

Benefits Handbook Date April 1, 2022

Participating in Pre-65 Retiree Medical Coverage

Marsh McLennan



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.

References in this section to Marsh & McLennan Companies mean Marsh McLennan.

Participation Information for Employees

The eligibility and participation information for the medical plans designed for active employees is generally contained in the section that describes the applicable plan. See 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	8
Paying for Coverage	9
When Coverage Begins	14

Eligibility

You are eligible to participate if you:

- are a US regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies, (other than (i) Marsh & McLennan Agency, LLC and any of its subsidiaries and generally, (ii) Mercer Services (which consists of Mercer HR Services LLC, Mercer Trust Company, and Mercer Health and Benefits Administration LLC, and was formerly known as Mercer Outsourcing or Mercer Human Resources Services) who terminates employment at age 55 or older with at least five years of vesting service, and
- are a current retiree under age 65, or
- are the non-Medicare eligible dependent of a Medicare eligible retiree.

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

When you or a covered family member reach age 65 or are covered by Medicare, those Medicare eligible family members are no longer eligible for coverage under the pre-65 retiree medical plans.

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 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 domestic partners and their child(ren).

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

Your eligibility for coverage under the pre-65 retiree plans ends once you are Medicare eligible. If your spouse/domestic partner or dependent children are under 65, they will continue to receive benefits under the pre-65 medical benefit.

Eligibility for your spouse/domestic partner's coverage under the pre-65 medical coverage ends once he or she is Medicare eligible.

Once you or your spouse/domestic partner is deemed to be Medicare eligible, the Medicare-eligible family member(s) are no longer eligible for pre-65 Retiree Medical Coverage, regardless of whether the Medicare-eligible family members(s) enroll/enrolled in Medicare.

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 a 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.

To cover a dependent child, you will be required to certify in the Mercer Marketplace Benefits Enrollment Benefits Enrollment Website that your dependent child meets the eligibility criteria as defined above.

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

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 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's 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 cover a spouse or domestic partner, you will be required to certify in the Mercer Marketplace Benefits Enrollment Website that your spouse or domestic partner meets the eligibility criteria as defined below.

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
 - 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 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.

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's 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. When you or a covered family member reach age 65 or are covered by Medicare, those Medicare eligible family members are no longer eligible for coverage under the pre-65 retiree medical plans.

How do I enroll in retiree medical coverage?

In order to initiate your retiree medical coverage election, you must call HR Services at least 30 days prior to your Retiree Medical Coverage Participation Date. Contact HR Services 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 HR Services 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.

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 when you later elect to participate, but no later than the 1st of any month prior to the month you attain 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 any month prior to the month you attain age 65).

Your retiree medical coverage will take effect the 1st of the month following the earlier of your Retiree Medical Coverage Participation Date or the 1st of any month prior to the month you attain age 65. If you do not contact HR Services at least 30 days prior to your participation date, your coverage will begin the 1st of the next month following notification. If you notify HR Services beyond the attainment of age 65, you will be denied retiree medical coverage. The Company does not offer retiree healthcare coverage for Medicare-eligible former employees.

Note: If you elect COBRA for you and/or your covered spouse upon termination, when COBRA has been exhausted, you can enroll yourself and/or your spouse in any applicable Company retiree medical plan option within 30 days of the event (i.e. when COBRA has been exhausted). Termination of COBRA is considered a HIPAA qualifying event.

In order to initiate your retiree medical coverage election once your COBRA coverage has been exhausted, you must call HR Services within 30 days of the date in which your COBRA has been exhausted. Your retiree medical coverage will take effect the first of the month following the last day of your COBRA coverage.

When should I contact HR Services to elect my retiree medical coverage?

To elect retiree medical coverage, you must contact HR Services 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 HR Services 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.

For example:

- If you terminate on June 30th, you can contact HR Services 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 HR Services on September 15th to elect Retiree Medical Coverage effective July 1st. This election is beyond the 60 days.

Note: If you elect COBRA for you and/or your covered spouse upon termination, when COBRA has been exhausted, you can enroll yourself and/or your spouse in any applicable Company retiree medical plan option within 30 days of the event (i.e. when COBRA has been exhausted). Termination of COBRA is considered a HIPAA qualifying event.

In order to initiate your retiree medical coverage election once your COBRA coverage has been exhausted, you must call HR Services within 30 days of the date in which your COBRA has been exhausted. Your retiree medical coverage will take effect the first of the month following the last day of your COBRA coverage.

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:

HR Services
P.O. Box 622
Des Moines, IA 50306-0622

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 change the medical post-termination eligibility rules?

Yes, Marsh McLennan reserves the right to make changes to plan design including eligibility rules, 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 HR Services at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern time, to make your election.

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

Yes, upon termination, Trion 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 Trion 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 drop my spouse/domestic partner from the Company retiree medical plan and at a later date request my spouse's/domestic partner's reinstatement?

If your spouse/domestic partner starts a job and obtains coverage through their employer, you can drop your spouse from the Company retiree medical plan. Subsequently, if your spouse/domestic partner loses coverage due to their termination of employment, you can add your spouse/domestic partner to your Company retiree medical plan coverage.

Can I add my spouse/domestic partner to the Company retiree medical plan if my spouse/domestic partner loses coverage?

If your spouse/domestic partner loses coverage due to their termination of employment, you can add your spouse/domestic partner to your Company retiree medical plan coverage.

Can I enroll my spouse in a Marsh McLennan 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 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, contact HR Services at +1 866 374 2662, any business day, from 8:00 a.m. to 8:00 p.m. Eastern Time within 30 days of the status change. Alternatively, you can send a written request to HR Services at the address below within 30 days of the status change.

HR Services
P.O. Box 622
Des Moines, IA 50306-0622

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%.

2022 Monthly Contributions			
Years of Service	Retiree	Retiree + 1	Retiree + Family
<i>Less than 10*</i>			
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$1,280.27	\$2,560.53	\$3,840.80
\$1,500 Deductible Plan	\$926.28	\$1,852.57	\$2,778.85
\$2,850 Deductible Plan	\$807.83	\$1,615.66	\$2,423.49
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$1,250.20	\$2,500.40	\$3,750.60
\$1,500 Deductible Plan	\$904.53	\$1,809.06	\$2,713.59
\$2,850 Deductible Plan	\$788.86	\$1,577.72	\$2,366.58

2022 Monthly Contributions

Years of Service	Retiree	Retiree + 1	Retiree + Family
Kaiser			
\$400 Deductible Plan	\$682.34	\$1,364.67	\$2,047.02
\$1,500 Deductible Plan	\$517.18	\$1,034.37	\$1,551.56
\$2,850 Deductible Plan	\$466.43	\$932.86	\$1,399.29
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$673.86	\$1,347.74	\$2,021.26
Hawaii HMO	\$659.52	\$1,319.06	\$1,978.24
10-14			
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$1,144.82	\$2,289.58	\$3,434.40
\$1,500 Deductible Plan	\$824.69	\$1,649.37	\$2,474.07
\$2,850 Deductible Plan	\$706.23	\$1,412.46	\$2,118.69
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$1,114.75	\$2,229.45	\$3,344.20
\$1,500 Deductible Plan	\$802.94	\$1,605.86	\$2,408.81
\$2,850 Deductible Plan	\$687.26	\$1,374.52	\$2,061.78
Kaiser			
\$400 Deductible Plan	\$651.56	\$1,303.12	\$1,954.66
\$1,500 Deductible Plan	\$476.64	\$953.25	\$1,429.87
\$2,850 Deductible Plan	\$408.23	\$816.47	\$1,224.65
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$602.94	\$1,205.93	\$1,808.25
Hawaii HMO	\$590.70	\$1,181.42	\$1,771.76
15-19			
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$1,009.36	\$2,018.66	\$3,027.99
\$1,500 Deductible Plan	\$723.09	\$1,446.18	\$2,169.27
\$2,850 Deductible Plan	\$604.63	\$1,209.26	\$1,813.89
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$979.29	\$1,958.53	\$2,937.79
\$1,500 Deductible Plan	\$701.34	\$1,402.67	\$2,104.01
\$2,850 Deductible Plan	\$585.66	\$1,171.32	\$1,756.98

2022 Monthly Contributions

Years of Service	Retiree	Retiree + 1	Retiree + Family
Kaiser			
\$400 Deductible Plan	\$586.15	\$1,172.29	\$1,758.44
\$1,500 Deductible Plan	\$411.26	\$822.53	\$1,233.79
\$2,850 Deductible Plan	\$342.86	\$685.72	\$1,028.58
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$527.99	\$1,056.05	\$1,583.36
Hawaii HMO	\$521.88	\$1,043.79	\$1,565.28
20-24			
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$873.86	\$1,747.70	\$2,621.57
\$1,500 Deductible Plan	\$621.47	\$1,242.96	\$1,864.44
\$2,850 Deductible Plan	\$503.04	\$1,006.05	\$1,509.07
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$843.79	\$1,687.57	\$2,531.37
\$1,500 Deductible Plan	\$599.72	\$1,199.45	\$1,799.18
\$2,850 Deductible Plan	\$484.07	\$968.11	\$1,452.16
Kaiser			
\$400 Deductible Plan	\$520.71	\$1,041.45	\$1,562.16
\$1,500 Deductible Plan	\$345.89	\$691.79	\$1,037.67
\$2,850 Deductible Plan	\$277.47	\$554.99	\$832.45
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$453.07	\$906.13	\$1,358.50
Hawaii HMO	\$453.07	\$906.15	\$1,358.80
25 or More			
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$738.40	\$1,476.78	\$2,215.16
\$1,500 Deductible Plan	\$519.87	\$1,039.76	\$1,559.64
\$2,850 Deductible Plan	\$401.43	\$802.83	\$1,204.26
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$708.33	\$1,416.65	\$2,124.96
\$1,500 Deductible Plan	\$498.12	\$996.25	\$1,494.38
\$2,850 Deductible Plan	\$382.46	\$764.89	\$1,147.35

2022 Monthly Contributions

Years of Service	Retiree	Retiree + 1	Retiree + Family
Kaiser			
\$400 Deductible Plan	\$455.32	\$910.61	\$1,365.94
\$1,500 Deductible Plan	\$280.53	\$561.05	\$841.58
\$2,850 Deductible Plan	\$212.12	\$424.03	\$636.37
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$378.11	\$756.28	\$1,133.66
Hawaii HMO	\$384.25	\$768.54	\$1,152.34

* 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.

2022 Monthly Contributions

	Retiree	Retiree + 1	Retiree + Family
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Broad Network			
\$400 Deductible Plan	\$1,280.27	\$2,560.53	\$3,840.80
\$1,500 Deductible Plan	\$926.28	\$1,852.57	\$2,778.85
\$2,850 Deductible Plan	\$807.83	\$1,615.66	\$2,423.49
Aetna, Anthem BlueCross BlueShield and UnitedHealthcare Narrow Network			
\$400 Deductible Plan	\$1,250.20	\$2,500.40	\$3,750.60
\$1,500 Deductible Plan	\$904.53	\$1,809.06	\$2,713.59
\$2,850 Deductible Plan	\$788.86	\$1,577.72	\$2,366.58
Kaiser			
\$400 Deductible Plan	\$682.34	\$1,364.67	\$2,047.02
\$1,500 Deductible Plan	\$517.18	\$1,034.37	\$1,551.56
\$2,850 Deductible Plan	\$466.43	\$932.86	\$1,399.26
HMSA (Hawaii Residents Only)			
Hawaii PPP	\$673.86	\$1,347.74	\$2,021.26
Hawaii HMO	\$659.52	\$1,319.06	\$1,978.24

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 Trion, Marsh McLennan' Retiree Medical Billing Administrator. Once your billing record is established with Trion BBS Billing, an "Automatic Payment (ACH) Request" form is sent to you for automatic payment deduction requests from a US checking, savings or money market account.

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 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).