

Make Your Choices

2022 New Hire Guide

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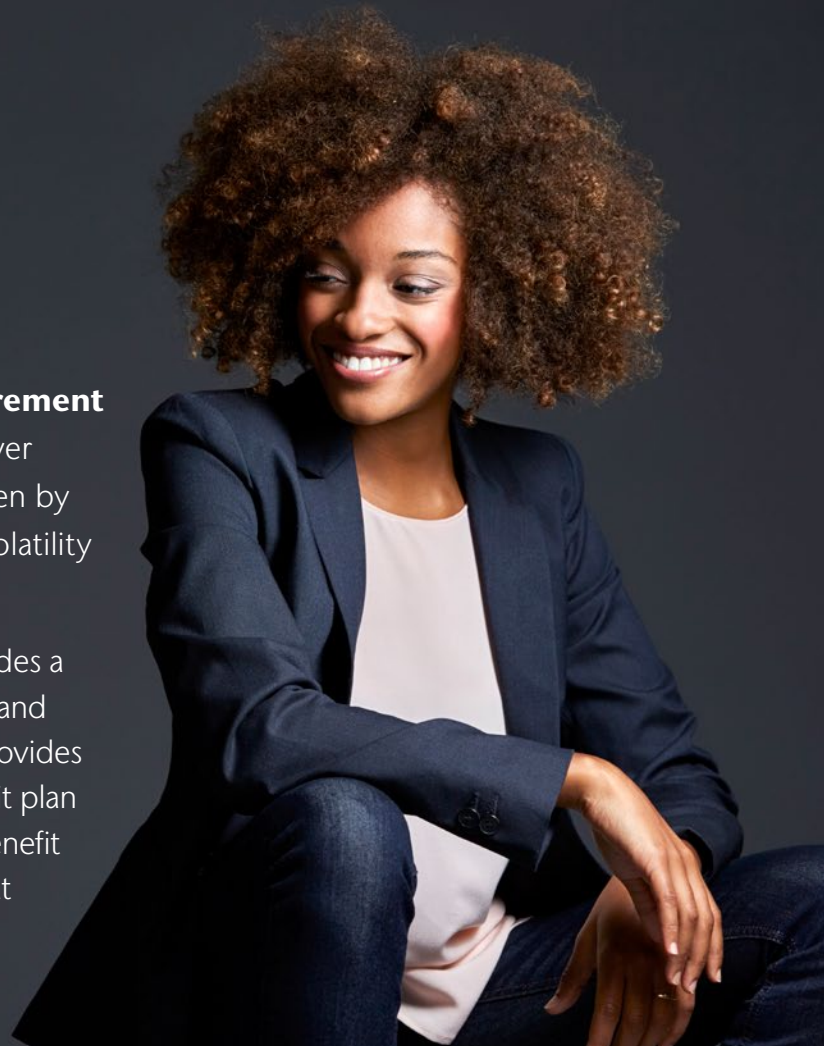
A woman with dark hair in a ponytail, wearing a dark brown ribbed top, is shown in profile from the waist up. She is holding a black tablet with both hands and looking at the screen. The background is a solid dark blue.

AON

Welcome to Aon

Aon is the leading global professional services firm providing advice and solutions in **Risk, Retirement** and **Health** at a time when those topics have never been more important. We develop insights—driven by data and delivered by experts—that reduce the volatility our clients face and maximize their performance.

To support our colleagues' commitment, Aon provides a total rewards package made up of competitive pay and comprehensive benefits. It's no surprise that Aon provides great benefits. We lead the way in innovative benefit plan design, and it's all created with you in mind. Our benefit program is flexible to fit your needs—no matter what your needs are.



When you need benefits help: Call Advocacy Services

Advocacy is a confidential service that's available at no cost to you, your dependents, your parents and parents-in-law to help with year-round benefits issues. Simply call 1.866.300.6530 to be connected with your Health Pro—a real live person who will work to resolve your problem, no matter how long it takes.

Your Health Pro can help you navigate the complex landscape of health and wellbeing, and assist with things like answering benefit plan questions, unresolved claims or medical bills, access to health care providers, and many other benefits-related issues.

Advocacy Services was created to take the burden of benefits problems off your shoulders and place it in the hands of benefits experts. No issue is too small or too large. Send an email to AlightHealthPro@alight.com or call **1.866.300.6530** to be connected to your Health Pro today.

Note: Advocacy Services does not take enrollment elections nor does it take the place of the Aon Service Center during Annual Enrollment.

Your online resource toolkit

- Access the Make It Yours website by going to aon.makeityoursource.com to learn more about Aon's benefits. No user name or password required.
- Check the cost of 2022 benefits by accessing the [2022 Pre-enrollment Healthcare Pricing Modeler](#). Enter the access code (call the Aon Service Center at **1.855.625.5500** to request the code). **Note:** Temporary and seasonal colleagues pay the full cost of coverage and should not use the Pricing Modeler.
- When you're ready to take action, log on to UPoint,[®] Aon's HR portal, at upoint.aon.com for personalized benefits information. This is where you can see your price tags for coverage, use tools to compare options, enroll in your coverage, and choose your beneficiaries. You'll need to register as a new user and create a user ID and password and a phone PIN.

Eligibility

Who is eligible

Full-time and regular part-time U.S. colleagues are eligible to participate in the benefit plans, which include:

- Medical
- Dental
- Vision
- Group life and accidental death and dismemberment (AD&D) insurance
- Identity protection
- Legal services plan
- Pet insurance
- Auto and homeowners' insurance
- Health savings accounts
- Flexible spending accounts
- Commuter benefits
- Disability benefits (short-term and long-term)
- Aon Savings Plan—401(k)
- Aon Supplemental Savings Plan
- Employee Stock Purchase Plan
- Deferred Compensation Plan
- Paid time off
- Accident insurance
- Business travel accident insurance
- Critical illness insurance
- Hospital indemnity insurance
- Expert second opinion with 2nd.MD
- Group Personal Umbrella Liability Insurance (GPU)
- Long-term care insurance

Full-time employment means that you maintain the regular 40-hour work week designated at your location. Regular part-time employment means that you work at least 20 hours per week.

Additional eligibility rules apply to the provisions of the Aon Savings Plan, Aon Supplemental Savings Plan, Employee Stock Purchase Plan, and Deferred Compensation Plan. Please refer to pages 28–31 for details.

Eligible dependents

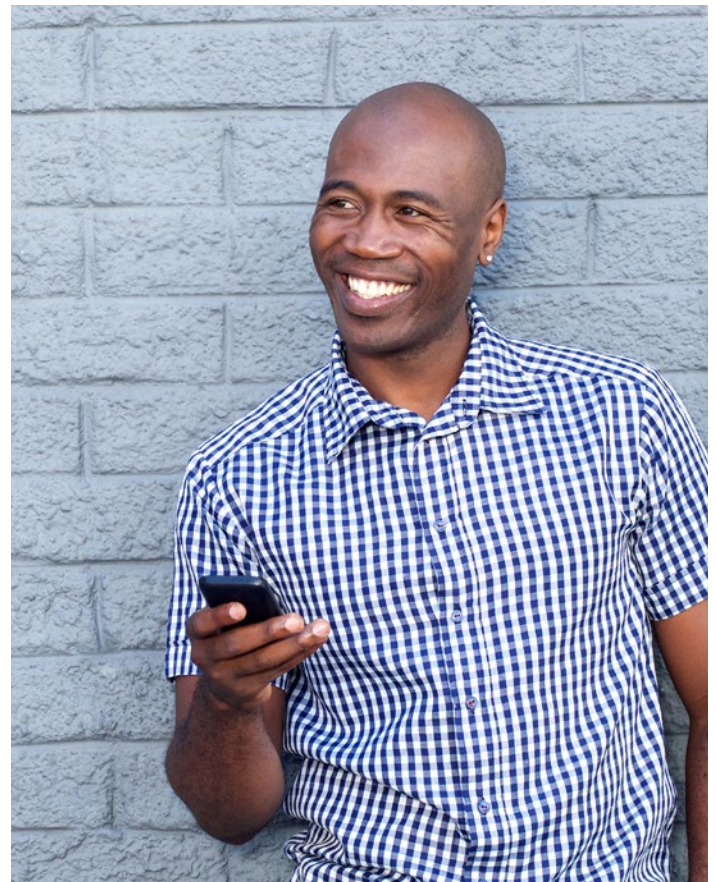
Eligible dependents may also participate in our health care, life and AD&D insurance, critical illness insurance, and identity protection plans.

Eligible dependents include:

- Your spouse or domestic partner (same- or opposite-sex)
- Your eligible children under age 26
- Your eligible children of any age who became handicapped or totally disabled before age 26

Temporary and seasonal colleagues

If you are hired by Aon on a temporary or seasonal basis and will work 20 or more hours per week, you will have an opportunity to enroll yourself and your eligible dependents in Aon medical, dental, vision, and critical illness insurance. If you enroll, you will pay the full cost of the coverage and be billed directly on an after-tax basis.



Benefits Overview

The following chart shows when participation in the benefit plan begins, whether coverage is automatic or voluntary, who pays for it, and how it's paid. **Note:** Temporary and seasonal colleagues enrolling in medical, dental, vision, and/or critical illness insurance pay the full cost on an after-tax basis.

BENEFIT PLAN	COVERAGE BEGINS	AUTOMATIC	VOLUNTARY	WHO PAYS	HOW YOU PAY
Health care					
Medical & prescription drugs	First day of work		✓	You and the company	Before-tax
Health savings account (if enrolling in one of the high-deductible health plans; not available to Hawaii colleagues)	First day of the month following enrollment		✓	You	Before-tax or directly after-tax, up to IRS limits
Dental	First day of work		✓	You and the company	Before-tax
Vision	First day of work		✓	You	Before-tax
Spending accounts					
Flexible (health care and dependent care)	First day of work		✓	You	Before-tax
Commuter	First day of the month following enrollment if enrolled by the 10th day of the current month		✓	You	Before-tax or after-tax
Income protection					
Short-term disability	First day of work	✓		The company	N/A
Long-term disability*	First day of work		✓	You	After-tax
Supplemental Disability Income Plan (executive-level only, see eligibility rules)	See page 24 for eligibility requirements		✓	You	After-tax
Basic life	First day of work	✓		The company	N/A
Basic AD&D	First day of work	✓		The company	N/A
Business travel accident insurance	First day of work	✓		The company	N/A
Supplemental life	First day of work		✓	You	After-tax
Supplemental AD&D	First day of work		✓	You	After-tax
Spouse life	First day of work		✓	You	After-tax
Child life	First day of work		✓	You	After-tax
Dependent AD&D	First day of work		✓	You	After-tax

*Colleagues will be defaulted into long-term disability coverage. This is a colleague-paid benefit, and if you do not want coverage, you must actively opt out (see page 24 for more information).

Benefits Overview—continued

BENEFIT PLAN	COVERAGE BEGINS	AUTOMATIC	VOLUNTARY	WHO PAYS	HOW YOU PAY
Retirement and wealth building					
Aon Savings Plan—401(k)	Upon meeting eligibility criteria (see page 28 for additional eligibility requirements)	✓		You and the company	Before-tax, Roth, or after-tax
Aon Supplemental Savings Plan (executive-level only, see eligibility rules)	Upon meeting eligibility criteria (see page 30 for additional eligibility requirements)	✓		The company	N/A
Employee Stock Purchase Plan	January 1 through June 30; July 1 through December 31 after one year of service		✓	You and the company	After-tax
Deferred Compensation Plan (executive-level only, see eligibility rules)	Generally in the year following date of hire (see page 31 for additional eligibility requirements)		✓	You	Before-tax
Paid time off benefits					
Vacation time*	First day of month coinciding with or next following hire date for most colleagues	✓		The company	N/A
Sick time**	After 90 days	✓		The company	N/A
Holidays	First day of work	✓		The company	N/A
Personal days*	First day of quarter coinciding with or next following hire date	✓		The company	N/A
Voluntary benefits					
Identity protection	First day of work		✓	You	After-tax
Critical illness insurance†	First day of work		✓	You	After-tax
Accident insurance	First day of work		✓	You	After-tax
Legal services plan	First day of work		✓	You	After-tax
Hospital indemnity insurance	First day of work		✓	You	After-tax
Pet insurance	First day of work		✓	You	After-tax
Auto and homeowners' insurance	First day of work		✓	You	After-tax
Expert second opinion with 2nd.MD	First day of work		✓	The company	N/A
Group Personal Umbrella Liability Insurance	First day of work		✓	You	After-tax
Long-term care insurance	First day of the month following underwriting approval		✓	You	After-tax

*Not applicable for certain executive-level colleagues.

**Sick time is allocated on your first day of work and becomes available for use after 90 days.

†When you enroll in the Bronze, Bronze Plus, or Silver medical option, you will receive a basic level of critical illness coverage equal to \$3,000 at no cost. You can elect a supplemental benefit of up to \$20,000.



Medical & Prescription Drugs

Aon offers health care benefits through the Aon Active Health Exchange,[™] an innovative, online health insurance marketplace that allows you to “shop” for coverage like you would shop for things on other websites.



Your Medical Plan Options

Choose from five coverage levels and a variety of medical insurance companies depending on where you live. Because companies are competing for your business, it's in their best interest to offer you great coverage. You get to decide the best fit for you and your family by balancing the level of coverage you need with how much you're willing to pay. Aon contributes by giving you a credit to use toward your medical coverage.*

Your options include:

- **Bronze:** A high-deductible option with a health savings account (HSA) and prescription drug coinsurance
- **Bronze Plus:** A buy-up to the Bronze option—a high-deductible option with an HSA and prescription drug coinsurance
- **Silver:** A high-deductible option with an HSA and prescription drug coinsurance
- **Gold:** A preferred provider organization (PPO) option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, a Health Maintenance Organization [HMO] option with prescription drug copays that covers in-network care only)

Note: Colleagues who enroll under Aetna, Blue Cross Blue Shield, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by Express Scripts. If you have another carrier, your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

*Temporary and seasonal colleagues who are eligible for medical benefits must pay the full cost.

Do you live in California?

Your options will be different, depending on the insurance carrier you choose. See pages 11-12 for details.

Do you live in Hawaii?

Your options will be different. See pages 13-16 for details.

What is a health savings account (HSA)?

An HSA is a tax-sheltered savings account that is available if you enroll in the Bronze, Bronze Plus, or Silver option. You can save money with an HSA on a before-tax basis through paycheck deductions and use it to pay for qualified medical expenses. You may also make contributions directly to your HSA with after-tax dollars, up to IRS limits. Because your unused HSA balance rolls over from year to year, you can save money to pay for future health care costs, including qualified expenses if you decide to select a different medical option in the future. If you enroll in a Bronze, Bronze Plus, or Silver option and open an HSA, you will receive a debit card from Your Spending Account™ (YSA).

Your HSA contributions

Your maximum contributions to your HSA are based on:

- Your coverage category (individual/family) under your high-deductible health plan.
- IRS limits that may change from year to year: For 2022, you can contribute up to \$3,650** if you're covering just yourself, or \$7,300** if you're covering yourself and your family.

If you are age 55 or older, you may be eligible to contribute an additional "catch-up contribution" of \$1,000 to your HSA. If you contribute more than the maximum, tax penalties may apply.

You can decide whether to enroll in an HSA and how much (if any) money you want to contribute when you enroll. You can change the amount you contribute at any time throughout the year.

**Limits subject to mid-year changes per IRS regulations. For more information, go to www.irs.gov.



Internal Revenue Service rules determine eligibility for an HSA. You're not eligible to participate in an HSA if:

- You do not enroll in the Bronze, Bronze Plus, or Silver medical option
- You're covered as a dependent under your spouse's plan that is not a high-deductible health plan
- You are enrolled in Medicare

To learn more, visit irs.gov and search for Publication 969.



Helpful hint:

Consider the amount of premiums you'll save by selecting a lower-cost medical option and use that as the starting point for your HSA contributions.

Your Medical Plan Options—continued

Summary of medical plan benefits

The five primary types of medical options—Bronze, Bronze Plus, Silver, Gold, and Platinum—each have a different combination of premiums and out-of-pocket costs. For example, the Bronze, Bronze Plus, and Silver options come with lower premiums than the Gold and Platinum options, but the deductible, coinsurance, and other out-of-pocket costs are potentially higher when you receive services. All options provide full—or 100%—coverage for defined in-network preventive care for you and your covered dependents. In addition to comparing the coverage details associated with these options, you have a choice of medical insurance companies. The following medical insurance companies may be available, based on where you live or the region where you live:

- Aetna
- Blue Cross and Blue Shield of Illinois*
- Cigna
- Dean / Prevea360
- Geisinger
- Health Net
- Kaiser Permanente
- Medical Mutual
- Priority Health
- UnitedHealthcare
- UPMC Health Plan

The following charts summarize the coverage details for each option.



Do you live outside the service area?

Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

Important: The Silver option available to out-of-area individuals is different than the Silver option described in this guide. Refer to UPoint, Aon's HR portal, for details.

	BRONZE, BRONZE PLUS, AND SILVER	GOLD	PLATINUM
Type of coverage**	High-deductible PPO that covers in- or out-of-network care	PPO that covers in- or out-of-network care	HMO-type option that covers in-network care and pays limited benefits for out-of-network care***
How does it balance out-of-pocket costs and paycheck contributions?	Lower paycheck contributions; higher deductibles and out-of-pocket maximums	Higher paycheck contributions; lower deductibles and out-of-pocket maximums	Highest paycheck contributions; lowest in-network deductibles and lower out-of-pocket maximums
Does it offer a health savings account (HSA)?	Yes	No	No
Does it require a primary care physician (PCP) to coordinate in-network care?	Check with each medical insurance carrier	Check with each medical insurance carrier	Check with each medical insurance carrier

*Blue Cross and Blue Shield of Illinois (BCBSIL), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

**In California, some medical insurance companies may offer all or some medical options as HMOs that cover in-network services only.

***Some medical insurance companies may offer Platinum options as HMOs that cover in-network benefits only in CO, DC, GA, MD, OR, VA, and WA.

Your Medical Plan Options—continued

Annual deductible and out-of-pocket maximum

The **deductible** is what you pay out of pocket before your insurance starts paying its share of your costs. It doesn't include amounts taken out of your paycheck for health coverage. Here's how the deductible works if you have family coverage:

The Bronze Plus and Silver coverage levels have a "true family deductible." This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" in these coverage levels when you have family coverage.

The Bronze, Gold, and Platinum coverage levels have a traditional deductible. Once a covered family member meets the **individual** deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

Note: The Bronze, Bronze Plus, and Silver deductible must be satisfied before medical and prescription drug benefits are paid.

The **out-of-pocket maximum** is the most you and your covered family members would have to pay in a year for health care costs. It doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Gold and Platinum plans. Here's how the out-of-pocket maximum works if you have family coverage:

The Bronze Plus and Silver coverage levels have a "true family out-of-pocket maximum." This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full amount of covered charges* for any covered family member. There is no "individual out-of-pocket maximum" in these coverage levels when you have family coverage.

The Bronze, Gold, and Platinum coverage levels have a traditional out-of-pocket maximum. Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full amount of covered charges* for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full amount of covered charges for all covered family members.

*Covered charges are subject to reasonable and customary pricing and plan limits.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Annual deductible (individual/family)	In-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900	In-network: \$1,500/\$3,000	In-network: \$800/\$1,600	In-network: \$250/\$500
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$2,450/\$4,900	Out-of-network: \$1,500/\$3,000	Out-of-network: \$1,600/\$3,200	Out-of-network: \$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	In-network: \$6,400/\$12,800	In-network: \$3,900/\$7,800	In-network: \$3,800/\$7,600	In-network: \$3,600/\$7,200	In-network: \$2,300/\$4,600
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$11,500/\$23,000	Out-of-network: \$8,000/\$16,000	Out-of-network: \$7,200/\$14,400	Out-of-network: \$11,500/\$23,000



Keep in mind:

- Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do **not** cover out-of-network benefits at all.

Your Medical Plan Options—continued

In-network benefits

	BRONZE, BRONZE PLUS, AND SILVER	GOLD	PLATINUM
Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's office visit	You pay 25% after deductible	- You pay \$25 for PCP visit with no deductible - You pay \$40 for specialist visit with no deductible	- You pay \$25 for PCP visit with no deductible - You pay \$40 for specialist visit with no deductible
Emergency room	You pay 25% after deductible	You pay 25% after deductible	You pay 15% after deductible
Urgent care	You pay 25% after deductible	You pay 25% after deductible	You pay 15% after deductible
Inpatient care	You pay 25% after deductible	You pay 25% after deductible	You pay 15% after deductible
Outpatient care	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 15% after deductible

Prescription drugs

Your prescription drug coverage depends on the medical coverage level you choose *and* your pharmacy benefit manager. Below is an overview of the in-network coverage for each coverage level.

	BRONZE, BRONZE PLUS, AND SILVER	GOLD	PLATINUM
Preventive drugs (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor’s prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.		
30-day retail supply			
Tier 1: Generally lowest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$10	You pay \$8
Tier 2: Generally medium cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$40	You pay \$30
Tier 3: Generally highest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$60	You pay \$50
90-day mail-order supply			
Tier 1: Generally lowest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$25	You pay \$20
Tier 2: Generally medium cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$100	You pay \$75
Tier 3: Generally highest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$150	You pay \$125



If you live in California and you're eligible for coverage under Gold II, note that prescription drug coverage is the same as for the Gold coverage level shown above.

If you live in Hawaii, please see page 16 for information about your prescription drug coverage.

Your Medical Plan Options—continued

Out-of-network benefits

	BRONZE, BRONZE PLUS, AND SILVER	GOLD	PLATINUM
Preventive care, doctor’s office visit, or outpatient care	You pay 45% of R&C charges after deductible	You pay 45% of R&C charges after deductible	You pay 35% of R&C charges after deductible

Prescription drugs/retail (Important notes: Your prescription drug coverage will be provided by your pharmacy benefit manager (PBM). If you choose coverage through Aetna, Blue Cross Blue Shield, Cigna, or UnitedHealthcare, Express Scripts will be your PBM. If you choose coverage through another carrier, that carrier will be your PBM. You may have up to a 90-day supply of a maintenance drug filled at a retail pharmacy.)			
Tiers 1, 2, or 3	You pay 45% after deductible	You pay 50%	You pay 50%

The charts on pages 6–9 are a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. The charts are intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

UPoint gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on UPoint.

Your costs

Your personalized cost information will be available on UPoint during your enrollment period. Your contributions for medical coverage will depend on your base salary, the option you choose, the dependents you cover, your location, and your tobacco status.

You’ll get a credit from Aon to purchase medical coverage. The amount you pay out of your paycheck for coverage will reflect the difference between the cost of the medical option you choose and the credit you receive.

Note: Temporary and seasonal colleagues pay the full cost of medical coverage with after-tax dollars.



Preventive care medical plan benefits, including prescription drug options

Your medical options must offer certain preventive care benefits to you in-network without cost sharing. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment, or setting for a recommended preventive care service.

As explained in your SPD, preventive care benefits that must be offered in-network without cost sharing include (but are not limited to) a number of screenings (e.g., blood pressure, cholesterol), certain immunizations, colonoscopies (including many related items and services), and other items and services that are designed to detect and treat medical conditions to prevent avoidable illness and premature death. Preventive care benefits that must be offered in-network without cost sharing change periodically. Contact the Aon Benefit Plan medical plan insurer or prescription drug administrator for more details.



Prescription Drug Coverage

Your medical insurance carrier matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why **you need to do your homework** to determine how your medications will be covered before choosing a medical insurance carrier.

Things to consider

If you or a covered family member regularly takes medication, it is strongly recommended that you call Express Scripts at **1.877.849.8119** (if you're considering coverage under Aetna, Blue Cross Blue Shield, Cigna, or UnitedHealthcare) or the medical insurance carrier (for all other carriers) before you enroll. Just say you're considering medical coverage offered through the Aon Active Health Exchange and ask the following questions.

✓ Is my drug on the formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on the formulary, you'll pay more for it.

✓ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your pharmacy benefit manager—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

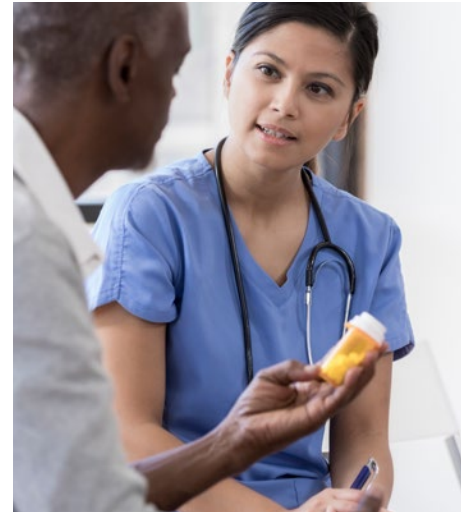
While generics typically cost less than brand name drugs, pharmacy benefit managers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information by using the prescription drug search tool when you enroll.

✓ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some pharmacy benefit managers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

✓ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in-network—but, each pharmacy benefit manager determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.



What's a pharmacy benefit manager?

In the exchange, each medical carrier uses a pharmacy benefit manager to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires.



Consider this

For more information and things to consider, visit the [**Prescription Drug Questions**](#) page on the Make It Yours website for Mainland colleagues.

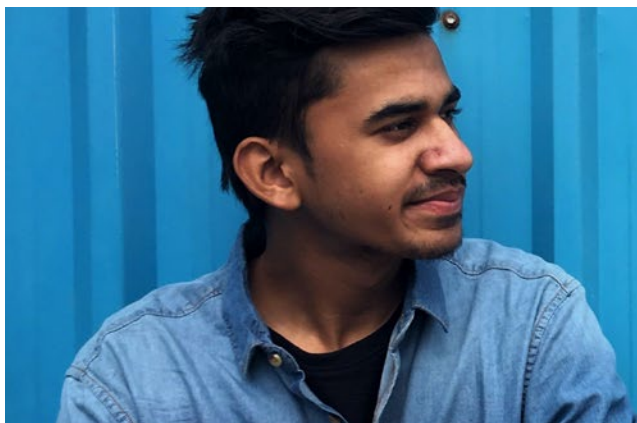
Just for Californians

Your options will be different, depending on the medical insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** an option that offers in-network benefits only (e.g., an HMO).

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:

	BRONZE, BRONZE PLUS, SILVER	GOLD	GOLD II	PLATINUM
Aetna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Blue Cross and Blue Shield of Illinois	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Cigna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Health Net	Northern California: In-network only Southern California: In- and out-of-network	N/A	In-network only	Northern California: In-network only Southern California: In- and out-of-network
Kaiser Permanente	In-network only	N/A	In-network only	In-network only
UnitedHealthcare	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network



Gold or Gold II?

Insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option **only** offers in-network benefits.

The Gold option is offered by Aetna, Blue Cross and Blue Shield of Illinois, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

Annual deductible and out-of-pocket maximum

	BRONZE	BRONZE PLUS	SILVER	GOLD	GOLD II	PLATINUM
Annual deductible (individual/family)	In-network: \$3,300/\$6,600	In-network: \$2,450/\$4,900 ¹	In-network: \$1,500/\$3,000 ¹	In-network: \$800/\$1,600	In-network: N/A	In-network: \$250/\$500
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$2,450/\$4,900 ¹	Out-of-network: \$1,500/\$3,000 ¹	Out-of-network: \$1,600/\$3,200	Out-of-network: N/A	Out-of-network: \$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	In-network: \$6,400/\$12,800	In-network: \$3,900/\$7,800 ²	In-network: \$3,800/\$7,600 ²	In-network: \$3,600/\$7,200	In-network: \$5,400/\$10,800	In-network: \$2,300/\$4,600
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$11,500/\$23,000 ²	Out-of-network: \$8,000/\$16,000 ²	Out-of-network: \$7,200/\$14,400	Out-of-network: N/A	Out-of-network: \$11,500/\$23,000

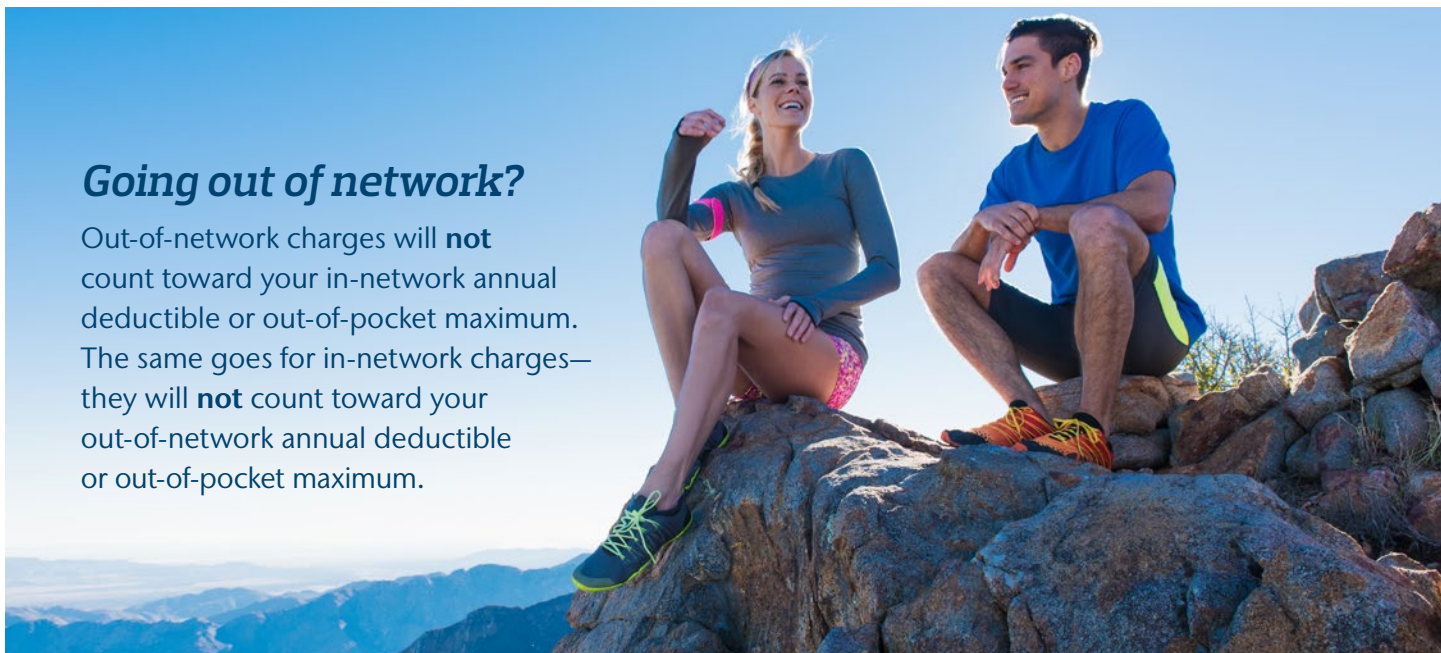
¹Under Health Net and Kaiser Permanente, if you cover dependents under the Bronze Plus and Silver coverage levels, no covered member pays more than \$2,800 toward the family deductible. Also, these options feature a **traditional** annual deductible. See page 7 for more details.

²Under Health Net and Kaiser Permanente, these options feature a **traditional** annual out-of-pocket maximum. See page 7 for more details.

California residents—continued

Going out of network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.



In-network benefits

	BRONZE, BRONZE PLUS, SILVER	GOLD	GOLD II	PLATINUM
Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%	Covered 100%, no deductible
Doctor's office visit	You pay 25% after deductible	- You pay \$25 for PCP visit with no deductible - You pay \$40 for specialist visit with no deductible	- You pay \$25 for PCP visit - You pay \$40 for specialist visit	- You pay \$25 for PCP visit with no deductible - You pay \$40 for specialist visit with no deductible
Emergency room	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Urgent care	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Inpatient care	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Outpatient care	You pay 25% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30%	If not an office visit, you pay 15% after deductible

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

UPoint gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on UPoint.

Just for Hawaiians

Your medical options are different if you live in Hawaii.

The best coverage level for you depends on your needs.

Choose your coverage level

You have several coverage levels to choose from, including:

- **HMSA Gold:** A comprehensive medical option with a deductible and separate medical and prescription drug out-of-pocket maximums
- **Kaiser Gold:** An HMO option that covers in-network care only and has a deductible and prescription drug copays for most medications
- **HMSA Platinum:** A PPO option with separate medical and prescription drug out-of-pocket maximums
- **Kaiser Platinum:** An HMO option that covers in-network care only and has prescription drug copays for most medications

When you enroll, you'll be able to compare benefits and features across your medical options.

Waiving medical coverage?

If you elect "No Coverage" for medical, the state of Hawaii requires that you complete and submit a Hawaii medical coverage waiver form (HC-5). A copy of this form will be sent to you through the U.S. mail. By completing this form, you claim to be exempt from coverage requirements under the Prepaid Health Care Act. After completing it, please return it to the Aon Service Center at the address provided.

Note: Even if you elect "No Coverage" for medical, you will be enrolled in medical coverage under the HMSA Gold option until the form is received by the Aon Service Center.



A resource for you

Learn more about your benefits and access carrier information on the **Make It Yours** website just for Hawaiian colleagues.

Is a primary care physician required?

You must designate a primary care physician to coordinate your care if you choose Kaiser Permanente as your insurance carrier.



Hawaii residents—continued

Annual deductible and out-of-pocket maximum

The deductible is what you pay out of pocket before your insurance starts paying its share of your costs. It doesn't include amounts taken out of your paycheck for health coverage. Here's how the deductible works:

The HMSA Gold and Kaiser Gold options have a traditional deductible. Once a covered family member meets the **individual** deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

The HMSA Platinum and Kaiser Platinum options don't have an in-network deductible. Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually more expensive per paycheck.

The out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. It doesn't include amounts taken out of your paycheck for health coverage.

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
Annual Deductible (individual/family)	In-network: \$100/\$300	In-network: \$200/\$400	In-network: N/A	In-network: N/A
	Out-of-network: \$100/\$300	Out-of-network: Not covered	Out-of-network: \$100/\$300	Out-of-network: Not covered
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$2,000/\$6,000	In-network: \$2,200/\$4,400	In-network: \$2,500/\$7,500	In-network: \$2,500/\$7,500
	Out-of-network: \$2,000/\$6,000	Out-of-network: N/A	Out-of-network: \$2,500/\$7,500	Out-of-network: N/A

Exception!

If you choose HMSA as your insurance carrier, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum (and vice versa). See page 16 for details.



Going out of network?

- If you choose HMSA, seeing out-of-network providers will cost you more than seeing in-network providers. For example, you could pay more through a higher deductible, higher coinsurance, and the entire amount that exceeds the maximum allowed amount, which is typically based on the amount Medicare pays.

Also, under the HMSA options, out-of-network charges will count toward your in-network annual deductible (Gold only) and out-of-pocket maximum. The same goes for in-network charges—they will count toward your out-of-network deductible (Gold only) and out-of-pocket maximum.

- Out-of-network care is **not** covered if you choose Kaiser Permanente as your insurance carrier.

Hawaii residents—continued

In-network benefits

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
Preventive Care	100% covered; deductible waived for most services	100% covered; deductible waived	100% covered	100% covered
Doctor's Office Visit	You pay \$14 after deductible	You pay \$15	You pay \$12	You pay \$15
Emergency Room	You pay 20% after deductible	You pay 20%; deductible waived	You pay 20%	You pay \$75
Urgent Care	You pay \$14 after deductible	You pay \$15	You pay \$12	You pay \$15
Inpatient Care	You pay \$200 copay per year (non-maternity) then 20% after deductible	You pay 10% after deductible	You pay 10%	You pay \$75 per day
Outpatient Care	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service	Cost share based on place of service

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

UPoint gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

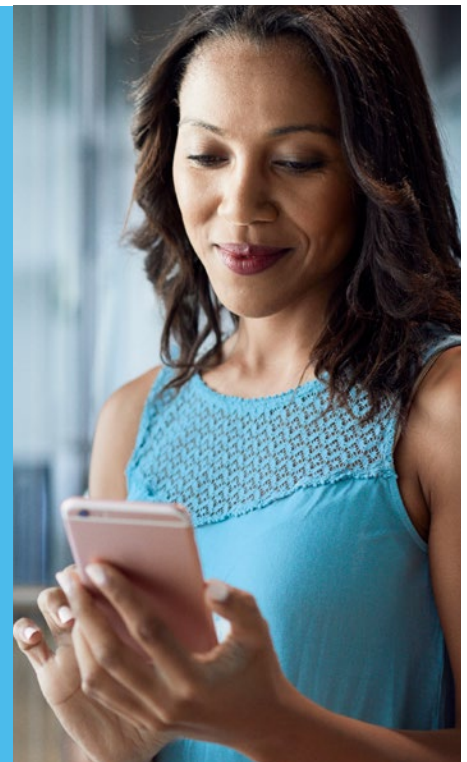
Note: For additional comparison, you may find Summaries of Benefits and Coverage on UPoint.



Preventive care medical plan benefits, including prescription drug options

Your medical options must offer certain preventive care benefits to you in-network without cost sharing. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment, or setting for a recommended preventive care service.

As explained in your SPD, preventive care benefits that must be offered in-network without cost sharing include (but are not limited to) a number of screenings (e.g., blood pressure, cholesterol), certain immunizations, colonoscopies (including many related items and services), and other items and services that are designed to detect and treat medical conditions to prevent avoidable illness and premature death. Preventive care benefits that must be offered in-network without cost sharing change periodically. Contact the Aon Benefit Plan medical plan insurer or prescription drug administrator for more details.



Hawaii residents—continued

Prescription Drug Coverage

Do you or a family member take medications?

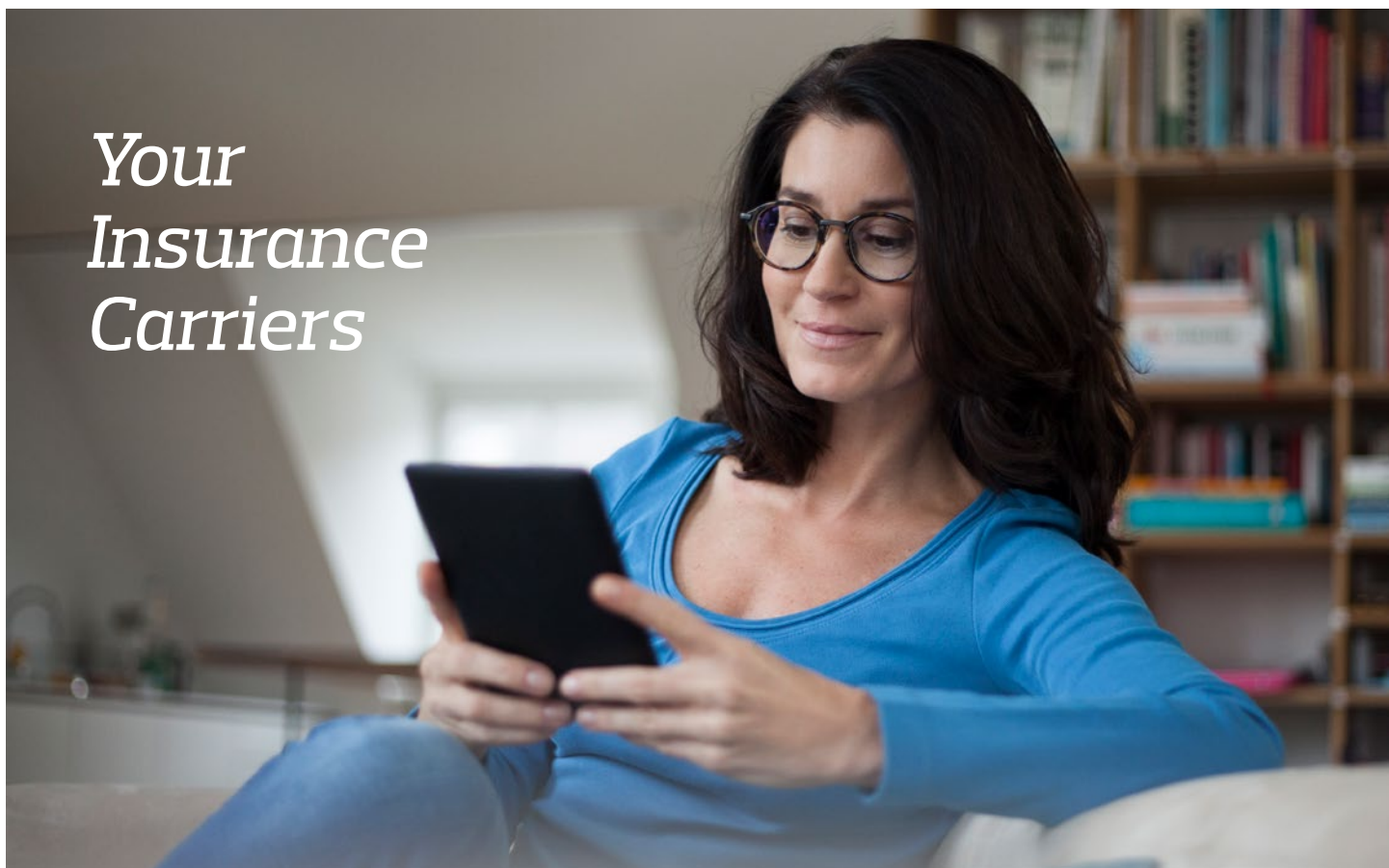
Listen up! This could be a big deal for you. Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager. Your prescription drug coverage depends on the medical coverage level you choose *and* your medical insurance carrier. Below is an overview of the in-network coverage for each option.

Consider this

- The Kaiser Gold and Platinum options do not cover medications that are classified as Tier 3 (nonformulary brand name) drugs.
- Under the HMSA options, you'll have a separate and additional out-of-pocket maximum for prescription drugs. That means your medication costs will not count toward your medical out-of-pocket maximum.

	HMSA GOLD	KAISER GOLD	HMSA PLATINUM	KAISER PLATINUM
Preventive Drugs (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.			
Prescription Drug Annual Out-of-Pocket Maximum (individual/family)	\$3,000/\$7,200	Included in medical out-of-pocket maximum	\$3,000/\$5,700	Included in medical out-of-pocket maximum
30-day retail supply				
Tier 1: Generally lowest cost options	You pay \$7	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs	You pay \$5	You pay \$5 for generic maintenance drugs; \$10 for other generic drugs
Tier 2: Generally medium cost options	You pay \$35	You pay \$35	You pay \$30	You pay \$35
Tier 3: Generally highest cost options	You pay \$75	Not covered	You pay \$70	Not covered
90-day mail-order supply				
Tier 1: Generally lowest cost options	You pay \$14	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs	You pay \$10	You pay \$10 for generic maintenance drugs; \$20 for other generic drugs
Tier 2: Generally medium cost options	You pay \$70	You pay \$70	You pay \$60	You pay \$70
Tier 3: Generally highest cost options	You pay \$150	Not covered	You pay \$140	Not covered

Your Insurance Carriers



HMSA

Before you're a member (preview site): <http://www.hmsa.com/aon>

Once you're a member (website): <https://members.hmsa.com>

Phone number: **1.800.651.4672**

Kaiser Permanente

Before you're a member (preview site): <http://kp.org/aon>

Once you're a member (website): <http://www.kp.org>

Pre-enrollment phone number: **1.877.580.6125**

Post-enrollment phone number: **1.808.432.5955**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

What are people saying about their experiences with health carriers?



Sometimes it really helps to see what other people think about consumer products and services. See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available on UPoint at upoint.aon.com during enrollment and throughout the year. Taking a look may help you with your choices.



Dental

Just like your medical coverage, you get to choose the dental coverage level, cost, and insurance carrier that are right for you.

Dental Benefits

Your options

Your dental plan options will include:

- **Bronze:** A PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers) but does not cover major services or orthodontic expenses
- **Silver:** A buy-up to the Bronze option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults
- **Platinum:** A DHMO option that covers in-network care only, including orthodontic expenses for children and adults (not available in some areas)

Paying for coverage

You'll pay the cost of dental coverage with before-tax dollars. Just like your medical coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on:

- The amount of your credit from Aon. Eligible colleagues will receive a credit to use toward the cost of coverage. You'll be able to see the credit amount from Aon and your price options for coverage on the 2022 Pre-enrollment Healthcare Pricing Modeler or when you enroll on UPoint at upoint.aon.com.
- How many family members you cover.
- The dental plan option and insurance carrier you choose.

Note: Temporary and seasonal colleagues who are eligible for dental must pay the full cost with after-tax dollars.



Is a primary care dentist required?

You must designate a primary care dentist to coordinate your care if you choose the Platinum coverage level (where available by carrier). If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly.



Considering Platinum?

It may cost less than some of the other options, but you must get care from a dentist who participates in the insurance carrier's Platinum network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. If you don't use a network dentist, you'll pay for the full cost of services.

Annual deductible and plan limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

	BRONZE	SILVER	GOLD	PLATINUM ¹
Annual deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150	None
Annual maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia lifetime maximum²	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier

¹Not available in some areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

²If you switch insurance carriers, any orthodontic expenses you've incurred under any previous carrier will count toward your new carrier's orthodontia lifetime maximum.

In-network benefits

	BRONZE	SILVER	GOLD	PLATINUM ¹
Preventive care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Varies by insurance carrier; generally covered 100%
Minor restorative care (e.g., root canal treatment, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major restorative care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

¹Not available in some areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

UPoint gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries on UPoint.



Vision

Just like your medical and dental coverage, you get to choose the vision coverage level, cost, and insurance carrier that are right for your situation.



Vision Benefits

Your options

Your vision plan options will include:

- **Bronze:** An exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

Paying for coverage

You'll pay the cost of vision coverage with before-tax dollars. Just like your medical and dental coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on the option you choose and how many family members you cover.

Note: Temporary and seasonal colleagues who are eligible for vision must pay the full cost with after-tax dollars.

Vision Benefits—continued

What do the options cover?

The following shows the in-network benefits for each vision option.

	BRONZE	SILVER	GOLD
Routine vision exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year)			
Single vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard progressive ²			
Lenticular			
Lens options			
UV treatment	Discount may apply	You pay \$15	You pay \$15
Tint (solid and gradient)		You pay \$15	You pay \$15
Standard plastic scratch coating		You pay \$15	You pay \$15
Standard anti-reflective coating		You pay \$45	You pay \$45
Standard polycarbonate—adults		You pay \$40	You pay \$15
Standard polycarbonate—children		You pay nothing	You pay nothing
Other add-ons		Discount only	Discount only
Contact lenses			
Medically necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and evaluation	Discount may apply	You pay \$20	You pay \$10
Laser surgery			
	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

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Note: For additional comparison, you may find Benefit Summaries on UPoint.

More Options

You get to choose other benefits that are right for your situation.



Spending Accounts

Flexible spending accounts (FSAs)

Health care and dependent care FSAs let you set aside money on a before-tax basis for eligible expenses not covered by your benefit plans. That helps you stretch your income by reducing your taxes.

Health care FSA

- The minimum annual contribution for the health care FSA is \$120, and the maximum contribution is \$2,750.
- Eligible expenses include deductibles, copayments, coinsurance, and doctor-prescribed over-the-counter medications.
- Colleagues who participate in the health care FSA will receive a debit card for added convenience.

Important! If you enroll for medical coverage in a Bronze, Bronze Plus, or Silver option and contribute to an HSA, you may participate in a “limited-purpose” health care FSA. Your HSA can be used for eligible medical expenses, and your limited-purpose FSA can be used for eligible dental and vision expenses only. Once you’ve satisfied your medical deductible, your limited-purpose FSA may be used for health care expenses. If you plan to enroll in both accounts, be sure to plan your contributions to each carefully.

Dependent care FSA

- The minimum annual contribution for the dependent care FSA is \$120; the maximum contribution is \$5,000 (or \$2,500 if you and your spouse/domestic partner file taxes separately).
- This account can be used to help pay eligible expenses for the day care of dependent children or disabled adults.



Health savings account

If you enroll in the Bronze, Bronze Plus, or Silver option, you are eligible for a health savings account (HSA). Learn about HSAs on page 5.



Commuter Benefits

You can set aside money on a before-tax and after-tax basis for eligible expenses incurred as part of your commute to work. There are three commuter accounts—parking, vanpool, and mass transit.

Parking

You may deposit up to \$280 per month before-tax in the parking account. The parking products you order each month will be mailed to your home. The most common eligible expenses are charges for parking at or near your place of work or at a location from which you commute to work, such as a train station.

Vanpool

You may deposit up to \$280 per month before-tax in the vanpool account.* Eligible expenses that can be reimbursed through the vanpool account include the cost of a vanpool with a seating capacity for six or more adults (not including the driver) used mainly for transporting colleagues to and from their place of work.

Mass transit

You may deposit up to \$280 per month before-tax in the mass transit account.* The transit products you order each month will be mailed to your home. The most common eligible expenses are charges for mass transit train and bus tickets. Reimbursement of mass transit expenses via expense report is prohibited.

*The maximum amount that can be deposited in the combined mass transit/vanpool account before tax is \$280 per month.



Benefit limits

Commuter benefit limits are subject to change each year by the IRS.

Disability Benefits

If you are unable to work because of illness or injury, disability benefits replace a portion of your pay.

Short-term disability (STD)

STD benefits begin after seven calendar days of disability. Covered colleagues approved for STD, including executives, will, after the one-week elimination period, receive 100% of base pay for up to seven weeks, then 60% of base pay for up to 18 weeks, with continued disability certification.

Your STD benefit will not be delayed or denied due to a pre-existing condition. If you are able to come back to work on a limited schedule, as certified by your doctor, you may receive a combination of STD pay and regular pay. You may not use sick time to “top up” or supplement the difference between base pay and 60% STD pay.

Long-term disability (LTD)

As a new hire, you will be defaulted into LTD coverage.

This is a colleague-paid benefit, and if you do not want coverage, you must actively opt out. If you choose to add LTD coverage in the future, you will be required to provide proof of insurability to The Hartford who will review and determine eligibility.

Benefits will begin after you have been disabled for 26 weeks. The LTD Plan will pay a benefit equal to 60% of your monthly base pay (not including overtime or bonuses). The maximum monthly benefit is \$15,000.

Because LTD is a colleague-paid plan with after-tax payroll deductions, benefits are not taxed if you become disabled. This approach gives you a better benefit at a time when every dollar matters.

Your LTD benefit will be reduced by any payments you or your dependents may be entitled to from various sources during your disability—for example: Social Security benefits, workers’ compensation, state or federal disability benefits and any retirement benefits.

Supplemental Disability Income Plan

The Supplemental Disability Income Plan (SDIP) is an individually owned policy that provides additional long-term disability insurance by supplementing Aon’s basic Group Long Term Disability (LTD) plan, assuming you participate.

Covered Compensation and Monthly Benefit Determination:

- The SDIP insures a portion of your incentive compensation (not covered by Aon’s basic LTD plan) and/or base salary in excess of \$300,000.
- The SDIP benefit is equal to 60% of your incentive compensation (such as bonus or restricted stock units), and base salary above \$300,000 less any individually owned coverage you have in force and your eligible monthly benefit from the basic LTD plan (before any offsets).
- The maximum monthly benefit is \$15,000 and the minimum is \$300.

Eligibility and Enrollment:

You are eligible to apply for SDIP coverage if as of April 15:

- You work at least 20 hours a week, with a minimum base salary of \$75,000 and receive incentive compensation of at least \$10,000 by March 15 (including deferred incentive compensation); or you have a base salary greater than \$300,000.
- Enrollment occurs annually each summer.

Benefits of Purchasing SDIP Coverage:

- Pays a benefit of up to \$15,000 per month if you’re too sick or injured to work.
- Since coverage is purchased through Aon, no medical exam is required.
- Premiums are discounted by 35%, and will be paid through after-tax payroll deductions.
- Policy is portable if you leave Aon.
- An additional 40% of income replacement is available, up to \$10,000 per month, through the Catastrophic Rider.

Survivor Benefits

Ensure your loved ones are protected financially in case something happens to you. Aon offers a variety of insurance options to meet your needs.

Note: Colleagues who earn an annual base salary of \$150,000 or more are eligible for both basic and supplemental executive life insurance benefits offered through MetLife, rather than the coverage described below. If you are eligible for this coverage, a welcome kit will be mailed directly to your home address.

Basic life and accidental death and dismemberment insurance

Aon provides you basic life and AD&D insurance coverage at no cost through The Hartford. The coverage amount is based on your age, as follows:

YOUR AGE	YOUR LIFE AND AD&D INSURANCE BENEFIT
Under 65	2x annual base salary to a maximum of \$1,000,000
65 – 69	1.5x annual base salary to a maximum of \$750,000
70 and over	1x annual base salary to a maximum of \$500,000

Business travel accident insurance

Business travel accident insurance provides a benefit if you're injured or die as a result of an accident while traveling on business. Aon pays the full cost for this coverage, which provides a benefit of up to five times your annual base salary to a maximum of \$2.5 million. The insurance carrier for this benefit is the ACE American Insurance Company.

Supplemental life insurance

You may elect supplemental life coverage in multiples of your annual base salary, up to six times, to a maximum of:

- \$2 million if you're under age 65
- \$1.5 million if you're between the ages of 65 and 69
- \$1 million if you're age 70 and over

Evidence of insurability may be required for certain options. In addition, colleagues who are eligible for the executive life insurance plan will have access to supplemental life coverage through MetLife.

Supplemental AD&D insurance

You may elect supplemental AD&D coverage in \$10,000 increments. The maximum coverage must not exceed \$750,000; however, coverage amounts in excess of \$500,000 cannot be more than 10 times your earnings.



To purchase supplemental AD&D for your spouse or domestic partner and supplemental AD&D for your children, you must purchase it for yourself.



Survivor Benefits—continued

Spouse life insurance

You may elect life insurance for your spouse/domestic partner in the following increments:

- \$10,000
- \$25,000
- \$50,000
- \$75,000
- \$100,000

You are the beneficiary for this plan. Evidence of insurability may be required for certain options. You are not required to elect supplemental life insurance to elect spouse/domestic partner life insurance.

Your spouse/domestic partner life coverage amount may never exceed 50% of your combined basic and supplemental life coverage. If you are eligible for executive life insurance benefits, you will have access to spouse/domestic partner life coverage through MetLife.

Child life insurance

You may elect life insurance for your child(ren) in the following increments:

- \$5,000
- \$10,000
- \$15,000
- \$20,000
- \$25,000

You are the beneficiary for this plan. If you are eligible for the executive life insurance plan, you will have access to child life coverage through MetLife.

Dependent AD&D insurance

You may elect supplemental AD&D coverage for your eligible dependents in these amounts:

- **Spouse/domestic partner coverage:** 100% of your coverage amount if there are no dependent children, or 90% of your coverage amount if there are dependent children.
- **Child(ren) coverage:** 30% of your coverage amount for each unmarried child up to age 26 years if there is no spouse/domestic partner coverage, or 20% of your coverage amount if there is spouse/domestic partner coverage.





Your Wellbeing

At Aon, we know that our colleagues are the heart of our firm and we are fortunate to have you. You spend a lot of time at work and your dedication and passion inspires your clients, communities, and Aon colleagues every day.

As your firm, Aon is committed to creating a supportive culture that fosters all areas of wellbeing, enables you to build resilience, and gives you the opportunity to thrive as your authentic self. With comprehensive tools, resources, and programming, we will partner with you and your family to be healthy and stay safe. Our health and insurance benefits are just one part of our overall wellbeing programming.

Remember that, as an Aon colleague, it's important to invest in you. You should feel comfortable being yourself at work, asking for and giving help, and using the appropriate tools and resources when you need them. Together, we will build a culture of wellbeing at Aon.

Employee Assistance Program and Work Life Services

When the challenges of work, life, or both become overwhelming, 24/7 help is a phone call away through the Employee Assistance Program (EAP) and accompanying Work Life Services.

You and your immediate family members can receive up to six free counseling sessions through the EAP for a wide range of issues, such as:

- Depression, anxiety, and stress
- Workplace challenges
- Parenting and family issues

And to help you manage the balance of your home and professional life, Work Life Services are also available. You have access to information and referrals related to community services and resources; varsity tutor; child, family, and parenting support services; educational services; adult and elder care support services; chronic illness support services; and more.

Contact the EAP and/or Work Life Services at **1.800.510.9351**, or visit liveandworkwell.com (access code: **aon**).



More Wellbeing resources

Aon provides many other resources to support your emotional, financial, physical, and social wellbeing.

These resources include:

- Back-up care, child care, and tuition discounts
- Elder care services
- eM Life
- Gympass
- Mental Health First Aid
- Colleague Resource Guide
- Colleague discounts
- And more

For more information about these and other wellbeing program offerings, access the [Aon Wellbeing website](#) > **Other Aon Wellbeing resources.**

Savings Plans



Aon Savings Plan—401(k)

The Aon Savings Plan—our 401(k)—is an important part of your financial security. It's a valuable benefit that gives you an easy and convenient way to save, as well as the choice and flexibility you need to achieve your savings goals. Aon also adds to your savings power through matching and other company contributions.

You are immediately eligible to save if you are a full-time or part-time U.S. colleague and are scheduled to regularly work 20 or more hours per week. You will become eligible to receive company contributions on the January 1 or July 1 after you are credited with a year of service, typically the first anniversary of your hire with Aon. If you are a U.S. colleague classified as temporary or a part-time colleague regularly scheduled to work less than 20 hours per week, you may participate on the January 1 or July 1 after you are credited with a year of service.



IRS limits for contributions

For 2022, the IRS limits you to a combined total of \$20,500 in tax-deferred and Roth contributions. If you are 50 or older, you may contribute an additional \$6,500 in “catch-up” contributions. This includes contributions you made to any other 401(k) plan in 2022.

Contributions to your account

Your savings

Your savings under the Aon Savings Plan will start with an automated process that begins shortly after your first day of work. You will receive detailed information from the plan's service provider about your enrollment options.

The Aon Savings Plan offers up to three ways for you to save:

- **Before-tax:** savings and earnings are not taxed until they are withdrawn. Your savings will default to a 3% before-tax rate unless you request a different rate or waive participation. The default before-tax savings rate will increase 1% each April 1 until it reaches 9% if you do not change your election. If hired from October 1 through March 31, the first default before-tax savings rate will increase on the April 1 following your one-year anniversary.
- **Roth 401(k):** savings are deposited after they are taxed and, as long as you maintain your account for five or more years and at least until age 59½, you will not pay any more taxes on your contributions or any tax on their earnings when withdrawn.
- **After-tax:** savings are deposited after they are taxed and earnings are not taxed until they are withdrawn.

Participants must save 7% to be eligible to receive the full Aon match, and may save up to 50% of eligible pay per paycheck on a combined before-tax, Roth 401(k), and after-tax basis. Participants age 50 or older may contribute additional amounts. You may separately elect, for each type of contribution, to save either a percentage or a specific dollar amount per regular paycheck. Default contributions will begin about six weeks after hire. Other contribution elections will take effect in two to four weeks, based on payroll processing schedules.

- Before-tax and Roth 401(k) contributions are restricted by IRS limits; and
- Colleagues considered “highly compensated” may initially save on an after-tax basis without restrictions. However, other IRS requirements may require that a portion of contributions and their respective earnings be returned.

Savings Plans—continued

Company matching and retirement contributions

You become eligible for the company's matching contributions as detailed on page 28. Aon matches 100% of the first 1% and 50% of the next 6% of eligible before-tax and/or Roth 401(k) savings each pay period. Once you become eligible, Aon will also provide an annual Retirement Account Contribution (RAC) of 2.5% of your eligible pay. The RAC is paid into your account annually, typically in March, based on your eligibility. Generally, to receive the RAC for the year, you must be actively employed on the last day of the plan year. Your total possible company contributions (matching contributions plus RAC) equal 6.5% of match-eligible pay.

Investing your account

The Aon Savings Plan offers a broad choice of investment funds for your savings and the company matching contributions. An array of fund options lets you tailor your investment strategy to meet your goals. You may choose to invest your account balance, in multiples of 1%, in any or all of the plan's funds. A self-directed brokerage account (SDBA) is also available.

If you do not make an initial investment election, your contributions will be invested in a default option. The default option for the Aon Savings Plan is an age-based lifecycle fund—one of our Target Date Portfolios. You'll receive more information about your investment options shortly after your first day of work from the Aon Savings Plan service provider.

About vesting

Vesting refers to how much of the company's matching contributions and Retirement Account Contributions you keep if your employment with the company ends. You will be 100% vested in new company matching contributions and Retirement Account Contributions, if eligible, after two years of service. In other words, you do not own these amounts, plus related investment earnings, until you have been an Aon colleague for two full years.

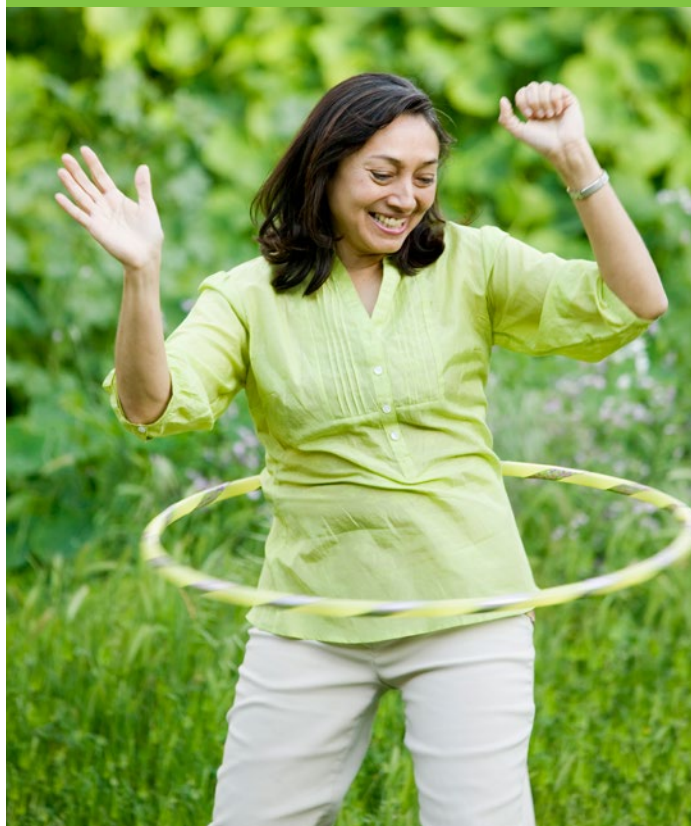
Receiving your account—withdrawals

While the tax advantages of the plan are intended to encourage you to save for retirement, limited withdrawals, including for approved hardship and disability, may be available while you are still employed by the company. Otherwise, you have additional options allowing you to request all or a portion of your vested account balance upon attainment of age 59½ or following termination of employment.



Catch-up contributions

If you are age 50 or older during the year, you may make additional catch-up contributions on a before-tax and/or Roth 401(k) basis, which allows increased retirement savings that would otherwise be more restricted by government-imposed contribution limits.



Savings Plans—continued

Borrowing from your account

You may borrow money from your account for any reason, up to 50% of your vested account or \$50,000, whichever is less. Loans must be repaid within five years, except a loan for the purchase of your primary residence, which is repayable within up to 15 years. You may not borrow from balances related to the Roth 401(k) or SDBA portions of your account. Only one loan is permitted at any time.

Aon Supplemental Savings Plan

For executives, the Aon Supplemental Savings Plan (ASSP) may replace a portion of benefits limited in the Aon Savings Plan due to IRS requirements. Participation in the ASSP is automatic if you meet the following requirements:

- You are an active employee on the last day of the year
- Your match-eligible contributions to the Aon Savings Plan reach the IRS maximum (\$20,500 in 2022)
- You received the maximum matching contribution
- Your match-eligible compensation for the Aon Savings Plan exceeds the IRS limit (\$305,000 in 2022) or, after you are match-eligible, you defer compensation eligible for the Aon Savings Plan under the Aon Deferred Compensation Plan

You make no contributions to the ASSP. Benefits are an annual company allocation to a tax-deferred account equal to a percentage of your match-eligible compensation not to exceed a combined plan maximum compensation of \$500,000. There may be an additional allocation, assuming you receive the maximum Aon Savings Plan matching contribution, reflecting any matching contributions you could not receive because of IRS limitations. This could occur because paid compensation above the current IRS compensation limit, savings to the IRS limits but below 7% of eligible pay, and applicable non-qualified deferred compensation within overall plan pay limits will be included for determining the ASSP allocation. The allocation percentage is based on your years of service as follows:

Years of service	1 – 4	5 – 9	10 – 14	15+
Percentage of your eligible compensation	3%	4%	5%	6%

Vesting for the ASSP is the same as the Aon Savings Plan. Participants have a choice of investments options, and investment results mirror the return of your elected funds. The forms of distribution are established in the ASSP document; funds are distributed within 2½ months following the end of the year in which you terminate employment or attain age 65.



Employee Stock Purchase Plan

You are eligible to participate in the Employee Stock Purchase Plan (ESPP) if you:

- Are a regular U.S. colleague on Aon's payroll;
- Work 20 hours or more a week; and
- Have completed one year of service.

The ESPP provides eligible colleagues the opportunity to purchase company stock at a discount. You may contribute 1-15% of your pay to purchase shares of Aon plc through payroll deductions during each semi-annual purchase period. At the end of the six-month period, shares will be purchased on your behalf using the lower stock closing price on either the first day of the offering period or the last day of the offering period, less 10%. The maximum contribution you can make during each semi-annual purchase period is \$7,500. See Plan document for complete details.

Savings Plans—continued

Deferred Compensation Plan

The Aon Deferred Compensation Plan (DCP) enables you to defer a portion of your income and to accumulate earnings on a tax-deferred basis for short-term savings and retirement. Aon allows you to voluntarily defer the following types of income on a before-tax basis:

- 75% of base salary
- 100% of annual cash incentive income
- 75% of commission, production bonuses, and cross-sell bonuses

You are eligible to participate in the Aon DCP if:

- You are a regular, full-time, salaried, and benefits-eligible U.S. colleague of the company who is working in the U.S. at the time of deferral, and
- Your combined annual salary and incentives are \$230,000 or greater

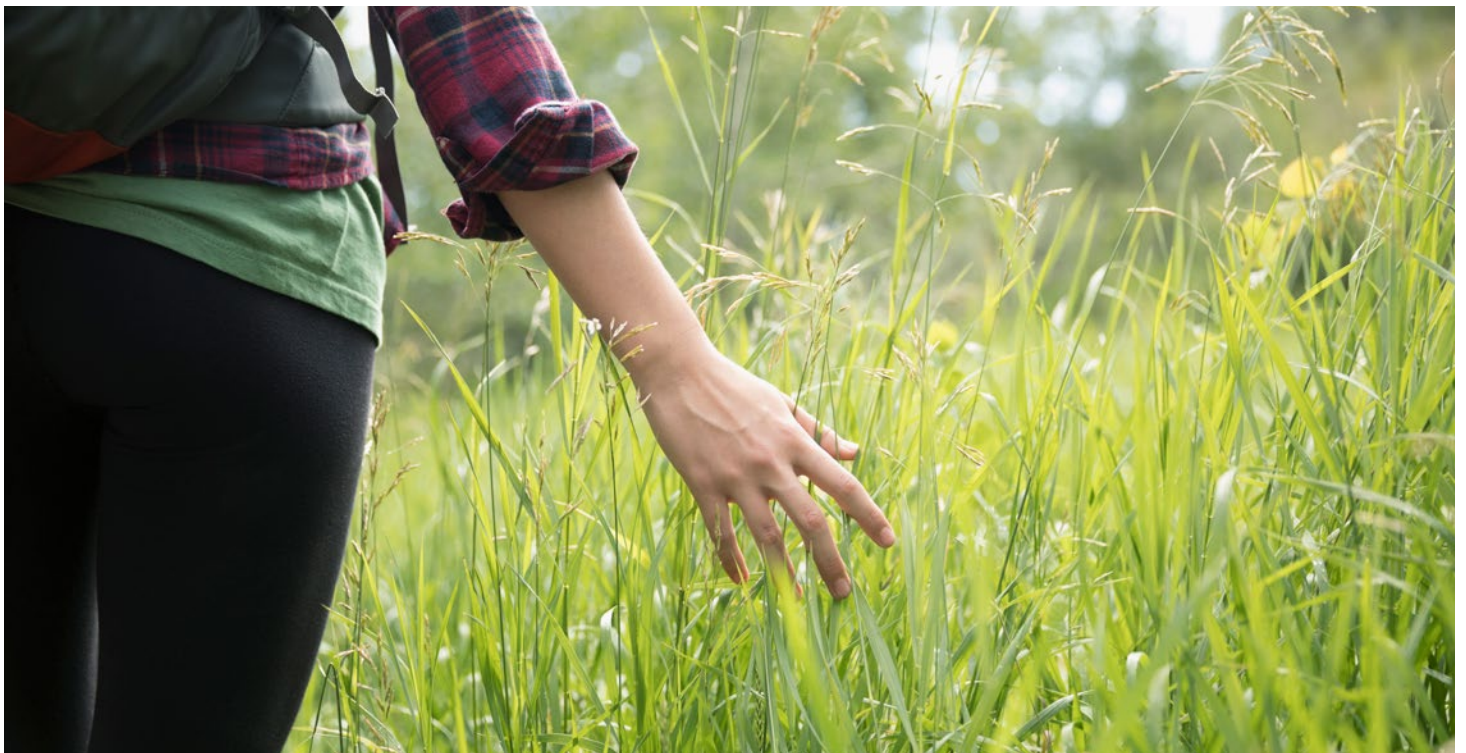
Under this plan, you will be able to defer receipt of all or a portion of such compensation until a future date. This enables you to defer payment of federal income taxes and accumulate financial resources for the future.

If eligible, your enrollment and deferral election must occur within 30 days of your start date.

Considerations for electing a deferral

As you decide whether to participate in the Deferred Compensation Plan, you should consider the effect your deferral may have on other Aon benefit plans, including:

- **Qualified plans:** Under the Aon Savings Plan (ASP), your contributions and company matching contributions will be based on your net compensation (gross pay less voluntary Deferred Compensation Plan deferrals). If you elect to defer, you may need to increase the percentage you contribute to the ASP. If your deferral reduces your compensation to less than the IRS compensation limit (\$305,000 in 2022), you will, in most cases, be reducing your matching contributions in the ASP. However, assuming you meet all of the requirements and contribute the maximum amount to the ASP, all or a portion of any missed matching contributions may be replaced by the Aon Supplemental Savings Plan (ASSP).
- **Life and disability benefits:** Annual base pay (but not bonus) that is deferred will be considered for life insurance, accidental death and dismemberment, short-term disability, and long-term disability benefits.





Time Off

Paid time off benefits

Aon supports giving you time away from work to relax, to recover from illness, and to take care of your personal needs.

Vacation

Vacation accrues based on the number of years eligible colleagues will complete on their service anniversary date each year, as follows:

NUMBER OF YEARS COMPLETED	TOTAL VACATION DAYS
Less than 1	Prorated based on when you're hired, up to a maximum of 15
1 to 9	15
10 to 19	20
20 or more	25

The above vacation schedule does not apply to certain executive-level colleagues. Regular part-time (scheduled to work at least 20 hours per week) colleagues' vacation benefits are prorated based on standard hours worked. Vacation time does not roll over from year to year. Any remaining balances at the end of the year are forfeited.*

*If you work in California, Colorado, Montana, or Nebraska, per state law, up to 1.5 times the annual accrual will roll over from year to year.

Sick time

Regular, full-time exempt colleagues, including certain executive-level colleagues, are awarded 72 hours of sick time on the first working day of January. During the first year of employment, sick days are prorated based on your hire date.

Full-time non-exempt, part-time, and temporary colleagues receive one hour of sick time for every 30 hours worked. Sick time rolls over from year to year, up to a maximum of 150 days.

Holidays and personal days*

In addition to vacation time, Aon provides paid time off for nine designated holidays and three personal days each year. Personal days, otherwise known as floating holidays, are earned each quarter at a rate of .75 days for a maximum of three days annually.

During the first year of employment, accruals will be prorated based on the number of quarters left in the year.

*Not applicable for certain executive-level colleagues.

Parental leave

Eligible new parents (birth/adoption/through a surrogate/foster care) are provided paid time off to bond with a newborn or adopted child or a newly-placed foster child. This time is separate from the regular paid time off programs (vacation, sick time, and personal holidays) and the short-term disability pay program.

For more information on this policy and Aon's other time off policies, visit UPoint at upoint.aon.com and choose Pay & Time.

Professional Development



If you're interested in pursuing personal development opportunities that are linked to business goals and client needs, Aon will help you get there.

Tuition reimbursement

You may apply to participate in the tuition reimbursement program if you are a regular full-time colleague with six months of continuous service by the starting date of the course. If your participation is approved, tuition reimbursement will be granted for courses that are generally job related. Please visit UPoint for more information on this program.

Professional designations and certificates

The sponsorship program provides 100% reimbursement for study materials and exam fees upon successful completion of an approved insurance or job-related professional designation that supports business activities within your current position, department, or division.



Voluntary Benefits

Aon offers a variety of voluntary benefits.

Aon Active Health Exchange voluntary benefits

Legal services plan

The legal services plan is administered by MetLife and offers a nationwide network of attorneys for legal counsel on a wide variety of issues such as real estate matters, tax audits, divorce and separation, and document preparation.

This plan also includes the following services:

- Immigration assistance;
- Criminal misdemeanor defense;
- Coverage for boundary and title disputes;
- Coverage for zoning applications; and
- Coverage for protection from domestic violence.

The cost to enroll in the plan covers the colleague and eligible family members.

Identity protection

Victims of identity theft spend countless hours trying to sort out the damage.

Identity protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.

When deciding whether to apply for identity protection, be sure to consider the following:

- **Cost per paycheck:** You'll be able to see the cost per paycheck when you enroll through UPoint.
- **Your risk factors:** While everyone has risk, some people are at greater risk than others. Have you used credit cards on unsecure websites? Do you make online purchases regularly? If you answered "yes" to either question, having identity protection could give you peace of mind.
- **Flexibility:** Because you can drop coverage at any time, it's easy to make a change if the need arises.

Identity protection is a voluntary benefit administered by NortonLifeLock. The plan covers colleagues and eligible family members.

Long-term care insurance

Long-term care insurance protects you and your family from the financial impact of an unforeseen accident, illness, or chronic condition. Long-term care insurance helps with expenses you incur for qualified long-term care services received at home, in the community, or in a nursing facility.

You may qualify for long-term care benefits if you need help performing two everyday activities (e.g., bathing, dressing, eating) or if you suffer from a severe cognitive impairment that requires substantial supervision.

Long-term care insurance is provided by Genworth Life Insurance Company. To enroll for coverage or get more information, contact Genworth directly by visiting genworth.com/groupptc (group ID: AON, access code: groupptc) or by calling **1.800.416.3624**.



Voluntary Benefits—continued

Expert second opinion with 2nd.MD

When dealing with illness, injury, or chronic pain, 2nd.MD makes it easy to get a free and confidential virtual second opinion from nationally-recognized doctors. Aon is offering colleagues and family members covered under an exchange medical option the opportunity to connect with board-certified doctors via phone or video.

By calling 2nd.MD, you can get an expert second opinion—within days—when you or a covered family member has questions like:

- Do I have the correct diagnosis?
- Am I on the best treatment plan?
- Am I taking the right medications?
- Is this surgery or procedure the best option for me?
- Am I on the right path to pain relief?

You don't need a referral for an expert second opinion! To get started, simply visit 2nd.MD/aon or call **1.866.887.0712**.

Auto and homeowners' insurance

You can get special group rates and policy discounts on many types of insurance—including auto, home, condominium, renter's, and recreational vehicle insurance. Auto and home insurance is a voluntary benefit. You apply for coverage directly with the insurance carrier. And you can apply for or drop coverage at any time during the year. You can pay your premiums through convenient paycheck contributions or have them charged to a credit or debit card.

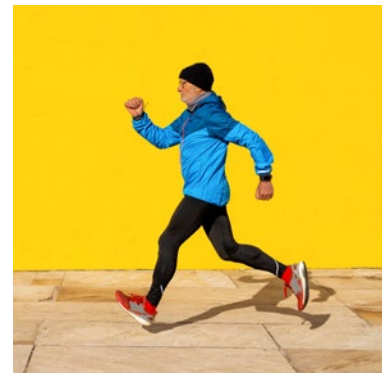
When deciding whether to apply for auto and home insurance, be sure to consider the following:

- **Cost per paycheck:** The cost for coverage depends on the insurance carrier you select, the type of policy you choose, and your location. Before you apply, you can get a personalized quote from each insurance carrier.
- **Your personal situation:** Auto and home insurance offers policies to cover your possessions against damage and theft. And you may be eligible for additional discounts if you buy more than one policy from the same insurance carrier.
- **Flexibility:** Because you can apply for or drop coverage at any time, it's easy to make a change if the need arises.

Auto and home insurance is administered by Farmer's GroupSelect, Liberty Mutual, and Travelers.

Group Personal Umbrella (GPU) liability insurance

This voluntary benefit is serviced by Aon Private Risk Management-Personal Lines, and underwritten by Chubb. Group Personal Umbrella (GPU) insurance protects you and household family members from catastrophic financial loss due to damages you are legally liable for as a result of an unintentional act of personal negligence, such as causing an automobile or boating accident. It also may provide coverage if someone is injured while visiting your home. Coverage under the GPU provides protection above the limits of your primary personal insurance policies—your home, auto, boat, and recreational vehicle policies—and pays if the limits of those policies become exhausted in the event of a significant loss.



Voluntary Benefits—continued

Accident insurance

Aon offers accident insurance to help cover the out-of-pocket medical expenses and extra bills that can follow an accident. The total benefit you receive is based on the type of injury, its severity, and the medical services you received in treatment and recovery.

The plan pays benefits for a variety of injuries and accident-related expenses. Examples of covered injuries include:

- Fractures
- Dislocations
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan features:

- Benefits are paid for accidents that occur on and off the job.
- You can elect to cover your spouse and children.
- There are no health questions or physical exams required.
- Coverage is portable, which means you can take your policy with you if you change jobs or retire.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

Hospital indemnity insurance

Hospital indemnity insurance pays you a single lump-sum benefit in the event you or a family member covered under this plan is hospitalized. The benefit is based on the type of hospital stay. Hospital indemnity insurance is administered by MetLife.

Critical illness insurance

Despite having quality medical insurance options, there are still many out-of-pocket expenses if you or a family member experiences a critical illness. Critical illness insurance, administered by MetLife, will help by providing a lump-sum benefit if you or a covered dependent experiences one of the following:

- Cancer
- Heart attack, heart transplant, stroke, and coronary artery bypass graft
- Other covered conditions, including major organ transplant or kidney failure

Aon will automatically provide you with \$3,000 of critical illness insurance per covered person at no cost to you if you participate in either the Bronze, Bronze Plus, or Silver medical plan option. You may purchase additional critical illness insurance up to \$20,000 for yourself and each of your eligible dependents. Certain limits apply.

COVID-19, classified as an Infectious Disease, is covered as follows: 100% coverage in the \$3,000 benefit Employer Paid Plan and 25% coverage in the choice \$10,000/\$15,000/\$20,000 benefit Employee Paid Plan.



Voluntary Benefits—continued

Pet insurance

Pet insurance through Healthy Paws can reimburse up to 90% of veterinary expenses for a sick or injured dog or cat. It also provides coverage for emergencies, genetic conditions, and much more. If your pet needs treatment for any accident or illness (except pre-existing conditions), you're covered. There are no annual or lifetime limits, and there is not a network of providers—you can use any licensed veterinarian.

You can add or drop coverage at any time during the year. You'll pay your premiums by credit or debit card. Log on to UPoint at upoint.aon.com for additional information and to enroll.

Healthy Paws is an Aon company and is the #1 customer-rated pet insurance on Yelp.com, Angie's List, ConsumersAdvocate.org, and PetInsuranceReviews.com.

One plan. Four paws. All covered! Get a [free quote](#) today!

When deciding whether to enroll in pet insurance, be sure to consider the following:

- Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered “yes” to either question, having pet insurance could give you peace of mind.
- Once enrolled, you can see any licensed veterinarian for treatment and submit your bill for reimbursement quickly and easily via the Healthy Paws mobile app.
- Because you can add or drop coverage at any time, it's easy to make a change if the need arises.
- Your cost of coverage is based on the type of pet, breed, and age. Before you enroll, you can get a free personalized quote from Healthy Paws.

Disclosure

Healthy Paws Pet Insurance & Foundation is the brand name for the program operations of Healthy Paws Pet Insurance LLC. Healthy Paws Pet Insurance, LLC is a licensed producer in all states (TX license # 1636108); operating in California as Healthy Paws Pet Insurance Services, LLC (CA license # 0H16053), and in New York, Healthy Paws Pet Insurance Agency, LLC.



Have more than one?

Coverage is provided by pet. In other words, if you have more than one, you can get a personalized quote for each.



Learn more

You can find more information about this benefit on the Make It Yours website by going to aon.makeityoursource.com and clicking the Make It Yours tile. Select **Choose Benefits > More Options > Pet Insurance**.

Other Benefits

In addition to the plans already described, the company provides other programs for your benefit.

Adoption assistance

Adoption assistance is available to full-time and regular part-time colleagues who have at least one year of service with Aon. All eligible expenses related to domestic and foreign adoptions must be submitted within 12 months of the finalization of the adoption to be eligible for reimbursement.

Matching gifts

Aon's matching gifts program encourages colleagues to support the efforts of qualifying non-profit organizations in the areas of higher education, culture and the arts, health, community and human services, and youth development.

All U.S.-based full-time colleagues actively employed by the company for at least one year are eligible to participate. The Aon Foundation will match, dollar-for-dollar, colleague contributions up to \$1,000 a year. The minimum individual colleague contribution that will be matched is \$25.

Travel assistance program

This program, available through The Hartford, provides resources and assistance if you experience medical or other unexpected issues while traveling more than 100 miles from your home. This program is available to colleagues covered under The Hartford's life or AD&D insurance policies.



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UPoint is a registered trademark of Alight Solutions LLC.

Aon reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.

Your Rights Following a Mastectomy (Women's Health and Cancer Rights Act Notice)

Do you know that Aon's medical plan options, as required by the Women's Health and Cancer Rights Act of 1998, provide benefits for mastectomy-related services including all stages of reconstruction (including re-pigmentation) and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema? Contact the insurer of your medical plan for more information. The contact information can be found on pages 84, 85 or 86 of your SPD or contact the Aon Service Center at 1.855.625.5500. Your SPD can be found on UPoint.

HIPAA Notice of Privacy Practices

The HIPAA Notice of Privacy Practices ("HIPAA Privacy Notice") explains the uses and disclosures the Aon Health Plans may make of your protected health information, your rights with respect to your protected health information, and the Plans' duties and obligations with respect to your protected health information. The HIPAA Privacy Notice can be found on UPoint. You may view the notice and/or print a paper copy from the website; or you also may request a paper copy by writing to the Administrative Committee c/o Aon Service Center, P.O. Box 7206, Rantoul, IL 61866-7206, or by calling 1.855.625.5500.