

Benefits Handbook Date March 1, 2013

Health Advocate

Marsh & McLennan Companies



Health Advocate

Navigating the health care system can be a confusing process. Health Advocate can help you resolve a claim, interpret a diagnosis, find a provider, get cost estimates, and more. Your Personal Health Advocate will listen, understand your health needs, and then help you find solutions.

Plan Summary

This section provides a summary of Health Advocate (the “Plan”) as of January 1, 2013.

The Program at a Glance

Health Advocate is an advocacy service that can help you and eligible family members navigate the health care system. 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"> ▪ When you call Health Advocate, you will be assigned a Personal Health Advocate (PHA) who will guide you through the process and each time you call during regular business hours, you will be able to speak with the same PHA. ▪ The PHA works with a team of health professionals, including nurses, coaches, dietitians, clinicians and counselors, available to answer any health care questions you may have. ▪ Health Advocate is not a replacement for health care coverage and should not be used in case of emergencies. ▪ See “How the Program Works” on page 5 for details.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this program if you meet the eligibility requirements described under “Eligible Employees” on page 2. ▪ See “Participating in the Program” on page 2 for details.
Family Member Eligibility	<ul style="list-style-type: none"> ▪ Your family members can use Health Advocate if they meet the eligibility requirements described under “Family Member Eligibility” on page 3. ▪ See “Participating in the Program” on page 2 for details.
Enrollment	<ul style="list-style-type: none"> ▪ There is no need to enroll and coverage is automatic for eligible employees.
Cost	<ul style="list-style-type: none"> ▪ There is no cost to you for using Health Advocate. If the program provides referrals to other services, you are responsible for paying for any services you choose.
Confidentiality	<ul style="list-style-type: none"> ▪ Your privacy is guaranteed. Reporting of information adheres to Health Insurance Portability and Accountability Act (HIPAA) privacy laws. ▪ Your specific name and medical information will NOT be shared with anyone. ▪ See “How the Program Works” on page 5 for details.
Contact Information	<p>For more information, contact: Health Advocate Hours: Normal business hours are Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern time; after hours, on call staff is available for assistance. Phone: 1+ 866 799 2488 Website: www.healthadvocate.com/healthymemmc E-mail: answers@healthadvocate.com Health Advocate administers this program for Marsh & McLennan Companies’ <i>Healthy Me</i>. Health Advocate’s decisions are final and binding and Marsh & McLennan Companies does not have any authority to change Health Advocate’s decisions.</p>

Participating in the Program

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

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

Your eligible family members are also covered under this program.

Eligible Employees

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

Marsh & McLennan Companies Employees (other than MMA)

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

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

Eligible MMA Employees

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

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

“You,” “Your,” and “Employee”

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

- For Marsh & McLennan Companies participants: a U.S. regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than Marsh & McLennan Agency LLC and any of its subsidiaries (MMA)).
- For MMA participants: a U.S. regular employee of Marsh & McLennan Agency – Corporate (MMA-Corporate), Insurance Alliance, a Marsh & McLennan Agency LLC company (Insurance Alliance), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast) or Marsh & McLennan Agency LLC – Alaska (MMA-Alaska).

Your Eligibility Date

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

Family Member Eligibility

Your eligible family members can use Health Advocate. An eligible family member is your:

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

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

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

Marsh & McLennan Companies has the right to require documentation to verify 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 on the date when the first of the following occurs:

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

Cost

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

Converting to an Individual Policy

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

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

COBRA Coverage

Can I continue coverage through COBRA?

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

How do I apply for COBRA?

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

Coordination with Medical Plan

Health Advocate's program is NOT health insurance and is not a replacement for health care coverage. Rather, the service is designed to help members navigate the health care and insurance systems.

How the Program Works

Health Advocate serves as a liaison for you with health care (medical and dental) providers, insurance plans and other health-related community resources. This program covers a broad menu of services and can address nearly any clinical and insurance-related question and issue.

Health Advocate's program is NOT health insurance and is not a replacement for health care coverage. Rather, the service is designed to help you navigate the health care and insurance systems. Health Advocate does this by providing you with access to a Personal Health Advocate. Health Advocate's goal is to improve your health care experience by helping to eliminate hassles and frustrations.

When you call Health Advocate, you will speak with a Personal Health Advocate (PHA), typically a registered nurse supported by medical directors and benefits and claims specialists. The PHA will personally help you with your issue, problem or other need for assistance. After obtaining the necessary background information, the PHA will work to resolve the issue and establish a time frame and method for responding to you.

Who are the Personal Health Advocates?

The Personal Health Advocate team consists of registered nurses, medical directors, and benefits and claims specialists that have years of experience working in health care-related jobs. These professionals are carefully screened to ensure that they have both the necessary professional credentials and excellent personal communications skills to handle the problems members present to them

Will I be able to speak with the same Personal Health Advocate each time I call with an issue?

Yes. When you call Health Advocate for the first time, you will speak with a Personal Health Advocate. Each time you call for follow-up help, you will be able to speak with the same person. Generally, the only time you will speak with someone other than your assigned Personal Health Advocate is if you call outside of their regular business hours of 8:00 a.m. – 9:00 p.m. Eastern time or on weekends. In these circumstances, you may receive a return call from another Personal Health Advocate who is on-duty to handle after-hours calls.

When calling Health Advocate, what information will my family member or I need to provide?

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

Can I call Health Advocate to answer treatment questions?

No. Health Advocate does not provide medical advice and does not function as a nurseline.

Will Health Advocate be talking to anyone at my health plan provider?

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

Do I have to follow the recommendation of Health Advocate?

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

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

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

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

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

If I die

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

If I no longer satisfy the Plan’s eligibility requirements

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

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

If my family member loses eligibility status

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

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

Services Provided

A Personal Health Advocate will:

- Assist you in finding medical/dental providers (in or out- of -network) anywhere in the country
- Explain diagnoses, tests, treatments and medications that have been recommended by your doctor
- Assist in obtaining pre-authorization and predeterminations for medical or pharmaceutical services
- Schedule, or attempt to expedite appointments with high-demand specialists
- Locate services that are not covered by your health plan or find lower cost alternatives
- Coordinate home care equipment following discharge from the hospital and/or answer questions and recommendations by hospital discharge planners
- Coordinate and make arrangements for diagnostic tests
- Assist in estimating costs for common medical services and procedures and providing you with a written report normally within one to two business days
- Assist in claim resolution, including:
 - Uncovering charges incorrectly applied to your deductible
 - Resolving questions about whether services are condition-specific or related to preventative care
 - Resolving incorrect plan procedure interpretations, such as emergency room claims denied for a lack of pre-certification
 - Providing payers with additional information required to correctly pay a claim or apply a benefit
 - Resolving coordination of benefits disputes between multiple providers
 - Resolving errors in the application of deductibles and co-payments
 - Providing the correct insurance information to the provider for coordination of benefits between dental, medical and other healthcare providers
- Facilitate transfer of medical records and reports prior to scheduled appointment with new provider
- Assist with eldercare and caregiver services including:
 - Finding in-home care, adult day care, assisted living, long-term care

- Researching transportation to appointments
- Coordinating care with multiple providers
- Assist in applications and coordination of benefits for individual coverage options including Medicaid, Medicare or other individual policies
- Assist in finding services that may not be covered by a health plan, i.e. private duty nursing, group home for individuals with special needs, home health care, etc.
- Help prepare you for visits with physicians and other providers, including formulating questions to ask a physician during a visit
- Assist you in finding a physician for a second opinion if you would like to consult with another medical professional for verification of original diagnosis or treatment recommendation. Normally applied medical costs will be associated with any resulting physician visits.

Do I have to use this program?

- No. Participation is completely voluntary.

Maximum

There is no limit to how often you can use Health Advocate.

Out-of-Area Care

There are no geographic boundaries to Health Advocate's program. All you need to do to access services is to call the Health Advocate toll-free number: 1-866-799-2488. Information about certain health resources may be limited outside the United States.

Emergency Care

While Health Advocate can be accessed 24/7, it does not provide medical advice and does not function as a nurseline. Either use the nurseline provided by your health insurance or call your physician or 911.

Complete Confidentiality

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

Additional Information

For more information about Health Advocate's services, visit www.healthadvocate.com/healthymemmc.

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).

APPROVED SPOUSE AND DOMESTIC PARTNER

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans’ criteria, or immediately upon satisfying the plans’ criteria if you previously did not qualify. To obtain spousal or domestic partner coverage, you will need to complete an Affidavit of Eligible Family Membership via PeopleLink (www.mmcpeoplelink.com) declaring that:

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

- Although not registered with a U.S. state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - not be Medicare eligible
 - currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently
 - have agreed to share responsibility for each other’s common welfare and basic financial obligations
 - not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.
- Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying either the registration of your domestic partnership with a state or local authority or your cohabitation and/or mutual commitment.

Once your Affidavit of Eligible Family Membership is completed and processed, you may cover the dependent child(ren) of your spouse or domestic partner.

Complete your affidavit, via PeopleLink (www.mmcpeoplelink.com). Select the **Finances** tab and under **Insurance Benefits**, click **Basic Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

ELIGIBLE MMA EMPLOYEES

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

ELIGIBLE MARSH & MCLENNAN EMPLOYEES (OTHER THAN MMA)

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

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.