



Mutual Health Centers

HSA

24/7 Fitness Centers

Well360

Foodsmart

Medical

Dental

Health benefits as personal as you.

Vision

Telemedicine

Life insurance

Disability insurance

Your 2025 benefits guide

Enroll between Monday, October 28 and Tuesday, November 12

Why focus on value in healthcare?



Colleagues,

At Northwestern Mutual we know benefits are an important part of your overall Total Rewards. More specifically, we understand that quality, affordable medical coverage is important to you and your family and to your overall well-being. We do not believe that quality and affordability have to be mutually exclusive when it comes to healthcare. In fact, focusing on quality care often leads to lower expenses for you and for the company.

Addressing Medical Cost Inflation

2024 has presented another challenging year of high medical cost inflation, projected to approach 10% for the second consecutive year. Following this same trend, our healthcare costs continue to increase at NM. Premiums for 2025 medical plan options will reflect the actual costs of care in each respective plan. To counterbalance medical inflation and better manage our healthcare costs, we'll continue to evolve our health insurance in 2025 with new plan options for everyone, while also expanding access to our Centivo High Performance plans.

Centivo High Performance Plans

Expanding access to the Centivo High Performance plans reflects our commitment to quality of care. These plans offer better care in two key ways:

1. **Rigorous evaluation of providers:** All physicians in the provider network have been rigorously evaluated to ensure they are delivering exceptional medical care.
2. **Primary care physician (PCP) at the center:** Your PCP is at the center of all care, ensuring you are receiving the right care at every step.

Our data shows that employees who choose Centivo experience better health outcomes, including more primary care visits, fewer emergency room visits, and fewer hospital stays. Consequently, better care leads to better (and lower) costs. Employees in our Centivo plans have notably lower out-of-pocket medical expenses.

Make Informed Decisions

Open enrollment is your once-a-year opportunity to carefully review your health plan options and make a thoughtful choice. We know your life – and your healthcare needs – change from time to time, and we want you and your family to have the care you need. To support you, please consider attending one of the Benefits Spotlight Sessions leading up to Open Enrollment, where our benefits team will provide detailed explanations of your options.

Best regards,

A handwritten signature in black ink, appearing to read 'Todd Smasal'. The signature is fluid and stylized, with a large initial 'T' and 'S'.

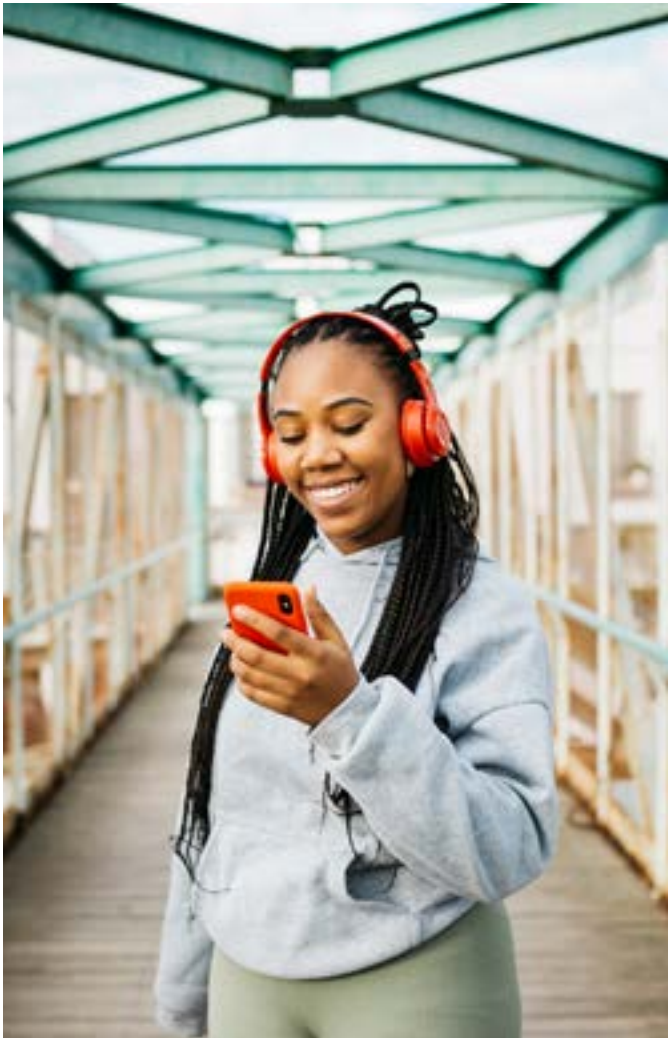
Todd Smasal
VP, Total Rewards & Campus Experience

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LGBTQ+ GUIDE

A guide for the LGBTQ+ community is available [here](#).



What's new for 2025

Each year, Northwestern Mutual looks at our offerings with the preferences and changing needs of our employees in mind, as well as the broader healthcare landscape. For 2025, we'll continue to evolve our health insurance with new plan options for everyone, while also expanding access to our Centivo High Performance plans. Our 2025 health plan options offer meaningful choice and flexibility for you and your family, while also helping us all partner together to address double-digit medical inflation nationally.

While there are changes to medical coverage there are no changes for dental or vision coverage for 2025. Please review the updates below, then read the rest of this guide for more details about each program.

Medical plans	<ul style="list-style-type: none"> We're expanding the Centivo plans in 2025 to be available not just in Eastern Wisconsin and the Greater New York City area, but also in Southern California, Central Florida, Des Moines, Denver and Dallas. Employees who reside in the Centivo coverage area will have three health plan choices for 2025: the Centivo High Performance Copay plan, the Centivo High Performance HSA plan, and a new UMR HSA plan. Employees who reside outside the Centivo coverage area will have two new health plan choices for 2025: a UMR HSA plan and a UMR Copay plan. The emergency room copay is increasing from \$200 to \$500 in the Centivo High Performance plans.
Premiums	<ul style="list-style-type: none"> Premium costs will vary and may be lower or higher than what you pay in 2024 based on the plan you select, who you cover and if you live in a Centivo coverage area. If you live in a Centivo coverage area in Eastern Wisconsin or the Greater New York City area: <ul style="list-style-type: none"> And you have Centivo this year and will remain with Centivo in 2025, you will see a small adjustment to premiums reflecting the increasing cost of healthcare. And you switch from a UMR plan to one of the Centivo High Performance plans, you will see premium cost savings in 2025 reflecting the overall lower cost and quality of care in the Centivo plans. And you choose the new UMR HSA plan, you will see higher premiums, reflecting that the costs of care in the UMR plan continue to rise. If you do not live in a Centivo coverage area in Eastern Wisconsin or the Greater New York City area: <ul style="list-style-type: none"> Premium costs for the 2025 UMR plans will be modestly higher than what you pay in premiums in 2024. These costs reflect the updated plan designs as well as the increasing cost of the plans overall.
Tobacco surcharge	<ul style="list-style-type: none"> The criteria for being considered tobacco-free in 2025 are being updated. For more details, please refer to page 21.
Family planning	<ul style="list-style-type: none"> Kindbody is replacing the family building services currently offered by Ovia and Progyny. Those currently in treatment with Progyny will receive transition information later this year.
Benefitfocus rebrand	<ul style="list-style-type: none"> Benefitfocus, the system used to make benefit elections, will now be called Benefitplace. Be sure to access Benefitplace between October 28 and November 12 to make your 2025 benefit elections.
PTO	<ul style="list-style-type: none"> PTO for non-exempt employees can be taken in 15-minute increments without the need to take one hour of PTO first. This change will go into effect on January 1, 2025.

Benefits enrollment is here

Enroll between Monday, October 28 and Tuesday, November 12, 2024.

Open enrollment is your once-a-year opportunity to make changes to your benefits. You can change plans, add or remove dependents, or enroll in or cancel coverage. We encourage you to review your benefits each year to determine the best options for you and your family.

Click [here](#) to enroll in Benefitplace (formerly Benefitfocus).

If you do not enroll during open enrollment, your coverage for 2025 will be:	
Medical	<p>Current Centivo High Performance plan members: current plan at your current coverage level</p> <p>Current HSA Select and Saver plan members:</p> <ul style="list-style-type: none">In the Centivo coverage area: Centivo High Performance HSA plan at your current coverage levelOutside the Centivo coverage area: new UMR HSA plan at your current coverage level
Dental	Your current plan at your current coverage level
Vision	Your current plan at your current coverage level
Health Savings Account (HSA)*	No payroll deduction, regardless of current election
Flexible Spending Accounts (FSAs)	No payroll deduction, regardless of current election
Tobacco surcharge**	Current surcharge will apply
Additional life insurance	Current election carries over
Legal plan	Current election carries over
No coverage in 2024	No coverage in 2025

*To receive the employer contribution, you must elect the HSA benefit during enrollment.

**Please review the new tobacco-free guidelines on page 21 to determine your tobacco status for 2025.

IMPORTANT! Changes can only be made after open enrollment if you have a life event, such as a birth, marriage or divorce, declaration or dissolution of a domestic partnership, a death in your family, a gain or loss of coverage or retirement. **No exceptions will be made if you do not take action during open enrollment.**

Benefit Spotlight Sessions

Come learn about your options for 2025 benefits. We will address frequently asked questions and share more about how to get the most value out of your health plans. **Your plan options and premiums may differ by location, so please sign up for the briefing aligned to your location.**

Benefit Spotlight Session - MKE/FR/NYC Employees (Employees who reside in the Centivo coverage area)

This session is specific to employees in Eastern Wisconsin and the Greater New York City area who reside in the Centivo coverage area. Not sure if you are in the Centivo coverage area? [Click here](#).

Date: October 14, 2024

Time: 10:30 a.m. – 11:30 a.m. CT

Location: Zoom only

Register: [At this link](#)

Benefit Spotlight Session - Employees in the new Centivo coverage areas (Remote employees who reside in one of the new Centivo markets)

This session is specific to employees who reside in one of our **new** Centivo coverage areas in Southern California, Central Florida, Des Moines, Denver and Dallas (look up your zip code [here](#) to see if you qualify).

Date: October 14, 2024

Time: 1:00 p.m. – 2:00 p.m. CT

Location: Zoom only

Register: [At this link](#)

Benefit Spotlight Session - Remote employees (Remote employees who do not reside in the Centivo coverage area)

This session is specific to employees who do not reside in the Centivo coverage area. Look up your zip code [here](#), if your zip code is not included, this is the session you want to attend.

Date: October 15, 2024

Time: 10:00 a.m. – 11:00 a.m. CT

Location: Zoom only

Registration: [At this link](#)

If you miss any of these important sessions, view the recordings [here](#).



How do I get healthcare before I receive my insurance cards?

Provide the following information to your healthcare provider:

- Insurance carrier name
- Group number
- Effective date of coverage
- Tell them you newly enrolled in coverage at Northwestern Mutual recently and haven't received your insurance card yet

Medical	Prescription	Dental	Vision
Centivo 1-833-452-2888 Group # NWM01 UMR 1-800-259-0125 Group # 76-414076	CVS Caremark 1-866-215-1050 Group # 6086	Delta Dental 1-800-236-3712 Group # 50112 Anthem 1-844-729-1565 Group # 210048	Anthem Blue View Vision 1-866-723-0515 Group # 210048

Mutual Health Centers

HSA

24/7 Fitness Centers

Well360

Foodsmart

Health

Dental

Medical+prescription insurance as detailed as your weekend plans.

Vision

Telemedicine

Life insurance

Caremark

FSA

Teladoc

Employee Cash Balance

401K

Medical plan options based on location

Your medical plan and prescription coverage needs are different at every age and stage in life. Whether you're facing a serious health challenge or looking to keep your family's health on track, peace of mind comes from knowing you're covered.

For 2025, we have updated our medical plan offerings. Be assured that all plans provide the same comprehensive coverage, from unexpected emergencies and hospital visits to routine expenses such as preventive care, mental health and physician visits. Benefit needs change and should be reviewed annually to ensure your elections meet the changing needs of you and your family.

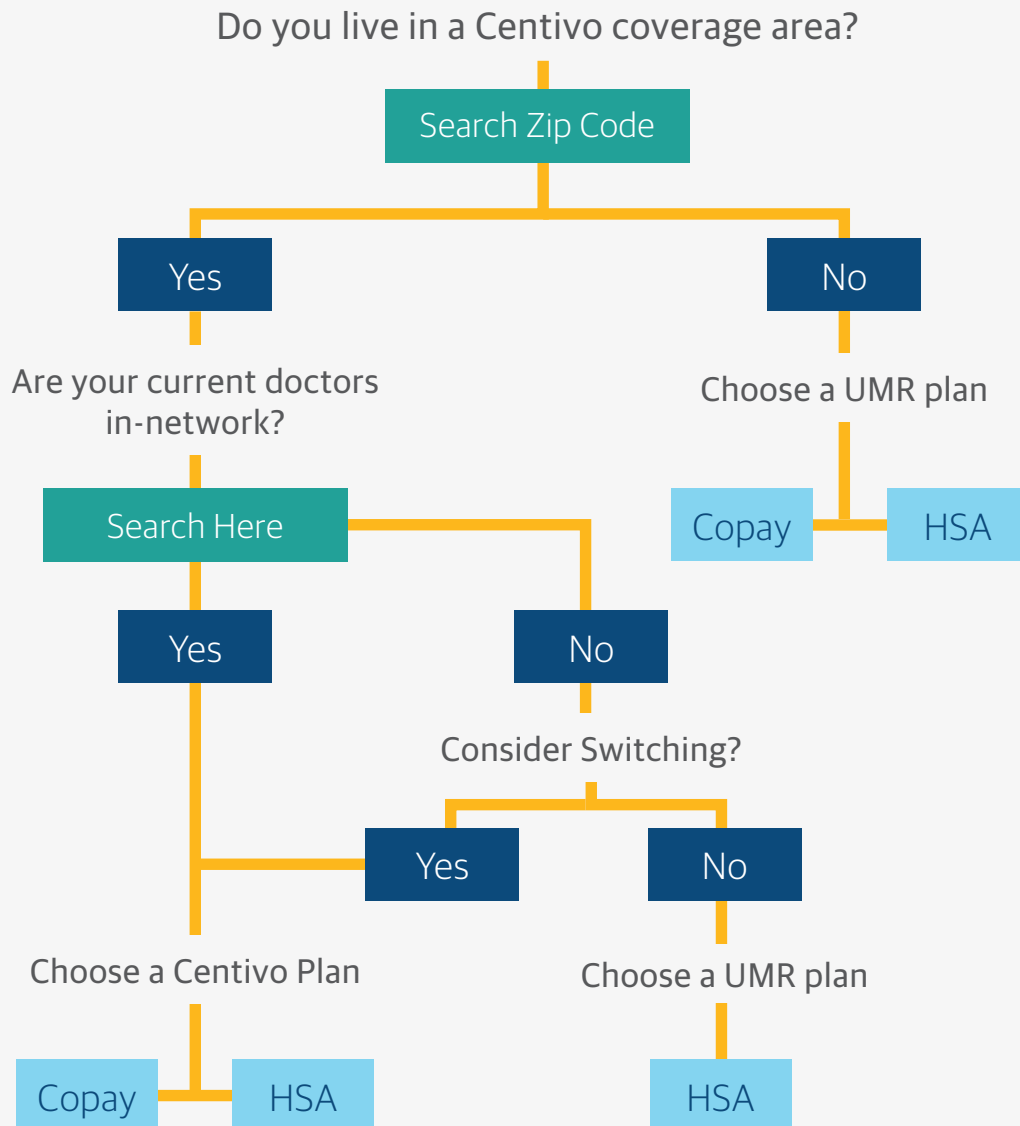
Want to speak with a Centivo expert to get your questions answered? Sign up [here](#) for a private 15-minute call.

Available to employees who live in Eastern Wisconsin, the Greater New York City area, Southern California, Central Florida, Des Moines, Denver, and Dallas	
Centivo High Performance Copay plan	Centivo High Performance HSA plan
Centivo High Performance network	
Higher premium and no deductible	Lower premium and higher deductible
Not HSA eligible	HSA eligible with company contribution
Primary care centered model No deductible Free primary care Copays for all other services All services at the Mutual Health Center are free	Primary care centered model Free primary care after deductible Copays for all other services after deductible All services at the Mutual Health Center are free after deductible

Available to employees who DO NOT live in a Centivo coverage area	Available to all employees
UMR Copay plan	UMR HSA plan
UnitedHealthcare Choice Plus network	
Higher premium and lower deductible	Lower premium and higher deductible
Not HSA eligible	HSA eligible with a company contribution
Copays apply after deductible Copays count toward out-of-pocket maximum	Coinsurance applies after deductible Lower coinsurance levels for use of Premium Tier 1 providers and Freestanding Facilities

Thinking about switching to Centivo?

Use the diagram below to determine if a Centivo High Performance plan is right for you and your family.



Centivo provider network

The Centivo High Performance network is available in several cities across the U.S.

Plus, urgent care is covered as in-network when outside the Centivo network, and emergency care is covered as in-network no matter where you are.



With Centivo, the network of doctors has been built with quality of care top of mind. Physicians must meet stringent quality standards to be included in this network. In addition to independent PCPs, specialists, urgent care centers, labs and imaging centers, you'll have access to:

- **In Eastern Wisconsin**, many healthcare systems and providers are in the Centivo network, including Ascension, Froedtert & Medical College of Wisconsin, ProHealth Care, Independent Physicians Network, Children's Hospital, Door County Medical Center, Rogers Behavioral Health, SSM Health and Prevea Health. **Advocate Aurora is not in the Centivo network.**
- **In the greater New York City area**, the Centivo network includes 20,000 high-quality healthcare providers and nearly 50 hospitals across metro New York City, Connecticut, and New Jersey – from leading health systems such as Mount Sinai, Montefiore, Catholic Health Services of Long Island, Atlantic Health System and Nuance Health.

For 2025, we are adding new Centivo markets to the Centivo coverage area.

- **Central Florida** market includes Halifax Health, Orlando Health, and AdventHealth in Tampa.
- **Dallas Texas** market includes Baylor Scott & White, Catalyst Health Group, Children's Health, Cook Children's, Methodist Health System (excluding Methodist Southlake and Methodist Midlothian hospitals) and Scottish Rite.
- **Southern California** market includes MemorialCare, PIH Health, Scripps and UCLA Health.
- **Greater Denver** market includes AdventHealth, CommonSpirit, Children's Hospital Colorado, Academy Park Pediatrics, Partners in Pediatrics, Integrated Physician Network, and Pediatric Pathways.
- **Greater Des Moines** market includes MercyOne Health System.
- **The Mutual Health Centers** are part of the Centivo provider network. You can select a Mutual Health Center provider as your PCP from the Centivo app or member portal after you enroll.
- In addition, you'll have access to national providers such as Labcorp and Davita, and virtual providers including Array Behavioral Health and others.

Options for dependents living away from home

- If you have a dependent who lives or goes to school outside the Centivo coverage area, you may still consider a Centivo plan by having them pick an in-network PCP that offers virtual visits. This will allow them to see their doctor virtually when they are away from home. They can also use virtual primary care for acute needs, and **urgent or emergency care will always be covered** as in-network when they are away from home.
- If your dependent sees a doctor on a frequent basis who is not in the Centivo network, their care will be considered out-of-network, so you may wish to choose a UMR plan.



Download the Centivo app. Centivo prides itself in providing a great member experience, including technology that helps you navigate your healthcare and get the most out of your benefits.

Find out if your doctors are in the Centivo network! Visit nm.centivo.com.



Centivo High Performance Copay and HSA plans

Available to employees in Eastern Wisconsin, the greater New York City area, Southern California, Central Florida, Des Moines, Denver and Dallas. Check the [Centivo zip code list](#) to see if your home zip code is included in the Centivo coverage area.

For 2025, we will again be offering two Centivo High Performance plans to employees who reside in Eastern Wisconsin and the greater New York City area. **NEW for 2025**, these plans will also be available to employees in Southern California, Central Florida, Des Moines, Denver and Dallas. If you live in one of these coverage areas, it's important to take the time to understand the High Performance plans and determine if they will work for you and your family in 2025.

The **Centivo High Performance HSA plan** is an HSA-eligible plan with free preventive care, a company contribution to an HSA, free Mutual Health Center visits after the deductible is met and copays on all services after the deductible is met.

The **Centivo High Performance Copay plan** offers zero deductible, 100% free primary care, free Mutual Health Center visits and copays for all other services. This plan is not Health Savings Account (HSA) eligible and there are no company contributions to the HSA. However, you can use funds in your HSA to pay for eligible expenses with this plan.

Both Centivo High Performance plans are centered around a partnership between you and your Primary Care Provider (PCP), who you choose from a network of high-quality providers. Your PCP will lead the team that coordinates your healthcare experience. This results in fewer hassles getting the care you need.

Here are some important things to know about the **Centivo High Performance plans**:

- Each family member must select a network PCP. You can change your PCP at any point, but you must use the PCP you have chosen for your care needs. **Note: If you are already on a Centivo plan and have activated a PCP you do not need to reactivate.** Your PCP elections will carry over into the new plan year.
- The PCP you select will serve as your first point of contact for all medical care and referrals to specialists, called guided care.
- If you need to see a specialist, **you must first get a referral for that specialist from your selected PCP.** Referrals are valid for 12 months, and you can see the specialist as often as needed. If you see a specialist without a referral (unguided care), you will pay a higher cost for care, similar to going out-of-network.
 - Referrals are NOT needed for OB/GYN, emergency room or urgent care, behavioral health, labs and x-rays, preventive care, or therapies, including physical, speech, occupational, and chiropractic care.

Don't know if you live in a Centivo coverage area? Click [here](#) to see if your home zip code is in the network.

Pay and Educate

We know change is difficult, and we don't always get it right the first time. Pay and Educate provides members on a Centivo plan who may have forgotten to elect a PCP or get a referral, an opportunity to have their first visit covered as in-network and receive a reminder on the plan rules.

No Control Providers

In healthcare there are situations that are not within your control; things like emergency transport or which doctors support a surgical procedure. These types of situations are considered **no control** and are covered under your in-network benefits.

Centivo High Performance plans

The Centivo High Performance plans utilize the Centivo High Performance network. These plans are available to employees in Eastern Wisconsin, the greater New York City area, Southern California, Central Florida, Des Moines, Denver and Dallas.

Feature	High Performance Copay plan		High Performance HSA plan	
	In-network / Guided care ¹	Out-of-network / Unguided care ¹	In-network / Guided care ¹	Out-of-network / Unguided care ¹
Dependent eligibility	Spouse or qualified domestic partner; children through the end of the month they turn age 26, regardless of their student, marital or tax status.			
Aggregate vs. embedded	Aggregate deductible Embedded out-of-pocket maximum An aggregate deductible requires the full deductible amount to be met for your coverage tier before the plan begins paying. With an embedded out-of-pocket maximum, a covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount, even when on a family plan.			
Annual deductible (medical and Rx) Employee/employee + spouse or child(ren)/family	\$0	\$3,250 / \$6,500 / \$9,750	\$1,650 / \$3,300 / \$4,950	\$4,000 / \$8,000 / \$12,000
Annual out-of-pocket maximum (medical and Rx; includes deductible) Employee/employee + spouse or child(ren)/family	\$3,900 / \$7,800 / \$11,700	Unlimited	\$3,300 / \$6,600 / \$9,900	Unlimited
Annual employer HSA contribution (Employee/employee + spouse or child(ren)/family)	Not eligible		\$500 / \$1,000 / \$1,500 Funded quarterly	
Coinsurance	n/a	60%	n/a	60%
Preventive care	100%	60%	100%	60%
Primary Care Physician (PCP) office visit	Free	60% after deductible	Free after deductible	60% after deductible
Specialist office visit	\$50 copay	60% after deductible	\$50 copay after deductible	60% after deductible
Inpatient hospital expenses	\$750 copay	60% after deductible	\$750 copay after deductible	60% after deductible
Outpatient facility expenses	\$500 copay	60% after deductible	\$500 copay after deductible	60% after deductible
Surgical care (Physician/surgeon fees)	Inpatient: \$500 copay Outpatient: \$250 copay	60% after deductible	Inpatient: \$500 copay after deductible Outpatient: \$250 copay after deductible	60% after deductible
Mutual Health Center	All visits at the Mutual Health Centers are free.		\$45 Physician visit \$25 Physical Therapy visit \$15 Virtual visit \$25 Behavioral Health visit (first eight visits free) All MHC services are free after deductible is met.	

(Continued on next page)

Feature	High Performance Copay plan		High Performance HSA plan	
	In-network / Guided care¹	Out-of-network / Unguided care¹	In-network / Guided care¹	Out-of-network / Unguided care¹
Emergency care	Emergency room: \$500 copay² Urgent care: \$75 copay³ Ambulance: \$150 copay	Emergency room: \$500 copay² Urgent care: 60% after deductible³ Ambulance: \$150 copay after deductible	Emergency room: \$500 per visit² after deductible Urgent care: \$75 copay after deductible³ Ambulance: \$150 copay after deductible	Emergency room: \$500 per visit² after deductible Urgent care: 60% per visit after deductible³ Ambulance: \$150 after deductible
Mental health	\$25 copay	60% after deductible	\$25 copay after deductible	60% after deductible
Cognitive, Physical, Occupational and Speech Therapy Max of 60 combined visits per year	\$50 copay	60% after deductible	\$50 copay after deductible	60% after deductible
Chiropractic care Max of 24 visits per year	\$50 copay	60% after deductible	\$50 copay after deductible	60% after deductible
Fertility	Fertility coverage is provided by Kindbody. Members should contact Kindbody directly at 888-325-5321, option 3 or online at kindbody.com/activate to discuss coverage options. Regular plan deductible, coinsurance and/or copays apply.			
Prescription drug coverage	High Performance Copay plan		High Performance HSA plan	
Prescription drug provider	CVS Caremark In-network coverage only; no coverage when an out-of-network pharmacy is used.			
Retail generic	\$10 copay		\$10 copay after deductible	
Retail preferred	\$30 copay		\$30 copay after deductible	
Retail non-preferred	\$50 copay		\$50 copay after deductible	
Mail order⁴ generic	\$25 copay		\$25 copay after deductible	
Mail order⁴ preferred	\$75 copay		\$75 copay after deductible	
Mail order⁴ non-preferred	\$125 copay		\$125 copay after deductible	
Specialty medications	\$0 copay⁵		\$0 copay after deductible⁵	

¹ Guided care is care that is directed by your designated PCP. Unguided care is in-network care that is not directed by your designated PCP (for example, seeing a specialist without a referral).

² Waived if admitted, then inpatient hospital copay applies.

³ Urgent care received outside of the Centivo coverage area will be treated as in-network. If care is received within the Centivo coverage area, an in-network urgent care center must be used to receive the in-network benefit.

⁴ Mail order includes a 90-day supply through a CVS retail pharmacy or CVS Caremark mail order.

⁵ Member pays 30% coinsurance if not enrolled in PrudentRx Copay Assistance Program. See page 23 for details.

UMR plans

UMR Copay plan

Available to employees who live outside the Centivo coverage area. If you are in the Centivo coverage area and looking for a Copay plan, check out the [Centivo High Performance Copay plan](#)

Employees who reside outside the Centivo coverage area have two new health plan choices for 2025: the UMR HSA plan and the UMR Copay plan. Both plans are administered by UMR and use the UnitedHealthcare Choice Plus network of providers. These plans continue to offer choice and flexibility to meet your and your family's benefit needs.

The new UMR Copay plan is a copay-based plan offering a low annual deductible and annual out-of-pocket maximum. With this plan, you'll pay copays for PCP office visits, specialist or urgent care visits, as well as inpatient or outpatient care after your deductible is met. The copays will apply to your annual out-of-pocket maximum.

The UMR Copay plan is not eligible for an HSA, meaning you cannot make contributions to an HSA while enrolled in this plan. However, you can use any existing HSA dollars to pay for eligible healthcare expenses while in the plan.

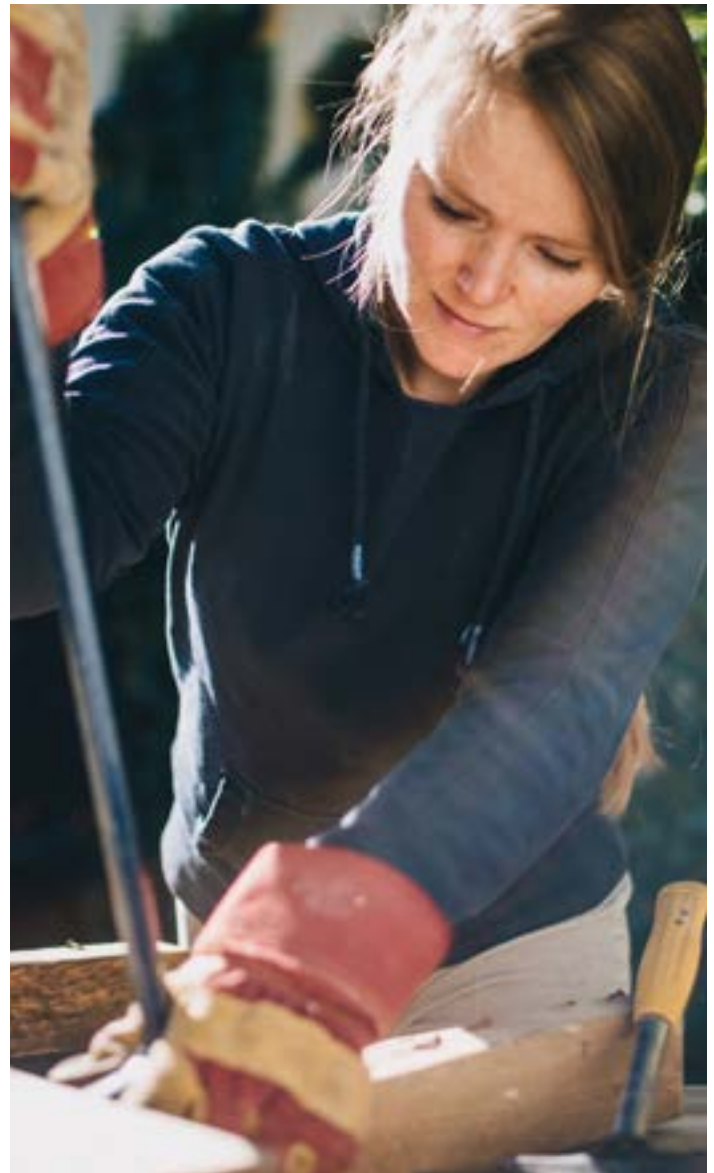
Prescription drugs are provided by CVS Caremark and are copay-based after the annual deductible is met.

UMR HSA plan

Available to all employees.


The new UMR HSA plan is a Health Savings Account (HSA) eligible plan that comes with a company contribution to the HSA, free preventive care and coinsurance for services after the deductible is met. It is administered by UMR and uses the UnitedHealthcare Choice Plus network of providers.

Always check a provider's network participation before obtaining care. You can confirm network providers at www.umar.com or by calling UMR at 800-259-0125.




Premium Tier 1 providers


Premium Tier 1 providers are known for their quality and cost effectiveness. And, as shown on page 17, you'll receive a greater level of coinsurance when you use Premium Tier 1 providers.




Last Name, First Name, MD
Specialty
123 Hospital Drive, Suite 321
City, ST 04567-8901
987-654-3210
2.7 Miles Away



Accepting New Patients



Tier 1 Provider



Premium Care Physician

Look for this symbol to receive 90% coinsurance.


Freestanding Facilities

A Freestanding Facility is an outpatient, diagnostic or ambulatory center that performs services and submits claims as a freestanding entity and not as a hospital. The plan pays a higher percentage of expenses (90% instead of 70% after your deductible) when you use a network Freestanding Facility for services that do not require an overnight stay, such as outpatient surgery or diagnostic imaging.

Consider Freestanding Facilities for the following services:


- Carpal tunnel surgery
- Cataract surgery
- Knee arthroscopy
- MRI
- Nuclear medicine
- Other outpatient surgeries and diagnostic imaging

Locate in-network Freestanding Facilities on www.umar.com or by calling UMR at 800-259-0125. Look for the Freestanding Facility designation as shown below when searching the UHC network directory.



MRI Facility Name
Specialty
456 Care Center Parkway
City, ST 04567-8901
2 Additional Locations
0.8 Miles Away

Phone
414-123-4567



Freestanding Facility

Look for this designation to find a Freestanding Facility.

Always check a provider's network participation before obtaining care. You can confirm network providers at www.umar.com or by calling UMR at 800-259-0125.

Out-of-network services

Out-of-network services are covered, but at lower benefit levels. For claims submitted by out-of-network providers, the associated claim reimbursement check may be sent to you directly rather than to the out-of-network provider. You are then responsible for paying your out-of-network physician or facility. This does not change the determination of coverage, benefit level or pricing for an out-of-network claim.

Not currently in a UMR plan? Check to see if your providers are in-network [here](#).

By encouraging the use of Premium Tier 1 providers and Freestanding Facilities, we're helping you find providers with a proven track record of delivering high-quality, high-value healthcare.

UMR Copay and HSA plans

The following plans are administered by UMR and utilize the UnitedHealthcare Choice Plus network. Eligibility is based on where you reside.

Feature	UMR Copay Plan		UMR HSA Plan	
	Available to employees who DO NOT live in a Centivo coverage area.		Available to all employees.	
	In-network	Out-of-network	In-network	Out-of-network
Dependent eligibility	Spouse or qualified domestic partner; children through the end of the month they turn age 26, regardless of their student, marital or tax status.			
Aggregate vs. embedded	Embedded deductible and out-of-pocket maximum With an embedded deductible, each member of the family has an individual deductible that must be met before health insurance starts paying. With an embedded out-of-pocket maximum, a covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount, even when on a family plan.		Aggregate deductible Embedded out-of-pocket maximum An aggregate deductible requires the full deductible amount to be met for your coverage tier before the plan begins paying. With an embedded out-of-pocket maximum, a covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount, even when on a family plan.	
Annual deductible (medical and Rx) Employee/employee + spouse or child(ren)/family	\$800 / \$1,600 / \$2,400	\$3,250 / \$6,500 / \$9,750	\$2,500 / \$5,000 / \$6,500	\$4,000 / \$8,000 / \$12,000
Annual out-of-pocket maximum (medical and Rx; includes deductible) Employee/employee + spouse or child(ren)/family	\$3,500 / \$7,000 / \$10,500	Unlimited	\$4,000 / \$8,000 / \$10,400	Unlimited
Annual employer HSA contributions (Employee/employee + spouse or child(ren)/family)	Not eligible		\$500 / \$1,000 / \$1,500 Funded quarterly	
Coinsurance¹	n/a	60%	90% Tier 1 / 70%	60%
Preventive care	100%	60%	100%	60%
Primary Care Physician (PCP) office visit	\$25 copay after deductible	60% after deductible	90% Tier 1 / 70% after deductible	60% after deductible
Specialist office visit	\$50 copay after deductible	60% after deductible	90% Tier 1 / 70% after deductible	60% after deductible
Inpatient hospital expenses	\$750 copay after deductible	60% after deductible	70% after deductible (precertification required)	60% after deductible (precertification required or \$500 penalty)
Outpatient facility expenses	\$500 copay after deductible	60% after deductible	90% Tier 1 / 70% after deductible	60% after deductible
Surgical care (Physician/surgeon fee)	Inpatient: \$500 copay after deductible Outpatient: \$250 copay after deductible	60% after deductible	90% Tier 1 / 70% after deductible	60% after deductible

(Continued on next page)

Feature	UMR Copay Plan		UMR HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network
Mutual Health Center	\$45 Physician visit \$25 Physical Therapy visit \$15 Virtual visit \$25 Behavioral Health visit (first eight visits free)		\$45 Physician visit \$25 Physical Therapy visit \$15 Virtual visit \$25 Behavioral Health visit (first eight visits free) All visits 90% after deductible	
Emergency care (Includes ER, urgent care and ambulance)	Emergency room: \$500 copay ² after deductible Urgent care: \$75 copay after deductible Ambulance: \$150 copay after deductible	Emergency room: \$500 copay ² after deductible Urgent care: 60% after deductible Ambulance: \$150 copay after deductible	70% after deductible	
Mental Health	\$25 copay after deductible	60% after deductible	70% after deductible	60% after deductible
Cognitive, Physical, Occupational and Speech Therapy Max of 60 combined visits per year	\$50 copay after deductible	60% after deductible	70% after deductible	60% after deductible
Chiropractic care Max of 24 visits per year	\$50 copay after deductible	60% after deductible	70% after deductible	60% after deductible
Fertility	Fertility coverage is provided by Kindbody. Members should contact Kindbody directly at 888-325-5321, option 3 or online at kindbody.com/activate to discuss coverage options. Regular plan deductible, coinsurance and/or copays apply.			
Prescription drug coverage	UMR Copay Plan		UMR HSA Plan	
Prescription drug provider	CVS Caremark In-network coverage only; no coverage when an out-of-network pharmacy is used.			
Retail generic	\$10 copay after deductible		90% after deductible (\$10 min; \$40 max)	
Retail preferred	\$30 copay after deductible		70% after deductible (\$20 min; \$75 max)	
Retail non-preferred	\$50 copay after deductible		60% after deductible (\$40 min; \$130 max)	
Mail order ³ generic	\$25 copay after deductible		90% after deductible (\$25 min; \$100 max)	
Mail order ³ preferred	\$75 copay after deductible		70% after deductible (\$65 min; \$187.50 max)	
Mail order ³ non-preferred	\$125 copay after deductible		60% after deductible (\$100 min; \$325 max)	
Specialty medications	\$0 copay ⁴ after deductible		\$0 copay after deductible ⁴	

¹ Employees eligible for an out-of-area plan will have in-network coinsurance of 80% (with the employee paying 20%).

² Waived if admitted, then inpatient hospital copay applies.

³ Mail order includes a 90-day supply through a CVS retail pharmacy or CVS Caremark mail order.

⁴ Member pays 30% coinsurance if not enrolled in PrudentRx Copay Assistance Program. See details on page 23.



Understanding premium structure and cost

These costs are spread across a wage-tiered premium structure. With a tiered structure, those with higher salaries (base salary plus target bonus) pay a higher premium than those with lower salaries. How much you pay in premiums in 2025 will also depend on who you cover, which medical plan you elect and whether or not you met some or all of the wellness rewards requirements.

2025 wage tiers			
Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
<\$74,999	\$75,000 - \$124,999	\$125,000 - \$249,999	\$250,000+

Wage is defined as base salary plus target bonus as of October 1, 2024.

2025 monthly premiums for employees who reside in a Centivo Coverage area
 (Employees who reside in one of the five new Centivo markets will pay the UMR HSA plan premiums on page 21 if they enroll in that plan)

Voluntary part-time and long-term temporary employees will pay twice the premium amounts shown below.

Centivo High Performance Copay plan monthly premiums	If you met all wellness rewards requirements				If you did not meet any wellness rewards requirements			
	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
Employee only	\$100.21	\$125.15	\$150.37	\$175.39	\$233.54	\$258.48	\$283.70	\$308.72
Employee + spouse/ domestic partner	\$317.77	\$378.70	\$440.26	\$501.79	\$584.44	\$645.37	\$706.93	\$768.46
Employee + child(ren)	\$198.49	\$232.88	\$267.62	\$302.34	\$331.82	\$366.21	\$400.95	\$435.67
Family	\$429.00	\$500.92	\$573.59	\$646.24	\$695.67	\$767.59	\$840.26	\$912.91

Centivo High Performance HSA plan monthly premiums	If you met all wellness rewards requirements				If you did not meet any wellness rewards requirements			
	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
Employee only	\$74.17	\$93.87	\$113.96	\$133.88	\$207.50	\$227.20	\$247.29	\$267.21
Employee + spouse/ domestic partner	\$253.02	\$301.54	\$350.55	\$399.54	\$519.69	\$568.21	\$617.22	\$666.21
Employee + child(ren)	\$158.05	\$185.43	\$213.08	\$240.73	\$291.38	\$318.76	\$346.41	\$374.06
Family	\$341.58	\$398.86	\$456.71	\$514.57	\$608.25	\$665.53	\$723.38	\$781.24

UMR HSA plan monthly premiums	If you met all wellness rewards requirements				If you did not meet any wellness rewards requirements			
	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
Employee only	\$115.06	\$143.70	\$172.67	\$201.39	\$248.39	\$277.03	\$306.00	\$334.72
Employee + spouse/ domestic partner	\$365.15	\$435.16	\$505.89	\$576.60	\$631.82	\$701.83	\$772.56	\$843.27
Employee + child(ren)	\$227.93	\$267.42	\$307.31	\$347.18	\$361.26	\$400.75	\$440.64	\$480.51
Family	\$492.49	\$575.05	\$658.48	\$741.88	\$759.16	\$841.72	\$925.15	\$1,008.55

2025 monthly premiums for employees who reside outside of the Centivo coverage area

Voluntary part-time and long-term temporary employees will pay twice the premium amounts shown below.

UMR Copey plan monthly premiums	If you met all wellness rewards requirements				If you did not meet any wellness rewards requirements			
	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
Employee only	\$134.76	\$168.30	\$202.23	\$235.87	\$268.09	\$301.63	\$335.56	\$369.20
Employee + spouse/ domestic partner	\$427.36	\$509.29	\$592.08	\$674.84	\$694.03	\$775.96	\$858.75	\$941.51
Employee + child(ren)	\$266.94	\$313.19	\$359.90	\$406.61	\$400.27	\$446.52	\$493.23	\$539.94
Family	\$576.93	\$673.65	\$771.39	\$869.09	\$843.60	\$940.32	\$1,038.06	\$1,135.76

UMR HSA plan monthly premiums	If you met all wellness rewards requirements				If you did not meet any wellness rewards requirements			
	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4	Wage Tier 1	Wage Tier 2	Wage Tier 3	Wage Tier 4
Employee only	\$100.21	\$125.15	\$150.37	\$175.39	\$233.54	\$258.48	\$283.70	\$308.72
Employee + spouse/ domestic partner	\$317.77	\$378.70	\$440.26	\$501.79	\$584.44	\$645.37	\$706.93	\$768.46
Employee + child(ren)	\$198.49	\$232.88	\$267.62	\$302.34	\$331.82	\$366.21	\$400.95	\$435.67
Family	\$429.00	\$500.92	\$573.59	\$646.24	\$695.67	\$767.59	\$840.26	\$912.91

Spousal/domestic partner surcharge: The premiums shown for "employee and spouse/domestic partner" and "family" include a \$100 monthly surcharge (\$1,200 annually). Before you automatically cover your spouse/domestic partner, consider your other options. If your spouse/domestic partner has coverage through their employer, compare to determine whether that plan could save you money.

Adjustment for Northwestern Mutual married couples: If both spouses work at Northwestern Mutual and one elects "employee and spouse" or "family" coverage, be sure to answer "Yes" to the Northwestern Mutual Married Couples question in Benefitplace, then subtract \$100 from the monthly employee and spouse/domestic partner or family rate on pages 20-21 to calculate your monthly premium.

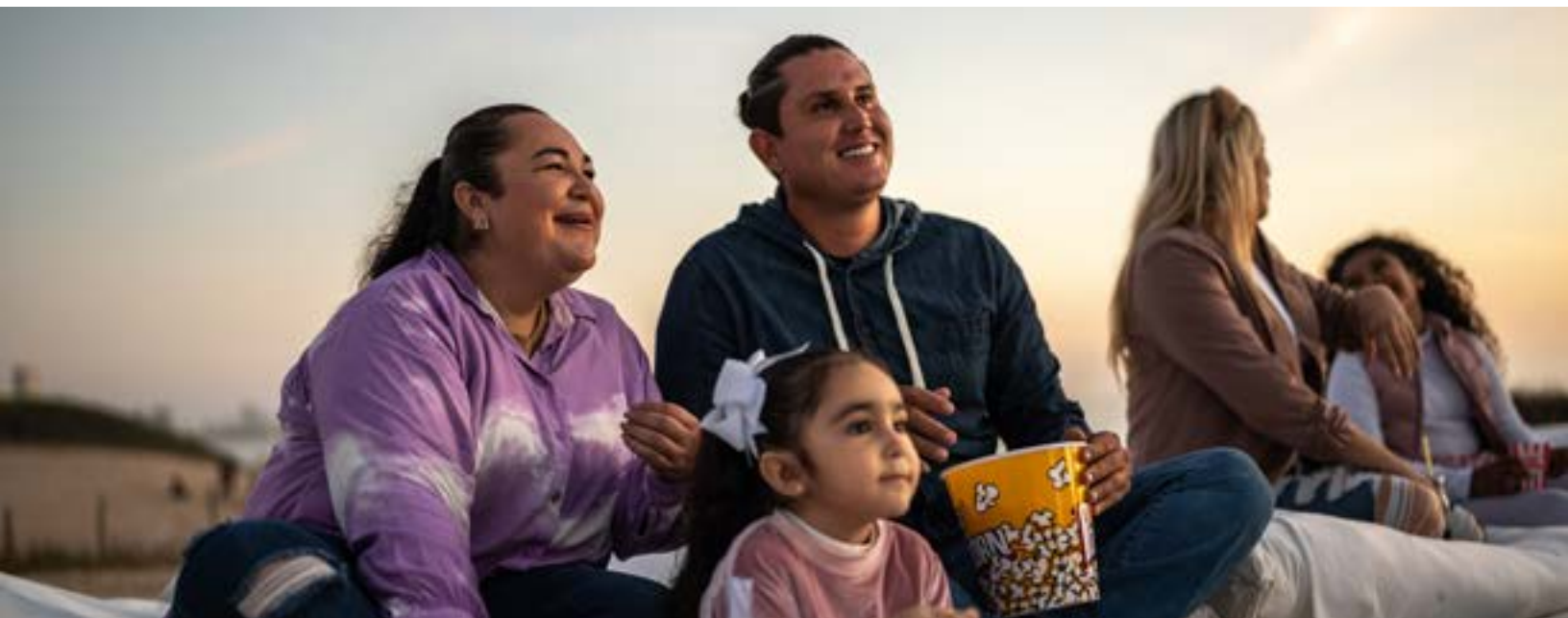
Tobacco surcharge: Employees pay an additional \$50 per month (\$600 annually) if one or more covered members (employee, spouse/domestic partner or child) use tobacco. When you enroll, you will need to certify that you and your covered family members are tobacco-free according to the plan's definition, or the surcharge will apply. Northwestern Mutual defines tobacco-free for 2025 as no use of any form of tobacco, nicotine products, or nicotine-based smoking cessation products, use of chewing tobacco or snuff, snus, chews, nicotine pouches, or hookah 12 or fewer times per year; 12 or fewer cigars per year; and 12 or fewer pipes per year as of January 1, 2024.

Domestic partners: Because a domestic partner is not considered a tax dependent by the IRS, the amount you pay for medical coverage for a domestic partner cannot be deducted from your pay on a pre-tax basis. Your share of the premium related to your domestic partner coverage will be deducted after tax, which means your overall premium cost will be higher than when covering a spouse. The company's contribution for the portion related to domestic partner coverage will also be taxable income to you and reported as imputed income on your paycheck. If you have a question as to the actual cost difference, please call the HR Contact Center at 414-665-5900.

Obtaining medical care

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a healthcare provider. The chart below can help you select the right option for your needs.

TYPE OF CARE	WAIT TIME	COST
Virtual visits / telemedicine: 1-844-357-2949 or www.mutualhealthcenter.com Virtual Primary Care with Premise Health allows you to request a consultation from a board-certified doctor 24/7 by phone. When to go: <ul style="list-style-type: none"> • Cold or flu • Sinus problems • Pediatric care • Bronchitis • Allergies • Poison ivy or pink eye • Respiratory infection • Urinary tract infection 	<15 minutes approximate wait time for a doctor to respond	\$15 per consult
Retail clinic / convenient care clinic: Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies. When to go: <ul style="list-style-type: none"> • Cold or flu • Allergies • Minor sprains, burns or rashes • Sinus infection • Vaccinations or screenings • Headaches or sore throats 	15 minutes on average	\$50 – \$100 approx. cost per service
Urgent care / walk-in clinic: Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends. When to go: <ul style="list-style-type: none"> • Cold or flu symptoms that are not responding to treatment • Minor broken bones • Cuts • Cuts and abrasions • Earaches 	20 – 30 minutes approximate wait time	\$150 – \$220 average cost
Emergency room: Emergency departments service trauma and acute illnesses. When to go: <ul style="list-style-type: none"> • Any illness or injury that is limb-or life-threatening • Difficulty breathing • Sudden paralysis, trouble speaking, confusion • Chest pain with an increased risk of heart disease 	2 – 4 hours approximate wait time	\$2,200 average cost



Prescription drugs

When you are enrolled in a Northwestern Mutual medical plan, you also have prescription drug coverage administered by CVS Caremark.

The dollars you spend on prescription medications are combined with medical expenses and apply to your deductible and out-of-pocket maximum. Depending on the medical plan you choose, your prescriptions will apply differently. Review the prescription drug coverage on pages 14 and 18 so you fully understand your coverage.

PrudentRx Copay Program for specialty medications

PrudentRx is a comprehensive, cost-effective program available with all medical plan options to help reduce out-of-pocket costs on specialty medications for you and your family.

PrudentRx works with drug manufacturers to get copay assistance for specialty medications. This results in a zero-dollar copay for all specialty medications. If you enroll in one of the HSA-eligible plans, your cost will be \$0 after you meet your deductible.

If you begin taking a specialty medication, you will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your medication.

You can choose to opt out of the program by calling 1-800-578-4403. If you opt out of the program, you will pay 30% of the cost of your specialty medications (after the deductible is met, if applicable). Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under PrudentRx will not count toward your plan deductible or out-of-pocket maximum (if any), unless otherwise required by law. Also, payments made

Preventive medications are treated differently for HSA qualifying plans. If you or a family member take any of the medications on this [list](#), they are not subject to your deductible. This means you pay coinsurance or copay from the beginning, and those amounts will be applied to your out-of-pocket maximum.

by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your deductible or your out-of-pocket maximum (if any), unless otherwise required by law. A list of applicable specialty medications is available at www.prudentrx.com/prudentexh. An exception may be available if your drug is medically necessary. Please contact 1-800-578-4403 for more information about exceptions.

Caremark Cost Saver — Partnership with GoodRx

CVS Caremark and GoodRx, a leading resource for healthcare savings and information, have launched Caremark Cost Saver to help reduce pharmacy out-of-pocket drug costs for CVS Caremark members. Through this program, you will have access to GoodRx's prescription pricing to allow you to pay lower prices, when available, on many generic medications in a seamless experience at the pharmacy. To verify the cost of a medication, including any GoodRx pricing, visit caremark.com.

The amount paid will automatically be applied to your deductible and out-of-pocket maximum. No action is required by you to receive this benefit; you will automatically receive the lower cost at checkout.

Your CVS Caremark network includes thousands of pharmacies, including; Walgreens, Duane Reade, Metro Market, and more. Find your pharmacy at CVS Caremark.



Maintenance medications

Long-term **maintenance medications**, such as those for chronic conditions like diabetes or high blood pressure, must be obtained either through the CVS Caremark mail-order service, where prescriptions are mailed to you, or at a CVS retail pharmacy, where you can pick them up in person. This requirement falls under the CVS Maintenance Choice® program.

For new prescriptions of maintenance medications, you are allowed up to three fills (each up to a 31-day supply) at any retail network pharmacy. However, after these three fills, you are required to utilize the Maintenance Choice program.



CAUTION

If you do not use one of the Maintenance Choice options (mail order or CVS retail pharmacy) when required, your maintenance medication will not be covered under the plan. You will pay the full cost of the prescription.



CHECK OUT THE CVS CAREMARK MOBILE APP

The CVS Caremark app provides easy access for managing your prescriptions, allowing you to perform routine tasks without even signing in. With the app you can:

- Submit a new prescription
- Use "Easy Refill" for maintenance medications
- Track order status
- Check drug costs and coverage
- View your prescription history
- Find a pharmacy in your network

Search the app store for CVS Caremark and see what else the app can do for you!



Mutual Health Centers

Your healthcare support team is right on site, whether you need a flu shot or other immunization, annual exam, labs or physical therapy.

Our Mutual Health Centers offer confidential on-site healthcare exclusively for Northwestern Mutual employees, retirees, and eligible dependents. Provided by Northwestern Mutual and operated by Premise Health, the Mutual Health Centers offer a personalized healthcare experience and adhere to the highest standards of care.

Eligibility

New York: Employees only. Due to building security requirements, dependents can not be seen at this location.

Wisconsin: All employees regardless of medical plan enrollment. Spouses, domestic partners, and dependents enrolled in a Northwestern Mutual medical plan.



Services offered at the Mutual Health Centers

Primary care (WI and NY)

Full primary care services offered at each location. You may select the Mutual Health Center as your Primary Care physician and care team.

Behavioral health (WI)

The Mutual Health Center offers on-site counselors who can see members in person at the Milwaukee and Franklin campuses or virtually for enrolled members anywhere in Wisconsin.

Physical therapy (WI)

A comprehensive range of physical therapy services is available, including movement screens, to post injury rehabilitation, to gait analysis and pelvic floor support. For more information on the services offered at the Mutual Health Centers, see page 51.

Condition management coaching (WI)

The experts at the Mutual Health Center can assist you with guidance on managing your chronic condition, including monitoring your biometrics (e.g., blood pressure, blood glucose, etc.), recognizing signs and symptoms, and offering advice on nutrition and exercise. For more information, see page 47.

Labs and other services (NY and WI)

Blood draws, even those ordered by another physician, can be performed at the Mutual Health Center free of charge. Additionally, immunizations, flu shots and other vaccinations can be completed for your convenience.

DID YOU KNOW?

The average time spent with patients during appointments at the Mutual Health Center is two times that of community-based physicians. Building relationships and focusing on the whole person provides higher quality care.

Mutual Health Center information

Hours: Monday through Friday, 7:30 a.m. to 5 p.m.

Milwaukee campus

Van Buren building
633 East Mason Street
414-665-8400

Parking is available in the 7Seventy7 parking garage located across the street from the Mutual Health Center. The health center will validate your parking voucher at the reception desk. Note that parking can only be validated for your scheduled appointment time plus 15 minutes before and 15 minutes after.

Franklin campus

One Northwestern Mutual Way
Front entrance, main level
414-661-8400
Free parking is available in the visitor lot outside the main entrance.

New York campus

200 Liberty Street, 31st Floor
212-803-5525
Hours: Monday through Thursday, 8 a.m. to 4 p.m.
(closed 12–1 for lunch), Fridays 8 a.m. to 12 p.m.

Appointments: Call or go online at

www.mutualhealthcenter.com.

For employees not covered by the company medical plan

The Mutual Health Centers will be considered out-of-network by non-Northwestern Mutual medical plans. Premise Health will bill you its standard fees for the service received, and you will be responsible for submitting the claim to your medical plan for processing. Contact your health plan provider to understand coverage if you choose to use the Mutual Health Centers.



MY PREMISE HEALTH

Download the My Premise Health app for easy access to your health records, to schedule an appointment, send secure messages to your provider and more.

Virtual primary care

Offered through Premise Health, Virtual Primary Care delivers primary care nationwide to employees and their family members (2+ years of age). You will receive high-quality care from consistent staff who have access to view your health history with the Mutual Health Centers or previous virtual visits.

Virtual primary care is available to all medically enrolled employees and family members nationwide.

Virtual primary care services available include:

- Back pain
- Earaches
- Rashes and bites
- Sinus infections
- Sore throat
- Preventive care
- Ergonomics
- Medication management
- Travel medicine
- Wellness
- Women's health
- Condition management
- Behavioral health
- General skin conditions
- Pediatric medicine ages 2+

The cost of a virtual visit is \$15 (before deductible if you are in a high-deductible health plan).

Visit mypremisehealth.com or use the MyPremiseHealth app to schedule your appointment (use the Get Care Now option). You'll have access to everything through My Premise Health via mobile device or web, 24/7, anywhere in the country.

DID YOU KNOW?

If you are enrolled in one of the HSA-eligible plans, you can use your HSA to pay or be reimbursed for fees at the Mutual Health Centers.

Protecting you with a safety net

To help protect employees financially, Northwestern Mutual has a Healthcare Safety Net Program, which limits your in-network, out-of-pocket expenses to 10% of your annual base pay (once you have reached your deductible if enrolled in a high-deductible health plan). This adds another measure of financial protection to the medical and prescription drug out-of-pocket limits.

Eligibility for the safety net: If you incur covered in-network medical plan or covered prescription drug out-of-pocket expenses that total more than 10% of your

annual base pay (calculated as of January 1 of the current year), you may be eligible for Northwestern Mutual's safety net. With the safety net, Northwestern Mutual covers the remainder of your eligible expenses for the rest of the calendar year.

View your account on the carrier's website (UMR or Centivo for medical, CVS Caremark for prescription drug) for more information on the out-of-pocket expenses you have incurred. If you believe you have reached your safety net, contact [Ask HR](#).

How to calculate:

The example below illustrates how the safety net is calculated between the different medical plans, using an employee with a base salary of \$40,000 enrolled in family coverage.

Example Based on Medical Plan Type	Base Pay		10% of Base Pay		HSA Contribution (based on coverage tier)		Safety Net Amount (Medical and/or prescription expenses must exceed)
For those enrolled in an HSA-eligible Plan	\$40,000	X 10% =	\$4,000	+	\$1,500 HSA	=	\$5,500
For those enrolled in the Centivo High Performance copay plan or UMR copay plan	\$40,000	X 10% =	\$4,000	+	n/a	=	\$4,000

For those enrolled in an HSA-eligible plan, you must also meet your plan deductible prior to applying for the safety net based on our 2025 plans, according to the example below.

	Step 1 – Have you met your deductible?	Step 2 – Do your total medical and/or prescription expenses exceed your Safety Net amount?	Step 3 – Do your total medical and/or prescription expenses exceed both the deductible and your safety net amount? If yes, it is time to apply for the safety net.
Plan	Family Deductible Amount	Safety net	When you can apply for the safety net benefit
Centivo High Performance HSA plan	\$4,950	\$5,500 (10% of base pay + HSA contribution)	Once you have spent \$5,500 in medical/prescription expenses
UMR HSA plan	\$6,500	\$5,500 (10% of base pay + HSA contribution)	Once you have spent \$6,500 in medical/prescription expenses
UMR Copay plan	n/a (not a high-deductible health plan)	\$4,000 (10% of base pay; no HSA contribution)	Once you have spent \$4,000 in medical/prescription expenses
Centivo High Performance Copay plan	n/a	\$4,000 (10% of base pay; no HSA contribution)	Once you have spent \$4,000 in medical/prescription expenses



Mutual Health Centers

HSA

24/7 Fitness Centers

Well360

Foodsmart

Health

Dental

Health savings as empowering as your passion.

Vision

Telemedicine

Life insurance

Caremark

FSA

Teladoc

Employee Cash Balance

401K

Health Savings Account

When you are taken care of physically and financially, you are better off. Fewer worries mean more time for what's important.

Our high-deductible health plans come with a Health Savings Account (HSA), which includes a quarterly contribution funded by Northwestern Mutual. Employees may also choose to make tax-free contributions. All contributions are yours to keep and never expire.

Health Savings Account (HSA)

An HSA is a personal bank account that allows you to save on a tax-advantaged basis for both current and future healthcare expenses, even those you may face in retirement. HSAs can provide additional protection against unexpected medical events or act simply as a way to save money. Your HSA is always yours – you never lose the account balance, even if you leave Northwestern Mutual or retire.

HSAs are known for offering a **triple tax advantage**:

- 1. Save with pre-tax contributions.** You can set aside pre-tax dollars to help pay for eligible healthcare expenses. The HSA allows both you and the company to contribute (up to the annual limits set by the IRS each year). Any contributions you make to your HSA will come out of your paycheck tax free, which reduces your taxable income. You'll elect how much you want to contribute to an HSA (if anything) during benefits enrollment.
- 2. Earn tax-free interest and take advantage of tax-free investment opportunities.** HSAs give you the opportunity to earn more through interest and investment options – and your money grows tax free. A unique feature of an HSA is that you can invest your contributions. Once you have more than \$1,000 in your HSA, you can start investing additional funds.
- 3. Pay for qualified expenses tax free.** You can take funds out of your HSA to pay for qualifying medical, dental, vision and prescription drug expenses at any time without incurring any federal or state taxes or penalties. This applies to any expenses while you have an HSA, or any expenses you may face in the future.



REMINDER

If you enroll in the Centivo High Performance Copay or the UMR copay plan, you are not eligible for an HSA.

HSA contributions: you + the company

For 2025, Northwestern Mutual will make automatic quarterly contributions to your HSA. You do not need to make contributions to your HSA to receive the Northwestern Mutual contribution, but you do need to be enrolled in a Northwestern Mutual high deductible medical plan and elect the HSA benefit during enrollment. Quarterly company contributions will be made on the first paycheck in January, April, July and October.

How much money will Northwestern Mutual contribute to your HSA? The amount of money Northwestern Mutual will contribute depends on your coverage tier.

The Northwestern Mutual HSA is administered by HealthEquity. During open enrollment, you will elect to open an HSA and designate your annual contribution. After you complete your enrollment and funds are available in your account, you can use your HealthEquity debit card to access your account. Just like any other bank account, you can only spend the money available in your account.

Coverage Tier	Northwestern Mutual contribution to your HSA*	Maximum employee HSA contribution*	Annual Maximum
Employee only	\$125 quarterly	\$3,800	\$4,300
Employee + spouse/ domestic partner**	\$250 quarterly	\$7,550	\$8,550
Employee + child(ren)	\$250 quarterly	\$7,550	\$8,550
Employee + family	\$375 quarterly	\$7,050	\$8,550

Note: Individuals who are over age 55 can contribute an additional \$1,000 to their HSA.

*The Northwestern Mutual contribution is prorated based on your hire date (if hired in 2025). This means the employer and employee contribution amounts may be different than the amounts listed.

**If your domestic partner is not your tax dependent, you can only contribute up to the single maximum of \$4,300. In addition, you cannot use your HSA to reimburse your domestic partner's healthcare expenses.



How to use your HSA dollars

There are two ways to use the dollars in your HSA. You can use the debit card you receive from HealthEquity or pay out of pocket and get reimbursed. If you don't have enough money in your HSA, you can reimburse yourself once you have sufficient funds in your account. Be sure to keep your receipts for reimbursement and tax purposes.

You can use your tax-free HSA dollars for a variety of qualified medical, dental, vision and prescription drug expenses. To see the full list of eligible expenses, visit the [HealthEquity site](#).

DID YOU KNOW?

You can invest your Health Savings Account funds once you have a balance over \$1,000. Click [here](#) to learn more about HealthEquity's investment funds.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you set aside pre-tax dollars to pay for eligible medical, dental, vision and/or dependent care (child care or elder care) expenses. You do not pay state, federal or Social Security taxes on the money you contribute. However, FSAs have a use-it-or-lose-it rule, so plan carefully to make sure you don't overfund your account(s).

Traditional and Limited Purpose Healthcare FSA

There are two types of healthcare FSAs, and your eligibility depends on the type of medical plan you enroll in. **Traditional FSAs** are offered with non-HSA qualifying plans (e.g., the Centivo High Performance copay plan and UMR copay plan). If you waive medical coverage, you will have access to a **Traditional FSA**. Dollars you contribute can be used to pay for qualified medical, pharmacy, dental and vision expenses.

A **Limited Purpose FSA** is for those individuals in a High Deductible Health Plan (i.e., Centivo High Performance HSA or UMR HSA plan) with a Health Savings Account (HSA). Eligible expenses include dental and vision, as well as healthcare expenses after the medical plan deductible is met. Some eligible expenses include:

- Dental services (excluding cosmetic services)
- Orthodontia
- Glasses, contacts and eye exams
- Lasik eye surgery

Note: When considering whether or not to fund a Limited Purpose FSA, remember that the HSA can be used to reimburse dental and vision expenses as well, so putting more in your HSA and getting the triple tax advantage may be a better option.

In 2025, you may contribute between \$100 and \$3,200 to your healthcare FSA.

You have from January 1 to December 31, 2025 to incur expenses and until March 31, 2026 to submit your claims for reimbursement. Any amount over \$640 remaining in your account after March 31, 2026 will be forfeited.

For claims and balance information:

- Log on to wageworks.com or the EZ Receipts app
- Call 1-877-924-3967
- ID Code: Last four digits of your Employee ID number

Dependent Care FSA

You can participate in a Dependent Care FSA if you incur dependent daycare expenses that allow you to work. If you are married, your spouse must also be employed, be actively looking for work, go to school full time or be physically or mentally incapable of self-care. Eligible dependents include children under age 13 and dependents you claim for tax purposes who are physically or mentally incapable of self-care, such as elderly parents.

Dependent Care FSA reminders:

- Eligible expenses include daycare expenses, nanny expenses, before- and after-school care expenses and summer day camps, to name a few.
- You cannot use both the Dependent Care FSA and the federal child and dependent care tax credit for the same expenses.
- If you enroll in the Dependent Care FSA, your eligible expenses will be reimbursed up to the amount contributed to date.
- If you are expecting a baby, you should wait until after the baby is born and you return to work to enroll in the Dependent Care FSA. You have 31 days from the day you return to work from leave to enroll.

For 2025, you may contribute between \$100 and \$5,000 if you're a single filer or married and filing jointly (\$2,500 if married and filing separately).

You have from January 1 to December 31, 2025 to incur expenses and until March 31, 2026 to submit your claims for reimbursement. Any amount remaining after March 31, 2026 will be forfeited.

Comparing the accounts

The following table highlights the differences between the healthcare accounts for 2025:

	Health Savings Account (HSA)	Limited Purpose Flexible Spending Account (LPFSA)	Traditional Flexible Spending Account (FSA)
Who can have this account?	Anyone* enrolled in: <ul style="list-style-type: none"> Centivo High Performance HSA plan UMR HSA plan 	Anyone enrolled in: <ul style="list-style-type: none"> Centivo High Performance HSA plan UMR HSA plan 	Anyone enrolled in: <ul style="list-style-type: none"> Centivo High Performance Copay plan UMR Copay plan No medical coverage**
What expenses can the account be used for?	Medical, prescription drug, dental and vision expenses. For a full list of qualified expenses, visit the HealthEquity site .	Dental and vision expenses, as well as medical and prescription drug expenses, once the medical plan deductible has been met in 2025. For a full list of qualified expenses, visit the HealthEquity site .	Medical, prescription drug, dental and vision expenses. For a full list of qualified expenses, visit the HealthEquity site .
What are the tax advantages?	<ul style="list-style-type: none"> No taxes on contributions. No taxes on withdrawals for eligible expenses. No taxes on earnings from interest or investments. 	<ul style="list-style-type: none"> No taxes on your contributions. No taxes on withdrawals for eligible dental and vision expenses. 	<ul style="list-style-type: none"> No taxes on your contributions. No taxes on withdrawals for eligible expenses.
Who contributes to the account?	Both you and Northwestern Mutual can contribute. The amount the company contributes is based on your coverage tier.	Only you contribute. To contribute, you must elect the Healthcare FSA during benefits enrollment.	Only you contribute. To contribute, you must elect the Healthcare FSA during benefits enrollment.
How much can you contribute?	The 2025 IRS limits are \$4,300 for employee-only coverage and \$8,550 for all other coverage levels. Important: This limit includes both company and personal contributions to your account. If age 55 or older, you may contribute up to an additional \$1,000 per year in catch-up contributions.	The minimum contribution is \$100 and the 2025 IRS limit is \$3,200.	The minimum contribution is \$100 and the 2025 IRS limit is \$3,200.
Can your savings build up year after year?	Yes. Your HSA is your personal savings account. Funds roll over year-to-year while earning interest tax free. The HSA is yours if you leave Northwestern Mutual.	No. The "use-it-or-lose-it" rule applies. Unused FSA funds that exceed \$640 will be forfeited if not used during the plan year. Up to \$640 in unused funds can roll over to the next plan year.	No. The "use-it-or-lose-it" rule applies. Unused FSA funds that exceed \$640 will be forfeited if not used during the plan year. Up to \$640 in unused funds can roll over to the next plan year.
Are your account dollars used automatically?	No. You are in control of your account. You can use your HealthEquity debit card to pay expenses. Or, you can pay out of your pocket and reimburse yourself from your HSA.	No. You are in control of your account. You file claims against your FSA for eligible expenses.	No. You are in control of your account. You file claims against your FSA for eligible expenses.
Who administers the account?	The HSA is a personal savings account administered by HealthEquity. If you haven't already, you must open the account during benefits enrollment in order to make or receive contributions.	The Limited Purpose FSA is administered by HealthEquity/WageWorks.	The Traditional FSA is administered by HealthEquity/WageWorks.

*Employees who are covered under Medicare (Part A or B) or Tricare are not eligible for the HSA. The company will fund a Health Reimbursement Account for anyone who falls into this situation. Be sure to answer the Medicare question in Benefitplace, so that we can identify who is enrolled in Medicare. Those enrolled in Tricare should contact [Ask HR](#).

**If you are covered under an HSA plan outside of Northwestern Mutual, you will only be able to use your FSA for dental and vision expenses. Once you reach the medical plan deductible, you may then use the FSA for medical and prescription drug expenses.

Mutual Health Centers

HSA

24/7 Fitness Centers

Well360

Foodsmart

Health

Dental

Dental insurance as satisfying as a day spent in smiles.

Vision

Telemedicine

Life insurance

Caremark

FSA

Teladoc

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Dental

Make the most of your dental benefits with Northwestern Mutual! Your smile is unique, and it's essential to have the right dental plan to keep it at its best. Oral health is a crucial component of your overall well-being. Regular dental check-ups help maintain healthy teeth and gums, and your dentist can also detect signs and symptoms of other systemic diseases during these visits.

For 2025, your dental coverage options include:

- Delta Dental
- Anthem

2025 monthly premium	Delta Dental	Anthem
Employee only	\$10.97	\$16.90
Employee + spouse/ domestic partner	\$23.80	\$41.81
Employee + child(ren)	\$22.52	\$40.63
Family	\$37.92	\$66.11

	Delta Dental		Anthem	
Coverage	Your coverage depends on whether you choose a Delta Dental PPO or Delta Dental Premier network provider. There is no coverage under the plan if you see a dentist who does not participate in either network.		Coverage provided if you use providers in the Anthem Complete network.	
Dependent eligibility	Spouse or qualified domestic partner; unmarried dependent children covered through the calendar year they become age 19 or age 25 if a full-time student or dependent upon employee for more than 50% support.		Spouse or qualified domestic partner; children through the end of the month they turn age 27.	
Network	Delta Dental PPO Network Provider	Delta Dental Premier Network Provider	Anthem Complete Network	
			In-Network	Out-of-Network
Annual maximum benefit (per person) The max the plan will pay annually	\$1,500	\$1,000	\$2,500	\$250
Annual deductible Single/family	\$25/\$75	\$50/\$150	No deductible	No deductible
Precertification of benefits	Recommended when charges exceed \$200		Precertification of benefits recommended. Antibiotic injections and nitrous-oxide sedation are not covered. (Other exclusions may apply.)	
Preventive/diagnostic services Exams, cleanings, x-rays, fluoride treatments, sealants	100% Deductible does not apply	90% Deductible does not apply	100%	70%
Basic restorative services Fillings, root canals, gum disease, extractions	80%	70%	100%	70%
Major restorative services Crowns, bridges, dentures	60%	50%	80%	70%
Implants	60%	50%	50%	50%
Oral surgery Not all oral surgery is covered under the dental plan; precertification is recommended.	60% No coordination of benefits with the medical plan	50% No coordination of benefits with the medical plan	100%	70%
Orthodontic services All ages	60% Lifetime maximum of \$1,500	50% Lifetime maximum of \$1,500	100% After \$495 copay Lifetime maximum of \$3,000	100% Up to \$250 Lifetime maximum

Delta Dental

This plan covers eligible services provided by a Delta Dental network provider. There are two categories of providers, and your coverage level depends on the network of your chosen dentist. Each time you or a covered family member visits the dentist, you have the option to select either a PPO or Premier network dentist. Please note that if you visit a dentist who is not part of either Delta Dental network, you will not be eligible for any plan benefits.

Delta Dental PPO Network

Dentists in the PPO network have agreed to reduced fees. Plan coverage is higher and costs are lower, so you save money. Also, the deductible is lower and the annual benefit maximum is higher for the PPO network.

Delta Dental Premier Network

Dentists in the Premier network have agreed to capped fees, even if lower than their normal charges, and you won't be billed for the difference. Capped fees tend to be higher than what a PPO network dentist might charge. The plan coverage percentage and annual benefit maximum are lower than the PPO network and deductibles are higher.

How to find a Delta Dental dentist

- Go to deltadentalwi.com
- Under "Find a Dental Provider," choose "Search Dentists Now"

Additional dental care may be covered if you have a specific medical condition (diabetes, pregnancy, etc.). Call Delta Dental at 800-236-3712 or go online to deltadentalwi.com to learn more.

Anthem

The Anthem plan allows members to receive services from any provider in the Anthem Complete network, which has more than 129,000 dentists nationally. The plan has limited out-of-network coverage with an annual maximum benefit of \$250. Make the most of this plan by seeing in-network providers.

How to find an Anthem dentist

- Go to anthem.com
- Click on "Find Care"
- Choose "Basic Search as a guest"
- Under "Select the Type of Plan or Network," choose "Dental plan or Network"
- Choose your state
- Under "Select a Plan or Network," choose "Dental Complete"



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Vision

For 2025, vision coverage will be provided by Anthem's Blue View Vision plan. Anthem has more than 40,000 providers at more than 30,000 locations. Anthem has a strategic relationship with EyeMed, one of the largest providers of vision benefits in the country. This partnership makes Anthem's network even more robust. Plus, members save an average of 75% off retail costs when a network provider is used.

2025 monthly premiums	Anthem Blue View Vision
Employee only	\$5.86
Employee + spouse/ domestic partner	\$11.71
Employee + child(ren)	\$11.15
Family	\$14.65

Feature	Anthem Blue View Vision	
Dependent eligibility	Spouse or qualified domestic partner; children through the end of the month they turn age 27.	
Annual deductible	No deductible	
Claim forms	In-network providers must submit claim to Anthem. In-network claims submitted by the member will be reimbursed at the out-of-network level. Out-of-network claims must be submitted by the member with a claim form found on www.anthem.com .	
	In-network	Out-of-network
Routine eye exam Once per calendar year	\$0 copay	Up to \$42 reimbursement
Eyeglass frames One pair of eyeglass frames every two calendar years	\$130 allowance, then 20% off any balance	Up to \$45 reimbursement
Eyeglass lenses (instead of contact lenses) One pair of standard plastic prescription lenses per calendar year <ul style="list-style-type: none"> • Single-vision lenses • Bifocal lenses • Trifocal lenses 	\$0 copay \$0 copay \$0 copay	Up to \$40 reimbursement Up to \$60 reimbursement Up to \$80 reimbursement
Eyeglass lens enhancements¹ <ul style="list-style-type: none"> • Transitions lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network
Contact lenses² (instead of eyeglass lenses) Once per calendar year <ul style="list-style-type: none"> • Elective conventional (non-disposable); OR • Elective disposable; OR • Non-elective (medically necessary) 	\$130 allowance, 15% off any balance \$130 allowance (no additional discount) Covered in full	Up to \$105 reimbursement Up to \$105 reimbursement Up to \$210 reimbursement
Eyeglass Lens Upgrades ³		
Progressive lenses: <ul style="list-style-type: none"> • Standard: \$55 • Premium Tier 1: \$85 • Premium Tier 2: \$95 • Premium Tier 3: \$110 • Premium Tier 4: \$175 	Anti-reflective coating: <ul style="list-style-type: none"> • Standard: \$45 • Premium Tier 1: \$57 • Premium Tier 2: \$68 • Premium Tier 3: \$85 	Transitions lenses (adults): \$75
		Standard polycarbonate lenses (adults): \$40
		UV coating: \$15
		Tint (solid or gradient): \$15
		Retinal imaging: Up to \$39

¹ When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.

² Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

³ When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses as a discounted cost. Eyeglass lens copayment applies.

Vision coverage

Even if you see well, regular eye exams help keep your eyes healthy and can catch other health conditions early, such as:

- Glaucoma
- Macular degeneration
- Cataracts
- Diabetes, high blood pressure and certain cancers

These are just some of the conditions eye exams can help identify. Finding these issues early on means they can be treated sooner, which can improve your health and reduce your overall healthcare costs.

The vision plan provides different in-network and out-of-network benefits. For example, single-vision lenses are 100% covered in-network versus qualifying for a \$40 reimbursement out of network.

If you choose to use an in-network provider, you can take advantage of lens upgrades offered as part of the Blue View Vision plan. (See the previous page for details.)

You can go to popular regional and national stores, such as LensCrafters®, Pearle Vision® and Target Optical®. Plus, you have access to online providers 24/7, including Glasses.com®, ContactsDirect®, 1-800 CONTACTS® and Ray-Ban.com.

How to find an Anthem Blue View Vision participating provider

- Go to [anthem.com](https://www.anthem.com)
- Choose "Find Care"
- Choose "Basic Search as a guest"
- Under "Select the Type of Plan or Network", choose "Vision Plan or Network"
- Choose your state
- Choose "Blue View Vision" for "Select a Plan or Network"



SAVE MORE ON VISION CARE

Out-of-pocket vision expenses are eligible for reimbursement from an HSA or FSA (Traditional FSA and Limited Purpose FSA). Estimate your vision needs for 2025 and elect to contribute this amount to your HSA or FSA. Remember that the FSA is "use-it-or-lose-it," so estimate your expenses carefully before deciding how much to contribute.



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Life insurance as robust as your training.

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Additional life insurance

Northwestern Mutual provides life insurance equal to two times your annual base salary at no cost to you. We also offer the ability to apply for Additional Group Term Life insurance with Accidental Death and Dismemberment (AD&D) coverage during benefits enrollment or when you enroll as a newly eligible employee (initial eligibility). This is another way to further protect your loved ones and provide the financial security they need in the event of your death or dismemberment resulting from a covered accident. This insurance can help meet daily expenses, pay off debt, secure your children's education and more. Before purchasing additional coverage, all employees are encouraged to consult a financial advisor to understand your financial needs and whether this or other solutions will best meet your needs.



Company-provided life insurance

Northwestern Mutual provides Basic Life with AD&D insurance coverage equal to two times your annual base salary, up to a maximum of \$750,000. This coverage is paid 100% by the company and does not require you to make an election during benefits enrollment.

Purchase additional group term life insurance

During open enrollment, you may purchase Additional Life insurance at group rates, which may or may not be more competitive than if you purchased similar individual term life coverage. Premiums for this coverage will be deducted from your paycheck.

Based on the coverage guidelines shown below, select the amount of Additional Life with AD&D insurance that fits your needs. Note: Your AD&D coverage amount is equal to your Additional Life coverage amount.

You are encouraged to discuss the Additional Life insurance options with your financial advisor to determine how this coverage may factor into your overall financial plan.

Minimum	Incremental unit	Guarantee issue amount	Maximum
1x your annual base salary	1x your annual base salary (max of 4x)	\$200,000* No guarantee issue after your initial eligibility period	\$1,000,000**

*2x your annual base salary or \$200,000, whichever is less.

** Your combined Basic Life and Additional Life amounts may not exceed a maximum of 6x your annual base salary.

To help you determine how much life insurance you may need, use the life insurance calculator located at NorthwesternMutual.com/life-insurance-calculator.

Additional Life Rates

If you elect Additional Life with AD&D insurance, your monthly rate for this plan is shown below. Premiums for this coverage will be deducted from your paycheck.

Individual underwriting and evidence of insurability will apply when buying additional coverage or if enrolling after your initial eligibility.

Employee age	Monthly rate* (Per \$1,000 of total coverage)	To calculate your premium	
<30	\$0.059	1. Amount elected: (your annual base salary x 2/3/4).	
30-34	\$0.062		LINE 1
35-39	\$0.068		
40-44	\$0.092		
45-49	\$0.124	2. Line 1 divided by \$1,000.	LINE 2
50-54	\$0.197	3. Enter your rate from the rate table.	LINE 3
55-59	\$0.311		
60-64	\$0.410	4. Line 2 multiplied by line 3 = your monthly cost.	
65-69	\$0.713		LINE 4
70 +	\$1.870		

* Monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit has been included in each of the above rates.

Note: Your premium will be adjusted throughout the year if you reach a different age band or if your salary increases.

Group insurance certificate

A group insurance certificate containing a detailed description of the insurance coverage — including definitions, exclusions, limitations, reductions and terminating events — can be found on the Additional Group Life Insurance Digital Commons page. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

For more information regarding additional life:



Digital Commons | Total Rewards | My Financial Security | Additional Group Life Insurance

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A voluntary legal plan as reassuring as a trusted friend.

Vision

Telemedicine

Life insurance

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Voluntary legal plan

Legal matters occur throughout all stages of life, and hiring an attorney can be expensive. The MetLife Legal Plan provides a network of top attorneys ready to help you take care of life's planned and unplanned legal events. Getting married or divorced, buying or selling a home, starting a family, changing your name or gender, creating estate planning documents, handling a traffic ticket, or caring for aging parents are just some scenarios where the MetLife attorneys can provide expert legal advice. With this legal plan, one monthly fee provides assistance for all these scenarios and more.

Important things to know about the legal plan

- 2025 premium is \$14.30 per month, and coverage includes your spouse/domestic partner and child(ren) up to age 26.
- You can enroll during open enrollment for the upcoming plan year. Once enrolled, you must remain in the plan for the entire calendar year.
- No copays, deductibles or claim forms are required when you use a network attorney for a covered matter.

For a full list of covered matters, refer to the [Legal plan document](#).

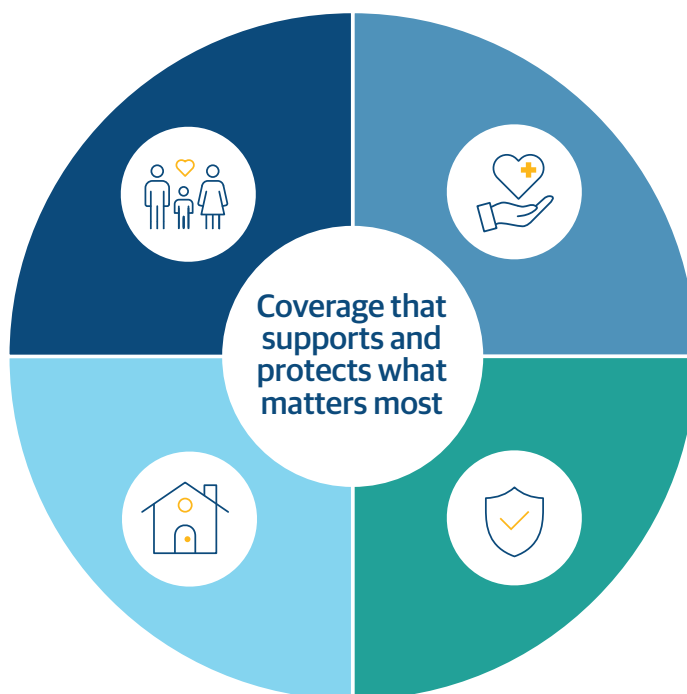
Examples of Covered Legal Matters

Family life

- Adoption
- Elder care legal matters
- Estate planning
- Name and gender marker change
- Divorce

Assets

- Buying or selling a home
- Foreclosure
- Property tax assessment
- Refinancing
- Repossession



Holistic well-being

- Caregiver support services
- Debt issues, bankruptcy
- Financial wellness programs¹
- Negotiating with creditors
- Tax audit representation

Protection

- Civil matters
- Identity theft
- Pet liabilities
- Small claims assistance
- Tenant negotiations

¹ MetLife administers the PlanSmart program and has arranged to have specially trained third-party financial professionals offer financial education. The financial professionals providing financial education are not affiliated with MetLife but are providing the program under a service provider contract. Offered to groups with 500 or more employees. Upwise is available at no cost to all individuals and regardless of any MetLife relationship or product.

If you enroll in the plan, it's easy to start using your legal benefit:

1. **Find an attorney:** Create an account at members.legalplans.com to see your coverage and select an attorney. Or, you can call MetLife at 800-821-6400 for assistance.
2. **Make an appointment:** Call the attorney you select, provide your membership number and schedule a time to talk or meet.
3. **That's it!** There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

The legal plan provides advice and office consultations for an unlimited number of personal legal matters and full representation for covered matters. For non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.

Before enrolling, employees considering the legal plan may visit metlife.com/northwesternmutual to learn more about the plan and how it works. To see a list of covered attorneys prior to enrolling, go to members.legalplans.com and create an account using an email and password of your choice. Remember, creating an account does not automatically enroll you. To enroll, you must elect the legal plan in the Benefitplace enrollment system with your other benefit elections.



Examples of excluded legal services and limits

- All employment-related matters
- Appeals and class actions
- Farm and business matters, including rental issues in which the participant is the landlord
- Patent, trademark and copyright matters
- Traffic ticket/defense related to DUI (you may use supplemental four hours for office consult/document review)
- Reproductive assistance law coverage (limited to the first 20 hours of legal services and related court work)
- Change or establishment of custody order (contested or uncontested), which is limited to the first eight hours of service
- Trial supplement benefit coverage for out-of-network representation in a trial beyond the third day; covered up to \$800/day to a maximum of \$100K total

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Well-being benefits as personal as you.

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Physical well-being

Physical well-being not only lowers health risks and reduces your chances of disease and infection, it also has a positive impact on how you feel emotionally. Staying active is a great way to relieve stress and connect with friends. If you need to catch up on routine exams, join a group exercise class or find a coach to help with managing a chronic condition, we offer lots of resources to support you.

Discovering online resources

Take the first step toward a healthier, more balanced life with Well360. Whether you are making small changes or big strides, Well360 is here to support your journey every step of the way.

Choose from a wide range of activities tailored to enhance every aspect of your well-being. Whether you're looking to incorporate mindfulness into your daily routine, learn to read food labels like a pro, create your own personal wellness challenge, or track your sleep nightly, Well360 has you covered.

REMINDER!

Northwestern Mutual provides up to a \$1,600 premium reduction for you and your spouse/domestic partner when you participate in Well360. For more information on the annual Well360 program requirements, [click here](#).

Eating better to feel better

Nutrition is a key to good health. But making healthy food choices can be challenging. That's why we have partnered with [Foodsmart](#). Get access to healthy eating tips from registered dietitians, meal planning, grocery ordering and more. Access Foodsmart through your [Well360](#) account.



Chronic condition services

Preventing and managing chronic disease often requires making healthy lifestyle changes and adjustments to daily routines. While this may feel overwhelming, these changes can be small, and we have resources to help you.

Mutual Health Center Chronic Condition Nurse

The Mutual Health Centers Condition Management Coaches can help you manage your chronic condition, including monitoring your biometrics (e.g., blood pressure, blood glucose), signs and symptoms, nutrition and exercise. Visit www.mutualhealthcenter.com to learn more or to schedule an appointment.

Hello Heart

Looking for an easy way to make sure your heart is healthy? [Hello Heart](#) is a digital platform that can help you track, manage and understand your blood pressure. With Hello Heart, participants receive a free wireless blood pressure monitor that connects to their smartphone. Hello Heart monitors your blood pressure readings, explains what the numbers mean, and advises when follow-up is needed.

Hello Heart makes it simple to track your heart health and understand what's going on, so you can worry less. It's rewarding, fun and 100% private. Results tracked in the mobile app are confidential, unless you opt to share them with your personal physician.

Employees and spouses/domestic partners enrolled in the Northwestern Mutual medical plan with blood pressure readings of 140/90 mmHg or higher, or who are taking blood pressure medication, are eligible for Hello Heart.

Access Hello Heart through [Well360](#).

Need assistance? Contact Hello Heart by emailing support@helloheart.com or calling 800-767-3471.

Livongo

Livongo is a no-cost support program for members with type 1 or type 2 diabetes. The program helps make living with diabetes easier by providing you with Livongo's connected meter, as many strips as you need and coaching. This program is offered at no cost to employees and their family members who have diabetes, if they are covered by the NM medical plan.

Join [here](#) or call 800-945-4355. Use registration code: **NORTHWESTERNMUTUAL**

DID YOU KNOW?

You can earn points for monitoring your chronic conditions? Learn more on [Well360](#).



Medical review services / second opinion

When it comes to your health, it's important to feel confident about the decisions you make.

[Teladoc Health's Expert Medical Opinion](#) gives you access to medical advice from the world's leading physicians. Through this free program, a specialist will review your diagnosis and treatment plan. Expert Medical Opinion services are available to all Northwestern Mutual employees, spouses/domestic partners and children, whether or not they are enrolled in a company medical plan. Expert Medical Opinion isn't meant to replace your personal physician or the care you receive at the Mutual Health Centers. Instead, it's an additional option to help you arrive at the best solution for your situation.

Scenarios when you can use Expert Medical Opinion

- I see little improvement in my current treatment plan.
- I have medical questions.
- My tests came back, now what?
- I'm considering surgery.

All Expert Medical Opinion services are provided at no cost to you and your eligible dependents.

Visit [teladoc.com/medical experts](https://teladoc.com/medical-experts) or call 855-380-7828.

Save on commuting and parking costs

Northwestern Mutual employees (excluding short-term temporary employees) who pay for parking or use public transit to commute to work are eligible for savings.

You can reduce your monthly transportation expenses by setting aside up to \$325 pretax for parking and another \$325 for transit expenses, according to the 2025 IRS limit.

Eligible parking expenses include:

- Parking lots/garages
- Meters
- Ticket machines
- Bicycle storage

These must be near your place of work or near a transit station from which you commute to work.

Eligible transit expenses include:

- Bus fares
- Train fares
- Subway fares
- Ferry expenses

Unlike other pretax savings programs, the commuter benefits program allows you to pause, change or update your participation at any time.



To learn more and get started, visit the [Digital Commons Commuter Benefits](#) page.

Family planning and support services

Kindbody

Northwestern Mutual supports you and your spouse/domestic partner on your journey to parenthood or to growing your family. Kindbody is available to employees and spouses/domestic partners enrolled in a Northwestern Mutual medical plan.

Effective January 1, 2025, Northwestern Mutual will begin offering Kindbody as the fertility and family-building benefit. Northwestern Mutual will provide eligible employees, spouses/partners with a benefit of three (3) KindCycles to include fertility treatment services such as egg/embryo freezing, IUI, IVF, male fertility services, donor services and fertility medication through KindbodyRX.

There are many different fertility and family building journeys, whether you are looking to start your family today or preserve your options for the future. Kindbody provides end-to-end fertility services with a dedicated Care Navigation Team to guide you through your journey and coordinate the full spectrum of benefits available to you and your medically enrolled spouse/ domestic partner.

Additional benefits with Kindbody include access to Kindbody’s full suite of services and network of partner clinics, a dedicated Care Navigation Team, white-glove guidance for care path, live and virtual events, holistic health services and a personalized portal.

For more comprehensive information about Kindbody, please click [here](#) or connect by calling 888-325-5321, option 3. Your access code is KINDNORTHWESTERN and your unique ID is your employee ID; for your spouse/domestic partner, the unique ID is the employee ID + ‘S’.



Adoption and surrogacy reimbursement benefit

Available to regular full-time and regular and voluntary part-time employees, the adoption and surrogacy assistance benefit provides reimbursement for qualified expenses associated with the legal adoption of a child under 16 years of age or qualified expenses related to surrogacy.

For regular full-time employees, the adoption and/or surrogacy benefit provides up to \$10,000 of qualified expenses per child and up to \$5,000 per child for part-time employees.

See the [Adoption/Surrogacy](#) policy for qualified expenses and how to submit for reimbursement through Kindbody.



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Intrauterine Insemination (IUI) or Timed Intercourse (TIC)



Surrogacy Embryology Services
Pre-transfer services



Egg Freezing

Physical Fitness

Exercise is one of the most valuable gifts you can give yourself. It improves health, mood and sleep, increases energy and it's social and fun. Despite its advantages, finding time can be difficult. Northwestern Mutual provides resources to make exercise more convenient and affordable.

Fitness Center

Northwestern Mutual and Optum have partnered to bring fitness to the workspace with services designed to help support employees' health and wellness goals. The Milwaukee and Franklin fitness centers are free for employees to use (including group fitness classes), are equipped with state-of-the-art exercise equipment, and are available to members 24/7.

Personal training services are available to employees looking for one-on-one guidance with a trainer, or to work out with a friend/colleague or in a small group. Stop by the fitness center front desk to meet the training staff and ask about personal trainer pricing.

Not sure how to get started? The fitness center staff is there to help. The SMART Path program includes two complimentary sessions with an exercise specialist. Discuss your goals during the initial consultation, complete a Functional Movement Screen, and walk away with a workout specifically designed for you.

Ready to get started? Email the fitness center staff or learn more about the fitness center [here](#).

Fitness Reimbursement

Not located in Milwaukee or Franklin? Get reimbursed for your gym membership. New York-based employees and remote employees who live more than 40 miles from either Wisconsin campus are eligible for a \$50/month reimbursement for physical fitness memberships and classes. Reimbursements will be made through WageWorks and documentation is required.

For more details, visit the [Fitness Reimbursement](#) page.



Physical therapy at the Mutual Health Centers

Our physical therapists are licensed professionals who help people of all ages address acute or chronic pain, increase or restore strength and mobility, and get you back to performing your normal everyday tasks without difficulty or discomfort.

Our physical therapy team focuses on the musculoskeletal system and helps to restore function to your joints, tendons, ligaments and bones.

Our Mutual Health Centers offer onsite and virtual appointments. Visits are \$25 (before deductible if you are in a high-deductible health plan). Visit mypremisehealth.com or use the MyPremiseHealth app to schedule your appointment.

Injury support

Physical therapy can treat disorders affecting different areas of the body, including the spine, knee, hip, shoulder, ankles, feet and hands.

Our physical therapists regularly treat orthopedic injuries but can also help you to regain your strength and flexibility after surgery.

Wellness Performance Assessment: Your Path to Better Health

The Wellness Performance Assessment is a comprehensive one-hour fitness evaluation designed to give you valuable insights into your current physical and cardiovascular health. This free assessment is available to all employees, spouses/ domestic partners, dependents and retirees in the Milwaukee area who are enrolled in a Northwestern Mutual medical plan. By understanding the results, you can make informed decisions and take proactive steps toward improving your overall wellness.

Women's pelvic floor coaching

Have you experienced leakage after having a baby, when you're exercising or simply performing everyday activities? Have you felt embarrassed to go out with friends because you fear relaxing and laughing will cause you to leak? Have you ever explored a solution to prevent it from happening in the future?

Women's bodies experience many changes in their lives, from puberty to menopause. These changes involve a myriad of hormonal and physical imbalances that create pelvic-floor dysfunction. Pelvic-floor disorder affects nearly 25% of U.S. women.



In addition to incontinence, many women endure acute pelvic pain, back pain, muscle tears, tailbone fractures, organ prolapse, pain with intercourse and abdominal separation.

Dr. Sara Ljubic, a physical therapist at the Mutual Health Center in Franklin, offers specialty services related to pelvic health for women. Dr. Ljubic is here to assist with a treatment program specific to your needs.

To schedule an appointment for physical therapy, visit mypremisehealth.com, use the MyPremiseHealth app or call 414-665-8400 for Milwaukee or 414-661-8400 for Franklin.

DID YOU KNOW?

You can earn 2,000 Well360 points for completing the [Wellness Performance Assessment](https://mypremisehealth.com).

Emotional well-being

We understand the challenges of balancing work, daily routines and external stresses that can strain our emotional well-being. Northwestern Mutual is committed to providing resources that empower you to prioritize your mental health and foster a greater focus on your overall well-being.

Lyra Mental Health is dedicated to ensuring compassionate and confidential care for individuals navigating life's challenges. Whether you are coping with stress, managing anxiety or depression, or facing relationship issues, Lyra's personalized care can provide the support you need.

As an eligible Northwestern Mutual employee, your spouse or domestic partner, and dependents each have access to eight free mental health coaching or therapy sessions per person, per year. Should you require additional sessions, if enrolled in a Northwestern Mutual medical plan, you can access continued care (therapy only) and medication management support from a Lyra network provider. These additional sessions will be submitted to your insurance provider and applied to your deductible and out-of-pocket costs.

Lyra offers a comprehensive range of services to meet your mental health needs.

- **Lyra's Care Navigators:** Expert guides who provide personalized assistance throughout your mental health journey.
- **Lyra Essentials:** A collection of tools, resources and self-guided programs designed to support your well-being.
- **Lyra Mental Health Coaching:** Empowering individuals to overcome challenges, fostering personal growth and resilience.
- **Lyra Therapy:** Engaging with skilled therapists who can provide valuable insights and support.
- **Lyra Medication Management:** Expert guidance and support from knowledgeable providers for medication-related needs.
- **Beyond Mental Health Support:** A range of work-life services to address diverse needs in your professional and personal life.

GETTING STARTED

Registering and accessing Lyra Mental Health services is simple. Visit northwesternmutual.lyrahealth.com to register, or download the mobile app to book appointments, access self-guided resources, and explore additional features.

Individual	NM Medical Plan	First eight therapy or coaching sessions	Additional sessions
Employees, spouse/domestic partners, children	Enrolled	Free	Billed in-network to Centivo or UMR
Employees, spouse/domestic partner, children	Not enrolled	Free	Not covered
Resides in employee's household but not a dependent	Not enrolled	Free	Not covered

DID YOU KNOW?

Lyra offers comprehensive support for the entire family including care for children and teens, coaching for parents and couples counseling.

Mutual Health Center on-site counseling services

The Mutual Health Center offers on-site counselors who can see members in person at the Milwaukee and Franklin campuses or virtually for enrolled members anywhere in Wisconsin. To schedule an appointment, call 414-665-8400 (Milwaukee) or 414-661-8400 (Franklin).

Need a different level of care?

If you are covered by NM's medical plan:

For the UMR HSA and UMR Copay plans, you can find a provider in your area on www.umar.com. Log in, click "Find a Provider," select the "UnitedHealthcare Choice Plus Network" and then select "Behavioral Health Directory." You can also call 1-800-259-0125 to speak to a plan advisor.

If you enroll in either of the High Performance plans, reach out to Centivo customer care at 1-833-452-2888 for assistance finding a provider in your area.

NOTE:

To allow Centivo High Performance Plan participants to develop and maintain a relationship with their provider, all claims will be treated as in-network. Individual provider rates will apply.



National resources

If you are experiencing high levels of stress, anxiety or depression, reach out for support.

- Call or text 988 to reach the **988 suicide and crisis lifeline**.
- **Substance Abuse and Mental Health Services Administration's Disaster Distress Helpline:**
1-800-662-4357

Work/life balance

As we balance working from home with time in the office, the lines between work and home become blurred. It can be a challenge to manage it all. Here are some tools and resources to help you both on and off the job.

Parenting/childcare

Northwestern Mutual offers two great options for childcare: KinderCare and Bright Horizons.

We know your most important job isn't at NM — it's caring for your loved ones. And as hard-working parents, you deserve access to the best childcare. That's why NM offers childcare benefits through KinderCare Learning Centers and Bright Horizons.

Check out both options to determine which fits your needs as you balance life and work.

KinderCare

- Exclusive savings for your family — a 10% tuition discount!
- Available for children ages 6 weeks to 12 years.
- The Tuition Benefit program is accepted at any KinderCare center across the country.

Bright Horizons

- Take the stress out of your nanny search with discounted, local recruiting support and placement through College Nannies.
- Waived membership fees (\$150 value) for Sittercity, which provides resources to help you secure ongoing family care including babysitters, caregivers, pet sitters and housekeepers.
- Waived registration fee at select partner centers.
- Preferred enrollment to available childcare space at select partner centers.
- Academic support, tutoring, test prep and homework assistance.

Get started

- Visit NM's dedicated [Bright Horizons](#) website or call 1-888-527-3550.
- Visit NM's dedicated [KinderCare](#) website or call 1-888-525-2780.

Have older kids? Bright Horizons also offers discounts for tutoring, test prep and homework help services. Discounts are also available for virtual classes like STEM and coding.

[College Coach](#) provides high school juniors and seniors with individualized help on school selection, financial aid guidance, admission essay review, live webinars and more. Visit the Bright Horizons platform to find the program that can help your family.

Other caregiving

[Wellthy](#) provides personalized caregiving support for all ages and stages of life. From aging parents to children, Wellthy can help fill prescriptions, navigate the process of finding long-term care or assist with scheduling appointments. Wellthy is there to ease the burden on caregivers by handling the logistical and administrative tasks of caring for the ones you love, including yourself.

Learn more about [Northwestern Mutual's Caregiver Leave](#) benefit, which offers 80 hours of paid time off per year (for full-time employees) to provide care assistance to family members with a chronic condition.



TIP

Block time on your calendar each week for a touch base with a friend or colleague. If you're in the office, meet up for coffee, lunch or a walk.

Best Upon Request

Northwestern Mutual contracts with [Best Upon Request](#) (Best) to help make life easier for all employees by promoting a balance between work and personal life.

Services provided

Best handles many of the tasks that take time out of your day: errands, tickets and reservations, vacation arrangements, researching products and services, gift services and much more! Check out our [Examples of Services](#) page for more. A true employee perk, this concierge service is FREE. The only thing you pay for is the cost of the goods and services you request. Best accepts cash and all major credit cards.

Downtown and Franklin

If you work in the Downtown or Franklin offices, you have full access to Best services through the app or by connecting with an onsite concierge assistant.

New York and remote employees

As a New York or remote employee, you can use Best for information research, travel and event planning, and transactional services.

There's an app for that!

Best offers a mobile app so you can make requests on the go. It is available by download from the Apple App Store and Google Play. Search "BestURequest." Please complete the Best Enrollment Form before logging in to the app.

- Use your email address as your username.
- Set up your password.
- Click the "Make a Request" button to contact your concierge.

Making supportive connections

Looking for a community at work? Connect with an [Employee Resource Group](#) (ERG) and start a conversation. Employees can connect through Slack channels – take five minutes to check in, chat with someone or engage with your team. These channels focus on topics of interest beyond your day job, with lots of memes to bring a smile to your face.

Lending a hand

Helping others is a great way to discover purpose and improve your emotional well-being. Plus, NM offers up to 16 hours of paid time off per year to volunteer and give back to your community. Check out [Giving & Volunteer Hub](#) to find ideas for giving back.

DID YOU KNOW?

You can access your PTO / Caregiver leave and volunteer time from Workday.



Financial well-being

Although finances are deeply personal, the stress surrounding finances is universal. Having support and resources to help manage your finances can alleviate some of that stress. Here are some tips and ideas to address your financial well-being.

Preparing

Northwestern Mutual provides internal resources to help you learn about financial well-being. From creating a budget to saving for an emergency, we have educational tools and resources to help.

If you don't have a household budget, consider creating one to help manage day-to-day expenses. Perhaps this is an opportunity to consider what emergency or urgent funds mean to you, and if that's changed over the past year, our own [Northwestern Mutual website](#) has ways to help you get started.

Planning

Planning for your future is important at any age. Whether you are close to retirement or decades away, maximizing your savings and social security are some helpful steps to start planning for your future.

Northwestern Mutual offers a Cash Balance pension plan and a 401(k). The company makes contributions to your Cash Balance plan equal to a percentage of your eligible compensation, based on your age and years of service. View [My Financial Security](#) on the DC for more information.

You can contribute up to 50% of your eligible pay—up to the IRS limit of \$24,000 for 2025—to your 401(k). Contributions can be made on a pre-tax or after-tax (Roth) basis. Information on the 401(k) plan can be found [here](#).

Visit the [My Financial Security](#) page on the DC to view your current 401(k) and Cash Balance account balances.

For financial education, check out the [Northwestern Mutual website](#) for easy ways to master money basics, including setting up a household budget, managing investments and growing your savings.

[Northwestern Mutual advisors](#) connect your finances to what you want out of life and create a plan designed to make it happen. Get matched with a financial advisor who will design a personalized plan to meet your needs now and in the future.

Preserving

Protecting and preserving your assets may go beyond traditional financial well-being. Your health plan may allow you to contribute to an account you can use for retirement.

- Eligible employees have access to a Health Savings Account (HSA) or Flexible Spending Account (FSA). Visit [HealthEquity](#) for HSA information and [WageWorks](#) for information on FSA.

Protecting

Protecting your identity and personal information is an important part of your financial well-being and can provide peace of mind. Northwestern Mutual offers identity theft protection and restoration through Experian IdentityWorks to all employees at no cost to you.

Once enrolled you will have access to daily Experian credit reports, tri-bureau credit monitoring and internet surveillance. Based on alerts you set up, Experian will notify you of any changes in your credit file or if your information is found on the Dark Web. If you become a victim of identity theft, Experian will help you recover your financial losses and restore your credit file.

The company will be enhancing this benefit for 2025 - keep an eye out for details and instructions on how to access these additional features as we head into the new year.

DID YOU KNOW?

[My Total Rewards](#) is your one-stop destination to view the full value of your Total Rewards. You'll find visibility into the value of your total compensation, healthcare, financial security, time off and well-being benefits. You can also explore benefits you may not be using but are likely valuable to you.

Vendor program contact information

Health Plan Contacts		
Dental	Delta Dental 1-800-236-3712 Group #: 50112	<ul style="list-style-type: none"> • Network dentist directory: Under "Find a Dental Provider" • Out-of-network providers are not covered
	Anthem Dental 1-844-729-1565 Group #: 210048	<ul style="list-style-type: none"> • Network dentist directory: Under "Find Care," select the "Dental Complete" network • Limited out-of-network coverage
Flexible Spending Accounts	Wageworks/HealthEquity 1-877-924-3967	<ul style="list-style-type: none"> • For claims or balance info, use the EZ Receipts app • ID Code: Last four of your employee ID number
Health Savings Account (HSA)	HealthEquity 1-866-346-5800	<ul style="list-style-type: none"> • Check your health savings account balance, update your contributions • Check your HSA investment options
Legal	MetLife 1-800-821-6400	<ul style="list-style-type: none"> • Talk to an attorney about estate planning, buying or selling a home, getting divorced and more
Commuter benefits program	HealthEquity 1-877-924-3967	<ul style="list-style-type: none"> • Enroll in the commuter benefits program • Easy account management to update or pause contributions
Medical	Centivo 1-833-452-2888 Group #: NWM01	<ul style="list-style-type: none"> • Download the Centivo app • Find in-network providers, billing and benefit questions
	UMR 1-800-259-0125 Group #: 76-414076	<ul style="list-style-type: none"> • Find in-network providers • Answer claims, billing and benefits questions
Mutual Health Centers	Milwaukee 414-665-8400	<ul style="list-style-type: none"> • Mutual Health Centers • Visit My Premise Health Portal or download the app
	Franklin 414-661-8400	
	New York 212-803-5525	
Prescription drugs	CVS Caremark 1-866-215-1050 Group #: 6086	<ul style="list-style-type: none"> • Order refills and check order status • Find out how to use the Maintenance Choice program for long-term medications
Vision	Anthem Blue View Vision 1-866-723-0515 Group #: 210048	Network directory: Click on "Find Care". Choose "Select a Plan" for basic search. Choose "Vision Plan or Network" under "Select the Type of Plan or Network." Choose "Blue View Vision" for "Select a Plan or Network."
Virtual visits	Premise Health – Virtual Primary Care 1-844-357-2949	<ul style="list-style-type: none"> • Talk to a physician for non-emergency medical conditions, 24/7 • Virtual visits will be \$15

(Continued on next page)

Vendor program contact information

Well-being Contacts		
Blood Pressure Monitoring	Hello Heart 1-800-767-3471	Free wireless monitor to help track and monitor blood pressure
Caregiver Support	Wellthy	Caregiver support for employees assisting elderly or chronically ill loved ones
Childcare	KinderCare 1-888-525-2780 Bright Horizons 1-888-527-3550	Parenting and childcare resources for all stages
Diabetes Management	Livongo 1-800-945-4355	Diabetic support that provides connected meter, strips and coaching
Employee Assistance Program (EAP)	Lyra 877-505-7147	<ul style="list-style-type: none"> • Register for account or connect with Lyra Care Navigators • Meet with a mental health expert • Access mindfulness, self-care and other work-life resources
Experian IdentityWorks	Experian IdentityWorks	Free identity protection and restoration benefit
Expert Medical Opinion	Teladoc Medical Experts 1-855-380-7828	Get an in-depth review of your case from a medical expert
Family Planning	Kindbody 888-325-5321, option 3	Services to assist you in navigating your journey to parenthood
Fitness Centers	1-414-665-5479	<ul style="list-style-type: none"> • 24/7/365 access • State-of-the-art cardiovascular and strength training equipment
HR Contact Center: 414-665-5900 or visit Ask HR		

Note: The websites listed above are owned and managed by the individual plan providers.

LEGAL NOTICES

- ✓ Creditable Prescription Drug Coverage Notice
- ✓ Notice of Privacy Practices
- ✓ COBRA Notice
- ✓ Federally Mandated Enrollment Information
- ✓ Children's Health Insurance Program (CHIP) Notice
- ✓ Notice Regarding Wellness Program
- ✓ Patient Protection Notice



The information contained in this booklet is a general description of the benefit plans. It is not intended to be a complete description of coverage. A description of the benefit plans can also be found within the Summary Plan Description. Although every effort has been made to provide an accurate report, benefits are subject to the terms and conditions of the Plan Document and/or master contract. In the event of any discrepancies, the Plan Document takes precedence. Northwestern Mutual has always reserved and continues to reserve the right to change or modify, in whole or in part, or to terminate these plans or to change the level of employee contributions at any time.

Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company (NM), Milwaukee, WI (life and disability insurance, annuities, and life insurance with long-term care benefits) and its subsidiaries.