



2024 U.S. EMPLOYEE BENEFITS PLAN

Effective January 1, 2024



Your GP Strategies Benefits



We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment, you can elect a benefits package that gives you and your family the right coverage for your needs.

This benefits guide can help to familiarize you with GP Strategies' benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. In addition, you may need to provide documentation verifying their eligibility – such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

Table of Contents

3	Benefit Basics	14	Vision Plan
4	Eligibility	15	Life Insurance and Disability
5	Medical and Pharmacy Plan	16	Voluntary Plans
8	Medical Plan Resources	18	Additional Benefits
9	Health Improvement & Prevention Program	21	401(k) Retirement Savings Plan
10	Savings and Spending Accounts	22	Helpful Benefit Terms
13	Dental Plan	23	Contact Information

Enrolling in your benefits



Log in to MyADP from your [Oracle home page](#)



Begin the benefits enrollment process



Elect the benefits you want



Confirm your elections



Print a copy of your elections for your records

Benefit Basics



Your benefits are a partnership between you and the company. The table below outlines how you and GP Strategies share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pre-tax	GP Strategies & You
Dental	Pre-tax	GP Strategies & You
Vision	Pre-tax	You
Health Savings Account	Pre-tax	GP Strategies** & You
Flexible Spending Accounts	Pre-tax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance*	Pre-tax	GP Strategies & You
Supplemental Employee & Dependent Life Insurance*	After-tax	You
Short-Term Disability/Salary Continuation*	Pre-tax	GP Strategies & You
Long-Term Disability*	After-tax	You
Accident Insurance	After-tax	You
Critical Illness Insurance	After-tax	You
Hospital Indemnity Insurance	After-tax	You
Legal Plan	After-tax	You
Identity Theft Protection	After-tax	You
Employee Assistance Program (EAP)	N/A	GP Strategies
Employee Stock Purchase Plan (ESPP)	After-tax	You
Travel Insurance	N/A	GP Strategies
Educational Assistance*	N/A	GP Strategies
401(k) Retirement Savings Plan	Pre-tax or After-tax	GP Strategies & You

*Only available to regular employees scheduled to work 40 hours per week

**Employer contributions are only for participants in the Gold and Silver HDHP plans.



Eligibility



Employees

- **Regular employees scheduled to work 40 hours per week** are eligible for all benefits described in this guide.
- **Regular part-time employees scheduled to work 24 to 39 hours per week** are eligible for all benefits excluding life, disability, and Educational Assistance.

Benefits Eligibility

- **For new hires who are eligible for benefits**, coverage will begin on the first day of the month following the date of hire, or on the date of hire if hired on the first day of the month.
- **For employees who are changing employment status and become newly eligible for benefits**, coverage will be effective on the date of the status change. Employment status changes are effective on the 1st or 16th of the month.

Dependents

- **Your legal spouse:** Defined as (a) your opposite-sex or same-sex spouse as determined under applicable state or foreign law at the time and location that the marriage was entered into (excluding common-law marriage), or (b) a person of the same sex with whom you have entered into a legally registered civil union.
- **Your dependent children:** This includes your or your spouse's natural children, your or your spouse's adopted children, children placed in your home for adoption by you or your spouse, children for whom you or your spouse are a legal guardian, and you or your spouse's disabled child of any age.

Making changes to your benefits

Generally, you may only make or change your benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by you or your dependent
- Change in employment status of employee, legal spouse or dependent child
- Qualification by the Plan Administrator of child support order for medical coverage
- Eligibility for Medicare or Medicaid

You have 30 days from the qualified life event to make changes to your coverage in MyADP.

- Depending on the type of event, you may need to provide proof of the event, such as a marriage license.
- Coverage may be assigned a pending status until all required documentation is submitted and approved by ADP.
- If you do not confirm the changes in MyADP within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).

Medical and Pharmacy Plan Overview

We offer the choice of four medical plans through Cigna. All of the medical options include coverage for prescription drugs. To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage (including payroll deductions) and how the plan covers services throughout the year.

Understanding how your plan works

1. Your deductible

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible. If you are enrolled in a High Deductible Health Plan (Gold, Silver or Bronze HDHP), you can pay for these expenses from your Health Savings Account (HSA).

2. Your coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses with coinsurance. The plan will pay a percentage of each eligible expense, and you will pay the rest.

3. Your out-of-pocket maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

The difference between aggregate and embedded deductibles and out-of-pocket maximums

- **With an aggregate approach**, one family limit applies to everyone. When one or a combination of family members has expenses that meet the family deductible or out-of-pocket maximum, it is considered to be met for all of you. Then, the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.
- **With an embedded approach**, each person only needs to meet the individual deductible and out-of-pocket maximum before the plan begins paying its share for that individual. (And, once two or more family members meet the family limits, the plan begins paying its share for all covered family members.)

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.

Understanding your pharmacy coverage

- **Mail order pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
 - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
 - **Brand preferred** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
 - **Brand non-preferred** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
 - **Specialty** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Medical and Pharmacy Coverage



Medical Plan Provisions	Gold HDHP		Silver HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Company Contribution to HSA (Individual/Family)	\$500/\$1,000		\$500/\$1,000	
Annual Deductible (Individual/Family)	\$1,600/\$3,200	\$3,000/\$6,000	\$2,250/\$4,500	\$4,500/\$9,000
Deductible Type	Aggregate		Aggregate	
Out-of-Pocket Maximum (Includes Deductible)	\$3,200/\$6,400	\$6,400/\$12,800	\$5,000/\$10,000	\$10,000/\$20,000
OOPM Type	Aggregate		Aggregate	
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance (You Pay)	10%*	30%*	20%*	40%*
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Provider Office Visit	10%*	30%*	20%*	40%*
Specialist Office Visit	10%*	30%*	20%*	40%*
Virtual Visit	10%*	Not covered	20%*	Not covered
Imaging, Surgery & Lab (Freestanding/Hospital-based)	10%*/20%*	30%*/30%*	20%*/30%*	40%*/40%*
Inpatient Hospital Services	10%*	30%*	20%*	40%*
Urgent Care	10%*	30%*	20%*	40%*
Emergency Room	10%*	10%*	20%*	20%*
Pharmacy Provisions				
Prescription Drug Deductible	Included in Medical	Not applicable	Included in Medical	Not applicable
Retail Pharmacy (up to a 30-day supply)				
Tier 1 (Generic)	\$10 copay*	Not covered	\$10 copay*	Not covered
Tier 2 (Preferred Brand)	\$35 copay*	Not covered	\$35 copay*	Not covered
Tier 3 (Non-Preferred Brand)	\$70 copay*	Not covered	\$70 copay*	Not covered
Mail Order Pharmacy (90-day supply)				
Tier 1 (Generic)	\$20 copay*	Not covered	\$20 copay*	Not covered
Tier 2 (Preferred Brand)	\$70 copay*	Not covered	\$70 copay*	Not covered
Tier 3 (Non-Preferred Brand)	\$140 copay*	Not covered	\$140 copay*	Not covered
Tier 4 (Specialty: up to 30-day supply)**	\$100 copay**	Not covered	\$100 copay**	Not covered

*After Medical Deductible

**Through Accredo. For additional details on Accredo, please refer to the Cigna benefit plan documents posted on People Hub.

Your per pay period contributions (24 cycles per year) for medical are shown here.

Coverage Level	Gold HDHP		Silver HDHP	
	With HI&P Incentive	Without HI&P Incentive	With HI&P Incentive	Without HI&P Incentive
Employee Only	\$100.50	\$130.50	\$53.50	\$83.50
Employee + Spouse	\$292.00	\$352.00***	\$183.50	\$243.50***
Employee + Child(ren)	\$224.00	\$254.00	\$142.50	\$172.50
Family	\$342.00	\$402.00***	\$217.00	\$277.00***

***Rate if both Employee and Spouse do not complete the HI&P requirements.

Medical and Pharmacy Coverage (continued)



Medical Plan Provisions	Bronze HDHP		PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Company Contribution to HSA (Individual/Family)	None		None	
Annual Deductible (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000	\$750/\$1,500	\$2,250/\$4,500
Deductible Type	Embedded		Embedded	
Out-of-Pocket Maximum (Includes Deductible)	\$8,000/\$16,000	\$16,000/\$32,000	\$2,250/\$4,500	\$4,500/\$9,000
OOPM Type	Embedded		Embedded	
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance (You Pay)	30%*	50%*	20%*	40%*
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Provider Office Visit	30%*	50%*	\$35 copay	40%
Specialist Office Visit	30%*	50%*	\$50 copay	40%
Virtual Visit	30%*	Not covered	\$50 copay	Not covered
Imaging, Surgery & Lab (Freestanding/Hospital-based)	30%*/40%*	50%*/50%*	20%*/30%*	40%*/40%*
Inpatient Hospital Services	30%*	50%*	20%	40%*
Urgent Care	30%*	50%*	\$50 copay	40%*
Emergency Room	30%*	30%*	\$250 copay	\$250 copay
Pharmacy Provisions				
Prescription Drug Deductible (Individual/Family)	Included in Medical	Not applicable	\$100/\$200	Not applicable
Retail Pharmacy (up to a 30-day supply)				
Tier 1 (Generic)	\$10 copay*	Not covered	\$10 copay**	Not covered
Tier 2 (Preferred Brand)	\$35 copay*	Not covered	\$35 copay**	Not covered
Tier 3 (Non-Preferred Brand)	\$70 copay*	Not covered	\$70 copay**	Not covered
Mail Order Pharmacy (90-day supply)				
Tier 1 (Generic)	\$20 copay*	Not covered	\$20 copay**	Not covered
Tier 2 (Preferred Brand)	\$70 copay*	Not covered	\$70 copay**	Not covered
Tier 3 (Non-Preferred Brand)	\$140 copay*	Not covered	\$140 copay**	Not covered
Tier 4 (Specialty: up to 30-day supply)***	\$100 copay***	Not covered	\$100 copay***	Not covered

*After Medical Deductible

**After Prescription Drug Deductible

***Through Accredo. For additional details on Accredo, please refer to the Cigna benefit plan documents posted on People Hub.

Your per pay period contributions (24 cycles per year) for medical are shown here.

Coverage Level	Bronze HDHP		PPO Plan	
	With HI&P Incentive	Without HI&P Incentive	With HI&P Incentive	Without HI&P Incentive
Employee Only	\$22.00	\$52.00	\$175.43	\$205.43
Employee + Spouse	\$117.00	\$177.00****	\$470.64	\$530.64****
Employee + Child(ren)	\$80.00	\$110.00	\$348.21	\$378.21
Family	\$133.50	\$193.50****	\$569.75	\$629.75****

****Rate if both Employee and Spouse do not complete the HI&P requirements.

Medical Plan Resources



myCigna

[myCigna.com](https://mycigna.com) is your online home for assessment tools, plan management, medical updates and much more. Go online or download the **myCigna mobile app** to:

- Find in-network doctors and medical services
- View, print, and email ID cards
- Review your coverage
- Manage and track claims, account balances, and deductibles
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs

Virtual Care & Behavioral Health

- **MDLIVE** is a 24/7 service that provides access to board-certified doctors by mobile app, online video or phone.
- Whether you're at home, at work, traveling or you simply want a more convenient way to see a doctor, telemedicine is easy to use and available anytime, anywhere.
- Get care for allergies, asthma, colds, flu, earaches, pinkeye, rashes and more. You can even get a prescription if needed.
- MDLIVE also has a full mental health network to support emotional, behavioral and social needs. You and your covered dependents can visit with a licensed counselor, therapist or psychologist from the comfort of your home through phone calls or video chats.
- Call 888-726-3171 or visit www.mycigna.com to schedule an appointment.

Self-Service Digital Tools

- **iPrevail:** Provides on-demand coaching, personalized learning, and caregiver support. Complete an assessment to receive a program tailored to your needs and get connected to a peer coach.
- **Happify:** A self-directed program with activities, science-based games, and guided meditations designed to help reduce anxiety, stress and boost overall health.

Lifestyle Management Programs

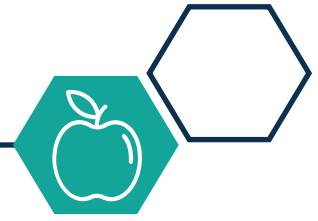
- Get access to telephone and online coaching for managing healthy lifestyle habits.
- Dedicated wellness coaches are available to help you reach goals such as losing weight, quitting tobacco and managing stress.
- Visit **My Health Assistant** (under the Wellness tab) to sign up for these programs.

Mental Health and Substance Use

If you or a loved one are struggling with mental health conditions or substance use, Cigna has additional resources to help you on the road to recovery with inpatient and outpatient services, online tools, behavioral coaches, and educational support.

- **Centers of Excellence (COEs):** Nationwide network of COEs that provide quality and affordable inpatient and residential care, as well as partial hospitalization and intensive outpatient care for mental health and substance use disorders.
- **Coaching & Support:** Dedicated support to help you and your family address challenges such as autism spectrum disorder, eating disorders, and intensive behavioral case management. Resources and support to remove barriers to accessing and engaging in substance use, opioid use and pain management treatment are also available.
- **New Modality Options:** Includes private text messaging with providers like Talkspace.
- **Behavioral Awareness Series:** Free monthly seminars on topics including autism, eating disorders, substance use, children, and families. You can also find information to help understand risks, causes, and substance use support options for you or someone you know.
- **Find a Provider:** Find a health care professional or facility in Cigna's network geared towards your needs.

Health Improvement & Prevention Program



GP Strategies has entered into a partnership with [WellRight](#) to offer the Health Improvement & Prevention Program (HI&P Program) to all full-time and part-time regular employees; you do not have to be enrolled in a GP medical plan to participate. This program provides a variety of convenient tools to help you define and reach your wellness goals.

Wellness and chronic disease prevention comprise the foundation of the health continuum, with the primary purpose of identifying and reducing risks person-by-person and preventing increased levels of risk. The ultimate goal is to improve the health and behaviors of those who fall outside of healthy guidelines while helping and encouraging the healthy to remain within guidelines or further improve their health to prevent future chronic conditions. Preventing chronic conditions, identifying risks early, and addressing higher risks more aggressively are key.

Whether you want to maintain your good health, improve your health, stop smoking, increase energy, lose weight, manage stress or improve your diet, this valuable online resource can help you succeed. GP Strategies encourages all regular full-time and part-time employees to participate in the HI&P Program. For employees who have enrolled their spouses in one of GP's medical plans, your spouse is also encouraged to participate.

2024 Medical Premiums

Employee benefits premiums are aligned with the plan year. Premiums for the new plan year will be deducted from the second paycheck in January of the new year. Employees and spouses who are enrolled in a GP medical plan AND complete the HI&P requirements will pay a **reduced rate** for medical coverage.

Eligibility Period

The HI&P Program Year is July 1 to June 30 each year.

- Medical Plan participants and/or their spouses who complete the Health Risk Assessment and earn 150 points by June 30th will pay \$30 to \$60 less EVERY pay period for the next program year.
- If you and/or your spouse did not complete the program requirements by June 30th, you may do so at any time in the next program year and begin paying the lower medical premium rate the next pay period.
- New employees enrolling in medical for the first time will automatically pay the lower medical premium rate for the first 90 days of employment. You must complete the Health Risk Assessment within the first 90 days to continue paying the lower medical rate.
- Eligible employees who either waived or are not eligible to enroll in medical may participate in the program activities at their own pace. There is no minimum point requirement in order for you to participate.

The HI&P Portal

[Wellright](#) is your primary resource for the HI&P Program. You may log in to the portal to complete your online wellness assessment as well as participate in health coaching and other wellness activities and challenges. The HI&P Portal also allows you to view health screening results, access information on various health and lifestyle topics through Healthy University, and track participation in challenges.

Note: Spouses should always use their own login credentials to sign into the HI&P Portal to complete program requirements.



Savings and Spending Accounts



GP Strategies offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each account at www.irs.gov.

Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Dependent Care FSA
Available to those enrolled in the Gold, Silver or Bronze HDHP, as long as you are not enrolled in any other health coverage or Medicare or claimed as a dependent on someone else's tax return.	Available to those who are not enrolled in an HDHP. This account can be used for medical, prescription, dental and vision expenses not covered by your health plan.	Use for eligible childcare expenses for dependents under age 13 or elder care.

Comparison of accounts

	HSA	FSA
Does the company contribute? <i>Amount for full-year 2024</i>	✓ Employee: \$500 Employee +1 or Family: \$1,000 (Only for enrollees under the Gold and Silver Plans)	X
Can I contribute my own savings?	✓	✓
Is there an IRS maximum annual contribution? <i>(Includes both employee and employer contributions)</i>	✓ Employee: \$4,150 Family: \$8,300 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care FSA: \$3,050 Dependent Care FSA: \$5,000
Will my savings roll over each year?	✓ Unlimited	X
Will I earn interest on my savings?	✓	X
Are the savings tax-free? <i>In most states</i>	✓	✓
Do I keep the money if I leave the company?	✓	X
Can I also have a Flexible Spending Account (FSA)?	Dependent Care FSA only	N/A

Health Savings Account



A Health Savings Account (HSA) is a savings account that belongs to you that is paired with a High Deductible Health Plan (Gold, Silver or Bronze HDHP). It allows you to make tax-free contributions that you can use to pay for current and future medical expenses for you and your dependents.*



Start It

- Contributions to an HSA are tax-free for you – whether they come from you or the company. GP Strategies contributes \$500 for individual coverage and \$1,000 for family if you are enrolled in the Gold or Silver Plan.
- The HDHP costs less than other plans so the money you save on premiums can be put into your HSA. This helps you save money on taxes and gives you more flexibility and control over your health care dollars.



Build It

- All of the money in your HSA is yours (including any contributions deposited by the company) even if you leave your job, change plans or retire.
- In 2024, the total of your contributions and the company's can be up to \$4,150 for individual coverage and \$8,300 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000 per year.



Use It

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found on www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



Grow It

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.*
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it – tax-free.*

*Participants living in CA or NJ are responsible for paying state tax on HSA contributions. Participants living in CA, NJ, NH or TN are responsible for paying state tax on HSA dividends and interest.

Eligibility details

- You cannot have an HSA if you are enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.
- You cannot participate in the Health Care Flexible Spending Account (FSA) if you have an HSA. Your spouse also cannot have a Health Care FSA.

Flexible Spending Accounts



A Flexible Spending Account (FSA) helps you pay for health care or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pre-tax basis and put into the FSA. When you incur expenses, you can access the funds in your account to pay for *eligible* expenses.

This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan, such as copays, coinsurance, deductibles, eyeglasses, orthodontia and prescriptions.	<p>Maximum contribution is \$3,050 per year.</p> <p>You cannot enroll if you are enrolled in the Gold, Silver or Bronze HDHP.</p> <p>Funds are deducted throughout the year, but all funds are available on January 1.</p>
Dependent Care FSA	Dependent care expenses including day care, after school programs for children under age 13 or elder care programs so you can work or attend school full-time.	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns).

Important information about FSAs



- Your FSA elections are effective from January 1 through December 31.
- Claims for reimbursement must be submitted by March 31 of the following year.
- Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations.
- FSA elections do not automatically continue from year to year; you must actively enroll each year.
- You can only change your FSA contribution amount if you experience a qualified status change.
- The FSA plans are not interchangeable. You must enroll in each separately and funds are non-transferrable.

Dental Plan



It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer a dental plan through Delta Dental. For more detailed information, please refer to the Delta Dental information posted on the Benefits pages of the GP Strategies Staff Hub.

Dental Plan Provisions	Delta Dental Plan	
	In-Network (Member Pays)	Out-of-Network (Member Pays)
Annual Deductible** (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum	\$3,000 per individual	\$3,000 per individual
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	0%	0%
Basic and Restorative Services (e.g., fillings)	20%*	20%*
Major Services (e.g., dentures, crowns, bridges)	40%*	40%*
Implants	40%*	40%*
Orthodontia (children up to age 19)	50%*, up to a lifetime maximum of \$2,000 per individual	50%*, up to a lifetime maximum of \$2,000 per individual

*After deductible

***Diagnostic, Preventive and Orthodontic services are not included in the annual deductible.

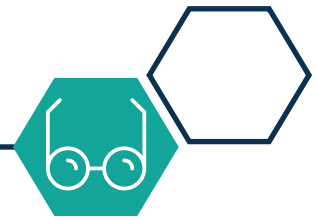
Your per pay period contributions (24 cycles per year) for dental are shown here.

Coverage Level	Delta Dental Plan
Employee Only	\$11.00
Employee + 1	\$22.00
Family	\$33.00

Get the most from your dental plans

- **Stay in-network** – While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.
- **Free annual check-up** – Use free preventive care to keep your mouth and gums healthy all year long.
- **Use your FSA or HSA funds** – Help pay for eligible out-of-pocket dental expenses.

Vision Plan



The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer two vision plan options through VSP. For more detailed information, please refer to the Vision Benefits Plan Details and Summaries section that is posted on the Benefits pages of the GP Strategies Staff Hub.

Vision Plan Provisions	Standard Vision Plan		Easy Options Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$52 off	\$10 copay	Up to \$52 off
Frames	\$160 allowance, then 20% off remaining balance	Up to \$70 off	\$160 allowance, then 20% off remaining balance	Up to \$70 off
Lenses				
• Single vision	\$25 copay	Up to \$34 off	\$25 copay	Up to \$34 off
• Bifocal	\$25 copay	Up to \$50 off	\$25 copay	Up to \$50 off
• Trifocal	\$25 copay	Up to \$66 off	\$25 copay	Up to \$66 off
Elective Contact Lenses (in lieu of glasses)	\$140 allowance; copay does not apply	Up to \$100 off	\$140 allowance; copay does not apply	Up to \$100 off
Frequency				
• Exam	Once every calendar year		Once every calendar year	
• Lenses	Once every calendar year		Once every calendar year	
• Frames	Once every other calendar year		Once every other calendar year	
• Contact lenses	Once every calendar year		Once every calendar year	

Note: The Easy Options Vision Plan includes an additional VSP EasyOptions benefit where members can choose one of the following upgrades once every calendar year:

- Additional \$90 frame allowance
- Fully covered premium or custom progressive lenses
- Fully covered light-reactive lenses
- Fully covered anti-glare coating
- Additional \$60 contact lens allowance

Your per pay period contributions (24 cycles per year) for vision are shown here.

Coverage Level	Standard Vision Plan	Easy Options Vision Plan
Employee Only	\$3.44	\$7.40
Employee + Spouse	\$6.25	\$13.46
Employee + Child(ren)	\$6.57	\$14.14
Family	\$10.13	\$21.80

Get the most from your vision plan

- Pay for vision expenses tax-free. Use your FSA or HSA to pay for your exam copay and out-of-pocket cost for eyeglasses or contacts.
- Members also get free retinal screening through the Essential Medical Eye Care Program, which costs \$20 per exam through In-Network providers. Additional exams and services are available for members with diabetic eye disease, glaucoma or age-related macular degeneration. Ask your VSP doctor for details.

Life Insurance and Disability



Life and AD&D Insurance

GP Strategies offers basic employee life and AD&D insurance through MetLife. Additional life insurance options are available for employees and their dependents.

Basic Life and AD&D Insurance

- Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.
- Eligible employees may elect 2 times their annual salary up to \$300,000, which is partially funded by the employee. Approval is automatic upon initial eligibility to enroll.
- Double indemnity applies in the case of accidental death or dismemberment (AD&D).
- Your premiums will increase on the date your salary increases, if applicable.
- Enrollment and coverage changes after initial eligibility will be subject to underwriting.

Supplemental Life and AD&D Insurance

- You may choose to purchase additional life and AD&D coverage for yourself and your dependents.
- You must elect employee Supplemental life in order to elect spouse and/or child life coverage.
- Rates are based on age and the coverage level chosen.

Supplemental life and AD&D insurance for you

Employee

- Increments of \$25,000 up to the lesser of 5x your base annual salary or \$1,000,000
- Guaranteed issue up to \$375,000

Supplemental life and AD&D insurance for your dependents

Spouse	Child(ren)
<ul style="list-style-type: none"> • Increments of \$5,000 (not to exceed 100% of your voluntary life and AD&D coverage) • Up to a \$250,000 maximum • Guaranteed issue up to \$50,000 	<ul style="list-style-type: none"> • \$10,000 per child • Covered up to age 26

Disability Insurance

Disability insurance through MetLife provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

Short-Term Disability/Salary Continuation

- At the start of any disability leave, hourly employees must use 5 days of PTO and salaried employees must use 10 days of FTO.
- Salary Continuation will begin paying 100% wage replacement after PTO/FTO and will pay until the 30th calendar day of total disability.
- Short-Term Disability benefits will pay 70% of pre-disability wages beginning the 31st day of total disability.
- A doctor's certification is required to receive Salary Continuation or Short-Term disability.
- Employees must enroll in Short-Term Disability to receive Salary Continuation.

Long-Term Disability (LTD)

- Covers 66.66% of normal earnings (up to \$12,500 per month) for up to two years for employees who are unable to work in their current occupation or up to a specified age if totally unable to work. Payment is based on approval by MetLife.
- Benefits begin after the 180th day of continuous total or partial disability and continue as long as you remain disabled until the later of the policy's duration of benefits or the Normal Retirement Age as defined by the U.S. Social Security Act.

Disability or being disabled means that, during the elimination period and for up to 24 months, you are prevented by accidental bodily injury, sickness, mental illness or substance abuse from performing one or more of the essential duties of your occupation; and, as a result, your current monthly earnings are no more than 80% of your pre-disability earnings. After that, you must be prevented from performing one or more of the essential duties of any occupation.

Voluntary Plans



Round out your coverage with voluntary benefits provided through Aflac that offer financial protection and assistance for yourself and your family in the event of a covered accident or illness. Aflac provides coverage to help pay benefits that your medical insurance does not cover, regardless of what your major medical plan pays. GP Strategies employees may elect voluntary benefits including Group Critical Illness, Group Accident, and Group Hospital Indemnity plans through Aflac. For more information, please see the Aflac-related documents on the Benefits pages of the GP Strategies Staff Hub.

Accident insurance

Provides benefits to help cover the costs associated with unexpected bills due to covered accidents, regardless of any other insurance you have.

If you purchase coverage and are hurt in a covered accident, you will receive a cash benefit for covered injuries that you may spend as you like.

Coverage amounts

Cash benefit is based on the type of accident and treatment provided, ranging from \$15 to \$15,000.

Examples of covered injuries:

- Broken bones
- Burns
- Concussions
- Cuts repaired by stitches
- Eye injuries
- Ruptured discs
- Torn ligaments

Hospital indemnity insurance

Hospital indemnity insurance provides a fixed lump-sum payment that can help cover hospital expenses not covered by insurance, or to pay for expenses while you and your dependents are in the hospital.

- Plan pays up to \$150 per day for up to 180 days that an individual is hospitalized.
- An additional \$250 per day is provided if the individual is in intensive care, for a 30-day period maximum.
- A 12-month pre-existing condition exclusion applies for treatment received 12 months prior to coverage starting.

Critical illness insurance

Provides cash to help pay for both medical expenses not covered by your medical plan as well as day-to-day expenses that may start to add up – like rent, mortgage, car payments, etc. – while you are ill.

If you are diagnosed with a covered illness, you get a lump-sum cash benefit, even if you receive other insurance benefits.

Coverage amounts

Employee	Spouse	Child(ren)
\$10,000 or \$20,000	50% of employee coverage amount (\$5,000 or \$10,000)	50% of employee coverage amount

Examples of covered illnesses:

- Cancer
- Coronary artery bypass graft surgery
- End-stage renal (kidney) failure
- Heart attack
- Major organ failure
- Stroke

Plan pays a recurrence benefit at 100% of the initial benefit for covered conditions.

Voluntary Plans (continued)



Legal Plan

The legal plan through Legal Resources provides legal representation for you and your dependents. You can receive legal advice and fully covered legal services for a wide range of personal legal matters from a network-participating plan attorney.

The most often needed legal services are covered at 100%, and you and your dependents pay no attorney fees. You also have access to one of the largest attorney networks in the industry, with over 12,000 attorneys nationwide. Additionally, there are no claim forms, deductibles or copays. Enrollees will pay a premium of only \$9 per pay period (after-tax) for this benefit. The premiums are paid one month in advance.

Services provided through the plan include:

- Legal Advice and Consultation Tenant Dispute with Landlord
- District Court Representation in a Civil Action
- Traffic Court Representation (including 1st offense DUI)
- Will Preparation
- Uncontested Divorce Representation
- Uncontested Domestic Adoption (includes name change)
- Purchase, Sale or Refinance of Primary Residence
- Defense of Child in Juvenile Court (misdemeanor)

Please review the Legal Resources® Master Plan Contract for a complete description of all services, limitations and definition of district court by state PRIOR to enrollment.

Identity Theft Protection

Protecting your personal information has become a major concern. Identity theft coverage through LifeLock is designed to protect your identity and assets through:

- Identity alerts via phone, email and text
- Monitoring more than a million transactions each second
- Live member support
- Annual Credit Report & Credit Score: 1 Bureau (Requires Advantage Membership)
- Annual Credit Reports & VantageScores: 3 Bureaus (Requires Ultimate Plus Membership)
- Lost wallet protection
- Breach notifications
- Identity Restoration Support
- Million Dollar Protection Package: Stolen funds reimbursement up to \$25,000, \$100,000 or \$1 million based on the limits of your plan
- Personal Expense Compensation up to \$25,000, \$100,000 or \$1 million based on the limits of your plan

For more information, please see the LifeLock-related documents on the Benefits pages of the GP Strategies Staff Hub.



Additional Benefits



Employee Assistance Program

GP Strategies offers pre-paid confidential counseling and referral services to employees and their eligible dependents through MetLife EAP. The EAP provides confidential support, resources and information for you and your dependents. You and your family have access to **five** phone or video counseling sessions in many areas, such as:

- Stress management
- Relationship concerns
- Parental issues
- Conflicts at work
- Financial and legal concerns
- Substance abuse problems
- Other behavioral health concerns

Work/Life referral services are also available to assist in finding childcare, elder care referrals and much more. For more information, please visit <https://metlifeeap.lifeworks.com> or call 888-319-7819 after January 1, 2024.

Employee Stock Purchase Plan (ESPP)

- Learning Technologies Group (LTG) offers an opportunity to acquire a proprietary interest in the company through the purchase of shares at a discounted share price through payroll deductions.
- LTG will announce the 24-month Offering Period, when available.
- Regular employees scheduled to work 20 hours or more per week are eligible to participate in the Plan.

Travel Insurance

- Employees traveling on company business are covered by travel accident insurance for death or certain types of dismemberment up to a maximum of \$250,000.
- This coverage is automatic and the premium is paid in full by GP Strategies.

Educational Assistance

- Upon hire, regular employees scheduled to work 40 hours per week are eligible for reimbursement of tuition, direct academic fees and books for up to six credit hours each semester for courses related to the employee's job.
- Reimbursement of educational assistance is subject to the discretion of each Business Unit and is limited to \$5,250 per employee per year.
- In-house courses are also available in many subject areas at no cost to the employee.
- Employees who terminate employment within 12 months of receiving any educational assistance are required to pay back GP Strategies for any reimbursements received.

Holidays

GP Strategies observes eight paid holidays each year. Regular employees scheduled to work for 40 hours per week receive eight hours of pay for each holiday. Part-time regular employees who are scheduled to work for 24 to 39 hours per week and are classified as benefits-eligible receive a prorated amount based on their regularly scheduled hours.

Holidays observed include the following:

- New Year's Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

Flexible Time Off (FTO) for Salaried Employees

Full-time regular salaried employees have the opportunity to take as much time off as deemed consistent with their duties, their Manager's and the company's needs, and the company's obligations to customers. Employees may use a maximum of 10 business days of FTO for a single leave event.

Paid Time Off (PTO) for Hourly Employees

Full-time regular hourly employees scheduled to work for 40 hours per week are eligible for Paid Time Off (PTO). Employees accrue PTO hours each pay period at a rate based on the following schedule:

Years of Service	PTO Accrued per Year
Less than 5 Years	14 days
5 to Less than 10 Years	19 days
10 to Less than 15 Years	11 days
15 years or More	24 days

Part-time employees scheduled to work between 24-39 hours per work are eligible for a pro-rated PTO accrual.

Bereavement Leave

Regular employees scheduled to work for 40 hours per week are eligible for 24 paid hours of bereavement leave per instance for the death of an immediate family member. Part-time regular benefits-eligible employees working an average of 24 to 39 hours per week are eligible for a pro-rated number of hours of bereavement leave per instance, based on their regularly scheduled hours.

Immediate family members include the employee's spouse/domestic partner and the employee or spouse/domestic partner's child, parent, grandparent, grandchild, or sibling.

Additional Benefits (continued)



Matching Gift Program

GP Strategies offers a matching gift program meant both to encourage increased individual support of educational health and human services and youth and civic organizations as well as to direct a portion of GP Strategies' resources on a dollar-for-dollar basis (not to exceed \$250 per employee per calendar year) to worthwhile organizations that are of greatest importance to GP Strategies employees.

The Matching Gift Program also includes a volunteerism component. For every four volunteer hours, GP Strategies will donate \$50 to the charity. This amount will count against the employee's annual maximum of \$250. Full-time regular employees are eligible to participate in this program after six months of service.

Employee Referral Program

This program provides an incentive to current regular employees to refer external candidates by providing referring employees with a \$1,000 taxable cash bonus for each applicant referred who is hired and remains employed with GP Strategies as a full-time regular employee scheduled to work for 40 hours per week for a specified period of time.

529 College Savings Plan

CollegeAmerica provides our employees with a new way to save for their family members' higher education expenses through a tax-advantaged account invested in American Funds. This is offered through the Virginia College Savings Plan to all employees and lists many American Funds to choose from. Enrollment is available at any time of the year and you may establish an account for any U.S. citizen. This plan is available nationwide and allows tax-free earnings and withdrawals for qualified higher education expenses. The beneficiary of the account may attend any higher education school that is eligible to participate in a student financial program under Title IV of the Higher Education Act of 1965.

Most community colleges, public and private colleges, universities and vocational schools in the U.S. are eligible, as are some foreign institutions. Once the account is established, anyone can contribute to the account and contributions can be made by check, wire transfer or an automated purchase plan.

Multiple Educational Discount Programs

GP Strategies employees are eligible to receive discounts on undergraduate and graduate courses through Cambridge College Global Campus, Capella University, Colorado Technical University, Quinnipiac University Online, Trident University International and the University of Arizona Global Campus.

More information for each program is available on the GP Strategies intranet.

Multiple Vehicle Discount Program

GP Strategies employees benefit from our relationship with General Motors (GM) through their supplier discount program. For GM vehicles, employees are eligible to purchase/lease a new car, truck, sport utility vehicle or minivan at GM employee price plus 4%.

More information about this program is available on the Benefits pages of the GP Strategies intranet.

Other Discount Programs

GP Strategies also participates in the following discount programs:

- CDW Computer Discount Center
- Dell Employee Purchase Program
- National/Enterprise Rent-A-Car Discount Program
- Banfield Pet Insurance
- Verizon Wireless

More information is available on the Benefits pages of the GP Strategies intranet.

Additional Benefits (continued)



MetLife Value-Added Services: You have access to an array of resources and programs included with your life insurance coverage at no additional cost to you.

Beneficiary Grief Counseling

Whether it's help coping with a loss or a major life change, the professional counselors and services offered through LifeWorks US Inc. are ready to support you and your family to move forward.

- Confidential Support 24/7: Counseling sessions are tailored to you and your individual needs. You can meet in person or over the phone with one of LifeWorks' network of licensed counselors.
- Confidential Legal and Financial Consultation: Access to a LifeWorks' in-house attorney for a 30-minute consultation to assist you in making informed decisions as it pertains to a loss. You also have a 1-hour consultation with a certified financial planner to assist with education, strategies and options
- Easy-to-access resources: LifeWorks offers self-help resources online to help you through the grieving process, giving you the level of support you need at your own pace. Support covers end-of-life issues, what to do after the death of a loved one, grieving well and getting better, funeral and memorial planning and more.

To speak with a LifeWorks Counselor, call 888-319-7819 or visit <https://metlifegc.lifeworks.com>. (Username: metlifeassist and Password: support)

Funeral Discount and Planning Services

Through Dignity Memorial, you and your family will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

- Discounts of up to 10% off of funeral, cremation and cemetery services
- Expert assistance is available 24/7/365 to help guide you and your family in making confident decisions
- Planning services are available online, over the phone, or by paper to help make final wishes easier to manage
- Bereavement Travel Services to assist with time-sensitive travel arrangements to be with loved ones

To get started, contact Dignity Memorial at 866-853-0954.

Estate Resolution

Whenever you or your representative have a question about the probate process or the court representation needed, unlimited consultations with a plan attorney can leave you feeling confident with your decisions.

- Unlimited one-on-one consultations to talk to an attorney about authenticating an estate.
- Preparation and court representation mean you receive prepared estate documents and in-court professional representation to help execute the transfer of probate assets from the estate.
- Help with correspondence and tax filing needed to transfer non-probate assets.

To get started, call MetLife Legal Plans' toll-free number at 800-821-6400.

Will Preparation Services

Having a will prevents unnecessary stress and ensures your final wishes are clear. Get legal guidance and unlimited consultations with network attorneys so you can feel confident you're making the right decisions.

- Talk to an attorney as many times as needed to prepare, update or revise a will.
- Prepare living wills and powers of attorney to help ease the stress if individuals become unable to make decisions for themselves.

Expert guidance is just a click away. Simply visit www.legalplans.com/estateplanning to get started!

401(k) Retirement Savings Plan



Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, administered by Empower, with multiple investment options and a company match.

Eligibility

- Regular employees at least 18 years of age;
- Regular employees scheduled to work 24 hours or more per week;
- Regular employees scheduled to work less than 24 hours per week and temporary employees who complete 1,000 hours of work in a single plan year or 500 hours in 3 consecutive 12-month periods

Note: Due to tax laws, residents of Puerto Rico are not eligible to participate.

Enrollment

- Eligible employees will be automatically enrolled at a 3% pre-tax payroll deduction within 1 to 3 pay periods of their eligibility date, with an automatic annual increase of 1% up to a maximum of 9%.
- Employees may opt to change these salary deferral percentages at any time.

Employee Contributions

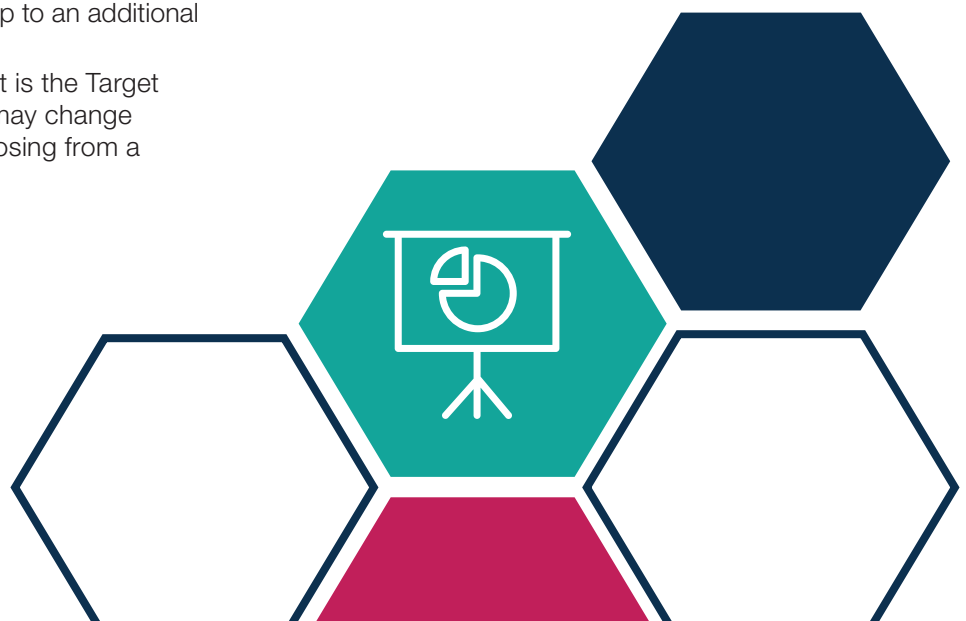
- Contributions may be made on a pre-tax or Roth after-tax basis and may not exceed the IRS annual maximum.
- Highly compensated employees (HCEs) are limited to a 10% combined pre-tax and Roth after-tax contribution each pay period.
- In 2024, you can contribute up to \$23,000 and if you are age 50 or older, you may contribute up to an additional \$7,500 as a "catch-up" contribution.
- The standard investment fund default is the Target Date Investment Fund. Participants may change investment funds at any time by choosing from a variety of fund options.

Employer Contributions

- GP Strategies may, at its discretion, make matching employer contributions upon commencement of an employee's participation in the plan.
- Vesting refers to your ownership of the money in your 401(k). Employer contributions vest at the rate of 33.33% for each year the employee completes 1,000 hours of service.

More information

- Empower has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.
- For additional details about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit www.Empower.com or call 888-411-4015.



Helpful Benefit Terms



- **Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it’s safe and effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is “not preferred” because it’s usually more expensive than other generic and brand preferred options.
- **Calendar year maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that’s equivalent to brand-name drugs in use, dose, strength, quality and performance, but is not trademarked.
- **Health Savings Account (HSA)** – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your dependents, even if they are not covered by the HDHP.
- **High Deductible Health Plan (HDHP)** – A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Benefit acronyms

ACA – Affordable Care Act

AD&D – Accidental Death & Dismemberment

HDHP – High Deductible Health Plan

FSA – Flexible Spending Account

HSA – Health Savings Account

LTD – Long-Term Disability

PPO – Preferred Provider Organization

STD – Short-Term Disability

Contact Information



Coverage	Carrier	Phone	Website/Email
Medical and Pharmacy	Cigna	800-244-6224	www.myCigna.com
Virtual Care & Behavioral Health	MDLIVE	888-726-3171	www.myCigna.com
Dental	Delta Dental	800-932-0783	www.deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
Health Savings Account	HSA Bank	833-223-5595	www.hsabank.com
Flexible Spending Accounts	HSA Bank	833-223-5595	www.hsabank.com
Life and AD&D Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Disability Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Accident Insurance	Aflac	800-433-3036	www.aflac.com
Critical Illness Insurance	Aflac	800-433-3036	www.aflac.com
Hospital Indemnity Insurance	Aflac	800-433-3036	www.aflac.com
Legal Plan	Legal Resources	800-728-5768	www.legalresources.com
Identity Theft Protection	LifeLock	800-416-0599	www.lifelock.com
Employee Assistance Program (EAP)	MetLife	888-319-7819	https://metlifeep.lifeworks.com
401(k) Retirement Savings Plan	Empower	888-411-4015	www.Empower.com
Enrollment and Human Resources		866-727-6677 (Option 3)	humanresources@gpstrategies.com

Plan Documents and Statutory Notices

Employees are encouraged to review, in their entirety, the plan documents and statutory notices found on the Benefits Open Enrollment page. The documents available include Summary Plan Descriptions, Summary of Benefits Coverage, Summary of Material Modifications, Marketplace Notice, HIPAA Notice of Special Enrollment Rights, HIPAA Notice of Privacy Practices, Women’s Health and Cancer Rights Act and Children’s Health Insurance Program Reauthorization Act Notices, Newborns’ and Mothers’ Health Protection Act Notice, and Medicare Part D Notice. Note that electronic or paper copies of these documents may be requested from the Human Resources Department at any time and can be viewed at this [link](#).



About this Guide

This benefit summary provides selected highlights of the GP Strategies Corporation benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. GP Strategies Corporation reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.