

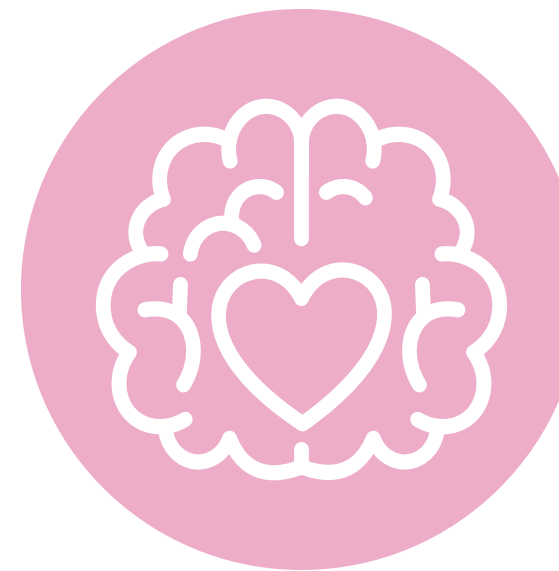


Live well. Be well.



Welcome to Your 2026 Benefits

As a leader in the real estate and specialty insurance industry, Fidelity National Financial (FNF) owes much of our success to YOU—our dedicated and engaged workforce. Providing for your personal health and well-being is a high priority as we continue to deliver best-in-class benefits in the face of rising healthcare costs. We work hard to be able to continue offering you the opportunity to design the right benefits package to meet your needs, lifestyle and budget. Live Well. Be Well., our total benefits program for 2026, is designed to serve as a foundation for your good health.



Your FNF Benefits at a Glance

FNF offers a comprehensive benefit package that protects your total health, so you can **Live Well. Be Well.**

Physical Health

- Medical
- Dental
- Vision
- WeightWatchers
- Active&Fit Gym Membership

Mental Health

- Medical
- Employee Assistance Program (EAP)
- Calm

Financial Health

- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
- Basic Dependent Life Insurance
- Business Travel Accident Insurance
- Supplemental Employee Life Insurance

- Supplemental Dependent Life Insurance
- Voluntary AD&D Insurance
- Term Life Insurance
- Voluntary Short-Term Disability Insurance
- Voluntary Long-Term Disability Insurance
- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Health Savings Account
- Flexible Spending Accounts: Healthcare, Limited Purpose, Dependent Care
- Transportation Programs: Parking Program
- MetLife Legal Program
- SmartPath Financial Wellness Program
- IdentityForce Identity Theft Protection Program
- Nationwide Pet Insurance



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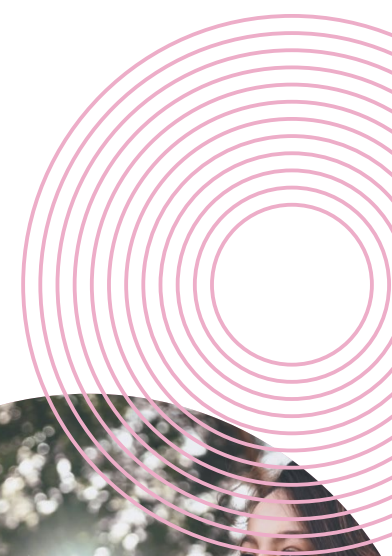
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Benefit Basics

Eligibility

You must enroll in coverage within 15 days from your date of hire. After you initially enroll in benefits with FNF, you can elect or change coverage only during Annual Enrollment or if you have a qualifying status change (see “When You May Change Plans” on [page 5](#)).

FULL-TIME EMPLOYEES

If you are a regular, full-time employee scheduled to work at least 30 hours per week, your benefits begin on the first day of the month on or after your hire date.

PART-TIME EMPLOYEES

Part-time employees working at least 20 hours per week are eligible to participate in the following benefits on the first day of the month on or after your start date.

- Tax-Free Transportation Program
 - Parking Program
 - Transportation Program
- Legal Assistance Program
- Accident
- Critical Illness
- Hospital Indemnity
- Juno Child Disability Insurance
- Identity Theft Protection
- Employee Assistance Program
- Weight Watchers (WW)
- Nationwide Pet Insurance
- Active&Fit Gym Membership

DEPENDENTS

Eligible dependents you can cover include:

- Your legal spouse.
- Your domestic partner.
- Your children up to age 26: your own children, stepchildren, legally adopted children, children of a domestic partner and children for whom you have court-appointed legal guardianship. Coverage ends at the end of the month in which the dependent turns 26.
- Your children age 26 and older who are physically or mentally incapable of self-support. This must be approved through the disabled dependent process with the medical carrier.
- If you add dependents to coverage, you will have to submit documentation to verify their relationship to you. You will receive correspondence from UnifyHR with instructions.



IF YOU AND YOUR SPOUSE BOTH WORK FOR FNF (INCLUDING ANY FNF SUBSIDIARIES)

You may not elect “double” coverage in benefit offerings. You can elect “employee only” coverage and your spouse can elect “employee plus children” coverage under the medical, dental and vision plans. Or, one of you may enroll for family medical coverage and your spouse may waive coverage. You also cannot be covered as an employee and as a spouse under the FNF life insurance plans, nor may you both cover a dependent child under Dependent Life Insurance.

This benefits guide is meant to be an informational overview, it does not provide full details for all plans, and is not the document by which coverage decisions are made. The prevailing plan documents and certificates are the final authority for eligibility and claim decisions.



Benefit Basics, cont.

When You May Change Plans

ANNUAL ENROLLMENT

Annual Enrollment is the one time of year where you can change your benefit elections and add or drop dependents for the upcoming plan year. The plan year begins January 1 and continues through December 31.

QUALIFIED LIFE EVENTS

If you have a “qualified life event” (i.e., a qualifying family or employment status change), you will be allowed to make benefit choices consistent with the life event change. You must complete the process to make changes to your benefits within 31 days of the event. Notify your local HR representative or Corporate Benefits of any change and provide the necessary paperwork, such as a birth certificate, marriage certificate and other related forms of proof.

If you are dropping coverage, the effective date is the end of the month in which the qualified life event occurred. If you are adding coverage, the effective date is the date of the qualified life event.

Qualified Life Events, as defined by the IRS, include:

- Marriage, divorce or legal separation
- Death
- Birth, adoption or placement of a child into your home, or you become responsible for an eligible child’s coverage through a Qualified Medical Child Support Order (QMCSO)
- A change in employment status for you or your spouse
- A change in your work site or residence that affects benefit eligibility
- Coverage of you, your spouse or dependent child by Medicare or Medicaid
- Involuntary loss of medical coverage for you, your spouse or dependent child, including loss due to end of COBRA coverage or loss of eligibility for other coverage
- Changes in coverage due to annual enrollment for another employer’s plan





How to Enroll

Online through Oracle

Enrollment is easy. Everything you need to enroll is online.

- Visit oracle.fnf.com and select the Oracle Employee Self-Service module then click “View Benefits”.
- When inputting dependents, you must provide their Social Security numbers.
- Once you’ve selected all your benefits and completed enrollment, print out a copy of the online confirmation statement for your records.

If you need help accessing the Oracle system, call the Corporate Systems Help Desk at **888-435-7313** for assistance.



Enroll through Oracle

Access the site

oracle.fnf.com





Quantum Health

FNF is pleased to partner with Quantum Health to make your healthcare simpler for you. Think of Quantum as your personal team of nurses, benefits experts and claims specialists who will do all they can to support your unique healthcare needs. Each time you contact them, you'll talk to a real person who knows your health benefits from top to bottom.

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your Care Coordinators. They are your one resource to contact whenever you need help with your medical, wellness or pharmacy benefits.

Care Coordinators do things for you like:

- Verify coverage and get prior approval if needed
- Advocate for your care
- Provide health education resources
- Help manage chronic conditions
- Find in-network providers
- Contact providers to discuss and coordinate treatment
- Review your care options
- Answer claims, billing and benefits questions
- Help reduce unnecessary out-of-pocket costs
- Replace ID cards

Quantum will also confirm precertification for services, to make sure you're always covered:

- Inpatient and skilled nursing facility admissions
- Outpatient surgeries
- MRI/MRA and PET scans
- Oncology care and services (chemotherapy and radiation therapy)
- Genetic testing
- Home healthcare
- Hospice care
- Durable medical equipment—all rentals and any purchases over \$1,500
- Organ, tissue and bone marrow transplants
- Dialysis
- Partial hospitalization and intensive outpatient for mental health/substance abuse

WHEN YOU DON'T KNOW WHERE TO BEGIN, START WITH QUANTUM AND YOUR CARE COORDINATORS.



CONTACT QUANTUM



Online:
[MyFNFBenefitsHub.com](https://www.MyFNFBenefitsHub.com)



Phone:
844-460-2818



Quantum Health, cont.

Frequently Asked Questions

Q: CAN SOMEONE EXPLAIN MY MEDICAL BILL?

A: Your Care Coordinators are experts at explaining FNF medical plans and helping you understand the most complex medical bills.

Q: HOW DO I REPLACE MY MEDICAL ID CARD?

A: Just give your Care Coordinators a call or visit your member website to request a new one, and we will get a replacement in the mail to you right away. You can also request a replacement and download one to your phone with the Quantum Health-Care Coordinators app.

Q: IS MY DOCTOR IN THE NETWORK?

A: A great way to avoid surprise fees is to verify that your doctor is in your plan's network prior to your appointment. Quantum can help you find out with just a tap, click or call via your mobile app, member portal or toll-free Care Coordinator phone number.

Q: WHAT IF I HAVE QUESTIONS ABOUT MY TREATMENT PLAN?

A: It's okay to have questions about your diagnosis or treatment plan. Get help and guidance from a Quantum Health Nurse Care Coordinator whenever you are uncertain about your care.

Q: CAN ANYONE HELP ME MANAGE MY CHRONIC CONDITION?

A: Quantum will work with you and your doctor to manage your chronic condition. Contact Quantum for help with your prescriptions, referrals, insurance eligibility and claims, and for useful resources for nutrition, exercise and more.

Q: HOW DO I KNOW IF MY MRI IS COVERED?

A: Many procedures and services require precertification to verify coverage. Contact your Care Coordinators to ensure in-network coverage from your health plan prior to your appointment.

Q: HOW CAN I SAVE ON PRESCRIPTIONS?

A: Quantum can help you find lower prices on your prescriptions by investigating alternatives, utilizing savings programs and engaging their in-house pharmacy team, if necessary.

•

NO REQUEST IS TOO BIG OR SMALL FOR YOUR CARE COORDINATORS WITH QUANTUM.

- **Chat live** with a Care Coordinator through your online account during business hours.
- **Schedule a call** at the date and time that is convenient for you and a Care Coordinator will call you at the scheduled time—no holding, no waiting.
- **Send a secure message 24/7** through your online account when you need help after hours.
- **Call to speak with a Care Coordinator.** There are Spanish-speaking Care Coordinators available and additional translation services if needed.



CONTACT QUANTUM



Online:
[MyFNFBenefitsHub.com](https://www.MyFNFBenefitsHub.com)



Phone:
844-460-2818



Medical

When choosing a medical plan, it is important to understand how each option works, your healthcare utilization and how it will impact your budget. Take the time to review the plans and determine which plan best meets your needs and provides you the

best health and financial protection in the long run.

FNF partners with Blue Cross Blue Shield (BCBS) as our national healthcare provider. You can choose between three BCBS medical plan options:

Plan with Health Savings Accounts:

- BCBS HDHP Base
- BCBS HDHP Buy-Up

PPO Plan

- BCBS Traditional PPO

Let's look at some differences between the plan options:

PLAN FEATURE	BCBS HDHP BASE & BUY-UP	BCBS TRADITIONAL PPO
BCBS National Networks	Yes	Yes
100% covered preventive care	Yes	Yes
True Family Deductible	There is an embedded individual deductible on the HDHP Base plan, but not on the HDHP Buy-Up Plan.	No; the individual deductible is embedded, so any one person would move to the coinsurance stage before meeting the family deductible.
Copays for services	No	Yes
Prescription drug flat copays	Copays after you've met the medical deductible	Yes
Health Savings Account available	Yes	No
Flexible Spending Account available	Limited Purpose Only	Healthcare FSA

Using the BCBS Network

The FNF medical plans feature a network of doctors and providers who have agreed to provide services at a discounted price. When you use in-network providers, you pay less out-of-pocket. If you choose an out-of-network provider you will still be covered, but your out-of-pocket costs will be higher and you may be subject to balance billing by the providers. Search for in-network providers anytime by visiting [MyFNFBenefitsHub.com](https://www.MyFNFBenefitsHub.com).

2025 BCBS PREVENTIVE SCHEDULE

This schedule is a reference tool for planning your family's preventive care, and lists items/ services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations and updates to clinical guidelines established by national medical organizations.

Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Quantum Health number on the back of your ID card. Please reach out to Quantum Health for questions about preventive services.



Medical Plan Comparison: Employee Only Coverage

	BCBS HDHP BASE		BCBS HDHP BUY-UP		BCBS TRADITIONAL PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Company HSA Funding	\$600		\$300		N/A	
Annual Deductible	\$5,000	\$10,000	\$3,000	\$7,000	\$3,000	\$7,000
Out-of-Pocket Maximum	\$8,500	\$16,000	\$7,000	\$12,000	\$5,000	\$12,000
YOU PAY:						
Coinsurance	30%	50%	20%	50%	20%	50%
Preventive Care	0%; deductible waived	50% after deductible	0%; deductible waived	50% after deductible	0%; deductible waived	50% after deductible
Primary Care Physician Visit	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$35 copay	50% after deductible
Specialist Visit	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$70 copay	50% after deductible
Teladoc (including behavioral health and dermatology)	30% after deductible	N/A	20% after deductible	N/A	\$35 / \$70 copay	N/A
Urgent Care	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% after deductible
Emergency Room	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$500 copay	\$500 copay
In/Out Patient Hospitalization	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Independent Clinical Lab (Routine or Non-routine)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Independent Diagnostic Testing Facility — (Basic X-Rays)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
In-Patient Mental Health (including Chemical Dependency / Substance Abuse)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Out-Patient Mental Health (including Chemical Dependency / Substance Abuse)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$70 copay (covered at 100% after copay)	50% after deductible
Prescription Drugs	Copays apply after you meet your deductible		Copays apply after you meet your deductible		Flat copayment only; no deductible	
Retail (30-day supply)						
• Generic	\$15	N/A	\$15	N/A	\$15	N/A
• Brand Preferred	\$50		\$50		\$50	
• Non-Preferred	\$80		\$80		\$80	
Mail Order (90-day supply)						
• Generic	\$30	N/A	\$30	N/A	\$30	N/A
• Brand Preferred	\$100		\$100		\$100	
• Non-Preferred	\$175		\$175		\$175	
Specialty Drugs	20% up to a \$250 max copay	N/A	20% up to a \$250 max copay	N/A	20% up to a \$250 max copay	N/A
PrudentRx Drug List	30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket after meeting the deductible		30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket after meeting the deductible		30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket	



Medical Plan Comparison: Family Coverage

	BCBS HDHP BASE		BCBS HDHP BUY-UP		BCBS TRADITIONAL PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Company HSA Funding	\$1,200		\$600		N/A	
Annual Deductible	\$5,000 (individual) \$10,000 (family)	\$20,000	\$6,000 (family)	\$13,000	\$3,000 (individual) \$6,000 (family)	\$13,000
Out-of-Pocket Maximum	\$8,500 (individual) \$17,000 (family)	\$32,000	\$7,000 (individual) \$15,000 (family)	\$24,000	\$5,000 (individual) \$10,000 (family)	\$24,000
YOU PAY:						
Coinsurance	30%	50%	20%	50%	20%	50%
Preventive Care	0%; deductible waived	50% after deductible	0%; deductible waived	50% after deductible	0%; deductible waived	50% after deductible
Primary Care Physician Visit	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$35 copay	50% after deductible
Specialist Visit	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$70 copay	50% after deductible
Teladoc (including behavioral health and dermatology)	30% after deductible	N/A	20% after deductible	N/A	\$35 / \$70 copay	N/A
Urgent Care	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% after deductible
Emergency Room	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$500 copay	\$500 copay
In/Out Patient Hospitalization	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Independent Clinical Lab (Routine or Non-routine)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Independent Diagnostic Testing Facility — (Basic X-Rays)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
In-Patient Mental Health (including Chemical Dependency / Substance Abuse)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Out-Patient Mental Health (including Chemical Dependency / Substance Abuse)	30% after deductible	50% after deductible	20% after deductible	50% after deductible	\$70 copay (covered at 100% after copay)	50% after deductible
Prescription Drugs	Copays apply after you meet your deductible		Copays apply after you meet your deductible		Flat copayment only; no deductible	
Retail (30-day supply)						
• Generic	\$15	N/A	\$15	N/A	\$15	N/A
• Brand Preferred	\$50		\$50		\$50	
• Non-Preferred	\$80		\$80		\$80	
Mail Order (90-day supply)						
• Generic	\$30	N/A	\$30	N/A	\$30	N/A
• Brand Preferred	\$100		\$100		\$100	
• Non-Preferred	\$175		\$175		\$175	
Specialty Drugs	20% up to a \$250 max copay	N/A	20% up to a \$250 max copay	N/A	20% up to a \$250 max copay	N/A
PrudentRx Drug List	30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket after meeting the deductible		30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket after meeting the deductible		30% coinsurance (no min/max) for Specialty Drugs on PrudentRx list. \$0 member paid out-of-pocket	



Point Solutions

Pelago

Pelago provides confidential support to help you cut back, quit, or rethink your habits with alcohol, tobacco/nicotine, opioid, and cannabis:

- 24/7 digital access
- Personalized action plan
- 1:1 coaching or counseling
- Habit tracking
- Mindfulness tools
- Judgement-free care

Pelago is available at no cost to all employees, spouses, dependents (ages 15 years and older) enrolled in a Blue Cross Blue Shield medical plan.

GET STARTED IN MINUTES



Scan the QR code or [visit **pelago.health/fnf**](https://pelago.health/fnf)

1. Download the Pelago app
2. Set your goals and explore your options
3. Start feeling better

MAVEN

Maven is a virtual clinic available to those in the BCBS plans. You have unlimited access to Maven as your virtual benefit for fertility, family building, pregnancy, and postpartum support.

Use Maven to get support on topics like:

- Trying to conceive
- Exploring fertility treatments
- Choosing a surrogacy or adoption agency
- Creating your birth plan
- Breastfeeding or bottle feeding

carrumhealth

Participants on the BCBS plans will have access to the **Carrum Health** network of specialty providers for certain surgical treatments.

When services are provided through Carrum Health, there is no out-of-pocket cost to employees, except for the IRS required minimum individual deductible for those on the HDHP plans.

Services available through the Carrum Health network include cancer treatment, orthopedic, bariatric & gastroenterology, cardiac, other surgical (general, urologic, ENT, etc.) and substance use disorders.

Carrum coordinates care between all parties including COE, carriers, partners and post-surgical providers.

Reach out to Quantum Health if you are interested in using Carrum for an upcoming procedure.



Health Savings Account (HSA)

If you participate in the BCBS High Deductible Health Plan (HDHP), you may also contribute to a Health Savings Account (HSA) through HealthEquity. An HSA allows you to set aside pre-tax dollars for your deductible and out-of-pocket medical expenses. Using this savings tool, you can take the money you would have paid for a higher health insurance premium and put it in the HSA to use now or in the future.

HSA account holders enjoy a triple-tax savings: your contributions are deducted pre-tax, grow tax deferred and are not taxed upon withdrawal (as long as they are used for qualifying expenses).

Some common qualifying expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care
- Dental care, including orthodontia

Visit Publication 969 for more details on eligible expenses: irs.gov/publications/p969.

For questions about your HSA, contact HealthEquity.

**Call: 866-735-8195
HSA prompt=1**

ELIGIBILITY

There are specific IRS requirements to open and contribute to an HSA. It's important to identify your HSA eligibility status during your enrollment. You are eligible for an HSA if:

- You are enrolled in a qualifying medical plan (such as one of the FNF BCBS HDHP medical plans) and you have no other health coverage.
- You or your covered spouse do not participate in a Healthcare Flexible Spending Account (FSA). Instead you can contribute to a Limited Purpose FSA (see [page 21](#) for more information).
- You are not enrolled in Medicare.
- You are not claimed as a dependent on someone else's tax return.

FNF EMPLOYER FUNDING

Depending on which plan you choose, FNF contributes up to either \$300 (\$11.54 per pay period) or \$600 (\$23.08 per pay period) for individual coverage and either \$600 (\$23.08 per pay period) or \$1,200 (\$46.15 per pay period) for family coverage).

ANNUAL IRS LIMITS

The IRS limits HSA contributions on a yearly basis. The 2026 limits are:

- Individual coverage: \$4,400
- Family coverage (2 or more covered): \$8,750
- Age 55 and older: An additional \$1,000 per year for catch-up contributions

HSA ADVANTAGES

- Savings from lower premiums can be deposited into the HSA.
- HSA accounts are individually owned so funds in the account can be used to pay the eligible expenses of your spouse and dependents even if they are not on your BCBS HSA plan.
- Your account balance carries over from year to year.
- If you retire or terminate your employment, your HSA balance is portable (i.e., it's yours to keep) and can still be used to pay for medical expenses including COBRA and retiree medical premiums.
- You can invest your HSA funds in a diversified group of mutual funds to grow your HSA balance (\$1,000 minimum balance is required).



Prescription Drugs

FNF partners with CVS Caremark to provide the prescription portion of the health plan (excludes Kaiser and HMSA). The CVS Caremark Retail Program includes more than 66,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,550 CVS Pharmacy locations. For a full listing, visit [caremark.com](https://www.caremark.com).

YOUR COST

- If enrolled in one of the BCBS HSA Plans, eligible prescriptions will be subject to the combined medical deductible. Once the deductible is met, you will be responsible for the appropriate prescription drug copay.
- Preventive medications listed on the CVS
- Caremark “High Deductible Health Plan (HDHP) Preventive Therapy Drug List” are not subject to the deductible and will be covered with the appropriate prescription drug copay.

Visit [caremark.com/portal/asset/FNF Preventive_DL.pdf](https://www.caremark.com/portal/asset/FNF_Preventive_DL.pdf) for a list of these preventive medications.

- If enrolled in the BCBS Traditional PPO Plan, you will only pay the appropriate drug copay.

CVS CAREMARK MEMBER REGISTRATION

As a CVS Caremark member, you will need to do the following to register for the prescription plan:

- Visit the [caremark.com](https://www.caremark.com) website and complete the registration process to create your profile.
- Once you register, go to “Understand My Plan & Benefits” and print out a temporary ID card. Be sure to take this card with you to the pharmacy if you need a prescription filled.

SHORT-TERM PRESCRIPTIONS

Get a 30-day supply of medication each time you have a prescription filled at a participating retail pharmacy. Ask your doctor or other prescriber to write a prescription for up to a 30-day supply plus refills, when clinically appropriate.

LONG-TERM PRESCRIPTIONS (MAINTENANCE CHOICE)

FNF has a mandatory* mail order program for long-term prescriptions called Maintenance Choice. This program allows you one retail fill plus two refills at a retail site before you must transition to the Maintenance Choice program for a 90-day fill. For more information, call CVS Caremark at **877-430-8627**.

*Not applicable to prescriptions filled within the state of Oklahoma.

Maintenance Choice gives you two options for 90-day medications:

1. Pay the mail service copay amount at a CVS Pharmacy location.
2. Use the mail service pharmacy. CVS Caremark Mail Service Pharmacy operates five mail service pharmacies across the US. Allow 7-10 days for home delivery from the time your order is placed.

How to Fill Medications





Prescription Drugs, cont.

PrudentRx Solution

The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs and is required for anyone enrolled in one of the BCBS plans who also uses a specialty medication in the plan. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% coinsurance. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution if the member is enrolled in the Traditional PPO plan and a \$0 out-of-pocket responsibility after the member has met the annual deductible if the member is enrolled in the HDHP Base or Buy-Up plan. If you or a covered family member are not currently taking but will start taking a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx, or they will proactively contact you, so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at 800-578-4403 to address any questions regarding the PrudentRx Solution.



Contact PrudentRx
Call: 800-578-4403

Rx Savings Solutions (RxSS)

BLUE CROSS BLUE SHIELD MEMBERS

RxSS saves you money and helps you take control of your prescription drug costs. RxSS (created and run by pharmacists) will find all the medication options for your conditions. Your online account shows any lower-cost prescriptions available and lets you compare prices. You and your doctor decide what's best for your health and budget, and you can switch to a more affordable option with ease. Save with:

- Generic forms of name-brand drugs
- Better prices through different pharmacies or mail-order service
- Equally effective medications that cost less than your current prescription



Activate your RxSS
account at myrxss.com

Call: 866-735-8195
HSA prompt=1



Kaiser Permanente

Although BCBS is our national healthcare provider, FNF also offers Kaiser Permanente plans in California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington, Washington D.C. and Hawaii. Benefits of Kaiser Permanente include:

- As both a care provider and a health plan, you get everything you need in one convenient package. Click [here](#) to learn more.
- At most facilities, you can take care of several healthcare needs in one visit. You can see your doctor, get a lab test or x-ray and pick up your medications—all without leaving the building. You can choose and change your doctor at any time. Browse doctor profiles at kp.org/searchdoctors.

- You can choose how to get and manage your care—you can see your doctor in person or schedule a phone or video visit instead. You can also email your doctor's office with non-urgent questions and call their advice nurses 24/7. You can manage your healthcare anytime online at kp.org or with the mobile app. Click [here](#) to learn more.
- Access to healthy resources and exclusive member perks. Click [here](#) to learn more.
- Emergency and urgent care is ALWAYS covered when traveling outside of the Kaiser Permanente service area. Visit kp.org/travel.

These plans must adhere to state insurance regulations which results in the plan designs being slightly different in each state provided. Plan and regulatory specific information are available on the FNF intranet and a summary grid is below.

KAISER SUMMARY GRID			
	Deductible HMO Plan CA, CO, GA, MD, OR, VA, WA, DC	Virtual Complete Plan CA, CO, GA, MD, OR, VA, WA, DC	Hawaii HMO and Added Choice* HI
Annual deductible	\$2,000 Individual / \$4,000 Family	\$2,000 Individual / \$4,000 Family	HMO: No deductible Added Choice: In-Network \$0; Out-of-network: \$100 Individual / \$300 Family*
Annual OOP max	\$4,000 Individual / \$8,000 Family	\$5,000 Individual / \$10,000 Family	HMO: \$2,500 Individual / \$7,500 Family Added Choice: \$2,000 Individual / \$6,000 Family
Telehealth Visits	No charge, deductible does not apply	No charge, deductible does not apply	No charge, deductible does not apply*
Preventive services	No charge, deductible does not apply	No charge, deductible does not apply	No charge, deductible does not apply*
Primary office visit	\$40 per visit, deductible does not apply	\$30 per visit after deductible *Deductible waived for first 3 in person visits	\$20 per visit, deductible does not apply*
Specialist office visit	\$60 per visit, deductible does not apply	\$40 per visit, deductible does not apply	\$20 per visit, deductible does not apply*
Maternity/delivery	20% coinsurance after deductible	20% coinsurance after deductible	10% coinsurance, deductible does not apply*
Hospitalization	20% coinsurance after deductible	20% coinsurance after deductible	10% coinsurance, deductible does not apply*
Outpatient surgery	20% coinsurance after deductible WA 20% + \$60 after deductible	20% coinsurance after deductible	10% coinsurance, deductible does not apply*
Urgent care	\$60 per visit, deductible does not apply CA & WA \$40 per visit	\$40 per visit after deductible / CA & WA \$30 per visit	\$20 per visit, deductible does not apply*
Emergency care	CO, DC, GA, MD, VA: \$250, deductible does not apply CA, OR, WA: \$250 after deductible / WA + 20% coins.	20% after deductible	\$100 per visit, deductible does not apply*
Pharmacy Generic	\$15 retail; \$30 mail order, deductible does not apply	\$15 retail; \$30 mail order, deductible does not apply	\$10 retail; \$20 mail order, deductible does not apply*
Preferred Brand	\$50 retail; \$100 mail order, deductible does not apply	\$30 retail; \$60 mail order after deductible	\$45 retail; \$90 mail order, deductible does not apply*

*The Hawaii Added Choice Plan has out-of-network coverage. Out-of-network services are at a higher cost share than shown and apply to the out-of-network deductible.



Kaiser Permanente, cont.

Kaiser Virtual Plan

Offered in CA, CO, GA, OR, WA

With the Kaiser Permanente Virtual Complete plan, you pay \$0 for virtual care by video, phone, e-visits, 24/7 advice and email. Pay predictable costs on common services like primary care visits and lab tests, and full cost under the deductible for other services. Visit kp.org/choosekp to chat with an enrollment specialist.

Additional Kaiser Resources

Take advantage of these extra perks—from personal health coaching to reduced rates on alternative medical therapies.

Take Time for Self Care

Manage stress, improve your mood, sleep better and more with the help of the Calm and myStrength wellness apps, available at no cost to adult members. Visit kp.org/selfcareapps.

Discounts

Get reduced rates on a variety of health-related products and services including:

- Pay only \$25 per month for access to a network of more than 10,000 fitness centers
- Up to 25% off massage therapy, chiropractic care, and acupuncture

Visit kp.org/choosehealthy.com.

Stay Active from Anywhere

With ClassPass, you can stay active no matter where you want to sweat it out. This includes:

- Unlimited on-demand video workouts at no cost
- Reduced rates on livestreams of top-rated fitness classes
- Reduced rates on in-person gym classes

Visit kp.org/exercise.

Healthy Lifestyle Programs

With our online wellness programs, you'll get advice, encouragement and tools to help you create positive changes in your life. These include:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

Visit kp.org/healthylifestyles.

Join Health Classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary by location and some may require a fee. Visit kp.org/classes.

Wellness Coaching

If you need a little extra support, Kaiser offers Wellness Coaching by phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals. Visit kp.org/wellnesscoach.

Telehealth

Telehealth is built into your Kaiser health plan.

- Whether you're at home or on the go, you can talk to your own Kaiser Permanente doctor and nursing staff.
- You get better, personalized care because your doctors can see your medical history.
- Kaiser Permanente Telehealth is connected, so when you have a virtual visit, you get ongoing and preventive care, not just support for one incident.

Contact

Use your kp.org account or the Kaiser Permanente app to get no or low-cost access to:

- A licensed care provider you can speak with 24/7 for medical advice
- Care by phone or video
- Email your doctor's office for answers to non-urgent questions
- Choosing a health plan is a big decision—so we're here to answer any of your questions. To speak with a Kaiser Permanente enrollment specialist, call **800-324-9208** or chat live [here](#).



Kaiser Permanente Member Wellness Program

If you have Kaiser Permanente insurance through FNF, you should know that they also provide members with a variety of wellness tools and programs that can help put you on the fast track to feeling your best. By completing the Kaiser online Total Health Assessment and any one healthy lifestyle program each calendar year, you can earn a **\$100 reward card**.

Total Health Assessment

Take a confidential online Total Health Assessment to get a picture of your health. The assessment will help you examine what's affecting your overall health. After you take your assessment, you'll get a customized action plan with suggested healthy lifestyle programs to improve your well-being.

Then complete one of several online healthy lifestyle programs that can help you reduce stress, quit smoking, lose weight and more. Take these programs from the comfort of your home—you can complete as many as you'd like and they're absolutely free.

HOW TO GET STARTED

1. Go to my.kp.org/fnf.
2. Click on the "rewards program" link.
3. Follow the instructions for completing the Total Health Assessment and any one healthy lifestyle program.

You must complete both the assessment and one healthy lifestyle program to receive your reward from Kaiser. Your answers to the Total Health Assessment and progress in the healthy lifestyle program are not shared.

Visit kp.org/womenshealth to learn more about our great women's health initiatives and resources.





Hawaii Medical Services Association (HMSA)

FNF offers Hawaii Medical Service Association (HMSA) as a medical plan option to employees in Hawaii. Established in 1938, HMSA is a well-known name in Hawaiian healthcare, offering the largest and most experienced group of healthcare providers in the state. Over half of Hawaii's population have chosen HMSA for their healthcare coverage.

HMSA is dedicated to providing quality, affordable health plans, employee benefit services and worksite wellness programs. HMSA also offers a variety of programs, services and support to help improve the health and well-being of members and the community.

FNF offers two HMSA plan design options:

1. Preferred Provider Plan
2. Health Plan Hawaii Plus

The Preferred Provider Plan offers you access to both participating and non-participating providers, while the Health Plan Hawaii Plus only provides access to participating providers.

HMSA SUMMARY GRID

	Preferred Provider Plan (754); PPO Network	Health Plan Hawaii (X-S) – HMO Network
	Member	Member
Annual Deductible	\$0	\$0
Annual Copayment Maximum	Single: \$2,500 / Family: \$7,500	Single: \$2,500 / Family: \$7,500
To help maintain your health		
Annual Preventive Health Exam	\$0	\$0
Annual Well-Woman Exam	\$0	\$0
Annual Well-Child Care (age 21 & younger)	\$0	\$0
Preventive Screenings (Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive)	\$0	\$0
Immunizations (standard & travel)	\$0	\$0
If you need immediate medical attention		
HMSA Online Care	\$0	\$0
Urgent Care	\$12 copayment	\$20 copayment
Emergency Room	20% coinsurance	\$100 copayment
Ambulance (ground or interisland air)	20% coinsurance	20% coinsurance
If you visit a doctor's office or clinic (outpatient)		
Doctor Visit	\$12 copayment	\$20 copayment
Specialist Visit	\$12 copayment	\$20 copayment
Physical Therapy	20% coinsurance	\$20 copayment
Radiology - General (e.g., X-ray)	20% coinsurance	\$10 copayment
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance	20% coinsurance
Lab Tests (e.g., bloodwork)	20% coinsurance	\$10 copayment
If you have a hospital stay (inpatient)		
Hospital Room & Board	10% coinsurance	10% coinsurance
Surgery	10% coinsurance (cutting); 20% coinsurance (non-cutting)	10% coinsurance (cutting); 10% coinsurance (non-cutting)
Radiology - General (e.g., X-ray)	10% coinsurance	10% coinsurance



Hawaii Medical Services Association (HMSA), cont.

HMSA SUMMARY GRID		
	Preferred Provider Plan (754); PPO Network	Health Plan Hawaii (X-S) – HMO Network
Radiology—Other (e.g., MRI, CT scan, Ultrasound)	10% coinsurance	10% coinsurance
Lab Tests (e.g., bloodwork)	10% coinsurance	10% coinsurance
If you're pregnant		
Routine Prenatal & Postnatal Care	10% coinsurance	10% coinsurance
Delivery	10% coinsurance	10% coinsurance
Hospital Room & Board	10% coinsurance	10% coinsurance

Visit hmsa.com to access your suite of well-being tools and to log in to your My Account profile to view in-depth information about your health plan.



HMSA's Online Care® allows you to talk with a doctor 24/7, 365 days a year, without leaving home.

- All you need is a smart phone, tablet or computer.
- It's convenient, secure and confidential.
- Download the free app or visit hmsaonlinecare.com.

BEHAVIORAL HEALTH

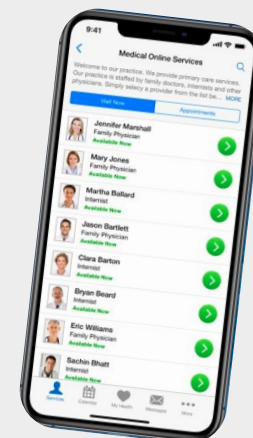
Taking care of your emotional well-being is easier than ever. With HMSA's Online Care®, you can meet with a behavioral healthcare provider in the comfort and privacy of your home or anywhere else in Hawaii.

Online Care behavioral health providers include psychiatrists, psychologists, licensed marriage and family therapists, mental health counselors and social workers. They can help you with:

- Marriage and family counseling
- Conflict resolution
- Depression and anxiety
- Stress management
- Grief and loss

Search for the app in the App Store or Google Play or visit hmsaonlinecare.com.

Once you are registered, log in anytime and click HMSA's Online Care Behavioral Health Practice or another provider.





Supplementing Your Medical Plan

The medical plan provides great coverage for you and your family's general healthcare needs. Still, everyone's needs are slightly different. That's where our supplemental benefit options come in to assist in protecting your financial health. You can choose these benefits to protect your family's finances in case of an unforeseen injury or illness. You do not need to be enrolled in one of the FNF medical plans to enroll in the Accident, Hospital Indemnity or Critical Illness coverage.

Advantages on enrolling in these coverages include:

- You will receive cash benefits for expenses that may not be covered under your medical insurance.
- Coverage is available for you, your spouse and your dependents, as long as you have coverage for yourself.
- No health questions to answer.
- No pre-existing limitations.
- You can take this coverage with you if you leave the company.

Please note these plans are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. For a complete description of the available benefits, exclusions and limitations for each of these plans, see the Voya certificates of insurance and any related riders.

Click each plan to learn more.



ACCIDENT INSURANCE



HOSPITAL INDEMNITY INSURANCE



CRITICAL ILLNESS INSURANCE

For more information on your Voya benefits, call: 877-236-7564



Supplementing Your Medical Plan, cont.

Accident Insurance

Accidents happen. On average, there are 13 unintentional injury deaths and approximately 2,650 disabling injuries in the US every hour. While you can count on your insurance to cover medical expenses, it doesn't always cover indirect costs that can arise from an accidental injury.

Accident insurance provides a lump sum payment based on the accident/injuries sustained and care received as a result, so you can have the peace of mind knowing you are financially covered. Whether it is to pay medical expenses, the mortgage, car payments or utility bills, you decide. It is that simple.

This plan provides a benefit in case of:

- Broken or fractured bones (Benefit = \$400-\$10,000 depending on fracture location)
- Burns (\$1,250-\$15,000 depending on degree and amount)
- Eye injuries (\$100-\$350)
- Concussions (\$225)
- ER Treatment (\$225)
- Ground Ambulance (\$500)
- And more

Accident Insurance Costs	
Coverage Level	Bi-Weekly Rates
Employee Only	\$3.02
Employee + Spouse	\$6.89
Employee + Child	\$8.82
Employee + Family	\$12.68

Hospital Indemnity Insurance

Even with health insurance, a hospital stay can mean big out-of-pocket costs and stress. Hospital Indemnity Insurance will pay you a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount depends on the type of facility and the number of days of confinement. Any combination of confinement and admission benefits payable will not exceed a total of 30 days, and admission benefit is payable to a maximum of once per calendar year.

Covered Benefits	Non-HSA Compatible Plan (Daily benefit amount \$100)	HSA Compatible Plan (Daily benefit amount \$200)
Hospital Admission (First Day of Confinement)	\$500	\$2,200
Hospital Confinement	\$100	\$200
Critical Care Unit Admission	\$500	\$2,200
Critical Care Unit Confinement	\$200	\$400
Rehab Facility Confinement	\$50	\$100

There are additional benefits included with Hospital Indemnity Insurance:

Child care, lodging and pet boarding benefits during confinement (for Non-HSA plans only), and Accident benefit payments for some specific injuries, events and covered Diagnostic Test benefits.

Hospital Indemnity Insurance Costs: Non-HSA Compatible Plan		Hospital Indemnity Insurance Costs: HSA Compatible Plan	
Coverage Level	Bi-Weekly Rates	Coverage Level	Bi-Weekly Rates
Employee Only	\$10.98	Employee Only	\$12.46
Employee + Spouse	\$23.82	Employee + Spouse	\$24.10
Employee + Child	\$19.94	Employee + Child	\$20.70
Employee + Family	\$32.78	Employee + Family	\$32.34



Supplementing Your Medical Plan, cont.

Critical Illness Insurance

Getting diagnosed with a critical illness is tough news for anyone to take. Worrying about the financial burden of treatment makes it even worse. Fortunately, you can have peace of mind knowing you have extra protection if you enroll in Critical Illness Insurance. If you or a covered family member are diagnosed with a covered critical illness, this plan pays a lump sum benefit you can use for anything you want.

Examples of covered illnesses include:

- Cancer (100% of benefit coverage amount)
- Coma (100%)
- Severe Burns (100%)
- Heart attack (100%)
- Major human organ transplant (100%)
- Permanent Paralysis (100%)
- Stroke (100%)

Annual Wellness Screening Benefit

Receive a \$50 wellness benefit for every covered person who has a wellness or preventive health screening test performed during the year. The wellness benefit is \$25 per covered child (to a maximum of \$100 for all children).

AMOUNT OF COVERAGE

- **Yourself:** \$10,000, \$20,000 or \$30,000
- **Spouse:** Elect a spouse benefit amount of 50% of your benefit amount, only if you elect coverage for yourself
- **Dependent Child(ren):** Your children will automatically be covered at 50% of your benefit amount at no additional cost to you

EMPLOYEE CRITICAL ILLNESS INSURANCE COSTS

Age	\$10,000	\$20,000	\$30,000
Under 25	\$1.96	\$3.35	\$4.73
25-29	\$2.05	\$3.53	\$5.01
30-34	\$2.70	\$4.82	\$6.95
35-39	\$3.35	\$6.12	\$8.88
40-44	\$3.76	\$6.95	\$10.13
45-49	\$6.39	\$12.21	\$18.02
50-54	\$9.12	\$17.65	\$26.19
55-59	\$9.58	\$18.58	\$27.58
60-64	\$17.19	\$33.81	\$50.42
65-69	\$20.42	\$40.27	\$60.12
70+	\$34.50	\$68.42	\$102.35

SPOUSE CRITICAL ILLNESS INSURANCE COSTS

Age	\$5,000	\$10,000	\$15,000
Under 25	\$1.27	\$1.96	\$2.65
25-29	\$1.32	\$2.05	\$2.79
30-34	\$1.64	\$2.70	\$3.76
35-39	\$1.96	\$3.35	\$4.73
40-44	\$2.17	\$3.76	\$5.35
45-49	\$3.48	\$6.39	\$9.30
50-54	\$4.85	\$9.12	\$13.38
55-59	\$5.08	\$9.58	\$14.08
60-64	\$8.88	\$17.19	\$25.50
65-69	\$10.50	\$20.42	\$30.35
70+	\$17.54	\$34.50	\$51.46



Dental

The FNF Dental plan offers you three options that are administered by UnitedHealthcare (UHC) Dental. All options utilize the UHC Dental PPO network. You can visit any general dentist or specialist of your choice, but keep in mind that you will pay less out-of-pocket when you visit an in-network provider. If you choose to utilize an out-of-network provider, you may be balance billed (the difference between what your dental plan pays and the actual charges from the dentist).

UHC Dental provides improved service technology, an improved oral cancer screening benefit and a strong prenatal dental care program.

	DENTAL PLANS					
	LOW OPTION PPO		STANDARD OPTION PPO		HIGH OPTION PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Who's Covered	Employees and spouses as well as dependent-eligible children					
Individual / Family Deductible <i>(Applies to Basic and Major. Waived on Diagnostic and Preventive.)</i>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$100 / \$300
Annual Benefit Maximum <i>(per person per calendar year)</i>	\$750	\$750	\$2,000	\$1,000	\$5,000	\$2,500
Diagnostic and Preventive	100%	100%	100%	100%	100%	100%
Basic Restorative Benefits	40%	40%	90%	80%	90%	80%
Major Restorative Benefits	20%	20%	60%	50%	60%	50%
Orthodontic Benefits <i>(Adult + child)</i>	50%	50%	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$750	\$750	\$1,500	\$1,500	\$2,000	\$2,000



UHC Dental Online Resource

Visit myuhcdental.com to register as a member of the FNF Dental plan (you will need the information from your ID card to register). After registering, sign in to:

- Locate a network dentist or specialist
- Review your coverage, copays, deductible and out-of-pocket costs
- Compare costs for specific treatments and network costs vs. out-of-network costs
- Check your dental claims
- Get answers to the most frequently asked questions
- Learn about oral health and dental treatments
- Print an ID card
- See what network dentists are allowed to charge for a service with the "Dental Cost Calculator"

Sign in to myuhcdental.com 24 hours a day to quickly find more information!



Vision

Regular vision check-ups are important, especially in the digital age when we constantly squint at computers, tablets and mobile phones. FNF protects your vision by offering vision coverage through EyeMed Vision Care. The vision plan through EyeMed provides coverage for eye exams, frames, lenses and contacts. With EyeMed, you have the freedom to choose from an extensive network of private practice optometrists, ophthalmologists, opticians and leading optical retailers.

EYEMED VISION CARE PLAN HIGHLIGHTS

Plan Feature	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Copay	Up to \$40
*Exam at PLUS Providers	\$0 Copay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$170 allowance; 20% off balance over \$150	Up to \$105
*Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$220 allowance	Up to \$105
Standard Plastic Lenses		
• Single vision	\$0 Copay	Up to \$20
• Bifocal	\$0 Copay	Up to \$30
• Trifocal	\$0 Copay	Up to \$40
• Standard Progressive Lens	\$65 Copay	Up to \$30
• Premium Progressive Lens	\$65; 80% of charge less \$120 allowance	Up to \$30
• Lenticular	\$0 Copay	Up to \$40
Lens Options		
• UV Treatment	\$15	N/A
• Tint (Solid and Gradient)	\$15	N/A
• Standard Plastic Scratch Coating	\$0	Up to \$8
• Standard Polycarbonate	\$40	N/A
• Standard Polycarbonate (kids under 19)	\$0	Up to \$20
• Standard Anti-Reflective Coating	\$45	N/A
• Polarized	20% off retail price	N/A
• Other Add-Ons and Services	20% off retail price	N/A
Contacts		
• Conventional	\$0 copay; \$150 allowance; 15% off balance over \$150	Up to \$70
• Disposable	\$0 copay; \$150 allowance; plus balance over \$150	Up to \$70
• Medically Necessary	\$0 copay; paid-in-full	Up to \$200
Laser Vision Correction	15% off the retail price or 5% off the promotion price	N/A
Hearing Care (Hearing Health Care from Amplifon Hearing Network)	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency (Examination, Lenses, Contact Lenses or Frames)	Once every calendar year	

EyeMed Online Tools

Visit eyemed.com and/or download the EyeMed app to easily:

- Find a provider
- View your member ID card
- See current benefits eligibility and in-network benefit details
- Get answers to commonly asked questions
- Contact EyeMed

Also check out some of our convenient online in-network provider partners, Glasses.com and ContactsDirect.com.

Additional Discounts

You also have the opportunity to get 40% off of a complete pair of prescription eyeglasses, 20% off of non-prescription sunglasses or 20% off of the remaining balance beyond plan coverage when you visit an in-network provider.

For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call **866-299-1358**.





Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) is a benefit that allows you to designate pre-tax dollars to pay for eligible out-of-pocket healthcare and dependent care expenses. The money you set aside reduces your taxable income, which can save you money at tax season. You can participate in an FSA even if you are not enrolled in a medical plan.



Healthcare FSA

You can set aside up to \$3,300 pre-tax per plan year for a Healthcare FSA. These funds can be used to cover eligible medical, prescription drug, dental and vision plan expenses. Eligible expenses are those not covered by insurance and include:

- Deductibles
- Coinsurance
- Copays
- Over-the-counter medications
- Extra dental cleanings
- Additional orthodontia not covered by a dental plan
- Routine hearing exams
- Hearing aids and repairs
- Eye exams and prescription eyewear
- LASIK eye surgery

Refer to the WageWorks website (healthequity.com/wageworks) for a complete listing of eligible services.

If employment ends during the plan year, the FSA card will be deactivated on the last day of employment. Reimbursement claims can be submitted for services incurred from the start of the year until the end of the month in which employment ends.

Limited Purpose FSA

If you enroll in our Blue Cross Blue Shield health plan with the HSA, you are NOT eligible for a Health Care FSA, but you ARE able to enroll in the Limited Purpose FSA. You can deposit as much as \$3,300 a year on a pre-tax basis to the Limited Purpose FSA, which has two components:

- Limited Purpose phase—Until you meet your medical plan deductible, the Limited Purpose FSA reimburses **only dental and vision expenses**.
- Post deductible phase—Once you meet the health plan deductible, the Limited Purpose FSA will reimburse for **all qualified medical expenses**, just like a regular Healthcare FSA.

Dependent Care FSA

Pre-tax money that you deposit into the Dependent Care FSA pays for daycare expenses for a dependent child under age 13 or a dependent/incapable of self-care adult. Daycare expenses are reimbursable provided the dependent service enables you and your spouse to work or attend school full time. The annual maximum you can contribute in 2026 is \$7,500* a year (\$3,750 if married, filing separately). Then you can reimburse yourself using these tax-free dollars for such things as:

- Babysitters
- After school care
- Daycare centers
- Nursery schools
- Summer day camps
- Elder care

Be sure to keep record of the name of your daycare provider and tax identification number (or SSN) for your personal tax purposes.

*Employees who meet the IRS definition of being a Highly Compensated Employee (HCE) may have their annual election decreased after the completion of nondiscrimination testing.




Flexible Spending Accounts (FSAs), cont.

Important FSA Information

- For 2026, the FSA will have a grace period to allow the rollover of unused dollars, up to the IRS maximum allowed. The rollover happens after the close of the claim year, so unused funds from 2026 will be available in your 2027 FSA by the end of April 2027.
- Claims incurred through December 31 of the current plan year must be submitted by March 31 of the following plan year.
- According to the IRS, any money left (above the rollover maximum) in an FSA after March 31 of the following plan year is forfeited. This is known as the “use it or lose it” rule.
- Balances cannot be transferred between the Health Care Flexible Spending Account and the Dependent Care Spending Account.
- Changes in elections can be made only during Annual Enrollment or if you have a qualified change in status.
- There are opportunities to spend FSA dollars on over the counter purchases. Please visit healthequity.com/fsa-qme for a list of qualified expenses.

**INCUR CLAIMS THROUGH
DECEMBER 31, 2026.**



**BE SURE TO SUBMIT CLAIMS
BY MARCH 31, 2027.**

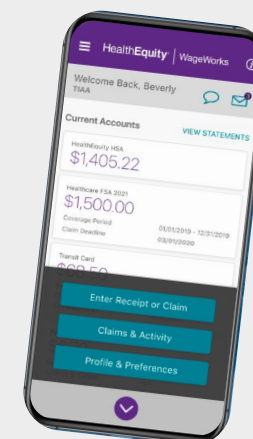


WageWorks EZ Receipts

The WageWorks EZ Receipts app makes it easy to submit claims, pay providers for services or access FSA funds directly while on the go. You can download the app in the iTunes App Store or on Google Play. Learn more at wageworks.com/myezreceipts.

WAGeworks AND FSASTORE.COM

WageWorks has partnered with FSASstore.com, the only one-stop online shop stocked exclusively with Healthcare FSA-eligible products and services, to make it even easier for you to use your Healthcare FSA dollars—and get the best value from each dollar spent. When you use the WageWorks® Healthcare Card to pay for products from FSASstore.com, card transactions are automatically verified—no more submitting receipts!





Life Insurance and AD&D

Basic Life and AD&D

Life insurance offers valuable financial protection for your beneficiaries in the event of your death. FNF pays 100% of the cost of your basic life coverage. The plan includes basic life insurance benefits payable in the event of your death, and Accidental Death & Dismemberment (AD&D) benefits payable if your death or dismemberment injury is the direct result of an accident.

Eligible employees receive basic life insurance equal to one-and-one-half times their base salary, to a maximum benefit of \$125,000. AD&D coverage is also equal to one-and-one-half times base salary, to a maximum benefit of \$125,000.

Basic Dependent Life Insurance

FNF automatically provides basic dependent life insurance coverage of \$5,000 for your spouse and \$2,000 per child. The company pays 100% of the cost of the coverage. To be eligible for the full benefit of \$2,000, your child must be between the ages of six months and 26 years.

Business Travel Accident Insurance

The company automatically provides you with additional life insurance in the event of your accidental death while traveling on company business. This coverage provides you with protection of up to four times your base salary, to a maximum of \$300,000. There is no cost to you for this benefit, and you do not have to enroll.

Supplemental Life Insurance

You can purchase up to five times the amount of your benefits compensation, to a maximum of \$1,000,000. Your "benefits compensation" is your base salary plus commissions.

During your new hire eligibility period, evidence of insurability (EOI) is not required if the amount of the supplemental employee life insurance you select is equal to the lesser of three times your benefits compensation or \$500,000. Keep in mind that you will be required to provide EOI to enroll or increase your coverage amount during any future enrollment periods.



LIVING BENEFIT

You may be eligible to receive up to 75% of your Supplemental Life Insurance coverage amount or \$500,000, whichever is less, if you are diagnosed with a terminal illness and your life expectancy is 12 months or less. This money can be used for any purpose. If you receive a living benefit, it will reduce the final benefit paid to your survivor. For example, if your total coverage amount is \$100,000 and you receive a living benefit of \$50,000, your beneficiary will receive a \$50,000 benefit when you decease.



AGE REDUCTIONS

The Basic and Supplemental Employee and Spouse life benefit reduces to 50% of their value on January 1 following their 70th birthday.

Supplemental Dependent Life Insurance

You can purchase coverage for your spouse in the amount of \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000. You may cover your spouse even if you do not enroll for supplemental employee life insurance. The amount of spouse coverage may not exceed 50% of the amount of your in-force life insurance.

EOI will be required to enroll or increase your coverage during any future enrollments after initial eligibility.

Life insurance coverage can be purchased for your dependent child(ren) in amounts of \$5,000 or \$10,000 per child. No EOI is required for child life insurance. The child supplemental life benefit is only payable for children six months of age and older.

Voluntary AD&D Insurance

Purchase additional AD&D insurance of up to 10 times your benefits compensation, to a maximum of \$750,000. Single or family coverage is available at favorable group rates. Evidence of insurability is not required. The AD&D plan pays a full benefit in the event of your accidental death, or a portion of the full benefit if you suffer a dismemberment injury as a result of an accident.

For a complete description of the benefits, exclusions and limitations for each of these Life and AD&D insurance plans, see the Reliance Matrix and Zurich certificates of insurance and any related riders.



Life Insurance, cont.

Benefits Compensation

Benefits compensation is a **definition of earnings that equals regular base pay inclusive of commissions**. The commission included is the average commissions earned during the 24 months immediately prior to the July 1 anniversary date as defined in the FNF Life & Disability Plan contracts. If an individual is employed less than 12 months, the commission equals actual commissions received.

Benefits compensation is used to calculate available supplemental life insurance amounts, accidental death & dismemberment coverage amounts and short/long-term disability coverage levels. An increase, or decrease, in benefits compensation will impact the dollar amount of coverage provided which directly affects the amount of monthly premium you pay.

Also, supplemental life insurance, supplemental spouse life insurance and LTD rates and premiums are based on the age of the employee as well as the spouse's age (e.g., 40-44, 45-49). The employee's and spouse's age is calculated as of January 1 annually which determines the amount of payroll deduction for each benefit for the following 12-month period. If, however, there is a mid-year change in base pay, the premium is recalculated based on the day of the pay.

Chubb LifeTime Term Insurance

Chubb LifeTime Term Insurance has life insurance premiums that are guaranteed to never increase. This plan provides a level death benefit to your family at death and also benefits while you are living if you need home healthcare, assisted living or nursing care. This coverage is offered to all employees, ages 19-70 who are actively at work.

If you become chronically ill, this plan will pay up to 4% of your death benefit each month for up to 25 months. You can use this money any way you choose, and your life insurance premiums will be waived. There are three benefit levels available:

- \$25,000
- \$50,000
- \$100,000

You can also elect coverage for dependents. See the Chubb LifeTime Term certificate of insurance and any related riders for a complete description of the benefits, exclusions and limitations of this plan. To enroll, go to chubb.benselect.com/FidelityNationalFinancial.





Disability

Disability coverage provides financial protection for you and your family in the event you cannot work because of an accident or personal illness.

Voluntary Short Term Disability (STD)

You may purchase Voluntary STD coverage with a benefit of 60% of your weekly benefits compensation to a maximum benefit of \$1,500 per week for up to 26 weeks. There is one option available with this STD plan:

- 7-day waiting period

Voluntary Supplemental STD Insurance—Certain States Only

In states where disability coverage is mandated (CA, CO, CT, HI, MA, NH, NJ, NY, OR, RI and WA), you may be able to supplement state coverage with the FNF STD Plan. The FNF Supplemental STD plan is a buy-up option that pays the difference, if any, between what state coverage pays weekly and your maximum weekly benefit payable under the FNF STD Plan (60% of your weekly benefits compensation up to \$1,500 per week).

If you are an employee in one of these states, refer to the Life and Disability Rate Summary included in your enrollment materials to determine if you are eligible to participate in the plan. If you are not eligible initially but become eligible in the future through a salary increase, this qualifying event allows you to enroll in the plan without providing evidence of insurability. It is, however, your responsibility to contact Corporate Human Resources if you want to enroll at that time.

Voluntary Long Term Disability (LTD)

FNF offers two different Voluntary LTD coverage options:

- 50% of your monthly benefits compensation to a maximum of \$15,000 per month
- 60% of your monthly benefits compensation to a maximum of \$15,000 per month

Benefit payments begin after 180 days of disability and continue until the later of age 65 or the normal retirement age under Social Security if you are totally disabled. If you become disabled after age 65 and/or your SS normal retirement age, there is still a payable benefit, but with a maximum duration as defined in the plan documents. The cost of this coverage is paid with after-tax dollars, so benefits received from the plan are tax-free.

Please refer to the appropriate disability policy for submission deadlines for filing disability claims.

Employees are responsible for sending the disability claim form to Reliance Matrix and coordinating appropriate paperwork from the attending physician. Contact your local HR representative for more information.



Employee Assistance Program (EAP)

Sometimes life can be challenging. That is why FNF provides an enhanced EAP through SupportLinc. This EAP is offered at no cost to employees and all members of your household. This includes dependent children up to age 26, whether or not they live at home. The EAP is confidential and available 24 hours a day, 7 days a week. You can access services by telephone and through the website. The following services are available through SupportLinc.

- 24/7 access to behavioral health professionals for in-the-moment support
- Counseling sessions with a licensed network professional at no cost to you
- Counseling sessions are available for telephonic, face-to-face, televideo or chat sessions

Support, consultation and resources are available for a range of issues such as:

- Helping you balance work and home life
- Family relationship issues
- Depression
- Conflict management
- Alcohol/substance abuse
- Stress management

Legal Services

The EAP provides free in-person or telephonic consultation with a participating attorney for each new legal topic related to:

- General, family, criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions

Financial Services

The EAP provides guidance and consultation from financial planners and budget specialists on:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

Additional Services

- ID theft consultation
- Dependent care resources (including child care and elder care referrals)
- Convenience and concierge resources (including for home improvement, entertainment services, pet care, auto repair, wellness, travel, plumbers and handymen and volunteer opportunities)



Get six counseling sessions per issue per year at no cost to you!

**To access services:
888-881-LINC (5462)
supportlinc.com
Company code: fnf**



Other Benefits

IdentityForce Identity Theft Protection

In today's world of online shopping, using public Wi-Fi and giving out Social Security numbers as a form of ID, our personal information can be exposed. Unfortunately, free credit monitoring simply alerts you to credit issues. IdentityForce not only has proprietary technology to detect a variety of identity threats, if you do have an identity theft problem a US based team of specialists can help fix it.

IDENTITYFORCE SERVICES

IdentityForce UltraSecure ID (available as a payroll deducted employee benefit) includes searching over a trillion data points every day for potential threats to your identity and to financial assets—your 401(k) and investment accounts. This plan also includes scanning for misuse of your Social Security number, false change of address filings and court records scanned for theft of your identity to commit crimes. Features include:

- Dark Web Monitoring
- Lost Wallet Assistance
- Address Change Verification
- Black Market Website Surveillance
- Reduced Pre-approved credit card offers
- Live member support
- Identity Restoration Support
- Fictitious Identity Monitoring
- Court Records Scanning
- Data Breach Notifications
- Investment Account Activity Alerts

Family Services and Childwatch is included in this plan. This helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children (if dependents under age 18 are enrolled).

IdentityForce UltraSecure ID + Premium services provide some peace of mind knowing you have IdentityForce's most comprehensive identity theft protection available. Services include Financial Account Takeover Monitoring, Password Manager, Mobile Attack Control and much more. Please see the policy terms, conditions and exclusions at mybenefits.identityforce.com.

Identityforce Rates

Coverage (monthly)	UltraSecure ID	UltraSecure ID + Premium
Employee only	\$6.99	\$9.99
Employee + Family	\$12.99	\$18.99

FOR MORE INFORMATION:
Visit: mybenefits.identityforce.com
Call: 855-441-0270

MetLife Legal

Legal matters, both planned and unplanned, are part of life. The MetLife Legal Plan provides fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, creditor issues and much more. Sign up for a convenient payroll deduction of just \$15.00 a month and save hundreds over typical attorney fees.

For more information on the plans, you can visit metlife.com/FNF.

FOR MORE INFORMATION:

Phone: 800-821-6400
Monday–Friday, 8:00 a.m.–8:00 p.m. (EST)

Website: info.legalplans.com
(Access Code: 8700010)





Other Benefits, cont.

Pet Insurance

The cost of veterinary care has increased up to 20%, putting further strain on pet owners. Additionally, pet owners will likely occur at least one \$1,000-\$3,000 bill for emergency care during their pet's lifetime. My Pet Protection through Nationwide is offered exclusively to employees and provides your pet superior protection at an unbeatable price with several reimbursement options.

Pre-existing conditions may be excluded. Pre-existing conditions mean any illness or injury that your pet had before coverage started. Not all pre-existing conditions are excluded permanently. If you have medical records from your vet showing that your pet's condition has been cured for at least six months, you may be able to get it covered.

NATIONWIDE OFFERS TWO PLANS FOR YOU TO CHOOSE FROM: MY PET PROTECTION® AND MY PET PROTECTION® WITH WELLNESS500

	MY PET PROTECTION®	MY PET PROTECTION® WITH WELLNESS500
Accidents	●	●
Injuries	●	●
Illnesses	●	●
Hereditary and congenital conditions	●	●
Diagnostics and imaging	●	●
Procedures and surgeries	●	●
Wellness exams		●
Vaccinations		●
Flea prevention		●
Spay or neuter		●
And more	●	●

PLAN RESTRICTIONS AND OTHER EXCLUSIONS

Some exclusions are breeding, grooming/ bathing, nail trim and boarding (except if owner is hospitalized for more than 48 hours). Refer to the "What We Do Not Cover: Exclusions" section of your policy and your policy "Declarations Page" for more information.

WELLNESS, ROUTINE CARE AND PREVENTIVE CARE

Wellness exams, treatments and procedures are not covered unless you purchase a My Pet Protection with WellnessSM. Wellness, routine care and preventive care treatments and procedures include, but are not limited to, services such as vaccinations, flea/heartworm prevention and health screens (blood tests), dental cleaning, spay/neuter and more.

ENROLLING

Employees can enroll anytime via the website or by calling in. Dogs and cats are the only pets that can be quoted through the website. You may enroll birds, amphibians and reptiles as well.

Policies are issued individually and renewal dates will vary depending on when your pet is originally enrolled. A policy term is 12 months and will automatically renew.

TO ENROLL:

Phone: 877-738-7874

Website: petinsurance.com/fnf



Other Benefits, cont.

Commuter and Transportation Programs

A WageWorks Commuter Account is a pre-tax benefit account used to pay for public transit and parking as part of your daily commute to work. Public transit includes train, subway, bus, ferry and eligible vanpool.

- Save an average of 30% on public transit and parking as part of your daily commute to work
- Easy to use through their free mobile app where you can manage your account
- Enroll or make changes to your transportation program on a quarterly basis

HOW IT WORKS

Decide how much to contribute up to the allowed monthly limit of \$325 per month. Funds are moved from your paycheck to your account before taxes are deducted. As soon as funds are available in your account, start using them for qualified commuting expenses. You may pause or cancel contributions to your account on a quarterly basis.

MANAGE YOUR ACCOUNT

Use WageWorks® Commuter Card payment method associated with your account once you register. For parking, use the preloaded WageWorks Commuter Card to pay your parking provider. Manage your account via a secure website or via the EZ Receipts® mobile app by WageWorks. Contribute up to a maximum of \$325 per month for transit and eligible vanpools and \$325 per month for qualified parking.

Sign up anytime or learn more at [wageworks.com/mycommute-cam](https://www.wageworks.com/mycommute-cam).

SmartPath Financial Wellness

SmartPath is your free financial wellness benefit offered through FNF. SmartPath provides unbiased education and 1-on-1 coaching to help reduce your stress and address everyday topics to help you win with your money.

For more information: OnSmartPath.com/FNF





Perks

WeightWatchers

FNF is committed to helping you reach your wellness goals—to lose weight, eat healthier, move more, develop a more positive mindset or all of the above—by offering discounted pricing on the WW offerings. Join WW to get access to lots of exciting features, including exclusive mindset content through Headspace® and incredible products and experiences through our rewards program, WellnessWins™. Spouses and domestic partners are also eligible!

With the FNF discount, you have two programs to choose from:

1. Digital program
2. Digital + Workshops program

START ANYTIME

Visit ww.com/FNF (employer ID: 12701534)

For assistance, call WW at 866-204-2885, Monday-Friday, 8:00 a.m.-10:00 p.m. EST, Saturday, 11:00 a.m.-5:00 p.m. EST

Calm

You can get a free Calm subscription for yourself and up to 5 family members (ages 16+). Calm is the world's #1 app for sleep, meditation and relaxation. Millions of people are experiencing lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

Wherever you are in your mental health journey, Calm's resources can support you with:

- **Meditations:** Courses to help you manage stress, reduce anxiety and improve sleep
- **Masterclasses:** Series of lessons taught by world-renowned experts
- **Music:** Tracks designed to help you focus, relax or sleep
- **Sleep Stories:** Short stories to help you fall asleep faster
- **Dailies:** Original and inspiring meditations added every day

To register, visit calm.com/b2b/fidelity-national-financial/subscribe.

1. Sign in to your existing Calm account or create an account.
2. Enter your Employee ID in the box provided to activate the subscription on your Calm account.
3. Download the Calm app and log in to your account to access the premium content.
4. Once you've signed up, you can add up to 5 dependents (age 16 years or older) via the "Manage Subscription" page inside your Calm account at calm.com.

Active&Fit Gym Memberships

The Active&Fit Direct™ program allows you to choose from 9,000+ participating fitness centers and YMCAs nationwide to join for \$28 a month.

The program offers:

- Online directory maps and locator for fitness centers (available on any device)
- A free guest pass to try out a fitness center before enrolling (where available)
- The option to switch fitness centers to make sure you find the right fit
- Online fitness tracking from a wide variety of popular wearable fitness devices, apps and exercise equipment

To enroll, you will need to click on the link from the Employee Discounts page on the intranet.



Retirement

FNF's Retiree Benefits Program provides medical and life insurance coverage to retirees who are at least 55 years of age and have 10+ years of consecutive service prior to retirement.

Medical coverage is available through BCBS for retirees to age 65. Medical coverage is also provided for retirees over age 65 through the Aetna Medicare Advantage Plan. You must be enrolled in an FNF medical plan at the time of retirement to be eligible for retiree benefits. You must be enrolled in Medicare Part A and Part B for the Aetna Medicare Advantage Plan to issue.

You pay the full cost of coverage for the benefits you select. If you are eligible to participate when you retire or leave the Company, a personalized packet will be sent to your home automatically.

Group term life insurance is available to retirees in the amount of one time your base salary at retirement, to a maximum of \$50,000. This benefit reduces to 50% at age 65 and to 25% at age 70.

Retirement enrollment and billing is managed through UnifyHR. For more information on the FNF Retiree Benefits Program, please contact corporate.benefits@fnf.com.





Annual Regulatory Notices

HIPAA Notice of Privacy Practices

This rule required health plans to provide participants an initial notice of privacy practices and reminders must be given once every three years. This notice can be found on the FNF Intranet. If you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact the Corporate Benefits team at corporate.benefits@fnf.com.

Medicare Part D Notice of Creditable Prescription Drug Coverage

The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. This notice can be found on the FNF Intranet. If you would like to see or obtain a copy of the Medicare Part D Notice of Creditable Prescription Drug Coverage, please contact the Corporate Benefits team at corporate.benefits@fnf.com.

Notice of Marketplace Coverage Options

The Patient Protection and Affordable Care Act (ACA, or the federal law known as Health Care Reform) requires employers to provide new hires and current employees a written notice with information regarding the existence of the Marketplace as well as contact information and description of the services provided by a Marketplace. This notice can be found on the FNF Intranet. If you would like to see or obtain a copy of the Notice of Marketplace Coverage Options, please contact the Corporate Benefits team at corporate.benefits@fnf.com.

Benefit Choices and Confidentiality

FNF understands that your medical information is private. That's why it's important to know that all Benefit Choices' programs are voluntary and your personal health information will be kept confidential in compliance with HIPAA. As you may remember, HIPAA—the Health Insurance Portability and Accountability Act—requires that your personal health information be kept confidential and shared only for specific purposes.

Regulatory notices are available on the FNF Intranet.

Additional Important Notices can be found on the FNF Intranet or by contacting the Corporate Benefits Department at corporate.benefits@fnf.com.





2026 Bi-Weekly Premium Rates

A Tax Break For You

Your contributions for the following benefits are deducted from your pay on a pre-tax basis:

- Medical
- Dental
- Vision
- Health Savings Account
- Flexible Spending Accounts
- Tax-free transportation programs
- Accident
- Critical Illness
- Hospital Indemnity

This lowers your taxable income, so you save money. All your other benefit contributions are made on an after-tax basis.

MEDICAL - BI-WEEKLY				
	EE Only	EE + Sp*	EE + Ch	Family*
BCBS HDHP Base	\$28.48	\$98.94	\$85.53	\$141.59
BCBS HDHP Buy-Up	\$43.81	\$152.21	\$131.58	\$217.83
BCBS Traditional PPO	\$135.20	\$299.74	\$257.00	\$414.14
Kaiser HMO: CA, CO, GA, MD, OR, VA, WA, DC	\$128.18	\$284.19	\$243.66	\$392.65
Kaiser VCP: CA, CO, GA, MD, OR, VA, WA, DC	\$44.12	\$153.27	\$132.50	\$219.35

HAWAII MEDICAL - BI-WEEKLY			
	EE Only	EE + 1*	EE + 2 or more*
HMSA Preferred Provider (BCBS of HI)	\$0	\$228.71	\$343.07
HMSA Plus HMO (BCBS of HI)	\$0	\$225.65	\$338.48
Kaiser: HI HMO	\$0	\$346.86	\$632.45
Kaiser: HI Added Choice	\$81.72	\$462.76	\$796.44

DENTAL - BI-WEEKLY				
	EE Only	EE + Sp	EE + Ch	Family
UHC Dental Low Option	\$5.35	\$10.84	\$12.41	\$18.69
UHC Dental Standrd Option	\$10.20	\$21.18	\$23.61	\$35.53
UHC Dental High Option	\$16.67	\$34.89	\$39.29	\$60.34

VISION - BI-WEEKLY				
	EE Only	EE + Sp	EE + Ch	Family
EyeMed Vision Plan	\$4.11	\$7.82	\$8.23	\$11.32

*If your spouse has available coverage through their employer and still enrolls in our coverage, you will be charged an additional \$46.15 per paycheck.



2026 Monthly Premium Rates

Life and Disability Rates

EMPLOYEE SUPPLEMENTAL LIFE	
Age	Rate / \$1,000
< 25	\$0.044
25 - 29	\$0.052
30 - 34	\$0.061
35 - 39	\$0.073
40 - 44	\$0.087
45 - 49	\$0.131
50 - 54	\$0.200
55 - 59	\$0.371
60 - 64	\$0.565
65 - 69	\$0.950
70+	\$1.505
Spouse Life	Same as Employee Rate
Child(ren) Life	Monthly Rate
\$5,000	\$0.241
\$10,000	\$0.482

SHORT-TERM DISABILITY NON-STATUTORY STATES	
Plan	Rate per \$10 of Weekly Benefit
STD 7 day waiting period	\$0.329
Supplemental STD (for those in statutory states)	\$0.0116

LONG-TERM DISABILITY (RATE PER \$100 COVERED PAYROLL)		
Age	50% Rates	60% Rates
< 25	\$0.035	\$0.042
25 - 29	\$0.033	\$0.047
30 - 34	\$0.048	\$0.064
35 - 39	\$0.076	\$0.106
40 - 44	\$0.145	\$0.207
45 - 49	\$0.243	\$0.332
50 - 54	\$0.347	\$0.514
55 - 59	\$0.460	\$0.659
60 - 64	\$0.497	\$0.724
65+	\$0.513	\$0.738

ZURICH VOLUNTARY AD&D	
Coverage Level	Rate/\$1,000
Employee	\$0.011
Family	\$0.021

LEGAL PLAN	
	Rate
MetLife Legal	\$15 per month



Spouses/Domestic Partners

Spousal Surcharge

For those employees enrolled in a medical plan, a \$100 per month spousal surcharge will apply if your spouse or domestic partner is eligible for insurance through their employer. If you complete the affidavit to confirm your spouse does not have additional coverage available, you will not be subject to this surcharge.

The spousal surcharge applies to all active employees who enroll a spouse and or domestic partner in their medical plan through Fidelity National Financial, unless one of the following conditions applies:

- Your spouse/domestic partner is also employed at FNF or SL.
- Your spouse/domestic partner is employed but not eligible for group medical coverage under his/her employer.
- Your spouse/domestic partner is unemployed or self-employed and does not have access to employer sponsored group health insurance.
- Your spouse/domestic partner's employer does not offer healthcare coverage.

Note: If your spouse/domestic partner is eligible for employer group medical plan coverage but is not currently enrolled in that plan, he/she will need to enroll in that plan by January 1 and be removed from the FNF or SL coverage to assure the spousal surcharge is not applied.

All employees who elect either employee spouse, domestic partner or family coverage during open enrollment will receive an email from Corporate Benefits at corporate.benefits@fnf.com that will include the affidavit.

For further details on the Spousal Surcharge, please refer to the FNF intranet.

Domestic Partners

FNF allows for employees to cover domestic partners and/or the children of domestic partners, but there are some important things to know regarding that coverage.

- A domestic partner, for the purpose of FNF benefits eligibility, is defined as someone with whom you reside and with whom you are jointly responsible for each other's common welfare and shared financial obligations. Neither of you can be legally married, in a civil union or in a domestic partnership with anyone else. You must be legally able to wed (not related, both aged 18 years and older, etc.) in the state in which you reside.
- You must complete an Affidavit of Domestic Partnership at the point that your domestic partner and/or children of your domestic partner are added to coverage. You can find this Affidavit on the intranet, or you can request it by emailing corporate.benefits@fnf.com.
- Domestic partners and their children are not considered qualified tax dependents per Internal Revenue Code. Therefore, the portion of the employee premium for their benefits must be collected on a post-tax basis and the portion of the employer premium for their benefits must be considered taxable income to the employee. An example is given below.
- If you become legally married, you would need to report that to the benefits department within 31 days of the day your status changes so that appropriate updates can be made.

PREMIUM EXAMPLE

If you were to enroll in the BCBS Traditional PPO for you and your domestic partner, the total biweekly premium would be \$299.74. The portion of the employee premium that covers you (\$135.20) would be taken on a pre-tax basis; the portion of the employee premiums that covers your domestic partner (\$121.80) would be taken on a post-tax basis. The portion of the employer premium that covers your domestic partner (\$265.64) would be added to your taxable wage calculations as imputed income. This means that you will have to pay taxes on that amount of money like it was income.

BCBS Traditional PPO: Employee & Domestic Partner Coverage	Pre-Tax Biweekly Premium	\$135.20
	Post-Tax Biweekly Premium	\$121.80
	Biweekly Imputed Income	\$265.64



Benefit Contacts

If you have questions and need to contact the carrier's directly, please see their contact information below.

BENEFIT	PROVIDER	GROUP #	PHONE	WEBSITE
Advocacy & Navigation Assistance	Quantum Health		844-460-2818	MyFNFBenefitsHub.com
Blue Cross Blue Shield			844-460-2818	MyFNFBenefitsHub.com
Prescription Drug	CVS Caremark	FIDNF	877-430-8627	caremark.com
Prescription Drug Savings	RX Savings Solutions		800-268-4476 TTY 800-877-8973	rxss.com/ ; support@rxss.com
Diabetes Management	Livongo/Teladoc		800-945-4355	join.livongo.com/FNF/now membersupport@livongo.com
Health Savings Account, Flexible Spending Account & Commuter Benefits	HealthEquity		866-735-8195 Prompt 1 - HSA Prompt 2 - FSA/DCFSA Prompt 3 - Commuter	my.healthequity.com
Medical (HI)	HMSA	74940-1	800-776-4672 808-948-6111 PPP members 808-948-6372 HPH members	hmsa.com
Medical: Kaiser Permanente	KP California (North & South)	106905-000	800-464-4000	my.kp.org/fnf
	KP Colorado Member Services	14852-000	800-632-9700	
	KP Georgia Member Services	31508	855-364-3185	
	KP Hawaii	10550	800-966-5955	
	KP Oregon and SW Washington Member Services	3124	800-813-2000	
	KP Washington Member Services	897	888-901-4636	
Dental	UnitedHealthcare	752267	888-679-8925	myuhcdental.com
Vision	EyeMed	9656208	866-723-0514	eyemedvisioncare.com enrollwitheyemed.com



Benefit Contacts, cont.

If you have questions and need to contact the carrier's directly, please see their contact information below.

BENEFIT	PROVIDER	GROUP #	PHONE	WEBSITE
Life Insurance	Reliance Matrix		855-RSL-CLAIM (855-775-2524)	reliancematrix.com ; ClaimsIntake@rsli.com
Term Life Insurance	Chubb		855-241-9891	To file a claim: claims@gotoservice.chubb.com For questions: csmail@gotoservice.chubb.com
Voluntary AD&D		GTU3809095	631-833-2634	zurichna.com ; zurichtravelassist.com
Business Travel Accident	Zurich	GTU3809096	631-833-2634	zurich.com
Short-Term Disability, Long-Term Disability & LOA	RSLI/Matrix		877-202-0055	matrixabsence.com
COBRA & Retiree Direct Bill	Chard Snyder, a WEX Company		888-993-4646	benefitsupport@wexinc.com app.unifyhr.com/Login/frm_login.aspx
Employee Assistance Program	SupportLinc		888-881-LINC (5462)	supportlinc.com
Legal Plan	MetLife		800-821-6400	legalplans.com metlife.com/FNF
Pet Insurance	Nationwide	7532	877-738-7874	petinsurance.com/fnf
Identity Theft Protection	IdentityForce	FNF	855-441-0270	memberservices@identityforce.com
Gym Memberships	Active&Fit Direct		844-646-2746	Link is on the Employee Discount Intranet Page
Weight Management	WeightWatchers	N/A	866-204-2885	WW.com/FNF ; Employer ID: 12701534,
Accident, Critical Illness, Hospital Indemnity	Voya Benefits		877-236-7564	presents.voya.com/ebrc/FidelityNationalFinancial
Meditation & Relaxation	Calm			calm.com/b2b/fidelity-national-financial/subscribe
Financial Wellness	SmartPath			onsmartpath.com/fnf
401k	Principal		800-547-7754	principal.com
Employee Stock Purchase Plan	Fidelity Stock Plan Services		800-544-9354	fidelity.com