |
| | P.O. Box 3016 |
| | Utica, NY 13504 |
| | For converting your coverage: |
| | Metropolitan Life Insurance Company Phone: +1 877 431 1167 |
| | For continuing your coverage through portability: |
| | Metropolitan Life Insurance Company |
| | Phone: +1 877 431 1167 |

| Personal Accident | Claims Administrator |
|-------------------|---|
| Insurance Plan | National Union Fire Insurance Company, a Chartis Company |
| | 32 Old Slip, 22 nd Floor New York, New York 10005 |
| | Phone: +1 646 857 1589 |
| | Active Group #: 9131403 |
| | Retired Group #: 8062289 |
| | (Be sure to check your claim form for the address of the claims processing office.) |
| | Contacts |
| | For filing a claim: |
| | Chartis |
| | A&H Claims Division |
| | P.O. Box 25987 |
| | Shawnee Mission, KS 66225 |
| | Phone: +1 800 551 0824 |
| | For appealing a claim |
| | Chartis A&H Claims Division |
| | P.O. Box 25987 |
| | Shawnee Mission, KS 66225 |
| | Phone: +1 800 551 0824 |
| | For converting your coverage |
| | Chartis |
| | c/o Reuben Warner Associates |
| | 1655 Richmond Avenue |
| | Staten Island, New York 10312 |
| | Phone: +1 800 421 3005 |

| For questions about | |
|-------------------------|---|
| Personal Life Insurance | Claims Administrator |
| Plan | Unum |
| | 1 Fountain Square |
| | Chattanooga, TN 37402 |
| | Phone: +1 800 635 5597 |
| | Group #: 0008604789 |
| | Contact: |
| | Marsh US Consumer |
| | Phone: +1 800 225 2265 |
| | Contacts |
| | For filing a claim: |
| | Unum |
| | The Benefits Center |
| | P.O. Box 100158 |
| | Columbia, SC 29202-3158 |
| | Phone: +1 800 635 5597 |
| | Fax: +1 800 447 2498 |
| | For appealing a claim: |
| | Unum |
| | The Benefits Center |
| | Appeals Unit – 1 North P.O. Box 180136 |
| | Chattanooga, TN 37401-3030 |
| | Fax: +1 423 755 8383 |

| For questions about | Claima Administrator |
|-------------------------------|---|
| Spouse Life Insurance Plan | <i>Claims Administrator</i> Metropolitan Life Insurance Company |
| | 200 Park Avenue |
| | New York, NY 10166 |
| | Group #: 0100212 |
| | (This is the main business address of the Administrator. Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Contacts |
| | For general information: |
| | Employee Service Center Phone: +1 866 374 2662, any business day, 8 a.m. to 8 p.m., Eastern time. |
| | For filing a claim: |
| | MetLife |
| | Group Life Claims |
| | P.O. Box 3016 |
| | Utica, NY 13504 |
| | For appealing a claim: MetLife |
| | Group Life Claims |
| | P.O. Box 3016 |
| | Utica, NY 13504 |
| | For converting your coverage: |
| | Metropolitan Life |
| | Phone: +1 877 431 1167 Website: www.metlife.com/metlife-advice |
| Di | |
| Disability | |
| Basic Long Term Disability | Claims Administrator |
| | The Hartford Life Insurance Companies P.O. Box 946710 |
| | Maitland, FL 32794-6710 |
| | Phone: +1 800 303 9744 |
| | Fax: +1 407 919 6329 |
| | Group #: 83082035 |
| | For filing a claim: |
| | For regular mail: |
| | The Hartford |
| | P.O. Box 14306 |
| | Lexington, KY 40512-4306 For overnight mail: |
| | The Hartford – Maitland Disability |
| | 2432 Fortune Drive |
| | Lexington, KY 40509 |

| For questions about | |
|---|--|
| Long Term Disability Bonus Income Plan | Claims Administrator The Hartford Life Insurance Companies P.O. Box 946710 Maitland, FL 32794-6710 Phone: +1 800 303 9744 Fax: +1 407 919 6329 Group #: 83082035 For filing a claim: For regular mail: The Hartford P.O. Box 14306 Lexington, KY 40512-4306 For overnight mail: The Hartford – Maitland Disability 2432 Fortune Drive Lexington, KY 40509 |
| Optional Long Term Disability | Claims Administrator The Hartford Life Insurance Companies P.O. Box 946710 Maitland, FL 32794-6710 Phone: +1 800 303 9744 Fax: +1 407 919 6329 Group #: 83082036 For filing a claim: For regular mail: The Hartford P.O. Box 14306 Lexington, KY 40512-4306 For overnight mail: The Hartford – Maitland Disability 2432 Fortune Drive Lexington, KY 40509 |
| Short Term Disability | Claims Administrator The Hartford Life Insurance Companies Employee Service Center (Leave Management Team) +1 866 374 2662 Prompt #7 |

| Investment and Savings | |
|-----------------------------|--|
| Stock Purchase Plan | For more information after stock is purchased, contact the Plan's service provider, Morgan Stanley: |
| | Morgan Stanley Wealth Mgmt Global Stock Plan Services 4343 Easton Commons, 2 nd Floor Columbus, OH 43219 |
| | Phone: +1 877 281 3287 or +1 801 617 7417 Website: www.benefitaccess.com |
| | Contacts |
| | Outside the United States: |
| | North and South America: +1 801 617 7417 Europe/Middle East: 34 93 316 5997 |
| | Australia, Asia/Pacific Region: 61 3 9188 2079 |
| Benefit Equalization Plan | Plan Administrator – Benefit Equalization Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. |
| | Waterfront Corporate Center |
| | 121 River Street |
| | Hoboken, NJ 07030-5794 For appealing a claim: |
| | Plan Administrator – Benefit Equalization Plan |
| | c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. |
| | Waterfront Corporate Center 121 River Street |
| | Hoboken, NJ 07030-5794 |
| Marsh & McLennan | Contacts |
| Companies Retirement | For filing a claim: |
| Plan | Plan Administrator – Marsh & McLennan Companies Retirement Plan |
| | c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. |
| | Waterfront Corporate Center |
| | 121 River Street Hoboken, NJ 07030-5794 |
| | For appealing a claim: |
| | Plan Administrator – Marsh & McLennan Companies Retirement |
| | Plan Administrator – Marsh & McLennari Companies Retirement |
| | c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. |
| | Waterfront Corporate Center |
| | 121 River Street |

| For questions about | |
|---------------------------------------|--|
| Mercer HR Services Retirement Plan | <i>Contacts</i> For filing a claim: |
| | Plan Administrator – Mercer HR Services Retirement Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River St. Hoboken, NJ 07030-5794 |
| | For appealing a claim |
| | Plan Administrator – Mercer HR Services Retirement Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River St. Hoboken, NJ 07030-5794 |
| Marsh & McLennan | Contacts |
| Companies 401(k) | For filing a claim: |
| Savings & Investment Plan | Plan Administrator – Marsh & McLennan Companies 401(k) Savings & Investment Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street |
| | Hoboken, NJ 07030-5794 |
| | For appealing a claim: |
| | Plan Administrator – Marsh & McLennan Companies 401(k) Savings & Investment Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street Hoboken, NJ 07030-5794 |

| For questions about | - |
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| MMA 401(k) Savings & Investment Plan | Contacts For filing a claim: Plan Administrator – MMA 401(k) Savings & Investment Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street Hoboken, NJ 07030-5794 For appealing a claim: Plan Administrator – MMA 401(k) Savings & Investment Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street Hoboken, NJ 07030-5794 |
| Supplemental Savings & | Contacts |
| Investment Supplemental | For filing a claim: |
| Plan | Plan Administrator – Supplemental Savings & Investment Plan |
| | c/o Global Benefits Department, 6 th Floor Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street Hoboken, NJ 07030-5794 |
| | For appealing a claim: |
| | Plan Administrator – Supplemental Savings & Investment Plan c/o Global Benefits Department, 6 th Floor Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street |
| | Hoboken, NJ 07030-5794 |
| Supplemental Retirement Plan | Plan Administrator – Supplemental Retirement Plan c/o Global Benefits Department, 6 th Floor Marsh & McLennan Companies, Inc. Waterfront Corporate Center 121 River Street Hoboken, NJ 07030-5794 |
| | For appealing a claim: |
| | Plan Administrator – Supplemental Plan c/o Global Benefits Department, 6 th Floor |
| | Marsh & McLennan Companies, Inc. Waterfront Corporate Center |

| For questions about | |
|-----------------------------------|---|
| Employee Programs and Policies | |
| Choice Auto and Home | To receive a quote, apply for coverage, or ask questions: |
| Insurance Program | Contact Marsh US Consumer |
| | Phone: +1 800 225 2265, any business day, 8 a.m. to 6 p.m. Eastern time. If you live in Massachusetts, call +1 800 999 6642. |
| | Website: www.marshvoluntarybenefits.com |
| Alere Program | Claims Administrator |
| | Alere Health Improvement Company |
| | 3200 Windy Hill Road, Suite B-100 |
| | Atlanta, Georgia 30339 |
| | Phone: +1 866 201 7918 |
| | Website: www.HealthyMeMMC.com |
| | Contacts |
| | For filing a claim: |
| | Alere Health Improvement Company |
| | 3200 Windy Hill Road, Suite B-100 |
| | Atlanta, Georgia 30339 |
| | Phone: +1 866 201 7918 |
| | For appealing a claim: |
| | Alere Health Improvement Company |
| | 3200 Windy Hill Road, Suite B-100 |
| | Atlanta, Georgia 30339 |
| | Phone: +1 866 201 7918 |
| | For COBRA coverage: |
| | Trion |
| | Phone: +1 866 324 4087 |

| For questions about | |
|-------------------------|--|
| Best Doctors Program | Claims Administrator |
| | Best Doctors |
| | 1 Boston Place, 32 nd Floor |
| | Boston, MA 02108 |
| | Phone: +1 866 904 0910 |
| | Website: www.bestdoctors.com/healthymemmc |
| | Contacts |
| | For filing a claim: |
| | Best Doctors |
| | 1 Boston Place, 32 nd Floor |
| | Boston, MA 02108 |
| | For appealing a claim: |
| | Best Doctors |
| | 1 Boston Place, 32 nd Floor |
| | Boston, MA 02108 |
| | For COBRA coverage: |
| | Trion |
| | Phone: +1 866 324 4087 |
| Employee Assistance | Claims Administrator |
| Program (EAP) | CIGNA Behavioral Health |
| | 3636 Nobel Drive Suite 150 |
| | San Diego, CA 92122 |
| | Phone: +1 800 382 3432 |
| | Contacts |
| | For filing a claim: |
| | CIGNA Behavioral Health |
| | 3636 Nobel Drive Suite 150 |
| | San Diego, CA 92122 |
| | For appealing a claim: |
| | CIGNA Behavioral Health |
| | 3636 Nobel Drive Suite 150 San Diego, CA 92122 |
| | For COBRA coverage: |
| | |
| | Trion Phone: +1 866 324 4087 |
| | Website: Go to the PeopleLink (www.mmcpeoplelink.com) guest |
| | page and click CIGNA's Employee Assistance Program under |
| | Work/Life Balance in the left navigation bar. The Employer ID to |
| | access the site is: mmc . |
| Family Resource Program | LifeCare |
| , , | Phone: +1 800 873 4636 |
| | Note: If you access the LifeCare website via PeopleLink (www |
| | .mmcpeoplelink.com), your Screen Name and Password should |
| | each pre-populate with MMCUSER. If the Screen Name and |
| | Password are not pre-populated, to access the LifeCare website, |
| | enter MMCUSER as both your Screen Name and Password. |

| For questions about | |
|---|--|
| Bright Horizons Back-up Care Advantage Program | Back-up Care Advantage Program Phone: +1 877 242 2737 – 24 hours a day, 7 days a week Website: Go to the PeopleLink (www.mmcpeoplelink.com) guest page and click Back-up Care Advantage Program under Work/Life Balance in the left navigation bar. Or visit backup.brighthorizons .com. The login information for the website is as follows: username = MMCo and password = 4Backup. |
| Health Advocate Program | Claims Administrator Health Advocate 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19426 Phone: +1 866 799 2488 Website: www.healthymemmc.com Contacts For filing a claim: Health Advocate 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19426 For appealing a claim: Health Advocate 3043 Walton Road, Suite 150 Plymouth Meeting, PA 19426 For COBRA coverage: Trion Phone: +1 866 324 4087 |
| HelloWallet | HelloWallet Hours: Any business day, 10:00 a.m. – 7:00 p.m. Eastern time. Phone: +1 866 554 3556 Website: www.hellowallet.com/mmc E-mail: support@hellowallet.com |
| Identity Theft Plan | ID TheftSmart [™] P.O. Box 14524 Des Moines, IA 50306 Phone: +1 800 225 2265 Website: www.marshvoluntarybenefits.com |

| For questions about | |
|-------------------------|--|
| Legal Assistance Plan | Claims Administrator |
| | Hyatt Legal Plans, Inc. |
| | 1111 Superior Avenue |
| | Cleveland, OH 44114-2507 |
| | Phone: +1 800 821 6400 |
| | Website: www.legalplans.com |
| | Group #: 130 |
| | (This is the main business address for the Administrator. Be sure to check your claim form or instructions for the address of the claims processing office.) |
| | Contacts |
| | For filing a claim: |
| | Hyatt Legal Plans, Inc. |
| | 1111 Superior Avenue |
| | Cleveland, OH 44114-2507 |
| | For appealing a claim: |
| | Hyatt Legal Plans, Inc. |
| | 1111 Superior Avenue |
| | Cleveland, OH 44114-2507 |
| | For converting your coverage: |
| | Hyatt Legal Plans, Inc. |
| | Phone: +1 800 821 6400 |
| | Website: www.legalplans.com |
| Matching Gifts to | Marsh & McLennan Companies Matching Gifts to Education |
| Education Program | Program |
| | Phone: +1 877 427 4483 |
| | Fax: +1 609 799 8019 |
| | E-mail: mmc@easymatch.com |
| Pet Insurance Plan | Veterinary Pet Insurance, Co. (VPI) |
| | Phone: +1 800 225 2265 |
| | Website: www.petinsurance.com/affiliates/mmc_pr. |
| Scholarship Program | Marsh & McLennan Companies Corporate Social Responsibility Phone: +1 212 345 5645 |
| Transportation | WageWorks |
| Reimbursement Incentive | Phone: +1 877 924 3967, any business day, from 9 a.m. to 8 p.m. |
| Program (TRIP) | Eastern time |
| | Website: www.wageworks.com |
| | Group #: 1732 |
| Tuition Assistance | Contact your Human Resources representative or your manager. |
| | |