



2026 U.S. Employee Benefits Guide

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Medicare Part D Notice

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.



Welcome to Your McAfee Benefits!

At McAfee®, our commitment to keeping people safe extends beyond our products to the way we care for our team members. Just as we protect the digital lives of millions, our goal is to safeguard you and your family through a comprehensive health and wellness package. We want you to feel secure and thrive both personally and professionally.

Health and wellness benefits, including the company's healthcare plans, Paid Time Off (PTO) and financial opportunities, are essential components of McAfee's Total Rewards Package. These benefits play a crucial role not only in our employee recruitment and retention strategy, but also in our company's overall operational long-term approach.

We encourage you to spend time reviewing this guide to better understand your available benefit options and choose the best coverage to fit your needs.

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan description for those programs. If there is a conflict between this guide and the official plan documents the plan documents will govern. McAfee reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For more information about the specific plans available to you, please contact human resources.

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Who's Eligible for Benefits?



Employees

You are eligible if you are an active employee working 20 or more hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to “Determining Eligibility” later in this guide for details.

Eligible Dependents

- Legally married spouse or domestic partner (same sex or opposite sex)
- Biological, adopted, stepchildren or domestic partner’s children up to age 26
- Unmarried children of any age who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)
- For additional coverage information, please refer to the benefit booklets for each benefit

When You Can Enroll

You have three opportunities to enroll in benefits:

1. During Open Enrollment
2. New Hire — New employees can enroll within 30 days of your hire date
3. Within 30 days of a qualified life change in family status

Changing Your Benefits

Click to play video



Life Happens

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

You may be required to provide supporting documentation (e.g., marriage certificate, tax documents, birth certificates) when adding a dependent to coverage. Contact [People Services](#) if you have any questions.

Outside of open enrollment, you may be able to enroll in or make changes to your benefit elections if you have a Qualified Life Event, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)

You must submit any change requests within 30 days of the event

Enrolling For Benefits



Do I need to Enroll?

Yes, this is an **active open enrollment** meaning that your 2026 medical, dental, vision, HSA, and FSA enrollments will not automatically roll over. **You must re-enroll to have coverage in 2026.**

We will maintain your existing **voluntary life insurance** and **voluntary benefit elections**, and you will automatically be enrolled in **basic life, AD&D, short term disability and long-term disability.**

Before You Enroll

- Know the date of birth, social security number and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

How to Make Your Benefit Elections

1. Open [Workday](#)
2. Click the Inbox icon
3. Click the Open Enrollment task
4. Select Elect or Waive for each health care election choice
5. Complete your enrollment:
 1. Review all of your benefit elections. (also check what you are waiving)
 2. Check the I Agree box to confirm your electronic signature
 3. Click Submit and a confirmation page will display
 4. Click Print to generate a PDF version for your records or Done to complete the process.

What's New and Changing

As we head into Open Enrollment, we want to make sure you have the information you need to choose the best coverage for 2026.

This year, we've made a few updates to our health plans and cost-sharing. These changes help us keep pace with rising healthcare costs and align with U.S. market standards, while continuing to offer strong, competitive benefits that support you and your dependents.

Enrollment is active this year, which means you'll need to review your options and choose what works best for you and your family. Here's a quick look at what's staying the same, what's changing and what's being enhanced:

No Change	• Medical, dental or vision carriers • Pharmacy administrator • Dental and vision plan design • Life or disability benefit • Voluntary benefit elections will carry over from 2025 • No increase to life insurance or voluntary benefit premiums
Changing	• Medical plan design • Increased premiums • Dependent enrollment tiers • Terminated Cigna HMO health plan • New premium for base vision plan • Health Savings Account (HSA) and Flexible Spending Account (FSA) limits have increased per IRS guidelines
Enhanced	• \$0 telemedicine visits • Access to \$0 preventive medications through Cigna medical plans and select specialty medications through a new PrudentRx program • Expanded mental health support • Increased employer HSA match to \$600 individual / \$1,200 family • GoJoe- A global social fitness platform



Medical, Dental, Vision & Pharmacy

Our Plans

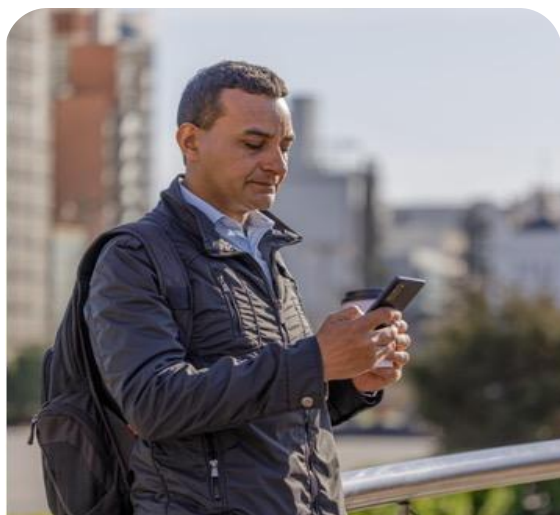
- Cigna High-Deductible Health Plan
- Cigna PPO
- Kaiser CA HMO (CA employees only)
- Kaiser NW HMO (OR and SW WA employees only)

Which Plan is Right for You?

Choosing the right plan to meet your needs is the first step to living your healthiest life. When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. This includes what you pay in premiums (paid per paycheck) and what you pay for services out of your pocket (at the time of the visit). While each medical plan covers in-network preventive screenings in full, the plans vary on annual deductibles, copays and levels of coinsurance. This means you may pay higher out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your health needs with out-of-pocket costs that are within your budget.

If you enroll in a Cigna medical plan you will automatically be enrolled in prescription coverage through RX Benefits/CVS. If you enroll in a Kaiser plan you will automatically have prescription coverage through Kaiser.

Which Plan is Right for You?



Plan acronyms

PPO = Preferred Provider Organization

HDHP = High-Deductible Health Plan

HMO = Health Maintenance Organization

Planning tip: To make the best choice for you and your family it's important that you review all the plan options available to you, including your spouse's or partner's plan.

Visit the [Hub](#) for more resources.

Consider the HDHP if:

- You want to be able to see any provider, even a specialist, without a referral
- You want coverage for out-of-network providers (at a higher cost)
- You want tax-free savings on your healthcare costs
- You want to build a savings account for future healthcare costs for you and your eligible family members
- You want an extra way to add to your retirement savings

Plans to consider

- [Cigna High-Deductible Health Plan](#)

Consider the PPO if:

- You want to be able to see any provider, even a specialist, without a referral
- You want coverage for out-of-network providers (at a higher cost)
- You prefer the financial surety of fixed-dollar copays for many covered services

Plans to consider

- [Cigna PPO](#)

Consider the HMO if:

- You want lower, predictable out-of-pocket costs
- You are happy with the selection of network providers
- You don't see any doctors that are out-of-network

Plans to consider

- [Kaiser CA HMO \(CA employees only\)](#)
- [Kaiser NW HMO \(OR and SW WA employees only\)](#)

Cigna High-Deductible Health Plan

Cigna Network: Cigna Open Access Plus

Benefit Description	Cigna HDHP In-Network	Cigna HDHP Out of Network
Annual Deductible	\$2,000 Individual \$4,000 Family (Aggregate)	\$2,000 Individual \$4,000 Family (Aggregate)
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family
Office Visit Primary Provider	20% after deductible	55% after deductible
Office Visit Specialist	20% after deductible	55% after deductible
Preventive Care	Covered in Full	55% after deductible
Lab and X-ray	20% after deductible	55% after deductible
Urgent Care	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible
Hospitalization	20% after deductible	55% after deductible
Outpatient Surgery	20% after deductible	55% after deductible
Prescription Drugs		
Retail (30-day supply)		
Generic Preferred Brand Non-Preferred Brand Specialty	20% after deductible 20% after deductible 20% after deductible 20% after deductible	55% after deductible 55% after deductible 55% after deductible 55% after deductible
Mail Order (90-day supply)		
Generic Preferred Brand Non-Preferred Brand Specialty	20% after deductible 20% after deductible 20% after deductible N/A	55% after deductible 55% after deductible 55% after deductible N/A

Planning Tip: Certain preventive drugs are covered at 100% with no deductible or copay. To check the Preventive Prescription Drug List for eligible prescription drugs, visit the [Hub](#) or contact Rx Benefits.

Aggregate Deductible — When covering more than 1 person, co-insurance applies after the entire family deductible has been met.

Embedded Deductible — When covering more than 1 person, co-insurance applies after the individual deductible has been met.

Cigna PPO Plan

Cigna Network: Cigna Open Access Plus

Benefit Description	Cigna PPO In-Network	Cigna PPO Out of Network
Annual Deductible	\$1,000 Individual \$2,000 Family (Embedded)	\$1,000 Individual \$2,000 Family (Embedded)
Annual Out-of-Pocket Maximum	\$3,500 Individual \$7,000 Family	\$6,000 Individual \$12,000 Family
Office Visit Primary Provider	\$20 Copay	55% after deductible
Office Visit Specialist	\$40 Copay	55% after deductible
Preventive Care	Covered in Full	55% after deductible
Lab and X-ray	20% after deductible	55% after deductible
Urgent Care	\$50 Copay	\$50 Copay
Emergency Room	\$150 Copay	\$150 Copay
Hospitalization	20% after deductible	55% after deductible
Outpatient Surgery	20% after deductible	55% after deductible
Prescription Drugs		
Retail (30-day supply)		
Generic	\$10 Copay	55% after deductible
Preferred Brand	\$40 Copay	55% after deductible
Non-Preferred Brand	\$70 Copay	55% after deductible
Specialty	\$150 Copay	55% after deductible
Mail Order (90-day supply)		
Generic	\$25 Copay	55% after deductible
Preferred Brand	\$100 Copay	55% after deductible
Non-Preferred Brand	\$175 Copay	55% after deductible
Specialty	N/A	N/A

Aggregate Deductible — When covering more than 1 person, co-insurance applies after the entire family deductible has been met.

Embedded Deductible — When covering more than 1 person, co-insurance applies after the individual deductible has been met.

Kaiser HMO Plan

Kaiser Network

Benefit Description	Kaiser CA HMO (CA Only)	Kaiser NW HMO (OR & SW WA Only)
Annual Deductible (Embedded)	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Annual Out-of-Pocket Maximum	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Coinsurance	20%	20%
Office Visit Primary Provider	\$20 Copay	\$20 Copay
Office Visit Specialist	\$30 Copay	\$30 Copay
Preventive Care	Covered in Full	Covered in Full
Lab and X-ray	\$10 Copay	\$10 Copay
Urgent Care	\$20 Copay	\$30 Copay
Emergency Room	\$200 after deductible (Waived if admitted)	\$200 per visit (Waived if admitted)
Hospitalization	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible
Prescription Drugs		
Retail (30-day supply)		
Generic Preferred Brand Non-Preferred Brand Specialty	\$10 Copay \$30 Copay \$30 Copay 20% up to \$250	\$10 Copay \$30 Copay \$60 Copay 20% up to \$250
Mail Order (90-day supply)		
Generic Preferred Brand Non-Preferred Brand Specialty	\$20 Copay \$60 Copay \$60 Copay N/A	\$20 Copay \$60 Copay \$120 Copay N/A

Aggregate Deductible — When covering more than 1 person, co-insurance applies after the entire family deductible has been met.

Embedded Deductible — When covering more than 1 person, co-insurance applies after the individual deductible has been met.

Kaiser is available in California and the Northwest region (WA & OR)- and eligibility is based on zip codes in Kaiser service areas. Visit the [Hub](#) for Kaiser service areas.

Prescriptions Breaking Your Budget?

Click to play video



The Formulary Drug Tiers Determine Your Cost

\$	Generic drugs (Tier 1)
\$\$	Brand-name drugs (Tier 2/3)
\$\$\$	Specialty drugs (Tier 4)

Understanding the Formulary Can Save You Money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a Formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Our prescription drug formularies separate covered medications into four drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the Most from Your Coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic, or Tier 1, drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

If you are enrolled in a Cigna plan, visit [Caremark](#) to find out if a drug is on your plan's formulary and if you are enrolled in a Kaiser plan visit [Kaiser](#), or call the customer service number on your ID card.

We've Got You've Covered

If you enroll in a Cigna medical (HDHP, PPO) plan you are automatically enrolled in prescription coverage through RX Benefits/CVS Caremark. If you enroll in a Kaiser plan you will automatically have prescription coverage through Kaiser.

Your prescription ID can be found on the back of your medical ID card.

Delta Dental PPO Plan



Delta Dental PPO offers access to a large network of dentists and services that cover most diagnostic, preventive and restorative dental needs, as well as orthodontia for you and your family. Your provider's network participation will dictate your benefit level; you save more when you stay in-network.

Find a PPO dentist at deltadentalins.com.

Benefit Description	PPO Network	Premier Network	Out of Network*
Calendar Year Deductible (waived for preventive services)	\$50 person	\$50 per person	\$50 per person
Calendar Year Benefit Maximum	\$2,500 per person	\$2,000 per person	\$1,700 per person
Diagnostic & Preventive Care (cleaning/exam)	Covered in Full	10%	10%
Basic & Restorative Services (fillings, extractions, root canals)	10%	10%	10%
Major Services (crowns, bridges, dentures)	50%	50%	50%
Orthodontia (adults & dependent Children)	50%	50%	50%
Orthodontia Lifetime Maximum	\$2,500 per person	\$2,000 per person	\$1,500 per person

**For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary and reasonable charge as determined by Delta Dental.*

VSP Vision PPO Plan Comparison



Keep your vision clear and your eyes in good health with regular eye exams. When you enroll in vision coverage through VSP, you and your covered dependents receive one eye examination per calendar year. No matter whether you choose the Base Plan or Plus Plan, you can expect an extensive network of optometrists and vision care specialists. To find an in-network provider, visit www.vsp.com.

Benefit Description	VSP Base Plan	VSP Plus Plan
WellVision Exam (every calendar year)	\$0 Copay	\$0 Copay
Frames	\$25 copay, up to \$130 allowance Every 24 months	\$10 copay, up to \$200 allowance Every 12 months
Lenses (every calendar year) Single Lined Bifocal Lined Trifocal	\$25 Copay	\$10 Copay
Elective Contact Lenses Fitting & Evaluation	\$55 copay, up to \$130 allowance	\$55 copay, up to \$200 allowance
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price. Discounts only available at contracted facilities.	\$2,000 lifetime allowance for LASIK, Custom LASIK and PRK. Average 15% off the regular price or 5% off the promotional price. Discounts only available at contracted facilities.

Your Semi-Monthly Medical, Dental and Vision Costs

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — reducing your taxable income.

Medical	Cigna HDHP	Cigna PPO	Kaiser CA & NW
Employee Only	\$42.50	\$132.50	\$42.00
Employee + Spouse	\$144.00	\$280.00	\$143.50
Employee + Child(ren)	\$118.00	\$255.00	\$117.50
Employee + Family (Spouse & Child(ren))	\$175.00	\$457.50	\$174.50

Dental	Delta Dental	Vision	VSP Basic	VSP Plus
Employee Only	\$10.25	Employee Only	\$2.50	\$5.95
Employee + Spouse	\$15.48	Employee + Spouse	\$4.75	\$9.33
Employee + Child(ren)	\$14.08	Employee + Child(ren)	\$3.75	\$8.22
Employee + Family (Spouse & Child(ren))	\$25.48	Employee + Family (Spouse & child(ren))	\$5.75	\$12.75

Domestic partner rights: if you choose to add your domestic partner to your coverage, you will be required to pay their portion with post tax deductions and you will be taxed on the imputed income. Imputed income is additional taxable income that will be added to each pay period. Imputed income equals the cost of the employer contribution minus your post-tax premium toward the coverage. This amount is deducted from your paycheck, but you will be required to pay taxes on this amount.

Your Bi-Weekly Medical, Dental and Vision Costs

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — reducing your taxable income.

Medical	Cigna HDHP	Cigna PPO	Kaiser CA & NW
Employee Only	\$39.23	\$122.31	\$38.77
Employee + Spouse	\$132.92	\$258.46	\$132.46
Employee + Child(ren)	\$108.92	\$235.38	\$108.46
Employee + Family (Spouse & Child(ren))	\$161.54	\$422.31	\$161.08

Dental	Delta Dental	Vision	VSP Basic	VSP Plus
Employee Only	\$9.46	Employee Only	\$2.31	\$5.49
Employee + Spouse	\$14.29	Employee + Spouse	\$4.38	\$8.61
Employee + Child(ren)	\$13.00	Employee + Child(ren)	\$3.46	\$7.59
Employee + Family (Spouse & Child(ren))	\$23.52	Employee + Family (Spouse & Child(ren))	\$5.31	\$11.77

Domestic partner rights: if you choose to add your domestic partner to your coverage, you will be required to pay their portion with post tax deductions and you will be taxed on the imputed income. Imputed income is additional taxable income that will be added to each pay period. Imputed income equals the cost of the employer contribution minus your post-tax premium toward the coverage. This amount is deducted from your paycheck, but you will be required to pay taxes on this amount.

Health Savings Account (HSA)

Click to play videos



Are You Eligible for an HSA?

- You are eligible if you are enrolled in the Cigna HDHP.
- You are not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid or Tricare.
- Due to IRS rules, you can't be claimed as a tax dependent on someone else's tax return.
- You can't be enrolled in a healthcare Flexible Spending Account (FSA).

Tip: You can be enrolled in an HSA and a "limited purpose" FSA and use the funds for dental and vision expenses.

A Personal Savings Account for Healthcare

If you enroll in the Cigna HDHP, you may be eligible to open a Health Savings Account (HSA) through HealthEquity to help pay for eligible health care expenses not covered under your medical, dental or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs in retirement.

You contribute to your HSA, up to the IRS limit, with pre-tax dollars through payroll contributions. When you enroll in an HSA, you will receive a HealthEquity debit card to pay for eligible medical expenses.

How the HSA Works

Your HSA is set up automatically after you enroll. To help your savings grow, McAfee matches your annual contribution, up to:

- Employee Only Coverage: \$600
- Employee + Spouse Coverage: \$1,200
- Employee + Child(ren) Coverage: \$1,200
- Employee + Family Coverage: \$1,200

Contributions limits (including the employer amount) are set by the Internal Revenue Service. 2026 contribution limits are:

- Individual: \$4,400 per year
- Family: \$8,750 per year
- Age 55+: \$1,000 extra per year

Four Reasons to Love an HSA

Tax-free. No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.

No "use it or lose it." Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.

Use it now or later. Use your HSA for healthcare expenses you have today or save the money to use in the future.

Boosts retirement savings. After you retire, you can use your HSA for healthcare expenses tax-free.

To learn more about the HSA, visit the [Hub](#).

Flexible Spending Account (FSA)

McAfee offers you three types of Flexible Spending Accounts — a Health Care FSA, Limited Purpose FSA, and a [Dependent Care FSA](#). These accounts allow you to contribute pre-tax dollars from your paycheck to pay for qualified expenses. Our FSAs are administered by Health Equity.

Plan Features	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Eligible Expenses	Health Equity Health Care FSA	Health Equity Limited Purpose FSA	Health Equity Dependent Care FSA
Eligibility	You are eligible for the Health Care FSA if you are not contributing to an HSA.	You are eligible for the Limited Purpose FSA only if you are enrolled in an HSA.	All benefit-eligible employees are eligible for a Dependent Care FSA.
Annual Contribution Increased!	\$3,400	\$3,400	Single or Married Filing Jointly: \$7,500 Married Filing Separately: \$3,750
Eligible Expenses	Health care, dental and vision expenses	Dental and vision expenses	Daycare for children (12 or under) and dependent adults
Availability of Funds	The amount you elect is available on your plan effective date (e.g. 1/1/2026)	The amount you elect is available on your plan effective date (e.g. 1/1/2026)	The available amount is limited to the total of your year-to-date contributions.
Payment or Reimbursement	Debit card or reimbursement	Debit card or reimbursement	Reimbursement
Rollover Amounts	Roll over up to \$680 of unused funds	Roll over up to \$680 of unused funds	Unused fund do not roll over
Service Deadline	Services must be incurred by 12/31/2026		
Reimbursement Deadline	Submit claims by 3/31/2027		

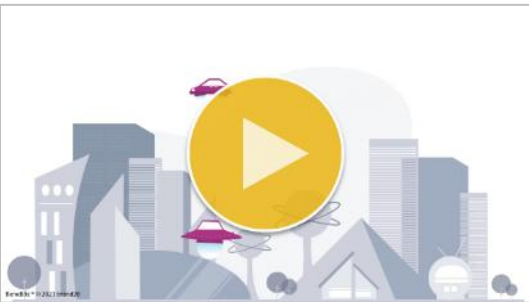


Maximize Your Benefits

Click to play videos



Urgent Care vs. ER



Virtual Healthcare

Maximize Your Health Benefits

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

Know Where to Go

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget and time.

Visit type	Use it for:
Nurse line (\$0) Available 24/7 at no cost	Quick answers from a trained nurse: • to determine if immediate care is needed • for home treatment options & advice
Online visit (\$0) Available 24/7	Non-emergency health issues: • cold, flu, allergies, headache, migraine • rashes, skin conditions • minor injuries • mental health concerns
Office visit (\$\$) Typically open during regular business hours	Routine medical care and management: • preventive care • illnesses and injuries • existing conditions
Urgent care (\$\$\$) Typically open with extended evening and weekend hours	Urgent but not life-threatening conditions: • sprains or stitches • animal bites • high fever or respiratory infections
Emergency room (\$\$\$) Open 24/7	Life-threatening conditions requiring immediate care: • suspected heart attack or stroke • broken bones • excessive bleeding • severe pain • difficulty breathing

[Click to play video](#)





Life & Disability

Name Your Beneficiaries

If the worst happens, your beneficiary — the person (or people) on record with the life insurance carrier — receives the benefit. Make sure you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is Your Family Protected?

Life, Accidental Death and Dismemberment (AD&D) and disability insurance can fill a number of financial gaps for a family recovering from an illness, injury or worse. After a loss of income, many families have to reduce their standard of living. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled.

If You Need More

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse and your children.

Life and AD&D Insurance

What's Guaranteed Issue?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

A Note About Taxes

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

To learn more about our life insurance offerings visit the [Hub](#).

Company Provided Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the company.

Basic Life & AD&D Insurance – Paid in Full by McAfee

Benefit Amount

- Basic Life is equal to 2x times your earnings up to \$1,000,000
- Basic AD&D is equal to 2x your earnings up to \$500,000

Protecting Those You Leave Behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Voluntary Life and AD&D Coverage

Voluntary Life & AD&D Insurance – Paid in Full by Employee

Employee

- Voluntary Life: 1x-7x salary up to \$2,000,000 maximum
- Voluntary AD&D: 1x-7x salary up to \$1,000,000 maximum
- Guaranteed issue is 2x base salary or \$400,000

Spouse

- \$50,000 increments up to \$250,000 (cannot exceed employee coverage.)
- Guaranteed issue is \$50,000

Child(ren) (up to age 26)

- Voluntary Life: \$5,000 increments up to \$20,000.
- Voluntary AD&D: \$10,000 increments up to \$50,000

Short-Term Disability Insurance



Expect the Unexpected

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses. To learn more about our disability coverage visit the [Hub](#).

Short-Term Disability (STD) Benefits

STD insurance replaces part of your income for limited duration issues such as:

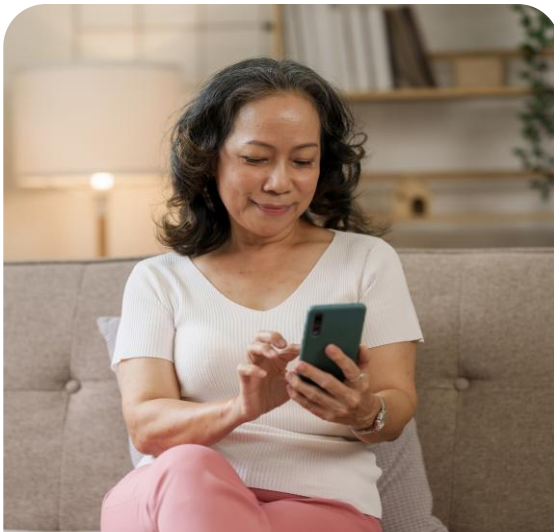
- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security or state disability.

McAfee pays the cost of this coverage.

Short-Term Disability	
Weekly Benefit Amount	• Weeks 1-8 – Replaces 100% of your weekly base salary up to \$4,000 • Week 9-18 – Replaces 66.67% of your weekly base salary up to \$4,000
Elimination Period	• 14 Days
Benefits Begin	• After 14 Days of disability due to accident or illness
Maximum Payment Period	• 180 days

Long-Term Disability Insurance



Things to Know About LTD Insurance

- It can protect you from having to tap into your retirement savings.
- You can use LTD benefits however you need, for housing, food, medical bills, etc.
- Benefits can last a long time — from weeks to even years — if you remain disabled.
- To learn more visit about our disability benefit visit the [Hub](#).

Long-Term Disability (LTD) Benefits

LTD insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal or private disability benefits you receive while disabled. McAfee pays the cost of this coverage.

Long-Term Disability	
Weekly Benefit Amount	66.67% of monthly earnings, up to a monthly maximum of \$15,000
Benefits Begin	After 180 days of disability
Maximum Payment Period	To Social Security Normal Retirement Age



Other Programs

Our Plans

- Health-related plans
- Legal coverage
- Pet insurance
- Business Travel Assistance

You're Unique and so are Your Benefit Needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deductions.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all — it's up to you.

Voluntary Health-Related Plans



Things to Consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

To learn more about our voluntary benefits visit the [Hub](#).

Accident Insurance — Unum

Accident Insurance helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit.

Critical Illness Insurance — Unum

Critical illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness.

Hospital Indemnity Insurance — Unum

Hospital indemnity insurance can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries — you decide.

Cancer Guardian

This unique program provides genetic testing and personalized health guidance to help individuals understand and manage their health risks, particularly related to hereditary cancers, cardiovascular diseases and other critical illnesses. The program includes actionable results from genetic screenings, access to expert navigation and counseling and support for adult cancer patients, survivors and caregivers.

Plans to Keep You and Your Family Secure



Legal Program — MetLife Legal

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from MetLife Legal offers reputable attorney assistance for you and your family. Visit the [Hub](#) for more information.

Pet Insurance

Your pets can now receive coverage to stay healthy, too. Voluntary pet insurance helps you stay financially prepared, as veterinary bills can add up quickly. Pet insurance from Nationwide will help you can save money on unexpected veterinary expenses plus routine veterinary care, such as vaccines, wellness exams and teeth cleaning. Stay private and secure online with www.petinsurance.com or visit the [Hub](#) for more information.

Travel Assistance

Worldwide emergency assistance services for business travel are available to you with just one call. When traveling for business in a foreign country- or anywhere more than 100 miles away from your home- for up to 120 consecutive days, you and your family can count on Cigna Travel Assistance to help you in the event of a medical emergency.

- Hospital admission coordination
- Emergency medical evacuation
- Lost document and luggage assistance
- Prescription replacement assistance
- Referrals to English-speaking providers

Visit www.cignaenvoy.com for more information.



Financial Wellness

Plans to Help You Save

- 401(k) Retirement Savings Plan
- Medicare Solutions
- Student Loan Refinancing

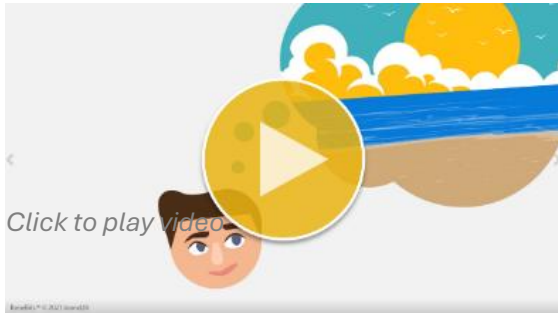
Is it Time for a Financial Wellness Checkup?

Are you worried about money? Making your paycheck last? Paying down debt? Making a big purchase like a car or home? What about retirement?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money. You can reduce your tax burden, work toward your retirement goals, and get help refinancing student loans.

Save Now, Enjoy Later



Important Differences of a Roth 401(k)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth account as long as you want.

To learn more about our 401(k) program visit the [Hub](#).

Our 401(k) retirement savings plan, administered by Fidelity, is a powerful tool to help you save for retirement and offers a variety of investment options to choose from. The company also generously matches employee 401(k) contributions to help grow your retirement savings, so you are financially prepared when it's time to retire.

Eligibility: As a regular employee you are eligible to participate in the 401(k) from day 1 and are automatically enrolled at 3% pre-tax unless you opt out or make a deferral election.

Enroll: You can enroll or change your contributions at any time by logging onto www.401k.com.

Contributions: You can contribute pre-tax, Roth, and after-tax through regular payroll deductions and if you want to contribute from your Annual Bonus or QIP, a separate bonus election is required.

Auto Increase: You have the option to select a date and a contribution percentage amount and each year you will automatically increase your contribution amount. Small increase can make a big difference.

Employer Match: The company generously matches employee 401(k) contributions of 100% up to 6% employee contribution (annual max of \$7,000)

Vesting: You are 100% vested in both your employee contribution and company match. Please see the [Summary Plan Description](#) for details on when you are vested in (own) contributions from McAfee.

Maximum Annual Contribution	Up to \$24,500 per year. If you're 50 or older, save an additional \$8,000 – \$11,500 per year. (2026 Projected limits)
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McAfee Matching Contributions	100% of the first 6% that you set aside up to \$7,000 per year. The company match is per paycheck and you are immediately vested. Please see the Summary Plan Description for details on when you are vested in (own) contributions from McAfee.
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Turning 65? Know Your Medicare Options



Alliant Medicare Solutions is a no-cost service available to you, your family members and friends nearing age 65.

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you turn 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How Does it Work?

- Call Alliant Medicare Solutions at **(877) 888-0165** to speak with a licensed insurance agent. Have your current medical coverage information available when you call.
- Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options and which of those plans might work the best for you.
- If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.



[Your Guide to Medicare](#)



[Medicare 101](#)

Other Benefits



Tuition Reimbursement

We support continued learning for our employees for an undergraduate or graduate degree from an accredited institution of higher learning. McAfee will reimburse you for expenses related to tuition, fees, books, supplies, and equipment. McAfee will reimburse up to \$5,250 per year toward undergraduate, inclusive of tuition and eligible expenses, and up to \$12,500 per year toward graduate programs, inclusive of tuition and eligible expenses. Graduate-level programs are subject to a \$50,000 lifetime limit. Visit the [Hub](#) to learn more.

Student Loan Assistance

McAfee offers a Student Loan Repayment benefit to eligible employees. You may enroll in the Student Loan Repayment benefit via the Fidelity website. If eligible, McAfee will pay up to \$100 per month to your student loan provider. Visit the [Hub](#) to learn more.

McAfee Savings Passport

McAfee's Savings Passport, provided by Passport Corporate, offers exclusive savings just for you. Whether you are looking for special offers on hotels, flights, entertainment, shopping, or dining, there are savings to make your life easier — saving you time and money. Take advantage of these offers to save thousands of dollars each year! Visit the [Hub](#) to learn more.



Wellbeing & Balance

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

Wellness Programs

Anyone at McAfee can participate — even if you have waived medical coverage or enrolled in a Kaiser plan.



The more you do, the more you earn. We offer you up to \$150 for completing healthy actions.

MotivateMe

MotivateMe by Cigna is an incentive program that helps you change unhealthy behaviors— and rewards you for it. And that’s important because taking healthy actions will help reduce your risk of illness, disease and costly medical treatment. With MotivateMe, you’ll work toward achieving real results that mean a real, healthy change for you. Take care with things like a health assessment or biometric screening and you may earn awards.

Getting and staying healthy is important. And with the Cigna MotivateMe® program through McAfee, it's also rewarding.

Add up the savings.

You can earn rewards when you complete certain healthy activities, such as:

- A personalized health assessment
- A biometric health screening
- Online health coaching
- Preventive care screenings
- Maternity support

The more you do, the more you earn. Of course, the best reward is your good health.

Track Your Progress.

Go to myCigna.com or the myCigna® App to see your qualifying health and wellness activities and keep track of how much you've earned.

Kaiser enrollees also have access to healthy lifestyle programs. To start feeling your best visit [Kaiser](#) to learn more.

Wellness Programs



Calm App

Your mental health and well-being are incredibly important. We are proud to partner with Calm to support all McAfee employees.

Meditate: Guided meditations can help you manage anxiety, lower stress and sleep better.

Sleep: Let Sleep Stories settle your busy mind so you can drift off into dreamland.

Music: Calm's exclusive music tracks help you focus, relax or sleep.

Body: Body sessions are 10-minute guided video lessons for mindful movement and gentle stretching and are designed to release tension in your body and recharge your mind.

Masterclass: Learn from world-renowned mindfulness experts through these audio programs.

Scenes: Relax to nature scenes and sounds while sleeping, working or studying.

Calm App for Your Dependents

We believe mental health care should extend beyond you to your family. That's why we're offering dependent coverage with the Calm benefit! Up to five of your dependents can now receive their own premium Calm subscription. Once added, each dependent can create their own unique profile and access Calm's diverse content library of over 350 narrators in seven languages.

To learn more about Calm, including instructions to enroll visit the [Hub](#).

Employee Assistance Program (EAP)



Help for You and Your Household

There are times when everyone needs a little help, advice or assistance with a serious concern. The EAP, through Telus Helath, can help you handle a wide variety of personal issues, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation and elder care resources.

Best of all, contacting the EAP is completely confidential and free for any member of your immediate household.

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 visits per issue in a rolling calendar year
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Counseling

- Relationship challenges
- Emotional distress
- Job stress
- Communication issues
- Interpersonal conflict
- Alcohol or drug use
- Loss and grief

Elder care

- Help finding care resources for elderly or disabled relatives

Legal

- Local attorney referrals
- Family law (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate

Financial

- Money/debt management
- Identity theft resolution
- Tax issues

Parenting & Childcare

- Quality referrals
- Family day care centers
- Infant centers and preschools
- Before- and after-school care

Online Resources

- Self-help tools to enhance resilience and well-being
- Information and links to various services and topics

Family Friendly Benefits



Maven offers specialized care advocates who support members throughout their pregnancy journey and personally advocate for you, on-demand access to a custom network of women's family health providers via video, chat and phone and a supportive community of parents and educational resources. To learn more about Maven visit the [Hub](#).

Everyone has a right to bring their authentic self to work, and McAfee is committed to supporting that inclusive environment. We want to support you and your life outside of work by offering a variety of family friendly benefits.

Bonding Leave

McAfee offers new mothers and fathers leave time to spend with your family. Eligible employees can take up to 12 weeks of paid bonding leave. To learn more visit the [Hub](#).

Care@Work

McAfee is proud to bring you access to the world's largest network of care providers on www.care.com through Care@Work. Your family care benefits include:

- Care.com Membership
- Backup Care for Children and Adults
- Senior Care Solutions
- KinderCare Tuition Discounts

Visit the [Hub](#) to learn more.

Adoption Assistance

McAfee provides financial reimbursement for qualified adoption expenses up to \$15,000 per finalized adoption with no lifetime maximum. Visit the [Hub](#) to learn more.

Fertility Benefits

Cigna & CVS — Medical plans cover a \$40,000 & \$20,000 lifetime maximum for fertility services.

Kaiser — Kaiser plan covers fertility treatment view your Kaiser SPD for more details.

Visit the [Hub](#) to learn more.



New Hires

Welcome to McAfee!

We are excited that you have joined our Team! Our Total Rewards program, including our comprehensive benefits, are designed to support you and the needs of the business. You have important decisions to make within 30 days of your hire date. But don't worry! We have plenty of resources including this guide and information on the Hub that will assist you with your enrollment decisions. If you still have questions, reach out to the People Services team. **Now let's get started!**

New Hires



Note: If you don't enroll within 30 days of your hire date or miss the deadline to enroll, the next opportunity you will have to enroll will be with a qualifying life event or during Open Enrollment.

Medical, Dental, Vision and Employee Assistance Program (EAP)

Who's eligible:

- You
- Your Spouse/Domestic Partner
- Dependent child(ren) to age 26

How to Enroll

- Enroll in [Workday](#) within 30 days of your hire date
- You are automatically enrolled in EAP. EAP is available to anyone living in your household

Flexible Spending Accounts (FSA) Healthcare, Limited Purpose, and Dependent Care

Who's Eligible

- You
- Your Spouse/Domestic Partner
- Dependent child(ren) to age 26

How to Enroll

- Enroll in [Workday](#) within 30 days of your hire date

401(k)

Who's eligible:

- You

How to Enroll

- Fidelity, our 401(k) administrator, will send you enrollment instructions about two weeks after your hire date. You will be automatically enrolled at 3% pre-tax unless you elect a deferral percentage or opt out. To enroll in the McAfee 401(k) visit www.401k.com or visit the [Hub](#) for additional details.

Check out the [Hub](#) for additional resources.

New Hires



Short-Term Disability (STD)

Who's Eligible:

- You

How to Enroll

- You are automatically enrolled and benefit is paid by the company.
- If you are unable to work due to a disability, you are required to file your claim with Unum, our third-party disability leave administrator, within 30 days of your leave start date or as soon as practical if the leave is unknown to you or your leave may be denied.
- To learn more about STD and LTD, visit the [Hub](#).

Basic Life and Accident Death & Dismemberment (AD&D) Insurance

Who's Eligible:

- You

How to Enroll

- You are automatically enrolled in coverage and benefit is paid by the company
- Basic Life is equal to 2x times your earnings up to \$1,000,000
- Basic AD&D is 2x your earnings up to \$500,000

Voluntary Life and Accident Death & Dismemberment (AD&D) Insurance

Who's Eligible:

- You

How to Enroll

- Enroll in Workday within 30 days of your hire date

To learn more about life insurance offerings visit, the [Hub](#).

Long Term Disability (LTD)

Who's Eligible:

- You

How to Enroll

- You do not need to enroll. If you qualify, LTD benefits begin after short-term disability benefits end

Voluntary Benefits

Who's Eligible

- You
- Your Spouse/Domestic Partner
- Dependent child(ren) to age 26

How to Enroll

- Enroll in Workday within 30 days of your hire date

Important Plan Information

Health Plan Notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the Hub.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48–96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **Illinois Consumer Coverage Disclosure Act:** Provides to Illinois employees a list that compares the essential health insurance benefits offered by the employer's group health plan with the essential health benefits regulated by the State of Illinois.

COBRA Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Deadline for Filing Lawsuit Under ERISA After Exhaustion of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

Plan Contacts and Resources

Medical

Cigna

www.mycigna.com

Member services: 800-244-6224

Kaiser

www.kp.org

Member services:

Kaiser CA: 800-464-4000

Kaiser NW: 800-813-2000

Prescription Drugs

RX Benefits

www.caremark.com

Member services: 800-334-8134

Dental

Delta Dental

www.deltadentalins.com

888-335-8227

Vision

VSP

www.vsp.com

800-877-7195

Health Savings Account (HSA)

HealthEquity

www.healthequity.com

866-346-5800

Life and AD&D

Unum

www.unum.com/employees/file-a-claim

877-721-3196

Flexible Spending Account (FSA)

HealthEquity

www.healthequity.com

866-346-5800

Disability

Unum

www.unum.com/employees/file-a-claim

877-721-3196

401(k) Retirement

Fidelity

www.401k.com

800-835-5095

Accident, Critical Illness & Hospital Indemnity

Unum

www.unum.com/employees/file-a-claim

877-721-3196

Cancer Insurance

Genomic Life

www.cancerguardian.com

833-248-2734

Student Loan Repayment

Fidelity

www.401k.com

800-835-5095

Voluntary Pet Insurance

Nationwide

www.petinsurance.com

877-738-7874

Voluntary Legal Services

MetLife Legal

www.legalplans.com

800-821-6400

Care@Work

www.care.com

Employee Assistance Program

Telus

www.one.telushealth.com

888-851-7032

Glossary

Accumulation Period

The period of time during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

Aggregate Deductible

A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

Aggregate Out-of-Pocket Max

A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

Allowed Amount

The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

Ambulatory Surgery Center

A healthcare facility that specializes in same-day surgical procedures.

Annual Limit

The maximum dollar amount or number of visits your plan will cover for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

Balance Billing

Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges \$100 but the plan's allowed amount is only \$70, an out-of-network provider can bill you for the \$30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

Beneficiary

The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

Brand-Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your provider submits to your insurance plan after you receive services.

Coinsurance

The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

Copayment (Copay)

A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

Deductible

The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

Dental Basic Services

Services such as fillings, routine extractions, and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to twice a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Eligible Expense

Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

Embedded Deductible

A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

Embedded Out-of-Pocket Max

A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

Glossary

Excluded Service

A service for which your insurance will not pay any portion of the cost. These services may also be referred to as “ineligible,” “not covered,” or “not allowed.”

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a preferred drug list.

Generic Drug

A drug that has the same active ingredients as a brand-name drug but is sold under a different name. For example, atorvastatin is the generic name for medicines with the same formula as the brand-name drug Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

In Network

Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

Mail Order

A medical or prescription drug plan feature allowing a 90-day supply of medicines you take routinely to be delivered by mail.

Out of Network

Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

Out-of-Pocket Costs

Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

Out-of-Pocket Maximum

The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

Outpatient Care

Care from a hospital or clinic that doesn't require you to stay overnight.

Participating Pharmacy

Also known as an in-network pharmacy, a participating pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a “formulary,” is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

Preventive Care

Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Provider (PCP)

Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

Provider

A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

Telehealth/Telemedicine

A virtual visit with a provider using video chat on a computer, tablet or smartphone.

Usual, Customary, and Reasonable (UCR)

The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

Urgent Care

Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

Vaccinations

Also known as “immunizations,” vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

Voluntary Benefit

An optional benefit offered by your employer for which you pay the entire premium, usually through payroll deduction.

Important Plan Information

What You Need to Know About the “No Surprises” Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

