XL Insurance Reinsurance

2027 benefits decision guide

Use this guide to select the plans and programs that are right for you.

GET STARTED

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Benefits designed to stretch your dollars farther

We also offer a variety of voluntary benefits, including the legal plan, commuter benefits, and pet insurance. Visit https://www.myaxaxlbenefits.com/My-money/Additional-financial-benefits to learn more about these programs.

Welcome to AXA XL

At AXA XL, we partner with you to provide you with a valuable and comprehensive health and welfare benefits program. Use this Benefits Decision Guide to help you understand all of the benefits, programs, services, and resources available to you.

Know who's eligible for benefits

When it comes to choosing your benefits, it's important to understand who's eligible so that you can make an informed decision about coverage. Review the table below to learn more.

Benefit	You (AXA XL colleague)	Your dependents
Medical, Dental, and Vision	You must be a full-time or part-time colleague working at least 20 hours per week.	• Spouse • Domestic partner • Child(ren) up to age 26 (end of calendar year). This includes: – Biological children – Adopted children – Legal guardianship children – Stepchildren – Domestic partner's children • Disabled child(ren) of any age (disabled prior to age 26 and dependent on you for support)
Supplemental Health Benefits (Accident, Critical Illness, and Hospital Care Insurance)	You must be a full-time or part-time colleague working at least 20 hours per week.	• Spouse/domestic partner up to age 70, if colleague is enrolled in coverage • Children up to age 26 (end of calendar year), if colleague is enrolled in coverage
Health Savings Account (HSA)	You must be a full-time or part-time colleague working at least 20 hours per week. Note: The HSA is only available if you enroll in either the OAP HSA 1 or OAP HSA 2 medical plans. If you are enrolled in any part of Medicare, you cannot contribute or receive contributions to an HSA. Confirm with your tax advisor for details.	You may use your HSA for tax dependents only.
Flexible Spending Accounts (FSAs)	You must be a full-time or part-time colleague working at least 20 hours per week. Note: The Health Care FSA is only available if you enroll in the OAP medical plan or are covered under a non-high deductible medical plan outside of AXA XL. The Limited Purpose FSA is only available if you enroll in the OAP HSA 1 or OAP HSA 2 medical plans or a high deductible plan outside of AXA XL.	N/A
Basic Life Insurance, Group Variable Universal Life (GVUL) Insurance, and Accidental Death & Dismemberment (AD&D) Insurance	You must be a full-time or part-time colleague working at least 20 hours per week.	If you elect GVUL, supplemental employee life or supplemental AD&D coverage for yourself, you may enroll eligible dependents listed in the "Medical, Dental, and Vision" row for coverage.
Disability	You must be a full-time or part-time colleague working at least 20 hours per week.	N/A

Choosing your medical plan

You have three medical plan options—the OAP Plan (similar to a PPO plan), the OAP HSA 1 Plan, and the OAP HSA 2 Plan. All of the plans cover the same medical services and use the same Cigna Open Access Plus provider network through Allegiance. The OAP HSA 1 and OAP HSA 2 plans are qualified high deductible health plans that are paired with a tax-advantaged Health Savings Account (HSA). However, they differ by what you pay out of pocket and how each covers services.

It's up to you to decide which plan option is best for your unique lifestyle and coverage needs.

Enrolling in the right plan for you starts with:

Understanding how the medical plan works

- Learn about your medical plan options
- Understand how the Health Savings Account works with the OAP HSA plans, and how it is different from the Health Care Flexible Spending Account

Considering how much coverage you need

- Estimate your care needs and who you'll cover
- Review last year's healthcare expenses
- Weigh risk vs. reward
- Consider purchasing optional supplemental health benefits

Making an informed decision that's best for you

- Visit **myAXAXLBenefits.com** for key considerations while making enrollment decisions.
- Learn more on **page 9**.

Understanding how the medical plan options work

To help you decide which plan will best fit your needs, it's important to understand the key differences. All three medical plan options provide comprehensive medical and prescription drug coverage. However, they differ in several ways.

	OAP Plan	OAP HSA 1 Plan	OAP HSA 2 Plan
Your payroll contributions	$$$ Highest payroll contributions	$$ Lower than the OAP Plan but higher than the OAP HSA 2 Plan	$ Lowest payroll contributions
Free in-network preventive care	✓	✓	✓
Deductible	There is a separate deductible for medical and prescription drug expenses, and both are lower than the OAP HSA plans. If you cover any dependents, the plan will begin to pay benefits for an individual once that individual's deductible has been met.	Your deductible applies to both medical and prescription drug expenses. The deductible is higher than the OAP Plan but lower than the OAP HSA 2 Plan. If you cover any dependents, the **true family deductible** must be met before the plan will begin to pay benefits for any one person. The individual deductible will only apply if you enroll in employee only coverage.	Your deductible applies to both medical and prescription drug expenses. The deductible is the highest of the three medical plan options. If you cover any dependents, the **true family deductible** must be met before the plan will begin to pay benefits for any one person. The individual deductible will only apply if you enroll in employee only coverage.
Out-of-pocket maximum	The out-of-pocket maximum includes the deductible, coinsurance and copays for eligible medical plan expenses. The prescription plan has a separate out of pocket maximum for prescription drug expenses. If you cover dependents, one person can meet the individual out-of-pocket maximum and the plan will cover eligible expenses for that one person at 100% for the remainder of the calendar year. Once the entire family out-of-pocket maximum is met, the plan will pay 100% for eligible expenses for all family members.	The out-of-pocket maximum includes the deductible and coinsurance for medical and prescription drug expenses and is higher than the OAP Plan but lower than the OAP HSA 2 Plan. If you cover any dependents, there is an embedded individual out-of-pocket maximum which means that after each eligible family member meets their individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of all eligible family members' covered expenses.	The out-of-pocket maximum includes the deductible and coinsurance for medical and prescription drug expenses and is the highest of the three medical plan options. If you cover any dependents, there is an embedded individual out-of-pocket maximum which means that after each eligible family member meets their individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of all eligible family members' covered expenses.
Health Savings Account (HSA)	✗	✓	✓
Flexible Spending Account (FSA)	Yes, the Health Care FSA is available for medical, prescription, dental, and vision expenses.	Yes, the Limited Purpose FSA is available for dental and vision expenses only.	Yes, the Limited Purpose FSA is available for dental and vision expenses only.

For definitions of key terms, refer to the Glossary.

The medical plan options at a glance

The following table shows the amount you will pay for common medical expenses under each plan, assuming you use **the Cigna Open Access Plus network through Allegiance, which is a broad national network of providers. It is important to note that there are two tiers of in-network providers: Tier 1 for certain designated providers and Non-Tier 1 providers.**

You may be able to utilize a Tier 1 provider near you. There are currently approximately 18 Tier 1 Specialty types available. When you choose a Tier 1 provider, you'll save on your healthcare costs by paying less for care and you may be more likely to receive better outcomes.

For out-of-network benefits which pay benefits at a less rich level, please review the table on page 8. Note: Amounts shown below are the cost to you for in-network benefits.

	OAP Plan		OAP HSA 1 Plan		OAP HSA 2 Plan	
	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1	Tier 1	Non-Tier 1
Annual deductible Individual Family	$750 $1,500		$1,750 $3,500		$2,500 $5,000	
Out-of-pocket maximum Individual Family	$3,000 $6,000		$4,000 $8,000		$5,000 $10,000	
Preventive care	$0, no deductible		$0, no deductible		$0, no deductible	
Plan coinsurance	10%	20%	10%	20%	10%	20%
Office visits (PCP/specialist)	$10 / $25	$25 / $50	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Urgent care visits	$50	$50	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Emergency room visits	$150		20% after deductible		20% after deductible	
Inpatient hospital stays	20% after deductible		20% after deductible		20% after deductible	
Prescription drug deductible Individual Family	$125 $250		Combined with medical deductible		Combined with medical deductible	
Prescription drug out-of-pocket maximum Individual Family	$1,250 $2,500		Combined with medical out-of-pocket maximum		Combined with medical out-of-pocket maximum	
Prescription drug coverage – retail (30-day supply) Generic Brand name formulary Non-formulary	$10 copay 30% after deductible 40% after deductible		20% after deductible 30% after deductible 40% after deductible		20% after deductible 30% after deductible 40% after deductible	
Prescription drug coverage – mail order (90-day supply) Generic Brand name formulary Non-formulary	$20 copay 30% after deductible 40% after deductible		20% after deductible 30% after deductible 40% after deductible		20% after deductible 30% after deductible 40% after deductible	
Specialty drugs	Visit Archimedesrx.com or call 1-888-419-0825 for coverage information.					

See the out-of-network* benefits for the medical plan and prescription drug options below.

	OAP Plan	OAP HSA 1 Plan	OAP HSA 2 Plan
Annual deductible Individual Family	$2,500 $5,000	$3,500 $7,000	$4,000 $8,000
Out-of-pocket maximum Individual Family	$6,000 $12,000	$6,000 $12,000	$8,000 $16,000
Preventive care	40% after deductible	40% after deductible	40% after deductible
Plan coinsurance	40%	40%	40%
Office visits (PCP/specialist)	40% after deductible	40% after deductible	40% after deductible
Urgent care visits	$50 copay	20% after deductible	20% after deductible
Emergency room visits	$150 copay	20% after deductible	20% after deductible
Inpatient hospital stays	40% after deductible	40% after deductible	40% after deductible
Prescription drug deductible Individual Family	$125 $250	Deductible combined with medical	Deductible combined with medical
Prescription drug coverage – retail (30-day supply) Generic Brand name formulary Non-formulary	40% after deductible 50% after deductible 60% after deductible	40% after deductible 50% after deductible 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Prescription drug coverage – mail order (90-day supply) Generic Brand name formulary Non-formulary	Not covered	Not covered	Not covered
Specialty drugs	Not available on an out-of-network basis.		

**Out-of-network charges are subject to maximum allowable charges and you may be balanced billed. Refer to the benefit summaries and Summary Plan Descriptions for details.*

Carrum Centers of Excellence (COEs)

The Carrum COE network connects you to top-tier specialty providers for joint, spine, bariatric, cancer, and specialty procedures if necessary. For musculoskeletal and bariatric procedures, you and/or a covered family member must use the Carrum COE in order to receive coverage under your AXA XL medical plan. For cancer and most other specialties, using the COE is optional. To learn more, visit **myAXAXLBenefits.com**.

Choosing a medical plan

As you consider which plan is best for you, take some time to review your family's medical history, think about how much coverage you need, and consider any alternate coverage options you may have. You'll also want to evaluate whether you'd like to pay more for your medical coverage and care through payroll deductions throughout the year or out of pocket when you use the plan. See the 2027 medical plan contributions here.

	OAP Plan	OAP HSA Plans
Paycheck contributions	$ $ $	$
Upfront out-of-pocket costs	$	$ $ $
Set aside pre-tax dollars in a Health Care FSA for medical and prescription expenses	✓	N/A
Contribute to an HSA for medical, prescription, dental and vision expenses and rollover funds for future eligible expenses	N/A	✓

Use Teladoc Medical Experts for a free expert opinion

Teladoc Medical Experts gives you access to world-renowned physicians who can help you better understand a diagnosis, treatment plan, and medical condition. You do not need to be enrolled in an AXA XL medical plan to use this service.

To access Teladoc Medical Experts:

- Call 800-835-2362, and choose the option for Expert Medical Services
- Visit www.teladoc.com/medicalexperts
- Download the Teladoc app from the App Store or Google Play

App Store

Google Play

Coverage for GLP-1 weight loss medications through Teladoc's Comprehensive Weight Care program

Those enrolled in an AXA XL medical plan will have access to Teladoc's Comprehensive Weight Care program, which includes access to GLP-1 weight loss medications if clinically appropriate. **It is important to note that coverage for GLP-1s specific to weight management will only be provided when enrolled in the Teladoc Comprehensive Weight Care program.** In addition, when you are prescribed a GLP-1 through the Teladoc program, the prescription drug cost includes a subsidy from AXA XL and will not apply to your AXA XL medical plan deductible or out-of-pocket maximum. Prescription drug costs will be provided by Teladoc and paid through them.

Enhance your medical plan experience with Quantum Health

Quantum Health offers a unique and modern way to engage with your medical plan and all of AXA XL's benefit offerings. As an industry-leading healthcare navigation and care coordination company, Quantum Health features human-centered care from real people combined with an advanced digital experience.

As a healthcare navigator, Quantum Health can support you in getting high-quality care. Quantum Health's expert Care Coordinators, well-versed in AXA XL benefits, are available via phone or online messaging to offer advice on care and benefit choices. Their services are available at no-cost for all colleagues, dependents, and spouses/domestic partners regardless of enrollment status.

Get started with Quantum Health by visiting **AXAXL-quantum.com** or by calling 1-844-460-2821.

Understanding the Quantum Health, Cigna, and Allegiance relationship

Quantum Health serves as our healthcare navigation and advocacy partner. They work closely with Allegiance, our medical plan administrator, to support you in getting the care you need. Allegiance is a Cigna brand and makes use of Cigna's Open Access Plus network—meaning you can take advantage of all Cigna Tier 1 and Non-Tier 1 network providers.

Quantum Health can:

- Answer claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Review your care options
- Provide information on health issues
- Help you get the most out of your benefits
- And so much more!

For more information, you can visit **https://www.myaxaxlbenefits.com/My-health-and-wellbeing/Health-care-navigation-and-support** or you can contact a Quantum Health Care Navigator at 1-844-460-2821 or go to **AXAXL-quantum.com** for one-on-one help.

Take Quantum Health with You

For on-the-go access to Quantum Health from wherever you are, download the Quantum Health app from the App Store or Google Play.

You'll gain immediate access to healthcare information, links to AXA XL's benefit providers, and more!

App Store

Google Play

Prescription drug benefits

Your prescription drug coverage has features you should understand so you can make the most of your benefit.

Exclusive Smart 90 Program

With the Exclusive Smart 90 Program, you receive 90-day refills by mail through Express Scripts Home Delivery Pharmacy. Through Express Scripts, you can:

- **Save money:** You'll pay less for 90-day refills.
- **Get shipping at no extra cost:** 90-day refills are delivered in discreet packaging and can be tracked at express-scripts.com/AXAXL.
- **Have peace of mind:** You'll have the medications you need, when you need them.

Note: If you do not switch to the Exclusive Smart 90 Program after one initial retail fill and one refill, your maintenance medication will no longer be covered under the prescription drug plan.

To get started, call the Customer Care number on your Prescription ID card or visit express-scripts.com/AXAXL to create an account and download the app.

Mandatory generics

When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

Preventive drugs

Certain in-network preventive generic medications are covered at 100%.

See the Preventive Generics Drug List on express-scripts.com/AXAXL for details.

Specialty drugs

Specialty medications are managed by Archimedes and dispensed through the Archimedes network pharmacy. These prescriptions are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, and rheumatoid arthritis. For specialty drug inquiries, contact Archimedes at 888-419-0825. Benefits for non-specialty medications will continue to be managed and dispensed by Express Scripts.

GLP-1 access

As of January 1, 2027, if you are enrolled in an AXA XL medical plan, **coverage for GLP-1 weight loss medications will only be provided through Teladoc's nutrition and weight management program**. GLP-1s will not be available directly through your AXA XL medical plan. For more information, visit myAXAXLBenefits.com.

Supplemental health benefits

We know life doesn't always go as expected, which is why we partner with MetLife to provide you with access to a variety of additional benefits designed to protect you and your family from the financial impact of a critical illness, injury, or hospital stay.

Remember, supplemental health benefits are a **separate** election from your core medical plan and are intended to supplement your core medical coverage, not replace it. These options should not be selected in lieu of medical coverage, though you don't need to be enrolled in an AXA XL medical plan to enroll in any of the supplemental health benefits.

Getting to know the supplemental health benefits

Review the chart below to understand the supplemental health offerings available to you.

	Accidental injury insurance	Critical illness insurance	Hospital care insurance
What it is	Covers the costs for off-the-job accidental injuries and out-of-pocket medical expenses	Covers out-of-pocket costs related to a serious illness	Covers out-of-pocket expenses related to hospital-related services
What it covers	• Hospitalization • Fractures • Dislocations • Surgical procedures • Physical therapy • Ambulance • And more	• Some cancers • Heart attack • Stroke • Paralysis • Coma • Kidney failure • Major organ transplant • And more	• Hospital admission • ICU admission • Outpatient • Nursing • Transportation • Physician services
Benefit amount	Varies depending upon the accident	• Pays a $20,000 benefit directly to you • Your spouse/domestic partner may receive a benefit of $10,000 • Your dependent children may receive a benefit of $10,000	Varies depending upon services incurred
How it works	Lump-sum payment directly to you; you get to decide how to spend the benefit	Lump-sum payment directly to you; you get to decide how to spend the benefit. Guidelines dictate benefit payment for each illness and circumstances under which it's paid.	Lump-sum payment directly to you; you get to decide how to spend the benefit

When you think about your health coverage options, you may wonder…

Why would I need supplemental health coverage when I have a medical plan?

The answer is simple: life is unpredictable.

Supplemental health coverage can offer additional peace of mind by ensuring you have coverage in place that's going to provide the most protection to your income, and give you the opportunity to recover from your condition, rather than manage financial difficulties.

Keep in mind that the OAP HSA plans have higher deductibles than the OAP Plan. The supplemental health plans could help to cover the out-of-pocket costs you may incur before the plan begins to provide coverage. Plus, if you plan to save your HSA for future expenses, enrolling in a supplemental health plan could help you preserve your funds.

Think about the following when you're deciding which supplemental health plan(s) may be best for your individual needs.

Unexpected healthcare expenses

In the event of a major illness or accident, or unplanned hospital stay, all three supplemental health options provide lump-sum benefits for an approved claim to cover:

- Deductibles and coinsurance before the plan begins to pay for the full cost of care.
- Other care you may be responsible for, such as "balance billing" in the event that an out-of-network provider is used. **Learn more about balance billing**.

Everyday expenses

The supplemental health benefit you receive can also be used to pay for non-healthcare expenses while you're recovering from your condition, including:

- Groceries
- Rent or mortgage
- Car payments
- Child care

Savings and spending account options

Savings and spending accounts—Flexible Spending Accounts (FSAs) and the Health Savings Account (HSA)—allow you to contribute money before taxes are withheld to help cover the cost of healthcare and/or dependent day care. These accounts are administered by Bank of America.

As you consider your medical plan choices for 2027, it's important to understand the savings and spending account options available for each type of plan.

Compare the health accounts

The medical plan you enroll in will determine which tax-advantaged health account(s) you may contribute to. See how they compare in the chart below.

	Health Care FSA	Limited Purpose FSA	HSA
Available with…	OAP Plan or non-high deductible medical plan outside of AXA XL	• OAP HSA 1 • OAP HSA 2 • High deductible medical plan outside of AXA XL	• OAP HSA 1 • OAP HSA 2
2027 IRS/plan maximum contribution limit	$3,400	$3,400	$4,500 for individuals and $9,000 for all other coverage levels; add $1,000 to these limits if you are age 55 or older in 2027
Receive annual company contribution	N/A	N/A	Yes: $500 for individuals and $1,000 for all other coverage levels*
Change your contribution amount at any time	✗ No – only within 30 days of a qualifying life event	✗ No – only within 30 days of a qualifying life event	✓
Access your entire annual contribution amount as needed	✓ Yes	✓ Yes	✗ No – only as contributions are made to the account
Use account money for…	All eligible healthcare expenses	Eligible dental and vision expenses only	All eligible healthcare expenses Once you reach age 65, you can also use your HSA for any non-healthcare expenses and pay only income tax on the amount you spend. No penalty tax is applied.
Balance earns interest tax-free	✗	✗	✓
"Use it or lose it" rule applies	✓ Yes, but you may carry over $680 from one plan year to the next	✓ Yes, but you may carry over $680 from one plan year to the next	✗ No, any balance remaining in your account at the end of the year automatically rolls over and can be used for future healthcare expenses
Money is always yours to keep	✗	✗	✓
Your contribution elections carry over to the next calendar year	✗	✗	✓

*For mid-year enrollments, the annual Company HSA contribution will be prorated based on number of full months enrolled in the plan.

Consider a Dependent Day Care FSA

You may also be eligible to contribute up to $7,500 for 2027 to a Dependent Day Care FSA. You may use the Dependent Day Care FSA to pay for dependent care expenses, such as childcare or eldercare, while you (and your spouse, if applicable) are at work or school.

A closer look at the Health Savings Account (HSA)

When you enroll in an OAP HSA medical plan, you gain access to an HSA, administered by Bank of America. Learn more about this unique savings account on this page.

Key HSA advantages
There are three key advantages of an HSA:

Triple-tax advantage	No "use it or lose it" rule	The account is yours forever
Money goes into your account tax-free, grows tax-free and can be withdrawn tax-free as long as you use the funds for eligible healthcare expenses.	Unlike the FSA, the HSA is designed as a **savings** account, allowing you to spend and/or save dollars as you see fit. Unused money in your account will roll over to the next year. Your account balance will earn interest tax-free. Once your account balance reaches $1,000 you can invest it.	Your HSA is always yours, even if you retire from or leave AXA XL. That means you can take your HSA dollars all the way through retirement and pay for healthcare with them then, if you choose to do so.

Contributions to your HSA
For 2027, you may contribute the following amounts depending upon which coverage level you elect. Keep in mind that AXA XL contributes to your account, too.

If you'll be age 55 or older by the end of 2027, you may contribute an additional $1,000 "catch-up" contribution.

Coverage level you elect	IRS maximum contribution	AXA XL's annual contribution*	Your maximum contribution
Employee only	$4,500	$500	$4,000
All other coverage levels	$9,000	$1,000	$8,000

*The company contribution will be prorated based the number of full months you will be enrolled in the plan if you enroll mid-year.

Important HSA eligibility rules
To open and contribute to an HSA, you must be enrolled in an OAP HSA medical plan. In addition:

- You can't have other health coverage that is not a qualified high deductible health plan.
- You or your spouse can't have a general purpose Health Care FSA (which covers medical and prescription expenses) or Health Reimbursement Account (HRA) at the same time you open an HSA.
- If you're enrolled in any part of Medicare, you are not eligible to contribute to the HSA and AXA XL cannot either. Consult with your tax advisor for detailed restrictions.
- You can't be enrolled in TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months.
- You can't be claimed as a dependent by someone else.

Choosing your dental plan

You have access to two dental plan options through MetLife.

Your 2027 dental plan options

All deductibles, copays, and coinsurance in the chart reflect what you pay under both plans, assuming you use in-network providers.

	Basic Plan	Premium Plan
Annual deductible (individual/family)	$50/$150	$50/$150
Preventive and diagnostic **Basic restorative** **Major restorative** **Orthodontia**	100% covered Up to 20% 40% Not covered	100% covered Up to 20% 40% 50%
Orthodontia lifetime maximum (Adults and children)	Not covered	$1,500 per covered individual
Implants	Not covered	Replacement once every 5 years
Calendar year benefit maximum	$1,000 per covered individual	$2,000 per covered individual

See the out-of-network* benefits for the dental plan options below.

	Basic Plan	Premium Plan
Annual deductible (individual/family)	$50/$150	$50/$150
Preventive and diagnostic **Basic restorative** **Major restorative** **Orthodontia**	100% covered 20% 50% Not covered	100% covered 20% 50% 50%
Orthodontia lifetime maximum (Adults and children)	Not covered	$1,500
Calendar year benefit maximum	$1,000	$2,000

*Out-of-network benefits are subject to the maximum allowable charges and you may be balanced billed. Refer to the Benefit Summaries and Summary Plan Descriptions for more details.

Deciding which plan to choose

As you're thinking about your dental needs for 2027, consider the following to determine which dental plan option is right for you.

You may consider choosing the Basic Plan if…

- You expect you and your family to only need preventive and low cost services, such as regular oral examinations and cavity fillings, in a given year.

You may consider choosing the Premium Plan if…

- You or someone in your family needs orthodontia services, such as braces.
- You expect you and your family's dental needs to involve high-cost services, such as crown restoration and implants.

Got stats?

According to the Mayo Clinic, your oral health serves as a window to your overall health and well-being. Conditions like cardiovascular disease are linked to having poor oral health, while diabetes, HIV/AIDS, and other conditions can adversely affect your oral health.

Both AXA XL dental plan options provide free preventive care twice per year, which includes oral exams, cleanings, and X-rays.

Choosing your vision plan

You have a choice between two MetLife VSP vision plan options—the Basic Plan or the Premium Plan—to help pay for well vision care, including exams, lenses, frames, and contact lenses.

Your 2027 vision plan options

The following table shows the plan's in-network benefits.

	Basic Plan	Premium Plan
Exam	$10 copay	$10 copay
Materials copay	$25 copay	$25 copay
Lenses Single vision Bifocal Trifocal	$0 out-of-pocket after materials copay	$0 out-of-pocket after materials copay
Frames allowance	$130	$200
Contact lenses (elective) allowance	Up to $130	$200
Schedule (Exam/lenses/frames/contact lenses)*	12 months / 12 months / 24 months / 12 months	12 months / 12 months / 12 months / 12 months

*Contacts or frames within the same frequency, not both.

See the out-of-network* benefits for the vision plan options below for covered allowances.

	Basic Plan	Premium Plan
Exam	Up to $45	Up to $45
Lenses Single vision Bifocal Trifocal	 Up to $30 Up to $50 Up to $65	 Up to $30 Up to $50 Up to $65
Frames allowance	Up to $70	Up to $70
Contact lenses (elective) allowance	Up to $105	Up to $105
Schedule (Exam/lenses/frames/contact lenses)**	12 months / 12 months / 24 months / 12 months	12 months / 12 months / 12 months / 12 months

*Out-of-network benefits are subject to the maximum allowable charges and you may be balanced billed. Refer to the Benefit Summaries and Summary Plan Descriptions for more details.

**Contacts or frames within the same frequency, not both.

Deciding which plan to choose

Consider the following as you determine which vision plan option is right for you.

You may consider choosing the Basic Plan if…

- You prefer to wait a few years before changing your glasses and overall "look."
- You or your family members prefer to wear monthly reusable contacts, which may be less costly than daily contacts.

You may consider choosing the Premium Plan if…

- You like to experiment with your look and style, and prefer to change your frames more frequently.
- You or anyone in your family would like to obtain more expensive frames or contacts.
- You or your family members prefer daily disposable contacts, which can be more costly than regular contacts.

Got stats?

Before you evaluate which vision plan option you'd like to enroll in, it's important to understand why you'd want to enroll in a vision plan to begin with, even if you have 20/20 vision.

- According to the Centers for Disease Control and Prevention (CDC), a comprehensive eye exam can detect eye diseases, like glaucoma, in the early stages and help to ensure vision is preserved.
- Eye exams can also detect diabetes, high blood pressure, high cholesterol, heart disease, and even cancer.

When you enroll in one of the AXA XL well vision plans, you gain access to a benefit that can protect your eye health now and for the future—and help you save money on your vision expenses.

Your income protection benefits

You'll automatically receive income protection benefits, such as basic life and accidental death and dismemberment (AD&D) insurance, and disability coverage. You'll also have the opportunity to purchase additional coverage for added protection. Review the benefits you receive automatically at no cost to you, and think about whether you'd like to add supplemental coverage.

Basic life insurance, Employee or Dependent Group Variable Universal Life (GVUL) insurance, AD&D insurance, short-term disability, and long-term disability are administered through MetLife.

For certain life and AD&D insurance, it is important to note that there is an age reduction schedule in place for colleagues who are age 70 or older. Basic life and AD&D reduces to 50% at age 70 and to 25% at age 75. Refer to the myHR benefits enrollment page for specific benefit amounts.

Understanding your company-provided benefits (automatic and at no cost to you)

AXA XL provides the following income protection benefits at no cost to you.

- **Basic life and AD&D**: 1.5x your annual base salary, up to $750,000 for each plan.
- **Short-Term Disability (STD)**: 100% of your annual base salary and then benefit reduces to 70%, for up to 26 weeks, depending on length of service*.
- **Long-Term Disability (LTD):** After 26 weeks of STD benefits are exhausted, if approved, you would receive a benefit of 60% of your annual base salary, up to $25,000 per month. You have the choice between Basic and Tax Choice LTD. Under both options, the premium is paid by AXA XL. For more information on the LTD options, go to **myAXAXLbenefits.com**.

*Your length of service, including any credited service, determines your benefit under the STD plan. See the Documents page on ***myAXAXLbenefits.com*** for the STD benefits schedule.

LTD options

If you select the Basic LTD option, you pay nothing now, but if you receive LTD benefits, your monthly benefit will be fully taxable to you. If you select the Tax Choice LTD option, you pay taxes on the company-paid premiums now, but if you receive LTD benefits, your monthly benefit will be free of federal income tax and most state income taxes.

Additional coverage

You have the opportunity to add Group Variable Universal Life (GVUL) insurance and additional AD&D insurance for yourself and your dependents. You pay for these coverages.

GVUL insurance

GVUL insurance is a group life insurance certificate that combines permanent life insurance coverage with the opportunity to contribute additional premium into the GVUL certificate's tax-deferred investment feature. Additional premium contributions are made on an after-tax basis and any potential earnings accumulate tax-deferred.

You may elect GVUL insurance for yourself and dependents as follows. To elect dependent life insurance, you must elect at least 1x your annual base salary in supplemental employee life coverage:

- **Supplemental life coverage (for you):** 0.5x – 8.5x your annual base salary, up to a maximum of $3,000,000.
- **Spouse/domestic partner coverage:** $5,000 increments up to $250,000, not to exceed 100% of employee coverage amount.
- **Dependent child coverage:** $2,000 increments up to $10,000.

Note: If you plan to enroll your spouse/domestic partner in GVUL insurance, you must enter your **spouse/domestic partner's Social Security number** in the MetLife enrollment platform.

When Evidence of Insurability (EOI) applies
EOI is a process where you must submit a brief medical history and possibly additional information before the insurance provider approves your additional life insurance coverage. If your election requires EOI, MetLife will provide you with the necessary forms for completion and review.

You will enroll in this coverage on the MetLife enrollment system via the link available on the myHR enrollment page. From here, you can view the specifics of the GVUL coverage available for you to elect.

AD&D insurance

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D insurance provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 25% to 100% — depending on the type of loss.

- You may elect supplemental AD&D insurance for yourself in the amount of 1 – 5x your annual base salary, up to a maximum of $750,000.
- You may elect spouse AD&D insurance in $10,000 increments up to a $100,000 maximum. You may also elect child AD&D insurance in increments of $2,500 up to a $10,000 maximum.

Note: To elect dependent AD&D, you must elect at least 1x your annual base salary in supplemental AD&D.

EOI is not required for additional AD&D insurance coverage.

There are no age reductions for colleagues or dependents over the age of 70 enrolling in supplemental AD&D.

Why you may choose additional coverage

When considering whether to add coverage, take into account the following features and advantages of supplemental coverage.

GVUL insurance advantages

Consider the following advantages of GVUL insurance as you're determining whether to elect coverage:

- **Permanent portable life insurance protection** (up to age 100) you can keep as long as you need financial protection.
- **A tax-deferred investment feature with a variety of investment options**, including an interest-bearing account with a guaranteed annual crediting rate for as long as you own your certificate.
- There are **no surrender charges**.
- **You are able to withdraw cash value without age restriction.** MetLife will notify you if your certificate is subject to certain age restrictions.
- **Tax-free withdrawals up to your cost basis any time** (cost basis is equal to the total amount of life insurance premiums paid, including any extra premium for investment, minus previous non-taxable withdrawals).

Additional considerations

Consider the following when determining whether to add coverage for yourself and your dependents:

- **Enhanced safety net:** Supplemental life and AD&D insurance provide additional income protection for your family in the event of a death or disability.
- **Spouse's/domestic partner's access to life insurance:** If your spouse/domestic partner doesn't have access to their own life insurance policy, it may be beneficial to consider whether you would like to purchase dependent life insurance for them.

Money-saving benefits

Our benefits program is designed to flex to meet you where you are in life. We've got your physical health needs covered through our holistic, comprehensive health plans, and you have peace of mind through our various employer-provided insurance benefits.

Did you know that we also offer ways you can save on your everyday needs? Explore benefits you can enroll in, and get a glimpse of the benefits you can use just for being an AXA XL colleague.

Benefits you can elect

In order to use the following benefits, you must elect them.

Legal services

Quality legal assistance can be expensive, but MetLife Legal Plans give you access to a network of expert attorneys at an affordable price if you're looking to buy or sell a home, start a family, or care for an aging parent.

Identity theft and fraud protection

Having a little protection for what matters most — like your personal details and identity — can go a long way. Let MetLife Aura's coverage lighten the mental load with dark web monitoring, credit monitoring, account and address monitoring, and more, plus support for remediation.

Pet insurance

Pet insurance through MetLife can help keep your pet healthy by helping to pay for covered vet expenses like accidental injuries, illnesses, exam fees, and more.

For legal services and identity theft and fraud protection coverage, you must enroll during Annual Benefits Enrollment, or may enroll as a result of a qualifying life event.

You may enroll in pet insurance any time, and the coverage is month-to-month.

Learn more about these benefits at https://www.myaxaxlbenefits.com/My-lifestyle/Everyday-support.

Benefits you can use right now

AXA XL has many money-saving benefits that you can use right now! These include the Staying Well at AXA XL online well-being rewards program, personal discounts, commuter benefits, and more.

Find out all the ways AXA XL benefits can be financially rewarding at https://www.myaxaxlbenefits.com/My-money/Additional-financial-benefits.

Glossary

The following terms will help you understand your health and welfare benefit options.

Balance billing: When you receive care out of network and the provider bills you for the difference between what the plan pays for covered expenses and what the provider charges. This does not apply for in-network care because in-network providers have agreed to specific rates with Cigna.

Coinsurance: The percentage of the cost of covered services that you are responsible to pay, after the deductible. For example, if your coinsurance is 20%, you pay 20% of the cost and the plan pays 80% of eligible expenses.

Deductible: The amount you have to pay out of pocket in eligible expenses before the plan pays benefits.

Dependent Day Care Flexible Spending Account (FSA): You may choose to enroll in this account to pay for eligible dependent care expenses—including eligible child and elder care—with tax-free dollars. You contribute to your Dependent Day Care FSA through automatic, pre-tax payroll deductions. The DCFSA typically has a "use it or lose it" rule, meaning that any money left in your account at year-end is forfeited. For a full list of eligible expenses, visit hhs.gov and refer to IRS Publication 503.

Diagnostic vs. preventive: "Diagnostic" refers to care that is generally provided when you show signs or symptoms of a health issue. "Preventive" refers to care such as annual physicals, immunizations, age-appropriate screenings, and other services that are designed to prevent conditions. Deductibles and coinsurance will apply for diagnostic care, while eligible preventive care is typically covered at 100% with no deductible when obtained at an in-network provider.

Eligible expenses: Eligible expenses are medical, prescription, dental, and vision expenses that are considered covered services by your plan. The term eligible expenses also applies to FSA and HSA expenses. See the definitions for the FSAs and HSA below for further reference.

Evidence of Insurability (EOI): EOI is an application process for obtaining additional insurance coverage. During EOI, you provide information about your and your dependents' health, as applicable, for review by the insurance company for approval of additional coverage.

Health Care Flexible Spending Account (FSA): A tax-advantaged spending account that is only available to participants in the OAP Plan or those who are enrolled in a non-high deductible medical plan outside of AXA XL. You contribute to your FSA through pre-tax payroll contributions and can use the money to pay for any eligible medical expenses you incur, including deductibles, coinsurance, and copays for medical, prescription, dental, and vision care. You may carry over $680 from your 2027 balance to the 2028 calendar year, but any other remaining funds will be forfeited at the end of 2027.

Health Savings Account (HSA): A tax-advantaged savings account that is only available to participants in a qualified high-deductible health plan, such as the OAP HSA plans. You contribute to your HSA through pre-tax payroll contributions and can use the money to pay for eligible medical expenses, including deductibles, coinsurance, and copays for medical, prescription, dental, and vision care. In addition, AXA XL will contribute money to your account in 2027. All of the money in your HSA rolls over from year to year and is always yours to keep. For example, you may use the money in your HSA to pay for eligible health expenses in retirement.

HSA-eligible expenses: Qualified expenses include doctor visits, dental work and orthodontia, prescription contact lenses and eyeglasses, prescription medications, and other common health expenses. For a complete list, visit **hhs.gov** and search for Publication 502.

In-network: Providers, including doctors, dentists, hospitals, and laboratories that have contracted with the plan provider's network to provide care at negotiated rates. You can ask your doctor to order your lab tests or imaging from an in-network provider. Note that through the AXA XL medical plans, there are two in-network tiers.

Limited Purpose Flexible Spending Account (FSA): A tax-advantaged spending account that is only available to participants in the OAP HSA plans or a qualified high deductible health plan outside of AXA XL. You contribute to your FSA through pre-tax payroll contributions and can use the money to pay for any eligible dental and vision expenses you incur, including coinsurance and copays for dental and vision care. You may carry over $680 from your 2027 balance to the to 2028 calendar year, but any other remaining funds will be forfeited if eligible expenses are not incurred by December 31, 2027.

Out-of-network: Providers that have not contracted with Cigna, Express Scripts, or MetLife to provide care at negotiated rates. Even if a doctor "accepts your insurance" or submits a claim on your behalf, she or he is out-of-network unless the doctor specifically participates in the plan's network.

Out-of-pocket maximum: This feature limits your out-of-pocket healthcare costs for the calendar year, protecting you from potentially high healthcare costs in the event of a serious illness or injury. If you reach this limit, the plan pays 100% of all remaining eligible costs for the year.

Preventive care: Preventive care is routine healthcare that includes annual well-person exams, counseling, and screenings designed to prevent illness and health-related issues. When obtained from an in-network provider, eligible preventive care is covered at 100% under all AXA XL medical plans, meaning you do not pay copays or coinsurance for the preventive care services. For a complete list of preventive care services, visit **hhs.gov** and **myAXAXLbenefits.com**.

Prior authorization (also called "prior approval," "preauthorization," or "precertification"): This is a decision by your health plan that a healthcare service, prescription drug, or other medical equipment is medically necessary for you and must be pre-approved by the plan. For example, under the Express Scripts prescription drug plan, non-formulary prescription drugs may require prior authorization before the plan will pay for them. Under the medical plan, for example, certain imaging may require preauthorization to be eligible for coverage.

Benefit contributions

2027 medical plan contributions

See the table below for the pre-tax semi-monthly (per-paycheck) contributions for each of the medical plan options.

Note that the contributions below are **non-tobacco user contributions** and assume **you do not cover a working spouse/domestic partner with other employer medical coverage available** to them. If you and/or your spouse/domestic partner use tobacco, you will pay an additional $75 per month each. If you cover a spouse or domestic partner who has access to his or her own employer medical coverage, you will pay an additional $100 per month. Surcharge information is located under your medical plan on the myHR enrollment page.

For colleagues who earn less than $125,000 per year:

	OAP Plan	OAP HSA 1 Plan	OAP HSA 2 Plan
Employee only	$85	$38	$24
Employee + spouse/ domestic partner	$244	$153	$97
Employee + child(ren)	$208	$132	$80
Family	$426	$263	$162

For colleagues who earn between $125,000-210,000 per year:

	OAP Plan	OAP HSA 1 Plan	OAP HSA 2 Plan
Employee only	$115	$60	$44
Employee + spouse/ domestic partner	$310	$193	$138
Employee + child(ren)	$270	$167	$117
Family	$548	$331	$242

For colleagues who earn more than $210,000 per year:

	OAP Plan	OAP HSA 1 Plan	OAP HSA 2 Plan
Employee only	$122	$69	$56
Employee + spouse/ domestic partner	$331	$222	$163
Employee + child(ren)	$288	$192	$138
Family	$585	$380	$285

2027 supplemental health benefit contributions

See the table below for the after-tax semi-monthly (per-paycheck) contributions for each of the supplemental health options.

Accidental injury insurance

Coverage level	Accidental injury insurance
Employee only	$3.94
Employee + spouse/domestic partner	$6.72
Employee + child(ren)	$7.07
Family	$9.23

Critical illness insurance – $10,000 benefit

Employee age	Employee only	Employee + spouse/ domestic partner	Employee + child(ren)	Family
<25	$1.35	$2.30	$2.75	$3.70
25 - 29	$1.50	$2.50	$2.90	$3.90
30 - 34	$1.75	$2.90	$3.15	$4.30
35 - 39	$2.95	$4.85	$4.35	$6.25
40 - 44	$3.85	$6.20	$5.25	$7.60
45 - 49	$5.20	$8.20	$6.60	$9.60
50 - 54	$7.30	$11.35	$8.70	$12.75
55 - 59	$9.95	$15.30	$11.35	$16.70
60 - 64	$14.25	$21.65	$15.65	$23.05
65 - 69	$20.50	$30.95	$21.90	$32.35
70 - 74	$28.85	$43.50	$30.25	$44.90
75+	$38.90	$58.60	$40.30	$60.00

Hospital care insurance

Coverage level	Hospital care insurance
Employee only	$6.30
Employee + spouse/domestic partner	$13.06
Employee + child(ren)	$11.04
Family	$17.81

2027 dental plan contributions

See the table below for the pre-tax semi-monthly (per-paycheck) contributions for each dental plan option.

Coverage level	Basic Plan	Premium Plan
Employee only	$11	$16
Employee + spouse/domestic partner	$24	$37
Employee + child(ren)	$26	$41
Family	$38	$61

2027 vision plan contributions

See the table below for the pre-tax semi-monthly (per-paycheck) contributions for each vision plan option.

Coverage level	Basic Plan	Premium Plan
Employee only	$2	$6
Employee + spouse/domestic partner	$3	$9
Employee + child(ren)	$3	$10
Family	$4	$15

2027 GVUL insurance and AD&D insurance contributions

See the monthly after-tax rates for supplemental employee life insurance in the table below.

Supplemental employee life Insurance (AXA XL colleague)

AXA XL colleague age	Monthly rate per $1,000 of coverage
20 - 24	$0.050
25 - 29	$0.060
30 - 34	$0.080
35 - 39	$0.090
40 - 44	$0.100
45 - 49	$0.170
50 - 54	$0.309
55 - 59	$0.504
60 - 64	$0.666
65 - 69	$1.270
70 - 80	$2.060
81 - 84	$7.847
85 - 89	$11.911
90 - 94	$16.879
95 - 99	$23.226

Dependent life insurance for spouse/domestic partner

Spouse/domestic partner age	Monthly rate per $1,000 of coverage
20 - 24	$0.058
25 - 29	$0.069
30 - 34	$0.091
35 - 39	$0.103
40 - 44	$0.114
45 - 49	$0.171
50 - 54	$0.262
55 - 59	$0.489
60 - 64	$0.749
65 - 69	$1.441
70 - 74	$2.337
75 - 79	$3.506
80 - 84	$5.259
85 - 89	$7.889
90 - 94	$11.834
95 - 99	$17.755

Dependent life insurance for child(ren)
Per $1,000 of coverage, the monthly rate is $0.134.

Supplemental employee AD&D insurance (AXA XL colleague)
Per $1,000 of coverage, the monthly rate is $0.014.

Dependent AD&D insurance
Spouse AD&D insurance: Per $1,000 of coverage, the monthly rate is $0.014
Child AD&D Insurance: Per $1,000 of coverage, the monthly rate is $0.040

2027 legal plan contributions

$9.38 per paycheck

2027 identity theft protection contributions

Employee only: $4.23 per paycheck
Employee + Dependent(s): $6.98 per paycheck

Your 2027 benefit elections worksheet

Complete the following worksheet to get a full picture of what your benefits for 2027 will look like and to understand how much will be deducted from your paycheck each pay period. Include the benefits you plan to elect and the per-paycheck contributions, which are found earlier in this guide. Then, tally up the contributions to see how much you'll pay in premiums for your 2027 benefits per pay period.

Your 2027 benefits	Plan option / benefit amount and/or coverage level	Paycheck contribution amount
Medical* Click here for contributions		
Your medical plan		$
+ Working spouse surcharge ($50 per paycheck), if applicable		$
+ Tobacco user surcharge ($37.50 per paycheck), if applicable		$
Supplemental health benefits Click here for contributions		
Accidental injury insurance		$
Critical illness insurance		$
Hospital care insurance		$
Dental* Click here for contributions		
Your dental plan		$
Vision* Click here for contributions		
Your vision plan		$
Income protection and voluntary benefits Click here for contributions; for monthly contributions, multiply the contributions by 12 and then divide by 24		
Supplemental employee life insurance for self	$	$
Supplemental AD&D insurance for self	$	$
Dependent life insurance for spouse/domestic partner	$	$
Dependent life insurance for child(ren)	$	$
Dependent AD&D insurance for your spouse/domestic partner	$	$
Dependent AD&D insurance for your child(ren)	$	$
Legal plan	$	$
Identity theft protection	$	$
Savings and spending accounts* Divide your annual contribution by 24 and include that amount under "paycheck contribution amount"		
Health Care FSA (only available if electing the OAP medical plan or non-high deductible medical plan outside of AXA XL)	$	$
Limited Purpose FSA (only available if electing an OAP HSA medical plan or qualified high deductible health plan outside of AXA XL)	$	$
HSA (only available if electing an OAP HSA medical plan)	$	$
Dependent Day Care FSA	$	$
Your 2027 per-paycheck contribution total		**$**

*Your contributions are pre-tax and reduce your taxable income for Federal income tax and most states.

How to enroll

When you're ready to enroll, you'll select the majority of your benefits through myHR via Essential Links on ONE, the AXA XL intranet. Employee and/or Dependent Group Variable Universal Life (GVUL) elections will be made directly on the MetLife platform at **mybenefits.metlife.com**.

Note that if you plan to cover a domestic partner, you must submit the domestic partner affidavit and Domestic Partner Tax Status Form located on the Documents page on **myAXAXLBenefits.com**.

You will need to scan and email the forms to **RMBenefitsAdministration@axaxl.com**. If you currently have the paperwork on file with the Benefits department, no need to submit a new affidavit unless something has changed. However, a new tax status form is required each year.

See the "Benefits Enrollment for US Colleagues" reference guide on the Documents page on **myAXAXLBenefits.com** to assist you in navigating the enrollment system.

Frequently asked questions

Medical

1 What are the key differences between the medical plans?

In the OAP HSA 1 and OAP HSA 2 plans, for most services, you'll pay out-of-pocket until you reach your deducible, then you will pay 20% for in-network coverage, and 40% of the allowed charge for out-of-network coverage until you reach your out-of-pocket maximum. Remember: you can use your tax-advantaged HSA, including AXA XL HSA contributions, to help pay for eligible expenses.

In the OAP plan, you'll pay more in premiums per paycheck, but have a lower deductible and set copays when you visit providers.

All plans feature an annual out-of-pocket maximum that caps your total out-of-pocket costs for covered expenses.

2 What is a High Deductible Medical plan (HDHP)?

The OAP HSA plans are HDHPs. They offer the same covered services as the OAP plan, but you pay lower paycheck contributions and have higher deductibles and out-of-pocket maximums. With the HDHPs, you'll get an HSA that gives you a triple-tax advantage: you contribute pre-tax dollars, invest that money tax-free, and use it tax-free to pay for eligible healthcare expenses. Your account balance rolls over year after year and you can even take it with you if you retire or leave the Company.

3 What impact will my choice of medical plan have on my costs?

Your costs will depend on the plan you choose, dependents you cover, and how much healthcare you use.

4 What provider network will be used for the 2027 medical plan options?

The Cigna Open Access Plus network will be used for the 2027 medical plan options. All three medical plans have a tiered structure with two tiers of network providers: Tier 1 (for certain specialist providers) and Non-Tier 1. You may be able to utilize a Tier 1 provider near you and there are currently 18 Tier 1 specialty types available.

When you choose a Tier 1 provider, you can save on your healthcare costs by paying less for care and you may even receive better outcomes.

Medical plan features

5 For the OAP medical plan, when do the in-network deductible and coinsurance apply?
The in-network deductible and coinsurance apply to services provided outside of an office visit. For example: X-rays, labs, hospital stays, surgical charges, anesthesia and so on, except in the case of an in-network eligible preventive care benefit, which is covered at 100%.

6 Do my OAP plan copays count toward meeting my deductible?
No, your office visit copays and prescription drugs do not count toward your deductible, but they do count toward your annual out-of-pocket maximum.

7 How do I meet the OAP plan family deductible and out-of-pocket maximum?
Refer to the "Understanding how the medical plan options work" page.

8 For the OAP HSA 1 and OAP HSA 2 plans, when do the deductible and coinsurance apply?
For the OAP HSA 1 and OAP HSA 2 plans, the deductible and coinsurance apply to all services including office visits, except for eligible preventive benefits, which are covered at 100%.

9 How do I meet the OAP HSA 1 and OAP HSA 2 plan deductibles and out-of-pocket maximums?
If you enroll in either the OAP HSA 1 or OAP HSA 2 and you cover dependents, make sure you understand how your deductible and out-of-pocket maximum work. These plans feature a family collective deductible and an embedded individual out-of-pocket maximum as detailed below:

- Family collective deducible means if you enroll in employee + child(ren), employee + spouse, or family coverage, you and your dependents must meet the full family deductible before the plan shares in the cost of non-preventive care for any one family member. Medical expenses from any covered person or combination of family members can meet the deductible.
- An embedded individual out-of-pocket maximum means that after each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

10 Do the OAP HSA 1 and OAP HSA 2 plans feature separate prescription deductibles and out-of-pocket maximums?
These plans don't feature separate prescription deductibles or out-of-pocket maximums. The medical plan deductible and out-of-pocket maximums apply to prescription drugs as well as medical services.

11 Does the OAP plan feature separate prescription deductibles and out-of-pocket maximums?
Yes. You must meet a separate prescription deductible of $125 for single coverage and $250 for family coverage, and out-of-pocket maximum of $1,250 for single coverage and $2,500 for family coverage.

Preventive care

12 How do I know if the services I receive are considered eligible preventive care?

A service is generally considered preventive when it is performed as part of a well exam and is not being done for diagnostic purposes. For example, suppose during your annual physical your doctor performed a cholesterol test and also did an EKG due to a concern uncovered during your exam. In this case, the EKG would not be covered at 100% because it was considered a diagnostic test to rule out a heart problem. Your cholesterol screening would be covered 100%, however, because it was performed as a preventive measure and not because you already had high cholesterol. Your provider might bill the visit as preventive for the exam and diagnostic for the heart issue. In this case, you will be responsible for the office copay for that charge. Review the preventive care guidelines to confirm what is considered an eligible preventive service.

Remember: You must receive preventive care services in-network in order for them to be covered at 100%. If you receive services from an out-of-network provider, out-of-network benefit levels will apply.

13 If I have blood work done at a facility outside of my doctor's office as part of my preventive care exam, how is that covered?

Provided the blood work is performed at an in-network facility and is considered preventive, it is covered at 100% with no copay or coinsurance. When having blood work done, whether in a physician's office or at another facility, be sure to confirm that the laboratory is an in-network provider (i.e.: Quest Diagnostic, LabCorp). If the physician sends you or a collected laboratory sample to an out-of-network laboratory, or if you go to an out-of-network laboratory, services will be covered at the out-of-network benefits level. Contact Quantum Health for help navigating bills and claims.

14 How do I know which drugs are considered generic preventive?

If a generic drug is available, your in-network preventive medications may be covered at 100%, with no deductible, copay, or coinsurance. In general, generic prescription medications used to prevent any of these medical conditions will be covered at 100%: hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, and prenatal nutrient deficiency. See the Preventive Generics Drug List on express-scripts.com/AXAXL for eligible medications.

Dependents

15 Who is an eligible dependent?
Refer to page 4.

16 Up to what age can I cover my dependent children under the AXA XL plans?
Dependent children are eligible for benefits coverage with AXA XL through the end of the calendar year in which the dependent child turns age 26, regardless of marital status, student status, residence or access to other employer health coverage. This applies to medical, dental, vision and dependent life and AD&D insurance plans. This means that dependents will be eligible for coverage through December 31 of the calendar year in which they turn age 26. Dependent children who are disabled and dependent upon you for support may qualify for coverage beyond age 26.

17 How do I qualify for domestic partner status or add a child of my domestic partner to my AXA XL benefits?
To qualify for domestic partner status and to add a domestic partner and/or child of your domestic partner, you must complete the Affidavit of Domestic Partnership and Declaration of Tax Status forms and email to RMBenefitsAdministration@axaxl.com.

Once approved, you can make your elections. The Domestic Partner Rate Sheet includes premiums and imputed income amounts, since the cost of domestic partner and eligible dependent coverage is taxable to you, unless you claim them as tax-qualified dependents. You will find all forms on myAXAXLBenefits.com.

18 In addition to medical, dental and vision benefits, may I cover my domestic partner for other coverage?
Yes, you may cover your same-sex or opposite-sex domestic partner under dependent life and AD&D insurance as well as supplemental health benefits.

19 If I don't cover my family members under my AXA XL medical plan, may I still submit eligible out-of-pocket expenses they incur to my HSA and/or Health Care/Limited Purpose FSA accounts?
Yes, you can use your account(s) to pay qualifying healthcare expenses for:

- Yourself,
- Your spouse, child, others in your household who qualify as eligible tax dependents, and
- Anyone who would be considered your tax dependent except that their income exceeds the normal limit for tax dependents or that they can be claimed as a dependent by another taxpayer.

Surcharges

Tobacco user surcharge

20 What is the Tobacco User Surcharge?
The Tobacco User Surcharge applies to a colleague or his or her spouse/domestic partner who uses tobacco and e-cigarette products, and enrolls in 2027 AXA XL medical coverage. The $75 monthly surcharge applies if you currently use tobacco and e-cigarette products and an additional $75 per month applies if your enrolled spouse/domestic partner currently uses tobacco or e-cigarette products, for a total possible surcharge of $150 per month if you both use tobacco or e-cigarette products. This is in addition to your regular monthly premium contributions for coverage under the AXA XL medical plan.

21 Who is considered to be a tobacco product user?
You or your eligible spouse/domestic partner are considered to be a tobacco product user if you are currently using tobacco products, including cigarettes, pipes, cigars, chewing tobacco, snuff, any other type of smoking or smokeless tobacco and e-cigarette and related products, once a week or more often. The surcharge does not apply to eligible dependent child/children.

22 Is nicotine replacement therapy included in the definition of tobacco product use?
No.

23 If I am still using tobacco products, what can I do to avoid the Tobacco User Surcharge?
To avoid the Tobacco User Surcharge and to assist you in quitting tobacco, you and/or your enrolled spouse/domestic partner may enroll in a tobacco cessation program. If you successfully complete it during 2027, you will receive a retroactive reimbursement of the surcharge you paid for 2027, back to January 1, 2027, if applicable.

24 I want to quit using tobacco, but need help to do it. What should I do?
Through our wellness partner, American Health Holdings, we offer a Tobacco Cessation Digital Coaching platform. If you are enrolled in an AXA XL medical plan and are a tobacco user, complete the digital coaching program to avoid the tobacco surcharge.

25 Do I have to use the tobacco cessation options mentioned above?
No, you and/or your spouse/domestic partner do not have to use only the tobacco cessation options mentioned in this document. You may enroll in any tobacco cessation program of your choice and avoid the Tobacco User Surcharge. For support in quitting, including free quit coaching, a free quit plan, free educational materials and referrals to local resources, call 1-800-QUIT-NOW (1-800-784-8669). For additional resources, go to cdc.gov/tobacco/campaign/tips/quit-smoking/.

Note: If you or your spouse become tobacco free outside of the tobacco cessation program, contact the Benefits team at RMBenefitsAdministration@axaxl.com once you have been tobacco-free for 60 days. You will be reimbursed for the surcharge back to January 1, if applicable.

26 Does the AXA XL medical plan cover prescription drugs to help me stop using tobacco products?
Express Scripts provides prescription coverage for certain tobacco cessation medications.

27 How does AXA XL know whether I should pay a Tobacco User Surcharge?
AXA XL expects representations you make during enrollment for benefits to be truthful and in compliance with the ethical standards of the Company. AXA XL will rely on the information you attest to when enrolling for benefits under the AXA XL benefit plans. If you provide false information, you could be subject to possible disciplinary action, up to and including termination of employment.

Working spouse/domestic partner premium

28 What is the Working Spouse/Domestic Partner Premium?
If your working spouse/domestic partner is eligible to enroll for medical coverage under his or her employer-sponsored medical plan in 2027, you will pay a $100 per month premium for electing to enroll him or her for medical coverage. This premium is in addition to your regular monthly cost for coverage under the AXA XL medical plan.

29 Under what circumstances does the Working Spouse/Domestic Partner Premium not apply?
The Working Spouse/Domestic Partner Premium does not apply if:

- Your spouse/domestic partner does not work.
- Your spouse/domestic partner is not eligible to elect medical coverage under his or her employer-sponsored plan during this enrollment period.
- Both you and your working spouse/domestic partner work at AXA XL and one of you elects to cover the other under the AXA XL medical plan.
- You elect dental and/or vision coverage for your working spouse/domestic partner, but you don't elect medical coverage for him or her.
- Your spouse/domestic partner is only eligible for another employer's medical coverage as a retiree.
- Your spouse/domestic partner is covered by Medicare or through an individual mandate insurance policy.
- Your spouse/domestic partner is self-employed and does not have access to other employer medical coverage.
- Your spouse/domestic partner is currently eligible for COBRA from another employer.

30 If my spouse/domestic partner becomes eligible for employer-sponsored medical coverage during 2027, am I required to notify AXA XL, and may I change my coverage election at that time?
Yes, if you elect to enroll your spouse/domestic partner for an AXA XL medical option during 2027, you are required to notify the AXA XL Benefits Department within 30 days of when he or she becomes eligible for employer-sponsored medical coverage. Based on this status change, you will be permitted to change your AXA XL medical election to drop your spouse/ domestic partner from medical coverage under the AXA XL Medical plan at that time.

If you do not elect to drop your spouse/ domestic partner from AXA XL medical coverage within the 30-day period described above, the $100 per month Working Spouse/Domestic Partner Premium will be added to your regular monthly contributions at that time.

31 How does AXA XL know if a Working Spouse/Domestic Partner Premium should apply?
AXA XL expects representations you make during enrollment for benefits to be truthful and in compliance with the Company's ethical standards. AXA XL will rely on the information you attest to when enrolling for benefits under the AXA XL benefit plans. If you provide false information, you could be subject to possible disciplinary action, up to and including termination of employment.

Prescription drug

32 Which pharmacies are in the Express Scripts network?
There are more than 60,000 network pharmacies including Walgreens, Walmart, and CVS Caremark. To find a participating pharmacy in their broad national network, visit express-scripts.com/AXAXL.

33 What is the Exclusive Smart 90 program?
With this program, you can avoid paying more for your long-term prescriptions. All you need to do is have 90-day supplies filled through the Express Scripts Home Delivery Pharmacy. If you do not fill your long-term prescriptions using this program after one initial fill and one refill, they will not be covered by the plan.

Savings and spending accounts

Health Savings Account (HSA)

34 If I am enrolled in the OAP plan for 2027, can I contribute to an HSA?
No, in order to contribute to an HSA, you must be enrolled in a qualified HDHP, which is either the OAP HSA 1 or OAP HSA 2.

35 If I am enrolled in the OAP HSA 1 or OAP HSA 2 plan for 2027, can I contribute to a Health Care Flexible Spending Account (FSA)?
No, if you are enrolled in one of the two HDHP options (OAP HSA 1 and OAP HSA 2), you may contribute to a Limited Purpose FSA and not a Health Care FSA. The Limited Purpose FSA allows you to contribute up to $3,400 annually, but you may only submit eligible dental and vision expenses for reimbursement from this account. You may not submit out-of-pocket medical and prescription expenses to a Limited Purpose FSA. Learn more about the **Limited Purpose FSA**.

36 How much can I contribute to the HSA?
For 2027, you may contribute the following amounts depending upon which coverage level you elect. Keep in mind that AXA XL contributes to your account, too.

- Employee only coverage: Your maximum contribution is $4,500, less the company contribution.
- All other coverage levels: Your maximum contribution is $9,000, less the company contribution.

If you'll be age 55 or older by the end of 2027, you may make an additional $1,000 "catch-up" contribution.

37 If I don't use all my HSA funds by the end of the plan year, do I lose this money?
No, your HSA is yours, which means that any unused balance in your account rolls over from year to year. You can take your HSA with you if you leave AXA XL, and use to it pay for future eligible healthcare expenses, including those incurred in retirement.

Flexible Spending Accounts (FSAs)

38 Why would I want to contribute to a Limited Purpose FSA if I have an HSA available to me and I won't lose my remaining funds at the end of the plan year with an HSA?
If you have contributed the maximum to your HSA and you think you'll have additional out-of-pocket eligible dental and vision expenses, you may wish to set aside money to cover those additional expenses in a pre-tax Limited Purpose FSA in order to benefit from the tax advantage of paying for those services through an FSA.

39 How do I enroll in an FSA?
You enroll through myHR. Once enrolled, you will receive a debit card from Bank of America, which you may use for your FSA eligible expenses.

40 How much can I contribute to an FSA for 2027?
You may contribute up to $3,400 to a Health Care or Limited Purpose FSA in 2027. You may contribute up to $7,500 to a Dependent Day Care FSA, including any contributions your spouse makes.

41 What happens to my unused funds?
For the Health Care FSA and Limited Purpose FSA, you can roll over up to $680 of unused funds into the next year. For the Dependent Care FSA, the "use it or lose it" rule typically applies, meaning that any money left in your account at year-end is forfeited.

42 What happens if I am switching to a different medical plan for 2027 and I have a balance in my Health Care or Limited Purpose FSA on December 31?
If you are changing medical plans and you have unused funds in your Health Care or Limited Purpose FSA at year-end, up to $680 will automatically move into the FSA tied to your new plan (the Health Care FSA for the OAP Plan, or the Limited Purpose FSA for the OAP HSA Plans). These funds will then be available for you to spend in 2027.

Dental

43 Are there differences between the two dental plans offered?
Yes, the Premium plan has an annual benefit maximum of $2,000, allows for eligible implant expenses up to your annual benefit maximum, and provides a lifetime maximum orthodontia benefit of $1,500 for children and adults. Given the benefit levels under the Premium plan, contributions are higher than in the Basic plan. The Basic plan annual benefit maximum is $1,000 and it does not offer those services. All other covered services are the same in both plans.

44 Can I go in or out of network in the dental plan?
Yes, you can choose to see a provider in either the MetLife network or you can choose to see an out-of-network provider. Your choice will determine your out-of-pocket costs.

45 Is there a penalty for going out-of-network?
Whenever you choose to see an out-of-network provider, you run the risk of your provider charging more than what the insurance company considers "reasonable and customary" or allowable. If your dentist charges more than the allowable amount, you could be charged the difference.

46 How do I locate a provider in the MetLife network?
To locate a dentist in the MetLife network, click here.

Vision

47 Does AXA XL offer vision coverage?
Yes, AXA XL offers a well vision program through MetLife VSP. This program provides you with a comprehensive eye exam every 12 months, lenses every 12 months, and frames every 12 or 24 months. See the Benefits Summary on myAXAXLBenefits.com for additional details and any restrictions.

48 What if I must see a doctor because of an eye injury or illness? Does my MetLife VSP plan provide coverage?
No, the MetLife VSP program is a well vision benefit. If you have an injury, illness, or condition related to your eyes, you must see a provider under your medical plan.

49 How do I locate a provider in the MetLife VSP network?
To locate a participating provider 24 hours a day, seven days a week, select Find a Vision Provider or call MetLife VSP Vision at 1-855-638-3931 for access to the 24/7 Interactive Voice Response system.

Income protection benefits

Life and AD&D insurance

50 Can I purchase GVUL and AD&D coverage?
Yes, for specific rates and coverages, refer to this document and **myAXAXLBenefits.com**.

51 Is Evidence of Insurability (EOI) required for supplemental AD&D or dependent AD&D?
No. EOI is not required for AD&D coverage. To elect dependent AD&D, you must elect at least 1x your base annual salary in supplemental AD&D.

52 Where can I find answers to my Group Variable Universal Life (GVUL) questions?
Review the GVUL FAQs available on **myAXAXLBenefits.com**.

Short-term disability (STD)

53 How does STD coverage work?
You receive STD coverage automatically at no cost to you upon your hire date including any credited service. This coverage ensures that you receive a portion of your pay for up to 26 weeks if you are medically certified as unable to work because of an injury or illness. Based on your length of service, you will receive pay at 100% of your base annual salary, and then it will reduce to 70% depending on your length of service. The schedule of benefits is available on **myAXAXLBenefits.com**

54 When do I become eligible for STD benefits?
You become eligible for STD benefits after you have been disabled for more than five consecutive work days due to illness or injury. You will need to call MetLife to report your disability, and ensure MetLife receives medical certification to support your absence.

Long-term disability (LTD)

55 How does LTD coverage work?
You receive LTD coverage automatically at no cost to you upon your hire date including any credited service. If you are approved for LTD coverage, you will receive a gross benefit of 60% of your eligible base salary up to $25,000 per month, if you become disabled due to illness or injury for a long period of time. Your benefits under this plan would begin after 180 days of a medically-certified disability.

You have a choice of two plans:

- **Basic LTD Benefit:** If you elect this option and are approved for LTD benefits, your LTD benefit will be subject to federal and applicable state income taxes.
- **Tax Choice Option:** If you elect this option, the value of the Company-paid premium is taxable to you now. If at a later date you are approved to receive LTD benefits, the LTD benefit you receive will be free of federal and most states' income taxes.

Contacts

Use the following contact information for your 2027 benefits.

Benefit	Vendor	Phone	Web
Your health guide	Quantum Health	1-844-460-2821	AXAXL-quantum.com
Medical	Quantum Health	1-844-460-2821	AXAXL-quantum.com
Prescription drugs	Express Scripts	1-855-738-1145	express-scripts.com/AXAXL
Specialty drugs	ArchimedesRx	1-888-504-5563	https://archimedesrx.com
Dental	MetLife	1-800-438-6388	https://online.metlife.com
Vision	MetLife VSP	1-800-438-6388	https://online.metlife.com
Health Savings Account (HSA)	Bank of America	1-866-791-0250	https://myhealth.bankofamerica.com
Flexible Spending Accounts (FSAs)	Bank of America	1-866-791-0250	https://myhealth.bankofamerica.com
Supplemental health benefits	MetLife	1-866-626-3705	https://mybenefits.metlife.com
Employee Assistance Program (EAP)	Evernorth Care Solutions through Cigna	1-877-622-4327	www.cigna.com (Employer ID: xlamerica)
Basic life, AD&D, and supplemental AD&D insurance	MetLife	For information about your policy, call 1-800-438-6388 For conversion, call 1-877-275-6387 For portability, call 1-888-252-3607	https://online.metlife.com
Group Variable Universal Life (GVUL) insurance (Supplemental employee and dependent life insurance)	MetLife	1-800-756-0124	https://mybenefits.metlife.com
Disability	MetLife	1-800-438-6388	https://online.metlife.com
Commuter benefits	Bank of America	1-866-791-0250	https://myhealth.bankofamerica.com
Business travel insurance	AXA Assistance	+33 1 55 92 21 89	bta@axa-assistance.com
Identity theft protection	MetLife (Aura)	844-931-2872	my.aura.com/start
401(k) Savings Plan	Merrill	1-888-352-2891	benefits.ml.com
Telehealth	MDLIVE	1-877-753-7992	MDLIVE.com/allegiance
Pet insurance	MetLife	1-800-438-6388	www.metlife.com/getpetquote
Expert Medical Opinion and Chronic Care program	Teladoc	1-800-835-2362	teladochealth.com
Nutrition and weight management program	Teladoc	1-800-835-2362 (use registration code AXAXL)	teladochealth.com
Virtual physical therapy	Thrive		join.swordhealth.com/axaxl
Virtual pelvic care	Bloom		join.hibloom.com/AXAXL
Legal services	MetLife Legal Plans	1-800-821-6400	www.members.legalplans.com
Travel assistance	MetLife	1-800-454-3679	https://www.traveleremergencyservices.com/metlifeaxa Username: axa; password: travelassist
Legal notices			2027 Legal Notices