

2022 ANNUAL ENROLLMENT

What's new, benefit options and costs

Annual Enrollment is September 22–October 14. Inside you'll:



See what's new in 2022.



Compare the medical, dental, and vision plans and costs.



View a summary of your other benefit options.



What's new in 2022



JUST THE HEADLINES

FOR MORE INFO

All Medical Plans: Rates & Changes

Updates to Medical Plan Premiums:

Associates with a base salary or benefits base of less than \$75,000 who are enrolled in the Fidelity Health Plan (FHP) or HealthFlex (PPO) will see no increase in medical plan premiums for 2022. All other associates will see a general increase in medical plan premiums based on their base salary or benefits base.

In the face of declining enrollment and rising costs, HMO enrollment will only be available to associates currently enrolled in an HMO. Enrollment in the Harvard Pilgrim HMO (Mass., Maine, N.H., and R.I.), Humana HMO (Ind., Ky., and Ohio), and SelectHealth HMO (Utah) plans will be available only to current participants.

Covered limits under all plans are changing:

- Physical and occupational therapy sessions will have a combined maximum of 60 per plan year, except when additional visits are medically necessary and in the case of therapy sessions for a behavioral health condition.
- Home health care and private duty nursing will have a combined maximum of 120 days per plan year.
- Hearing aids will be covered up to a maximum of \$2,500 per ear, every three years.
- Age limits will be removed for preventive mammogram and colonoscopy screenings.

Not sure which plan you enrolled in? Log into [NetBenefits®](#), go to the Health & Insurance page, and click "View current benefits" to check the name of your plan. Every medical plan covers most of the same medical providers.

See the 2022 Plan Details and Costs section on page 4.

On [NetBenefits®](#), talk to ALEX to evaluate cost differences.

Fidelity Health Plan: FSA & Prescription Drug Changes

The HSA-Compatible Health Care Flexible Spending Account (FSA) is getting a new name: The Dental and Vision FSA. As part of the change, preventive medication copays will no longer be reimbursable under the Dental and Vision FSA.

However, starting in 2022, to help facilitate the change to the Dental and Vision FSA, under the Fidelity Health Plan, [preventive medications](#) that are generic or a preferred brand will now be covered at 100% without a copay. Non-preferred brand name preventive medications will continue to require a \$40 copayment for a 30-day supply and an \$80 copayment for a 90-day supply.

See the 2022 Plan Details and Costs section on page 4.

Visit [CVS Caremark](#) to see whether your prescriptions are considered preventive, generic, or preferred brand.

On [NetBenefits®](#), talk to ALEX to evaluate cost differences.

All Medical Plans: Updates to Prescription Coverage

The prescription drug list of covered medications is updated quarterly. CVS regularly updates its list of preferred medications (called the "formulary"). You can lower your prescription costs when you switch to lower-cost brand or generic medications. Ask your doctor whether a lower-cost option is available.

Visit [FMRbenefits.com](#) to view the current formulary list.

JUST THE HEADLINES (Continued)

FOR MORE INFO

<p>Health Savings Account (HSA): Contribution Limits</p>	<p>If you are enrolled in the Fidelity Health Plan, your annual HSA contribution limit will increase to:</p> <ul style="list-style-type: none"> • \$3,650 if you have individual coverage. • \$7,300 if you cover family members. <p>If you are contributing the maximum amount in 2021, your contribution will automatically be increased to the new maximum for 2022.*</p> <p><i>*Participants who will be age 55 or older in 2022 and are contributing the HSA maximum in 2021 will automatically be increased to the 2022 maximum amount, including an additional \$1,000 for catch-up contributions.</i></p>	<p>See the Your Other Benefits section on page 9.</p> <p>To see how much Fidelity contributes to your HSA, go to FMRbenefits.com.</p> <p>Visit NetBenefits to enroll.</p>
<p>Flexible Spending Accounts: Contribution Limits</p>	<p>Set aside additional money, tax free, to pay for 2022 health care expenses with a Dental and Vision FSA (FHP) or a Health Care FSA (PPO or HMO). While you will be able to use remaining funds from 2020 and 2021 in 2022, up to \$550 in remaining funds will automatically roll over at the end of 2022. Beyond that, you'll forfeit any remaining funds under the "use it or lose it" rule.</p> <p>The Health FSA contribution limit will remain at \$2,750.</p> <p>Set aside additional money, tax free, to pay for 2022 dependent care expenses with a Dependent Care FSA. You will be able to use remaining funds from 2020 and 2021 in 2022. Once the grace period expires, you'll forfeit any remaining funds under the "use it or lose it" rule.</p> <p>The Dependent Care FSA contribution limit will remain at \$5,000 (\$2,500 if your spouse is also enrolled in a Dependent Care FSA).</p>	<p>See the Your Other Benefits section on page 9.</p> <p>Visit FMRbenefits.com.</p>
<p>Life Insurance</p>	<p>Fidelity provides Core and Basic life insurance coverage for associates, and the opportunity to purchase supplemental coverage for you as well as coverage for your spouse and child(ren).</p> <p>During Annual Enrollment, you can increase your employee life insurance coverage by 1x your salary or benefits base — up to a maximum of \$1,000,000 in Basic and Supplemental Employee coverage combined — without being subject to Proof of Good Health (Evidence of Insurability).</p> <p><i>Remember that some life insurance benefits are considered taxable income and some life insurance elections may require Proof of Good Health. See more details within the Your Other Benefits section on page 8.</i></p>	<p>Visit FMRbenefits.com to help you compare company-provided rates against the individual market rates at the online marketplace.</p> <p>Visit NetBenefits to enroll.</p>

HERE TO HELP YOU



Get details on [FMRbenefits.com](https://www.fmrbenefits.com). If you have any questions, call the Benefits Center at 800-835-5099, Prompt 1, and say "health and insurance."

Eligibility rules outlined on [FMRbenefits.com](https://www.fmrbenefits.com) apply to all benefits.

2022 Plan Details and Costs



Medical Coverage Comparison

KEY PROVISIONS	FIDELITY HEALTH PLAN (IN-NETWORK) ¹	HEALTHFLEX PPO (IN-NETWORK) ¹	HEALTH MAINTENANCE ORGANIZATIONS (HMOs) ² VARY BY STATE ^{3, 4}
HIGHLIGHTS	Offers the lowest total annual out-of-pocket costs compared with the other medical plans for most associates. Plus, when you enroll in the FHP, you can open a Fidelity Health Savings Account (HSA) to save for current and future health care expenses. What's more, Fidelity contributes to the HSA. ⁵	With the HealthFlex PPO, you can go to any doctor without a referral. You'll pay more out of your paycheck than with the Fidelity Health Plan (FHP), but copays will generally be lower when you visit an in-network doctor.	HMOs are available in several Fidelity regions and offer coverage only if you receive medical treatment from a doctor or other provider who is a member of the HMO's network.
ANNUAL DEDUCTIBLE	\$1,500 for Individual coverage. \$3,000 if you cover yourself and one or more family members. ⁶	\$300 ⁷ per person, up to the family ⁶ maximum of \$600. ⁷	None.
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)	\$2,000 for Individual coverage. \$4,000 if you cover yourself and one or more family members. ⁶	\$1,500 per person, up to the family ⁶ maximum of \$3,000.	\$2,000 per person, up to the family ⁶ maximum of \$4,000.
REFERRALS	Not required.	Not required.	Varies by plan. Contact your HMO for details as to whether referrals are required.
OFFICE VISITS			
• Routine Well Office Visits and Screenings	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• Well Baby/Well Child Visits	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• Diagnostic Visits	Covered at 90%, after deductible.	Covered at 100%, after \$20 copay.	Covered at 100%, after \$20 copay.
• Specialty Visits	Covered at 90%, after deductible.	Covered at 100%, after \$40 copay.	Covered at 100%, after \$40 copay.
TELEMEDICINE VISITS			
• Vendor Telemedicine Visits (Teladoc, Doctor On Demand, or Intermountain Connect Care)	Covered at 100%, after deductible.	Covered at 100%, after copay per visit. • \$10 General Medicine • \$10 Behavioral Health • \$20 Dermatology	Covered at 100%, after \$10 copay.
• Other Telemedicine Visits (claims billed by a provider with a telemedicine modifier)	Covered at 90%, after deductible.	Covered at 100%, after copay per visit. • \$20 Diagnostic • \$40 Specialty	Covered at 100%, after \$10 copay.
MATERNITY CARE			
• Prenatal Care	Covered at 100%, no copay.	Covered at 100%, no copay.	Covered at 100%, no copay.
• Hospital & Delivery Services	Covered at 90%, after deductible.	Covered at 90%, after deductible.	Covered at 100%, after \$300 copay.
• Postnatal Exams	Covered at 90%, after deductible.	Covered at 100%, no copay.	Covered at 100%, no copay.
HOSPITAL CARE			
• Inpatient Care	Covered at 90%, after deductible.	Covered at 90%, after deductible.	Covered at 100%, after \$300 copay.
• Emergency Room	Covered at 90%, after deductible.	Covered at 100%, after \$150 copay (waived if admitted).	Covered at 100%, after \$150 copay (waived if admitted).
• Outpatient Surgery	Covered at 90%, after deductible.	In facility: Covered at 90%, after deductible. In physician's office: Covered at 100%, after \$40 copay.	In facility: Covered at 100%, after \$150 copay. In physician's office: Covered at 100%, after \$40 copay.

Medical Coverage Comparison (Continued)

KEY PROVISIONS	FIDELITY HEALTH PLAN (IN-NETWORK) ¹	HEALTHFLEX PPO (IN-NETWORK) ¹	HEALTH MAINTENANCE ORGANIZATIONS (HMOs) ² VARY BY STATE ^{3, 4}
OUTPATIENT (PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY)	Covered at 90%, after deductible. Physical and occupational therapy limited to 60 visits combined per year, except when additional visits are medically necessary and in the case of therapy sessions for a behavioral health condition. Speech therapy limited to 52 visits per year.	Covered at 100%, after \$40 copay per visit. Physical and occupational therapy limited to 60 visits combined per year, except when additional visits are medically necessary and in the case of therapy sessions for a behavioral health condition. Speech therapy limited to 52 visits per year.	Covered at 100%, after \$40 copay per visit. Physical and occupational therapy limited to 60 visits combined per year, except when additional visits are medically necessary and in the case of therapy sessions for a behavioral health condition. Speech therapy limited to 52 visits per year.
MENTAL HEALTH AND SUBSTANCE ABUSE			
• <i>Inpatient</i>	Covered at 90%, after deductible; unlimited days per calendar year.	Covered at 90%, after deductible; unlimited days per calendar year.	Covered at 100%, after \$300 copay; unlimited days per calendar year.
• <i>Outpatient</i>	Covered at 90%, after deductible; unlimited visits per calendar year.	Covered at 100%, after \$20 copay per visit; unlimited visits per calendar year.	Covered at 100%, after \$20 copay per visit; unlimited visits per calendar year.
CHIROPRACTIC & ACUPUNCTURE SERVICES	Covered at 90%, after deductible; limited to 20 visits per year for each service.	Covered at 90%, after deductible; limited to 20 visits per year for each service.	Covered at 100%, after \$40 copay per visit. Limited to 20 visits per year for each service.
VISION AND HEARING EXAMS	Covered at 100%, no copay (one vision exam and one hearing exam per year).	Covered at 100%, no copay (one vision exam and one hearing exam per year).	Covered at 100%, no copay (one vision exam and one hearing exam per year).
PRESCRIPTION COVERAGE <i>Administered by CVS Caremark</i>	Preventive (Generic and Preferred): covered at 100%, without copay. ⁸ Preventive (Non-Preferred): Covered at 100%, after \$40 copay. ⁸ Non-preventive: Covered at 90%, after deductible.	Covered at 100%, after applicable copay (\$10/\$20/\$40).	Covered at 100%, after applicable copay (\$10/\$20/\$40).
• <i>Retail (30-Day Supply) Generic/Preferred/Non-Preferred</i>			
• <i>Mail Order or Maintenance Choice Program (90-Day Supply) Generic/Preferred/Non-Preferred</i>	Preventive (Generic and Preferred): covered at 100%, without copay. ⁸ Preventive (Non-Preferred): Covered at 100%, after \$80 copay. ⁸ Non-preventive: Covered at 90%, after deductible.	Covered at 100%, after applicable copay (\$20/\$40/\$80).	Covered at 100%, after applicable copay (\$20/\$40/\$80).
COVID-19 SERVICES	Coverage for COVID-19 diagnostic testing, vaccines, and ancillary services directly related to such covered services will be provided in accordance with applicable legal requirements.	Coverage for COVID-19 diagnostic testing, vaccines, and ancillary services directly related to such covered services will be provided in accordance with applicable legal requirements.	Coverage for COVID-19 diagnostic testing, vaccines, and ancillary services directly related to such covered services will be provided in accordance with applicable legal requirements.
COVERED LIMITS ARE CHANGING	<ul style="list-style-type: none"> Home health care and private duty nursing days will have a combined maximum of 120 days per plan year. Hearing aids will be covered up to a maximum of \$2,500 per ear, every three years. Age limits will be removed for preventive mammogram and colonoscopy screenings. 	<ul style="list-style-type: none"> Home health care and private duty nursing days will have a combined maximum of 120 days per plan year. Hearing aids will be covered up to a maximum of \$2,500 per ear, every three years. Age limits will be removed for preventive mammogram and colonoscopy screenings. 	<ul style="list-style-type: none"> Home health care and private duty nursing days will have a combined maximum of 120 days per plan year. Hearing aids will be covered up to a maximum of \$2,500 per ear, every three years. Age limits will be removed for preventive mammogram and colonoscopy screenings.

Prior authorization for services may be required. Please contact the claims administrator for more information.

¹Coverage information pertains only to in-network providers; coverage for out-of-network providers is reduced.

²For purposes of this chart, HMO means an HMO-like self-funded plan.

³Associate enrollments to the HMO will be frozen as of 12.31.2021. You must reside in the appropriate service area in the states offered to maintain the HMO coverage.

⁴There may be slight variations by state. Please check your Summary Plan Description or contact the plan claims administrator for detailed coverage information.

⁵Eligibility rules apply; see FMRbenefits.com for more details.

⁶If you want to cover family members, you'll need to choose one of the following tiers: Individual + Child(ren), Individual + Spouse, or Individual + Family.

⁷Copay amounts do not apply to the annual deductible.

⁸Preventive prescription drug copay will not apply toward the deductible but will apply toward the out-of-pocket maximum. Changes have been made to the preventive drug list, so be sure to check the preventive drug list to see whether your current drug is still included.

Health Care Biweekly Contributions

EMPLOYEE COSTS

MEDICAL	Costs for each medical plan option are based on your salary and your work status — full time (regular employees regularly scheduled to work 30 or more hours per week) or part time (regular employees regularly scheduled to work at least 20 but less than 30 hours per week).
DENTAL	Costs for the dental plan are based on your work status.
VISION	Costs for the vision plan are based on your work status.

Remember: Medical, dental, and vision contributions are deducted from each of your biweekly paychecks. To determine your full cost for the year, multiply the rates by 26.

BIWEEKLY MEDICAL CONTRIBUTIONS ¹	INDIVIDUAL		INDIVIDUAL + CHILD(REN)		INDIVIDUAL + SPOUSE		INDIVIDUAL + FAMILY	
	FT	PT	FT	PT	FT	PT	FT	PT
EMPLOYEES WITH BASE SALARY OR BENEFITS BASE OF LESS THAN \$50,000 AS OF 8/1/2021								
FIDELITY HEALTH PLAN	\$44.00	\$138.00	\$78.00	\$247.00	\$104.00	\$318.00	\$147.00	\$457.00
HEALTHFLEX PPO	\$69.00	\$169.00	\$121.00	\$302.00	\$153.00	\$374.00	\$217.00	\$537.00
HARVARD PILGRIM HMO (ME, MA, NH, RI)	\$89.00	\$183.00	\$158.00	\$333.00	\$193.00	\$405.00	\$277.00	\$589.00
HUMANA HMO (IN, KY, OH)	\$81.00	\$178.00	\$144.00	\$320.00	\$183.00	\$395.00	\$262.00	\$571.00
SELECTHEALTH HMO (UT)	\$81.00	\$178.00	\$149.00	\$321.00	\$177.00	\$382.00	\$260.00	\$568.00
EMPLOYEES WITH BASE SALARY OR BENEFITS BASE BETWEEN \$50,000 AND \$74,999 AS OF 8/1/2021								
FIDELITY HEALTH PLAN	\$49.00	\$138.00	\$86.00	\$247.00	\$115.00	\$318.00	\$163.00	\$457.00
HEALTHFLEX PPO	\$76.00	\$169.00	\$132.00	\$302.00	\$167.00	\$374.00	\$238.00	\$537.00
HARVARD PILGRIM HMO (ME, MA, NH, RI)	\$95.00	\$183.00	\$170.00	\$333.00	\$210.00	\$405.00	\$298.00	\$589.00
HUMANA HMO (IN, KY, OH)	\$88.00	\$178.00	\$155.00	\$320.00	\$199.00	\$395.00	\$283.00	\$571.00
SELECTHEALTH HMO (UT)	\$89.00	\$178.00	\$160.00	\$321.00	\$192.00	\$382.00	\$281.00	\$568.00
EMPLOYEES WITH BASE SALARY OR BENEFITS BASE BETWEEN \$75,000 AND \$149,999 AS OF 8/1/2021								
FIDELITY HEALTH PLAN	\$55.00	\$138.00	\$96.00	\$247.00	\$128.00	\$318.00	\$182.00	\$457.00
HEALTHFLEX PPO	\$96.00	\$169.00	\$173.00	\$302.00	\$215.00	\$374.00	\$310.00	\$537.00
HARVARD PILGRIM HMO (ME, MA, NH, RI)	\$123.00	\$183.00	\$220.00	\$333.00	\$271.00	\$405.00	\$389.00	\$589.00
HUMANA HMO (IN, KY, OH)	\$114.00	\$178.00	\$204.00	\$320.00	\$259.00	\$395.00	\$372.00	\$571.00
SELECTHEALTH HMO (UT)	\$116.00	\$178.00	\$210.00	\$321.00	\$253.00	\$382.00	\$369.00	\$568.00
EMPLOYEES WITH BASE SALARY OR BENEFITS BASE BETWEEN \$150,000 AND \$249,999 AS OF 8/1/2021								
FIDELITY HEALTH PLAN	\$66.00	\$138.00	\$116.00	\$247.00	\$156.00	\$318.00	\$220.00	\$457.00
HEALTHFLEX PPO	\$120.00	\$169.00	\$216.00	\$302.00	\$273.00	\$374.00	\$389.00	\$537.00
HARVARD PILGRIM HMO (ME, MA, NH, RI)	\$149.00	\$183.00	\$272.00	\$333.00	\$334.00	\$405.00	\$483.00	\$589.00
HUMANA HMO (IN, KY, OH)	\$141.00	\$178.00	\$253.00	\$320.00	\$322.00	\$395.00	\$463.00	\$571.00
SELECTHEALTH HMO (UT)	\$144.00	\$178.00	\$263.00	\$321.00	\$314.00	\$382.00	\$460.00	\$568.00
EMPLOYEES WITH BASE SALARY OR BENEFITS BASE OF \$250,000 OR MORE AS OF 8/1/2021								
FIDELITY HEALTH PLAN	\$77.00	\$138.00	\$136.00	\$247.00	\$180.00	\$318.00	\$256.00	\$457.00
HEALTHFLEX PPO	\$129.00	\$169.00	\$230.00	\$302.00	\$290.00	\$374.00	\$414.00	\$537.00
HARVARD PILGRIM HMO (ME, MA, NH, RI)	\$158.00	\$183.00	\$292.00	\$333.00	\$359.00	\$405.00	\$515.00	\$589.00
HUMANA HMO (IN, KY, OH)	\$151.00	\$178.00	\$271.00	\$320.00	\$344.00	\$395.00	\$493.00	\$571.00
SELECTHEALTH HMO (UT)	\$153.00	\$178.00	\$279.00	\$321.00	\$332.00	\$382.00	\$492.00	\$568.00

¹Rates shown are biweekly. Rates for former associates who elected the VBO will be billed on a monthly basis (convert the rates above by multiplying the biweekly rate by 26, and then divide by 12).

Dental Coverage Information

Fidelity's dental plan is designed to promote good oral health for you and your family.

KEY PROVISIONS ¹	COVERAGE	SERVICES INCLUDED IN TREATMENT
ANNUAL DEDUCTIBLE²	\$50 per covered person, \$150-per-family ³ maximum (each family member can apply only \$50 toward the family deductible).	
BENEFIT MAXIMUM	Dental services: \$2,000 per covered person per calendar year. Orthodontic services: \$2,500 per covered person per lifetime.	
PREVENTIVE TREATMENT	Covered at 100%. ⁴	Oral exams, routine cleanings, X-rays, sealants, fluoride treatments, and space maintainers.
BASIC TREATMENT	Covered at 80%, ⁴ after deductible.	Fillings, oral surgery, periodontal treatment, endodontics, extractions, and diagnostic lab tests.
MAJOR RESTORATIVE AND ORTHODONTIC TREATMENT	Covered at 60%, ⁴ after deductible.	Crowns and bridgework, dentures, implants, inlays, and onlays. Orthodontic treatment subject to lifetime maximum.

BIWEEKLY DENTAL CONTRIBUTIONS ⁵	INDIVIDUAL		INDIVIDUAL + CHILD(REN)		INDIVIDUAL + SPOUSE		INDIVIDUAL + FAMILY	
	FT	PT	FT	PT	FT	PT	FT	PT
	\$9.00	\$19.00	\$18.00	\$35.00	\$22.00	\$42.00	\$32.00	\$62.00

Vision Coverage Information³

See the world more clearly with Fidelity's Vision Plan, which offers eye exams and savings on glasses and contacts as well as discounts on nonprescription sunglasses, additional pairs of glasses, laser vision correction, and more.

KEY PROVISIONS ¹	IN-NETWORK	OUT-OF-NETWORK
EXAM	Covered at 100%, no copay.	Up to \$50 reimbursement.
EYEGLASSES		
Frames	Covered at 100%, up to \$150 allowance.	Up to \$75 reimbursement.
Lenses (single, bifocal, trifocal)	Covered at 100%, after \$20 copay.	Up to \$50 reimbursement.
CONTACT LENSES (in lieu of eyeglasses)	Covered at 100%, up to \$150 allowance.	Up to \$75 reimbursement.
ADDITIONAL DISCOUNTS	<ul style="list-style-type: none"> • 20% discount on frame balance above \$150. • 40% discount on additional pairs of eyeglasses. • 20% discount on nonprescription sunglasses. • Discounts on LASIK and PRK. 	Not available out of network.
FREQUENCY OF SERVICES		
Exam	Once every calendar year.	
Frames and lenses OR contact lenses	Once every calendar year.	

BIWEEKLY VISION CONTRIBUTIONS ⁵	INDIVIDUAL		INDIVIDUAL + CHILD(REN)		INDIVIDUAL + SPOUSE		INDIVIDUAL + FAMILY	
	FT	PT	FT	PT	FT	PT	FT	PT
	\$1.50	\$3.00	\$3.00	\$6.00	\$3.00	\$6.00	\$4.50	\$9.00

¹This is a sample list of services covered under each treatment; see the Summary Plan Description for a list of all services covered.

²Deductible applies to basic and major restorative treatment only (excludes orthodontic treatment).

³If you want to cover family members, you'll need to choose one of the following tiers: Individual + Child(ren), Individual + Spouse, or Individual + Family.

⁴Coverage is either the cost provided by a preferred dental provider or the Reasonable and Customary (R&C) amount.

⁵Rates shown are biweekly. Rates for former associates who elected the VBO will be billed on a monthly basis (convert the rates above by multiplying the biweekly rate by 26, and then divide by 12).

Your Other Benefits



Life Insurance

	COVERAGE	COST TO YOU
Employee		
Core	\$50,000	None.
Basic	4 times your annualized base salary or benefits base, up to \$250,000 maximum benefit. Services for basic will preparation are included at no extra cost to you.	Fidelity covers the cost of coverage; however, this cost of coverage is a taxable benefit.
Supplemental	You can choose: 1 to 15 times your annualized base salary or benefits base. Maximum amount: The lesser of \$3 million or 19 times your annualized base salary for basic + supplemental coverage combined. <i>Note: Proof of Good Health is required for amounts greater than \$1 million (combined limit with Basic).</i>	Varies based on your coverage amount, age, and tobacco-use status. Note: This is a taxable benefit to you. Visit FMRbenefits.com for more details.
Dependents (Must be enrolled in Basic Employee Life)		
Spouse	You can elect coverage for your spouse in specific increments up to \$500,000 (\$20,000, \$50,000, \$100,000, \$300,000, or \$500,000). <i>Note: Proof of Good Health is required for amounts more than \$50,000.</i>	Varies based on your coverage amount, age, and tobacco-use status. Note: This is a taxable benefit to you. Visit FMRbenefits.com for more details.
Child(ren)	You can elect \$10,000 of coverage for each dependent child. <i>Note: Proof of Good Health is not required.</i>	Single flat rate: \$0.55 biweekly. Visit FMRbenefits.com for more details.

Disability Coverage

	COVERAGE	COST TO YOU
Short-Term Disability	100% of your base salary or benefits base up to 10 weeks, and 80% of base pay or benefits base for the remaining possible weeks for an approved, non-work-related disability.	None.
Long-Term Disability (LTD)	LTD 60% Pay 60% of your base salary or benefits base (up to a maximum benefit of \$20,000 per month). LTD 70% Pay You can elect to increase your total LTD protection for approved claims to 70% of your base salary or benefits base and 70% of your eligible bonus, up to a maximum of \$32,000 per month. Note that certain rules apply for a preexisting condition.	LTD 60% Pay: None. LTD 70% Pay: \$0.16 per \$100 of coverage per month. Visit FMRbenefits.com for more details.

Other Insurance Programs

PROGRAM	DETAILS
Group Auto and Home Insurance	Discounted insurance rates for your home, car, boat, and recreational vehicle.
Group Personal Excess Liability Insurance (GPELI)	Higher-limit liability coverage to supplement your various personal insurance policies. Visit FMRbenefits.com for more details, including coverage tiers and cost.
Group Legal Plan	MetLife Group Legal Plan gives you access to expert legal advice and representation on a wide range of matters. There's a low monthly cost for unlimited use.
Pet Insurance	Group pet insurance from Nationwide provides protection at preferred pricing for pets when they need it most.

Tax-Advantaged Accounts

ACCOUNT	DETAILS	FIDELITY CONTRIBUTION	2022 LIMITS	CARRYOVER
<i>For associates enrolled in or considering the Fidelity Health Plan</i>				
Health Savings Account (HSA)	<p>Your contributions <i>and</i> Fidelity's contributions can be used to pay for medical bills for qualified expenses during the year or in future years.</p> <p>Access your funds via:</p> <ul style="list-style-type: none"> – HSA debit card – HSA checkbook – Fidelity Bill pay – Pay online through Fidelity – Reimburse yourself for expenses you paid for qualified medical expenses 	<p>Yes. To see how much Fidelity contributes to your HSA, go to FMRbenefits.com.</p>	<p>Individual Plan: \$3,650 Family Plan: \$7,300</p> <p><i>Your contribution limit is reduced by the amount Fidelity contributes to your HSA.</i></p> <p>If you are contributing the maximum amount in 2021, your contribution will automatically be increased to the new maximum for 2022.*</p> <p><i>*Participants who will be age 55 or older in 2022 and are contributing the HSA maximum in 2021 will automatically be increased to the 2022 maximum amount, including an additional \$1,000 for catch-up contributions.</i></p>	<p>There's no "use it or lose it" rule. The money is yours to keep, even if you retire or leave Fidelity.</p>
Dental and Vision Flexible Spending Account (formerly the HSA Compatible Health Care Flexible Spending Account)	<p>Use your contributions to pay for qualified dental or vision expenses during the year.</p> <p>Access your funds via:</p> <ul style="list-style-type: none"> – FSA debit card – WageWorks Reimbursement Form – Pay online through WageWorks 	No	\$2,750	<p>You have until Dec. 31, 2022, to use 2020 and 2021 unused funds. For 2022, up to \$550 of unused funds can be carried over into 2023.</p>
<i>For associates enrolled in HealthFlex or an HMO or considering HealthFlex</i>				
Flexible Spending Account (FSA)	<p>Use your contributions to pay for medical, dental, or vision bills for qualified expenses during the year.</p> <p>Access your funds via:</p> <ul style="list-style-type: none"> – FSA debit card – WageWorks Reimbursement Form – Pay online through WageWorks 	No	\$2,750	<p>You have until Dec. 31, 2022, to use 2020 and 2021 unused funds. For 2022, up to \$550 of unused funds can be carried over into 2023.</p>
<i>Dependent Care Account</i>				
Dependent Care Flexible Spending Account	<p>Use your contributions to pay for certain expenses for the care of your dependent child(ren) younger than 13 years old or eligible adult dependents.</p> <p>Access your funds via:</p> <ul style="list-style-type: none"> – WageWorks Reimbursement Form 	No	\$5,000 (\$2,500 if your spouse is also enrolled in a Dependent Care FSA).	<p>Left-over dollars from 2020 and 2021 will be available in 2022. For 2022, funds can be used through March 15, 2023.</p>

Other Benefit Programs

These programs are available and provided at no cost to all associates. For contact information and additional details on these programs, visit FMRbenefits.com.

PROGRAM	DETAILS
Emotional Well-Being Support Program	Get help managing any personal or work/life issues with confidential support and counseling. You and your eligible dependents have access to up to 12 confidential short-term counseling or coaching sessions per calendar year, at no cost to you.
Tobacco Cessation	A free program to help you and family members stop using tobacco products, including e-cigarettes.
Expert Medical Opinion	Connects you with the world's top doctors to review and discuss diagnoses and create personalized treatment plans for specific health conditions.

Contact Information

For more information about your benefit plans, visit [FMRbenefits.com](https://www.fmrbenefits.com). For general questions or enrollment and eligibility information, call the Benefits Center at 800-835-5099, Prompt 1, Monday through Friday, 8:30 a.m. to 8:00 p.m. ET. For detailed coverage information, please contact the plan carrier directly.

Contact information for 2022 appears below and is also available on NetBenefits® > Health & Insurance > I Want To... > Full Directory.

CVS CAREMARK PRESCRIPTION DRUG	800-446-3709 Pre-enrollment: www.caremark.com/fidelity
EMOTIONAL WELL-BEING SUPPORT PROGRAM (LYRA)	844-902-2619 fidelity.lyrahealth.com
EYEMED VISION	844-790-3876 www.eyemedvisioncare.com/fidelity
FIDELITY ADDED BENEFITS (AUTO, HOME, AND GPELI)	866-392-6934 www.fidelityaddedbenefits.com
FIDELITY HEALTH PLAN (UMR, A UNITEDHEALTHCARE SUBSIDIARY)	844-287-3861 member.accolade.com*
HARVARD PILGRIM HMO	888-333-4742 www.harvardpilgrim.org
HEALTHFLEX PPO (UMR, A UNITEDHEALTHCARE SUBSIDIARY)	844-287-3861 member.accolade.com*
HUMANA HMO	866-427-7478 www.humana.com
METLIFE DENTAL	888-660-1046 www.mybenefits.metlife.com
METLIFE LEGAL	800-GET-MET8 (access code: 9902284) info.legalplans.com/home/
METLIFE LIFE INSURANCE	800-638-6420
NATIONWIDE PET INSURANCE	877-738-7874 www.petinsurance.com/fidelity
SEDGWICK DISABILITY	833-927-2632
SELECTHEALTH HMO	800-538-5038 www.selecthealth.org

**You can link directly to these sites through NetBenefits without entering a separate password.*

Note: For some websites, you may be required to register and log in.

Unless otherwise noted, prospective members can use the phone numbers and websites above for information before enrolling.



For more information, visit

[FMRbenefits.com](https://www.fmrbenefits.com)

Have a question? Give us a call at 800-835-5099, Prompt 1.

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