



2022 Open Enrollment Guide

OPEN ENROLLMENT: NOVEMBER 2 - 30, 2021

MSCI 



MSCI is proud of our ongoing goal to continue to provide highly competitive benefits for you and your family members. At the same time, we ensure that our program remains aligned with – and in many cases above – current practices in the market, which is necessary so that you can focus on your well-being, and our health benefits remain affordable to you and the company.

Choosing the right benefits coverage for your needs – and making informed buying decisions year-round – help us to continue providing one of the most valuable benefits programs in our industry. We invite you to:



LEARN

about your benefit choices for 2022



COMPARE

your options before choosing coverage



ENROLL

by November 30 to make changes for 2022

WELCOME TO OPEN ENROLLMENT



Open Enrollment will be held from November 2 through November 30, 2021. The benefits you elect will take effect on January 1, 2022 and continue through December 31, 2022. If you do not make any changes, your current elections will rollover for 2022, with the exception of the FSAs. If you wish to participate in an FSA for 2022, you must actively enroll in that benefit.

This is your once-a-year opportunity to choose or change medical, vision, dental, flexible spending account and life insurance coverage, unless you have a qualifying life event change (like marriage or the birth of a child). Group legal benefits may only be elected during Open Enrollment.

Please see [page 39](#) for step-by-step enrollment instructions.

BEFORE YOU ENROLL

- Review your medical plan options, including benefit levels and monthly employee payroll contributions.
- Gather Social Security numbers and dates of birth for any dependents you wish to cover.
- Review any other medical coverage available to your spouse/ domestic partner, and be prepared to compare that coverage to MSCI medical coverage. Remember, a surcharge will apply if you enroll a spouse/domestic partner in an MSCI medical option when other employer-sponsored coverage is available.

Visit Benefits@MSCI (<http://benefitsatMSCI.com>) for details about all our benefit offerings. The site is open 24/7/365, mobile-ready, and available to you and your dependents, so they too can enjoy streamlined access to the details they need.

Note: You will continue to enroll using the Open Enrollment task in Workday.



WHAT'S CHANGING FOR 2022

KEEPING YOUR COVERAGE COMPETITIVE

For 2022, we will not make any changes to the UHC plan options or plan design. We will continue to focus on ensuring the mental, physical, and financial well-being of all of our employees as a top priority. Please note that effective January 1, 2022, MetLife Auto & Home will become Farmers GroupSelect Auto & Home. If you are enrolled in these plans for 2021 and want to continue coverage, your coverage will automatically roll over to 2022. Benefits remain the same.

NEW! RECEIVE ENHANCED HSA SUPPORT THROUGH OPTUM FINANCIAL

Effective on January 1, 2022, our Health Savings Account administrator, Optum Financial (formerly ConnectYourCare) will be transferring all funds to Optum Financial Bank. The transfer of existing funds, or blackout period, will occur in February 2022 and should take 10 days for those funds to appear in your new Optum HSA account.

If you are already enrolled in an HSA or newly enrolling for 2022, look for a new Welcome Kit to arrive at your home sometime mid-December, 2021, so you can learn all about the transition and what it means for you.

**While our new HSA will continue to be administered by Optum Financial, the custodian of your HSA will be ConnectYourCare, LLC, a subsidiary of Optum Financial. This means some communication may reflect the ConnectYourCare name.*

INCREASES TO HEALTH SAVINGS ACCOUNT (HSA) ANNUAL LIMITS

For 2022, annual contribution limits set by the IRS will increase as follows:

	MSCI will contribute	You may contribute	For a total of
Individual coverage	\$600	Up to \$3,050 (\$50 increase)	\$3,650
Coverage that includes dependents	\$1,200	Up to \$6,100 (\$100 increase)	\$7,300

You may contribute up to an additional \$1,000 if you will be age 55 or older in 2022. You are only eligible for the MSCI HSA contribution if you enroll in the MSCI Saver PPO plan.



WHAT'S CHANGING FOR 2022

COST SHARING THAT KEEPS EMPLOYEES TOP-OF-MIND

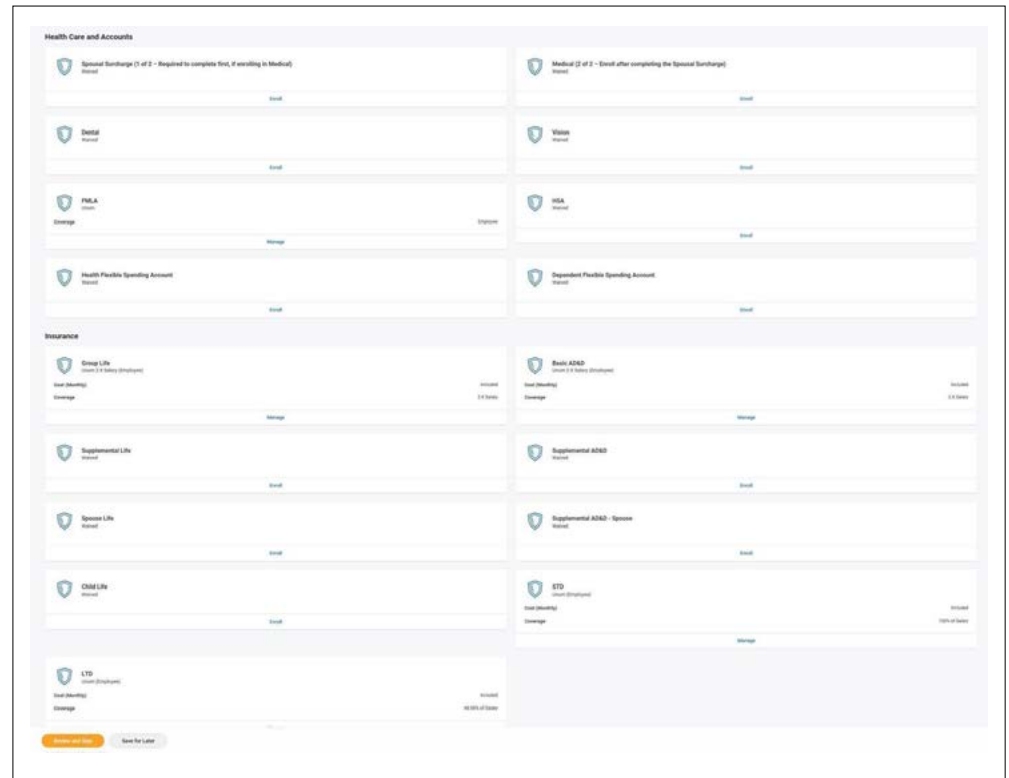
MSCI pays the majority of the cost of coverage for our employees. While you may see a slight increase in your 2022 contributions, our 85%/15% cost sharing remains significantly above national averages (approximately 78%/22% for employee-only coverage, and approximately 68%/32% for employee plus family coverage). We are proud to continue to pay the vast majority of the cost of your coverage and your payroll contributions for 2022, in spite of the ongoing increase of health care costs around the country.

WORKDAY ENHANCEMENTS TO USER EXPERIENCE

For 2022 Open Enrollment, follow these new steps on Workday to enroll:

1. Users will need to click on each individual benefit tile to review and/or change your benefit election(s).
2. Before you enroll in medical benefits for yourself, you must first elect the Spousal Surcharge benefit, even if you do not have a spouse or domestic partner.
3. Next, select one of the five spousal coverage options as it applies to you for 2022.
4. Once you select your spousal option, you will then have access to elect medical coverage.
5. Once you have elected your benefits for 2022, please click "Review and Sign" and then "I accept". Then, click "Submit" on the bottom left-hand side of the enrollment page to submit your elections.

See [page 39](#) for more complete enrollment instructions.





BE WELL, STAY WELL

At MSCI, the health and well-being of our employees is a top priority. We want you to **be well** – physically, emotionally, and financially. While reviewing your benefits, below are some considerations to ensure you and your family will **be well and stay well**, in 2022 and beyond.



Physical

- Review your health benefits and ensure you have the right coverage options in place for your needs.
- Think about your medical needs in the upcoming year, and ensure you're contributing enough to your HSA or FSA.



Emotional

- Consider reaching out to our **Here For You – Employee Assistance Program**, where clinicians can help address a variety of issues.
- Participate in our Be-Well Webinar series during Open Enrollment this year.



Financial

- Take the time to review your beneficiaries for your 401(k) and life insurance, as well as update your 401(k) deferral rate.
- Consider enrolling in a group Home and Auto plan to save money on home and auto policies.
- Guard your identity with our Identity Theft Protection program.
- Enroll in the ARAG Legal Plan and gain access to a network of attorneys and legal support.




Community

- If you are in need of back-up care for children or adults, sign up with Care@Work for assistance securing qualified sitters and care-givers.
- Join one of our many Employee Resource Groups.




PARTNERING WITH YOU TO SUCCEED: OUR HEALTH CARE STRATEGY

VALUABLE AND AFFORDABLE HEALTH CARE COVERAGE




OUR GOAL
Maintain highly competitive level of health benefits while keeping our plans above market

OUR PLAN
Continue to target above-market position in plan value and cost sharing, and gradually implement change




OUR GOAL
Manage changes in employee and Company costs

OUR PLAN
Offer plans and programs that provide access to high value, low cost care and emphasize preventive care and well-being



OUR GOAL
Engage and support YOU in making informed health care decisions

OUR PLAN
Provide support and tools that give you greater insight into key health care buying factors, including cost and quality



MSCI's health plan lineup is designed to:

- Provide competitive, affordable and comprehensive coverage
- Promote preventive care and well-being
- Encourage informed health care buying decisions



2022 BENEFITS HIGHLIGHTS


Benefit	Highlights
Medical UnitedHealthcare	<ul style="list-style-type: none"> • Two PPO options with in-network and out-of-network benefits <ul style="list-style-type: none"> – The Saver PPO has lower monthly employee payroll contributions, higher deductible and employee cost share, and a Health Savings Account (HSA), prefunded with an employer contribution, to help you pay for care – The Classic PPO has higher monthly employee payroll contributions and a lower employee cost share • Preventive care covered at 100% in-network, no deductible • Prescription drug coverage included in all plans
Dental Delta Dental	<ul style="list-style-type: none"> • Two options, with in-network and out-of-network benefits <ul style="list-style-type: none"> – Option 1 has lower monthly employee payroll contributions and higher out-of-pocket costs – Option 2 has higher monthly employee payroll contributions and lower out-of-pocket costs • Preventive services covered at 100% in-network, no deductible
Vision EyeMed	<ul style="list-style-type: none"> • Plan covers exams, eyeglasses, and contact lenses • Discount on LASIK or PRK vision correction services in-network
Health Savings Account (HSA) Optum Financial	<ul style="list-style-type: none"> • Tax-free savings account with contributions from MSCI and you; available with the Saver PPO • MSCI contributes \$600 for individual coverage and \$1,200 if you cover dependents • You may contribute up to \$3,050 for single coverage and \$6,100 if you cover dependents, and an additional \$1,000 if you are age 55 or older • You may begin, end, or change your HSA contributions any time during the plan year • Use to pay eligible health care expenses now and in the future
Flexible Spending Accounts (FSAs) Optum Financial	<ul style="list-style-type: none"> • Tax-free savings account with contributions from you; available with the Classic PPO • You may contribute up to \$2,750 pre-tax per year to a Health Care FSA, as well as contribute pre-tax dollars to a Dependent Care FSA • Under current IRS and applicable Treasury regulations, compensation reduction amounts are not returnable or refundable
Supplemental Life and Accident Insurance UNUM	<ul style="list-style-type: none"> • Basic life and accident coverage of two times your annual salary is provided automatically at no cost to you (\$500,000 maximum) • You may purchase additional life and accident insurance for yourself, your spouse/domestic partner, and eligible children
Group Legal ARAG	<ul style="list-style-type: none"> • Provides access to a nationwide network of attorneys and legal resources for commonly used legal services • Services available to you and your eligible dependents

These benefits can only be elected or changed during 2022 Open Enrollment unless you have a qualifying life event during the year, such as marriage or the birth of a child. Note: Group legal benefits can only be elected during Open Enrollment for 2022 benefits (you cannot change this benefit with a qualifying life event).



Benefit	Highlights
Auto & Home Insurance Farmers GroupSelect®	<ul style="list-style-type: none"> • Valuable group discounts on auto and home policies • Many policies available, including condo, renter's, recreational vehicle coverage, and more
Pet Insurance Nationwide	<ul style="list-style-type: none"> • Assistance in covering the costs of pet care • Coverage includes surgeries, lab fees, x-rays, prescriptions, and more • Access to a 24-hour vet helpline for veterinary care
Identity Theft ID Watchdog	<ul style="list-style-type: none"> • Protection against identity theft • Credit monitoring and identity restoration for you and your family members (based on your election)
Commuter Benefits Optum Financial	<ul style="list-style-type: none"> • Set aside up to \$270 per month for transit and/or \$265 for parking expenses • Contributions are pre-tax • Under current IRS and applicable Treasury regulations, compensation reduction amounts are not returnable or refundable.
Back-Up Child Care Care@Work	<ul style="list-style-type: none"> • Up to 15 days of back-up care per year, at a cost of \$15 per child • Up to \$25 per family for center-based care; in-home care costs \$6 per hour • Access to special needs in-home backup child caregivers
Here For You – Employee Assistance Program ComPsych	<ul style="list-style-type: none"> • Confidential counseling service available 24 hours a day • Professional and experienced clinicians can help address a variety of personal issues, including work/life balance, family and relationships, depression and stress management, alcohol/substance abuse, and more • Referrals to local professionals and services to fit your needs
401(k) Plan Principal	<ul style="list-style-type: none"> • A convenient, tax-advantaged way to save for retirement • MSCI matches 80% of your contributions, up to the first 6% of your contribution • Safe harbor contribution of 3% of total eligible cash compensation • You are 100% vested in employer contributions after completing two years of service
Life Insurance UNUM	<ul style="list-style-type: none"> • Basic life and accident coverage of two times your annual salary is provided automatically at no cost to you (\$500,000 maximum)
Disability UNUM	<ul style="list-style-type: none"> • Disability coverage is provided automatically: <ul style="list-style-type: none"> – Short-term disability (STD) continues part of your salary for up to 26 weeks – Long-term disability (LTD) pays 66-2/3% of monthly pay when STD ends (up to plan limit)

 You may elect these benefits at any time during the year.

 You do not need to enroll in the Life and Disability benefits, which are provided automatically and at no cost to you.





MEDICAL BENEFITS OVERVIEW

MSCI offers a choice of two medical plan options through UnitedHealthcare.


- 1. **Saver PPO** with Health Savings Account (prefunded with an MSCI contribution)
- 2. **Classic PPO** with the option to participate in a Health Care Flexible Spending Account

Both plans cover the same broad range of medical and prescription drug services. They differ in how much you pay for coverage and your out-of-pocket costs when you need care. Only the Saver PPO features a tax-advantaged HSA with a Company contribution to help you cover your out-of-pocket costs.

Saver PPO
 has lower monthly employee payroll contributions and higher employee cost sharing for services. These costs may be offset by tax savings through the HSA.

-  Employee Payroll Contributions
-  Employee Cost Sharing for Services

Classic PPO
 has higher monthly employee payroll contributions and lower employee cost sharing for services.

-  Employee Payroll Contributions
-  Employee Cost Sharing for Services

Find your best fit. Choosing the right medical option is an important and personal decision. See [page 14](#) for your medical rates, and see [pages 23-24](#) for examples and factors to consider when making your choice.



MEDICAL BENEFITS PLAN COMPARISON

HOW ARE YOUR MEDICAL OPTIONS THE SAME?

- Both medical options cover in-network preventive care at 100%.
- They use the same strong network of UnitedHealthcare (UHC) doctors and hospitals.
- Both have deductibles, coinsurance, and an out-of-pocket maximum to protect you against catastrophic costs.

HOW ARE THEY DIFFERENT?

	Saver PPO	Classic PPO
Tax-Advantaged Accounts	<ul style="list-style-type: none"> • You are enrolled in an HSA • You may contribute tax-free • MSCI also contributes to your HSA • Use your HSA for health care expenses in 2022 and beyond • The money is yours to spend, invest, or save; any unused amounts roll over from year to year • HSA funds are available as your contributions are made 	<ul style="list-style-type: none"> • You may not enroll in an HSA • You may contribute tax-free to a Health Care FSA • MSCI does not contribute to your FSA • Use your FSA for health care expenses in 2022 only • Unused money is forfeited; use it or lose it • Full FSA election amount available on day 1
Cost of Coverage	<ul style="list-style-type: none"> • Lower monthly employee payroll contributions 	<ul style="list-style-type: none"> • Higher monthly employee payroll contributions
Annual Deductible	<ul style="list-style-type: none"> • Higher deductible • True family deductible: you must meet the entire family deductible before coinsurance begins for anyone covered under the plan 	<ul style="list-style-type: none"> • Lower deductible • Coinsurance for each individual begins once he or she reaches the individual deductible
Prescription Drugs	<ul style="list-style-type: none"> • You pay the full cost until you meet the annual medical plan deductible, except for medications on the UnitedHealthcare Preventive Drug List 	<ul style="list-style-type: none"> • No deductible for Tier 1; you pay copays immediately • For Tier 2 and Tier 3, you must meet the deductible, then you pay copays per fill



Saver PPO and prescription drugs

With consumer directed health plans like the Saver PPO, the IRS requires that you meet the deductible before you pay copays for your prescription drugs. However, exceptions are made for certain preventive medications. To see the UnitedHealthcare Preventive Drug list, visit the Medical section of Benefits@MSCI.

Both medical plan options give you access to UnitedHealthcare tools and resources year-round at www.myuhc.com.



MEDICAL BENEFITS PLAN COMPARISON

	SAVER PPO		CLASSIC PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,500 individual \$3,000 family Combined medical and prescription drug	\$3,000 individual \$6,000 family	\$500 individual \$1,250 family	\$1,200 individual \$3,000 family
Office Visit	Subject to deductible and coinsurance			
Coinsurance	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
Out-of-Pocket Maximum (includes deductible)	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family	\$3,000 individual \$6,000 family	\$6,000 individual \$12,000 family
Company HSA Contribution	\$600 individual \$1,200 if you cover dependent(s)		N/A	
Outpatient Services				
Preventive Care Office Visits	Covered at 100%, no deductible	After deductible: Plan pays 60% You pay 40%	Covered at 100%, no deductible	After deductible: Plan pays 60% You pay 40%
Office Visits for Illness or Injury	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
Emergency Room	After in-network deductible: Plan pays 80% You pay 20%		After in-network deductible: Plan pays 80% You pay 20%	
Urgent Care Center	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
Laboratory Tests	After deductible: Plan pays 80% You pay 20%	Not covered	After deductible: Plan pays 80% You pay 20%	Not covered
Outpatient Surgery and X-rays	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%



	SAVER PPO		CLASSIC PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Hospital Inpatient Services			
Semi-private Room and Board, Physician, Surgery, X-rays, and Lab Tests	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
	Mental Health and Substance Abuse			
Outpatient	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
Inpatient	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%	After deductible: Plan pays 80% You pay 20%	After deductible: Plan pays 60% You pay 40%
	Prescription Drugs			
Deductible (Tier 2 and 3)	Applies to medical deductible		\$50 individual / \$100 family (Tier 2 and 3)	
Retail (30-day supply) Tier 1 Tier 2 Tier 3	After deductible: \$10 copay \$25 copay \$50 copay		\$10 copay \$25 copay \$50 copay	
Mail Order (90-day supply) Tier 1 Tier 2 Tier 3	After deductible: \$20 copay \$50 copay \$100 copay	Not covered Not covered Not covered	\$20 copay \$50 copay \$100 copay	Not covered Not covered Not covered



MEDICAL BENEFITS COST OF COVERAGE

2022 Medical Plan Monthly Employee Payroll Contributions*

	Saver PPO	Classic PPO
Employee Only	\$102.92	\$122.49
Employee & Spouse / Domestic Partner	\$201.46	\$239.77
Employee & Child(ren)	\$169.84	\$202.14
Employee & Family	\$287.29	\$341.92

*Rates do not include spouse/domestic partner surcharge. Domestic partner coverage is subject to imputed income.

REMEMBER: If your spouse/domestic partner is eligible for other employer-offered coverage but chooses MSCI coverage instead, you'll pay an additional \$100 per month on a pre-tax basis.



MSCI employees continue to pay a lower percentage of total medical plan premium costs than employees at other high-tech and financial services firms.

The COVID-19 pandemic continues to impact health care in unexpected ways. With your well-being in mind, we are able to keep 2022 plan costs to a slight increase while national costs continue to rise at much higher amounts. In addition we will not be making changes to the UHC plan options or plan design.

MEDICAL BENEFITS FEATURES AND DETAILS

YOUR COST OF CARE

You and the Company share the cost of medical services through deductibles, copayments, coinsurance, and out-of-pocket maximums. Here is how those features work together:

- **Deductible** – This is the amount you pay out of your own pocket each year before the plan begins to pay benefits toward non-preventive medical expenses. If you participate in the Saver PPO, you can use your Health Savings Account (HSA) to help cover the deductible.
- **Preventive care** – This is NOT subject to the deductible, meaning that your in-network annual checkups and well-child visits (including immunizations) are paid in full even if you have not met your deductible. (**Note:** Some care may be preventive in nature but not included in the Affordable Care Act list of fully covered preventive care services.)
- **Coinsurance** – You and the Company each pay a percentage of the cost for most medical services after the deductible is met. Your percentage is called coinsurance.
- **Copayment** – This is a flat dollar amount that you pay when you fill a prescription.
- **Out-of-pocket maximum** – This is the most you would have to pay for covered medical services each year, including the deductible and your share of coinsurance. It protects you from very high costs by capping the total amount you have to spend on health care out of your own pocket. Once you have reached the out-of-pocket maximum, the Company pays 100% of covered expenses for the rest of the year.
- **Balance bill** – This is the difference between an out-of-network provider's billed amount and the UHC allowed amount. Providers may bill members directly for this amount, and it will not count toward the deductible or out-of-pocket maximum. Note that there is a separate deductible and out-of-pocket maximum for in-network services and out-of-network services.
- **Health Savings Account (HSA)** – Available only with the Saver PPO, the HSA provides a tax-advantaged way to cover your deductible and other out-of-pocket costs. MSCI contributes to your HSA, and you can also contribute tax-free.



Try Virtual Visits!

All UHC medical plan options cover Virtual Visits for access to care online. A Virtual Visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes.

Virtual Visit doctors can diagnose, treat, and write prescriptions for a wide range of non-emergency conditions. To learn more, log in to www.myuhc.com, or use the MyUHC app to access Teladoc telemedicine services.

MEDICAL BENEFITS FEATURES AND DETAILS

Take charge of your health care dollars with the Saver PPO. The Saver PPO combines PPO medical coverage with a Health Savings Account (HSA) that helps you manage your out-of-pocket costs and save for the future.



THREE REASONS TO CONSIDER THE SAVER PPO

- 1. Comprehensive coverage.** The Saver PPO covers the same services as the Classic PPO. From office visits and hospital care to prescription drugs and more, you know you have comprehensive coverage.
- 2. Lower payroll contributions.** Monthly employee payroll contributions for the Saver PPO are lower than for the Classic PPO. This means you can direct your health care dollars to the actual cost of services when you need them, rather than pay more for coverage you may not use.
- 3. Additional way to save for health care expenses** – now and in the future. With the Saver PPO, your individual HSA lets you save for health care expenses tax-free. MSCI will pre-fund your HSA with an MSCI contribution (based on your coverage election) to help you cover your medical costs.

The Saver PPO offers a Health Savings Account with an MSCI contribution.

MEDICAL BENEFITS FEATURES AND DETAILS

HEALTH SAVINGS ACCOUNT (HSA): KEY FEATURES

An HSA is a tax-advantaged savings account where you and MSCI contribute money to cover your out-of-pocket health care costs.



Company Contributions. For 2022, MSCI will contribute:

- Employee Only coverage: \$600
- Other coverage tiers: \$1,200

Note: 100% of MSCI's contribution will be available through your HSA On Demand account as of January 1, 2022. Actual MSCI contributions will be made to your HSA account on a semi-monthly basis.



Tax-free Savings. You can contribute your own money to the HSA on a pre-tax basis, up to IRS limits. The 2022 limits (including MSCI's and your contributions) are:

- Employee Only coverage: \$3,650 (increased for 2022)
- Other coverage tiers: \$7,300 (increased for 2022)

Note: If you are age 55 or older during 2022, you may contribute an additional \$1,000.



Triple-tax Advantage. You pay no taxes on contributions, interest, earnings, or amounts used to pay for qualified health care expenses.

Account Ownership. The money that you and MSCI contribute is yours to keep, even after your MSCI employment ends.

No "Use It or Lose It." Unused money rolls over from year to year, even into retirement.

Good news. MSCI automatically contributes to your HSA when you enroll in the Saver PPO plan.

Individual coverage: \$600	Family coverage: \$1,200
----------------------------	--------------------------

MEDICAL BENEFITS FEATURES AND DETAILS

HSA ON DEMAND: USING YOUR HSA TO PAY FOR CARE

If you are paying for an eligible expense with your HSA payment card, and you do not have enough HSA funds to cover it, HSA On Demand will automatically advance funds, up to your advance limit (100% of MSCI’s contribution, plus 50% of your 2022 employee contribution amount), at the point of sale. If you choose to pay for an eligible expense with personal funds and request reimbursement at a later date, funds will be advanced automatically as a reimbursement. Unlike an FSA, HSA contributions accrue over time and you can only spend what is in your HSA.

To pay back the advance, HSA contributions are deducted from your pay as scheduled and applied against the amount you owe until it is paid back.

How HSA On Demand Works



To help you cover health care expenses early in the year, **HSA On Demand** gives you access to your full MSCI HSA contribution and half of your 2022 employee contribution amount at the beginning of the year, if needed, to cover eligible expenses. With HSA On Demand, you are borrowing against your future HSA contributions.

Note: HSA On Demand funds are only available after a claim is incurred. You may not access additional funds if there is no claim to pay.

MEDICAL BENEFITS FEATURES AND DETAILS

HEALTH SAVINGS ACCOUNTS: WHO MAY CONTRIBUTE

Because HSAs offer tax advantages, the IRS regulates who may contribute:

- You must be covered by a consumer directed health plan such as the Saver PPO in order to establish and use an HSA.
- You may not have an HSA if:
 - You can be claimed as a tax dependent of another individual
 - You are enrolled in Medicare or TRICARE
 - You have medical plan coverage other than a consumer directed health plan, including coverage under your spouse or domestic partner's plan
 - You or your spouse participate in a Health Care FSA.

Note: You are responsible for determining your HSA eligibility.

SETTING UP YOUR HSA

- If you choose the Saver PPO option, MSCI will open an HSA in your name with Optum Financial, our HSA administrator.
- You can decide how much you want to contribute each pay period (you are encouraged, but not required, to contribute). If you already participate, your current HSA contribution will roll over to 2022 unless you change it.
- You can change your contribution amount any time during the year, but not more than once per pay period.

For details on setting up and using your HSA, refer to your Optum Financial welcome package. You can elect to receive free monthly electronic statements. If you opt to receive quarterly paper statements, you will be charged a fee. For more information and a list of eligible expenses, visit

www.connectyourcare.com/employees.

REMEMBER: NEW ENHANCED SUPPORT THROUGH OPTUM FINANCIAL

Effective on January 1, 2022, our Health Savings Account administrator, Optum Financial (formerly ConnectYourCare) will be transferring all funds to Optum Financial Bank. The transfer of existing funds, or blackout period, will occur in February 2022 and should take 10 days for those funds to appear in your new Optum HSA account.

If you are already enrolled in an HSA or newly enrolling for 2022, look for a new Welcome Kit to arrive at your home sometime mid-December, 2021, so you can learn all about the transition and what it means for you.

**While our new HSA will continue to be administered by Optum Financial, the custodian of your HSA will be ConnectYourCare, LLC, a subsidiary of Optum Financial. This means some communication may reflect the ConnectYourCare name.*



MEDICAL BENEFITS FEATURES AND DETAILS

HSA CONTRIBUTIONS AND THE DEDUCTIBLE

- You must pay the Saver PPO deductible out of your own pocket before medical benefits are paid. You can use your HSA to help cover it, so be sure to contribute enough, based on your anticipated health care expenses.
- MSCI will contribute \$600 if you have individual coverage or \$1,200 if you cover dependents.
- 100% of MSCI's contribution will be posted to your HSA On Demand account for use on the day your coverage begins. Actual MSCI contributions will be made to your HSA account on a semi-monthly basis.

HSAs AND FSAs

- You may not have an HSA and a Health Care FSA at the same time. So, if you have Saver PPO coverage in 2022, you may not contribute to a Health Care FSA.
- You may not contribute to an HSA if your spouse/domestic partner has a Health Care FSA through his or her employer. Limited Purpose FSAs (FSAs that can be used for dental and vision expenses only) are allowed.

Important HSA Reminders

Be sure to read the HSA terms and conditions, included in your Optum Financial Welcome Kit.

OTHER REMINDERS

- If you currently participate in the Saver PPO, keep your HSA payment card; you will not receive a new one for 2022.
- You must have a valid phone number and physical home address on Workday.
- Take advantage of monthly electronic HSA statements to avoid paper statement fees. Visit www.connectyourcare.com/employees to select your statement preference.
- You can invest your HSA funds once your balance reaches \$1,000. To learn more, access your HSA Handbook, available on Benefits@MSCI in the Savings & Spending Accounts section.
- If you invest your HSA funds, a \$24 annual administrative fee will apply.



MEDICAL BENEFITS FEATURES AND DETAILS

PRESCRIPTION DRUGS

Prescription drugs are covered under both medical plan options. MSCI uses a three-tier prescription drug benefit design:



TIER 1

Generic drugs have the lowest cost active ingredients as brand-name drugs



TIER 2

Preferred brand-name drugs have a midrange cost and have been carefully reviewed and selected by medical professionals. These are reviewed and recommended by UHC and accepted by MSCI.



TIER 3

Non-preferred brand-name drugs have the highest cost. There are often tier 1 and tier 2 equivalents available and you can speak with your doctor, pharmacist or UHC for assistance with selecting lower cost equivalents.

IMPORTANT FEATURES THAT PROMOTE QUALITY AND VALUE

Two prescription drug features help us manage costs while providing safe and effective drug therapy.

Step Therapy Program. Prescription drug Step Therapy helps ensure that you receive appropriate, safe, and cost-effective drug therapy when you receive some new prescriptions. Step Therapy encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness. Visit www.myuhc.com to see which medications are subject to step therapy.

Ancillary Charge (Generic Incentive) Program. This program enables you to continue to access brand-name drugs when a generic equivalent is available. However, if you make this personal choice, you will pay the generic copayment plus the different in cost between the generic and brand name drug.



MEDICAL BENEFITS: CHOOSING A MEDICAL PLAN OPTION



STEP 1

Calculate how much you're spending on medical care.

Log in to your personal account to access all of your claims data — just click "Manage My Claims."

By knowing how much you've spent on health care this year, you can get a sense of how much coverage you'll need next year. For example, if you participate in the Classic PPO and are not close to meeting your deductible, you might want to consider the Saver PPO with its MSCI-funded, tax-advantaged HSA.



STEP 2

Estimate the services you'll need in 2022.

The services and amount you've spent on health care this year are a good starting point. Then consider the following:

- Which services will you use again next year (e.g., maintenance prescription drugs, treatment that will continue)?
- Did you use services this year that you will not need again?
- Do you expect to receive certain medical care next year that you did not need this year?
- Do you see opportunities to lower your costs (e.g., switching from an out-of-network provider to one who is in-network, or using the generic alternative to a brand-name drug)?



STEP 3

View examples of health care costs.

To better gauge your health care costs, read through our hypothetical employee health care profiles (see **pages 23-24**).

These illustrative examples can help you understand how costs vary depending on your personal health situation and your plan choice.

MSCI provides tools and resources to help you understand your health care needs and select the right medical option for you and your family.

Choosing the right health coverage for your needs, and making informed buying decisions year-round, helps us to continue to provide one of the most valuable benefits programs in our industry.



MEDICAL BENEFITS: CHOOSING A MEDICAL PLAN OPTION



MEET MARGO

- Age 33
- Covers spouse and 2 children
- Expecting twins
- Uses health care frequently

Expected Health Care Usage	<p>\$400 2 non-preventive medical exams</p> <p>\$175 1 well-woman exam</p> <p>\$600 4 well-child exams</p> <p>\$1,500 10 PCP visits</p> <p>\$16,000 40 specialist visits</p> <p>\$2,000 2 emergency room visits</p> <p>\$10,000 Childbirth</p> <p>\$240 8 generic prescriptions (retail)</p> <p>\$500 2 Tier 2 prescriptions (retail)</p> <p>\$31,415 Total</p>
Estimated in-network annual costs under each medical plan option	
Saver PPO	<p>\$3,447 Employee contributions</p> <p>+ \$6,000 Out-of-pocket costs (Margo met the out-of-pocket maximum)</p> <p>- \$1,200 <u>MSCI HSA contribution</u></p> <p>\$8,247 Total Employee Cost</p>
Classic PPO	<p>\$4,103 Employee contributions</p> <p>+ \$6,000 <u>Out-of-pocket costs</u> (Margo met the out-of-pocket maximum)</p> <p>\$10,103 Total Employee Cost</p>
Which Plan Is Best?	For Margo, the Saver PPO is the most cost-effective medical plan option.

These hypothetical employee profiles show how costs may vary based on your personal situation and the plan you choose. Remember, these profiles are illustrative only.



MEDICAL BENEFITS: CHOOSING A MEDICAL PLAN OPTION



MEET KEVIN

- Age 59
- Covers self and spouse
- Uses health care frequently – wife has diabetes

Expected Health Care Usage	<p>\$400 2 non-preventive medical exams</p> <p>\$1,200 8 PCP visits</p> <p>\$6,400 16 specialist visits</p> <p>\$1,000 1 emergency room visit</p> <p>\$240 8 generic prescriptions (3 preventive) (retail)</p> <p><u>\$1,500</u> 6 Tier 2 prescriptions (2 preventive) (retail)</p> <p>\$10,740 Total</p>
Estimated in-network annual costs under each medical plan option	
Saver PPO	<p>\$2,418 Employee contributions</p> <p>+ \$4,430 Out-of-pocket costs</p> <p>- <u>\$1,200</u> MSCI HSA contribution</p> <p>\$5,648 Total Employee Cost</p>
Classic PPO	<p>\$2,877 Employee contributions</p> <p>+ <u>\$3,080</u> Out-of-pocket costs</p> <p>\$5,957 Total Employee Cost</p>
Which Plan Is Best?	<p>For Kevin, the Saver PPO is the most cost-effective medical plan. However, he is willing to pay higher monthly employee payroll contributions in exchange for lower out-of-pocket costs plus employee contributions, so he chooses the Classic PPO.</p>

These hypothetical employee profiles show how costs may vary based on your personal situation and the plan you choose. Remember, these profiles are illustrative only.

HEALTH AND WELLNESS RESOURCES



UHC Maternity Support Program

- Contact UHC at 877-201-5328 or visit myuhc.phs.com/maternitysupport for details and to enroll.
- Available to you and/or your dependents.
 - Program information can be found on [Benefits@MSCI](#).



Employee Assistance Program (EAP)

[Here For You](#), our EAP provided through ComPsych, is available 24/7 and provides services free of charge for personal and work-life issues including:

- Confidential counseling (up to three visits per eligible issue)
- Legal Support
- Financial Information
- Interactive Digital Tools including health and well-being tools and resources
- GuidanceResources® Online: Easy access to information regarding thousands of health and financial wellness topics
- Program details can be found on [Benefits@MSCI](#).

Our health and wellness resources can help you get and stay healthy.



MSK DIRECT

MSCI has partnered with Memorial Sloan Kettering Cancer Center (MSK) to offer a benefit called MSK Direct. MSK Direct is a unique program that provides guided access to exceptional cancer treatment for MSCI employees and their family members by contacting an MSK Care Advisor directly at (844) 506-0589 Monday through Friday between 8:30 a.m. and 5:30 p.m. ET.

The MSK Direct benefit allows all US employees and their families the ability to obtain assistance with the following:

- Scheduling an initial appointment at MSK, usually within two business days;
- Help in gathering the necessary medical records for the initial appointment;
- Meeting patients at their initial appointment to provide support, logistical assistance, and introductions to members of the patient’s clinical team;
- Recommending a local facility for those who live far from MSK and prefer to be treated closer to home; and
- Facilitating remote second opinions for those who are unable to travel to MSK (out-of-pocket fees apply).

Under this partnership, you will now have access to a team from one of the top hospitals for cancer care in the country, including experienced nurses, social workers and care advisors who can provide practical and emotional support as needed. **You do not need to live near an MSK facility to get care!** For remote care close to home, MSK doctors and nurses will:

- collaborate with your local doctors to provide a comprehensive diagnosis from pathologists and radiologists specialized in your specific type of cancer, based on tissue samples, original imaging, and genetic testing (when clinically appropriate),
- recommend the best hospitals close to where you live, using a proprietary tool only available from MSK,
- develop a treatment plan informed by a multidisciplinary team, that may include subspecialized MSK medical, surgical, and radiation oncologists,

- provide education and support to help identify clinical trials that could open up new treatment options, and
- provide expert care through phone or video consultations between you, your MSK doctors, and your local doctors at key decision points in your care.

Eligibility is automatic and there is no additional charge to use the MSK Direct guided access program regardless of your medical plan enrollment with MSCI or if you are enrolled in a spouse’s plan. However, you are still responsible for standard out-of-pocket costs (i.e. copays, deductibles and coinsurance) based on your health plan enrollment. You should contact your health plan to determine your coverage for care at MSK.



MSK Direct provides cancer treatment and meaningful support for employees and family members who are managing a cancer diagnosis or treatment.

DENTAL BENEFITS

Both plans cover the same range of dental services and offer access to the same dental networks. The difference is your payroll contribution amount for coverage and your out-of-pocket costs when you need dental care.



OPTION 1

has lower monthly employee payroll contributions and higher out-of-pocket costs.



OPTION 2

has higher monthly employee payroll contributions and lower out-of-pocket costs.



In-network and out-of-network benefits are available under both plans.

- Using dentists in the Delta Dental PPO Network or the Delta Dental Premier Network lowers your out-of-pocket costs.
- Out-of-network, you have more flexibility to choose your dentist but you will pay more of the cost of care.

Delta Dental PPO dentists generally offer the lowest contracted rates and greatest cost savings. Delta Dental Premier dentists are your next best bet, with discounted rates that help you save.

MSCI offers two dental plan options through Delta Dental. There are no changes to dental benefit levels for 2022.



DENTAL BENEFIT COMPARISON

	Option 1		Option 2	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Annual Deductible	\$75 individual \$225 family	\$100 individual \$300 family	\$75 individual \$225 family	\$100 individual \$300 family
Preventive Services	Plan pays 100%			
Basic Services (subject to deductible)	Plan pays 70% You pay 30%	Plan pays 60% You pay 40%	Plan pays 90% You pay 10%	Plan pays 80% You pay 20%
Major Services (subject to deductible)	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%	Plan pays 60% You pay 40%	Plan pays 50% You pay 50%
Annual Maximum Benefit	\$1,500	\$1,500	\$3,000	\$3,000
Orthodontia Services	Plan pays 50%*** You pay 50%	Plan pays 50%*** You pay 50%	Plan pays 50%*** You pay 50%	Plan pays 50%*** You pay 50%
Orthodontia Lifetime Maximum Benefit	\$1,500	\$1,500	\$2,500	\$2,500

* In-network benefits apply to Delta Dental PPO Network and Delta Dental Premier Network. Delta Dental PPO dentists generally offer the lowest rates.

** Out-of-network benefits are payable up to Plan limits.

*** Up to the orthodontia lifetime maximum benefit.

2022 DENTAL PLAN MONTHLY EMPLOYEE PAYROLL CONTRIBUTIONS

Option 1		Option 2	
Plan Coverage Level	Monthly Employee Contribution	Plan Coverage Level	Monthly Employee Contribution
Employee Only	\$12.84	Employee Only	\$24.28
Employee & Spouse / Domestic Partner *	\$28.30	Employee & Spouse / Domestic Partner	\$53.42
Employee & Child(ren)	\$32.30	Employee & Child(ren)	\$59.84
Employee & Family	\$53.70	Employee & Family	\$98.52

* Domestic partner coverage is subject to imputed income.



VISION BENEFITS

Benefits are provided through EyeMed. In-network and out-of-network benefits are available.

	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 copay	Plan pays up to \$52
Frames (every 24 months)	\$130 allowance	Plan pays up to \$65
Lenses (every 12 months)		
Single Vision	\$25 copay	Plan pays up to \$55
Bifocal	\$25 copay	Plan pays up to \$75
Trifocal	\$25 copay	Plan pays up to \$92
Lenticular	\$25 copay	Plan pays up to \$125
Progressive	\$90 copay	Plan pays up to \$75
Contact Lenses (every 12 months)		
Elective	\$150 allowance	Plan pays up to \$140
Medically Necessary	Paid in full	Plan pays up to \$210
LASIK or PRK Vision Correction	15% off retail price or 5% off promotional pricing	Not covered

2022 VISION PLAN MONTHLY EMPLOYEE PAYROLL CONTRIBUTIONS

Plan Coverage Level	Monthly Employee Contribution
Employee Only	\$1.42
Employee & Spouse / Domestic Partner	\$2.69
Employee & Child(ren)	\$2.83
Employee & Family	\$4.17

* Domestic partner coverage is subject to imputed income.

There are no changes to vision benefits in 2022.



FLEXIBLE SPENDING ACCOUNTS

FSAs are a great way to save money on taxes and budget for predictable expenses. You may contribute to a Health Care FSA, a Dependent Care FSA, or both.

	Health Care FSA	Dependent Care FSA
Eligible Expenses	<p>Medical, dental, and vision expenses including:</p> <ul style="list-style-type: none"> • Amounts you pay out of pocket, including deductibles, coinsurance, and copays • Prescription drugs • Medical, dental, and vision expenses not covered by health insurance but allowed by the IRS. <p>You will receive a Health Care FSA payment card that works like a credit card, deducting funds directly from your FSA. This plan is not available if you enroll in the Saver PPO.</p>	<p>Day care expenses you incur while you and your spouse are at work, looking for work, or attending school full time.</p> <p>Eligible dependents include children under age 13 and older dependents who rely on you for support and cannot care for themselves.</p> <p>Eligible day care providers include day care centers and non-family members who provide care in your home.</p> <p>Dependent Care FSAs are available regardless of your plan or if you waive coverage.</p>
How Much You Can Contribute	Up to \$2,750 per year (Note that the IRS has not yet announced the maximum for 2022, which may be increased.)	Visit Workday to view 2022 contribution limits.

Plan Carefully!

- Because of the tax savings they offer, the IRS places restrictions on FSAs:
- You must use all of the money you contribute in 2022 for expenses incurred during 2022.
 - Unused balances at the end of the year will be forfeited.
 - You cannot use a Dependent Care FSA for health care expenses or a Health Care FSA for dependent care expenses, per IRS rules.
 - Under current IRS and applicable Treasury regulations, compensation reduction amounts are not returnable or refundable.

To learn more, visit www.connectyourcare.com/employees.

Flexible spending accounts (FSAs) let you set aside pretax dollars to pay for eligible health care or dependent care expenses for you and your eligible dependents.

Under IRS rules, you may not contribute in the same year to both a Health Care FSA and an HSA. **Therefore, if you participate in the Saver PPO, you may not enroll in the Health Care FSA.**



LIFE AND ACCIDENT INSURANCE

MSCI offers several types of life and accident insurance, including basic coverage at no cost to you. Additional coverage is available for you and your eligible dependents.

Benefit	Details
Basic Life and Accident Insurance (Company-paid)	<ul style="list-style-type: none"> • Coverage equal to two times your annual salary, to a maximum of \$500,000 • You can cap your benefit at \$50,000 to avoid imputed income tax • Coverage is automatic
Supplemental Life and Accident Insurance for You (employee-paid)	<ul style="list-style-type: none"> • Additional coverage of one to six times your annual salary • Maximum combined basic and supplemental coverage: \$1,500,000 • Evidence of Insurability may be required
Life and Accident Insurance for Your Spouse/Domestic Partner (employee-paid)	<ul style="list-style-type: none"> • Coverage in \$5,000 increments • Maximum coverage: 50% of your supplemental life and accident coverage or \$100,000, whichever is less • Evidence of Insurability may be required
Life Insurance for Your Child(ren) (employee-paid)	<ul style="list-style-type: none"> • Coverage of \$10,000 per child • Dependent children up to age 26 are eligible

COST OF COVERAGE

Your cost is based on your age (and, if you elect to cover your spouse/domestic partner, the age of your spouse/domestic partner) and the amount of coverage you choose. Rates will be displayed in Workday when you enroll.

Planning ahead to protect the people we care about is vitally important. You may elect or change life insurance benefits during Open Enrollment only, unless you have a qualifying life event change.

Remember to update your beneficiaries when you enroll!





OTHER VALUABLE BENEFITS

PET INSURANCE

With our Pet Insurance benefit, available through Nationwide, you'll have peace of mind knowing you can get help paying for pet care. You can use any veterinarian, anywhere in the world. Coverage includes surgeries, lab fees, x-rays, prescriptions and more, and offers unlimited access to a 24-hour vet helpline for veterinary care. Optional wellness coverage is available and includes spay/neuter, dental cleaning, exams, vaccinations and more.

To enroll, visit www.petinsurance.com/msci. You will not enroll for Pet Insurance through Workday.

You may elect Pet Insurance at any time during the year, but please note:

If you elect Pet Insurance in 2022, your coverage date and payroll deductions will occur based on when you elect coverage, as follows:

If election is made...	Coverage is effective...	Payroll deduction appears...
Before the 16th of the current month	The first day of the following month	In the first paycheck of the next month
EXAMPLE		
January 14, 2022	February 1, 2022	February 15, 2022

If election is made...	Coverage is effective...	Payroll deduction appears...
Between the 16 th of the current month and the 15 th of the next month	The first day of the second following month	In the first paycheck of the second following month
EXAMPLE		
January 17, 2022	March 1, 2022	March 15, 2022

You may elect or change these benefits at any time during the year.



OTHER VALUABLE BENEFITS

AUTO & HOME INSURANCE

Auto & Home coverage is available to MSCI employees through Farmers GroupSelect. This benefit offers valuable group discounts on auto and home policies, along with special benefits and enhanced coverages. A variety of policies are available, including:

- Condo insurance
- Renter's insurance
- Recreational vehicle coverage

...and many more. Additionally, you can bundle your home and auto policies and enjoy greater savings and conveniences.

To enroll, visit myautohome.farmers.com

You will not enroll for Auto & Home Insurance through Workday.

You may elect Auto & Home Insurance at any time during the year, but please note: If you elect Auto Insurance in 2022 your coverage date and payroll deductions will occur based on when you elect coverage, as follows:

If election is made...	Coverage is effective...	Payroll deduction appears...
Before the 16th of the current month	On the date of your choice*	In the first paycheck of the next month
EXAMPLE		
January 14, 2022	February 1, 2022	February 15, 2022

If election is made...	Coverage is effective...	Payroll deduction appears...
Between the 16 th of the current month and the 15 th of the next month	On the date of your choice*	In the first paycheck of the following month
EXAMPLE		
January 17, 2022	February 1, 2022	March 15, 2022

* Any policy elected after December 15, 2021 allows the flexibility to select any 2022 effective date within 3 months for an auto policy and within 6 months for a home policy.

You may elect or change these benefits at any time during the year.



OTHER VALUABLE BENEFITS

BACK UP CARE WITH CARE@WORK

Caring for your family while you are at work can often be a challenge. Whether it's after-school care, caring for a child who is home ill or the responsibility for aging parents, sometimes you need additional support, even at a moment's notice. MSCI knows that life can be unpredictable, so to help alleviate life's unexpected challenges, we have benefits through Care@Work to support a productive work-life balance for our employees.


In addition to backup care for children and adults you can use Care.com to find care and help for pets, yourself and your household! Use Care.com even outside of work hours to find dog walkers, sitters & groomers, personal assistants, house cleaners, tutors, transportation assistance and so much more!

For more information, visit <https://msci.care.com>.

IDENTITY THEFT BENEFITS

ID Watchdog is a group benefit that protects your personal and financial information from identity thieves, and helps you restore your identity if you become a victim. Services include:

- Credit report monitoring
- Monitoring of public and private databases for activity associated with your personal information
- Monitoring of illicit online sources that buy and sell personal information
- Identity restoration services if you are the victim of identity theft

 **Cost of Coverage**
The monthly cost of ID Watchdog is \$7.95 for single coverage and \$9.95 for family coverage, deducted from your pay on an after-tax basis.

COMMUTER BENEFITS

MSCI's transportation reimbursement program helps you save money on commuting, including transit and parking expenses. It works much like a flexible spending account, as you elect to have a portion of your pre-tax income transferred to an account for future reimbursement for transportation expenses.

There are separate contribution limits for transit and parking expenses:

- Transit: up to \$270 per month
- Parking: up to \$270 per month

You may elect to participate or change your contribution amounts any time during the year directly at www.connectyourcare.com.

Under current IRS and applicable Treasury regulations, compensation reduction amounts are not returnable or refundable.



You may elect or change identity theft and commuter benefits at any time during the year.

OTHER VALUABLE BENEFITS

GROUP LEGAL BENEFITS

MSCI's group legal plan provides unlimited access and referrals to professional, credentialed attorneys. The plan covers a wide range of commonly used legal services and is administered through ARAG. When you use ARAG network attorneys, most services are covered at 100%.

Our enhanced benefit includes:

- Consumer protection
- Property protection
- Identity theft protection
- Estate planning
- Family law
- Real estate
- Taxes
- Debt
- Traffic



Cost of Coverage

The cost of group legal plan coverage is \$24 per month, deducted from your pay on an after-tax basis.



You may elect or change group legal benefits during Open Enrollment only.



DISABILITY BENEFITS

MSCI's disability benefits are designed to protect your income if you cannot work due to illness, injury, or pregnancy. You are automatically covered for these benefits.

Short-term Disability (STD)	<ul style="list-style-type: none"> • Continues all or part of your salary for up to 26 weeks (see schedule below) • May be coordinated with state disability benefits in New York, New Jersey, and California • Your leave must be certified as medically necessary by the plan administrator
Long-term Disability (LTD)	<ul style="list-style-type: none"> • Pays a benefit of 66-2/3% of your base salary, maximum benefit \$15,000 per month • Benefits begin after 180 days of continuous disability • Pre-existing conditions limitation may apply if you become disabled during your first year of coverage • Benefits continue based on the provisions of the LTD benefit as provided by the insurance carrier

SHORT-TERM DISABILITY (STD) SCHEDULE

Years of Service	Weeks at 100% of Pay	Weeks at 70% of Pay
Less than 1	4 weeks	22 weeks
1 but less than 3	8 weeks	18 weeks
3 but less than 5	12 weeks	14 weeks
5 but less than 7	20 weeks	6 weeks
7 or more	26 weeks	0 weeks

STD/LTD is payable only while on a medically approved disability.

MSCI automatically provides these benefits to protect your income in the event you cannot work due to an approved personal medical leave.

MSCI 401(k) RETIREMENT SAVINGS PLAN

MSCI's retirement savings plan helps you save for your future with automatic contributions invested in an age-appropriate target retirement fund.

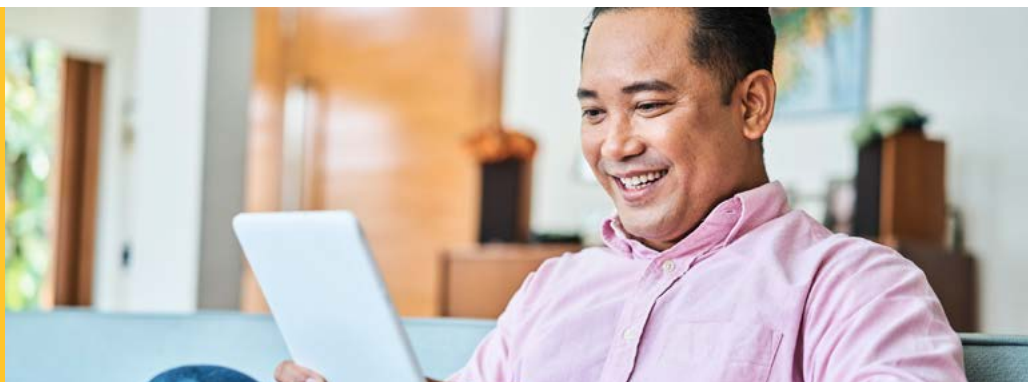
- **Automatic Enrollment:** 3% of your base salary on a pre-tax basis (begins with second paycheck)
- **Employee Contribution:** You may contribute up to 75% of your base salary, up to IRS limits (projected to be \$20,500 for 2022); you may contribute on a pre-tax or after-tax (Roth) basis (Note that the Compensation limit is projected to increase to \$305,000 for 2022)
- **Employer Match:** MSCI matches 80% of your contributions (up to the first 6% of your contribution); employer match goes into your account each time you make an eligible contribution
- **Safe Harbor Contribution:** 3% of total eligible cash compensation for all eligible employees
- **Catch-up Contributions:** Available to participants age 50 and older; you may make an additional contribution up to the IRS limit each year (\$6,500 in 2022)
- **Vesting:** You become 100% vested in all employer contributions after two years of service
- **Participant Statements:** Statements are sent quarterly to your home address; you may request electronic statements by signing up for electronic communications
- **Rollovers:** If you have other qualified retirement accounts, consider consolidating them; call the Retirement Center at 800-547-7754 to request additional information and necessary forms

For more information visit principal.com/welcome.

You are automatically enrolled in the 401(k) plan, but you can change your elections at any time during the year.

Beneficiary Election:

Remember to name your beneficiary directly on your retirement account. This designation is not held by MSCI and is separate and distinct from your life insurance beneficiary designation.





LEARN, COMPARE AND ENROLL

GET STARTED



LEARN

about your medical plan options:

- Review this enrollment guide.
- Visit Benefits@MSCI to read more about your choices.
- Watch for reminders by email and at your work location.



COMPARE

your medical plan options carefully and choose the one that best meets your health care needs and family budget:

- Carefully consider your needs for 2022 using the steps provided on [page 22](#).
- See the examples beginning on [page 23](#).
- Consider the lower premium and tax advantages of the Saver PPO.



ENROLL

between November 2 and November 30, 2021:

- If you do not make an active election by November 30, your current plan elections will automatically continue into 2022.
- However, if you wish to participate in a Flexible Spending Account (FSA) for 2022, you MUST actively enroll in that benefit even if you are participating in 2021.
- Review your dependents and certify your spouse's eligibility.
- Elect or change other benefits, including FSAs, auto and home insurance, pet insurance, optional life insurance, group legal, and identity theft.



LEARN, COMPARE AND ENROLL

HOW TO ENROLL

- Log in to Workday by typing “WD” in your browser.
- Open your Inbox to access the Open Enrollment task (click to launch and elect your benefits).
- Users will need to click on each individual benefit tile to review and/or change your benefit election(s).
- Confirm or add a valid phone number and physical home address.
- Once you have elected your benefits for 2022, please click "Review and Sign" and then "I accept". Then, click "Submit" on the bottom left-hand side of the enrollment page to submit your elections.
- Print a confirmation of your elections.

If you elect the Saver PPO medical option, your Health Savings Account (HSA) will automatically be established through Optum Financial. See [page 19](#) for details.

If you newly elect supplemental life insurance or increase your coverage amount, you will need to complete the Evidence of Insurability process. You will receive an email with instructions after the enrollment period closes. Your new coverage will not take effect and you will not be charged premiums for these elections until your coverage request has been approved by the insurance carrier and Workday has been updated.

You will enroll using the Open Enrollment task in Workday.

If you do not make any changes, your current elections will rollover for 2022, with the exception of FSAs. If you wish to participate in an FSA for 2022, you must actively enroll in that benefit.

CHANGING BENEFITS DURING THE YEAR

You may change your health care, flexible spending account and life insurance elections during the year only if you have a qualifying life event change, including:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Gain or loss of spouse’s coverage due to a change in job status
- Death of a dependent

If you experience a qualifying life event and need to change your benefits, please contact the US Benefits Team as soon as possible. Changes must be made in Workday within 31 days of the qualifying life event date. As a result of COVID-19, the deadlines to notify Human Resources of the QLE and to provide appropriate documentation have been extended in certain circumstances. Please see additional details located on [page 47](#) of this guide.

For more information, contact the US Benefits Team at askbenefits@msci.com.



ELIGIBILITY

The following dependents are eligible for medical, dental, and vision coverage:

- Your legal spouse or eligible same-sex or opposite-sex domestic partner
- Your children until they reach age 26 (eligible children include natural children, stepchildren, legally adopted children, children placed for adoption, children under legal guardianship, and children covered under a Qualified Medical Child Support Order (QMCSO))
- Your disabled children of any age
- Your legal spouse/domestic partner and children up to age 26 are also eligible for optional life insurance.

You are eligible for benefits if you are a regular, active employee scheduled to work at least 24 hours per week.

Ensure your personal information is up to date on Workday:

- If you enroll in a Health Savings Account (HSA), your phone number and home address must be provided.
- IRS Form 1095-C requires dependent Social Security numbers. Be sure to verify or provide this important information for all of your covered dependents.

SPOUSE/DOMESTIC PARTNER SURCHARGE

If your spouse/domestic partner is eligible for other employer-provided medical coverage and you elect to cover him or her under your MSCI medical option, you will pay an additional \$100 per month, deducted on a pre-tax basis. The surcharge applies to medical coverage only.

The surcharge will be waived if your spouse/domestic partner is:

- Eligible for coverage as an MSCI employee;
- Unemployed; or
- Self-employed.

When you enroll, you will be asked to certify whether your spouse/domestic partner is eligible for coverage elsewhere. Please check your spouse/domestic partner's eligibility carefully before enrolling him or her for MSCI coverage. MSCI reserves the right to conduct a dependent audit to verify certifications.





ELIGIBILITY

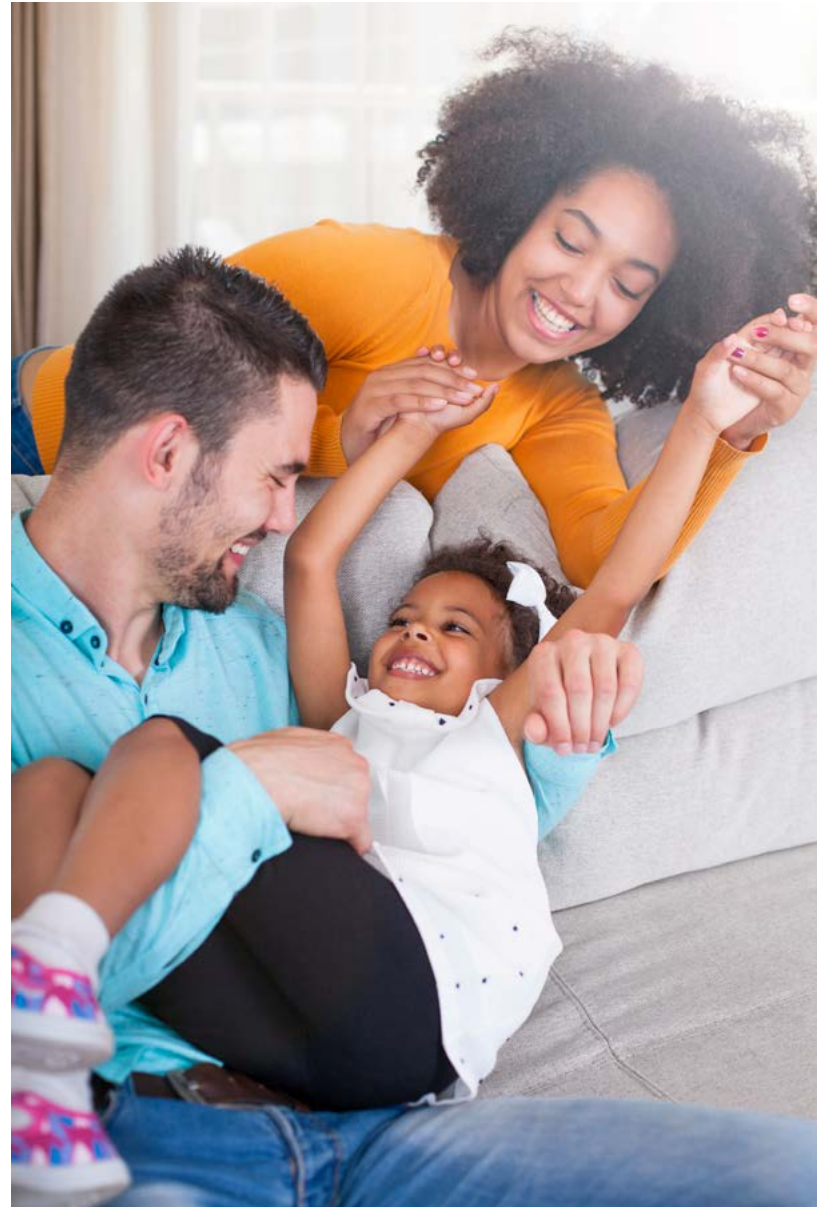
DOMESTIC PARTNER ELIGIBILITY

Your same-sex or opposite-sex domestic partner is eligible for medical, dental, vision, and life insurance coverage if both you and your domestic partner:

- Have shared a primary residence for at least six months and are responsible to each other for the direction and management of your household;
- Are legally entitled to reside in your household under applicable immigration laws;
- Have a committed relationship of mutual caring, which has existed for at least six months prior to enrollment in MSCI’s benefit plans;
- Have a relationship that is expected to be long term;
- Are 18 years of age or older and mentally competent;
- Are not married to someone else and do not have another domestic partner;
- Are not blood relatives; and
- Have not been married to each other at any time within the past 12 months.

Under federal tax law, you will pay for domestic partner coverage on an after-tax basis, and the value of the coverage will be taxed as imputed income.

If you are enrolling your domestic partner for the first time under MSCI health insurance benefits, you must complete the Domestic Partner Certification form. Please contact the US Benefits team for the certification form at askbenefits@msci.com.





CONTACT DETAILS

If you have questions about eligibility or enrollment, email the US Benefits Team at askbenefits@msci.com. If you have questions about claims or coverage throughout the year, please contact the plan administrator using the contact information shown below. Additional contact information is available via Benefits@MSCI.

Benefit	Provider	Telephone	Web Address
Medical	UnitedHealthcare	866-633-2446	www.myuhc.com
Health Savings Accounts (HSAs)	Optum Financial	877-292-4040	www.connectyourcare.com/employees
Dental	Delta Dental	800-932-0783	www.deltadentalins.com
Vision	EyeMed	866-939-3633	www.eyemedvisioncare.com
Life and Accident	UNUM	866-779-1054	www.unum.com
Disability	UNUM	866-779-1054	www.unum.com
Flexible Spending Accounts (FSAs)	Optum Financial	877-292-4040	www.connectyourcare.com/employees
Group Legal	ARAG	800-247-4184	www.araglegalcenter.com
Identity Theft	ID Watchdog	866-513-1518	www.idwatchdog.com
Commuter Benefits	Optum Financial	877-292-4040	www.connectyourcare.com/employees
Auto & Home Insurance	Farmers GroupSelect	800-438-6381	myautohome.farmers.com
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/msci
401(k)	Principal Financial Group	800-547-7754	principal.com/welcome
Back-Up Child Care	Care@Work	855-781-1303	https://msci.care.com
Here For You – Employee Assistance Program	ComPsych	800-272-7255	guidanceresources.com (Web ID: MSCI)
MSK Direct	Memorial Sloan Kettering Cancer Center	844-506-0589	n/a



REQUIRED NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 212-804-5283.

SPECIAL ENROLLMENT NOTICE

As you know, if you have declined enrollment in MSCI's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Open Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. MSCI will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the MSCI group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 212-804-5283.



PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit

www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1 (877) KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1 (866) 444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1 (855) 692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1 (866) 251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1 (855) MyARHIPP, (855) 692-7447

CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: (916) 445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1 (800) 221-3943 / State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1 (800) 359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1 (855) 692-6442

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1 (877) 357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1 (877) 438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1 (800) 457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1 (800) 338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1 (800) 257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1 (888) 346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1 (800) 792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1 (855) 459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1 (877) 524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicare.la.gov or www.ldh.la.gov/lahipp
Phone: 1 (888) 342-6207 (Medicaid hotline) or 1 (855) 618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1 (800) 442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1 (800) 977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website:
<https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 1 (800) 862-4840

MINNESOTA – Medicaid

Website:
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1 (800) 657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1 (573) 751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1 (800) 694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1 (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1 (800) 992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>
Phone: (603) 271-5218
Toll free number for the HIPP program: 1 (800) 852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: (609) 631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1 (800) 701-0710



NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1 (800) 541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 1 (919) 855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1 (844) 854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1 (888) 365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1 (800) 699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1 (800) 692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1 (855) 697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1 (888) 549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1 (888) 828-0059

TEXAS – Medicaid

Website: <http://gethiptexas.com/>
Phone: 1 (800) 440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1 (877) 543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1 (800) 250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1 (800) 432-5924
CHIP Phone: 1 (800) 432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1 (800) 562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1 (855) MyWVHIPP, 1 (855) 699-8447

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1 (800) 362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1 (800) 251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa
1 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov
1 (877) 267-2323, Menu Option 4, Ext. 61565



MICHELLE’S LAW NOTICE – EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES

The MSCI plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child’s eligibility would end earlier for another reason.

Extended coverage is available if a child’s leave of absence from school – or change in school enrollment status (for example, switching from full-time to part-time status) – starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child’s physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact HR at MSCI as soon as the need for the leave is recognized to MSCI. In addition, contact MSCI to see if any state laws requiring extended coverage may apply to his or her benefits.

TIMING EXTENSIONS EXPIRING FOR HIPAA SPECIAL ENROLLMENT EVENTS, COBRA COVERAGE AND ERISA CLAIM AND APPEALS

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

This temporary extension became effective on March 1, 2020 and created individual extension deadlines.

What this means for you and your family

During the period that began March 1, 2020 to present, individual timing extensions can only be extended for a maximum of 12 months. If the original deadline would have been on or after March 1, 2020, your new deadline will now be one-year from your original deadline. For example, if you would have been required to notify the plan of a HIPAA Special Enrollment event (i.e., the birth of a child) by July 1, 2020, your deadline to request an election change under the HIPAA rules will now be June 30, 2021.

Your deadline could end sooner than one year once the National Emergency declaration ends. At the time of this notice, the National Emergency declaration remains ongoing. However, the extensions described here will only last for the shorter of the following two periods: one year from your original deadline, or the period between your deadline (if after 3/1/20) and 60 days following the end of the National Emergency declaration.

If you delayed any of the following due to your timing extension, **you should act quickly or you may lose your ability to exercise your rights under the plan for:**

- Requesting enrollment under the plan due to a HIPAA Special Enrollment event; Filing an ERISA claim or appeal; or Enrolling in or making premium payment(s) for your COBRA continuation coverage.
- If you did not experience a HIPAA Special Enrollment or COBRA qualifying event, or did not have the need to file an ERISA claim or appeal, you do not need to take any action.