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Interactive PDF brochures, print brochures, sustainability reports, annual reports, marketing materials, packaging, proposals, newsletters, branding and info graphics.

Client list: Activision/Blizzard, AECOM, American Golf, Aramark, Allergan, Alpine Broadcasting, Amgen, Arbonne, BJ's Restaurants, Chalice Recording Studios, Children's Hospital Los Angeles, CME Group, County of San Diego, Disney, Edison Mission Energy, Electronic Arts, Globant, Health Net, IndyMac, Lucky Brand, MCA Records, Mead Paper, Mercer, Neurocrine, NextGen, Okta, Pasadena Play House, Securitas Security Services, SpaceX, Toyota, The Cheesecake Factory, The Writer's Guild, The Zentih Company, Wedbush, Western Center on Law & Poverty, Zimmer Dental and many more.



A LETTER FROM OUR CHAIRMAN & CHIEF EXECUTIVE OFFICER

ABOUT CME GROUP

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ABOUT CME GROUP

As the world's leading derivatives marketplace, CME Group empowers market participants to efficiently manage risk and capture opportunities by enabling our clients to trade futures, options, cash and OTC markets, optimize portfolios and create value. Our exchanges offer the widest range of global benchmark products across all major asset classes, including interest rates, equity indices, foreign exchange, energy, agricultural products and metals.

CME GROUP OFFICE LOCATIONS

NORTH & SOUTH AMERICA:
Chicago
Columbus
Houston
London
New York
Parsippany
St. Paul
Washington, DC

EMEA:
Amsterdam
Frankfurt
Paris
Zurich

APAC:
Beijing
Hong Kong
Singapore
Sydney
Tokyo

2022 FACTS & FIGURES

3,460 EMPLOYEES

200+ COUNTRIES and territories where CME Group futures and options contracts are traded

23.3 MILLION contracts traded average daily volume

\$5.0 BILLION in revenue

COMPANY ACCOLADES

Brand Finance's World's Most Valuable Exchange Brand (5th consecutive year)

Forbes Best Global Crypto Exchanges

Forbes Blockchain 50 (2nd consecutive year)

FTW Clearing House of the Year (5th consecutive year)

Global Capital's Derivatives Exchange of the Year (2nd consecutive year)

Human Rights Council's Best Places to Work for LGBTQ+ Equality (5th consecutive year)

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WORKFORCE EMPOWERMENT

Our employees have propelled us to unparalleled success in our industry and are our most valuable asset. At CME Group, we work vigorously to provide a rich employee experience that supports our people throughout their career journey, and we focus on creating an environment where they feel fulfillment and satisfaction at the company and in their roles.

WORKPLACE AWARDS

Computerworld Best Place to Work in IT - 5th consecutive year

2022 Best Places to Work for LGBTQ+ Equality by Human Rights Council - 5th consecutive year

2022 American Heart Association's Workforce Well-Being Platinum Recognition

EMPLOYEE VALUE PROPOSITION

Our employee value proposition illustrates what we expect from our employees and what a career at CME Group offers in return.

WHAT YOU GET

MAKE A DIFFERENCE
in global financial markets by helping our clients manage risk

BE REWARDED by collaborating with industry experts every day with some of the world's leading experts

BUILD YOUR CAREER with challenging work that advances world markets

BE AN OWNER of our success as you share in our collective achievements

WHAT YOU GIVE

DEMONSTRATE industry, integrity and ingenuity in everything you do

INVEST in your career and drive our growth by sharing knowledge with each other

GROW our business by consistently striving for and achieving excellence

ACT like an owner and deliver on your commitments

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FOSTERING A DIVERSE & INCLUSIVE WORKPLACE

At CME Group, we believe that embracing our differences enables us to be a more innovative, resilient and customer-focused organization-making our business and our culture that much stronger. Our approach to diversity and inclusion (D&I) encompasses our efforts to promote equal opportunities and representation of diverse backgrounds, races, ethnicity, genders, and abilities within the workforce, marketplace and in the broader marketplace. We have underscored our commitment to D&I by incorporating it into our corporate goals, with our Chief Human Resources Officer providing our senior management and Board of Directors with regular updates on our progress.

In 2022, we filled a key role to support our D&I efforts. Our new Director of D&I works with our Chief Human Resources Officer to support our D&I initiatives. Together, they lead our D&I Council, which is a cross-functional group comprised of employees and members of our Management Team passionate about advancing our D&I strategy, and who ensure we have the right resources in place to support and grow our diverse employee population. The D&I Council partners with other key executives to introduce new initiatives and partnerships that help us reach our corporate goals, engage and attract diverse talent and create a more inclusive environment for our colleagues globally.

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Benchmarking our global workforce

A critical component of our approach to building a diverse workforce is measuring and disclosing our progress. The following provides a snapshot of our global workforce at the end of 2022 and 2021 year comparison.

TOTAL EMPLOYEES

2022

2021

3,460

3,480

U.S. ETHNICITY	2022	2021
American Indian or Native Alaskan	0.0%	0.0%
Asian	23.7%	22.0%
Black or African American	5.9%	6.4%
Hispanic or Latino	6.3%	6.3%
Native Hawaiian or other Pacific Islander	0.0%	0.0%
White	54.7%	55.9%
Two or More Races	7.4%	7.5%
Not Reported	7.6%	7.0%

TOTAL WORKFORCE

2022

2021

68%

68%

PEOPLE MANAGERS

2022

2021

68%

71%

SENIOR MANAGING DIRECTORS & ABOVE

2022

2021

56%

57%

Female

Male

To further enhance our transparency, we have published our Equal Employment Opportunity (EEO-1) data for the U.S. [here](#)

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ENGAGING OUR EMPLOYEES

To keep a pulse on the wants and needs of our workforce, we sponsor regular employee engagement surveys and track our performance metrics: voluntary turnover, open role placements and internal promotions. These factors help us identify new ways we can engage, support and motivate our employees.

10.2%

VOLUNTARY TURNOVER

(10.4% IN 2021)

43.7%

OF OPEN ROLES FILLED WITH INTERNAL CANDIDATES

(53.3% IN 2021)

21.5%

OF EMPLOYEES PROMOTED

(16.6% IN 2021)

Hearing from our employees

The primary reason through which we collect employee feedback is our employee experience survey, which allows us to better understand the evolving needs of our workforce and identify opportunities to help bridge the gap. Our 2022 survey achieved a 79% participation rate and indicated that our employees feel positively about a number of factors in their day-to-day experience, with an overall engagement score of 72%.

We value the feedback our employees provide and prioritize being transparent about what the results tell us. Detailed division and department breakdowns are shared with the appropriate leaders so they can explore them in detail with their respective teams and identify areas of opportunity to increase employee engagement with assistance from Human Resources. When sharing the findings with our workforce, we proactively present troubling actions and solutions, particularly for areas with lower engagement or higher turnover, to demonstrate our commitment to listening to our employees. In doing so, we believe we can help boost employee morale and contribute to a more open and transparent culture.

This year's results revealed the following:

87% FEEL THEIR MANAGER'S ACTIONS ARE EFFECTIVE

81% AGREE THEY HAVE THE TRAINING, RESOURCES AND COLLABORATION NEEDED TO DO THEIR JOB

75% FEEL VALUED

77% HAVE TRUST IN SUPERVISOR/LEADERSHIP

77% FIND THE COMPANY'S COMMUNICATIONS EFFECTIVE

83% BELIEVE IN THE FUTURE OF THE COMPANY

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SUSTAINABLE SOLUTIONS

SCOPE 3 EMISSIONS

Scope 3 emissions are the result of activities from assets CME Group does not own or control, but indirectly impact our value chain.

6.6%

90%

3.5%

1.3%

0.5%

0.1%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

100%

ENERGY CONSUMPTION BY SCOPE (KWH)

2021

2022

42,546,347

43,016,831

41,700,530

41,416,831

2021

2022

335,827

485,637

FACILITIES

We carefully manage our impact in owned spaces and work with site owners to manage and reduce our environmental impact in leased locations.

67%

73%

OF OUR OCCUPIED OFFICE SPACE HAS LEAD-BASED PAINT REMEDIATION PROGRAMS, IN ADDITION TO OUR ONGOING REMEDIATION EFFORTS ACROSS OUR LOCATIONS.

CME Group

Sustainability Report – Interactive PDF


nancy@haraszdesign.com




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 About
  What We Do
  Who We Serve




Helping to grow your mission.
That's our mission.





 About
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  Who We Serve

Relationships. Generosity. Impact.

For over 10 years, Mission Advancement has helped nonprofits like yours fund their extraordinary vision and expand their mission within the community, and the world.

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 Independent Schools

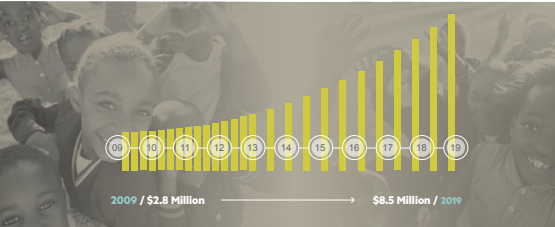
Raising extraordinary amounts of money for your school's campus takes significant planning and vision. For years, Mission Advancement has helped independent schools develop a well-conceived strategy for fundraising that enables them to raise exceptional amounts while protecting – and even growing – annual giving.

- Prestonwood Christian Academy
- Cotter Schools
- St. Patrick's High School
- Bellevue Christian School
- Dallas Christian School
- Houghton College
- Minnehaha Academy

"Mission Advancement helped us focus our efforts on understanding and ministering to the unique passions and interests of individual donors in ways that we had never considered."




Larry Taylor, Ph.D.
Head of School, Prestonwood Christian Academy

 About
  What We Do
  Who We Serve



2009 / \$2.8 Million → \$8.5 Million / 2019


By The Hand Club for Kids is a faith-based nonprofit dedicated to serving youth in Chicago's most dangerous neighborhoods. Since starting work with MAP in 2009, the budget for By the Hand has grown from \$2.8 million to \$8.5 million.

 About
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Our Unique Approach.

As principal and major gifts specialists, we are purists when it comes to establishing and deepening relationships. We want to collaborate with you to bring your vision to life.

2



WE USE A COLLABORATIVE CONSULTING APPROACH.

We emphasize highly relational engagements.




 About
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\$6 Million

+ \$3 Million

With MAP's campaign counsel, **Indiana Conference of The United Methodist Church's** capital campaign exceeded its \$6 million goal by \$3 million. The most the conference had raised in the past for a campaign was \$1.2 million.

 About
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  Who We Serve



Grow Annual Funding

DEVELOPMENT COUNSEL

Our Development Counsel service is designed to help you break through to the next level of growth. Development Counsel service is offered in four distinct levels of service based on the specific needs of and circumstances within your development office.

FACTSET

SEE THE ADVANTAGE

EMPOWERING YOU

COMPENSATION | WELLBEING | CAREER

A QUICK GUIDE TO OPEN ENROLLMENT

Use this brief overview guide to review your benefits – then make the elections that best suit your needs for 2023.

If you need more details about the plan choices, review the accompanying [Benefits Guide](#). You can also see more about the plans and coverages on the [2023 Open Enrollment SharePoint](#) site.

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VISIT THE ADP SELF SERVICE PORTAL TO ENROLL BETWEEN NOVEMBER 1 – 14.

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1 | WHAT'S NEW FOR 2023

If you do not enroll, all your current benefit elections with the exception of the Flexible Spending Accounts (FSAs) will roll over to the new plan year. Keep in mind that the annual enrollment period is the one time each year when you can make a change to your benefit elections. The only other time you can make a change is when you are a New Hire to FactSet or you have a qualifying life event, such as the birth of a child, marriage, or loss of coverage.

Contributions for the Open Access Plan (OAP) will be increasing slightly. There are no contribution increases for the High Deductible Health Plan (HDHP), dental or vision plans.

The High Deductible Health Plan (HDHP) in-network deductibles are increasing slightly to \$1,500 individual/\$3,000 family to maintain IRS compliance.

Don't forget about the voluntary benefits available to you. Choose from legal, identity theft, pet, or auto and home insurance benefits. If you wish to take advantage of the voluntary legal services benefit offered, you will need to enroll in that program during the Open Enrollment period.

To learn more about FactSet's 2023 benefits visit the [2023 Open Enrollment SharePoint](#) page for complete information.

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2 | HOW TO ENROLL

First, review the benefit options to determine what coverages you want. Please see below to familiarize yourself with what is available. **If you do nothing, your benefit elections, except for the Flexible Spending Accounts (FSAs), will roll over to next year.**

Between November 1 and November 14, log on to the [ADP Self Service Portal](#).

Enroll in the benefits you want.

Decide whether you want to contribute to the Health Care, Limited Purpose and/or Dependent Care Spending Accounts.

Add or remove dependents and update dependent information. You can also add or update beneficiary information.

No action is needed if you are currently enrolled in the High Deductible Health Plan (HDHP) and want to maintain your election to a Health Savings Account (HSA). If you are enrolling in the Health Savings Account (HSA) for the first time and would like to contribute, please log onto [Fidelity NetBenefits](#). You must be enrolled in the HDHP to participate in the HSA. Employees do not need to contribute to the HSA to receive FactSet's contribution.

If you elect life insurance coverage for the first time, or are increasing coverage, you are required to provide Evidence of Insurability (EOI) Documentation must be submitted to [Lincoln Financial Group](#) within 30 days of your election.

If you elect Long-Term Disability (LTD) coverage for the first time, you are required to provide Evidence of Insurability (EOI) and submit the documentation to [Guardian](#) within 30 days of your election.

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4 | MEDICAL AND PRESCRIPTION BENEFITS

You can choose from two medical plans: the **High Deductible Health Plan (HDHP)**, with a Health Savings Account (HSA), or the **Open Access Plan (OAP)**. While both plans provide the same coverage, there are a few differences. More details about the benefits and coverage levels can be found in the [Benefits Enrollment Guide](#). Here are some key features of each plan.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	OPEN ACCESS PLAN (OAP)
Includes \$250/\$500 FactSet contribution to HSA	No FactSet contribution
\$1,500/\$3,000 deductible in-network	\$500/\$1,000 deductible in-network
In-network preventive care provided at no cost to you	In-network preventive care provided at no cost to you
After the deductible is met, you pay 10% of covered costs for in-network care after deductible	You pay \$25 / \$35 / \$50 for PCP / Specialist / Urgent Care visits. For diagnostics, X-rays and hospital stays you first pay a deductible then 10% of covered costs for in-network care. Emergency rooms is covered at 100% after you pay \$150*.
You pay the full cost of your prescription drugs until you meet your deductible; then you pay 10% for generic, 20% for preferred brand name drugs, and 30% for non-preferred brand name drugs**.	You pay 10% for generic, 20% for preferred brand name drugs, and 30% for non-preferred brand name drugs**.

Preventive drugs

are provided at no cost with no deductible.

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5 | DENTAL AND VISION BENEFITS

DENTAL

To confirm that your dentist is part of MetLife's PDP Plus Network, or to explore dentists in your area who participate in the PDP Plus Network visit [www.metlife.com/dental](#).

Here's a summary of benefit coverages when you see an in-network MetLife PDP Plus dentist:

- Annual deductible is \$50 for an individual and \$150 for a family. The plan pays up to \$2,000 per person each year.
- Preventive services, which include cleanings, exams, and X-rays, are provided twice a year at no cost to you.
- You pay 20%, after the deductible, for basic restorative services, which include fillings and extractions.
- You pay 50%, after a deductible, for major restorative services, which includes bridges and dentures.
- There is no deductible for orthodontia services, but you pay 50% of the cost, and the plan covers services up to \$2,000 lifetime.

VISION

Vision benefits are provided through EyeMed and your costs are lower when you visit an EyeMed network provider. To find participating providers call 866-723-0596.

Here's a summary of what is covered under the vision plan:

- You pay a \$10 copay for an annual eye exam with dilation.
- The plan provides a \$150 allowance for frames once each year, and you receive a 20% discount for any balance over the allowance.
- For single-vision lenses, you pay a \$10 copay once per calendar year.
- For standard progressive lenses, you pay a \$75 copay and for premium progressive lenses, you receive a 20% discount.
- There are copays for lens options and allowances and discounts for contacts in lieu of regular lenses. See your [Benefits Enrollment](#) Guide for more details.

Complete details of the dental and vision plans and coverage levels are included on the [ADP Self Service Portal](#). You can also find details in your [Benefits Enrollment](#) guide.

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7 | LIFE, DISABILITY, AND VOLUNTARY BENEFITS

LIFE AND DISABILITY

All eligible employees receive coverage for Basic Life insurance and AD&D equal to their 2x salary, up to a maximum of \$700,000. You may elect additional Voluntary Life insurance for yourself, your spouse and/or your child(ren). Enrollment in the Basic Life insurance policy and Short Term Disability insurance is automatic.

In addition, you have coverage of Short-Term Disability (STD) insurance at no cost. If you become disabled and are approved for STD, you will receive 100% of your base salary for the first six weeks and 66⅔% of your base salary for up to an additional 20 weeks. You may also purchase Long-Term Disability (LTD) insurance – additional income protection to cover a disabling injury or illness that exceeds 26 weeks. The disability benefits are administered by [Guardian](#).

For more on life insurance and disability benefits, see your [Benefits Enrollment Guide](#).

VOLUNTARY BENEFITS

There are several of Voluntary Benefits available to you for 2023. The Voluntary Benefits include legal coverage, identity theft protection, pet insurance, auto and home insurance, and a discount program. These benefits are administered by [CoreStream](#).

You can **only enroll in the Legal Coverage plan during FactSet's Open Enrollment period**. You can enroll in the other voluntary benefits at any time during the year.

For more on what is available, call [203.663.1744](#).

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nancy@haraszdesign.com 818 731 9039

FactSet
Interactive PDFs

OPEN ENROLLMENT 2022 — IMPORTANT CHANGES TO YOUR BENEFITS ARE COMING

YOU MUST TAKE ACTION THIS OPEN ENROLLMENT

You must take a few important actions to enroll in medical coverage through Advantage in 2022. Enroll via MyOracle between Oct. 25 and Nov. 5, 2021.

LOOKING AHEAD, WITH YOUR WELLBEING IN MIND

As we head into 2022, Advantage is working hard to create a healthy and safe workplace for all associates. COVID-19 disrupted life as we knew it and forced us all to make changes. The impact of the virus has required Advantage to adjust as well, which includes evaluating our health plans and making necessary changes to manage plan costs effectively and to provide maximum value to associates.

We are excited about the changes you will see for health care in 2022. This includes adjustments to our medical plans, including streamlining our plan choices and providing a new option that may be more affordable and convenient for some associates. You will also see adjustments to promote the health, safety and overall wellness of associates, including a COVID-19 non-vaccination surcharge, incentives for contributing to a Health Savings Account (HSA), and enhancements to our Accident and Hospital Indemnity plans.

WHAT'S NEW AND CHANGING FOR 2022?

New/Adjusted Surcharges and Required Status Verification

During Open Enrollment, you must take action to verify tobacco use, COVID-19 vaccination status and (if applicable) spouse/domestic partner access to other employer coverage.

Tobacco use surcharge: You and your family members will save on medical plan premiums when you agree to be tobacco free (including vaping). By choosing to be tobacco free, you will receive a **discount of \$75 per pay period** on your medical premiums (increasing from \$50 to \$75 in 2022). If you currently use tobacco or nicotine, you can still qualify to earn the same reward by enrolling in a Quit Tobacco program. Contact the Associate Service Center at asc-form.zendesks.com for more information regarding the reasonable alternative standards that are available.

NEW! Unvaccinated surcharge: Associates and their dependents age 12 and above who are unvaccinated against COVID-19 will pay more for medical coverage. This surcharge has been designed specifically to help the Company and associates manage the direct costs of COVID-19 infections. **See section below for additional details and information.**

NEW! Spouse/domestic partner surcharge: If your spouse/domestic partner is **unable** to enroll in health care insurance through their employer, and declines that coverage and instead enrolls in an Advantage medical plan, you will be subject to a spousal surcharge. This surcharge is **\$50 per pay period**.

Note: All surcharges are deducted on a pre-tax basis.

If you do not take action between Oct. 25 and Nov. 5 to complete these necessary verifications, you will be defaulted to pay the relevant surcharges listed above. Providing false information about your or your dependents' tobacco status, COVID-19 vaccination status or spousal benefit status may result in disciplinary action, up to and including termination of employment.

Unvaccinated Surcharge

In evaluating overall medical costs, Advantage will need to implement a surcharge for associates and their dependents (age 12 and older) who are unvaccinated against COVID-19. This is due to the health risks and associated medical costs from contracting the virus.

Unvaccinated individuals with employee-only coverage will pay a surcharge of **\$50 per pay period**. Associates who cover dependents will pay a surcharge of **\$52.50 per pay period** if any individual (age 12 or older), including the associate, covered under the medical plan is not vaccinated. You must verify that you and your covered dependents (age 12 and above) have been vaccinated to waive the surcharge. Visit MyOracle between Oct. 25 and Nov. 5, 2021 to verify your vaccination status and upload appropriate documentation.

If you or your dependents are vaccinated against COVID-19 after Open Enrollment, you may provide proof of vaccination at any time throughout the year to stop paying the COVID-19 unvaccinated surcharge. To do this, update your COVID-19 vaccination status in MyOracle and contact the Benefits Department at advantagebenefits@advantagesolutions.net once fully vaccinated.

Advantage allows for exemptions to COVID-19 vaccine requirements as a reasonable accommodation in alignment with the Americans with Disabilities Act (ADA) requirements to assist any associate who is disabled, who has a qualifying medical condition that is a contraindication to the vaccination or who objects based on sincerely held religious beliefs and practices. A contraindication is a specific situation in which a drug/vaccine should not be used because it may be harmful to the individual. Contact the Benefits Department during the Open Enrollment period at advantagebenefits@advantagesolutions.net if you would like to complete the COVID-19 Vaccine Exemption Form for you or a covered dependent age 12 and older.

When you make your elections this Open Enrollment you are agreeing to the following statement:

I understand that if I provide false information regarding my or my dependents' tobacco status, vaccination status or spousal benefit status, that Advantage has the right to seek payment of any applicable surcharge for the period for which I disclosed or failed to disclose such information, and/or to take disciplinary action against me (up to and including termination of my employment).

ACTION REQUIRED! Check if Your Doctor and Hospital Participate in Blue Shield's Network.

During Open Enrollment, contact Accolade Advocacy services to see if your preferred providers already participate in Blue Shield's network of providers. Call (866) 336-0786 from 8 a.m. to 11 p.m. Eastern Time and 5 a.m. to 8 p.m. Pacific Time.

WHAT'S CHANGING FOR 2023

NEW! Introducing Blue Shield Medical Plans

Our medical plan carrier will change from Anthem to Blue Shield in 2023. Most EPO, CDHP + HSA and Enhanced EPO coverage will remain the same and will have new enhancements and healthy resources for you and your family! Here's what you need to know:

- Your medical plan options and most benefits will remain the same as last year — with the addition of new, lower-cost High Performance Network (HPN) options in many locations.
- It's likely that your doctor and hospital already participate in Blue Shield's extensive network of providers. If you live outside California, your provider network will remain the same. In California, the network will vary slightly so you will need to check with Accolade that your providers are in-network.
- Your HPN providers may be different than the providers who participate in the full Blue Shield network across the U.S. Check with Accolade to see which providers are available to you if the HPN is offered in your zip code.
- IMPORTANT!** If you're enrolled in a 2022 Advantage medical plan with Anthem and you don't choose a new plan during Open Enrollment, you will be enrolled in the 2023 Blue Shield full network medical plan that most closely aligns with your current coverage.

Current 2022 Medical Plan	Most Similar 2023 Medical Plan
Anthem EPO	Blue Shield EPO (full network)
Anthem CDHP + HSA	Blue Shield CDHP + HSA (full network)
Anthem Enhanced EPO	Blue Shield Enhanced EPO (full network)

During Open Enrollment, visit **MY BENEFITS** at www.advantagebenefits.net to explore the medical benefits, wellness resources and other enhancements that will be available with your 2023 Blue Shield medical plan.

New Telemedicine Options

Blue Shield members will have three convenient options for virtual medical care in 2023 via Teladoc, Accolade Care and in-network providers. Learn more at **MY BENEFITS** at www.advantagebenefits.net.

ENROLL FOR 2023 BENEFITS: NOV. 1 – 15, 2022

WELCOME TO YOUR 2021 BENEFITS

Open Enrollment is Nov. 2 – 13

BE PREPARED

Mark your calendar and involve your spouse/partner

BE INFORMED

Learn how your benefits work

BE INVOLVED

Read your enrollment information

Open Enrollment is November 4 – 15

Decisions you make during Open Enrollment affect your benefits for January 1 through December 31, 2020.

Do I have to Enroll?

NO IF YOU...

- Are not making any changes in your coverage
- Do not want to contribute to a Flexible Spending Account (Health Care, Limited Purpose or Dependent Care) next year

YES IF YOU ARE...

- Changing who you cover
- Switching between plans
- Adding or dropping any type of coverage
- Increasing or decreasing Voluntary life insurance
- Increasing or decreasing Health Savings Account (HSA) election
- Participating in a Health Care or Dependent Care Flexible Spending Account (FSA) next year
- Enrolling for a Limited Purpose FSA (dental and vision only) if enrolled in the Anthem CDHP

Your current benefits coverage will roll over to next year and the new rates will be in effect for January 1, 2020. **THE DEADLINE TO ENROLL IS NOVEMBER 15, 2017.**

This open enrollment you can enroll for or increase coverage in voluntary life, AD&D and disability up to the guaranteed amount without answering any health questions.

5 ways that our health plans differ

- 1 **Provider choice/flexibility**
- 2 **Your out-of-pocket costs**
- 3 **Maximum cost**
- 4 **Cost of coverage**
- 5 **Related health care accounts**

Voluntary Benefits

INFOARMOR

Enjoy piece of mind, financial reassurance and time saving expertise with comprehensive identity protection plan, PrivacyArmor. We have two plans to choose from.

METLAW-LEGAL

Metlaw offers you and your family value, convenience and peace of mind by giving you low-cost access to attorneys for a wide variety of personal legal services. It's like having your own attorney on retainer, but for a lot less.

PET INSURANCE

We are offering two plans to care for the needs of your pet(s). My Pet Protection and My Pet Protection with Wellness reimburse a straightforward 90% of your vet bill instead of using a benefit schedule. A \$200 annual deductible and \$7,500 maximum annual benefit apply to both plans.

Details on cost, plan design and more can be found when you go into myOracle to enroll.

Advantage Solutions

Newsletters, Brochures, PowerPoint Presentations, Postcards, Mailers

Shown: Newsletter, Brochure, PowerPoint Presentation

nancy@haraszdesign.com 818 731 9039

2023



2023 Open Enrollment:

November 3 – November 16, 2022

At FormFactor, we believe a thriving workforce is essential to our success. We're committed to offering a comprehensive and flexible benefits program that supports your total well-being and helps you thrive in both your work life and your home life. It's one way we invest in our employees so they can do their best work.

Open Enrollment is your opportunity to consider your family's needs and enroll in benefits that empower you to reach your personal and well-being goals. Read on for more information on what's new, what's changing, and what actions you need to take during Open Enrollment.

WHAT'S NEW FOR 2023

For 2023, FormFactor has made enhancements to some of your benefits, including an increased annual maximum on our PPO dental plan, a new DENTCO dental plan option and an enhanced benefit under our Health Legal plan. All enhancements become effective January 1, 2023.

Keep reading to learn more.

Open Enrollment Checklist

- Review your options and costs. Your benefits support your total well-being. Consider all the available plans — you may find that a different coverage option provides exactly what you need to improve your health and wellness.
- Take advantage of the tax-advantaged accounts. To contribute to an HSA and/or FSA, you must enroll every year. All the accounts allow you to use pre-tax dollars to pay for eligible expenses.
- Confirm your dependent information. If you cover your dependents for benefits, be sure their information (e.g., Social Security number, birth date) on Mercer Marketplace 365+ is entered correctly.
- Review your beneficiary designations. While you're enrolling, review your beneficiary designations to make sure they are up to date.
- Take action during Open Enrollment. Enroll or make changes to your benefits coverage during the annual enrollment period: November 3 – 16, 2022.

Want to stop smoking?

FormFactor provides free smoking cessation support services through both Kaiser and Cigna.

If you do not enroll or make changes during Open Enrollment, you will default to your current coverage. However, your Health Care FSA, Combination FSA, Dependent Care FSA, and/or HSA election will not carry forward — you must re-enroll in these accounts every year. You will also be automatically defaulted to paying the tobacco surcharge if you have not previously contested.

How to Enroll

- Online: Go to www.merccormarketplace365plus.com/formfactor
- Follow the on-screen prompts to complete your enrollment.
- Review and complete your 2023 benefit elections.

Questions?

Visit Mercer Marketplace 365+ at www.merccormarketplace365plus.com/formfactor or call 1-855-742-9563 to speak to a benefits counselor. You can also email the FormFactor benefits team at benefits@formfactor.com.



2024



2024 Open Enrollment:

October 31 – November 16, 2023

We want to help you be the healthiest you, at work and at home, and we understand that comprehensive and flexible benefits are important. That's why we regularly strive to provide the best benefit package we can — your hard work is crucial to our success and deserves to be rewarded.

This Open Enrollment, take time to consider if your personal needs have changed and how your benefits can enhance your life beyond the workplace. Read this document carefully to learn about this year's changes and what you need to do to make sure you're covered for 2024.

FORMFACTOR

FORMING the FUTURE together

How to Enroll

- Log in to www.merccormarketplace365plus.com/formfactor.
- Follow the on-screen prompts to complete your enrollment.
- Review and submit your 2024 benefit elections.
- Keep a copy of your confirmation statement for your records. (Choose "print to PDF")

Questions?

Visit Mercer Marketplace 365+ at www.merccormarketplace365plus.com/formfactor or call 1-855-742-9563 to speak to a benefits counselor. You can also email the FormFactor People Team at people@formfactor.com.

You can also use the new Mercer Marketplace 365+ app! Use the app to:

- View FormFactor benefit plans, resources, and benefits guides 24/7.
- Access career-related information.
- Store an image of your ID cards or other important information for ease of access.
- Securely sign into Mercer Marketplace 365+ to make life event or spending account changes.

Remember!

You must enroll in spending accounts each year. Your current HSA and FSA elections will not carry over to 2024.



2024



Benefits Decision Guide

January 1 – December 31, 2024

FORMFACTOR

FORMING the FUTURE together

Who Is Eligible

You are eligible for benefits if you're a regular full-time or part-time employee working a minimum of 20 hours per week. Benefits coverage begins the first of the month following your date of hire or qualifying life event date. If your date of hire or event date is the first day of the month, then benefits coverage will start on that date.

Your Dependents

Eligible dependents include:

- Legal spouse or eligible domestic partner residing in the U.S.
- Children up to age 26, including your child, and your spouse or your domestic partner's child.
- Children may include:
 - Biological or legally adopted children
 - Stepchildren
 - Child of domestic partners
 - Children who live with you, are solely supported by you, and for whom you are the legal guardian
- Children for whom you are responsible to provide health coverage under a qualified medical child support order (QMCSO)
- Children who are incapable of self-sustaining employment due to a mental or physical disability provided the disability began before age 26 and they are totally dependent on you for support and maintenance

Enrollment Tips

- Enroll by the deadline. You can enroll or make changes only:
 - When you first become eligible
 - During the annual enrollment period
 - Following a qualified life event
- Confirm your dependent information and make any necessary updates. Check to see that your loved ones are eligible. When you enroll dependents, you must provide your dependent's legal name, Social Security number, and birth date.
- Review your beneficiary designations. Make sure your beneficiary designations for life and AD&D insurance are up to date. Be sure to check these every year to ensure that your loved ones go to the right people just in case.

How to Enroll

There are two ways to enroll:

Online: Go to www.merccormarketplace365plus.com/formfactor

Call: 1-855-742-9563, Monday – Friday, 4 am – 6 pm PST

Download the Mercer Marketplace 365+ app to access your benefits on the go!

Enrolling for the First Time?

The first time you log in to Mercer Marketplace 365+, you must create a new account.

- Provide the last four digits of your Social Security number and your birth date, home address, and ZIP code.
- Receive and input a verification code
- Set up a new password (an email address will confirm and a password)

Tobacco-Free Incentive

To demonstrate our commitment to your health, FormFactor offers an incentive to employees who do not use tobacco products. If you and/or your spouse or domestic partner use tobacco products, and are enrolled in a medical plan, you will pay a tobacco surcharge of \$25 per person per paycheck. This surcharge is to help offset the increased health care costs attributable to tobacco use and will appear as an increased premium amount on your paycheck. So, if you do not use tobacco products, you will save \$25 per paycheck!

Tobacco products include, but are not limited to, cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, dip, snuff, vials and other types of smoking, smokeless tobacco, and vaping.

Certifying your tobacco status for yourself and any enrolled spouse/domestic partner is part of the enrollment process on the Mercer Marketplace 365+ portal. If you were previously enrolled and you do not complete enrollment this year, your tobacco status from the previous year will roll over.

Attention Tobacco Users:

If you enroll in and successfully complete a tobacco cessation program, you will qualify for the same premium contribution rates as a non-tobacco user. FormFactor will cover the full cost of your tobacco cessation program through either Cigna or Kaiser. We want to see you thrive! For more information about the tobacco cessation program, please contact Human Resources.



Examples: How Medical Coverage Works

To choose the right medical plan, you need to review your 2023 claims and estimate your total health care costs for the coming year. Remember, your total costs include all of your out-of-pocket expenses (e.g., deductible, copay) plus your paycheck contributions. Take a look at the plan that provides the lowest out-of-pocket costs for the following fictional employees. Use the plan comparison tool in Mercer Marketplace 365+ as you shop for medical prescription coverage.

Employee-Only Coverage: Melinda, low health care usage

Melinda does her best to stay active, eat well, and see her doctor each year for her annual physical. Let's assume Melinda will have to get a prescription with three refills, for a skin condition. She wants to save, so Melinda will be sure to get a generic drug for her condition. Melinda also completed her wellness requirements which means she will receive the annual wellness discount of \$250.

TYPE OF CARE	TOTAL COST	CIGNA \$1,000 DEDUCTIBLE PLAN	CIGNA \$500 DEDUCTIBLE PLAN	CIGNA \$200 DEDUCTIBLE PLAN	Kaiser CA, HSA \$1,000 DEDUCTIBLE PLAN	Kaiser CA, HSA \$500 DEDUCTIBLE PLAN
Annual physical	\$200	\$0	\$0	\$0	\$0	\$0
Office visit (non-wellness)	\$75	\$75 deductible	\$25 copay	\$25 copay	\$75 deductible	\$25 copay
Generic prescription (4 fills)	(4 x \$23)	\$80 deductible	\$80 copay	\$80 copay	\$80 deductible	\$40 copay
Total medical out-of-pocket costs	\$275	\$155	\$105	\$105	\$155	\$105
Employee HSA contribution	\$200	N/A	N/A	N/A	N/A	N/A
Wellness discount	\$250	\$250	\$250	\$250	\$250	\$250
Melinda's annual total out-of-pocket costs	\$1,045	\$1,085	\$1,332	\$657	\$1,405	\$1,360

Employee + Spouse Coverage: Kayla and Seb, high health care usage

Kayla and her husband, Seb, have struggled with a few medical conditions lately. Kayla is scheduled for an inpatient surgery, and Seb will have ongoing care for back pain. Which plan will save Kayla and Seb the most money? Let's see what Kayla will pay under the different plans. Both Seb and Kayla have completed their annual wellness requirements, which means they will receive the annual wellness discount of \$520.


TYPE OF CARE	TOTAL COST	CIGNA \$1,000 DEDUCTIBLE PLAN	CIGNA \$500 DEDUCTIBLE PLAN	CIGNA \$200 DEDUCTIBLE PLAN	Kaiser CA, HSA \$1,000 DEDUCTIBLE PLAN	Kaiser CA, HSA \$500 DEDUCTIBLE PLAN
2 annual physicals	(2 x \$200) \$400	\$0	\$0	\$0	\$0	\$0
2 specialist visits for Seb	(2 x \$275) \$550	\$550 deductible	\$200 copay	\$200 copay	\$550 deductible	\$200 copay
4 chiropractic visits for Seb	(4 x \$100) \$400	\$400 deductible	\$150 copay	\$150 copay	\$400 deductible	\$150 copay
Prescribed brand prescription for Kayla (12 fills)	(12 x \$168) \$2,016	\$1,016 deductible	\$420 copay	\$420 copay	\$1,016 deductible	\$420 copay
2 specialist office visits for Kayla	(2 x \$300) \$600	\$600 deductible	\$200 copay	\$200 copay	\$600 deductible	\$200 copay
Hospital surgery for Kayla	\$15,000	\$2,385 deductible (Kaiser CA, HSA has been met)	\$15,000 deductible (Kaiser CA, HSA has been met)	\$15,000 deductible (Kaiser CA, HSA has been met)	\$2,385 deductible (Kaiser CA, HSA has been met)	\$15,000 deductible (Kaiser CA, HSA has been met)
1 PPO for Seb	\$300	\$40 coinsurance	\$25 copay	\$25 copay	\$40 coinsurance	\$25 copay
Total medical out-of-pocket costs	\$15,802	\$2,376	\$2,376	\$2,376	\$2,402	\$2,402
Employee HSA Contribution	\$1,000	N/A	N/A	N/A	N/A	N/A
Employee premium contributions	(\$1,563)	(\$1,254)	(\$1,700)	(\$1,888)	(\$1,488)	(\$1,488)
Wellness discount	\$520	\$520	\$520	\$520	\$520	\$520
Kayla's total out-of-pocket costs	\$17,444	\$9,429	\$9,800	\$9,768	\$10,400	\$10,400

nancy@haraszdesign.com 818 731 9039


FormFactor




Brochures, Newsletters, Postcards, Mailers

Shown: Newsletter, Brochure, Mailer



2023 Your Benefits Decision Guide







More Wellbeing Benefits and Resources

Neurocrine is pleased to offer several wellbeing benefits and resources to you and your family, including:

- Helper Child Care
- Life and AD&D Insurance
- Carrot Family Planning Support
- Disability Insurance
- Long-Term Care Insurance
- Health Advocate

To learn more about the additional wellbeing benefits and resources available to you, visit the [Benefits Sharepoint Site](#)

Employee Assistance Program (EAP)

Health Advocate is available to all family members living in your home. 24/7/365 to help support you when you need it most. Services include:

- Emotional & Mental Health
- Childcare/Eldercare
- Stress Management
- Legal
- Substance Abuse
- Community Resources

You can reach the EAP at <https://members.healthadvocate.com/> or at 866-799-3501.

DECIDE


ENROLL

20


Active Open Enrollment: October 31 – November 15, 2023









LEARN



DECIDE



ENROLL




Welcome: Your 2024 Benefits Decision Guide


Prioritize Your Health and Wellbeing with Neurocrine Benefits

Neurocrine is pleased to offer a variety of health and welfare benefits to you and your family! This year we are introducing four new medical plan options through Aetna, providing access to new resources to help you get the most out of your healthcare journey, increasing frame and contact lens allowances for vision care, and rolling out enhanced identity theft protection through Norton LifeLock. Review this Decision Guide to learn more about the benefits available to you and your family in 2024.


2

Active Open Enrollment: October 31 – November 15, 2023







LEARN



DECIDE



ENROLL



Enroll: Elect Your Benefits for 2024


If you would like coverage in 2024, you **MUST** submit your elections by November 15. Current benefit elections will **NOT** carry forward, including any dependents. This is your last opportunity to elect coverage before Fall 2024, unless you experience a qualified life event. The benefits you elect will be effective January 1 – December 31, 2024.


Important! YOU MUST TAKE ACTION

You must actively enroll by November 15, if you would like coverage in 2024. If you do not make any benefits elections, you will not receive coverage in 2024. Enrollment in programs paid for by Neurocrine require no action, including employee assistance program (EAP), basic life, and disability. The benefits you elect will be effective January 1 – December 31, 2024. Your next opportunity to enroll in your Neurocrine benefits will be in the fall of 2024 for benefits effective in 2025, unless you experience a qualified status change (as defined by the IRS) during the year.


33

Active Open Enrollment: October 31 – November 15, 2023






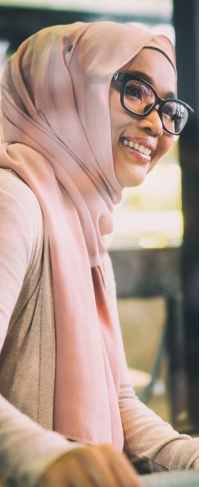
LEARN



DECIDE




ENROLL




Decide: Find Your Benefits Fit


Do you know which plans work for you and your needs? Consider these scenarios to learn about different plans for different lifestyles and possibilities for how you can tailor your Neurocrine benefits to you.




Brian:
The Sensible Shopper




Elizabeth:
The Weekend Warrior



Alex:
The Aspiring Professional



Trudy:
Health-first Family Manager



Chloe:
The Prudent Buyer

22

Active Open Enrollment: October 31 – November 15, 2023

1

Executive Summary

During the summer and fall, the Arizona Board of Regents (ABOR), together with Arizona State University (ASU), Northern Arizona University (NAU), the University of Arizona (U of A) collectively, the Arizona State University System, or AZUS, introduced several significant enhancements to the Arizona University System Optional Retirement Plan (ORP), effective October. For a number of reasons, the communication effort was not as successful as ABOR and the AZUS had hoped. Consequently, in May, Mercer was engaged to draft a communication strategy to rebuild participants' trust and confidence and to help faculty and staff take charge of their financial health and, in so doing, become financially fit.

The communication strategy that follows is a detailed roadmap designed to help ABOR and the AZUS realize these objectives, as well as those identified during the May 8 strategy session (Section 3, Goals and Objective).

Before ABOR and the AZUS can move forward, we recommend that you reconnect with ORP participants. The first phase of our strategy does just that. Only then can you look forward.

As to looking forward . . . we believe that focusing on educating participants about the ORP is just the first step in achieving your true objective — engaging and empowering participants so they can become financially fit and make their dreams come true. To help ABOR and the AZUS accomplish this broader goal, we took a holistic approach to this initiative, addressing not just the ORP but the other retirement programs available to faculty and staff.

Our communication sets the vision. All you need to do is turn the pages to

LEARN.
PLAN.
ACHIEVE.

2

Communication Strategy Context

Strategic Principles

Based on our meeting with ABOR and the AZUS, as well as our audit of the print and online communications, we developed the following communication principles to help you achieve your desired future state.

- Take back the communication of the ORP, which was co-opted by the investment providers and then hijacked by unhappy participants.
- Re-establish your credibility, as well as your connection with ORP participants, by rebuilding their trust and confidence
- Begin by acknowledging past shortcomings in the enhancement communications
- Map out a plan for the upcoming financial fitness initiative
- Reconnect with Arizona State Retirement System (ASRS) participants and demonstrate investment in their financial health by launching a financial fitness initiative
- Develop and implement a multi-dimensional strategy that respects the unique needs of the university environment (e.g., leadership structure, diversity, timing)
- Create a common brand that articulates universal messages across all three universities and that is visually recognizable

- Ensure that the brand is reflected in investment provider materials
- Reflect the fact that one size doesn't fit all
- Obtain the support and endorsement of senior leadership
- Offer participants and new hires, as well as family members, a mix of media to account for different learning styles and generational preferences: print, in-person meetings, and technology solutions, including portals, flipbooks, tutorials and games and widgets.

Our strategic principles specifically address the four most significant shortcomings of the rollout:

- The initiative lacked a comprehensive change management strategy
- The body of work did not reflect shared messaging and branding
- The investment providers' outreach was not coordinated
- Deliverables were distributed off-season.

3

Goals and Project Objectives

During our May 8 meeting, ABOR and the AZUS identified the following communication objectives for the next 18 months:

General

- Promote the perception by faculty and staff that the AZUS cares about their financial fitness and is invested in providing them with the requisite tools and resources to help them achieve it.
- Take a holistic approach to financial education around budget management, investor education and overall financial fitness.
- Establish clear brand and ownership of the retirement program and the financial education initiative.
- Adopt a centralized repository for content and tools which is easily accessible to all members of the AZUS community.
- Maximize investment provider resources and tools, and ensure that investment provider materials reflect consistent program messaging and branding.

4

Stakeholder Analysis

Based on our earlier discussion, we identified three main stakeholder groups:

- University leadership
- Faculty and staff
- Investment providers.

Each stakeholder group comprises a number of discrete audiences.

Financial Ambassadors
An audience included in Faculty and Staff is that of financial ambassadors. Financial ambassadors play a role similar to the role played by champions in a wellness initiative. For details, see Appendix A.

```
graph TD
    UL[UNIVERSITY LEADERSHIP] --- ABOR[ABOR]
    UL --- HR[Human Resources]
    UL --- Prov[Provosts]
    UL --- BOMs[BOMs]
    UL --- FS[Faculty Senate]
    FS --- FA[Financial Ambassadors]
    FS --- JSO[Just Starting Out]
    FS --- BYE[Building Your Engine]
    FS --- LA[Looking Ahead]
    FS --- AT[Almost There]
    FS --- RP[Retirees Process]
    FS --- NH[New Hires]
    IP[INVESTMENT PROVIDERS] --- VALIC[VALIC]
    IP --- TIAA[TIAA-CREF]
    IP --- FI[Fidelity Investments]
    IP --- ASRS[ASRS]
```

4

Stakeholder Analysis

Connecting with Your Different Audiences

Based on the demographics we received from the AZUS, your overall population looks like this:

Insight
It's interesting that your overall population comprises a large number of younger employees. This audience typically has broader financial issues than saving for retirement. A holistic approach to financial fitness will resonate well with them.

Age Group	Population
Under 30	5,555
30 – 40	7,497
40 – 50	6,573
50 – 60	7,181
60 – 70	4,026
Over 70	660

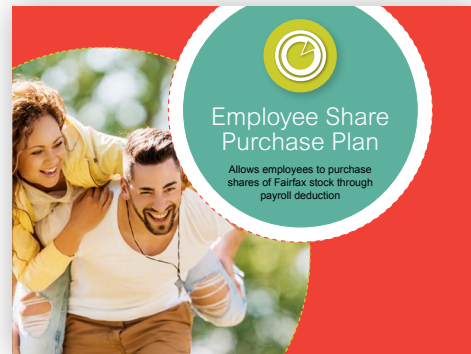
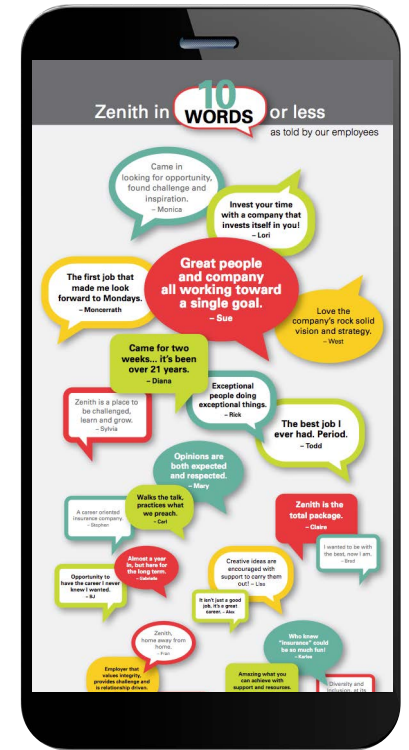
7

Communication Workplan

The workplan has two clear and separate phases. Each phase has its own objectives, intended audiences, deliverables and recommended distribution dates.

Phase 1:
Reconnecting with stakeholders and repairing any loss of participant confidence that may have occurred during the implementation of the enhancements, such as participant confusion/suspicion surrounding the reasons behind the changes.


Phase 2:
Engaging — or re-engaging — participants in their financial fitness and well-being. Low levels of financial fitness, such as lack of retirement readiness and continued low participation in the 403(b) Plan, will be addressed with targeted campaigns.



The Zenith

Employee Guides, Wellness Guides, Newsletters, Posters, Postcards, Mailers, PowerPoint Presentations, Animated Videos, Online Graphics

Shown: Employee Guide, PowerPoint Presentation, Online Graphics



SISC


Self-Insured Schools of California

Schools Helping Schools


HOMEOUR STORYSTAFF DIRECTORY

Strength in Numbers

Partnering with schools to creatively solve our insurance challenges




Our goal is to provide the best coverage and service to our members while keeping costs affordable and stable.




Workers' Compensation

Workers' Compensation
Risk Management Services




Property & Liability

Property & Liability



Health Benefits

Health Benefits
Health Smarts
Flex



Financial Services

Defined Benefit Plan
GASB 45 Trust
Flex
Investment Pool
Unemployment Insurance


What's special about SISC

We're the largest public school pool in the U.S.

That's a huge advantage. Pooling resources provides schools with a more stable long-term insurance solution than purchasing from commercial carriers that may be competitive today and out of reach tomorrow.

Our size and careful analysis of each risk allow us to offer stable, affordable rates. And our fair and predictable rate renewals are major reasons districts join SISC and stay for decades.


This keeps millions of dollars in the classroom that would have otherwise been paid out in premiums.



SISC




Self-Insured Schools of California

Schools Helping Schools



Cost Effective Insurance Solutions for California Schools

Workers' Compensation • Property & Liability • Health Benefits
GASB 45 • SISC Flex (IRC 125 plan) • Defined Benefit Plan

We are Public School Employees...Just Like You

- Operate as a public school Joint Powers Authority (JPA)
- Administered by Kern County Superintendent of Schools Office
- Staff members are certified and classified public school employees
- Fully transparent...subject to the Brown Act

We Have Longevity on Our Side


- Established in 1979
- Stable and growing
- Trusted advisers to our member districts


Service is at the heart of who we are.

It's our highest aspiration.

Over 450 California public school districts have joined together to make SISC what it is today.

We have a 42 year history of providing our members with coverage for workers' compensation, property and liability and health benefits.





SISC

Self-Insured Schools of California

Schools Helping Schools

Interested in membership?

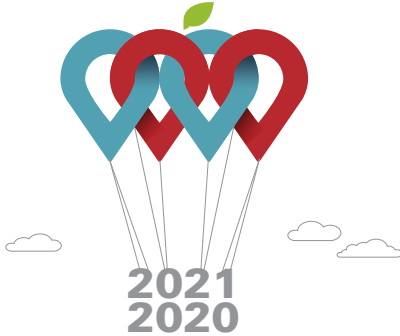
Let's talk. Call us at (800) 972-1727 or visit www.sisc.kern.org.


A Joint Powers Authority administered by the Kern County Superintendent of Schools Office, Mary C. Barlow, Superintendent

It's been a bumpy ride.

Together, we can soften the landing.

We've all had quite a year! But as part of the largest public school pool in the U.S., SISC member districts had a huge advantage...personalized service from an account team who understands what our districts need even before they do.





SISC


Self-Insured Schools of California

Schools Helping Schools


Interested in membership?


Let's talk. Call us at (800) 972-1727 or visit www.sisc.kern.org.

A Joint Powers Authority administered by the Kern County Superintendent of Schools Office, Mary C. Barlow, Superintendent



Celebrating 40 years of service to our partners in over 400 school districts across California






Our original principles still guide us


6

Resist easy answers and insist on providing long-term solutions.


We offer




Workers' Compensation




Property & Liability



Health Benefits




Financial Services



Health Benefits

Access to provider networks and benefits at the lowest rates available



SISC | Self-Insured Schools of California

Logo Design, Branding, Website, Interactive PDF, PowerPoint Presentation, Posters, Brochures, Mailers, Ads

Shown: Website, Banner, Advertisements, PowerPoint Presentation

nancy@haraszdesign.com 818 731 9039

Good news — change is on the horizon!

We're rolling out a new approach to benefits next year. In 2021, we'll offer a diversified set of new benefits to select from. We're also launching a new and engaging way to enroll and shop for your benefits.

IMPORTANT: You must take action to have coverage for yourself and your dependent(s) next year!

In the coming weeks, you'll receive additional details about benefits webinars, your benefits guide, and more.

Mark your calendars!
Open Enrollment is
October 14 – 28, 2020

Globant
875 Howard Street
Suite 320
San Francisco, CA 94103

Benefits Open Enrollment Is Almost Here!

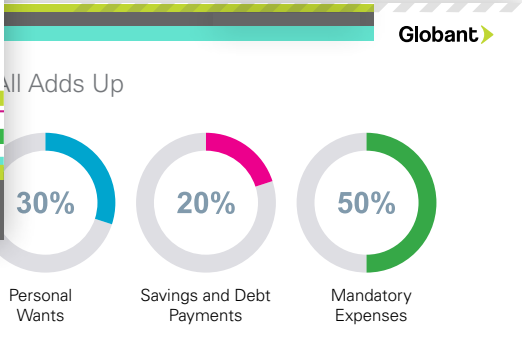
Exciting changes are coming in 2021. This year, you **MUST** take action during Open Enrollment.

Turn over for a preview of what's to come.

Globant

Welcome to Your Employee Benefits

Globant



Your Benefits Enrollment Guide

Globant
we are ready

Employee Contributions
For employees hired on or after September 1

If you were hired by Globant on or after September 1, 2019, the table below outlines your premium contributions towards the available health plans for the 2020 plan year.

- Globant covers 100% of the healthcare, dental, and vision premiums for employee only health coverage.
- Globant covers 80% of the healthcare, dental, and vision premiums for coverage that includes spouses and/or child(ren). The employee covers the remaining premium which is approximately 20%.
- One half of any applicable monthly contribution will be automatically deducted pre-tax from each paycheck of the month.

	Anthem PPO 900	Anthem HMO/CA Only	Kaiser HMO/CA Only	MetLife Dental	VSP Vision
Monthly Premium					
Employee Only	\$0	\$0	\$0	\$0	\$0
Employee + Spouse	\$247	\$233	\$233	\$16	\$2
Employee + Child(ren)	\$202	\$190	\$190	\$18	\$2
Employee + Family	\$348	\$328	\$328	\$27	\$4



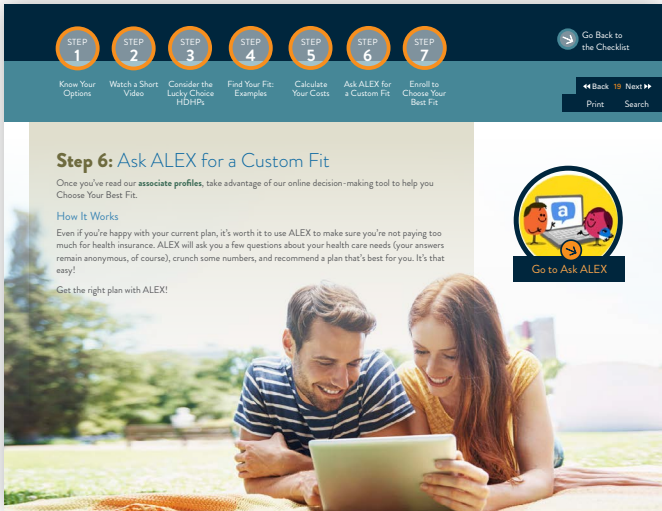
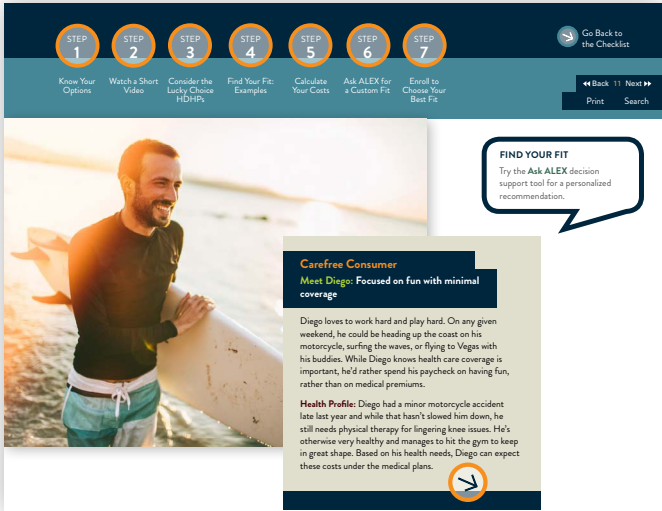
A Close Look at Benefits

Choices for a Brighter Future

Globant

Interactive PDF Guides, PowerPoint Presentation, Online Graphics

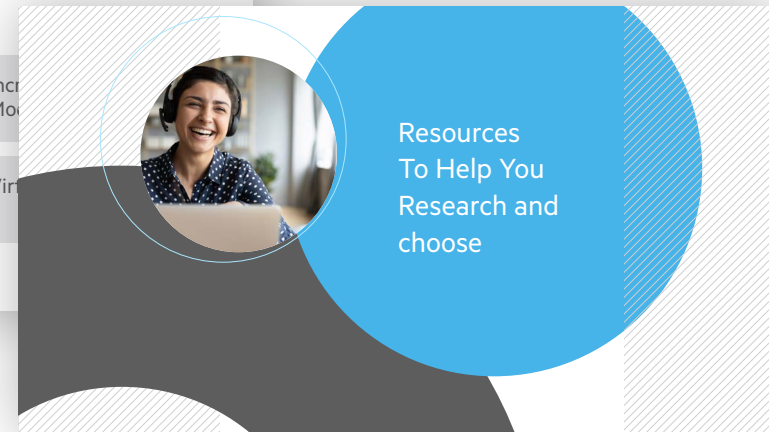
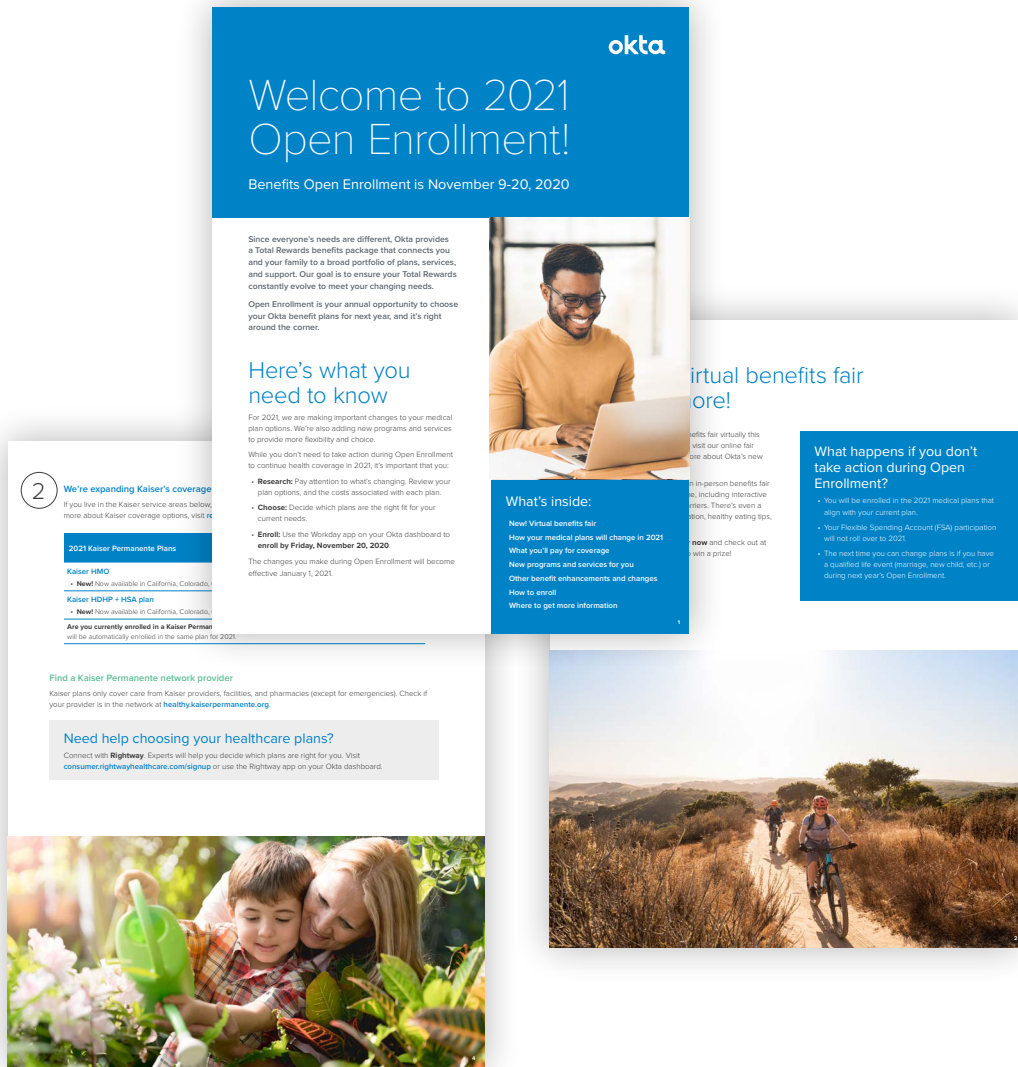
Shown: Interactive Guide, Postcard, PowerPoint Presentation Template

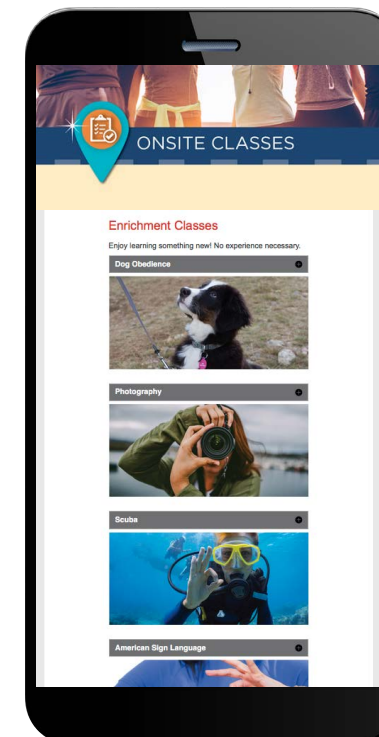
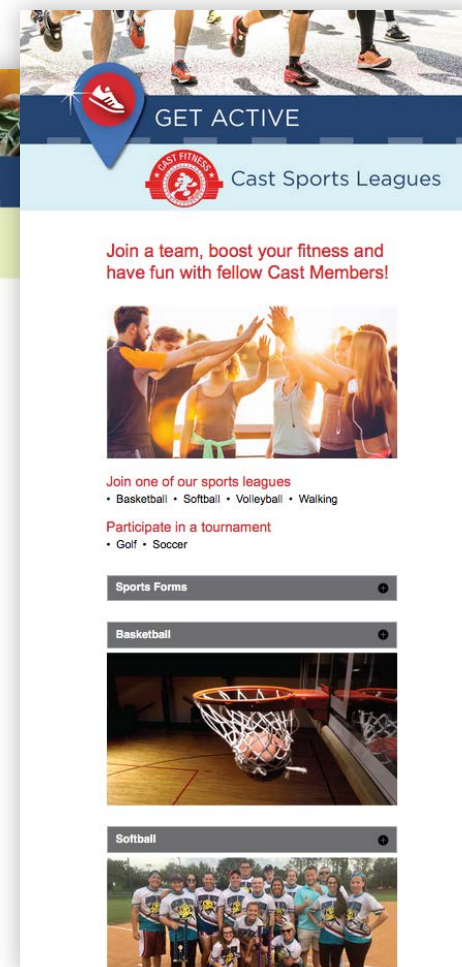
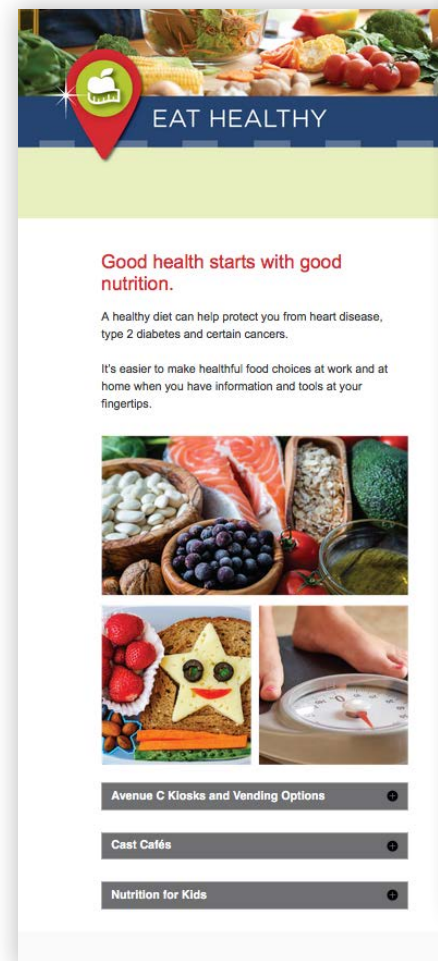
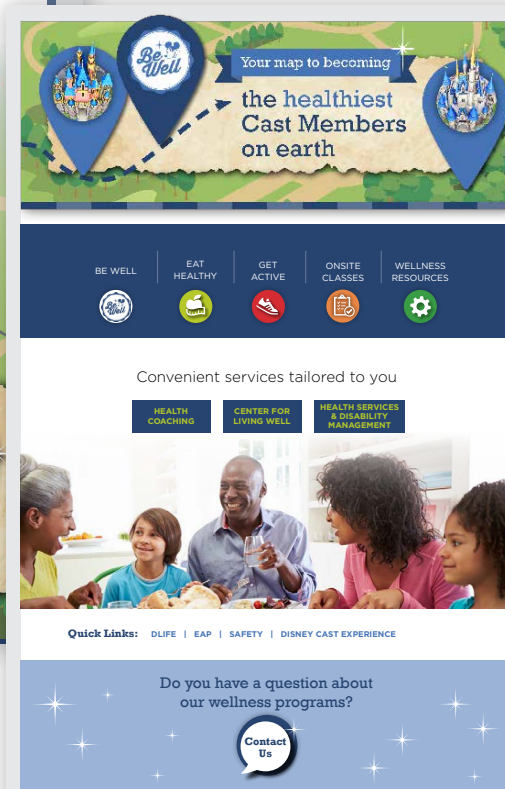



Lucky Brand

Interactive PDF Guides, Poster, Postcards, Brochures, Mailer, Recruitment Flyer, Online Graphics



Shown: Interactive PDF








Better Health Through
Interactive Innovation





Facility Name

Date



Better Health Through
Interactive Innovation





Most people will get sick on average 2 to 3 times a year. Here's a simple program that will help you reduce illnesses, such as the common cold and flu, as well as COVID.



Join us by participating in the Viven Health training program. It's simple, it's fun and it's effective.

Simply scan the QR code and it will take you to the program to begin learning simple steps to stay healthier.



Better Health Through
Interactive Innovation





1



A program to help us be the best we can be!

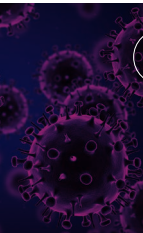
Today we are launching a new training program:

- Makes you healthier by avoiding infections, from the common cold to COVID
- Reduces how many times you are sick each year
- Keeps our residents healthier by reducing healthcare acquired infections



Better Health Through
Interactive Innovation





4

What is expected of you

- Enroll today by visiting the program site
- You will receive a daily text message with a new module to complete
- BONUS — Each time an employee completes a module, he or she is entered into our sweepstakes program. At the end of the month, we will draw the winner of a \$50 gift card. This is our thank you for completing the program.






2021

Your Benefits Decision Guide





Learn Plan Enroll

Your 2021 Benefits Decision Guide

You Need to Know to Choose the Right Benefits for You

Neurocrine is pleased to offer a variety of health and welfare benefits to you and your family. Open Enrollment is your annual opportunity to enroll in or make changes to your benefits, including adding or removing dependents and updating your beneficiary information. This Decision Guide is your road map for finding the right coverage for you.

Open Enrollment is **November 2 – November 13, 2020**. This is your opportunity to enroll in the benefits you want for 2021. If you **don't actively enroll by November 13**, your **current benefits will remain the same, including enrolled dependents, through 2021**. All eligible employees are automatically enrolled in the same benefits as the previous year, including the employee assistance program (EAP), basic life and AD&D, and long-term disability coverages. Your next opportunity to enroll for benefits will be Open Enrollment in 2021, unless you experience a qualifying life event.

Find the right coverage that meets your needs and budget is easier than you think. Click the action items in the checklist below to learn more.


1

**Know What's Changing for 2021**
See the changes we are making for the new plan year.

2

**Learn About Your Open Enrollment Resources and Savings Tips**
Review all of your Open Enrollment resources before enrolling in your 2021 benefits.


3

**Find the Benefits That Best Fit You**
Check out these scenarios to learn about different plans for different lifestyles. They can help you tailor Neurocrine's benefits to you.

4

**Enroll in Your Neurocrine Benefits**
Choose your benefits for 2021 and complete your enrollment on **Workday**.



Learn Plan Enroll





Get Ready for Open Enrollment!

Check out your brand new Benefits resources!

Enroll for Benefits: Nov 2 – 13, 2020







Neurocrine's 2021 Benefits Open Enrollment Is Here!

Open Enrollment: November 2 – November 13, 2020

Neurocrine is pleased to provide industry-leading health and welfare benefits to you and your family! Our Open Enrollment is your annual opportunity to enroll in or make changes to your Neurocrine benefits, including adding or removing dependents and updating your beneficiary information.

For 2021, we continue to offer a variety of benefits that bring you choice and flexibility, as well as new resources to help you to get the most out of your benefits.

What's New for 2021


While Neurocrine will continue to offer the same Anthem medical plans for 2021, we are introducing an additional HMO plan, the Anthem Priority Select HMO, which will provide access to Scripps providers. We are also making some minor changes to the current Select HMO plan. Please review your plan options, considering your preferred providers and choose the plan that best fits your coverage needs.

Neurocrine will also enhance the current Delta Dental and VSP plans, including the addition of dental implant coverage and access to new eyeglass frames every 12 months versus every 24 months. For detailed information about what's changing in 2021, be sure to review your new Digital Open Enrollment Decision Guide.


Important! **Current benefit elections will carry forward if you do not make any changes, with the exception of the Flexible Spending Accounts. Flexible Spending Accounts require you enroll each year and do not carry forward.**

You must actively enroll by November 13 if you want to enroll for the first time, update dependent, change plans, or elect the Flexible Spending Account(s). If you miss the open enrollment deadline, you will be enrolled in your current benefits, and any benefits paid by Neurocrine, including Employee Assistance Program (EAP), Health Advocate, Life and Disability programs.

The benefits you elect will be effective January 1 – December 31, 2021. Your next opportunity to enroll in your Neurocrine benefits will be in the fall of 2021 for benefits effective in 2022, unless you experience a qualified status change (as defined by the IRS) during the year.



Enroll in Benefits on Workday




Making Informed Decisions

Enrollment is your opportunity to enroll into benefits that meet your unique needs. Consider the following:

Are my benefits meeting my needs?

I have the right amount of coverage?

Are there ways I can save in 2021?



Our Benefit Resources

We are excited to introduce new resources, providing you with greater flexibility in how you obtain information regarding your Neurocrine Benefits.

New My NBI mobile app — Enjoy easy access to health, emotional and financial programs at Neurocrine, in addition to requesting changes to your benefit programs directly through the mobile app using Okta single sign on! Watch for an email from "noreply@engaged.me" inviting you to register and download the app on your device.

New Virtual Benefits Fair — Enjoy all the features of an in-person fair from the comfort of your home, on any device! A great way to learn about all of your Neurocrine benefits, including chatting with representatives. Visit the Virtual Benefits Fair at <https://benefitfair.online/neurocrine/>.

Digital Open Enrollment Decision Guide — Review your options, see what's changing for 2021, and find the right coverage for you. The Decision Guide will be available on the My NBI app.

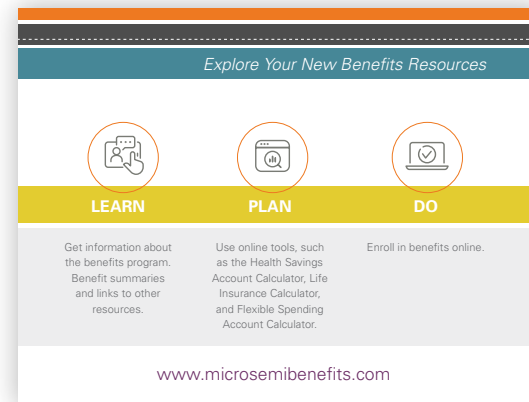
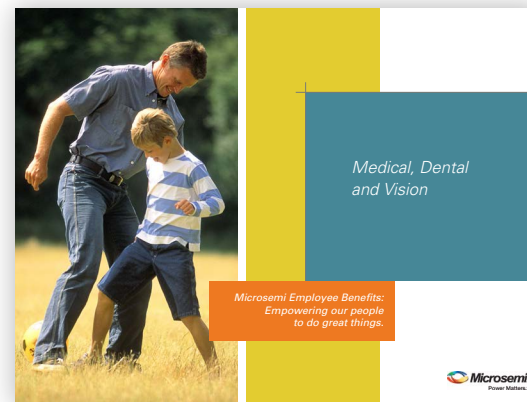
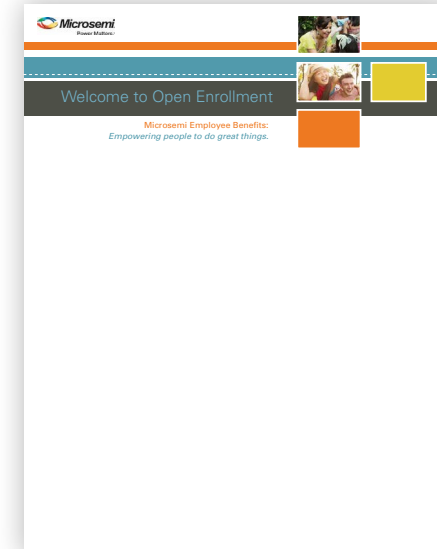


Art Swagger

Flyers, Poster, Website and Social Media Graphics

Shown: Poster, Flyers, Instagram, Online Graphics





Microsemi

Employee Guide, Poster, Postcards, PowerPoint Presentation, Banner, Web Graphics

Shown: Employee Guide, PowerPoint Presentation, Banner



2021 Benefits Highlights

NextGen Healthcare strives to be employee-focused in the benefits and services that we provide. We carefully review the plans and programs we offer each year to ensure we are providing our employees and their eligible family members with the best options at reasonable rates. The care and support of our employees is important to us.

Look inside for details on all the benefits and rewards of working here. This guide works like a website. Click through the navigation bar at the top of each page to learn more about the benefits available to NextGen Healthcare employees.

LET'S GET STARTED!


More detailed information about these benefit plans will be available during new hire orientation and in your benefits enrollment session with a Benefit Expert. If you have questions, please contact your HR Representative or the NextGen Healthcare Benefit Service Center.

Print | Search

ELIGIBILITYHEALTH AND INSURANCE BENEFITSOTHER BENEFITSTIME OFFCOST OF COVERAGE

ELIGIBILITY

All active regular full-time employees who are scheduled to work 30 or more hours per week will be eligible to participate in NextGen Healthcare's benefits program. Temporary employees are eligible to enroll in medical, dental, and vision coverage. You will be eligible for benefits the first of the month following your date of hire. You may also enroll your eligible dependents in NextGen Healthcare's benefits. Your new hire enrollment decision guide will provide complete eligibility details.



Print | Search

ELIGIBILITYHEALTH AND INSURANCE BENEFITSOTHER BENEFITSTIME OFFCOST OF COVERAGE

HEALTH AND INSURANCE BENEFITS

Medical

NextGen Healthcare offers three medical plans provided by **Anthem** for you and your eligible dependents to choose from:

- A Preferred Provider Organization (PPO) plan
- Two high deductible health plans, which give you the option to contribute to a tax-advantaged Health Savings Account (HSA) and receive free, quarterly contributions from NextGen Healthcare

Dental


NextGen Healthcare offers three dental plans provided by **Delta Dental** for you and your eligible dependents to choose from:


- Two PPO plans
- A Dental Health Maintenance Organization (DHMO) plan

Vision

NextGen Healthcare offers two vision plans provided by **VSP** for you and your eligible dependents to choose from:

- Standard Plan
- Enhanced Plan





2021 NextGen Healthcare Enrollment Decision Guide

Print | Search


2021 BenefitsHow to EnrollYour Benefits OverviewWho is Eligible?2021 NextGen Healthcare BenefitsCompare the Coverage Options

Enrollment Resources

In addition to our Benefit Experts, you have a variety of tools and resources to help you choose your NextGen Healthcare benefits:

NextGen Healthcare Benefit Service Center

The NextGen Healthcare Benefit Service Center is here to help you with all of your NextGen benefits questions or concerns. Benefit Experts can help you enroll, answer questions about your benefits, and provide with resources to solve issues. Call **(866) 305-9852** to speak with a Benefit Expert.




WellU

Find everything you need on our benefits page, WellU, including:

- Benefit news
- Plan information
- Financial Wellness highlights
- Carrier contact information
- Video links and more

Access **WellU** on Compass.



Print | Search

2021 BenefitsHow to EnrollYour Benefits OverviewWho is Eligible?2021 NextGen Healthcare BenefitsCompare the Coverage Options

How to Enroll


Get Personalized Enrollment Assistance from a Benefit Expert!

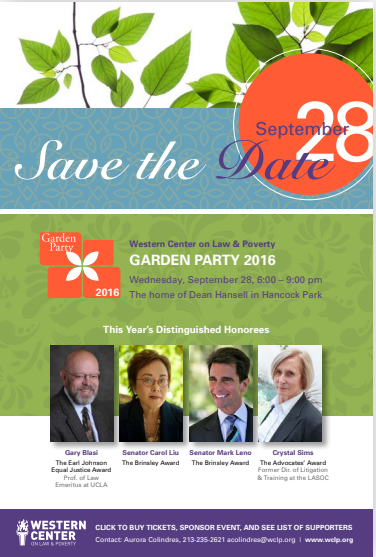
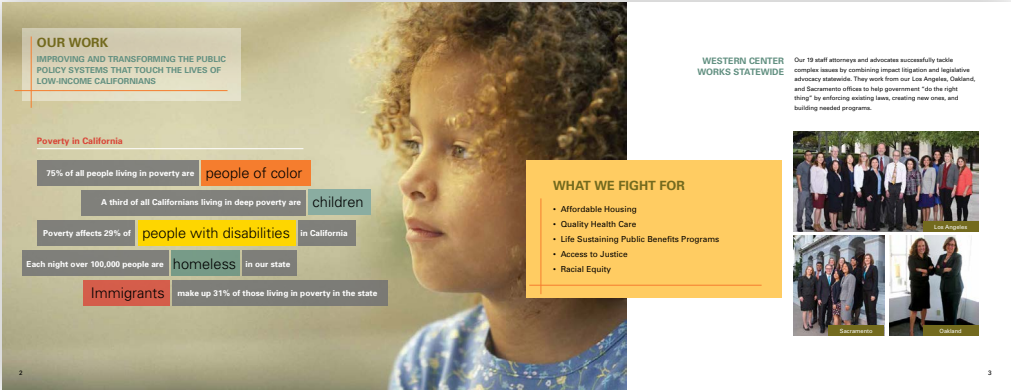
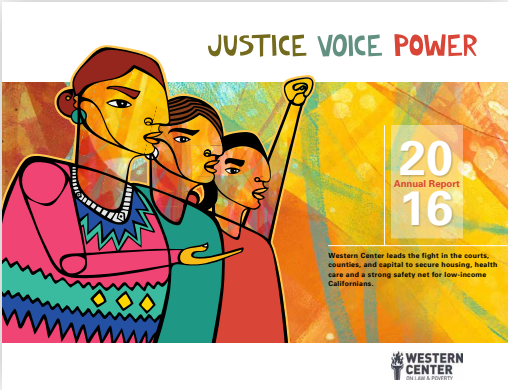
To help you better understand the amazing benefit programs that NextGen Healthcare has to offer, licensed, professional Benefit Experts from The Orientation Company offer benefit-eligible employees a personalized enrollment session through the year-round NextGen Healthcare Benefit Service Center.

The Benefit Experts are available to:

- Review your NextGen Healthcare benefits package.
- Explain our variety of benefit plan options.
- Answer any questions you have about the plans, and
- Enroll you in your 2021 benefits.

Schedule an appointment to take advantage of this great opportunity!

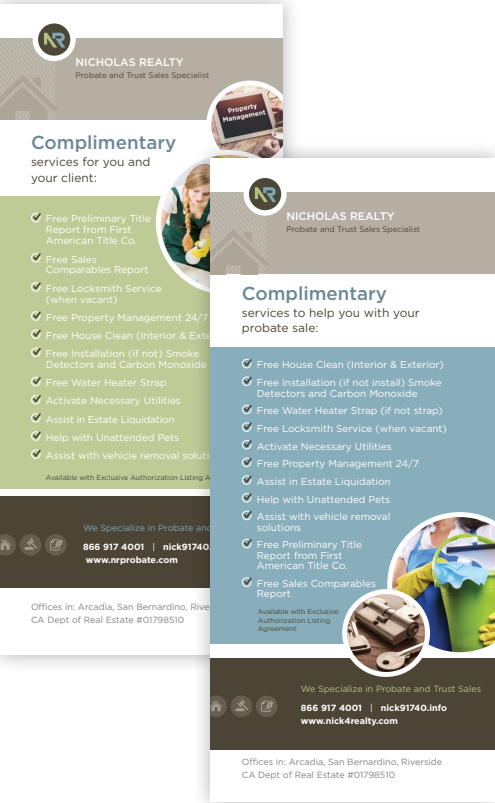
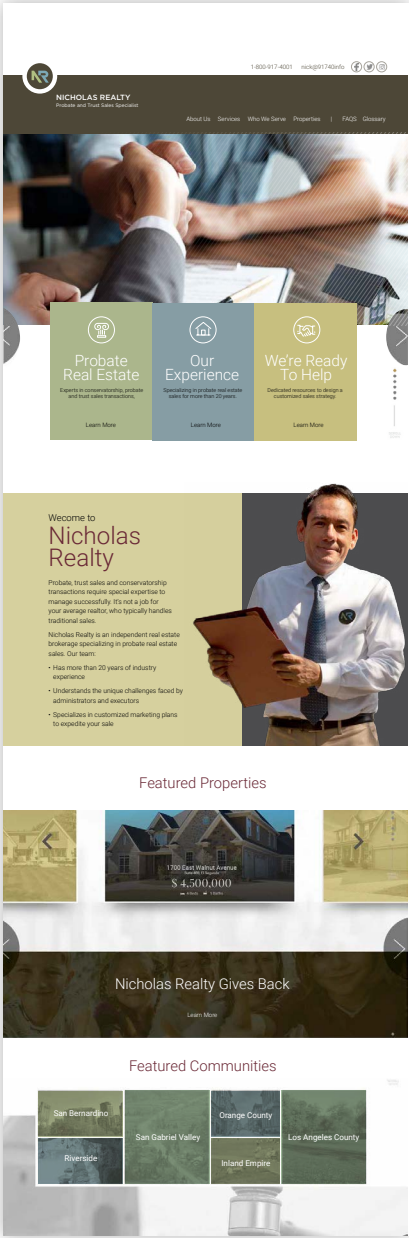




Western Center on Law & Poverty

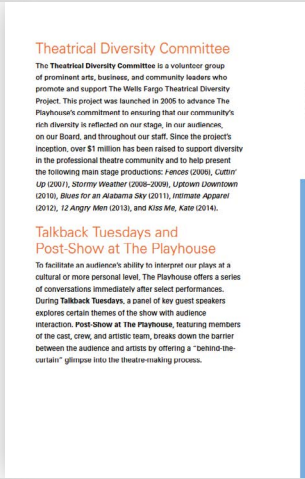
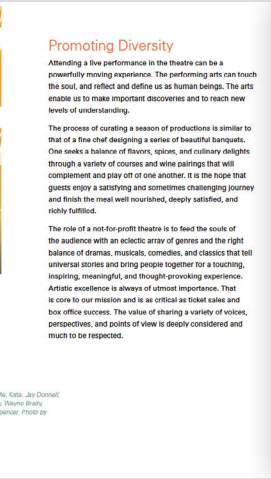
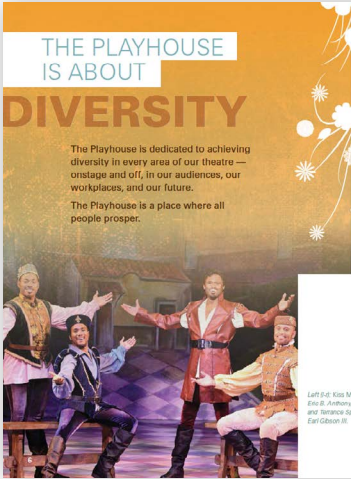
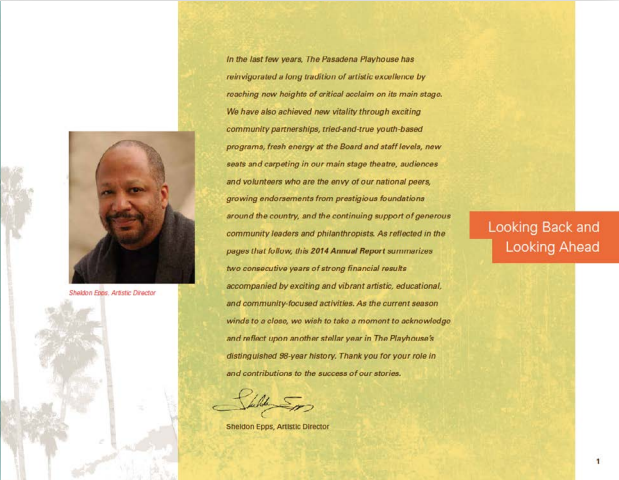
Annual Report, Invites, Mailer, Social Media Graphics

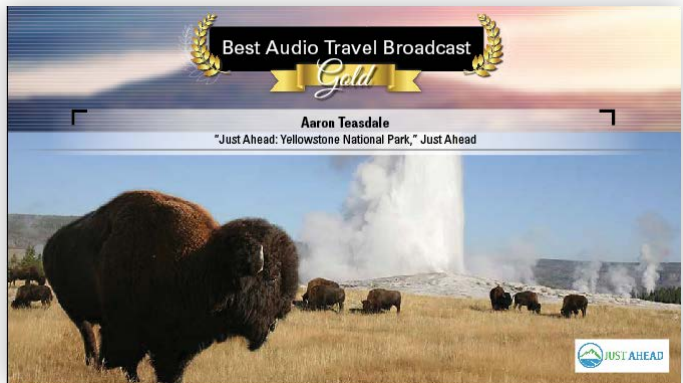
Shown: Annual Report, Invite



Nicholas Realty

Logo and Branding, Website Design, Email, Brochure, Mailer, Stationery, Signage, Binder, Social Media Graphics





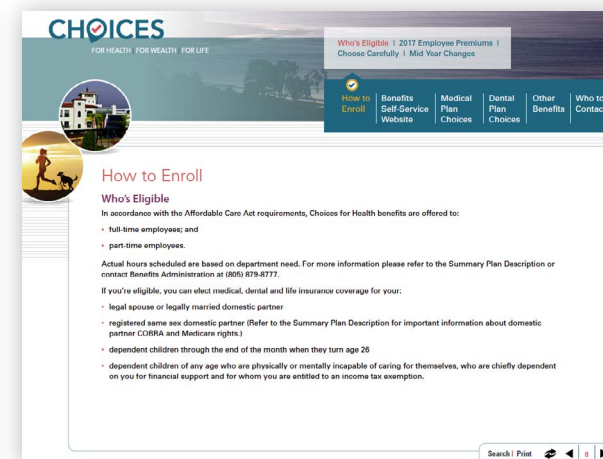
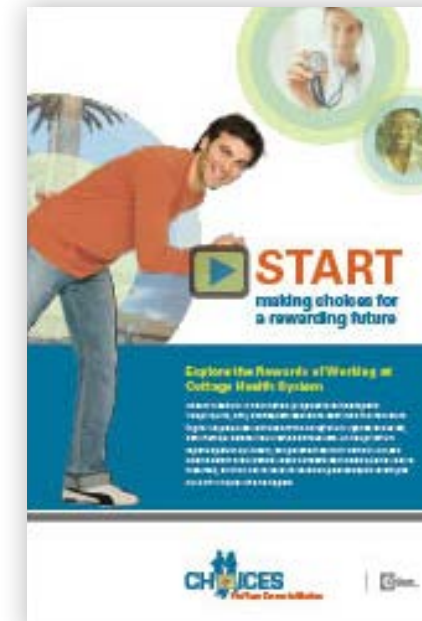
Lowell Thomas

Animated Awards Presentation

SATW Foundation Lowell Thomas Travel Journalism Awards

<https://www.youtube.com/watch?v=tdCW1dhypGw>

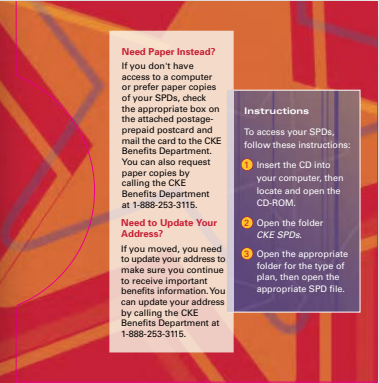
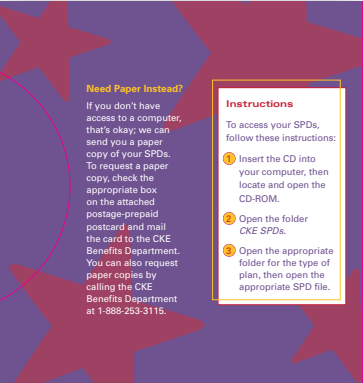
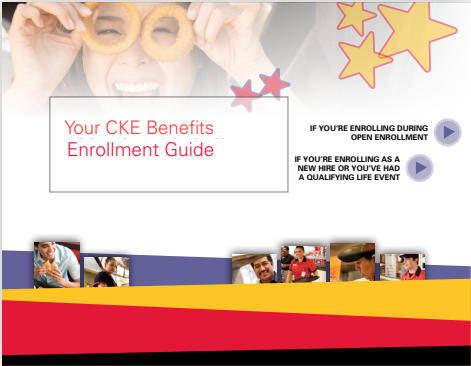
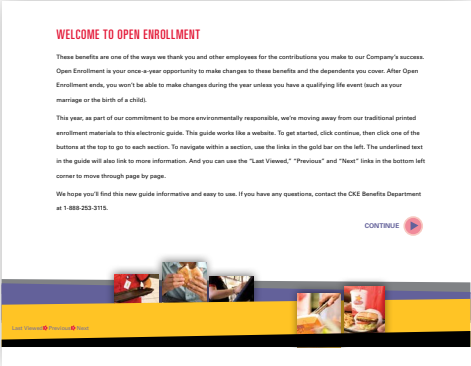
nancy@haraszdesign.com 818 731 9039



Cottage Health

Interactive PDFs, Brochures, Newsletter, Posters, Postcards, PowerPoint Presentation, Web Graphics, Wellness Guide, Recruiting Posters

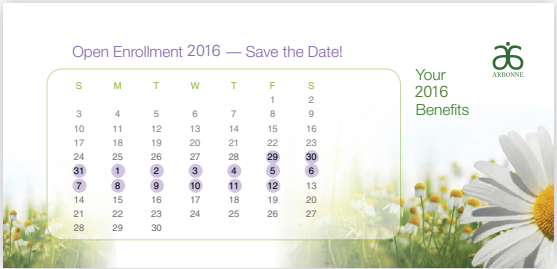
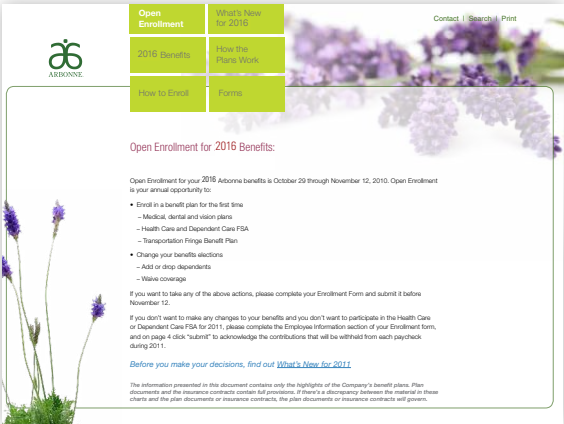
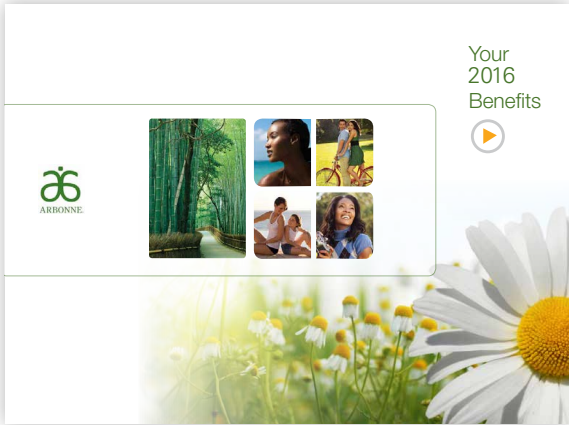
Shown: Recruiting Posters, Interactive PDF Guide



Carl's Jr.

Interactive PDFs, Newsletters, Posters, Micro Site, Postcards,
Online Graphics

Shown: Interactive PDF Guide, Brochure





Left to right:

1. SISC | Self-Insured Schools of California
2. Chalice Recording Studios
3. Nicholas Realty Inc.
4. Zenith Insurance / Wellness Program

5. Claremont University
6. Plum Mobile App
7. Urban Garden
8. World Music

9. Cottage Health
10. Bridge City Brokers
11. Toyota / Wellness Program
12. Daniel Fine Art