



# 2026 Enrollment Guide

OUR SUPPORT. YOUR BENEFITS.



# Prioritize your health and wellbeing



A message from **Celine Stricoff**  
Vice President, Human Resources

Our people are our future, and we invest in you accordingly. We want to make it easy for you to prioritize life both in and outside of work, and we strive to keep your benefits competitive amidst rising health care costs. New York Life's holistic support and resources can help you plan for your year and *support you no matter where you are on your wellbeing journey.*

Take advantage of the tools and resources provided to help you navigate the benefits and programs available to you and your family. This enrollment guide and the [Benefits Hub](#) make it easier to explore your options and make informed decisions now and throughout the year!

Interested in seeing the value of New York Life's benefits and investments for you? Review your [Total Rewards Statement](#).



## Have questions about your benefits?

1. Log onto [Your Benefits Resources](#) for webchat assistance or to access the [Benefits Hub](#), your one-stop-shop for benefits information.
2. During the annual enrollment window, schedule an appointment with a Benefits Center representative on [Your Benefits Resources](#).
3. Call the NYL InfoLine at (888) 513-4636.
4. Visit the **Contacts** section of this guide to find key contacts and reach out directly to the vendors.

# Eligibility

To qualify for agent group benefits in 2026, non-TAS agents must meet the production requirements listed below in 2025, based on their initial contract year. These production requirements are the First-Year Commissions (FYC) an agent receives for selling new policies. If you are a TAS agent at any point in 2025, you do not have to meet these requirements to qualify for agent group benefits in 2026 — agents in the current class do not have a production requirement.

Initial contract year	Class	Production requirement
2025 and 2026	Current	None
2024	1 <sup>st</sup> prior	\$22,500
2023	2 <sup>nd</sup> prior	\$28,500
2022	3 <sup>rd</sup> prior	\$32,500
2021	4 <sup>th</sup> prior	\$34,000
2020 and prior	Established	\$38,500

Agents who do not meet First Year Commissions (FYC) production standards to be eligible for Group Plan benefits will automatically receive access-only coverage and will be billed for the full cost of this coverage. This access-only coverage will be:

- Available at 100% of the cost of coverage, down from 102% in prior years;
- Available for 12 months (between February 1 and January 31 of the following year);
- Terminated after this 12-month period; Agents who do not meet production standards for the following year will not be eligible for Group Plan benefits or COBRA or other continuation coverage;
- Paid monthly through after-tax direct billing; and
- Available for any Group Plan benefits elected during the prior annual enrollment period, such as Medical, Dental, Vision, Long-Term Disability, Contributory Life, Accidental-Death and Dismemberment, and/or Health Care Flexible Spending Account.

You can also cover eligible family members under New York Life's medical, dental, and vision coverage within the following coverage categories:

- You only
- You + spouse or domestic partner
- You + child(ren)
- You + spouse or domestic partner + child(ren)

If you wish to enroll or add a new dependent, you will be required to provide documentation to support their eligibility. For example, you will need to provide a marriage certificate, certification of domestic partnership, birth certificates, or other required documentation.

## Inclusive benefits for our LGBTQ+ workforce

At New York Life, we're committed to building and supporting a diverse workforce representative of the communities we serve. To learn more about the benefits we offer to support LGBTQ+ colleagues and family members, read through the [LGBTQ+ Benefits Guide](#).



# Maximize your benefits

New York Life offers a variety of benefits, tools, and resources to protect and support you.

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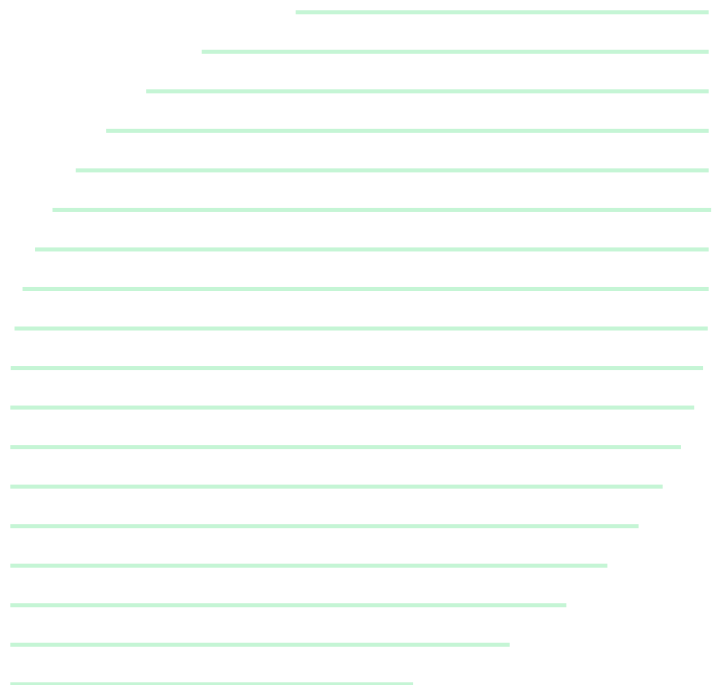
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# Enroll: October 20 – 31

## WHAT'S NEW FOR 2026

In 2026, your benefits will generally remain the same. While there will be an increase in the cost of your medical contributions, dental and vision contributions will not change. Your wellbeing is our priority, and we are providing benefits that give you security and support throughout the year.

**Contributions for coverage.** In 2026, your contributions for medical coverage will increase. This change is due to rising health care costs nationwide, driven by higher medical service expenses, prescription drug and treatment costs, and a greater demand for care. Many employers are making similar adjustments as they face these industry-wide cost pressures. Even with this increase, our medical plans remain competitive.

### Important reminders for 2025

- Earn your [2025 incentives](#) before time runs out, if you are enrolled in the Active Medical Coverage with an HRA.
- Check your HRA balance — use the funds to pay for eligible medical expenses, including your deductible, and pay less out of your pocket.
- Use it or lose it! Make sure to use your FSA funds before the end of the plan year to maximize your benefits.
- Verify your tax-advantaged FSA and HRA claims to avoid tax consequences.

## Ways to Save on Medical Expenses

Use these meaningful ways to save on medical expenses and make the most of your New York Life benefits:

- **Choose generic instead of brand-name drugs. Use mail order or pick up a 90-day supply at CVS with the Smart90 program.** If you take a specialty drug covered by the copay assistance program, SaveonSP, you will pay \$0 on certain prescriptions. Call (800) 683-1074 to check eligibility. Learn more on [page 8](#).
- **Take advantage of the free condition care and support programs included in your benefits,** such as personalized cancer support, diabetes management, and digital physical therapy. Review the programs on [page 16](#).
- **Go to in-network providers whenever possible for more affordable care.** Virtual options are available 24/7 through Teladoc. Visit [page 16](#) to learn more about Teladoc.
- **Preventive care can catch illnesses early and save costs.** New York Life covers 100% of eligible in-network preventive care visits. Complete these activities, like your annual physical and cancer screenings, to earn incentives through the Health Reimbursement Account. Learn more about preventive care on [page 5](#).
- **Contribute pre-tax dollars to a Flexible Spending Account for Health Care to pay for eligible expenses** — even if you're not enrolled in a medical plan. Enroll during annual enrollment to plan and maximize your savings. Learn more on [page 9](#).



# HOW TO ENROLL

Log onto [Your Benefits Resources \(YBR\)](#) via Single Sign On (SSO) to enroll. You can also log on from home at [digital.alight.com/newyorklife/](https://digital.alight.com/newyorklife/) using your YBR ID and password.

Once you enroll, your benefit elections will be effective January 1, 2026 — or your contract date, if you are contracted in 2026 — and will stay in effect for the full calendar year unless you experience a [qualified family status change](#).

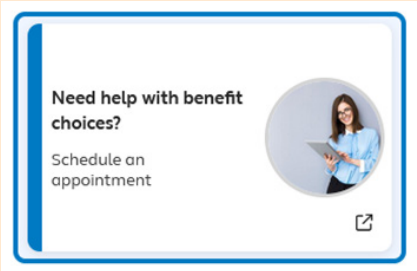
<b>Benefits that roll over</b> <i>(If you do not take action, your 2025 coverage will remain the same but at 2026 costs)</i>	<b>Benefits that require active election to participate</b> <i>(If you are currently enrolled in these benefits and do not take action, these benefits will NOT continue in 2026)</i>
<ul style="list-style-type: none"><li>• Medical and prescription drug</li><li>• Dental</li><li>• Vision</li><li>• Non-contributory Life or Contributory Life</li><li>• AD&amp;D</li><li>• LTD</li></ul>	<ul style="list-style-type: none"><li>• FSA for Health Care</li></ul>

## How do I enroll if I joined New York Life as a newly contracted agent in 2025, on or after October 1?

- You must enroll twice if you were contracted between October 1 and December 31, 2025.
- You must first enroll in or decline 2025 “Newly Eligible” benefits; you then need to enroll in benefits for 2026.
- If you have medical and prescription drug, dental, and/or vision coverage through another group plan on your initial contract date, you can enroll on [YBR](#) within 30 days of the date that coverage ends.

## What if I’m a new agent?

**If you’re contracted in 2026, you have 31 days from your contract date to enroll in benefits.** Your selections will take effect retroactively to your contract date.



**Personalized enrollment help during annual enrollment.** During annual enrollment, you can schedule an appointment on [Your Benefits Resources](#) to speak with a Benefits Center representative who can assist with your enrollment. Please note, appointment slots are limited and they may not be available on certain days, such as the first day and final two days of the enrollment period.

## How do I make changes throughout the year?

The following life events are considered qualified status changes, which allow you to make certain changes to your benefit elections outside of annual enrollment:

- Marriage, domestic partnership, divorce, or legal separation
- Birth or adoption of a child
- Dependent child no longer eligible for coverage (turns 26 years old)
- Death of a spouse, domestic partner, or dependent child
- Change in your spouse's or domestic partner's employment status, resulting in involuntary loss of coverage or COBRA continuation coverage maximum reached

Remember, newly eligible and newly added dependents require verification. You must comply with requests for documentation in a timely manner to ensure continued coverage.





# Health

## MEDICAL AND PRESCRIPTION DRUG

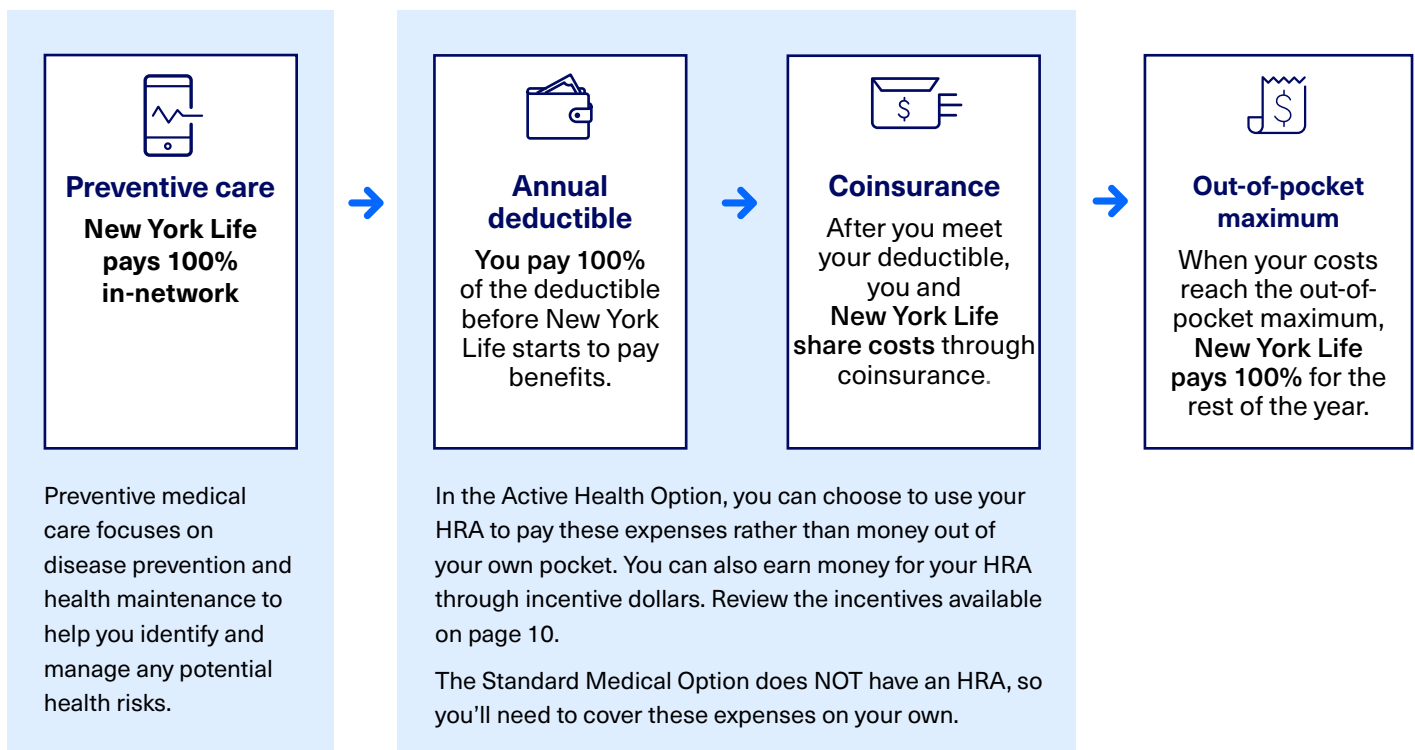
### Your medical options

You can choose between two medical options:

- The Active Health Option with a Health Reimbursement Account (HRA)
- The Standard Medical Option

Both options are administered by Aetna's Choice POS II network and offer the same services, including prescription drug coverage through Express Scripts.

### How your medical options work



### TIPS TO SAVE MONEY...

One of the main differences between the two medical options is that under the Active Health Option, New York Life gives you money in the form of a company-funded **Health Reimbursement Account** to help pay for eligible medical, prescription drug, over-the-counter medication, and menstrual care product expenses. Plus, the Active Health Option has lower contributions per ledger. That means you'll save money on your contributions, and New York Life will help you pay eligible out-of-pocket medical expenses — a win-win!

If you choose to enroll in the Flexible Spending Account for Health Care, you may also use these pre-tax dollars to pay for eligible expenses.

## Summary of benefits

The table below shows both the in-network and out-of-network benefits for each option. In-network providers include a network of doctors, hospitals, and other health care facilities that have agreed to reduced negotiated rates. Use the search tool on the [Aetna member website](#) to find in-network providers.

Feature	Active Health Option		Standard Medical Option	
	In-network	Out-of-network**	In-network	Out-of-network**
<b>Annual deductible*</b>	\$1,600/individual \$3,200/family	\$3,200/individual \$6,400/family	\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family
<b>Annual out-of-pocket maximum (includes deductibles)*</b>	\$4,600/individual \$9,200/family	\$9,200/individual \$18,400/family	\$3,750/individual \$7,500/family	\$7,500/individual \$15,000/family
<b>Coinsurance</b>	Pays 90% after you meet your deductible	Pays 50% after you meet your deductible	Pays 80% after you meet your deductible	Pays 50% after you meet your deductible

\*There are separate deductibles and out-of-pocket maximums for in-network and out-of-network services.

\*\*For out-of-network covered services, the plan pays 50% of recognized charges, which will be based on a percentage of the published rates allowed by Medicare.

## How much the options cost

The table below shows how much you will pay toward the cost of each option, depending on whom you cover.

If you cover...	Your costs will be...			
	Active Health Option		Standard Medical Option	
	Monthly	Annual	Monthly	Annual
<b>You only</b>	\$301.00	\$3,612.00	\$346.15	\$4,153.80
<b>You + spouse or domestic partner</b>	\$763.09	\$9,157.02	\$877.55	\$10,530.57
<b>You + child(ren)</b>	\$520.85	\$6,250.22	\$598.98	\$7,187.76
<b>You + spouse or domestic partner + child(ren)</b>	\$1,101.69	\$13,220.31	\$1,266.95	\$15,203.36

## Hawaii residents

If you are a New York Life agent living in Hawaii, you are eligible for the Kaiser Health Plan of Hawaii. Because of state insurance regulations, we cannot offer the Active Health Option or the Standard Medical Option in Hawaii.

## Your prescription drug coverage

If you enroll in either medical option through New York Life, you and your covered dependents receive the same prescription drug benefits through Express Scripts (ESI).

Looking for a network pharmacy? Visit [express-scripts.com](https://www.express-scripts.com) to find one. Check to see if your prescriptions are included in the [Formulary](#), a list of the prescription drugs covered under the plan. Inclusion on this list does not guarantee coverage, for specific questions about your coverage please call the number printed on your ID card.

## What you pay for prescriptions

You pay (in-network)	
<b>Retail pharmacy</b>	
<b>Generic</b>	20% (no less than \$10, no more than \$20)
<b>Formulary</b>	30% (no less than \$30, no more than \$80)
<b>Non-formulary</b>	50% (no less than \$50, no more than \$120)
<b>Mail order and CVS Smart90</b>	
<b>Generic</b>	20% (no less than \$25, no more than \$50)
<b>Formulary</b>	30% (no less than \$75, no more than \$200)
<b>Non-formulary</b>	50% (no less than \$125, no more than \$300)



Check out the tips to save on prescription drugs below!

### Tips to save on prescription drugs

#### Use generics for a more affordable option than brand-name drugs

Generic drugs are approved by the Food and Drug Administration (FDA) as equally effective to “brand-name” drugs, but generally cost much less. If you need a prescription, ask your doctor if a generic alternative is available. If your doctor prescribes a brand-name drug and a generic alternative is available, you will pay the generic coinsurance plus the difference between the cost of the generic and the brand-name drug.

#### Get 90-day supplies of maintenance medications

To help save money and better follow your maintenance medication program, you’re required to use the mail order program through Express Scripts or pick up a 90-day supply in-person at your local CVS via the CVS Smart90 program. If you receive a 30-day supply of maintenance medications at a retail pharmacy, you will pay the full cost.

## Maximize your specialty drug benefits

ESI Accredo Evernorth\* offers specialty pharmacies through Express Scripts that help you save on specialty drugs or high-cost medications used to treat serious chronic or acute health conditions such as cancer, multiple sclerosis, rheumatoid arthritis (RA), and hepatitis C.

- These specialty pharmacies can only be accessed online or by phone. To confirm whether a medication is part of the specialty program, call the number on the back of your member ID card or log in to your account at [express-scripts.com](https://www.express-scripts.com). If you are a first-time visitor, take a moment to register, and have your member ID number available.
- Specialty medications filled through ESI Accredo Evernorth will generally follow the current three-tier structure (generic, formulary, non-formulary) but may be limited to a 30-day supply, due to cost and regulations; however, if you're filling your prescription for the first time, you may only receive a partial fill, which will be for less than 30 days. That way, it will cost less if it turns out you can't tolerate the drug or if the drug is not effective for you. If you do not purchase your medications from ESI Accredo Evernorth, you will be responsible for the full cost.
- ESI Accredo Evernorth also offers specialty care management services to give you access to specially trained nurses and pharmacists. Learn more about ESI Accredo Evernorth on the [Benefits Hub](#).

\*Certain specialty drugs are covered through SaveonSP, a copay assistance program. If your prescription qualifies, SaveonSP will work with ESI Accredo Evernorth to complete your prescriptions. See below for more details.

### Specialty drug copay assistance through SaveonSP

If you take one of the specialty drugs covered by the copay assistance program, a SaveonSP representative will contact you to explain the program and help you enroll. By enrolling, you will pay \$0 for certain specialty drugs. SaveonSP will then work with Accredo Evernorth, our specialty mail pharmacy provider, to complete your prescription orders.

If you do not enroll in this program and you regularly take a medication that is covered by SaveonSP, you will experience higher copays that will not apply to the out-of-pocket maximum under the medical plan. Therefore, it is strongly recommended that all impacted members enroll in the specialty copay assistance program.

To find out if your medication is eligible and to enroll in this program, call SaveonSP at (800) 683-1074, and a representative will assist you.

# HEALTH REIMBURSEMENT ACCOUNT (HRA) AND FLEXIBLE SPENDING ACCOUNT (FSA) FOR HEALTH CARE

There are two account options available through New York Life that can be used to pay for eligible health care expenses:

	HRA	FSA for Health Care
<b>Account administrator</b>	HealthEquity	
<b>How do you participate in this account?</b>	An account is set up for you if you enroll in the Active Health Option.	When you enroll, you elect to contribute with pre-tax dollars. You do not have to enroll in a New York Life medical option to contribute to and use the account.
<b>How is the account funded?</b>	Only New York Life funds the HRA. You may receive consumer dollars, based on your class. You can also complete eligible health activities to earn health incentive dollars. Learn more on the following page.	You can contribute between \$130 and \$3,400, and this will be deducted pre-tax from your ledger.
<b>How do I access the funds in my account?</b>	<p>There are several options to use the money in your account:</p> <ul style="list-style-type: none"> <li>• Use your <b>HealthEquity debit card</b> at health care providers and pharmacies for eligible services, goods, and prescriptions.</li> <li>• Download the <b>EZ Receipts mobile app</b> or visit the member portal to file claims, request reimbursements, and manage your account.</li> <li>• Pay a provider directly with the <b>Pay My Provider</b> feature, available through both the HealthEquity member portal and the EZ Receipts mobile app.</li> </ul>	
<b>What expenses are eligible for reimbursement?</b>	Eligible medical (including your deductible), prescription drug, over-the-counter medication, and menstrual care product expenses.	Eligible medical (including your deductible), prescription drug, over-the-counter medication, menstrual care product, dental, and vision expenses.
<b>When is the money available for my use?</b>	You can only use money already in your account. If you also have an FSA, <b>your entire FSA balance must be used before you can access money in your HRA</b> . If you're eligible for consumer dollars, they will be available in your account on January 1.*	Your FSA annual contribution election amount is available to you from day one (January 1 or for newly contracted agents, your initial contract date).
<b>Do I have to use the accounts in a particular order?</b>	Yes — your entire FSA balance must be used before your HRA funds are available to you. This applies only if you have both an FSA and an HRA.	
<b>Do funds roll over each year?</b>	Yes — any money remaining in your HRA at the end of the year will roll over to the next year, as long as you remain enrolled in the Active Health Option. If you leave New York Life, you will forfeit your HRA balance.	No — you use it or lose it; you have until March 31, 2027, to submit eligible expenses incurred through March 15, 2027. Any unclaimed funds will be forfeited.
<b>What happens if I leave New York Life?</b>	If you leave New York Life, you cannot take your HRA balance with you.	If you leave New York Life, you can submit claims for your FSA only for services incurred before you left the company.

\*Consumer dollars are available on January 1. If you are a newly contracted agent, consumer dollars are available once you enroll.

## FSA eligible expenses

For a complete list of eligible expenses through the FSA, visit [irs.gov](https://www.irs.gov) and see publication 502. Any ineligible expenses or unsubstantiated expenses will be treated as taxable income.

## Contributions to your HRA

There are two ways to earn money in your HRA:

Types of HRA contributions	Amounts*
<b>Consumer dollars:</b> Amount based on class	If in current class \$600/\$1,200
	If in 1 <sup>st</sup> prior or 2 <sup>nd</sup> prior class \$300/\$600
	If in 3 <sup>rd</sup> prior, 4 <sup>th</sup> prior, or established class \$0
<b>Health incentive dollars:</b> Earn additional dollars by completing health awareness and education activities	See “HRA Health Incentives” chart below to see incentive amounts per eligible activity

\*The first number represents dollars received if you cover yourself only; the second number represents dollars received if you cover your spouse/domestic partner.

## HRA health incentives

Every enrolled agent and spouse/domestic partner can complete the following activities to earn health incentive dollars:

Activity	Action	Eligibility	Health incentive dollars (per person)
<b>Health awareness and education</b>			
<b>Online Health Assessment</b>	Complete the online health assessment questionnaire	Agents and spouse/domestic partner	\$150
<b>Annual physical</b>	Get a routine physical in 2026		\$150
<b>Teladoc*</b>	Register with Teladoc		\$50
<b>HealthEquity*</b>	Register on the HealthEquity site	Agents not yet registered with HealthEquity	\$50
	Activate your HealthEquity debit card	Agents already registered with HealthEquity (who have not activated their debit card)	
<b>Cancer screening and early detection — based on your age and gender</b>			
<b>Mammography</b>	Get a screening	Plan participants age 18 or older	\$250
<b>Colonoscopy</b>			\$250
<b>Well-woman exam**</b>	Get a routine GYN exam	Plan participants age 21 and older who are assigned female at birth	\$150
<b>Health management — for those managing a health condition</b>			
<b>Aetna One Incentive</b>	Complete a call with a Care Advocate Nurse from Aetna	Participants in the care management program (identified through a call with a Care Advocate Nurse from Aetna)	\$200
	Complete a care plan		\$300
<b>Maximum dollars earned for self and for spouse/domestic partner</b>			Up to \$1,550 per agent and \$1,500 per spouse/domestic partner depending on age, gender, and health condition

\*While most incentives can be earned annually, Teladoc and HealthEquity are one-time incentives.

\*\*You can earn incentives for both a well-woman exam and an annual visit to a primary care physician.

## Want to lower your out-of-pocket costs? The Active Health Option can help.

With New York Life's contribution to your HRA, and the lower contributions for the Active Health Option, your out-of-pocket costs might be less than you think.

Here's an example:

### MEET ELISE

Elise is an agent in the 1<sup>st</sup> prior class. She goes to the doctor a few times a year, and sees a counselor every month. This year, she's wondering which medical option is right for her based on the out-of-pocket costs — the Active Health Option or Standard Medical Option.



In the Active Health Option		She saves
<b>Contributions</b>	In the <b>Active Health Option</b> , her annual contribution is \$3,612. In the <b>Standard Health Option</b> , her annual contribution is \$4,153.	<b>\$541</b>
<b>Medical Costs</b>	Elise unexpectedly gets diagnosed with an allergy. The costs of her appointments to diagnose and monitor the allergy are \$1,000. Given that the deductible for in-network care in the Active Health Option is \$1,600 and \$1,250 in the Standard Medical Option, Elise pays \$1,000 out-of-pocket for her appointments in both options.	<b>\$0</b>
<p><b>Elise's total out-of-pocket costs for coverage and care in the Active Health Option are \$4,612. In the Standard Medical Option, her costs for coverage and care are \$5,153 — that means she saves \$541 in the Active Health Option.</b></p>		

Elise remembers that participants in the Active Health Option are also eligible to participate in a Health Reimbursement Account (HRA) to pay for eligible expenses. She calculates how much New York Life would put in her HRA, which is money she would not receive in the Standard Medical Option:

<b>HRA Consumer Dollars</b>	New York Life automatically contributes consumer dollars based on benefits salary. Elise is in the 1 <sup>st</sup> prior class, so the Company automatically puts \$300 in consumer dollars in her HRA.	<b>\$300</b>
<b>HRA Health Incentive Dollars</b>	Elise completes her online health assessment through Aetna (\$150) and receives her annual physical (\$150). She also has a family history of breast cancer, so she is diligent about getting an annual mammogram (\$250) and her well-woman exam (\$150).	<b>\$700</b>
<p><b>Elise will receive an additional \$1,000 in the HRA. Elise can use the \$1,000 to offset her \$1,000 medical expense, therefore she saves a total of \$1,541 if she enrolls in the Active Health Option.</b></p>		

# DENTAL

You have two dental options, both administered by Anthem:

- **The Preventive Option:** a lower-cost option that covers preventive and basic services.
- **The Comprehensive Option:** a higher-cost option that covers a broad range of dental services and provides access to orthodontia for adults and children.

To find an in-network provider and save on services, visit [anthem.com](https://www.anthem.com).

Feature/service	Preventive Option	Comprehensive Option
<b>Deductible</b>	None	\$50 per person up to \$150 for 3 or more members; waived for preventive services
<b>Preventive care</b> (e.g., routine cleanings, two exams per year)	The plan pays 100% of negotiated rates or recognized charges*	
<b>Basic care</b> (e.g., fillings, routine examinations, and root canals for anterior teeth)	The plan pays 80% of negotiated rates or recognized charges*	
<b>Major care</b> (e.g., restorations, replacement, root canals for molars, and repair work)	Not covered	The plan pays 50% of negotiated rates or recognized charges*
<b>Maximum annual benefit</b>	\$1,000	\$2,000 (excludes diagnostic and preventive care)
<b>Orthodontia — children and adult (no deductible)</b>	Not covered	The plan pays 50% of negotiated rates or recognized charges*
<b>Orthodontia lifetime maximum per person**</b>		\$2,000

\*Negotiated rates apply to in-network care and recognized charges apply to out-of-network care.

\*\*For orthodontic work in progress, this is a prorated benefit.

## How much the options cost

The table below shows how much you will pay toward the cost of each option, depending on whom you cover.

		Your costs will be...			
		Preventive Option		Comprehensive Option	
		Monthly	Annual	Monthly	Annual
<b>Current class contributions</b>	<b>If you cover...</b>				
	<b>You only</b>	\$28.61	\$343.32	\$63.08	\$756.96
	<b>You + spouse or domestic partner</b>	\$57.20	\$686.40	\$126.16	\$1,513.92
	<b>You + child(ren)</b>	\$64.35	\$772.20	\$141.93	\$1,703.16
	<b>You + spouse or domestic partner + child(ren)</b>	\$92.94	\$1,115.28	\$205.01	\$2,460.12
<b>All other class contributions</b>	<b>If you cover...</b>				
	<b>You only</b>	\$14.29	\$171.48	\$31.54	\$378.48
	<b>You + spouse or domestic partner</b>	\$28.61	\$343.32	\$63.10	\$757.20
	<b>You + child(ren)</b>	\$32.17	\$386.04	\$70.97	\$851.64
	<b>You + spouse or domestic partner + child(ren)</b>	\$46.47	\$557.64	\$102.51	\$1,230.12

# VISION

You can elect vision coverage through Aetna, which covers routine eye care such as exams, eyeglasses, and contact lenses. The plan pays more if you use an in-network provider. To find an in-network provider, visit [aetnavision.com](http://aetnavision.com).

	In-network	Out-of-network
<b>Exam (once every calendar year)</b>		
<b>Routine/comprehensive eye exam</b>	\$10 copay	\$35 reimbursement
<b>Standard contact lens fit/follow-up</b>	\$40	Not covered
<b>Premium contact lens fit/follow-up</b>	90% of retail	
<b>Eyeglasses</b>		
<b>Frames</b>	\$175 allowance* Additional 20% off balance over the allowance	\$90 reimbursement
<b>Single vision lenses</b>	\$10 copay	\$25 reimbursement
<b>Bifocal vision lenses</b>		\$40 reimbursement
<b>Trifocal/lenticular vision lenses</b>		\$55 reimbursement
<b>Standard progressive lenses</b>	\$50 copay	\$40 reimbursement
<b>Contact lenses</b>		
<b>Conventional contact lenses</b>	\$175 allowance* Additional 15% off balance over the allowance	\$120 reimbursement
<b>Disposable contact lenses</b>	\$175 allowance	
<b>Medically necessary contact lenses</b>	\$0 copay	\$200 reimbursement

\*Allowances are one-time-use benefits. No remaining balances may be used. The vision option does not provide a declining balance benefit.

Each year, you can purchase one pair of eyeglasses or contact lenses, but not both. If you need a second pair of glasses, including prescription sunglasses, you will receive up to a 40% discount, and 15% off conventional contact lenses.

## How much coverage costs

The table below shows how much you will pay toward the cost of each option, depending on whom you cover.

Your costs will be...		
If you cover...	Monthly	Annual
<b>You only</b>	\$6.95	\$83.40
<b>You + spouse or domestic partner</b>	\$13.20	\$158.40
<b>You + child(ren)</b>	\$13.72	\$164.64
<b>You + spouse or domestic partner + child(ren)</b>	\$20.43	\$245.16

## FERTILITY\*

If you need support starting a family, your coverage under either New York Life medical option includes these fertility benefits:

**Ovia Health** provides guidance on benefits that can help you navigate your journey through parenthood, including fertility, pregnancy, parenting, menopause support, and returning to work. Ovia also offers wellness support, including health coaching with registered nurses, personalized clinical programs, and return-to-work support. Make important life and health decisions with help from their data-driven apps (download on the [Ovia Health website](#)).

**Progyny** provides comprehensive fertility treatment coverage and family building support. Through Progyny, you have access to quality care through a premier network of fertility specialists, and unlimited personalized emotional support and clinical guidance from dedicated Patient Care Advocates. Progyny's treatment coverage is bundled into their easy-to-use benefit currency, the Smart Cycle, which includes all the individual services, tests, medications, and treatments you may need to pursue for paths such as IUI, IVF, or fertility preservation. Please note covered services are subject to financial responsibility according to your medical plan.

For more information, visit [progyny.com/education](https://progyny.com/education) or call (833) 283-1967.



\*Not available to agents enrolled in the Hawaii Kaiser and Aetna Global Benefits medical plan options.

# CONDITION CARE AND HEALTH MANAGEMENT SUPPORT

Condition Care and Health Management Programs	
<b>Cancer</b>	<b>Cancer management support:</b> Aetna's Transform Oncology provides personalized support navigating a cancer diagnosis, including genetic testing and counseling, access to cutting-edge clinical trials, and assistance finding the right facilities and providers.
<b>Diabetes</b>	<b>Diabetes support:</b> Aetna's Health Your Way — Reduce Your Diabetes Risk pathway guides you to live well with diabetes, from practicing new ways to eat and move, to engaging with your care team and monitoring your health at home. <b>Diabetes management tools:</b> Omada for Prevention (Prediabetes), offered through Express Scripts, provides personalized support to empower members to take control of their health and avoid a chronic condition diagnosis.
<b>Emotional Health</b>	<b>Mental health support*:</b> You and your family can connect with a licensed clinician 24/7, and receive six free short-term counseling sessions through our Employee Assistance Program (Resources for Living). <b>Digital Cognitive Behavioral Therapy:</b> You and your family members are eligible for digital Cognitive Behavioral Therapy support through Express Scripts's SilverCloud. <b>Virtual behavior health support:</b> Access virtual, personalized support when life feels overwhelming through Aetna's AbleTo program. <b>Autism management support:</b> Autism Therapy from Aetna offers help finding providers and navigating treatment.
<b>Healthy Lifestyle</b>	<b>Say Goodbye to Tobacco:</b> Aetna's program provides real-time practice, social support, and tips for getting past triggers to help you quit tobacco for good. <b>Make Healthier Food Choices:</b> Aetna's program helps you understand and practice new habits for better nutrition, feeling better, and weight loss. <b>Get Restful Sleep*:</b> Our Employee Assistance Program (Resources for Living) can provide short-term support to help you get the sleep you need.
<b>Musculoskeletal Health</b>	<b>Digital physical therapy:</b> Access digital exercise therapy programs through Hinge Health. <b>Healthy Back program:</b> Aetna's program helps you to prevent back pain with safe movements, improved posture, strength-building exercises, and lifestyle choices.
<b>Navigating Complex Diagnoses</b>	<b>Second opinion:</b> 2nd.MD connects you with an expert provider who can offer another opinion on a treatment or diagnosis. <b>Surgery decision support:</b> The Health Decision Support Tool, available through Aetna, guides you through the process of making decisions about surgery. <b>Concierge services:</b> Aetna Concierge can answer questions about diagnoses as well as help finding a doctor, checking your coverage, or looking up a claim. <b>Care advocate support:</b> The Care Advocate Nurse will coordinate all the resources Aetna provides, so you can focus on getting well.
<b>Virtual Care</b>	<b>Virtual non-emergency care:</b> Teladoc connects you with board-certified doctors via phone or video consultation 24/7 for just \$58 (or \$85 to consult with a dermatologist, and \$90 for a non-MD therapy visit). In addition to physical health appointments, Teladoc also offers virtual behavioral health care.

We recognize that the health care system is complicated and navigating diagnoses can be overwhelming. New York Life's benefits offer resources and programs for a variety of conditions and diagnoses. All services above, except those indicated with "\*", are only available to those enrolled in a NYL medical option through Aetna.

Find support

Visit the **Contacts** section of this guide to connect with the programs listed.



# Financial

## Long-Term Disability

Long-Term Disability (LTD) coverage is designed to replace a portion of the income you would lose if you became totally disabled. You can choose to replace either 50% or 60% of your income. When making your LTD decision, you should consider what other sources of income you can rely on if you become disabled and what disability benefits you might receive from Social Security.

Benefit options	Current class*	1 <sup>st</sup> prior, 2 <sup>nd</sup> prior, 3 <sup>rd</sup> prior, 4 <sup>th</sup> prior, and Established
All agents	\$5,000	50% of FYC — up to the monthly maximum of \$10,000
	\$7,500	60% of FYC — up to the monthly maximum of \$15,000

\*Since current class agents generally do not have First-Year Commissions on which to base a benefit amount, the benefit for an approved disability will be either \$5,000 or \$7,500, depending on the option you choose.

### Keep in mind...

- The waiting period before benefits are payable is six months.
- You must meet the definition of disability under the plan to qualify for, and continue to receive, benefits. Certain illnesses and injuries have a limited payment period of up to 24 months.
- If you become disabled prior to age 60, benefits may be payable up to age 65; if you become disabled at age 60 or over, benefits would be payable based on a reduced schedule.
- You may not be eligible for coverage for a specific period of time for a pre-existing medical condition.



# LIFE COVERAGE

## Non-contributory Life

If you are eligible, you will automatically receive Non-contributory Life insurance:

Class	First-Year Commissions (FYC) as of 12/31/2025	Amount of Non-Contributory Life insurance*
<b>Current class (PEA, TEA, and TAS)</b>	N/A	\$20,000
<b>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> prior TAS agents</b>	Less than minimum FYC required; otherwise, refer to the table below	\$20,000
<b>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> prior (TAS and non-TAS) and established agents**</b>	At least \$22,500 for 1 <sup>st</sup> prior At least \$28,500 for 2 <sup>nd</sup> prior At least \$32,500 for 3 <sup>rd</sup> prior At least \$34,000 for 4 <sup>th</sup> prior But less than \$38,500	\$50,000
	At least \$38,500 and less than \$44,500	\$60,000
	At least \$44,500 and less than \$50,500	\$70,000
	At least \$50,500 and less than \$56,500	\$80,000
	At least \$56,500 and less than \$62,500	\$90,000
	At least \$62,500 and over	\$100,000

\*All amounts automatically reduced to \$2,000 upon retirement for eligible retired agents contracted after 1991, except with respect to eligible retired agents who meet the FYC requirements. For eligible retired agents who meet the FYC requirement, the amount of retiree life insurance will be based on the table above.

\*\* The table above applies to agents with an initial contract date on or after January 1, 1991. If you have an initial contract date prior to 1991, the amount of your non-contributory life insurance is based on production over the course of your active career with the Company. Your non-contributory life insurance amount is available on [Your Benefits Resources](#) and Your Total Rewards.



## Contributory Life

If you qualify, you have the option to enroll in Contributory Life insurance. You are responsible for paying the full cost of your Contributory Life insurance coverage.

Class	First-Year Commissions (FYC) as of 12/31/2025	Amount of Contributory Life insurance*
<b>Current class (PEA, TEA, and TAS)</b>	N/A	\$30,000
<b>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> prior TAS agents</b>	Less than minimum FYC required; otherwise, refer to the table below	\$30,000
<b>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> prior (TAS and non-TAS) and established agents**</b>	At least \$22,500 for 1 <sup>st</sup> prior At least \$28,500 for 2 <sup>nd</sup> prior At least \$32,500 for 3 <sup>rd</sup> prior At least \$34,000 for 4 <sup>th</sup> prior But less than \$38,500	\$75,000
	At least \$38,500 and less than \$44,500	\$90,000
	At least \$44,500 and less than \$50,500	\$105,000
	At least \$50,500 and less than \$56,500	\$120,000
	At least \$56,500 and less than \$62,500	\$135,000
	At least \$62,500 and over	\$150,000

\*For the calendar year in which a TAS agent is reinstated, the amount of coverage will be \$30,000. For the calendar year in which a reinstated agent in these classes (other than a TAS agent) has qualified on a prorated basis, the agent's life insurance amount (if elected) will be at least \$75,000. The amount of life insurance for reinstated agents who meet the FYC requirement will be determined in accordance with the table above.

\*\*Eligible retired agents with contributory life insurance on the day before retirement, you will continue to have this benefit in retirement. The amount of the benefit will be \$2,000 for eligible retired agents who do not meet the First-Year Commission requirement. For eligible retired agents who meet the FYC requirement, the amount of retiree life insurance will be based on the table above.

## CONTRIBUTORY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

If you qualify, you have the option to enroll in AD&D insurance, which protects you and your family in the event you die or are seriously injured in a covered accident. A full or partial amount will be paid if you're seriously injured in a covered accident and your injuries are eligible for reimbursement. You can choose among six coverage options, ranging from \$50,000 to \$300,000, in increments of \$50,000. All coverage terminates at age 70 or retirement, whichever occurs first. You may also choose "no coverage."



\*Appointive Officers on December 31, 2016 who subsequently terminated service and were later rehired are not eligible for coverage under the Officer Life Plan. These employees are either eligible for Employee Life Insurance or Executive Officer Life Insurance coverage, depending on their job title at rehire.

# ☯ Work/Life

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

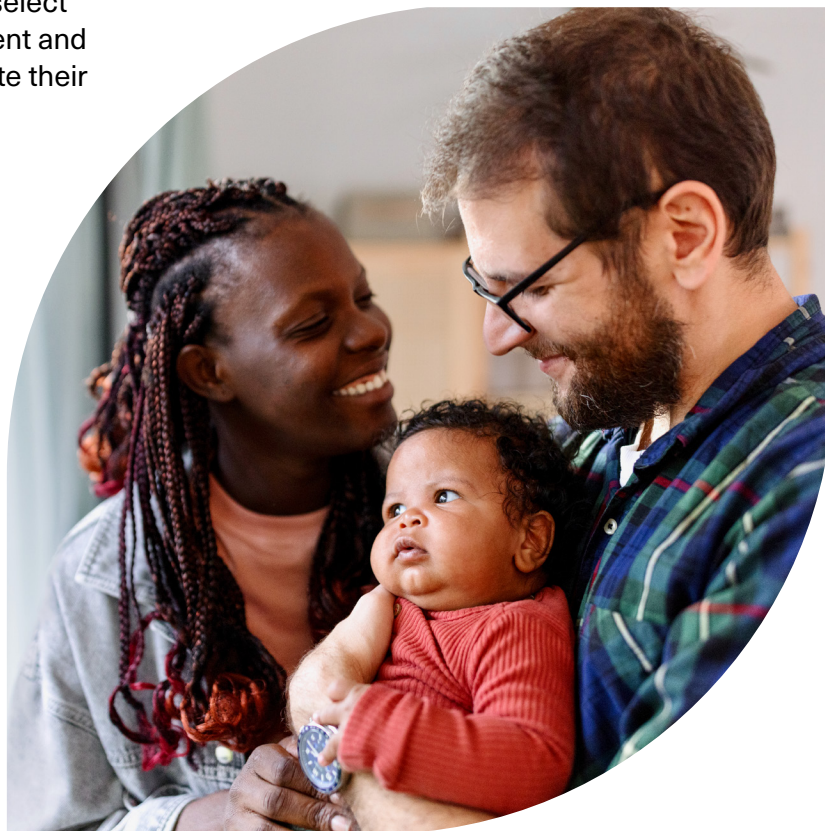
You and your family members have access to our Employee Assistance Program (EAP), which offers short-term support for a variety of reasons. This includes six confidential, free visits with a clinician per concern to discuss anything that's on your mind — from substance misuse, to anxiety, to managing stress.

In addition to counseling, the EAP also offers personalized wellbeing coaching. Work one-on-one with a coach to achieve your wellness goals, like improving sleep, enhancing nutrition, and creating healthier lifestyle habits.

Explore the range of educational resources the EAP provides to help you balance work and life by visiting [resourcesforliving.com/NYL](https://resourcesforliving.com/NYL). When you set up an account, you will be asked to enter some personal information, including your relationship to the agent. If you are creating your own account, select “self” — you will then be prompted to enter your agent code/marketer number. Any dependents setting up an account should select “dependent” as their relationship to the agent and follow the onscreen instructions to complete their registration.

## COMMUTER BENEFITS

If you are a TAS agent, you are eligible for commuter benefits. Commuter benefits allow you to use pre-tax dollars for transit expenses, such as buses, trains, ferries, subways, parking lots, and garages. To participate, you must enroll on [HealthEquity.com/WageWorks](https://HealthEquity.com/WageWorks) by the fourth of the month *prior* to the month you would like to begin participating (i.e., enroll by June 4th to use the benefit in July).



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# Contacts

Resource	Program Description	Contact	App
<b>Your Benefits Resources</b>	Enroll in your benefits and find information about your benefits on the Benefits Hub	<a href="#">Your Benefits Resources</a> (888) 513-4636	Alight Mobile <a href="#">App Store</a>   <a href="#">Google Play</a>
<b>Health</b>			
<b>2nd.MD</b>	For a second opinion on a treatment or diagnosis	<a href="#">2nd.MD/aetna</a> (866) 410-8649	-
<b>Aetna</b>	Medical and vision coverage	For medical coverage: <a href="#">aetna.com/individuals-families.html</a> Aetna Concierge Services (877) 440-4708 For vision coverage: <a href="#">aetnavision.com</a>	Aetna Health <a href="#">App Store</a>   <a href="#">Google Play</a> Aetna Vision <sup>SM</sup> Preferred <a href="#">App Store</a>   <a href="#">Google Play</a>
<b>AbleTo</b>	Virtual Behavioral Health Care	<a href="#">ableTo.com/Aetna</a> Call (844) 330-3648 or tell your Aetna case manager you'd like to participate	-
<b>Anthem</b>	Dental coverage	<a href="#">anthem.com</a> (844) 729-1566	Anthem <a href="#">App Store</a>   <a href="#">Google Play</a>
<b>Express Scripts</b>	Prescription drug coverage	<a href="#">express-scripts.com</a> (866) 247-5009	Express Scripts <a href="#">App Store</a>   <a href="#">Google Play</a>
	SilverCloud Digital Cognitive Behavioral Therapy Support	<a href="mailto:technicalassistance@silvercloudhealth.com">technicalassistance@silvercloudhealth.com</a> If you received an invitation to participate in the program, visit <a href="#">expressscripts.silvercloudhealth.com/signup/</a> If you don't have your unique registration code, you can find it on the Health Solutions tab at <a href="#">ESRx.com</a>	-
<b>ESI Accredo Evernorth</b>	Specialty drug program	<a href="#">accredo.com</a> (800) 803-2523	-
<b>HealthEquity</b>	Health Reimbursement Account, Flexible Spending Accounts, Commuter benefits	<a href="#">healthequity.com/wageworks</a> (877) 924-3967	EZ Receipts <a href="#">App Store</a>   <a href="#">Google Play</a>
<b>Hinge Health</b>	Musculoskeletal health support	<a href="#">hingehealth.com</a>	-
<b>Ovia Health</b>	Parenting support ages 0-18 and personalized women's health: access live and tailored 1:1 support for every journey	<a href="mailto:support@oviahealth.com">support@oviahealth.com</a>	<a href="#">App Store</a> Be sure to select "I have Ovia Health as a benefit" and enter "New York Life"
<b>Participant Advocacy</b>	Assistance with unresolved health plan access or claims issues	(888) 513-4636 Participants can say either, "Advocacy" or "Health Pro" to speak with a representative	-
<b>Progyny</b>	Fertility support and benefits	<a href="#">progyny.com</a> (833) 283-1967	Progyny (must be enrolled to gain access) <a href="#">App Store</a>   <a href="#">Google Play</a>
<b>SaveonSP</b>	Specialty drug copay assistance program	(800) 683-1074	-

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Resource	Program Description	Contact	App
<b>Teladoc</b>	24/7 access to board-certified doctors	<a href="https://teladoc.com">teladoc.com</a> (800) Teladoc (835-2362)	-
<b>Work/Life</b>			
<b>Aetna Resources for Living (Employee Assistance Program)</b>	Short-term support for a variety of issues, including mental health, relationship, parenting, and balancing work and home life	<a href="https://resourcesforliving.com/nyl">resourcesforliving.com/nyl</a> (855) 214-4781	-
<b>Retirement</b>			
<b>Retirement Information</b>	Retirement benefits	<b>Benefits Hub</b> Visit the Retirement and Financial Wellness page	-

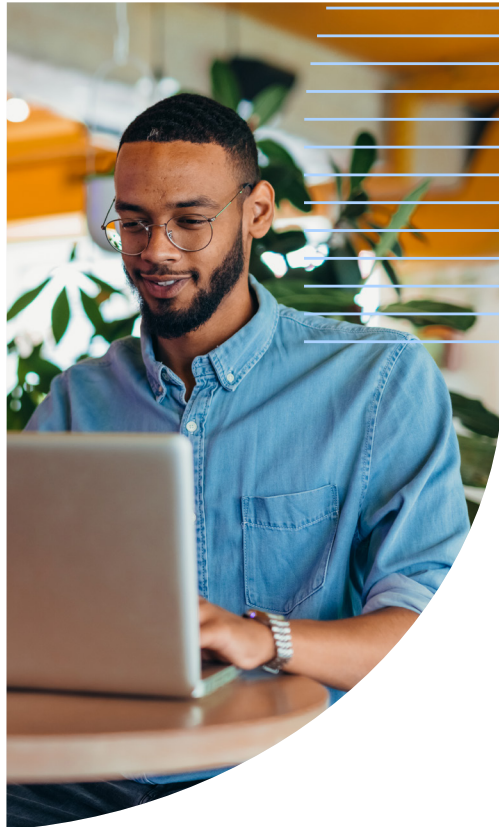
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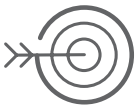
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## IMPORTANT INFORMATION - PLEASE READ

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**Important Note:** The information presented in these materials is intended to assist you in electing benefits, benefits options, and coverages under the Group Plan for New York Life Agents (“Group Plan”), the New York Life Insurance Company Flexible Benefits Plan (“Flexible Benefits Plan”), and, if applicable, the New York Life Insurance Company Executive Officer Life Plan (“Executive Officer Life Plan”) or the New York Life Insurance Company Officer Life Plan (“Officer Life Plan”) (collectively, the “Plans”) and to summarize certain other income protection and work/life programs available to eligible agents. It is necessarily brief and provides only a general description. You should refer to the applicable Summary Plan Descriptions for more information regarding the Plans. This information also discusses changes to benefits options for 2026. Please keep this information with your Summary Plan Descriptions and other important benefits materials. Special benefits, options, requirements, and exclusions will be determined only by the terms and conditions contained in the relevant plan documents. In the event of any conflict between (1) the plan documents and (2) this information, the provisions of the plan documents will govern. New York Life reserves the right to change or terminate all or part of any program, or all or any of the Plans, at any time without notice to, or consent of, agents, retired agents, or their dependents or beneficiaries. Specifically, the Company may at any time terminate or modify any coverage for any or all agents and retired agents, including those not yet covered or receiving benefits and those already covered or receiving benefits. No attempt is made to offer tax or other advice with respect to the available benefit options, coverages, and programs described herein or offer solutions to individual problems. For that advice, you should consult your own professional advisers. Last, the Plans reserve the right to require participants to verify eligibility of dependents. In that regard, the Plans may require participants to submit documentation and/or information that the Plans in their discretion determine is necessary to assess dependent eligibility. Failure to provide requested documentation and/or information on a timely basis may result in the loss of a dependent’s coverage under the Plans.

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**Important Note about HRAs:** The use of terms, such as “contribution,” “dollars,” “money,” “funds,” “deposits,” “rollover,” “deposited,” and “funding” in these materials is for illustrative purposes only. In addition, any references to “earning” dollars or money included herein refer to credits to an HRA only. The HRA is a notional, bookkeeping account. No actual funds are set aside in an account for you or otherwise segregated for purposes of the HRA, and all HRA payments come from the general assets of the Company. HRAs do not earn interest, and New York Life is not permitted to refund to you, and you are not permitted to withdraw any part of the HRA. HRA amounts may never be used for anything but reimbursements for qualified medical, prescription drug, over-the-counter medications, and menstrual care product expenses. Amounts remaining in your HRA can generally be carried over to the next year, except in certain circumstances. If you leave New York Life and are not eligible for retiree medical coverage, your unused HRA balance will generally no longer be available for qualified medical, prescription drug, over-the-counter medications, and menstrual care product expenses incurred following your termination of employment. However, if you elect COBRA coverage following your termination of employment, you should contact the Alight Benefits Center regarding the availability of any unused HRA balance. New York Life reserves the right to amend or terminate the options and coverages available under the Group Plan at any time, including HRAs. In the event New York Life does not offer, or discontinues HRAs, any HRA balances may revert to the Company and no longer be made available to you.

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