



# 2025 U.S. Employee Benefits Plan

Effective January 1, 2025



# Your 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 your benefit options. It also provides useful tips, tools and resources to help you think through your options and make informed 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, including state disability benefits.
- 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.



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# Benefit Basics

Your benefits are a partnership between you and the company. The table below outlines how you and the company 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	Employer & You
Dental	Pre-tax	Employer & You
Vision	Pre-tax	You
Health Savings Account**	Pre-tax	Employer & You
Flexible Spending Accounts	Pre-tax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance*	Pre-tax	Employer & You
Supplemental Employee & Dependent Life Insurance*	After-tax	You
Short-Term Disability/Salary Continuation/ Pregnancy Recovery Benefit*	Pre-tax	Employer & 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	Employer
Travel Insurance	N/A	Employer
Educational Assistance*	N/A	Employer
401(k) Retirement Savings Plan	Pre-tax or After-tax	Employer & 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 typically effective on the 1st or 16th of the month.

## Dependents

- **Your legal spouse:** Defined as (a) your opposite-sex or the 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 a qualified life 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 a qualified life event to make changes to your coverage.**

- 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.
- If you do not confirm the changes in the benefits system of record 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

All 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. The following medical plan information is available to U.S. benefits eligible employees excluding employees working in Hawaii and Puerto Rico. Separate state and government approved medical plans are available in these locations; see your benefits representative for coverage information and cost.

## 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 the covered members. 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 their 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:** Preventive care is covered at 100% (no cost to you). It 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. Specialty medication prescriptions must be filled through Accredo's home delivery program.

# Medical Benefits

GP Strategies offers four medical plan options: the Gold HDHP, the Silver HDHP, Bronze HDHP, and the Traditional PPO Plan. The PPO Plan and all three High Deductible Health Plans (HDHP) offer open access to health care providers and specialty care physicians within a network without the need to choose a Primary Care Physician. Prescription coverage is included in the medical coverage. These options are provided to ensure that coverage may be selected based on each employee's individual preferences. Below you will find some basic information about the medical plans; for more detailed information, please refer to the Medical, Prescription and Virtual Visits Benefits pages of the GP Strategies Staff Hub.

GP Strategies makes a generous contribution toward the cost of your health plan. Your personal contribution for each plan option, should you select it, is depicted in the following table. All amounts listed are on a per pay period basis (24 pay periods per year).

Coverage Level	Gold HDHP		Silver HDHP		Bronze HDHP		PPO Plan	
	With HI&P Incentive	Without HI&P Incentive	With HI&P Incentive	Without HI&P Incentive	With HI&P Incentive	Without HI&P Incentive	With HI&P Incentive	Without HI&P Incentive
Employee Only	\$102.50	\$132.50	\$58.50	\$88.50	\$24.50	\$54.00	\$175.43	\$205.43
Employee + Spouse	\$297.00	\$357.00†	\$200.50	\$260.50†	\$128.00	\$188.00†	\$470.64	\$530.64†
Employee + Child(ren)	\$227.50	\$257.50	\$155.50	\$185.50	\$87.50	\$117.50	\$348.21	\$378.21
Family	\$347.50	\$407.50†	\$236.50	\$296.50†	\$146.00	\$206.00†	\$569.75	\$629.75†

† Rate if both Employee and Spouse do not complete the annual Health Improvement & Prevention Program requirements.



# Medical and Pharmacy Coverage

The following Cigna medical plans are available to U.S. benefits eligible employees **excluding employees working in Hawaii and Puerto Rico**. All Cigna plans utilize the Open Access Plus provider network.

Medical Plan Provisions	Gold HDHP		Silver HDHP		Bronze HDHP		PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Company Contribution to HSA</b> (Employee/Family)	\$550	\$1,100	\$550	\$1,100	None		None	
<b>Annual Deductible</b> (Employee/Family)	\$2,000/ \$4,000	\$4,000/ \$8,000	\$2,500/ \$5,000	\$5,000/ \$10,000	\$4,000/ \$8,000	\$8,000/ \$16,000	\$750/ \$1,500	\$2,250/ \$4,500
<b>Deductible Type</b>	Aggregate		Aggregate		Embedded		Embedded	
<b>Out-of-Pocket Maximum</b> (includes Deductible)	\$4,000/ \$8,000	\$8,000/ \$16,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$8,000/ \$16,000	\$16,000/ \$32,000	\$2,750/ \$5,500	\$5,500/ \$11,000
<b>OOPM Type</b>	Aggregate		Aggregate		Embedded		Embedded	
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b> (You Pay)	10%*	30%*	20%*	40%*	30%*	50%*	20%*	40%*
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Primary Care Provider Office Visit</b>	10%*	30%*	20%*	40%*	30%*	50%*	\$35 copay	40%
<b>Specialist Office Visit</b>	10%*	30%*	20%*	40%*	30%*	50%*	\$50 copay	40%
<b>Virtual Visit</b>	10%*	Not Covered	20%*	Not Covered	30%*	Not Covered	\$35 copay (PCP) \$50 copay Specialist	Not covered
<b>Imaging, Surgery &amp; Lab</b> (Freestanding/Hospital-based)	10%*/20%*	30%*/30%*	20%*/30%*	40%*/40%*	30%*/40%*	50%*/50%*	20%*/30%*	40%*/40%*
<b>Inpatient Hospital Services</b>	10%*	30%*	20%*	40%*	30%*	50%*	20%*	40%*
<b>Urgent Care</b>	10%*	30%*	20%*	40%*	30%*	50%*	\$50 copay	40%*
<b>Emergency Room</b>	10%*	10%*	20%*	20%*	30%*	30%*	\$250 copay	\$250 copay
<b>Pharmacy Provisions</b>								
<b>Prescription Drug Deductible</b> (Employee/Family)	Included in Medical	Not applicable	Included in Medical	Not applicable	Included in Medical	Not applicable	\$100/ \$200	Not applicable
<b>Retail Pharmacy (up to 30-day supply)</b>								
<b>Tier 1</b> Generic	\$10 copay*	Not covered	\$10 copay*	Not covered	\$10 copay*	Not covered	\$10 copay**	Not covered
<b>Tier 2</b> Preferred Brand	\$35 copay*	Not covered	\$35 copay*	Not covered	\$35 copay*	Not covered	\$35 copay**	Not covered
<b>Tier 3</b> Non-Preferred Brand	\$70 copay*	Not covered	\$70 copay*	Not covered	\$70 copay*	Not covered	\$70 copay**	Not covered
<b>Mail Order Pharmacy (90-day supply)</b>								
<b>Tier 1</b> Generic	\$20 copay*	Not covered	\$20 copay*	Not covered	\$20 copay*	Not covered	\$20 copay**	Not covered
<b>Tier 2</b> Preferred Brand	\$70 copay*	Not covered	\$70 copay*	Not covered	\$70 copay*	Not covered	\$70 copay**	Not covered
<b>Tier 3</b> Non-Preferred Brand	\$140 copay*	Not covered	\$140 copay*	Not covered	\$140 copay*	Not covered	\$140 copay**	Not covered
<b>Tier 4</b> Specialty: up to 30-day supply**	\$100 copay*	Not covered	\$100 copay*	Not covered	\$100 copay***	Not covered	\$100 copay***	Not covered

\*After Medical Deductible \*\*After Prescription Drug Deductible

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



# Medical Plan Resources

## myCigna

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

## MD Virtual Care

*Options available by phone or video*

### Primary Care

Easy, fast appointments, referrals, prescriptions, lab work and diagnostic tests

- Preventive care and wellness screenings available at no additional cost to identify conditions early.
- Manage chronic conditions and establish a relationship with the same primary care provider (PCP) through routine care.
- Receive orders for biometrics and blood work at labs contracted with MDLIVE.

### Urgent Care

On-demand 24/7 or schedule a time that works for you

- Convenient, affordable alternative to urgent care centers and the emergency room.
- Care for many minor illnesses and injuries, such as infections, cold & flu, and sinus problems.
- Includes pediatric care, allowing your child to be seen quickly and from the comfort of their home.

### Dermatology

Fast, customized care for skin, hair, and nail conditions — no appointment required

- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more.
- Upload photos and describe symptoms for board-certified dermatologists to review.
- Diagnosis and customized treatment plan, usually within 24 hours. Diagnoses requiring testing cannot be confirmed.

### Behavioral Care

Talk therapy and psychiatry from the privacy of home, with no waiting rooms

- Access to licensed therapists and board-certified psychiatrists.
- Schedule an appointment that works for you and have recurring sessions with the same provider.
- Care for topics such as anxiety, stress, life changes, grief and depression.

Visit [myCigna.com](https://mycigna.com) or call MDLIVE at 888.726.3171 when you need virtual care.

## Self-Service Digital Tools

- **iPrevail:** Receive help overcoming stress, anxiousness, loneliness, and more through free online mental health support 24/7 with on-demand coaching, lessons, and support groups.
- **Happify App:** A free 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 free 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.
- Call 800.244.6224 or visit [myCigna.com](https://mycigna.com) to learn more.



# Medical Plan Resources (continued)

## Omada

### Reverse the costly risk of prediabetes and chronic disease

Omada Health is a free personalized virtual care program designed to help you reach your health goals — whether that's losing weight, lowering your blood pressure or diabetes prevention. Once you are accepted into the program, you will receive at no cost:

- A professional health coach
- An app and online community
- A connected scale to track progress
- Weekly interactive lesson

## 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 toward your needs.

## Identity Theft Protection

Protect what matters most with Identity Theft Protection through IdentityForce, a TransUnion\* brand. This benefit is available at no cost to employees enrolled in a Cigna medical plan and their household dependents up to age 18. Spouses and adult children living in the household may be covered at \$2.00 per adult per month to be paid by credit card. Services include dark web and credit monitoring, identity restoration, 24/7 customer support or more. Visit <https://cigna.identityforce.com/starthere> or call 833.580.2523 to get started.

In addition to the identity theft benefit through Cigna, a choice of two LifeLock products (Benefit Elite Premium and Benefit Elite Plus) is available to eligible GP Strategies employees who wish to have additional coverage or do not elect medical. Please refer to the Voluntary Benefits section of this document for more details.

# Health Improvement & Prevention Program (HI&P)

We have continued our 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 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. In addition, this program helps and encourages 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. Eligible employees are encouraged to participate in the HI&P Program. For employees who have enrolled their spouses in one of our medical plans, your spouse is also encouraged to participate.

## 2025 Medical Premiums

Employee benefits premiums are aligned with the plan year. Employees and spouses who are enrolled in one of our group medical plans 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 following 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.

## 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

We offer 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](http://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
<b>Does the company contribute?</b> <i>Amount for full-year 2025</i>	✓ Employee: \$550 Employee +1 or Family: \$1,100 <i>(only for enrollees under the Gold and Silver Plans)</i>	X
<b>Can I contribute my own savings?</b>	✓	✓
<b>Is there an IRS maximum annual contribution?</b> <i>(includes both employee and employer contributions)</i>	✓ Employee: \$4,300 Family: \$8,550 <i>Those 55 and older can contribute an additional \$1,000 annually.</i>	✓ Health Care FSA: \$3,200 Dependent Care FSA: \$5,000
<b>Will my savings roll over each year?</b>	✓ Unlimited	X
<b>Will I earn interest on my savings?</b>	✓	X
<b>Are the savings tax-free?</b> <i>In most states</i>	✓	✓
<b>Do I keep the money if I leave the company?</b>	✓	X
<b>Can I also have a Flexible Spending Account (FSA)?</b>	Dependent Care FSA only	N/A

# Health Savings Account

A Health Saving 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. The company will contribute \$550 for Employee Only coverage and \$1,100 for family if you are enrolled in the Gold or Silver Plan. This contribution is pro-rated if you do not participate for the full plan year.
- The HDHP costs less than other plans so the money saved 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 2025, the total of your contributions and the company's can be up to \$4,300 for individual coverage and \$8,550 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](http://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 with GP Strategies or through your spouse's plan.





# 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.	<ul style="list-style-type: none"><li>Maximum contribution is \$3,200 for 2025.</li><li>You cannot enroll if you are enrolled in the Gold, Silver or Bronze HDHP.</li><li>Funds are deducted throughout the year, but all funds are available on January 1.</li></ul>
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 contributions 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.

Dental Plan Provisions	Delta Dental Plan	
	Delta Dental PPO Network (Member Pays)	Out-of-Network (Member Pays)
<b>Annual Deductible**</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Calendar Year Maximum</b>	\$3,000 per individual	\$3,000 per individual
<b>Diagnostic and Preventive Services</b> (e.g., X-rays, cleaning, exams)	0%	0%
<b>Basic and Restorative Services</b> (e.g., fillings)	20%*	20%*
<b>Major Services</b> (e.g., dentures, crowns, bridges)	40%*	40%*
<b>Implants</b>	40%*	40%*
<b>Orthodontia</b> (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 subject to the annual deductible.

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

Coverage Level	Delta Dental Plan
<b>Employee Only</b>	\$11.00
<b>Employee + 1</b>	\$22.00
<b>Family</b>	\$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.

Vision Plan Provisions	Standard Vision Plan		Easy Options Vision Plan	
	VSP Choice Network	Out-of-Network	VSP Choice 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 <ul style="list-style-type: none"><li>Single</li><li>Bifocal</li><li>Trifocal</li></ul>	\$25 copay \$25 copay \$25 copay	Up to \$34 off Up to \$50 off Up to \$66 off	\$25 copay \$25 copay \$25 copay	Up to \$34 off Up to \$50 off 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 <ul style="list-style-type: none"><li>Exam</li><li>Lenses</li><li>Frames</li><li>Contact lenses</li></ul>	Once every calendar year Once every calendar year Once every other calendar year Once every calendar year		Once every calendar year Once every calendar year Once every calendar year Once every calendar year	

**Note:** The Easy Options Vision Plan includes an additional VSP Easy Options 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 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

## Life and AD&D Insurance

Basic employee life and AD&D insurance is offered 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 employees. Approval is automatic upon initial eligibility to enroll.
- Double indemnity applies in the case of accidental death or dismemberment (AD&D).
- Your premium 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

- 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

#### Child(ren)

- \$10,000 per child
- Covered up to age 19 or age 25 if a full-time student

Please refer to page 23 for additional value-added benefits offered by Metlife when you are enrolled in life insurance coverage.





# Disability Benefits

## 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

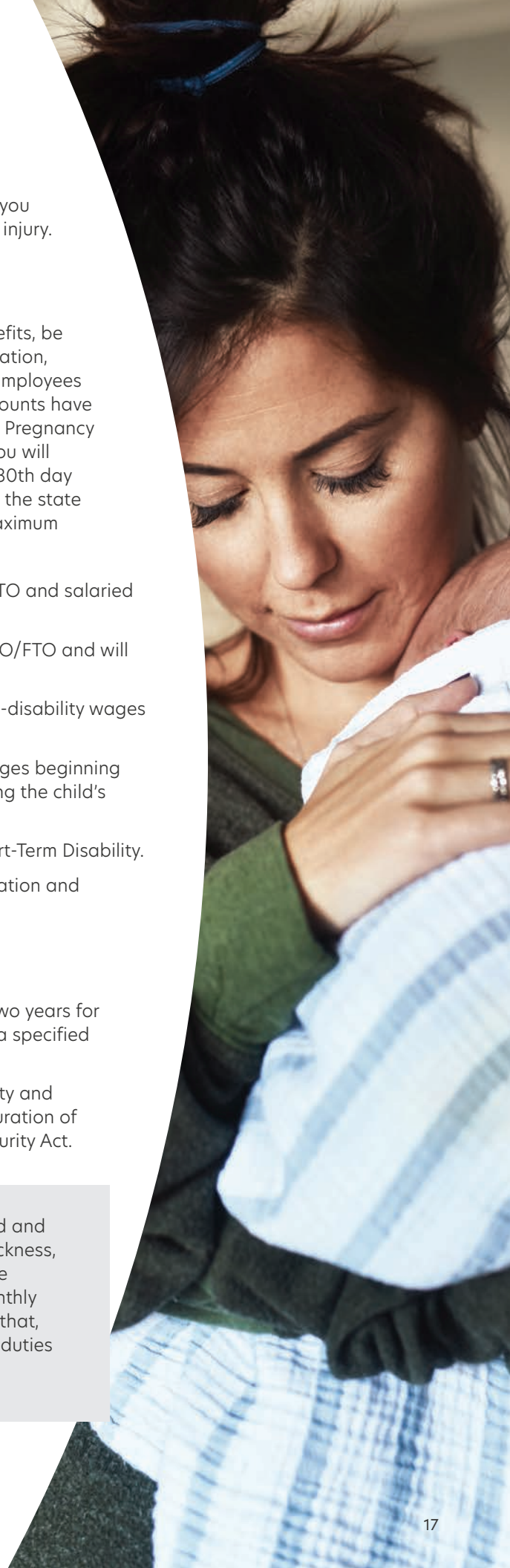
**Important Note:** If you work in a state that offers statutory disability benefits, be sure to compare your state benefits against the company's Salary Continuation, Short-Term Disability, and pregnancy recovery benefits before you enroll. Employees will apply for state benefits first and once the weekly benefit payment amounts have been determined by the state, the employer Salary Continuation, STD, and Pregnancy Recovery benefits will be offset by the state benefit amount. This means you will receive 100% of your weekly pay less the state benefit amounts up to the 30th day of disability, then 70% (or 100% for pregnancy recovery for 6-8 weeks) less the state benefit amount for up to 180 days while disabled by your provider. The maximum weekly benefit is \$5,000.

- At the start of a 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 or partial disability.
- For non-pregnancy related disabilities, STD benefits will pay 70% of pre-disability wages beginning the 31st day of total or partial disability.
- For pregnancy recovery, STD benefits will pay 100% of pre-disability wages beginning the 31st day of disability until 6 weeks (or 8 weeks for c-section) following the child's date of birth.
- 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 and Pregnancy Recovery benefits.

## 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. 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 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
- Cut 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.

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 attorneys.

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.

## LifeLock 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. We offer you a choice of two LifeLock products (Benefit Elite Premium and Benefit Elite Plus) to provide:

- Identity alerts via phone, email and text
- Monitoring more than a million transactions each second
- Life member support
- Annual Credit Report & Credit Score: 1 Bureau (Requires Benefit Elite Plus Membership)
- Annual Credit Reports & Vantage Scores: 3 bureaus (Requires Benefit Elite Premium 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 Staff Hub.

Identity theft protection through IdentityForce, a TransUnion brand, is available at no cost to employees enrolled in a Cigna medical plan and their household dependents up to age 18. Please refer to the Medical section above for more details.





# Additional Benefits

## Employee Assistance Program

We offer pre-paid confidential counseling and referral services to employees and their eligible dependents through the MetLife Employee Assistance Program (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
- Financial and legal concerns
- Relationship concerns
- Substance abuse problems
- Parental issues
- Other behavioral health concerns
- Conflicts at work

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. This benefit is available at no cost to all GP Strategies employees regardless of benefit status.

## 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 the company.

## Educational Assistance

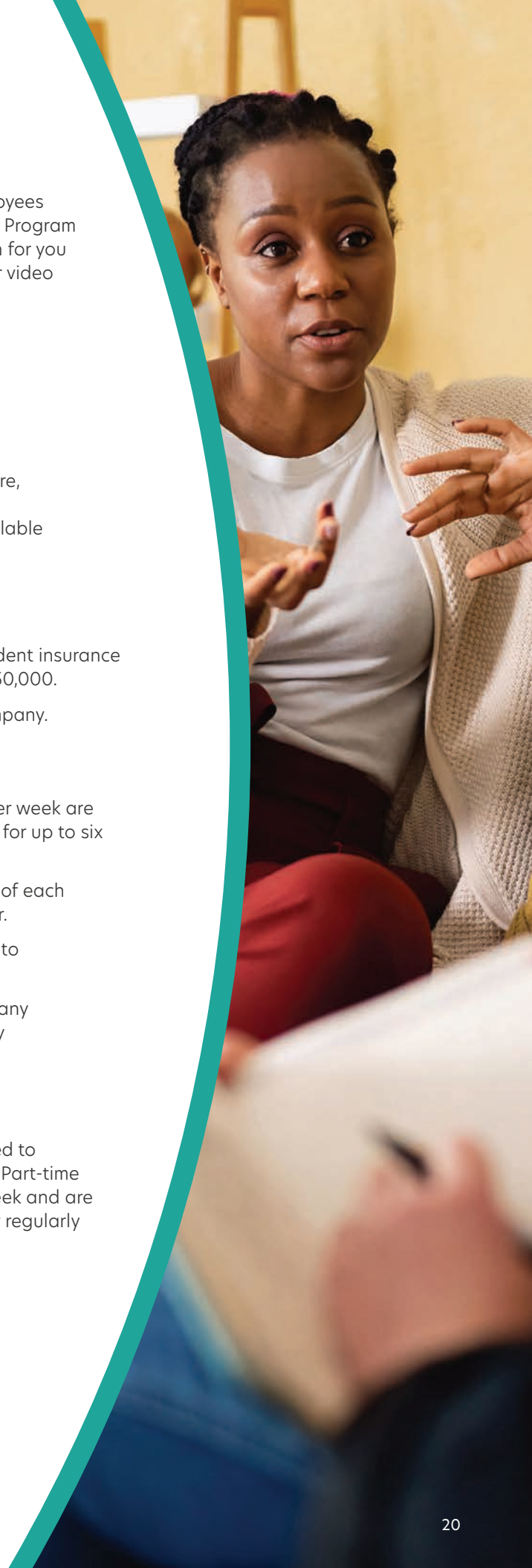
- Upon hire, regular full-time employees scheduled to work 40 hours per week are eligible for reimbursement of tuition, direct academic fees and books for up to six credit hours each semester for courses related to the employee's job.
- Reimbursement of educational assistance is subject to the discretion of each Business Unit and is limited to \$5,250 per employee per calendar 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 the company for any reimbursements received.

## Holidays

We observe 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
- Labor Day
- Presidents' Day
- Thanksgiving
- Memorial Day
- Day after Thanksgiving
- Independence Day
- Christmas Day





# Additional Benefits (continued)

## Flexible Time Off (FTO) for Salaried Employees

Full-time regular salaried employees may take time off as needed while continuing to meet the needs of their position, their manager, the company, and the obligations to our customers. FTO may be used for any purpose including vacation, illness, personal matters or family emergencies. Employees have the opportunity to take a maximum of 10 business days of FTO for a single leave event. Manager’s pre-approval is required for planned leave events..

## Paid Time Off (PTO) for Hourly Employees

Full-time regular hourly employees scheduled to work 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:

Service Time	PTO Days Accrued*	PTO Accrual	Accrual Cap	Carryover Limit
Less than 5 Years	15	120 Hours/Year	180 Hours	40 hours
5 Years to 10 Years	20	160 Hours/Year	240 Hours	40 hours
11 Years or more	25	200 Hours/Year	300 Hours	40 hours

\*Based on an 8-hour workday

We believe it is critical for our employees to take time off to recharge. As such, effective 12/31/2024, **the maximum annual PTO carryover limit will be 40 hours**, unless local law stipulates a higher carryover amount. If local laws do not permit carryover limits, only the maximum accrual cap shown above will apply.

Part-time employees scheduled to work between 24-39 hours per work are eligible for 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

The company 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 the company's 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 our employees. Full-time regular employees are eligible to participate in this program after six months of service.

The Matching Gift Program also includes a volunteerism component. For every four volunteer hours, the company will donate \$50 to the charity. This amount will count against the employee's annual maximum of \$250.

## Employee Referral Program

This program provides an incentive to active 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 the company as a full-time regular employee scheduled to work for 40 hours per week for a specified period of time.

## Multiple Educational Discount Programs

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 Staff Hub.

## Multiple Vehicle Discount Program

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%.

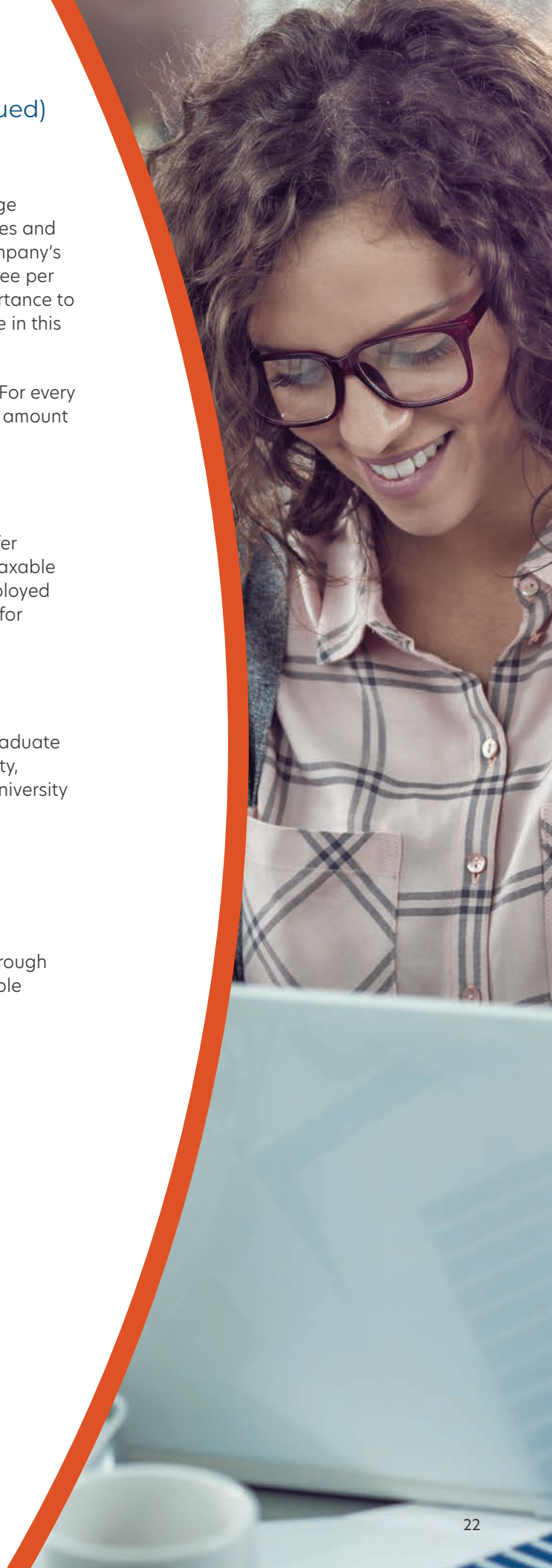
More information about this program is available on the Staff Hub.

## Other Discount Programs

The company also participates in the following discount programs:

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

More information is available on the Staff Hub.



# 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.

## 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 a 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

This service is available at no additional cost when enrolled in the Supplemental Life coverage. 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](http://www.legalplans.com/estateplanning) to get started!

# 401(k) Retirement Savings Plan

Whether retirement is a 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 2 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 11%.
- 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) may be subject to certain contribution limits.
- 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. 2025 Plan Limits will be announced in Q4 by the IRS and shared with participants in year end communications.
- 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 <https://participant.empower-retirement.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 calendar 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
<b>Medical and Pharmacy</b>	Cigna	800.244.6224	www.myCigna.com
<b>Virtual Care</b> (Primary Care, Urgent Care, Dermatology & Behavioral Health)	MDLIVE	888.726.3171	www.myCigna.com
<b>Dental</b>	Delta Dental	800.932.0783	www.deltadentalins.com
<b>Vision</b>	VSP	800.877.7195	www.vsp.com
<b>Health Savings Account</b>	HSA Bank	833.223.5595	www.hsabank.com
<b>Flexible Spending Accounts</b>	Cigna	800.244.6224	www.myCigna.com
<b>Life and AD&amp;D Insurance</b>	MetLife	800.438.6388	www.metlife.com/mybenefits
<b>Disability Insurance</b>	MetLife	800.438.6388	www.metlife.com/mybenefits
<b>Accident Insurance</b>	Aflac	800.433.3036	www.aflac.com
<b>Critical Illness Insurance</b>	Aflac	800.433.3036	www.aflac.com
<b>Hospital Indemnity Insurance</b>	Aflac	800.433.3036	www.aflac.com
<b>Legal Plan</b>	Legal Resources	800.728.5768	www.legalresources.com
<b>Identity Theft Protection</b>	LifeLock	800.416.0599	www.lifelock.com
<b>Employee Assistance Program (EAP)</b>	MetLife	888.319.7819	https://metlifeeap.lifeworks.com
<b>401(k) Retirement Savings Plan</b>	Empower	888.411.4015	https://participant.empower-retirement.com
<b>Enrollment and Human Resources</b>		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 Staff Hub. 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 Notice, 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 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 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.

