

2024

Benefits Guide

Get started



What's New

Get in the know



Eligibility

Learn more



Retirement benefits

Save now



Health, insurance and wellness benefits

Explore



Work life benefits

Discover



How to enroll

Make your choices



Contacts and resources

Get help

This document provides information about certain TIAA benefits. Receipt of this document does not automatically entitle you to benefits offered by TIAA. Every effort has been made to ensure the accuracy of the contents in this document. However, if there are discrepancies between this document and the legal documents governing a plan or program (i.e., “plan documents”), the plan documents will always govern. TIAA retains the discretion to interpret the terms or language used in this document. TIAA also reserves the right to amend or terminate any benefit plan in its sole discretion at any time for any reason.

For convenience, we use the name TIAA in this document because it is used at companies with different names within the TIAA family of companies. However, use of the term “TIAA” does not mean that you are employed by TIAA; you are employed by the entity that directly pays your wages. You will be eligible for the benefits described in this document only to the extent you meet the definition of an eligible employee or participant in the applicable plan documents.

The information contained in this document is for informational purposes only and is not tax advice. In certain instances, your personal tax treatment may vary due to individual circumstances, including state of residency. You should consult with your individual tax advisor to confirm any tax treatment described in this document. Neither TIAA’s arrangement for making contributions to the HSAs of eligible associates, not the HSAs themselves, are welfare benefit plans under ERISA. Also please note, the term “associate” refers only to employees of TIAA or one of its subsidiaries.

About this 2024 benefits guide

Unless otherwise stated, the benefits described in this guide apply to associates of TIAA and other participating employers, including Nuveen Services, LLC (Nuveen), and Churchill in 2024. It also provides important information for new associates, including the process and timing for enrolling in your benefits. Take time to review this guide, and remember you can access it on HR Services any time throughout the year.

Note: This guide contains a number of links to other information and resources that can only be accessed while logged on to the TIAA network.

How to navigate this guide

As you review this guide, be sure to:

- Use the arrows on the left and right sides of each page to take you to the next or previous page.
- Use the tabs at the top of the page to jump from section to section.
- Click on [links](#) to go to a website or jump to another section of the guide.
- Click on  for more information about that topic.
- Click on the  to download a document.
- Click on  to make the guide larger.
- Click on  to search for a key word or phrase. Results will be highlighted in blue.

LOOKING TO PRINT THE GUIDE?

Click on  at the upper left hand side of the screen to download the entire guide in Adobe PDF format.

Note that the pop-ups with additional information will be located behind each respective page when printed.



ARE YOU A NEW ASSOCIATE?

New associates are eligible for many components of our highly competitive benefits program on their **first day of employment.**

[ABOUT THIS GUIDE](#)[OUR COMMITMENT](#)

Our commitment to your wellbeing

We offer a comprehensive Total Rewards package that enables you to achieve your best possible physical, emotional and financial wellbeing. Our benefits are designed to provide choice and flexibility to address the needs of our diverse workforce, and can make a positive difference in the health and wellbeing of you and your loved ones.

We encourage you to learn about your benefits so you can make the most of the programs that are available to you and your family.

Our benefits principles

We review our benefit offerings each year to ensure that they continue to align with our business objectives and your needs.

As our benefits program continues to evolve each year, there are five key principles that guide how we design and deliver them to our associates:

ADAPTABILITY +

FLEXIBILITY +

ACCOUNTABILITY +

TRANSPARENCY +

SUSTAINABILITY +

Popups

Page 3, Popup 1: Adaptability

We take advantage of marketplace innovations and trends as quickly as possible so you and the organization can benefit.

Page 3, Popup 2: Flexibility

We offer meaningful choices and a variety of plan options to meet the needs of our increasingly diverse workforce.

Page 3, Popup 3: Transparency

We're committed to sharing information with you about the true cost of healthcare, and the advantages of appropriately using benefits and the resources available to you.

Page 3, Popup 4: Accountability

Your financial and personal wellbeing is a shared responsibility between you and the organization.

Page 3, Popup 5: Sustainability

We're committed to ensuring that our cost structure allows us to maintain a broad, competitive benefits program over the long term, with programs that are affordable for you.

Eligibility

You are eligible to participate in the following benefits:

- **Retirement Plan:** On your first day of work, provided you are at least age 21.
- **401(k) and RHSP:** On your first day of work, provided you are at least age 18.
- **Healthcare (medical, prescription drug, dental and vision):** On your first day of work if you're an active full-time or **part-time associate**  with a regular work schedule of 21 hours or more per week. (**Note:** Interns have a 90-day waiting period for retirement and healthcare benefits.)

You may enroll your eligible dependents for coverage under the organization's healthcare program if you also enroll in the program.



QUALIFIED ADULT DEPENDENT

Learn more about covering a "qualified adult" under our medical, dental and vision options.



DEPENDENTS' ELIGIBILITY

Learn more about the requirements for documenting your dependents' eligibility.



QUALIFYING LIFE EVENTS

Review your benefit options if you experience a qualifying life event (marriage, birth, etc.).



ELIGIBLE DEPENDENT CHILDREN

Learn more about who qualifies as an eligible dependent child under our medical, dental and vision options.



ADULT DEPENDENT, DOMESTIC PARTNER AND/OR DOMESTIC PARTNER'S CHILDREN

Understand the cost for covering an adult dependent, domestic partner and/or children of a domestic partner.



Check out this informative video on qualifying life events.

ARE YOU A REHIRE?

Learn more about prior years of service and benefits eligibility 

Popups

Page 4, Popup 1: Part-time associate

Associates who transition from a full-time to a part-time schedule should consider the following:

- **Healthcare Benefits.** You must be regularly scheduled to work 21 hours or more per week to be eligible for medical, prescription drug, dental and vision benefits, plus flexible spending accounts.
- **Compensation.** Base salary and discretionary variable compensation will be pro-rated from your full-time rate based on the hours worked. If you are hourly, you will be paid for the hours you actually work.
- **Life Insurance.** If you are scheduled to work at least 21 hours per week, the value of life insurance will be aligned with your pro-rated salary or actual hours worked. If you are not regularly **scheduled to work at least 21 hours per week, you will not be offered life insurance benefits.**
- **Short-Term and Long-Term Disability.** Part-time associates are eligible to receive STD, and if you work 21 hours or more per week, LTD benefits; however, the value of the benefit will be aligned with your pro-rated salary or hourly wages paid.
- **FMLA.** To be eligible for job protected leave under the FMLA, you must have at least one year of service and work at least 1,250 hours in the preceding 12-month period. If you do not work enough hours to meet this requirement, you will not be entitled to leave under the FMLA.
- **401(k) Plan.** If you elect to contribute a percentage of your eligible compensation to the 401(k) Plan, this amount will be based on a percentage of your pro-rated eligible earnings (and eligible commissions, if applicable). The amount the organization contributes as a matching contribution will also be based on this pro-rated amount. If you are transitioning from a full-time to a part-time schedule, you may also wish to adjust your contribution amount.
- **Retirement Plan.** Contributions will be made based on your pro-rated eligible earnings (and eligible commissions, if applicable).
- **Retirement Healthcare Savings Plan (RHSP).** If you elect to contribute a percentage of your eligible compensation to the RHSP, this amount will be based on a percentage of your pro-rated salary (and eligible commissions, if applicable). If you are transitioning from a full-time to a part-time schedule, you may also wish to adjust your contribution amount.
- **Paid Time Off (PTO).** Hours accrued for PTO will be pro-rated for non-exempt associates, based on actual hours worked.
- **Work Life.** If you elect to work part-time, you will not be eligible to participate in the Tuition Reimbursement Program. This program is only for full-time associates.

Part-time employment does not alter the at-will status of any associate or establish any entitlement to any set work schedule. The organization reserves the right to review all part-time arrangements every six months (or earlier as the organization may determine), which may result in a required return to full-time status.

Popups

Page 4, Popup 2: Qualified adult dependent

We know that family situations and personal life choices can differ greatly among associates, and the organization is committed to respecting differences and supporting diversity. That's why we provide significant flexibility regarding the 'qualified adults' you can cover as eligible dependents under our medical, dental and vision options. Note that you can elect to cover one qualified adult dependent under the medical, dental and vision options and that the qualified adult dependent must **be the same** for all eligible plans.

A qualified adult who is eligible for coverage can be a spouse, a same- or opposite-gender domestic partner or an extended family member as defined below*:

- **Spouse.** A same- or opposite-gender person whom you have legally married under the laws of any federal or foreign jurisdiction. (Note that a spouse does not include an individual with whom you are only in a domestic partnership, civil union or other relationship not identified as a marriage under applicable law.)
- **Domestic Partner.** A domestic partner is a same- or opposite-gender person who:
 - Has lived with you for at least six continuous months and remains a member of your household for the period during which he or she is covered under the medical, dental and/or vision programs
 - Is in a serious and committed relationship with you
 - Is financially interdependent with you, and
 - Is not legally married to, or in a domestic partnership with, anyone else. Note that you cannot be married to someone and attempt to provide benefits for a domestic partner.
- **Extended Family Member.** An extended family member is a person who:
 - Is between the ages of 18 and 65
 - Has lived with you for at least six continuous months and remains a member of your household for the period during which he or she is covered under the medical, dental and/or vision programs, and
 - Meets the definition of “qualifying relative” under the Internal Revenue Code and is listed as a dependent on your federal income tax return. Qualifying relatives could include:
 - Your mother, father, grandmother, grandfather, stepmother, stepfather, mother-in-law or father-in-law
 - Your brother, sister, stepbrother or stepsister
 - Your niece, nephew, aunt or uncle
 - Your son, daughter, stepson or stepdaughter
 - Your son-in-law, daughter-in-law, brother-in-law or sister-in-law, and
 - Another individual (other than a spouse) who lives in your home and is a member of your household.

For more information on qualified dependents under federal tax law, refer to the [IRS Publication 501](#). We have also included a [Q&A](#) in this guide. Since you must certify an individual's eligibility as an extended family member, we recommend that you consult a tax professional regarding an individual's status as a “qualifying relative.”

Note: If you and your spouse/domestic partner are both employed by the organization, you cannot be covered as both an associate and a dependent under the healthcare plan, nor can you both cover the same dependent(s).

** If you **reside in Hawaii**, you are eligible to cover either a spouse or domestic partner as a qualified adult under your medical coverage (extended family members are not eligible). Please also note that domestic partners are not eligible to continue coverage under COBRA under the Hawaii medical option, but are eligible for individual conversion plans.*

Popups

Page 4, Popup 3: Dependents' eligibility

When you add a new dependent to your health coverage, [Your Benefits Online](#) will request documentation to determine whether an enrolled dependent is eligible, based on plan rules. If you do not provide the required documentation by the deadline outlined in the notice you receive, your dependents may be dropped from coverage.

Note that it is your responsibility to understand if your covered dependents meet the definition of eligibility as previously described. Covering dependents who are not eligible for coverage is considered a violation of the organization's Code of Conduct and may be subject to disciplinary action up to and including termination of employment.

Page 4, Popup 4: Cost for covering an adult dependent, domestic partner and/or domestic partner's children

If you cover your domestic partner, you will be required to pay federal, state and local taxes on the value of that coverage, also referred to as **"imputed income."** If you are covering a domestic partner or a domestic partner's child, the value of the coverage (i.e., the imputed income amount) is the sum of what you and the organization pay for "You Only" coverage. If you are enrolling a domestic partner and a domestic partner's child(ren), the value of the coverage is the sum of what you and the organization pay for You + Child(ren) coverage. To get these amounts, contact a [Your Benefits Online](#) representative.

In general, when an employer offers healthcare coverage to associates and certain family members of associates, federal, state and local governments may grant preferential tax treatments (as outlined below) to both the employer and associate; for example, the cost of coverage is not considered taxable income to the associate.

- **Same-gender spouses, opposite-gender spouses and extended family members:** Favorable tax treatment at the federal, state and local levels.
- **Domestic partnerships:** Associates are considered to have additional income at the federal, state and local levels based on the value of the coverage.

You'll enroll a qualified adult dependent the same way you enroll other dependents. Your contribution amount is determined based on the coverage and healthcare option you select.

Page 4, Popup 5: Qualifying life events

If you experience a qualifying life event, you can make a corresponding benefit change, but you must do so within 30 days of the event. Otherwise, you cannot make any benefit changes or add/drop any dependents until the next Annual Enrollment period.

Qualifying life events include:

- Marriage, divorce, annulment or change in domestic partnership status
- Birth or placement for adoption of a child
- Death of a spouse, domestic partner or other qualifying dependent
- Change of employment status (such as starting or ending a job) for you, your spouse/domestic partner or dependent
- Change in a dependent's eligibility status (such as child reaching age 26)
- Change in your residence or in the residence of your spouse or a dependent that results in eligibility or ineligibility under your (or your dependent's) group health plan

If you have a qualifying life event, report it on [Your Benefits Online](#) within 30 days of the event or call **844-4-TIAAHR (844-484-2247)**, option 2 then option 1.

Popups

Page 4, Popup 6: Eligible dependent children

What eligible dependent children (up to age 26) can I elect to provide coverage for?

- Children by birth
- Children by legal adoption (effective as of the date the child is placed for adoption)
- Children of a domestic partner
- Stepchildren or other children of a Qualifying Adult whom you claim as dependents on your federal tax return
- Foster children who have been placed with you by an authorized placement agency or by judgment, decree or other order of a court, and whom you claim as dependents on your federal income tax return
- Children for whom you have legal guardianship or court-ordered custody, or have a pending application for legal custody or guardianship
- Children whom the plan is required to cover under the terms of a Qualified Medical Child Support Order (QMCSO)
- Disabled dependent children age 26 or older, who are incapable of self-support as a result of a mental or physical condition that began before age 26 and who were covered under your benefits prior to age 26, and whom you claim as dependents on your federal income tax return. To cover disabled dependent children, you must verify in writing that their disability occurred before age 26.

Page 4, Popup 7: Are you a rehire?

If you are rehired at TIAA, you are given credit for your prior years of service through an adjusted service date, referred to as your **Adjusted Service Date**. Your Adjusted Service Date will be used to determine eligibility for any benefits calculated by years of service. You can view your Adjusted Service Date under Job Details on Workday.

Paid Time Off (PTO) for non-exempt associates

Your prior years of service will be added and applied toward your PTO accrual upon rehire.

Retirement Program Vesting

If you had three years of employment with TIAA prior to your separation from service, you have met the eligibility vesting rule. Once vested, you are always vested.

If you were not vested prior to separation from service, forfeited employer contributions and earnings, if any, will be returned to your account generally the month following your rehire date.

Visit HR Services > Tools & Resources > Plan Descriptions to review the Retirement Summary Plan Descriptions.

Pre-65 Retiree Healthcare

Your **Adjusted Service Date** will determine if you meet the “**Rule of 70**” or “**Rule of 75**” eligibility requirements for pre-65 retiree healthcare. In addition to meeting the “**Rule of 70/75**,” you must be at least 50 years of age and have a minimum of 10 years of continuous service with TIAA (from the date you were rehired) immediately preceding your retirement.

Associates who meet the Rule of 70/75 are eligible for pre-65 retiree healthcare and do not lose that eligibility if they leave and are later rehired.

Information for new associates

As an eligible associate, you have access to high-quality plans and programs to help meet your health and financial needs, as well as benefits to help you balance your work and personal life. You are encouraged to learn about all the options available to you and make informed decisions about your benefits. **You will receive an email with additional instructions on how to enroll in your benefits.**

- **Retirement plan elections** – To encourage you to save for your future, you will automatically be enrolled in the following plans:
 - **Retirement Plan** – The organization’s contributions to this plan are based on your age and **eligible earnings**  and they will begin in the first payroll period after your date of hire or when you reach age 21, if later.
 - **Code Section 401(k) Plan** – You will be automatically enrolled at a pre-tax contribution rate of 3 percent of eligible pay 30 days following your first day of eligibility in order to maximize the matching opportunity. You may change the amount you contribute at any time.
 - If you do not select your investments in either plan, they will go into **RetirePlus**[®], a moderate model portfolio that automatically manages investments to an anticipated retirement date closest to your 65th birthday.
- **Retirement Healthcare Savings Plan (RHSP)** – You can also enroll in the RHSP, a tax-advantaged way for you to accumulate funds to pay for qualified medical and other health-related expenses you and your eligible dependents incur during your retirement. You will receive a **100 percent match** on your contributions, up to \$750 annually. Go to [Retirement Benefits](#) to learn more.
- **Health and insurance elections** – For medical, dental, vision, Flexible Spending Accounts (FSAs) and life insurance, you must enroll within 30 days of your hire date. You may elect up to three times your basic life insurance without providing a statement of health during your initial election period. Go to [Health, Insurance and Wellness Benefits](#) to learn more.

Review the entire guide to learn more about these plans and other important benefits.

ATTEND YOUR NEW ASSOCIATE ORIENTATION AND CHECK OUT OUR WEBINAR

You will be invited to attend a new associate orientation and webinar where you can learn more about the comprehensive benefits program we offer.

**KNOW WHAT HAPPENS
IF YOU DON'T MAKE
ELECTIONS!** 

Popups

Page 5, Popup 1: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.

Page 5, Popup 2: Know what happens if you don't take action!

If you don't enroll or opt out within 30 days of your hire date, you will automatically be enrolled in the following benefits, with coverage effective on your date of hire:

- Employee Only coverage in the Aetna Consumer Choice POS with Health Savings Account (HSA) medical option with the tobacco surcharge
- Employee Only coverage in the Delta Dental PPO plus Premier dental option
- Basic Life Insurance, including Accidental Death & Dismemberment Insurance and Business Travel Accident Insurance
- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Employee Assistance Program (EAP)

If you do not make an election, you will have no vision coverage and will be unable to contribute to a Healthcare or Dependent Day Care Flexible Spending Account for 2024 unless you have a mid-year qualifying event.

You will also be automatically enrolled in the:

- Retirement Plan
- 401(k) Plan at a pre-tax contribution rate of 3 percent 30 days following your first day of eligibility

You must actively elect to contribute to the Retirement Healthcare Savings Plan and can do so at any time during the year.

RETIREMENT
PLANCODE SECTION
401(K) PLANRETIREMENT HEALTHCARE
SAVINGS PLAN (RHSP)401(K) EXCESS PLAN & RETIREMENT
BENEFIT EQUALIZATION PLAN

RETIREMENT BENEFITS TO MEET INDIVIDUAL NEEDS

Federal rules that govern retirement plans place limits on the amount of pay that can be considered and the annual contributions that can be made under plans like our core retirement plans.

To ensure all associates have a solid foundation of retirement benefits, the organization offers two additional plans — the Retirement Benefit Equalization Plan and the 401(k) Excess Plan — for associates who might be adversely affected by the limits.

WHAT ARE THE PAYOUT OPTIONS IF YOU LEAVE THE ORGANIZATION?

When you leave the organization, you will be issued a payout contract for any amounts paid in the form of an annuity (payment for your lifetime). If a lump sum is available and you elect this option, your benefit will be paid out directly to you.

You can view your retirement account balances on [tiaa.org](https://www.tiaa.org).

For more details about available payment options, or accessing your account balances, review the various retirement program Summary Plan Descriptions [here](#).

Retirement benefits

Our retirement program is designed to help you build personal wealth and prepare for your financial needs during retirement. As a leading provider of retirement plans, we offer a robust, flexible associate program, which consists of **three** core plans.



RETIREMENT PLAN

The organization makes a contribution based on your age and eligible earnings.



RETIREMENT HEALTHCARE SAVINGS PLAN (RHSP)

The organization will match 100 percent of your contributions, up to \$750 annually.



CODE SECTION 401(K) PLAN

The organization matches your savings dollar for dollar up to 3 percent of pay, pre-tax.

To learn what happens to your retirement benefits when you leave the organization, [click here](#).

If your **eligible earnings**  are over \$330,000 in 2024, you also have access to the 401(k) Excess and Retirement Benefit Equalization plans:



401(K) EXCESS PLAN



RETIREMENT BENEFIT EQUALIZATION PLAN

The organization's contributions and your savings — a powerful combination 

Retirement program investment funds 

Popups

Page 6, Popup 1: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.



KNOW YOUR LIMITS!

Each year, the IRS limits the amount of your pay that can be used to calculate the organization's contributions to the Retirement Plan on your behalf; in 2024, that limit is \$330,000.

If your eligible earnings are over this amount, contributions based on your pay above the limit will be allocated to the **TIAA Retirement Benefit Equalization Plan**.

The IRS also limits the total contributions that can be made by you and the organization to the Retirement Program and the **Code Section 401(k) Plan** combined.

[RETIREMENT
PLAN](#)
[CODE SECTION
401\(K\) PLAN](#)
[RETIREMENT HEALTHCARE
SAVINGS PLAN \(RHSP\)](#)
[401\(K\) EXCESS PLAN & RETIREMENT
BENEFIT EQUALIZATION PLAN](#)

Retirement Plan

Your participation in the Retirement Plan automatically begins on your first day of work, provided you are at least age 21. The organization makes all contributions to the plan based on your age and **eligible earnings** .

If you are...	The organization makes a contribution equal to this percentage of your eligible earnings:
Under age 30	5%
Age 30 to 44	9%
Age 45 to 54	11%
Age 55 and over	12.50%

You can choose how to invest your Retirement Plan contributions by selecting one or more of the plan's investment fund options. If you don't make an investment election, contributions will automatically be invested in **RetirePlus®**, a moderate model portfolio that automatically manages investments to an anticipated retirement date closest to your 65th birthday.

Visit TIAA.org/myretirement for more information.

You also have the option to open a TIAA brokerage account, which offers a wider variety of investment choices. You become vested in (entitled to) the **value of your Retirement Plan account**  once you complete three years of service (or reach age 65, if earlier). If you are an active associate, you also become fully vested upon your death.

What payment options are available to me when I leave the organization? 

Popups

Page 7, Popup 1: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.

Page 7, Popup 2: Value of your Retirement Plan account

The value of your Retirement Plan account is the amount contributed on your behalf by the organization, adjusted for investment performance.

Page 7, Popup 3: What payment options are available to me when I leave the organization?

When you retire or otherwise leave the organization, you will have a choice of how to receive your Retirement Plan benefit. The payment options available to you include annuities that provide monthly payments to you and/or to you and your beneficiary after your death. When you request a distribution, TIAA will send you a detailed special tax notice explaining the distribution rules. A summary of payment options is also available in the [Retirement Plan Summary Plan Description \(SPD\)](#).



IT TAKES TWO

Both you and the organization can contribute to the 401(k) Plan. You can save a percentage of your pay and the organization matches your contributions, up to 3 percent of your eligible earnings.

ROLLOVERS WELCOME

You can roll over eligible distributions from your prior employer's qualified retirement plan or an IRA into the 401(k) Plan.

Contact the **National Contact Center's Employee Hotline** at **844-4-TIAAHR (844-484-2247)**, option 5 then option 3.

[RETIREMENT
PLAN](#)
[CODE SECTION
401\(K\) PLAN](#)
[RETIREMENT HEALTHCARE
SAVINGS PLAN \(RHSP\)](#)
[401\(K\) EXCESS PLAN & RETIREMENT
BENEFIT EQUALIZATION PLAN](#)

Code Section 401(k) Plan

You are eligible to participate in the 401(k) Plan on your first day of work and will be **automatically enrolled** at a 3 percent pre-tax contribution 30 days following your first day of eligibility. However, you may enroll in the plan any time before that date. This retirement savings plan allows you to contribute from your eligible pay on a **pre-tax or after-tax (Roth) basis** [+](#).

To encourage you to save for retirement, the organization matches your savings dollar for dollar, up to 3 percent of pay, pre-tax, which doubles your savings. Both your contributions and the organization's match to your **eligible earnings** [+](#) are allocated to your plan account each pay period. You also have the option of contributing to the plan from your annual cash award (bonus).

You can decide how to invest your contributions and the organization's match in one or more of the plan's **investment fund options**. If you don't make an investment election, contributions will automatically be invested in **RetirePlus**[®], a moderate model portfolio that automatically manages investments to an anticipated retirement date closest to your 65th birthday. Visit TIAA.org/myretirement for more information. You also have the option to open a TIAA brokerage account, which offers a wider variety of investment choices.

You are always fully vested in the **value of your contributions** [+](#) to the 401(k) Plan. You will vest in the **value of the organization's matching contributions** [+](#) after you complete three years of service (or reach age 65, if earlier). If you are an active associate, you are also fully vested upon your death.

[How do IRS limits affect the 401\(k\) Plan? \[+\]\(#\)](#)
[Are there any considerations if I am a new associate? \[+\]\(#\)](#)
[Where can I go for investment advice? \[+\]\(#\)](#)
[What payment options are available to me when I leave the organization? \[+\]\(#\)](#)

Popups

Page 8, Popup 1: Pre-tax or after-tax basis

When you contribute pre-tax, you defer current income taxes on your contributions. Pre-tax contributions are only taxed when paid out to you from the plan. When you contribute after-tax, your contributions are taxed as part of your pay, which means you'll pay no taxes when you receive this money from the plan, provided you meet certain IRS rules.

Page 8, Popup 2: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.

Page 8, Popup 3: Value of your contributions

The value of your contributions to the 401(k) account at any time is the amount contributed by you, adjusted for investment performance.

Page 8, Popup 4: Value of the organization's matching contributions

The value of the organization's matching contributions to your 401(k) account at any time is the amount contributed by the organization, adjusted for investment performance.

Page 8, Popup 5: How do IRS limits affect the 401(k) Plan?

The IRS limits how much you can contribute to the 401(k) Plan each year. For 2024, this contribution limit is \$22,500 (\$30,000 if you are age 50 or over).

If the combined total of your eligible earnings (base salary, shift differential and eligible commissions) exceeds \$330,000 (in 2024), you can contribute pre-tax contributions from your pay to the 401(k) Excess Plan when your pay exceeds the \$330,000 limit. To contribute to the 401(k) Excess Plan, you must actively enroll on [*Your Benefits Online*](#).

Popups

Page 8, Popup 6: Are there any considerations if I am a new associate?

When you are first hired by the organization, you will be automatically enrolled in the 401(k) Plan at a pre-tax contribution rate of 3 percent of eligible pay 30 days following your first day of eligibility. This way, you will receive the organization's full matching contribution, which is equal to 100 percent of your contributions, up to 3 percent of eligible pay. You may enroll or change your contribution percentage at any time. You are also automatically enrolled in an "automatic savings" feature that will increase your pre-tax contribution rate 1 percent each year (to a maximum of 10 percent), starting at 3 percent of your eligible pay during your first year of employment. You may opt out of auto-save or change how much you contribute at any time.

Page 8, Popup 7: Where can I go for investment advice?

For more information about investment advice services, you can access your account and other information at [tiaa.org](https://www.tiaa.org), or you can call the **National Contact Center's Employee Hotline** at **844-4-TIAAHR (844-484-2247)**, option 5 then option 3.

Page 8, Popup 8: What payment options are available to me when I leave the organization?

When you retire or otherwise leave the organization, you will have a choice of how to receive your 401(k) Plan account. The options available to you will include a single, lump-sum payment as well as annuities that provide monthly payments to you and/or your beneficiary after your death. When you request a distribution, TIAA will send you a detailed special tax notice explaining the distribution rules. A summary of payment options is also available in the [401\(k\) Plan Summary Plan Description \(SPD\)](#).

RETIREMENT
PLANCODE SECTION
401(K) PLANRETIREMENT HEALTHCARE
SAVINGS PLAN (RHSP)401(K) EXCESS PLAN & RETIREMENT
BENEFIT EQUALIZATION PLAN

Retirement Healthcare Savings Plan (RHSP)

The RHSP provides a tax-advantaged way for you to accumulate funds to pay for certain health-related expenses after you retire. You are eligible to participate on your first day of work and can contribute as much as you like on an **after-tax basis** [+](#) from your pay.

The organization will match **100 percent of your payroll contributions pre-tax**, up to \$750 annually. You are always fully vested in the **value of your contributions** [+](#) to the RHSP. You'll vest in the **value of the organization's matching contributions** [+](#) after you complete three years of service (or reach age 65, if earlier).

If you elect to participate, your contributions and the organization's match will automatically be invested in the **TIAA-CREF Lifecycle Fund** with a target retirement date closest to your 65th birthday. You can keep your money in that fund or choose to notionally invest your RHSP account in one or more of the plan's [investment fund options](#).

When you leave the organization, you can use your account to reimburse yourself for qualified healthcare expenses on a **tax-free** basis. Qualified healthcare expenses are determined by the IRS and generally include medical, prescription drug, dental and vision premium contributions, copays and deductibles incurred by you and your eligible dependents. [IRS Publication 502](#) contains a detailed list of eligible expenses.

For more information on what happens if you leave the organization, see [Important Considerations](#) [+](#).

[Where can I go for investment advice?](#) [+](#)

Interested in learning more about the benefits of the RHSP? [Click here](#) for more details.

Popups

Page 9, Popup 1: After-tax basis

After-tax means your contributions are taxed as part of your pay. But you'll pay no taxes when you receive this money from the plan as long as it is used to pay for qualifying medical expenses for you and your eligible tax dependents.*

**State taxes may apply.*

Page 9, Popup 2: Value of your contributions

The value of your contributions to the RHSP account at any time is the amount contributed by you, adjusted for investment performance.

Page 9, Popup 3: Value of the organization's matching contributions

The value of the organization's matching contributions to your RHSP account at any time is the amount contributed by the organization, adjusted for investment performance.

Page 9, Popup 4: Important Considerations

- If you leave the organization before you have completed three years of service, you will forfeit the match from the organization.
- Once your employment is terminated and you activate your account, the RHSP may be “minimum essential coverage” under the Affordable Care Act, which could negatively affect eligibility to receive any government subsidies for healthcare until all of the funds in the account have been used.
- Once your employment is terminated and you activate your account, the RHSP could be considered health insurance under the tax code, which would mean that you would not be eligible to make contributions to an HSA (if you were otherwise eligible) until you have used all of the funds in the account.
- In the event that your employment has terminated and you and your eligible spouse and dependents under the RHSP die, the remaining balance in your account would be forfeited back to the trust and not be distributed to your estate or any beneficiaries.

Page 9, Popup 5: Where can I go for investment advice?

For more information about investment advice services, you can access your account and other information at [tiaa.org](https://www.tiaa.org), or you can call the **National Contact Center's Employee Hotline** at **844-4-TIAAHR (844-484-2247)**, option 5 then option 3.

RETIREMENT
PLANCODE SECTION
401(K) PLANRETIREMENT HEALTHCARE
SAVINGS PLAN (RHSP)401(K) EXCESS PLAN & RETIREMENT
BENEFIT EQUALIZATION PLAN

401(k) Excess Plan

If your **eligible earnings**  go above the IRS limit, \$330,000 in 2024, you are eligible to contribute to the 401(k) Excess Plan (a non-qualified, unfunded plan) in addition to the 401(k) Plan. Once your enrollment becomes effective, you cannot alter or revoke it for that entire plan year. You can make a new election at any time during the year, but it will not become effective until January 1 of the following year. You will be asked to make a distribution election at the point of enrollment, and your benefit will be paid out within 90 days following the month your employment with the organization ends.

Retirement Benefit Equalization Plan

If your eligible earnings are over the IRS limit of \$330,000 in 2024, the organization will automatically make contributions (based on your eligible earnings) to the Retirement Benefit Equalization Plan, a non-qualified, unfunded plan.

The IRS also limits the total combined contributions that can be made by you and the organization to the Retirement Plan and the 401(k) Plan combined. If contributions exceed the limit in any year, amounts over the limit will be allocated to the Retirement Benefit Equalization Plan.

Where can I go for investment advice? 

How do I enroll? 

KNOW YOUR LIMITS!

Each year, the IRS limits the amount of your pay that can be used to calculate the organization's contribution to the Retirement Plan on your behalf; in 2024, that limit is \$330,000.

If your **eligible earnings**  are over this amount, you should consider enrolling in the 401(k) Excess Plan to maximize your contributions.

Popups

Page 10, Popup 1: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.

Page 10, Popup 2: Where can I go for investment advice?

For more information about investment advice services, you can access your account and other information at [tiaa.org](https://www.tiaa.org), or you can call the **National Contact Center's Employee Hotline** at **844-4-TIAAHR (844-484-2247)**, option 5 then option 3.

Page 10, Popup 3: How do I enroll?

401(k) Excess Plan

To contribute to the 401(k) Excess Plan, you must actively enroll via [Your Benefits Online](#) by clicking Savings & Retirement at the top of the home page.

Retirement Benefit Equalization Plan

If eligible, you will automatically be enrolled in the Retirement Benefit Equalization Plan. No action is required on your part.

Page 10, Popup 4: Eligible earnings

Eligible earnings for the 401(k) and Retirement Plans include your base salary, shift differential pay, and the first \$300,000 earned in commissions (bonuses/incentive earnings are not included) up to the IRS limit of \$330,000 for qualified plans for 2024. This holds true for non-qualified plans as well, except only on earnings above the IRS limit of \$330,000.

Health, insurance and wellness benefits

When you are hired and each year during Annual Enrollment, you should review your [eligibility](#) for benefits coverage and assess your personal needs to make sure the coverage you elect will work best for you and your family.

Medical coverage

Keeping associates and their family members healthy is important, and we recognize that different families have different needs and approaches to managing healthcare and the related costs. When making your medical plan election, it's important to consider any life events that may occur during the course of the year (e.g., turning 65, a dependent child turning 26, planned surgeries) and the possible impact to your healthcare expenses.

Depending on where you live,* the following medical coverage options are available to you:



**AETNA CONSUMER CHOICE
POS WITH HEALTH SAVINGS
ACCOUNT (HSA)** +



**AETNA BASIC CONSUMER
CHOICE WITH UFUND HSA** +



**AETNA CHOICE
ADVANTAGE POS** +



KAISER-COLORADO HMO +
*(available only to eligible
associates in the HMO's
service area)*

HEALTHCARE NAVIGATION +

Work with a Health Pro who can answer questions about medical plans and resolve a wide range of healthcare needs.

RARELY MEET YOUR DEDUCTIBLE?

Consider enrolling in the **Aetna Basic
Consumer Choice with UFund HSA** PDF

* If you work in **Hawaii**, you will receive separate information about the medical coverage option available to you.

Popups

Page 11, Popup 1: Aetna Consumer Choice POS with Health Savings Account (HSA)

If you're wondering how the Aetna Consumer Choice POS with HSA medical option works, here's a breakdown:

1. The organization will make a **\$500** or **\$1,000** tax-free contribution to your HSA each year, depending on your coverage level.* Note that the organization will not make an HSA contribution if you are enrolled in the Aetna Basic Consumer Choice with UFund HSA.
2. When you visit the doctor or have medical and prescription drug expenses, you will pay the full cost until you satisfy the deductible. In-network preventive care is covered at **100 percent** and is not subject to the deductible.
3. Your HSA dollars can be used to help pay your deductible and coinsurance.
4. If you elect **Employee Only** coverage, you must satisfy an annual deductible of \$1,600 before coverage is provided for any services, except preventive care which is covered at 100 percent in-network. If you elect to cover at least one family member, you must satisfy the family deductible of \$3,200. Each family member accumulates collectively toward the family deductible and out-of-pocket maximum. The individual deductible and out-of-pocket maximum do not apply.
5. After you meet your deductible, the plan pays 90 percent of eligible network charges and 70 percent of eligible out-of-network charges. You pay the remaining coinsurance.**
6. You will pay the full cost of any covered prescriptions you receive until you meet the plan deductible. Once you meet the deductible, the prescription plan will pay 90 percent.
7. Once you have reached your out-of-pocket maximum, all in-network covered services are paid at 100 percent for the remainder of the year.

** If you're a new associate, this amount may be prorated depending on your hire date.*

*** Please note that out-of-network charges beyond the eligible amount may be billed to you directly by the provider and may not be eligible.*

Popups

Page 11, Popup 2: Aetna Basic Consumer Choice with UFund HSA

If you are considering enrolling in the Aetna Basic Consumer Choice with UFund HSA plan, here are a few things to keep in mind:

The HSA works the same way as the HSA with the Consumer Choice POS medical plan, except the firm **will not** contribute to your HSA under this medical plan option—that's why it's named the UFund HSA.

1. When compared to the other medical options, this plan's deductible is higher, but your cost per paycheck is lower. Depending on your situation, you may prefer to pay less from your paycheck while having a greater cost-share if and when you obtain medical and prescription drug services.
2. If you elect **Employee Only** coverage, you must satisfy an annual deductible of \$2,500 before coverage is provided for any services, except preventive care which is covered at 100 percent, in-network. If you elect to cover at least one family member, you must satisfy the family deductible of \$5,000. Each family member accumulates collectively toward the family deductible and out-of-pocket maximum. The individual deductible does not apply.
3. After you meet your deductible, the plan pays 80 percent of eligible network charges and 60 percent of eligible out-of-network charges. You pay the remaining coinsurance.*
4. You will pay the full cost of any covered prescriptions you receive until you meet the plan deductible. Once you meet the deductible, the plan will pay **80 percent**.
5. If you elect to cover family members, once an individual has met his or her in-network \$5,000 out-of-pocket maximum, all of his or her claims will be paid for at 100 percent, even if the entire family has not met the \$10,000 family out-of-pocket maximum. This is called an embedded out-of-pocket maximum. *Note that this is different from the Consumer Choice POS with HSA medical option, where the family out-of-pocket maximum must be reached before any member has his or her claims paid at 100 percent.*

While you pay less from each paycheck with this plan, you need to give it careful consideration before enrolling. You might prefer this option if you typically receive only preventive care services and your out-of-pocket medical costs are low. However, even if you are healthy and a low user of medical care, make sure you can afford the deductible and coinsurance amounts up to the out-of-pocket maximums in case you experience an unexpected medical emergency or illness.

** Please note that out-of-network charges beyond the eligible amount may be billed to you directly by the provider and may not be eligible.*

Popups

Page 11, Popup 3: Aetna Choice Advantage POS

If you're considering enrolling in the Choice Advantage POS medical option, here are a few things to keep in mind:

1. With this option, your medical contributions per pay period are higher than most of our medical options.
2. This medical option does not come with a Health Savings Account.
3. When you visit the doctor or have medical expenses, you must first satisfy the deductible.
4. In-network preventive care is covered at 100 percent with no deductible.
5. Similar to the Aetna Basic Consumer Choice POS with UFund HSA option, this medical option pays 80 percent of eligible network charges after you meet your deductible. You pay the remaining coinsurance.*
6. Each family member accumulates separately toward his or her individual deductible; however, in families of more than two members, it is possible that the family deductible can be met before each family member meets his or her individual deductible. This is called an embedded deductible.
7. Once you have reached the out-of-pocket maximum, all in-network covered services are paid at 100 percent for the remainder of the year.
8. Under this option, there is a separate out-of-pocket maximum for prescription drug expenses. Copays and coinsurance will apply under the prescription drug benefit until you reach the prescription drug out-of-pocket maximum.

** Please note that out-of-network charges beyond the eligible amount may be billed to you directly by the provider and may not be eligible.*

Page 11, Popup 4: Kaiser–Colorado HMO

This option is available for eligible associates who live in the applicable service area covered by the HMO. The HMO has an annual deductible and requires copays and coinsurance for all medical services, with the exception of preventive care, which is covered at 100 percent in-network.

Generally, in-network coverage is provided at 80 percent after the deductible. Out-of-network coverage is not provided for non-emergency services, and you will pay the full cost for any services you receive from an out-of-network provider.

Once the medical out-of-pocket maximum has been reached, all in-network covered services are paid at 100 percent for the remainder of the year.

Under this option, there is a separate out-of-pocket maximum for prescription drug expenses. Copays and coinsurance will apply under the prescription drug benefit until the prescription drug out-of-pocket maximum is reached.

See the [Kaiser-Colorado HMO Summary of Coverage](#) for information about your share of the cost of services obtained from in-network providers.



Check out the **Alight Mobile** app for information about your benefits, including current elections and spending account contributions.

To download the app, go to the **App Store** or **Google Play**, or text **"Benefits"** to **67426** to receive a direct link.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Medical coverage

Each option has different levels of cost-sharing (deductibles and coinsurance) between you and the organization.

In general, preventive care is covered at 100 percent in-network with no deductible or copay under all four options. Each option also includes some level of deductibles and the cost for care is less with in-network providers versus those out-of-network. Prescription drug coverage is also automatically included with your medical coverage, regardless of which option you choose.

Medical coverage options comparison 

Medical contributions per pay period 



**SPECIALTY SURGERY AND
MEDICAL SERVICES** 



SECOND OPINION SERVICES 



**FERTILITY TREATMENTS, ADOPTION SUPPORT
AND SURROGACY SERVICES** 



**HOSPITAL FOR SPECIAL SURGERY (HSS) CARE
CONCIERGE PROGRAM** 



**BEHAVIORAL HEALTHCARE SERVICES
FOR CHILDREN** 

To learn what happens to your health, insurance and wellness benefits when you leave the organization, [click here](#).

Popups

Page 12, Popup 1: Specialty Surgery and Medical Services

Carrum Health is a surgery and medical benefit that makes it easier, more comfortable and less expensive to get the highest-quality surgical care for over 100 procedures including hip, knee, shoulder, spine and more. Available for associates and dependents aged 18 and up who are enrolled in a TIAA Aetna medical plan, Carrum Health provides access to top surgeons in the country, often at an affordable cost to you.

- For associates enrolled in a consumer-directed (high-deductible) health plan (the Aetna Consumer Choice POS with HSA or Aetna Basic Consumer Choice with UFund HSA): Coinsurance will be waived but you must first meet the IRS minimum deductible (\$1,600 for individuals/\$3,200 for families for 2024).
- For associates enrolled in the Aetna Choice Advantage POS plan: The deductible and coinsurance will be waived.

Per IRS rules, a portion of the covered travel expenses will be reported as taxable income to the covered member.

Call Carrum at **888-855-7806** to learn more about covered surgeries.

Page 12, Popup 2: Fertility Treatments, Adoption Support and Surrogacy Services

Progyny is a program that connects you to leading fertility specialists offering the most advanced, effective fertility treatment, and the best chance of achieving a successful pregnancy (today or in the future) with the course of treatment that is best for you. Progyny can also help with adoption or surrogacy services and is dedicated to supporting the diverse needs of all families. The Progyny Enhanced Fertility and Family Planning Benefit includes:

- Comprehensive fertility care through Smart Cycles, which bundles all services, tests and treatments
- Coverage for a network of 900+ fertility specialists*
- Reimbursement for adoption and surrogacy expenses up to \$15,000
- Doula and travel reimbursements

** There is no coverage for non-network providers.*

To learn more, review [Progyny Fertility and Family Building](#) on HR Services or contact a Progyny Care Advocate by calling **866-882-6564**.

Popups

Page 12, Popup 3: Behavioral Healthcare Services for Children

Brightline is a virtual resource for behavioral health care for children ages 18 months to 18 years old that provides confidential video visits with licensed clinicians, coaching programs to help tackle everyday challenges, on-the-go access to content, resources and chats with a coach.

Whether your child is stressed, depressed or navigating tough transitions, or you are interested in resources to build your skills as a parent or caregiver, Brightline can help with flexible and personalized support.

- **Connect+:** On-the-go access to personalized resources, interactive exercises, group classes, and on-demand chat with your Brightline Coach.
- **Coaching:** Skills-based programs led by expert behavioral health coaches to help kids and teens through everyday challenges in 30-minute sessions and as few as four weeks.
- **Care:** Personalized care by video visit with child and adolescent psychologists, psychiatrists, speech therapists, and others to help with common conditions like anxiety, depression, ADHD, disruptive behavior, and more.

You can take advantage of Brightline if you are enrolled in one of our Aetna medical plan options. Brightline is considered an in-network provider with Aetna, and any services you receive will be billed through insurance and subject to deductibles and coinsurance.

To sign up, visit hellowbrightline.com/aetna and create an account, call Brightline Member Support at 888-224-7332 or email care@hellowbrightline.com.

Page 12, Popup 4: Second Opinion Services

All U.S. associates who participate in a TIAA Aetna medical plan have access to **Aetna Second Opinion**, provided by **2nd.MD**, a virtual expert medical consultation and navigation service. 2nd.MD connects you with a board-certified specialist for a virtual expert medical consultation via phone or video from the comfort of home.

You can access specialists for questions about:

- Diseases, cancer or chronic conditions
- Surgeries or procedures
- Medications and treatment plans

To learn more, activate your account and request a consult, visit 2nd.MD/aetna, download the **2nd.MD app** or call 866-410-8649.

Page 12, Popup 5: Hospital for Special Surgery (HSS) Care Concierge Program

The **Hospital for Special Surgery (HSS) Care Concierge Program** puts you in contact with the world's leading academic medical center that specializes in the diagnosis, treatment, and prevention of orthopedic and musculoskeletal conditions. Our partnership connects you directly to the HSS team, which will guide you and your family through the process of getting care at HSS.

With locations across New York City, Westchester, Connecticut, Long Island, New Jersey and in Florida, the surgical and non-surgical specialists at HSS offer the most personalized and innovative treatment options available. HSS is an Aetna in-network provider and any care you receive will be subject to the medical plan deductible and coinsurance.

To schedule an appointment, call 917-260-3102 or email HSS4TIAA@hss.edu. For more information about HSS, visit hss.edu/tiaa.



MSK DIRECT

When faced with cancer, getting the right diagnosis and treatment plan is critical. That's why we have partnered with Memorial Sloan Kettering (MSK), a top-ranked cancer hospital in the Northeast, to offer **MSK Direct*** — a program that provides free guided access to expert cancer care, as well as practical and emotional support for you and your loved ones. Call MSK Direct at **833-786-3367**.

How can MSK Direct help?

** MSK is considered an in-network provider in the Aetna medical plan options. MSK Direct services are available to all US associates and their family members. Services are billed through insurance and subject to deductibles and coinsurance. Care that is not covered by insurance will be direct billed.*

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Compare providers and the cost of services

- **Aetna Health** – This online resource compares the cost and quality of healthcare services and helps you search for in-network providers and receive real-time cost estimates in line with your medical coverage. With Aetna Health, you can shop for healthcare the same way you would shop for other things, based on quality, price and convenience.

To get started, log on to your account at [aetna.com](https://www.aetna.com) or click [here](#) for single sign-on from your work computer. You can also download the Aetna Health app on your mobile device (iPhone or Android).

- **Medical Expense Estimator tool** – When you are deciding which medical option to enroll in, you can use the **Medical Expense Estimator tool** to estimate your out-of-pocket costs. You can input estimated information, like the expected number of doctor visits and prescriptions for you and any dependents you intend to cover, to estimate your costs by plan. You can access this tool on [Your Benefits Online](#).

Telehealth services

Remote offerings for medical care have been around since the 1950s, but they have grown in popularity in the last ten years. The convenience of telehealth makes it easier for you and your dependents to seek necessary medical care as needs arise.

Telehealth options are available as part of TIAA's overall benefits package.



TELEMEDICINE 



ADDITIONAL TELEHEALTH SERVICES 

ID CARDS

You will receive a medical ID card for your 2024 medical coverage if you change your medical coverage option, are newly enrolled or change the dependents you elect to cover. You can access your ID card anytime by downloading the Aetna Health app to your smartphone.

Popups

Page 13, Popup 1: How can MSK Direct help?

How can MSK Direct help?

- Scheduling an expedited appointment at MSK
- Helping gather necessary medical records for the first appointment
- Meeting patients at the initial appointment at MSK to provide support, logistical assistance, introductions to your local cancer care team, and more.

If you reside outside of the Northeast and not near a Memorial Sloan Kettering location, Remote Second Opinion services are available through the MSK Direct program without leaving your home. Remote second opinion services are covered under the Aetna medical plan options, subject to deductibles and coinsurance. These services include:

- Providing a comprehensive diagnosis from pathologists and radiologists specialized in your specific type of cancer, based on tissue samples, original imaging, and genetic testing (when clinically appropriate)
- Recommending the best hospitals close to where you live, using a proprietary tool only available from MSK
- Developing a treatment plan informed by a multidisciplinary team that may include subspecialized MSK medical, surgical, and radiation oncologists
- Providing education and support to help identify clinical trials that could open up new treatment options
- Providing expert care through phone or video consultations between you, your MSK doctors, and your local doctors at key decision points in your care.

Your out-of-pocket costs will vary by insurance coverage and any services not covered by insurance will be direct billed to you. For additional details and support, contact the toll-free MSK Direct line at **833-786-3367** Monday through Friday, 8:30 a.m. to 5:30 p.m. ET.

Popups

Page 13, Popup 2: Telemedicine

Living Well Health & Wellness Centers

The same providers you know and trust from our onsite health centers are available for telephonic and video visits 8:00 a.m. to 5:00 p.m. local time in each location. Virtual visits cost the same as in-person visits – just with added convenience. Virtual visits are ideal for follow-ups, test results and treating non-emergency illnesses like the flu, allergies, pinkeye, urinary tract infections, rashes and headaches. Virtual visits with our Living Well Health & Wellness Centers are available to all associates physically located in CO, NC, NJ, NY and SC.

To schedule a visit, log on to mypremisehealth.com or download the My Premise Health app.

Teladoc

Available to all associates and their dependents enrolled in an Aetna medical plan*, Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care. Teladoc is perfect for individuals on the go, unable to schedule an appointment with their regular provider or just looking for a more convenient option for acute care of conditions such as cold and flu symptoms, allergies, pink eye, respiratory infection, sinus problems, skin problems and more.

For scheduling information and details on cost, go to teladoc.com/aetna, log into the Teladoc app or call **844-4-TIAAHR (844-484-2247)**, option 2 then option 6.

* **Note:** Kaiser Telehealth services are also available for associates enrolled in the Kaiser medical plan.

Popups

Page 13, Popup 3: Additional telehealth services

Virtual Counseling

Aetna's Resources for Living, the Employee Assistance Program (EAP), provides up to **ten free counseling sessions per issue** (examples include job stress, trouble sleeping, depression, grief or family difficulties). You, your immediate family members and anyone living in your household can call 24/7, **844-4-TIAAHR (844-484-2247)**, option 7 then option 3.

Through the EAP, you have access to **Talkspace** which offers private, 1:1 therapy sessions via mobile texting with licensed behavioral therapists. Log on to resourcesforliving.com (username: TIAA; password: LiveWell) to learn about using the Talkspace app for your sessions.

With Talkspace, your ten free EAP sessions convert to **ten weeks of texting per issue**. If you and/or a dependent are covered under a TIAA medical option and need longer-term counseling from the outset— you can seek treatment through your medical plan, where coinsurance and deductibles will apply.

Additionally, our onsite counselors in the Charlotte, Lewisville, Denver and NYC offices remain available for telephonic counseling for all associates physically located in CO, NC, NY and TX.

Teladoc offers confidential, private virtual visits with licensed therapists who can diagnose and treat anxiety, depression, stress/PTSD, panic disorder, help with family and marriage issues and more. Coinsurance and deductibles will apply.

For scheduling, cost, or more information, go to teladoc.com/aetna or call **844-4-TIAAHR (844-484-2247)**, option 2 then option 6.

Telephonic Health Coaching

Work with a coach to help you navigate health behaviors and hold yourself accountable. Coaching is available at no cost to associates and their enrolled adult dependents through the [Wellness Portal](#). Coaching topics include, but are not limited to, nutrition, exercise, stress, sleep, tobacco cessation, weight management, pregnancy and managing conditions, such as diabetes or high blood pressure.

To schedule, visit the [Wellness Portal](#) and choose coaching under Programs. Our onsite health coaches remain available for telephonic and video coaching. If you wish to work with one of our onsite coaches, choose the option for Coaching – Onsite (where available).



NOT SURE WHEN TO USE RETAIL VS. MAIL SERVICE?

[Click here](#) for more details.

DID YOU KNOW?

Charlotte associates can utilize the **onsite Living Well Pharmacy** next to the Living Well Health Center to get prescriptions and discounted over-the-counter products Monday to Friday, 8:30 a.m. to 5 p.m. ET.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Prescription drug coverage

If you elect medical coverage, prescription drug coverage is automatically included through CVS Caremark for both retail and mail service prescriptions. While there are many factors that drive prescription drug costs, there are steps you can take to save money:

- **Consider an over-the-counter treatment first** for minor ailments like heartburn or allergies. You'll save two ways: it costs less, and you won't have to pay for a doctor visit to get a prescription.
- **Request generic-equivalent when possible.** Generic drugs typically cost significantly less than brand-name drugs, and in most instances, they are as effective as brand names. Discuss all drug alternatives with your physician or pharmacist by asking if a generic is available and appropriate for your situation.
- **Use mail service.** The mail service program is CVS Caremark's automated pharmacy that enables you to receive up to a 90-day supply of maintenance medications by mail.
- **Enroll in PrudentRx if you are taking eligible specialty medications.** You can fill certain specialty medications covered under PrudentRx's manufacturer copay card assistance program for \$0 out-of-pocket.* If you are taking an eligible medication, PrudentRx will send you a welcome letter and call you with more information or you may contact them at **1-800-578-4403**.

*If you are enrolled in the Consumer Choice POS or Basic Consumer Choice with Health Savings Account, you must meet the deductible before becoming eligible for \$0 out-of-pocket cost, unless you have been prescribed a medication that qualifies as "preventive care" or a selected insulin product under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service (IRS).

**How can I find out how much
my prescription drugs will cost?** 

**How do I access
the preferred drug list?** 

Prescription drug coverage comparison 



DID YOU KNOW?

Network pharmacies offer discounted rates on prescription drugs, which can also help you save money.

Popups

Page 14, Popup 1: How can I find out how much my prescription drugs will cost?

When you need a prescription, often times it's difficult to know how much it will cost before you visit the pharmacy.* To help, CVS Caremark offers an online tool that allows you to look up a prescription drug and determine if it's covered by your medical plan and, if so, what it will cost. It will also show you lower-cost options, if available.

To get started, click on your medical plan below.

[Aetna Choice Advantage POS](#)

[Aetna Consumer Choice POS with HSA](#)

[Aetna Basic Consumer Choice with UFund HSA](#)

[Kaiser-Colorado HMO](#)

** Please note that the price shown may not accurately reflect what you will pay at the pharmacy. Your actual price may vary depending on your location, benefit plan design, previous payments, pharmacy-specific pricing, future claims and prior authorizations.*

Page 14, Popup 2: How do I access the preferred drug list?

Did you know that CVS Caremark works with independent doctors and pharmacists to create a list of hundreds of preferred drugs with the most reasonable costs, covering the treatment of a variety of conditions? This list is also known as a formulary. If your prescribed drug is not on this list, you may need to pay full price for the prescription.

For a complete list of CVS Caremark's Standard Formulary preferred drugs, [click here](#). To access the Advanced Control Specialty Formulary (if you are prescribed specialty medications), [click here](#). You can also find a list of alternative drug options for a number of non-preferred prescription drugs. For more information, log on to [caremark.com](https://www.caremark.com) or [click here](#) for single sign-on from your work computer.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Mail Service Program

- **How to fill a prescription** – Your provider can fax a new prescription directly to CVS Caremark at **800-378-0323**. You can also fill out a prescription request online at [caremark.com](https://www.caremark.com) (or click [here](#) for single sign-on from your work computer) and have a CVS Caremark representative contact your physician directly to confirm the prescription.

After you have had three fills of a maintenance medication at a retail pharmacy, you must use mail service or go to a CVS pharmacy on the fourth fill (and pay the mail service rate), or you pay 100 percent of the cost of your medications.

- **Ordering refills** – With the CVS Maintenance Choice® program, you have the option to sign up for auto-refill when filling your maintenance medication. CVS Caremark **does not** automatically ship prescriptions each time you are eligible for a refill, unless you are signed up for the auto-refill program.

ID CARDS

You will receive a prescription ID card if you enroll in medical coverage. If you change your medical coverage option and/or your covered dependents during the year, you will be issued a new ID card. You can also access your ID card anytime with the CVS Caremark app.





ID CARDS

You will receive an ID card for your 2024 dental coverage if you are newly enrolled in the Delta Dental PPO Premier option. Your dental ID card will not list the names of your covered dependents.

To ensure your dependents are covered, review your enrollment elections on **[Your Benefits Online](#)**.

Your dental provider can also confirm your dental benefits for your family, if applicable, when you present your dental ID card.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Dental coverage

The organization offers the Delta Dental PPO plus Premier option. With this option, you and your family members can obtain dental care from any dentist you choose. Preventive dental care is covered at 100 percent.

You have the flexibility to receive services from dentists in two networks (a PPO network that provides **higher discounts** or a Premier network that provides **slightly lower discounts**). You can also go out-of-network for dental care, but you may have to pay the cost of services up front and submit a claim for reimbursement (or pay charges billed by your dentist in excess of what the plan pays for covered services).

Visit deltadental.com (or [click here](#) for single sign-on from your work computer) to determine if your dentist or orthodontist participates in the PPO or Premier networks. For information about dental services or to discuss a dental claim, you can also call Delta Dental customer service at **844-4-TIAAHR (844-484-2247)**, option 2, option 5, then option 3.

You can also use Delta Dental's mobile app to find a dentist, access an ID card, check deductibles and maximums or view recent claims activity.

[Dental coverage summary](#) 

[Dental contributions per pay period](#) 

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Vision coverage

Did you know that the majority of adults wear glasses or contact lenses? That's why we offer two vision plan options through VSP — Standard and Enhanced.

Both options provide you with coverage for routine eye exams, as well as benefits for glasses or contact lenses.

Vision coverage summary 

Vision contributions per pay period 



LOOKING FOR AN IN-NETWORK PROVIDER?

Visit tiaa.vspforme.com, download the VSP mobile app to your smartphone or call Member Services at **844-4-TIAAHR (844-484-2247)**, option 2, option 5, then option 4.

ID CARDS

You will not receive an ID card if you choose to enroll in either vision plan option. To access coverage details, visit tiaa.vspforme.com.



MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Health Savings Account (HSA)*

An HSA, administered by HealthEquity, allows you to save money for healthcare expenses on a tax-free basis. Your HSA becomes effective the first of the month coincident with or following your medical coverage effective date.

- **If you enroll in the Aetna Consumer Choice POS with HSA medical option**, you can contribute a total of \$3,650 for Employee Only coverage and \$7,300 for all other coverage levels. The organization will also make an annual contribution to your HSA (\$500 for Employee Only coverage and \$1,000 for all other coverage levels), which will be deposited in quarterly increments with the first paycheck of each quarter. These contributions, along with your maximum contribution, equal the IRS maximum for 2024.
- **If you enroll in the Aetna Basic Consumer Choice POS with UFund HSA medical option**, you may contribute up to the IRS maximum of \$4,150 for Employee Only coverage and \$8,300 for all other coverage levels. As a reminder, the organization does not make a contribution to the HSA for this plan; however, your premiums will be lower.

If you are age 55 or older, you have the option of contributing an extra \$1,000 as a catch-up contribution in 2024.

You can use the money from your HSA to help offset your deductible and coinsurance or other qualified medical expenses like prescription drugs. Any unused funds remaining in your HSA at the end of the year will be carried over (tax-free) to the next year.

Can I invest the money
in the HSA? 

How can I access the HSA? 

Are there any fees? 

To learn more about the
HSA, including the key
benefits and features,
[click here.](#)



HSA FAST FACTS! 

** To receive HSA contributions from the organization, you must be enrolled in the Aetna Consumer Choice POS with HSA medical option. In order to open an HSA and receive contributions, **you must be eligible under IRS rules**, which generally require that you be enrolled in an Aetna medical option with an HSA and not a) covered under any other health plan that is not a high deductible health plan, or b) enrolled in Medicare. If you are receiving reimbursements for medical expenses from a general purpose Flexible Spending Account, you are not eligible for a Health Savings Account. See the [IRS Publication 969](#) for more information on eligibility.*

Popups

Page 18, Popup 1: Can I invest the money in the HSA?

Once your account balance reaches \$1,000, you can choose from a selection of investment options, allowing your HSA to grow in value year over year. If you retire or terminate your employment with the organization for any reason, any unused funds are yours to keep.

Page 18, Popup 2: How can I access the HSA?

- **From a work computer connected to the network, [click here](#).**
- **From a personal home computer,** you may visit my.healthequity.com. If you have never accessed the site using this method, you will need to create a username and password, which you will use each time you access the site.
- **From your Internet-enabled mobile device,** use the HealthEquity mobile app. You can download the app from the App Store or Google Play. Log onto the app using the same username and password that you establish for logging onto the HealthEquity member portal. You will not be able to use your single sign-on credentials using this method.

Page 18, Popup 3: Are there any fees?

HealthEquity charges a \$1.50 fee for paper statements, which are issued monthly. Once you gain access to the HealthEquity member portal, we recommend that you sign up for e-delivery of statements to avoid that fee.

HealthEquity also charges a \$1 per month fee for your HSA, plus an investment account record keeping fee of .03 percent of your invested assets (up to a maximum of \$10). However, TIAA will pay this fee on your behalf while you are employed by TIAA. If you choose to invest your TIAA HSA funds, your investments will be subject to investment fees (expense ratios) charged by the mutual funds you select.

After employment termination, you will be responsible for a \$3.95 per month fee for your HSA, plus an investment account record keeping fee of .03 percent of your invested assets (up to a maximum of \$10).

Popups

Page 18, Popup 4: HSA fast facts!

- You can access funds with a debit card or through the HealthEquity website. Unlike the Healthcare FSA, withdrawals are limited to the amount that is actually in your account when you incur an expense. HSAs are portable and can move with you if you change employment, retire or terminate your employment for any other reason.
- HSA contributions can come from you, the organization or both — all in the same tax year up to the annual limits.*
- HSA contributions (yours and the organization's) go in tax-free**, earn interest tax-free and come out tax-free as long as you use the money to pay a qualified healthcare expense.
- Unused contributions roll over from year to year, and interest continues to grow on a tax-free basis.
- You can use HSA funds to cover health insurance deductibles and any coinsurance for qualified medical services, purchase over-the-counter drugs or pay health insurance premiums during any period that you are receiving unemployment benefits.
- HSA money used for non-qualified healthcare expenses is subject to taxes, plus a 20 percent penalty. Once you reach age 65, you can withdraw the money for non-medical reasons without the 20 percent penalty (withdrawals will still be subject to normal income taxes).

* *You will only receive an HSA contribution from the organization if you are enrolled in the Aetna Consumer Choice POS with HSA medical option.*

** *Most states exempt HSA contributions from state income taxes; however, some states, such as AL, CA and NJ, do not. For more information, consult a tax advisor.*

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Flexible Spending Accounts (FSAs)

FSAs are financial accounts that allow you to set aside money on a pre-tax basis to pay eligible healthcare or dependent care expenses. The amount you elect to set aside will be prorated and taken from each paycheck throughout the year. Because the money is pre-tax, the full value of what you set aside may only be used for eligible expenses, which differ depending on the type of FSA.

You have access to three FSAs — healthcare, dependent day care and limited purpose FSAs, that each have unique purposes and restrictions.



HEALTHCARE

Use this account to pay for eligible healthcare expenses like copays, coinsurance and contact lenses.



DEPENDENT DAY CARE

Use this account to pay eligible day care expenses, like preschool, after school care, nanny services, and elder care.

For 2024, the organization makes an account contribution to eligible associates who contribute to the Dependent Day Care FSA.



LIMITED PURPOSE

Use this account to pay eligible vision and dental expenses (applies if you are enrolled in a medical option with HSA).

FSA comparison 

Note: Special rules apply if you go out on a leave of absence. For more details, [click here](#).



WANT TO LEARN MORE ABOUT FSAS?

Visit [HealthEquity](#) for a list of eligible expenses.

IMPORTANT!

Carefully estimate the amount of money you want to contribute to the FSAs each year. Due to the FSA's tax advantages and in accordance with IRS rules, the FSAs are **"use it or lose it."** 

To learn more about the healthcare FSA, including the key benefits and features, [click here](#).

Popups

Page 19, Popup 1: Healthcare

The **Healthcare FSA** is used to pay for eligible healthcare expenses for you and your dependents. These include, but are not limited to, copays, coinsurance, glasses, contact lenses and orthodontia.

Page 19, Popup 2: Dependent Day Care

The **Dependent Day Care FSA*** is used to pay eligible day care expenses that allow you and your spouse to work. These include, but are not limited to, preschool, after school care, nanny expenses, elder care and, in some cases, transportation (provided by the day care or elder care provider).

You may submit **eligible dependent day care expenses** for the following qualified individuals:

- A dependent child under age 13**
- Your spouse who is physically or mentally unable to care for him/herself and who lives with you for more than half the year
- A person who is physically or mentally unable to care for him/herself and who lives with you for more than half the year and is your dependent (or would be your dependent) except that:
 - He or she receives gross income in excess of the federal exemption amount, or
 - He or she files a joint return, or
 - You, or your spouse if filing jointly, can be claimed as a dependent on someone else's return.

Note: For 2024, if you elect to contribute to the Dependent Day Care FSA **prior to July 1**, and earn less than \$145,000 in base salary, the organization will contribute **\$1,000** on your behalf (**\$500** if electing to contribute July 1 or later in 2024).*** The full employer contribution will be made to the account as soon as administratively possible following the effective date of the election. If you are married and filing jointly, the annual IRS contribution limit is **\$5,000******, which means you can contribute up to \$4,000 in 2024. If you are married and file separately, the limit is \$2,500, which means you can contribute up to \$1,500.

** You may only be enrolled in this program when actively at work. Associates on leave can elect the Dependent Day Care FSA within 30 days of returning to work.*

*** Consult with a tax professional regarding rules for dependent care reimbursement for non-custodial parents.*

**** IRS regulations require companies to pass certain tests for tax-favored benefit plans each year to determine whether these plans disproportionately favor higher-paid associates, therefore the employer contribution to the Dependent Day Care FSA is only available to associates who earn less than \$145,000 per year in base salary.*

***** If you access back-up care services, please note that the value of those services may be taxable to you and included as imputed income in your wages if the fair market value of back-up care services you receive in a calendar year, combined with your dependent care FSA election (if any), exceeds \$5,000.*

Popups

Page 19, Popup 3: Limited Purpose

If you elect coverage under an Aetna HSA medical plan, and also elect to participate in the Healthcare FSA, the FSA will be classified by the IRS as a Limited Purpose FSA. With a Limited Purpose FSA, you may only pay for eligible vision and dental expenses until you reach your medical plan deductible. Note that the 2024 annual maximum contribution is \$3,050.

If you reach your deductible and wish to use any Healthcare FSA balance to pay for eligible medical and pharmacy expenses, you will need to visit my.healthequity.com (or click [here](#) for single sign-on from your work computer) to submit evidence that you met your deductible.

Page 19, Popup 4: "Use it or lose it"

'Use it or lose it' means money you don't use each year is forfeited and returned to the plan. Also, please note that:

- You cannot change your election once the enrollment period ends unless you experience certain life events.
- In addition, you must select a contribution amount(s) and re-enroll each year; enrollment is not automatic.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Accessing your funds in the Healthcare FSA

- **If you elect a Healthcare or Limited Purpose FSA**, your account is funded with your full contribution amount shortly after your effective date of coverage. Throughout the year, you “pay your account back” with pre-tax contributions from your paycheck. You can access your FSA funds using these convenient payment options.
 - **HealthEquity Health Account Card:**  Use the debit card instead of cash at healthcare providers and wherever accepted for health-related services and health expenses.
 - **Pay Me Back:** When you choose to pay out of pocket instead of using your debit card, you can reimburse yourself by logging on to HealthEquity.
 - **Pay My Provider:** Much like Pay Me Back, except the check is mailed directly to your provider.
 - **Pick & Process:** Review claims online from your health carrier and select which ones to process.
 - **Mobile:** Use the mobile app to file a claim from your mobile device.

Are there deadlines for filing claims? 

Are over-the-counter items eligible for reimbursement through the Healthcare FSA? 

How can I save money with a Healthcare FSA? 

Popups

Page 20, Popup 1: HealthEquity Health Account Card

Always remember to save receipts when using your HealthEquity health account card. The IRS requires you keep them for your tax records, and you will also need them if HealthEquity requests documentation to substantiate a withdrawal from your account. If requested to provide a copy of a receipt and you cannot provide it, your card will be shut off until another claim is received that satisfies the amount in question. In extreme cases, you can be charged taxes on the unsubstantiated amount.

If you are enrolled in the HSA and FSA, the FSA is classified as a “Limited Purpose FSA” and can only be used for eligible vision and dental expenses until you reach your medical plan deductible. Once you meet your medical plan deductible, you will need to visit my.healthequity.com to submit an attestation that your deductible has been met. Doing this will allow the FSA balance to be used for eligible medical and pharmacy expenses.

Page 20, Popup 2: Are there deadlines for filing claims?

You generally have until **March 31, 2025**, to submit claims for reimbursement of eligible expenses in either account provided you incurred the expense by **December 31, 2024**.

Note: If you go on an **approved leave of absence** (including a short-term disability), your participation in the **Dependent Day Care FSA ends on your last day of work** before your leave of absence begins. You cannot file claims for expenses you incur during your leave of absence. If you want to re-enroll in the plan when you return to work, you must do so **within 30 days**.

Page 20, Popup 3: Are over-the-counter items eligible for reimbursement through the Healthcare FSA?

The **CARES Act** repealed the requirement to obtain prescriptions for over-the-counter (OTC) medications in order to make them eligible for FSA reimbursement. Below are other common OTC items eligible for FSA reimbursement:

- Band aids
- Birth control
- Braces and supports
- Contact lens solution and supplies
- First aid supplies, including elastic bandages, wraps, etc.
- Insulin
- Reading glasses

Visit the FSA Store on my.healthequity.com to review more eligible items.

Popups

Page 20, Popup 4: How can I save money with a Healthcare FSA?

Saving money with an FSA

Here's an example of how you can save money by contributing to a Healthcare FSA. Let's say you expect to have \$1,000 in eligible medical expenses that are not covered by any healthcare option or HSA. Let's also assume you normally pay approximately 25% in taxes. Here's the impact if you pay these eligible expenses through an FSA with pre-tax dollars rather than with after-tax dollars.

	With an FSA	Without an FSA
Money I use to pay my healthcare expenses during the year	\$1,000	\$1,000
Taxes I pay on this money	\$0	\$250
Actual amount of money available to pay my healthcare expenses	\$1,000	\$750
Potential tax savings	\$250	\$0

Note: The tax-savings in this example would also apply for eligible dependent day care expenses.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY



YOUR PRIVACY IS OUR PRIORITY

When it comes to protecting your privacy, nothing is more important to us. That's why we make sure that your health data is kept completely confidential. The privacy of your health information is protected by federal law.

The organization will never see your individual results nor will they ever ask for them. You can rest assured that the doctors and nurses in our clinics work independently with our carriers and will keep your personal health information confidential.

Living Well

We consider wellness to be a shared responsibility. In order to keep your benefit plans affordable and ensure you achieve your best possible health, we ask you to take an active role in improving and maintaining your health, and encourage you to take advantage of the following benefits.



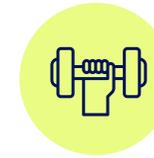
WELLNESS INCENTIVE PROGRAM +

You can earn Reward & Recognition points for participating in health and wellness activities.



MEDICAL CONTRIBUTION DISCOUNT +

You can earn 10 percent off your medical contributions for 2025 by completing wellness activities.



ONSITE LIVING WELL FITNESS CENTERS AND GYM MEMBERSHIPS +

Visit the onsite fitness center at our Charlotte, Denver, and New York locations.



MINDFULNESS +

Reduce stress, increase resilience and improve performance.



HEALTHY LIFESTYLE COACHING PROGRAM +

Telephonic coaching programs or in-person sessions at our Charlotte, Lewisville, and Denver locations.



ONSITE PHARMACY +

Take advantage of the onsite pharmacy at our Charlotte location.



ONSITE LIVING WELL HEALTH AND WELLNESS CENTERS +

Don't spend your time waiting at the doctor's office. Instead, visit one of our onsite health and wellness centers.



HEALTHCARE NAVIGATION +

Work with a Health Pro who can answer questions about medical plans and resolve a wide range of healthcare needs.



ERGONOMICS +

Prevent common workplace health issues with an ergonomic assessment.

Popups

Page 21, Popup 1: Wellness Incentive Program

As part of our wellness incentive program, you can participate in and track your progress in a number of health and wellness activities and challenges on the Wellness Portal. Participation in the wellness program is also eligible for R&R points by reaching certain levels within the [Wellness Portal](#). R&R points can be redeemed in [Applause](#). For more information, visit the [Wellness Portal](#) and go to “Rewards”.

Page 21, Popup 2: Medical Contribution Discount

As part of our commitment to reward healthy behavior, if you are hired prior to **August 1, 2024**, and elect medical coverage, you can earn **10 percent off your medical contributions in 2025** if you complete certain wellness activities by the **August 31, 2024** deadline. If you are hired on or after **August 1, 2024**, you will automatically receive the discount for 2025.

Note: More details will be provided in January 2024 on what wellness activities have to be completed in order to earn 10 percent off your medical contributions in 2025.

Page 21, Popup 3: Mindfulness

Through our wellness portal, you have access to wellbeing tools, modules, and programs designed to help you reduce stress, improve performance and increase resiliency. This mindfulness content, through RethinkCare, is centered around three tracks:

- **Move:** Yoga to exercise the body and mind
- **Thrive:** Stress resiliency, focus, and sleep habits
- **Lead:** Emotional intelligence, teamwork, and leadership skills

To get started, visit the [Wellness Portal](#).

Page 21, Popup 4: Healthy Lifestyle Coaching Program

We are committed to helping you meet your health goals, which is why we have taken an integrated approach to health coaching. We realize that changing behavior is no easy task and that consistent support is what people need in order to make permanent and positive changes. We not only provide traditional telephonic coaching programs, but also onsite Healthy Lifestyle Coaches in Charlotte, Lewisville and Denver locations. This means you can work over the phone with a coach or face-to-face (where available). These coaches can help you learn how to eat better, get in shape, lose weight, manage stress, quit smoking and do many other health-related activities.

To schedule an appointment with a telephonic or onsite Healthy Lifestyle Coach, visit the [Wellness Portal](#).

Popups

Page 21, Popup 5: Onsite Living Well Health and Wellness Centers

Our onsite Living Well Health & Wellness Centers in Charlotte, Chicago, Denver and New York City locations provide convenient access to quality care at lower costs for both you and the organization. The cost for a non-preventive-care visit is a \$5 copay per visit, unless you are enrolled in an HSA medical option, in which case you will be charged a \$30, \$40 or \$50 copay, depending on the level of care, until you meet the deductible. Claims will be filed with your medical carrier like any other insurance claim.

The Centers offer primary care and acute care services as well as onsite health coaches, massage therapy and work/life (EAP) counselors in most locations. For more details, click [here](#) and select the **Living Well Health and Wellness Centers** drop-down from the **Overview** tab*.

To make an appointment or to learn more, visit the [Patient Portal](#) or call **844-4-TIAAHR (844-484-2247)**, option 7 then option 4.

** The onsite health and wellness centers are also offering virtual and telephonic visits.*

Page 21, Popup 6: Healthcare Navigation

Understanding how your benefits work can be confusing. Finding the right care can also be frustrating and time-consuming. With Healthcare Navigation, you have a personal **Health Pro**[®] consultant ready to help you and your family:

- Understand your benefits and clear up any confusion about your health plan
- Locate highly-rated doctors, dentists and eye care professionals
- Save money on healthcare by comparing prices for you, so you can choose the most cost-effective options
- Pay less for prescriptions by getting recommendations for lower-cost medications
- Resolve billing errors
- Schedule appointments with doctors.

To learn more or get started, select Health Pro Connection on [Your Benefits Online](#) or call **888-241-9252**, Monday through Friday, 8 a.m. to 8 p.m. CT.

Popups

Page 21, Popup 7: Onsite Living Well Fitness Centers and Gym Memberships

Our onsite Living Well Fitness Centers in Charlotte and Denver locations provide access to highly trained fitness professionals who can guide and support associates to become more physically active. Services include group fitness classes, 1:1 custom exercise programs, fitness assessments, amenities such as a hydromassage chair, locker rooms and more. Membership to the onsite fitness centers is **free to all associates**. The centers are open Monday through Friday whenever the office is open. Hours vary by location. To learn more, visit [TIAAfitness.com](https://www.tiaafitness.com).

Associates in New York may explore a complimentary fitness center membership at 730 Third Avenue to pursue health and wellness goals. Enroll in person or email 730ThirdFitness@plusone.com.

Eligible associates who do not have access to an onsite fitness center in their assigned office location can be reimbursed up to **\$480 per calendar year** for their own gym or fitness center membership. Learn more on [HR Services](#).

In addition, all U.S.-based associates have access to the Living Well Virtual Fitness Center, an extension of our onsite fitness programs which offers a fitness assessment, live and recorded classes and more.

Page 21, Popup 8: Onsite Pharmacy

Receive high-quality care right at the office. Our onsite **Living Well Pharmacy** in the Charlotte location can assist in prescribing medications and refills, provide prescription education and counseling and condition management. Discounted over-the-counter products are also available at a significant savings.

The Living Well Pharmacy hours are Monday through Friday from 8:30 a.m. – 5 p.m. ET. To make an appointment, call **980-465-7235**.

Page 21, Popup 9: Ergonomic Support

A Living Well team member will evaluate your workstation, either onsite or remotely, and make recommendations to minimize your risk for common workplace issues like neck strain and carpal tunnel syndrome. Make an appointment by contacting the Living Well Health & Wellness Center.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Mental Health Resources

TIAA has the resources you need to help you stay mentally well, treat a mental health concern or support your family.



MENTAL HEALTH SCREENINGS

Feeling anxious, sad or just “not yourself?”
Take a few minutes to complete this [free, quick and anonymous assessment](#) provided by Mental Health America.



EAP SUPPORT +

Receive free, confidential counseling in person, via telephone or mobile texting for you and your household family members.



TELETHERAPY WITH TELADOC +

Call certified doctors from anywhere in the U.S., from home, work or on the road.



TAKE ADVANTAGE OF THE WELLNESS PORTAL +

Access tools and activities designed to cultivate good lifestyle habits.

To learn more about any of these programs, including available phone and onsite counseling at select TIAA office locations, go to the [Mental Health](#) page on [HR Services](#).

WELLNESS PORTAL

The Wellness Portal offers a one-stop-shop experience where you can find a number of helpful tools, resources and tips that support your well-being.

Be sure to take advantage of the opportunity to earn 10 percent off your medical contributions and Reward & Recognition points for completing wellness activities.

Popups

Page 22, Popup 1: EAP support

Aetna's Resources for Living, the **Employee Assistance Program (EAP)**, provides up to **ten free counseling sessions per issue** (examples include job stress, trouble sleeping, depression, grief or family difficulties). You, your immediate family members and anyone living in your household can call **844-4-TIAAHR (844-484-2247)**, option 7 then option 3, 24/7.

Through the EAP, you also have access to **Talkspace** which offers private, one-on-one therapy sessions via mobile texting with licensed behavioral therapists. Log on to resourcesforliving.com (username: TIAA; password: LiveWell) to learn about using the Talkspace app for your sessions. **Note:** With Talkspace, your ten free EAP sessions convert to ten weeks of texting per issue.

Page 22, Popup 2: Teletherapy with Teladoc

Aetna's Teladoc offers confidential, private virtual visits with licensed therapists who can diagnose and treat anxiety, depression, stress/PTSD, panic disorder, help with family and marriage issues and more. Coinsurance and deductibles will apply.

For scheduling information and details on cost, go to teladoc.com/aetna or call **844-4-TIAAHR (844-484-2247)**, option 2 then option 6.

Note: Kaiser members can receive behavioral healthcare delivered via phone, text or video chat through their medical plan with no out-of-pocket cost.

Page 22, Popup 3: Take advantage of the Wellness Portal

Powered by Virgin Pulse, the **Wellness Portal** provides all associates and their adult dependents enrolled in a TIAA medical option access to online tools, activities and webinars dedicated to their long-term well-being.

- **RethinkCare (formerly Whil) online mini courses** – Access over 250 science-based daily sessions for mindfulness, sleep, emotional intelligence and more.
- **Journeys online coaching** – Master various topics like improving focus, reducing stress and making time for play and more, in less than 10 minutes.
- **Healthy Lifestyle Coaching** – Work with a coach to help you navigate health behaviors and hold yourself accountable. Available at no cost to associates and their enrolled adult dependents.
- **Wellness calendar** – See what upcoming events the Living Well team will be hosting on various topics, including mental well-being.

MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Life insurance

No one likes to think about not being there for loved ones in the future — but unexpected things can and do happen. We know how difficult it can be to provide this peace of mind on your own, which is why we offer several options to help you assemble a complete life insurance portfolio. You also have access to a **Life Insurance Calculator**, which offers support in weighing your various life insurance options and beneficiary designation considerations. You can access this tool on [Your Benefits Online](#).



BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE¹ +

1 x your base annual salary.



SPOUSE/DOMESTIC PARTNER LIFE INSURANCE³

\$25,000 increments up to \$150,000 (cannot exceed your combined basic and supplemental life insurance).



SUPPLEMENTAL LIFE² AND AD&D INSURANCE +

1 to 6 x your base annual salary in supplemental life and 1 x your base annual salary in supplemental AD&D. Any supplemental coverage you elect, when combined with company-paid basic coverage (life or AD&D), cannot exceed \$2.5 million.



BUSINESS TRAVEL ACCIDENT INSURANCE +

Coverage up to 5 x your base annual salary (\$200,000 minimum and \$5 million maximum).



CHILD LIFE⁴

\$10,000 per child.

Are there any statement of health requirements? +

Is there an accelerated death benefit? +

What is imputed income? +

IMPORTANT!

Starting in 2024, if you and/or your spouse/domestic partner are both employed by the organization, you will be eligible to enroll in spouse/domestic partner life insurance. However, you cannot cover the same dependent child(ren) under separate life insurance plans.

¹ Life and AD&D insurance amounts are based on your salary, raised to the next multiple of \$1,000 (if not already such a multiple).

² In most instances, you can elect up to 3 x your base annual salary without a Statement of Health. See “Are there any statement of health requirements?” above.

³ You can elect up to \$50,000 without a Statement of Health.

⁴ Eligible children for child life coverage must be under age 26 and dependent on you for support, and include birth children, adopted or stepchildren, or a domestic partner's children.

Popups

Page 23, Popup 1: Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

The organization automatically provides company-paid basic life and AD&D insurance to all eligible associates in an amount equal to one times base salary. No enrollment is required. You will have imputed income based on the cost of basic life insurance coverage above \$50,000 that is paid for by the organization. If you don't want to pay taxes on this extra income, you have the option of limiting your basic life insurance coverage to \$50,000.

Page 23, Popup 2: Business Travel Accident Insurance

We provide business travel accident coverage for loss of life in the amount of up to five times your annual base salary with a minimum benefit of \$200,000 and a maximum benefit of \$5 million. You do not need to enroll in this coverage; the organization pays the full cost.

Page 23, Popup 3: Supplemental Life and AD&D Insurance

You have the option of purchasing additional life and AD&D insurance for yourself. You will pay the total cost of this coverage through convenient payroll deductions.

When you enroll in supplemental life, you and your spouse/domestic partner will have access to complimentary will preparation, living will / advanced healthcare directives and estate resolutions (probate) services (court filing fees may be applicable).

Not sure how much life insurance you should elect?

Use the Life Insurance Calculator on [*Your Benefits Online*](#) to help you determine the right level of life insurance based on your current needs.

Popups

Page 23, Popup 4: Are there any statement of health requirements?

If you wish to increase your current supplemental life insurance coverage in an amount that's greater than three times your base salary, and you have not elected to limit your basic life insurance to \$50,000, you will be required to submit a Statement of Health to MetLife, which is subject to their approval. If you elect to limit your basic life insurance to \$50,000 when you are newly eligible, any future increases in your basic or supplemental life coverage will require completion of a Statement of Health and approval from MetLife. A statement of health will also apply for your spouse if you elect more than \$50,000 in spouse life insurance. MetLife will correspond with you directly regarding your application(s) and will notify you if or when your coverage is approved. If you are a new associate, you can purchase supplemental life insurance up to an amount equal to three times your base salary without a Statement of Health.

Insurance Options	You must provide a statement of health if you want to elect...
Basic Life – current associates enrolled in \$50,000	1 x your base annual salary
Supplemental Life – newly hired associates	Coverage of more than 3 x your base annual salary
Supplemental Life – current associates	Any increase in the amount of your supplemental life insurance coverage above 3 x your base annual salary if enrolled in 1 x basic life and any increase in the amount of your supplemental life insurance coverage if enrolled in \$50,000 basic life
Spouse/Domestic Partner Life – newly hired associates	Coverage more than \$50,000
Spouse/Domestic Partner Life – current associates	Any increase above \$50,000

Note: Your premium contribution for coverage that requires a Statement of Health will not be payroll deducted until an approval notice has been received from MetLife.

Page 23, Popup 5: Is there an accelerated death benefit?

If you have been diagnosed as having 12 months or less to live, you can receive an accelerated death benefit based on the type of insurance in effect (100 percent of your basic life benefit only or your basic plus supplemental benefits combined). This accelerated benefit is offered so that you can pay medical bills and other financial obligations, but there are no restrictions on how you can spend the money. This option is also available on spouse life, when applicable.

Page 23, Popup 6: What is imputed income?

Imputed income refers to the value the government attaches to life insurance in excess of \$50,000 that is paid for by the organization. This value is determined by age-related rates established by the IRS. Generally, the tax you pay on imputed income is not a significant amount, but it does increase as your age and salary increase.



MEDICAL

PRESCRIPTION DRUG

DENTAL

VISION

HEALTH SAVINGS ACCOUNT (HSA)

FLEXIBLE SPENDING ACCOUNTS (FSAs)

LIVING WELL

LIFE AND DISABILITY

Disability insurance

In the event you become disabled and are unable to work, we offer short-term and long-term disability benefits.



SHORT-TERM DISABILITY

Receive benefit payments for up to 26 weeks in the event you become disabled and are unable to work.



LONG-TERM DISABILITY

Receive **60 percent of your base salary** (plus bonus and commissions paid within the 12 months prior to your disability start date), up to a \$20,000 monthly maximum.

Is there a cost for short-term disability insurance?

Is there a cost for long-term disability insurance?

Review the [Leave of Absence Guide](#) for more information.

Popups

Page 24, Popup 1: Short-term Disability

As a full- or part-time associate, you are eligible to participate in our Short-Term Disability (STD) plan after your first day of work.

STD benefit payments may continue during your disability for up to 26 weeks, based on the following schedule.

- **Week 1:** Non-exempt associates – Paid time off, if available, otherwise unpaid; exempt associates – MyTime
- **Weeks 2-8:** 100 percent of base salary continued
- **Weeks 9-13:** 80 percent of base salary continued
- **Weeks 14-26:** 70 percent of base salary continued

You can file a short-term disability claim by either calling HR Services at **844-4-TIAAHR (844-484-2247)**, option 6, then option 1 or accessing the MetLife [MyBenefits portal](#).

Page 24, Popup 2: Long-term Disability

As a full- or part-time associate, you are eligible to participate in the Long-Term Disability (LTD) plan after your first day of work and if you are regularly scheduled to work 21 hours or more per week. The LTD plan will replace 60 percent of your base salary rate (plus bonus and commissions paid within the 12 months prior to your disability start date), up to a \$20,000 monthly maximum, in the event you become disabled and qualify for benefits under the terms of the plan.

LTD benefits may continue while you are disabled until you reach the later of your Social Security retirement age (age 66 or 67, depending on your date of birth) or the maximum benefit period based on your age on the date of disability, as outlined below. Please note that payments do not include a cost of living adjustment.

Age on Date of your Disability	Benefit Period
Less than 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Popups

Page 24, Popup 3: Is there a cost for short-term disability insurance?

The organization pays your **full cost of coverage**. In the event you become disabled and are unable to work, STD benefits begin on the eighth consecutive calendar day of absence (the first work week of absence is deducted from your Paid Time Off (PTO) or is otherwise unpaid or covered under MyTime) subject to meeting the plan's definition of disability.

Page 24, Popup 4: Is there a cost for long-term disability insurance?

The organization provides this coverage at **no cost** by providing you with a payroll credit equal to the cost of the LTD deduction, which is taken on an after-tax basis. Because you are paying for these benefits on an after-tax basis, any LTD benefit payments will be non-taxable to you. Associates who are currently on any type of leave and previously chose to pay on a pre-tax basis prior to the start of their leave will be transitioned to after-tax when they return to work.

Work life benefits

As an eligible associate, you have access to the following work life benefits.



HOLIDAYS

Ten (10) scheduled paid holidays per year.¹



ADOPTION ASSISTANCE

Receive financial assistance for adoption-related expenses, up to \$15,000 per adopted child.



CAREGIVER LEAVE

Receive up to eight (8) weeks of paid caregiver leave to care for a loved one with a serious health condition.



MILK STORK

A breast milk delivery service for parents on business travel.



MYTIME AND PAID TIME OFF

Paid time off so you can re-charge, reconnect and balance your priorities.



PAID PARENTAL LEAVE

Receive up to 16 weeks of 100 percent paid parental leave. [Click here](#) to learn more.



BACK-UP CHILD AND ELDER/ADULT CARE

When your regularly scheduled caregiver is unavailable, schedule back-up care in a center or from the convenience of your home.



ADDITIONAL CAREGIVING SUPPORT

Access comprehensive support for child and elder/adult care needs.

To learn what happens to your work life benefits when you leave the organization, [click here](#).

¹ Based on company needs and client obligations, associates may be required to work on company holidays. If an associate is required to work on a company paid holiday, all time actually worked will be paid in addition to holiday pay. Check with your manager to confirm applicable schedule.

CONTINUED 

Popups

Page 25, Popup 1: Holidays

You are entitled to receive 10* scheduled paid holidays.

Holiday	Day/Date
New Year's Day	Monday, January 1
Martin Luther King Jr. Day	Monday, January 15
Presidents' Day	Monday, February 19
Good Friday	Friday, March 29
Memorial Day	Monday, May 27
Juneteenth	Wednesday, June 19
Independence Day	Thursday, July 4
Labor Day	Monday, September 2
Thanksgiving Day	Thursday, November 28
Christmas Day	Wednesday, December 25

** Based on company needs and client obligations, associates may be required to work on company holidays. If an associate is required to work on a company paid holiday, all time actually worked will be paid in addition to holiday pay. Check with your manager to confirm applicable schedule.*

Popups

Page 25, Popup 2: MyTime and Paid Time Off

We understand the importance of quality work life balance. Paid time off offers you the opportunity to recharge, reconnect and rebalance your life, and also provides you time to recoup from illnesses while receiving pay.

MyTime (for exempt associates)

MyTime empowers you to exercise good judgment and accountability to take the necessary time off for vacation, travel, doctor appointments, school meetings, and other family or personal needs. MyTime is not “unlimited” or “unregulated” paid time off. You are still responsible for getting advance approval from your manager, being mindful of your commitments to your team, being mindful of fairness and equity across your team, and ensuring you meet or arrange to meet your business commitments.

Accrued Paid Time Off (for non-exempt associates)

You immediately begin accruing PTO on your first day of work. How much you receive each calendar year is based on your length of service.

Non-exempt Associates (e.g., Nuveen Professional, Junior Professional, Administrative and Support Staff)		
If the associate has:	Standard Paid Time-Off Allowance (not including carryover)	Maximum Paid Time-Off Allowance
Less than 1 year of service	Up to 24 days pro rata (accrued monthly at 16 hours / month)	36 days (288 hours)
Met their 1st to 4th anniversary	27 days / year (accrued monthly at 18 hours / month)	41 days (328 hours)
Met their 5th to 19th anniversary	29 days / year (accrued monthly at 19.33 hours / month)	44 days (352 hours)
Met their 20th anniversary or beyond	32 days / year (accrued monthly at 21.33 hours / month)	48 days (384 hours)

Although PTO is shown in days, you accrue PTO in hours (or portion of hours). At the end of each year, non-exempt associates may carry over all of their accrued, unused PTO hours to the following year. When associates reach the maximum PTO allowance shown in the chart above, PTO will stop accruing and will only begin accruing again after a portion of it is used.

This schedule applies to newly hired and/or rehired associates and assumes an eight-hour workday. Hours accrued by part-time associates will be prorated based on the associate’s scheduled hours. Please refer to the [PTO policy](#) on HR Services for more information.

Community service

TIAA associates are encouraged to use up to eight hours of paid time off per year to participate in company-arranged community service projects. Nuveen associates are encouraged to use up to 16 hours. Please refer to the [PTO policy](#) on HR Services for more information.

Popups

Page 25, Popup 3: Adoption Assistance

Through Progyny, associates may be reimbursed for eligible adoption expenses up to \$15,000 per adopted child (if both parents work for TIAA, only one parent will be eligible for this benefit per adopted child).

When the adoption is final, you will need to submit a request for reimbursement to Progyny and include a copy of the adoption decree and proof of all payments. Adoption expenses include, but are not limited to, agency and legal fees and travel-related expenses.

To learn more, contact Progyny at **866-882-6564**.

Page 25, Popup 4: Caregiver Leave

You may use Caregiver Leave for the following reasons:

- To care for a:
 - Child, spouse/domestic partner, parent, grandparent, grandchild or sibling who has a serious health condition. A serious health condition is an illness, injury, impairment, or physical or mental condition as defined under the Family and Medical Leave Act (FMLA).
 - Covered service member with a serious injury or illness if the associate is the spouse, domestic partner, child, parent, or next of kin of the covered service member.
- A qualifying exigency (urgent event) related to an associate's spouse/domestic partner, child, or parent who is a military member on covered active duty or who has been notified of an impending call or order to covered duty, including short notice deployment or military events and activities.

Page 25, Popup 5: Back-Up Child and Elder/Adult Care

Back-up care for the whole family

If your regularly scheduled care is disrupted and unavailable, you can find convenient, high-quality back-up care using Bright Horizons' network of vetted child care centers and in-home caregivers available across the country. Reserve care for your child in one of over 4,000 centers with best-practice COVID-19 protocols in place at a cost of **\$15 per child or \$25 per family per day**. Or, reserve back-up care for your child, adult or elder loved ones with in-home care providers who must comply with specific health and safety guidelines and pay only **\$6 per hour**.

If you prefer to use out-of-network care, such as a friend or family member*, you can be reimbursed **\$65 per day**. Through TIAA's back-up care program, each associate can **use up to a total of 30 visits per year of back-up care (child care and elder/adult care combined)**.

Reservations are required prior to accessing your back-up care benefit. Complete your care profile on the [Bright Horizons](#) site for future care reservations.

Note: Back-up care services may be taxable to you and included as imputed income in your wages if the fair market value of back-up care services you receive in a calendar year, combined with your dependent care FSA election (if any), exceeds \$5,000.

** An associate's household members are not eligible for reimbursement when using a friend or family member for back-up care.*

Popups

Page 25, Popup 6: Milk Stork

Milk Stork is a breast milk delivery service to help business traveling parents maintain their commitment to breastfeeding by providing them with everything they need to ship or carry their breast milk home quickly and safely. **The organization will cover the cost of this service for nursing parents who are on business travel.**

How it works

1. Schedule your service by calling **877-242-1306** or visiting milkstork.com/tiaa (*Note: You will use your company email address to register*). Milk Stork will send you the shipping box*, cooling pack, storage bags and a prepaid FedEx Priority Overnight shipping label directly to the concierge desk at the hotel where you will be staying.
2. Pump according to your regular nursing schedule and refrigerate your milk.
3. Pack your Milk Stork cooler. Click [here](#) for packing instructions.
4. You have the option to ship your cooler of milk home or tote it with you.

Shipping instructions

1. **To ship:** Schedule a FedEx pick-up on your own, through the hotel or office location, or drop off at a FedEx location or drop box before the overnight cut off time.
2. **To tote:** Carry your cooler of milk home with you as a carry-on or check it as luggage using travel bags that are provided.

How to place an order

To place an order, visit milkstork.com/tiaa using your company email address.

To learn more about how Milk Stork works, check out this [video](#).

** If traveling internationally, you must notify Milk Stork at least four business days in advance.*

Popups

Page 25, Popup 7: Additional Caregiving Support

When you need support for your family and loved ones, you can rely on **Bright Horizons**.

Full-time childcare solutions

Jump ahead on waitlists at Bright Horizons centers nationwide and take advantage of child care tuition discounts (up to 10 percent) at partner centers, find ongoing care with free access to Sittercity's premium database of sitters and virtual sitting or get personalized, discounted help from a local placement service for trained, screened nannies.

Education and homework help

Help your child stay on track with access to discounted tutoring and test prep services with these organizations:

Varsity Tutors	<ul style="list-style-type: none">• 20% off hourly rates for private and small group academic support and individual classes• 20% off academic and enrichment packages
Revolution Prep	<ul style="list-style-type: none">• 20% off hourly rates for private or small group academic support• 33% off and first month free for Adventure Math• 20% off private test prep
MarcoPolo Learning	<ul style="list-style-type: none">• 20% off monthly memberships• 65% off annual memberships

Additionally, you have access to personalized elder care support.

If you're caring for an aging loved one, assistance is available through **Bright Horizons Elder Care**. This service includes:

- Unlimited use of an online platform that will help you plan and coordinate care
- Ongoing support and personalized guidance from a dedicated, experienced Care Coach
- In-home assessments to determine a customized care plan based on your loved one's needs
- Legal and financial assistance, including free initial consultations and discounted legal services
- Specialized referrals to local service providers

Access [Bright Horizons Elder Care](#) to learn more.



TUITION REIMBURSEMENT

If you take advantage of the Tuition Reimbursement program for an undergraduate or graduate degree and are interested in pursuing a second degree, you may take advantage of the Tuition Reimbursement program again, provided at least three years have passed since you earned your degree and any tuition-related reimbursements from the organization.

WORK LIFE BENEFITS

GROUP VOLUNTARY PLANS

Work life benefits (continued)



REWARD AND RECOGNITION +

Easily connect, celebrate and appreciate colleagues who are making a difference.



EMPLOYEE ASSISTANCE PROGRAM (EAP) +

Get help managing stress, work-related issues, depression and more.



COMMUTER BENEFITS PROGRAM +

Pay for e-transit, carpool and parking expenses associated with your commute to work on a pre-tax basis.



MY HOMEWORK CONNECTION +

Access expert tutors online who can provide you and your dependents with on-demand assistance with homework.



COLLEGE COACH +

Receive personalized help through direct coaching on any college concern.



TUITION REIMBURSEMENT +

Receive reimbursement for tuition and books for an undergraduate and graduate degree.



TOASTMASTERS +

Improve your communication, public speaking and leadership skills.



CORPORATE DISCOUNTS +

Take advantage of savings on computers, electronics, theme parks, travel, car rentals, hotels, retail shopping and more!



EDUCATION SPECIAL NEEDS +

If you're concerned about your child's educational development, this program offers one-on-one expert guidance and more.



FINANCIAL WELLBEING +

Learn about all of the resources available to support your financial wellbeing, including financial advising and will-writing services.

Popups

Page 26, Popup 1: Reward and Recognition

The Reward & Recognition (R&R) program gives you the opportunity to formally recognize associates who are making a difference – those who live our values and contribute beyond their job responsibilities, support our vision and culture, and help the organization drive success.

It's easy to say thank you or congratulations with:

- **eCards** – recognize a colleague or a team
- **Bronze, Silver and Gold Awards** – the Nomination Wizard walks you through the nomination process
- **Milestone Service Anniversaries** – celebrated with a personalized yearbook and special award
- **Social Wall** – view colleagues' recognition for work that makes a difference
- And more!

Check the [Reward & Recognition site](#) today.

Page 26, Popup 2: Tuition Reimbursement

The organization supports you continuing your education through the tuition reimbursement program. This program reimburses full-time associates receiving a performance rating of 3 or better* for eligible expenses, including tuition and books, related to pursuing an undergraduate and/or graduate degree, up to \$8,000 annually. If you received tuition reimbursement from the organization for an undergraduate or graduate degree, **you can receive reimbursement for a second undergraduate or graduate degree**, provided at least **three years** have passed since you earned your degree and any tuition-related reimbursements from the organization.

You must submit an itemized invoice of tuition fees and book expenses as well as official grade reports showing successful completion of each course (C or better) through the [Tuition Reimbursement website](#).

To take advantage of this program, you will need to:

- Apply for preapproval of class(es)
- Pay for educational expenses to the school
- Complete your class(es) with a sufficient grade
- Submit final grade, completion report and detailed paid receipts for qualified expenses (including books)

The organization will reimburse you within one to two pay cycles, up to the annual limit, upon receipt of the documentation listed above and approval of the application request. When you register for courses at colleges and universities that are in the [EdAssist Education Network](#), you can take advantage of further discounts on tuition, reduced or waived fees, including benefits for family members and dedicated contacts.

For more information, [click here](#).

** The performance rating requirement is only applicable for associates who have been through a performance review cycle.*

Popups

Page 26, Popup 3: Employee Assistance Program (EAP)

The EAP (or Aetna Resources for Living) administers our work life benefits to help you manage the challenges of work life. The EAP can help you identify specialists to meet your health and wellness needs. Dedicated work/life specialists are available to help you meet your work life demands and can provide you with information on a wide variety of work life services, including:

- Stress and/or depression
- Mental illness
- Workplace issues
- Marital/family/relationship problems
- Divorce
- Parenting
- Alcohol and drug abuse/dependency/codependency
- Eating disorders
- Legal services (i.e., wills, estate planning, mediation services)
- Financial services (i.e., budgeting, credit and debt issues, financial planning)
- And more

Looking for behavioral health support? Counselors are available onsite in the Charlotte, Denver, Lewisville and New York offices. For more information, including scheduling details, visit the Mental Health page on HR Services.

To access the EAP, call Aetna Resources for Living at **844-4-TIAAHR (844-484-2247)**, option 7 then option 3. You may also use HR Services and access the Employee Assistance Program (EAP) page for more details, or log on to resourcesforliving.com (username: **TIAA**; password: **LiveWell**) (or click [here](#)) and select the **Services** tab, then **Worklife benefits**.

Page 26, Popup 4: Toastmasters

Toastmasters International is a nonprofit educational organization that helps members improve their communication, public speaking and leadership skills. To learn more about Toastmasters, [click here](#).

Popups

Page 26, Popup 5: Commuter Benefits Program

The commuter benefit program enables benefit eligible associates to pay for eligible public transportation and parking expenses associated with their commute to work on a pre-tax basis (subject to allowable monthly maximums set by the IRS). HealthEquity offers a variety of convenient payment methods associated with their account. The monthly pre-tax limits are set by the IRS. Any amount that you elect above these limits will be deducted from your pay on a post-tax basis. If you have any unused pre-tax commuter funds when your employment ends, those contributions will be forfeited and go back to the program, in accordance with IRS rules.

How can I participate in the Commuter Benefit Program?

You must enroll by the **fourth day of the month**; participation will become effective the following month. For example, if you enroll on February 4, your benefit will become effective March 1, with deductions starting with your first paycheck in March. If you terminate employment or go on a leave of absence, your enrollment will be cancelled subject to the HealthEquity processing deadline. When returning from your leave, you must re-enroll in the benefit by logging on to my.healthequity.com. (**Note:** It can take up to 10 days for your system access to be restored.)

Effective September 2023, if you enroll in the commuter benefits program and earn a base salary of \$100,000 or less, the organization will contribute up to \$100 to your monthly commuter election every month you are eligible. If at any point your salary exceeds \$100,000, you will no longer be eligible.

What do I need to do if I choose to cancel?

If you want to have the deductions stopped from your pay for the following month or wish to revise the amount you contribute, you must take action by the **fourth day of the month** by logging on to HealthEquity to update your election. There are two ways to log in to take advantage of this benefit:

1. To access from a work computer, [click here](#).
2. By visiting my.healthequity.com and using the username and password you created the first time you ever logged in using this method.

HealthEquity Commuter Debit Card

You can use the HealthEquity commuter debit card to pay for monthly transit passes or eligible parking expenses at or near your workplace, at or near public transportation that is used to get to work, and at park-and-ride facilities used to get to work. The card works like a credit card. Once you assign the dollar value you want stored, HealthEquity will “fill” the card by the 25th of the month in advance of the next month’s benefit. You can then use the card to purchase transit tickets and passes at select vending machines, ticket windows and other locations. Your card is only valid for eligible parking and commuting expenses under IRS rules at parking providers and garages where the Visa card is accepted. Please check with the parking or commuter vendor to ensure they will accept the card prior to creating your election.

To activate your HealthEquity commuter debit card, call **844-4-TIAAHR (844-484-2247)**, option 5 then option 5, and follow the instructions. To use your card for eligible parking expenses:

Activate your card.

Swipe it when you make your purchase.

Debit or credit? Choose “credit” when entering the payment type (even though this isn’t a credit card).

For more details about your commuter benefits, [click here](#) and select a commuter program and click **About This Program**. You may also call through HR Services at **844-4-TIAAHR (844-484-2247)**, option 5 then option 5, Monday through Friday, 8 a.m. to 8 p.m., ET.

Popups

Page 26, Popup 6: Corporate Discounts

We have established several corporate partnerships that provide associates with a variety of discount and savings opportunities that are not necessarily available to the general public. To learn more about the discount program, [click here](#).

Page 26, Popup 7: My Homework Connection

In partnership with Tutor.com, My Homework Connection puts you and your dependents in contact with expert tutors who can provide online one-on-one, on-demand, assistance with homework — at no cost to you. My Homework Connection offers:

- Five (5) hours of tutoring per month per dependent
- One-on-one assistance from expert tutors — no appointments necessary
- Assistance in all core subjects, grades K-college, any time of the day or night*
- Higher level tutoring for college-level students
- A safe, secure web environment
- Chat, web browsing, equation editor and other helpful tools for interactive learning

You, your spouse and dependents may access My Homework Connection online 24 hours a day, 7 days a week. For more details, [click here](#).

Need assistance accessing My Homework Connection? Contact helpdesk@lifecare.com.

** Limited availability to tutors on four major holidays.*

Page 26, Popup 8: Educational Special Needs

Through our partnership with EdAssist/Bright Horizons, the Education Special Needs program offers assistance for associates who may be concerned with their child's development. This program offers customized content, eGuides, organizational tools, Ask the Expert, over 20 webinars on various topics, one-on-one expert guidance sessions and more at no cost to you. Visit clients.brighthorizons.com/tia and enter the Employer Code: **Benefits4You**, to complete your registration.

Popups

Page 26, Popup 9: College Coach

In partnership with Bright Horizons, College Coach offers personalized help with:

- Admissions
- Essay writing
- College financing
- And more.

You can also access workshops and powerful tools to help you and your child manage the stressful college application process. To access this company-paid benefit, register at clients.brighthouse.com/tiaa.

Page 26, Popup 10: Financial Wellbeing

No matter where you are on your financial wellbeing journey, the My Smart Money site can help you with financial basics, planning for the future and planning for the unexpected. From the TIAA network, visit mysmartmoney-tiaa.org for tips, workshops, webinars, videos and more.

You can also assess your personal finances with the My Smart Money Score and get recommendations for securing your finances at mysmartmoneyscore.com.

Family Medical Leave

Under the federal Family and Medical Leave Act (FMLA), if you are an eligible full-time or part-time associate, you may take up to 12 work weeks of unpaid leave based on a retrospective 12-month rolling period for:

- Your own serious health condition;
- The care of a child, spouse, domestic partner or parent with a serious health condition; or
- The birth, adoption or state-approved foster care of a child.

Eligible associates may be entitled to up to 26 weeks of FMLA leave for the care of a covered service member for injuries or illness that was incurred by or aggravated while on active duty. Certain states (CA, NY, NJ and RI) also offer wage replacement benefits for eligible associates with certain family needs.

For more details about FMLA, how it coordinates with short-term and long-term disability benefits, state family leave benefits, paid parental leave benefits, and any eligibility requirements, review our [Leaves of Absence Guide](#) and our Leaves of Absence policy.

What other important information do I need to know about family medical leave? [+](#)

What if I need to take a leave of absence? [+](#)

What is the Total Absence Management Tool? [+](#)

Popups

Page 27, Popup 1: What other important information do I need to know about family medical leave?

During an unpaid leave of absence, you may keep your medical, dental, vision and supplemental/dependent life insurance in effect. You will be sent an invoice to pay for your coverage while on leave. During a paid leave of absence (or short-term disability), coverage will remain in effect and payment will be made through payroll deductions (when the absence is paid through payroll). PTO for non-exempt associates will be applied for any approved stand-alone continuous or intermittent unpaid FMLA absence, unless you request unpaid time off.

Page 27, Popup 2: What if I need to take a leave of absence?

Be sure to check out our [Leaves of Absence Guide](#), which includes important information for associates and managers for both scheduled and unscheduled absences, including those related to disability, parental, military leaves and more. Associates must consult with MetLife, our leave administrator, to request a leave of absence. In addition, if your state offers wage replacement benefits, MetLife may refer you to your state for more information.

Page 27, Popup 3: What is the Total Absence Management Tool?

You have access to a Total Absence Management tool, which allows you to see your FMLA balance and manage your disability and absence requests, including:

- Filing a claim or submitting an absence
- Reviewing your absence history
- Checking the status of a claim or balance
- Downloading and printing important forms.

To get started, you can watch a quick tutorial by clicking [here](#). To access the Total Absence Management tool or request a leave, click [here](#) or visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) if you are not logged on to the TIAA network. You can also call MetLife through HR Services at **844-4-TIAAHR (844-484-2247)**, option 6 then option 1.

Group voluntary plans

You have access to several group voluntary plans, including a Legal Assistance Plan, Identity Theft Protection, Auto/Home Insurance, Critical Illness and Accident Insurance, which are all available at **group rates**.

Note: These voluntary plans are not sponsored or endorsed by TIAA or part of TIAA's associate benefits program. They are voluntary programs that you may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by these plans.



LEGAL ASSISTANCE PLAN +

Provides access to quality, affordable legal representation.



AUTO/HOME INSURANCE +

Group discounts, superior customer service and valuable coverage for a range of property and liability protection.



IDENTITY THEFT PROTECTION +

Coverage in the event you become a victim of identity theft or fraud.



ACCIDENT INSURANCE +

Provides a financial cushion for life's unexpected events when your family needs it most.



CRITICAL ILLNESS +

Provides financial support when you or a covered loved one becomes seriously ill.

DID YOU KNOW?

If you elect supplemental life insurance, you have access to free will preparation and estate planning services through MetLife Legal Plans.

Popups

Page 28, Popup 1: Legal Assistance Plan

The MetLife Legal Plan provides access to quality, affordable legal representation for you and your dependents, including your domestic partner. For \$20.75 per month, this offering provides easy access to a nationwide network of over 14,000 plan attorneys who provide legal advice and representation for a variety of matters, including will/trust preparation, real estate, document review and preparation, and more. There are no copays or deductibles and no claim forms to complete when you use a network attorney.

Keep in mind that unless you are within 30 days of your hire date, the Annual Enrollment period each year is your only opportunity to enroll in the Legal Assistance Plan. Also, once enrolled, you may not drop coverage until the following Annual Enrollment period.

IMPORTANT! If you wish to drop coverage, you will need to **actively** call to **dis-enroll during Annual Enrollment**; otherwise, it will **automatically renew**.

The plan covers the following legal matters*:

- Preparation of wills
- Family law (including divorce)
- Immigration assistance
- Elder law
- Real estate matters
- Document preparation (deeds, affidavits, mortgages, etc.)
- Traffic offenses
- Personal property protection
- Financial matters (debt collection defense, bankruptcy)
- Defense of civil lawsuits
- Consumer protection

To enroll in this plan, [click here](#).

Note: This voluntary plan is not sponsored or endorsed by TIAA or part of TIAA's benefits program. You may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by this plan.

** Group legal plans are provided by MetLife Legal Plans, Inc., a MetLife company, Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. Programs offered by MetLife and its Affiliates contain certain exclusions and terms for keeping them in force.*

Popups

Page 28, Popup 2: Auto/Home Insurance

Farmers auto and home insurance* provides group discounts, superior customer service and valuable coverage for a range of property and liability protection that **you can purchase at any time during the year**, including:

- Car (including motorcycle)
- Boat
- Recreational vehicle
- Landlord's rental dwelling
- Personal excess liability
- Renter's coverage

To get a quote, [click here](#).

Note: This voluntary plan is not sponsored or endorsed by TIAA or part of TIAA's benefits program. You may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by this plan.

** Advertisement produced on behalf of the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance (a MA & MN licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local representative or the company.*

Popups

Page 28, Popup 3: Identity Theft Protection

In today's world, a little extra protection is always a good thing. Allstate Identity Protection has industry-leading technology that detects fraud at the source to catch misuse sooner and minimize damages. Through this plan, you will have coverage worth up to \$1,000,000 in the event you become a victim of identity theft or fraud. **You can purchase this coverage at any time throughout the year.** Tools and services include:

Tri-bureau credit monitoring

- Monthly credit scores, plus a full report each year
- Social media reputation monitoring
- Digital exposure report
- Digital wallet storage and monitoring
- Password management solution
- Dedicated Privacy Advocate

How much does the Identity Theft Protection Plan cost?

- \$9.95 per person per month
- \$17.95 per family per month*

To enroll in this plan, [click here](#).

Note: This voluntary plan is not sponsored or endorsed by TIAA or part of TIAA's benefits program. You may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by this plan.

** Family coverage is available for individuals that are supported by you financially or live in your home.*

Popups

Page 28, Popup 4: Accident Insurance

Accident insurance coverage through MetLife provides financial relief for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once). It pays a benefit if you receive medical services, treatment, have tests or care for one of more than 150 covered events (as defined in your group certificate), including:

- Fractures
- Dislocations
- 2nd and 3rd degree burns
- Skin grafts
- Torn knee cartilage
- Concussions
- Cuts/lacerations
- Eye injuries
- Coma
- Broken teeth

Keep in mind that unless you are within 30 days of your hire date, the Annual Enrollment period each year is your only opportunity to enroll in accident insurance coverage. Call MetLife at **888-982-7972** to change your enrollment as a result of a qualifying life event or to drop your coverage.

To enroll in this plan, [click here](#).

Note: This voluntary plan is not sponsored or endorsed by TIAA or part of TIAA's benefits program. You may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by this plan.

Popups

Page 28, Popup 5: Critical Illness

Upon diagnosis, **Critical Illness coverage through MetLife**, provides you with a lump-sum payment of \$10,000 or \$20,000 in initial benefits. The total benefit amount available is 5 times that of the initial benefit amount, which is \$50,000 or \$100,000, in the event that you or a loved one experience more than one covered condition, such as:

- Full benefit cancer¹
- Partial benefit cancer¹
- Heart attack
- Stroke²
- Major organ transplant
- Coronary artery bypass graft³
- Kidney failure
- Alzheimer's disease⁴
- Occupational HIV⁵
- 2 listed conditions

Keep in mind that unless you are within 30 days of your hire date, the Annual Enrollment period each year is your only opportunity to enroll in critical illness coverage. Call MetLife at **888-982-7972** to change your enrollment as a result of a qualifying life event or to drop your coverage.

To enroll in this plan, [click here](#).

Note: This voluntary plan is not sponsored or endorsed by TIAA or part of TIAA's benefits program. You may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by this plan.

¹*Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH sitused cases and NH residents, there is an initial benefit of \$100 for all other cancer.*

²*In certain states, the covered condition is severe stroke.*

³*In NJ sitused groups, the covered condition is coronary artery disease.*

⁴*Please review the outline of coverage for specific information about Alzheimer's disease.*

⁵*The Occupational HIV benefit is not available with all plans or in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about the Occupational HIV benefit if it is available to you.*



RETIREMENT BENEFITS

HEALTH AND INSURANCE PLANS

GROUP VOLUNTARY PLANS

How to enroll Retirement benefits

For details on how to enroll in TIAA’s retirement plans, click on the  below for each plan.



RETIREMENT PLAN 



CODE SECTION 401(K) PLAN 



RETIREMENT HEALTHCARE
SAVINGS PLAN (RHSP) 



401(K) EXCESS PLAN 



RETIREMENT BENEFIT
EQUALIZATION PLAN 

**How do I designate my beneficiaries
and select my investments?** 

ACTION REQUIRED

Contributions to the Retirement and/or 401(k) plans are automatically invested in **RetirePlus®**, a moderate model portfolio that automatically manages investments to an anticipated retirement date closest to your 65th birthday, until you complete your enrollment and select your preferred investment allocations on [TIAA.org/myretirement](https://www.tiaa.org/myretirement).

You won’t be able to transfer your contributions to certain investments or have all distribution options available to you until you complete these steps.

Popups

Page 29, Popup 1: Retirement Plan

Enrollment in the Retirement Plan is automatic. To set up your investment allocations and beneficiaries, go to TIAA.org/myretirement and click on “**Ready to Enroll**”. Enrollment establishes your annuity contract, which will be mailed to you, and sets up your investments.

If you do not actively enroll and elect investment funds, you will still participate in the plan and receive contributions from the organization. These contributions will automatically be invested in a TIAA Lifetime Income Plus moderate model portfolio based on a projected retirement age of 65, unless you opt out and choose your own investments. You can change your investments at any time on tiaa.org. To learn more about the plan, [click here](#).

Page 29, Popup 2: Code Section 401(k) Plan

You can enroll in the 401(k) Plan on [Your Benefits Online](#) by selecting Savings & Retirement at the top of the home page.

Page 29, Popup 3: Retirement Healthcare Savings Plan (RHSP)

You can enroll in the RHSP on [Your Benefits Online](#) by selecting Savings & Retirement at the top of the home page.

Page 29, Popup 4: 401(k) Excess Plan

To contribute to the 401(k) Excess Plan, you must actively enroll via [Your Benefits Online](#) by clicking Savings & Retirement at the top of the home page. To change or discontinue your contribution election, visit [Your Benefits Online](#) and go to Savings & Retirement > Excess Plan > Change Contributions.

Page 29, Popup 5: Retirement Benefit Equalization Plan

Each year, the IRS limits the pay that can be used to calculate the organization’s contributions to the Retirement Plan on your behalf; in 2024, that limit is \$330,000. If your eligible earnings are over this amount, contributions based on your pay above the limit will be allocated to the TIAA Retirement Benefit Equalization Plan. If you are eligible, you will automatically be enrolled in the Retirement Benefit Equalization Plan. No action is required on your part.

Page 29, Popup 6: How do I designate my beneficiaries and select my investments?

You will need to visit TIAA.org/myretirement to designate beneficiaries for the Retirement Plan and 401(k) Plan and select where to allocate your investments. If you do not complete this process, your investments will be automatically invested in a TIAA Lifetime Income Plus moderate model portfolio based on a projected retirement age of 65 and your estate will be named your beneficiary.

DON'T FORGET TO NAME YOUR BENEFICIARIES!

When you enroll, be sure to complete your life insurance beneficiary designations on [Your Benefits Online](#) for all your life insurance coverage.

QUESTIONS?

If you have questions or need assistance, call [Your Benefits Online](#) at **844-4-TIAAHR (844-484-2247)**, option 2, then option 1. Customer Service representatives are available Monday through Friday, 8 a.m. to 6 p.m. ET.

Health and insurance plans

Enrolling for your health and insurance benefits is easy. Keep in mind that unless you are within 30 days of your hire date or experience a qualifying life event, the Annual Enrollment period each year is your only opportunity to make or change your health and insurance elections (including adding or dropping dependents).

Follow these **three easy steps** by clicking  below.



STEP 1
REVIEW 



STEP 2
ENROLL 



STEP 3
CHECK YOUR CONFIRMATION STATEMENT 

What actions do I need to take before I make my elections? 

How do I choose the plan that's right for me? 

Popups

Page 30, Popup 1: Step 1: Review

Log on to [Your Benefits Online](#) and review your benefit options for 2024. The system will take you through some key benefit options first, and then you'll want to review your Benefits Summary page to see if there are other elections you want to change. Be sure to carefully review your [2024 medical coverage options](#) and [compare the cost](#) across each plan so you understand which plan will best meet your needs.

Page 30, Popup 2: Step 2: Enroll

You can enroll in your health and insurance benefits one of three ways:

- **Online** – You can enroll through [Your Benefits Online](#) (single sign-on) or from a home computer by going to digital.alight.com/tiaa using the following browsers: Chrome 74+, Edge 17+, Firefox 67+, or Safari 11+. If you sign on outside of the TIAA network, log on using your login credentials. The first time you access the site, you'll need to register by clicking **New User?** under the **Log On** button. You will be asked to verify your identification so you can create your **unique username and password**.
- **Phone** – [Your Benefits Online](#) representatives are available to take your elections and answer questions by calling **844-4-TIAAHR (844-484-2247)**, option 2 then option 1, Monday through Friday, 8 a.m. to 6 p.m. ET. During Annual Enrollment, representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET. **When you call**, you will be asked to verify your identification.
- **Alight Mobile App** – You also have the option to make your elections using the **Alight Mobile app** on your mobile device. To download the app, go to the **App Store** or **Google Play**, or text **“Benefits”** to **“67426”** to receive a direct link.

Need help? For questions or help, call **844-4-TIAAHR (844-484-2247)**, option 2 then option 1, or open the live chat window on [Your Benefits Online](#) from 8 a.m. to 6 p.m. ET. During Annual Enrollment, hours are 8 a.m., to 8 p.m.

Page 30, Popup 3: Step 3: Check your confirmation statement

After you have made your elections, carefully review your confirmation statement to be sure it reflects the options and coverage levels you want (carefully review any FSA elections to be sure you elected the correct account, since you won't be able to change your elections once the enrollment period ends).

Popups

Page 30, Popup 4: What actions do I need to take before I make my elections?

- ✓ **Review your costs for coverage** – The organization pays the majority of the premium costs for benefits. Your contributions toward the premiums for medical, dental and vision benefits, plus any contributions for the FSAs and/or HSA, are paid on a pre-tax basis from each paycheck. Long-term disability and supplemental life insurance deductions are made on an after-tax basis.
- ✓ **Consider participating in our wellness incentive program** – As part of our wellness incentive program, you can earn 10 percent off your medical contributions for completing wellness activities by the deadline, and Reward and Recognition points for completing other healthy activities.
- ✓ **Compare your benefit options** – Review the **medical plan comparison chart** to help you evaluate your benefit options and decide which plan best meets your needs for 2024. If you have other medical or dental coverage available to you (for example, through a spouse's employer), evaluate that coverage, too, to determine which offers the best value for you and your family at the most reasonable cost.
- ✓ **Understand how HSA and FSA contributions work** – If you elect to participate in an HSA or in one or both FSAs, remember that the contribution amount you enter when enrolling will be divided equally over your pay periods in the calendar year. [Click here](#) for an interactive comparison of the different health accounts. You can also view an HSA video on [Your Benefits Online](#) to learn more about this important account.
- ✓ **Review our voluntary plans** – Need legal advice? Are you looking for an insurance quote for your home or vehicle? You have access to several group voluntary plans at group rates to help you protect what's important to you. **Remember**, if you elect the **legal assistance plan** and you don't want this coverage the following year, you must **dis-enroll** or your election will **automatically renew** for the next plan year.
- ✓ **Take note if you are in a committed relationship with another person who is also employed by the organization** – If so, you can elect medical, dental and vision coverage for your spouse or domestic partner, provided your spouse or domestic partner opts out of those same programs. You or your spouse (not both) can elect to cover eligible dependent children under medical, dental, vision and child life insurance.
- ✓ **Name your beneficiaries** – During enrollment, be sure to complete your beneficiary designations for all your life insurance coverage. If you're considering a change in the amount of coverage you may need, take advantage of the Life Insurance Calculator on [Your Benefits Online](#).

For 2024, you also have the option to obtain medical coverage through a healthcare marketplace in the state where you live. For more information, refer to [healthcare.gov](https://www.healthcare.gov).

Page 30, Popup 5: How do I choose the plan that's right for me?

You can estimate your out-of-pocket costs under each medical option by using the **Medical Expense Estimator Tool**, which is accessible on [Your Benefits Online](#). Input estimated information about your anticipated medical and prescription needs for you and your family.

Group voluntary plans

To learn more about group voluntary plans, [click here](#).

When you are ready to enroll, you can do so online or by phone.

Voluntary Plan	Please visit...	Or contact...
<ul style="list-style-type: none"> • Critical Illness Insurance* • Accident Insurance* • Legal Assistance Plan* 	mybenefits.metlife.com	800-GETMET8 (800-438-6388)
<ul style="list-style-type: none"> • Auto and Home Insurance 	mybenefits.metlife.com	800-438-6381
<ul style="list-style-type: none"> • Identity Theft Protection 	myaip.com/tiaa	800-789-2720

Note: These voluntary plans are not sponsored or endorsed by TIAA or part of TIAA's benefits program. They are voluntary programs that you may purchase at your discretion. TIAA makes no representations about, nor is responsible for, the coverage or benefits offered by these plans.

** You may only elect these plans within 30 days of when you are first eligible or during Annual Enrollment. You may drop critical illness and accident insurance at any time. Once enrolled in the Legal Assistance Plan, you may not drop coverage until the following Annual Enrollment period. If you wish to drop coverage, you will need to call MetLife to cancel during Annual Enrollment; otherwise, it will automatically renew.*



Contacts and resources

If you have any questions about your benefit options, you can contact the right organization by [clicking here](#) or refer to your Summary Plan Descriptions.*

You can also access the following legal notices below by [clicking here](#).

- The Women’s Health and Cancer Rights Act and Mother’s Health Protection Act
- Notice of Creditable Coverage for Prescription Drug Coverage and Medicare
- Children’s Health Insurance Program (CHIP)
- Special Enrollment Rights
- HIPAA Privacy Notice
- Family and Medical Leave Act (FMLA)
- Notice Regarding TIAA’s Wellness Incentive Program

* To view your Summary Plan Descriptions, visit the [Plan Descriptions](#) page.