

POLITICO

2026

BENEFITS

GUIDE

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



GETTING STARTED

No matter where you are in your career, POLITICO supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

2026 Benefits

Effective January 1, 2026 through December 31, 2026

When you can enroll

Existing employees can enroll during the annual open enrollment period.

New employees must enroll within 30 days of their hire date to be eligible. Benefits begin on the first day of the month following date of hire.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment.

2026 OPEN ENROLLMENT

Our open enrollment for the January to December 2026 benefit period will take place from **November 10 to November 21, 2025**. Take action to ensure you are enrolling in the plans that work best for you.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are an employee working 25 or more scheduled hours per week.

Eligible dependents

- Legally married spouse or domestic partner
- Biological, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit.

Domestic partner notice

Please note that domestic partner coverage can differ from spouse coverage when Medicare eligibility is a factor.

Medicare is the primary payer for domestic partners with large employer group health plan coverage if a domestic partner can get Medicare due to their age and has group health plan coverage through their partner's current employer.

WHO IS A DOMESTIC PARTNER?

For information about specific requirements to qualify for domestic partner benefits, please contact
AskHr@politico.com

ENROLLING FOR BENEFITS



DO I NEED TO ENROLL?

This is an **ACTIVE** enrollment so whether you are making changes to your benefits or not, you will need to log into UKG and either select, change or waive your benefits for 2026.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- Log in to **UKG**:
- Navigate to the **Myself** column on the left
 - Click **Benefits**
 - Select **Manage my Benefits**
 - Select **Start Open Enrollment**
- Add your personal and dependent information.
- Select your benefit plans for the coming year.
- Review your choices and costs before finalizing.

Your Enrollment Support Resources:

- View Alex: <https://start.myalex.com/politico/>
- CIGNA Pre-enrollment Live Support Line: Call 1-888-806-5042

Starting January 1, 2026, you will also be able to access POLITICO.MyBenefits.Life: <https://politico.mybenefits.life/>

POLITICO.MyBenefits.Life® gives you all your benefits information in one place

You can do just about anything online these days. Why should accessing your benefits information be any different? MyBenefits.Life® is a website that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs for all plans you're eligible for.
Enroll	Time to enroll? Get the link here.
Documents	Read important benefit plan notices ("the fine print").
Contacts	Find HR, benefits, and carrier contacts.

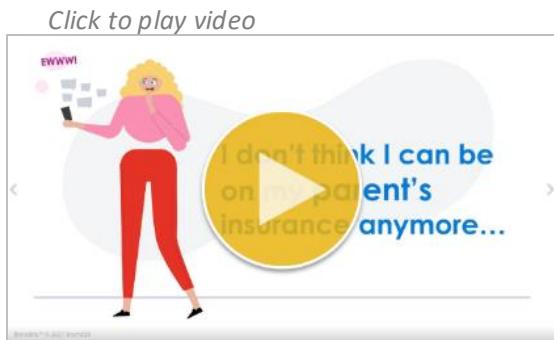
CHANGING YOUR BENEFITS

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a Qualifying Life Event (QLE), such as:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days after the qualifying life event or you will need to wait until our annual Open Enrollment. Depending on the type of event, you may be asked to provide proof of the event.

Contact Human Resources at Benefits@politico.com within 30 days of the qualifying event for assistance.



LIFE HAPPENS

A change in your life may allow you to update your benefit choices, this would be considered a Qualifying Life Event (QLE). Watch the video for a quick take on your options.

DO YOU HAVE QUESTIONS ABOUT YOUR BENEFITS?

Click to play video



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

benefitsupport@alliant.com

Phone

(800) 489-1390

Hours

8 a.m.–8 p.m. (Eastern Time)

Monday–Friday

Get help from a Benefit Advocate

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you have claim or billing questions? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefit experts who can help you understand and use your healthcare benefits and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Problems with health care claims or billing, when warranted
- Coverage changes due to life events (such as marriage, a new child, or divorce)

Claims assistance

If you need claims assistance, you may need to complete a HIPAA authorization form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form. You can end the permissions granted by the form at any time. **Your Benefit Advocate will provide the form to you when needed.**

YOUR BI-WEEKLY BENEFIT COSTS

The total amount you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—reducing your taxable income.

MEDICAL	OAPin Lite	OAPin	OAP
Employee Only	\$0.00	\$104.96	\$107.25
Employee + Spouse	\$245.87	\$378.24	\$386.10
Employee + Children	\$207.62	\$319.42	\$326.04
Employee + Family	\$327.82	\$504.33	\$514.80

DENTAL	Base	Premium
Employee Only	\$5.94	\$9.69
Employee + Spouse	\$18.97	\$27.66
Employee + Children	\$19.38	\$28.27
Employee + Family	\$27.23	\$39.70

VISION	Base	Premium
Employee Only	\$0.61	\$2.17
Employee + Spouse	\$1.39	\$5.00
Employee + Children	\$1.39	\$4.51
Employee + Family	\$2.44	\$9.15

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify POLITICO if your domestic partner is your tax dependent.



MEDICAL/RX PLANS

OUR CIGNA MEDICAL PLANS

OAP

OAPIN

OAPIN LITE

What are your healthcare needs?

Consider the type and frequency of care you and your family typically need. Each Cigna plan offers different levels of flexibility and cost sharing:

- **OAP (Open Access Plus):** Offers the most flexibility. You can see in-network or out-of-network providers without a referral. This plan may be a good fit if you value choice in doctors and specialists or anticipate needing more frequent or specialized care.
- **OAPIN :** Covers only in-network providers, but at a relatively lower cost than the full OAP plan. It's a good choice if your preferred doctors and facilities are in the Cigna network and you're comfortable staying within that network for all care.
- **OAPIN Lite:** Designed for lower premiums and basic coverage needs. You'll have in-network access only and higher out-of-pocket costs when you receive care. This plan can make sense if you typically need only preventive care or a few doctor visits each year.

CIGNA MEDICAL/RX PLANS

This chart compares the basic provisions of the three medical plan options offered through Cigna. You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	OAPIN LITE	OAPIN	OAP	
	In-Network Only	In-Network Only	In-Network AND	Out-of-Network
Annual Deductible	Individual: \$4,500 Family: \$9,000	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	Individual: \$800 Family: \$1,600
Annual Out-of-Pocket Maximum	Individual: \$8,000 Family: \$16,000	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
Coinsurance	100%	100%	90%	70%
Office Visits				
Primary Care	\$40	\$20	\$25	70%*
Specialist	\$60	\$40	\$40	70%*
Lab and X-ray	100%	100%	90%*	70%*
Urgent Care	\$50	\$30	\$25	70%*
Emergency Room	\$200	\$150	\$100	
Hospitalization	\$300	\$300	90%*	70%*
Outpatient Surgery	100%	100%	90%*	70%*
PRESCRIPTION DRUGS (30 Day Retail / 90 Day Mail Order) *				
Prescription Drug Deductible	Individual: \$150 Family: \$300	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100	
Generic	\$10 / \$20	\$10 / \$20	\$10 / \$20	70%
Brand Preferred	\$40 / \$80	\$30 / \$60	\$30 / \$60	70%
Brand Non-preferred	\$60 / \$120	\$50 / \$100	\$50 / \$100	70%
Specialty	\$100 / N/A	\$80 / N/A	\$80 / N/A	70%

*After deductible is met



DENTAL

OUR METLIFE DENTAL PLANS

BASE PLAN

PREMIUM PLAN

Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Find out how it works!

Click to play video



METLIFE DENTAL PLANS

This chart compares the basic provisions of the two dental plan options offered through MetLife. You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

	Base		Premium	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Individual: \$25 Family: \$75	Individual: \$50 Family: \$100		Individual: \$50 Family: \$100
Annual Plan Maximum	\$1,500 per person	\$1,000 per person		\$1,500 per person
Diagnostic & Preventive	100%	90%	100%	100%
Basic Services	80%	70% R&C	80%	80%
Major Services	50%	50% R&C	60%	60%
Orthodontia	50% Child Only	50% Child Only	50% Adult & Child	50% Adult & Child
Ortho Lifetime Max	\$1,500	\$1,000	\$2,500	\$2,500



VISION



OUR EYEMED VISION PLANS

BASE PLAN

PREMIUM PLAN

Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with your care and cost.



[Click to play video](#)

EYEMED VISION PLANS

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	Base Plan		Premium Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam	Exam: \$10 copay Materials: \$25 copay	Exam: Up to \$35 Materials: Up to \$65	Exam: \$0 copay Materials: \$0 copay	Exam: Up to \$35 Materials: Up to \$90
Frequency	Exam: 1 every 12 months Lenses: 1 every 12 months Frames: 1 every 24 months Contacts (Elective): 1 every 12 months			Exam: 1 every 12 months Frames: 1 every 12 months Lenses: 1 every 12 months Contacts (Elective): 1 every 12 months
Frame Allowance (retail)	Up to \$130 allowance	Up to \$65	Up to \$180 allowance	Up to \$50
Lenses	Single: No charge Bifocal: No charge Trifocal: No charge	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$55	Single: \$0 copay Bifocal: \$0 copay Trifocal: \$0 copay	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$55
Medically necessary Contact lenses	No charge	Up to \$300	Paid in full	Up to \$300
Elective contact lenses in lieu of glasses	Up to \$130 allowance	Up to \$104 allowance	Up to \$180 allowance	Up to \$144 allowance

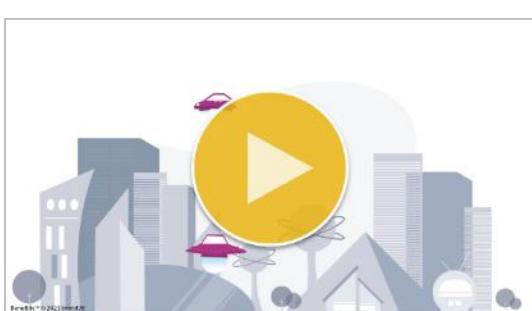


TAKE ACTION

Click to play videos



Urgent Care vs. ER



Virtual Healthcare

Get the most from your Health Benefits

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

KNOW WHERE TO GO

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget, and time.

Visit type	Use it for ...
Nurse line (\$) Often available 24/7 at no cost	<ul style="list-style-type: none">quick answers from a trained nurse:<ul style="list-style-type: none">to determine if immediate care is neededfor home treatment options & advice
1-800-244-6224	
Online visit (\$) Often available 24/7 Access via your MyCigna account	<ul style="list-style-type: none">non-emergency health issues:<ul style="list-style-type: none">cold, flu, allergies, headache, migrainerashes, skin conditionsminor injuriesmental health concerns
Office visit (\$\$) Typically open during regular business hours	<ul style="list-style-type: none">routine medical care and management:<ul style="list-style-type: none">preventive careillnesses and injuriesexisting conditions
Urgent care (\$\$\$) Typically open with extended evening and weekend hours	<ul style="list-style-type: none">urgent but not life-threatening conditions:<ul style="list-style-type: none">sprains or stitchesanimal biteshigh fever or respiratory infections
Emergency room (\$\$\$) Open 24/7	<ul style="list-style-type: none">life-threatening conditions requiring immediate care:<ul style="list-style-type: none">suspected heart attack or strokebroken bonesexcessive bleedingsevere paindifficulty breathing

Click to play video



Urgent Care vs. ER

ALTERNATIVE FACILITIES

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Procedure	Alternative	Features	Savings*
Surgery	Ambulatory surgical center	<ul style="list-style-type: none">Specializes in same-day surgeriesCataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and moreHeld to same safety standards as hospitals	Up to 50% vs. a hospital stay
Physical therapy	Outpatient facility	<ul style="list-style-type: none">Most cases are suited for outpatient physical therapySame types of treatments and similarly skilled therapists as inpatient facilities	40 to 60% vs. a hospital setting
Sleep study	Home testing	<ul style="list-style-type: none">Diagnoses obstructive sleep apneaCost is often covered by insurance if considered medically necessary	Up to \$4,500 vs. a lab
Infusion therapy	Home or outpatient infusion	<ul style="list-style-type: none">For drugs that must be delivered by intravenous injections, or epiduralsDelivered by licensed infusion therapy providerMaintain normal lifestyle and comfort of home or outpatient center	Up to 90% vs. a hospital stay

**Savings estimates are based on in-network facilities and providers*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital.

You can also search for surgical centers, physical therapy, and similar services on <https://www.cigna.com/>, or call member services for assistance. Online tools such as [healthgrades.com](https://www.healthgrades.com)

help you compare costs and doctor ratings.

Some alternative facilities include a fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

PRESCRIPTIONS BREAKING YOUR BUDGET?

[Click to play video](#)



**The formulary drug tiers
determine your cost**

\$ Generic drugs

\$\$ Brand-name drugs

\$\$\$ Specialty drugs

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

Formulary for 2026



LIFE & DISABILITY

Name Your Beneficiaries

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

If you need more

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the [Voluntary Plans](#) section for details.

POLITICO- PROVIDED LIFE AND AD&D INSURANCE



Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by POLITICO.

MetLife Life & Disability

Employee 1.5x base earnings, up to \$300,000. Guaranteed issue of \$300,000.

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.

What's guaranteed issue?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status to qualify for the requested amount of coverage.

A note about taxes

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

SHORT-TERM DISABILITY INSURANCE



MetLife STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability.

MetLife STD Benefits (Employee Paid)

Amount 60% of earnings, up to a weekly maximum of \$2,500

Begins after 7 days of disability due to accident or 14 days of disability due to sickness or maternity

Duration 12 weeks

You must enroll in STD to receive company paid long-term disability insurance.

Expect the unexpected

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

LONG-TERM DISABILITY INSURANCE



Things to know about long-term disability (LTD) insurance

- It can protect you from having to tap into your retirement savings.
- You can use LTD benefits however you need, for housing, food, medical bills, etc.
- Benefits can last a long time—from weeks to even years—if you remain eligible.

MetLife long-term disability benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

You must enroll in short-term disability insurance to be eligible for long-term disability insurance.

MetLife Long-Term Disability Benefits (Company Paid)

Amount 60% of earnings, up to a monthly maximum of \$10,000

Begins after 90 days of disability

Maximum 2 years

MetLife Buy-Up Long-Term Disability Benefits (Employee Paid)

Amount 66.6% of earnings, up to a monthly maximum of \$10,000

Begins after 90 days of disability

Maximum 2 years



VOLUNTARY PLANS

OUR PLANS

LIFE INSURANCE

HEALTH-RELATED PLANS

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

VOLUNTARY LIFE AND AD&D INSURANCE



Protecting those you leave behind

Voluntary life and AD&D insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or children if you purchase coverage for yourself.

MetLife Voluntary Life & Disability Insurance

Employee Increments of \$10,000, up to 5x base salary.
 Guaranteed issue of \$150,000.

Spouse Increments of \$5,000 (not to exceed 50% of employee election), up to \$250,000.
 Guaranteed issue of \$30,000.

Children Increments of \$5,000, up to \$10,000.

Guaranteed issue

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit evidence of insurability with additional information about your health for the insurance company to approve the amount of coverage.

VOLUNTARY HEALTH-RELATED PLANS



Things to consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Accident insurance from MetLife helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

Critical Illness Insurance

Critical illness insurance from MetLife can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Hospital Indemnity Insurance

Hospital indemnity insurance from MetLife can enhance your current medical coverage. The plan pays a lump-sum benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

For more details, be sure to check out the Plan documents on the [MyBenefits.Life](#)[®] portal, which will be available starting January 1, 2026.

In the meantime, please access your plan documents in the Benefits Center located on the UKG landing page.



MEDICAL BENEFITS ABROAD

Extra protection while traveling for business

Cigna's Medical Benefits Abroad program provides access to care if you get sick or have an injury while traveling internationally for business. This benefit is available when traveling outside your country of residence or permanent assignment for fewer than 180 consecutive days per trip. POLITICO provides this coverage at no cost to you.

Benefit	Benefit Amount
Accidental Death & Dismemberment	\$100,000
Medical Evacuation/Repatriation	\$100,000
Annual Benefit Maximum	\$100,000
Annual Deductible	\$50
Coinsurance	100%
Out of Pocket Coinsurance Maximum	\$50
Prescription Drug	100% of covered expenses
Emergency Dental	\$1,000 annual maximum

Register before you travel

1. Go to <https://customer.cignaenvoy.com/traveler>
2. Log in by entering the username and password provided by your group's Human Resources or Benefits Manager located below.
 - Username: 10138AMBA
 - Password: Cigna1

Once logged in, select the 'View/Print ID card' tile. Your group name and policy number will populate and allow you to print a copy to take with you on your trip.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Healthcare Flexible Spending Account (HC FSA)
- Dependent Care Flexible Spending Account (DC FSA)
- Transportation & Parking Benefits
- 401(k) Retirement Savings Plan

Is it time for a “financial wellness” checkup?

Taking care of your financial well-being is just as important as taking care of your health. Whether you’re looking to **save more, spend smarter, or plan ahead**, the benefits POLITICO offers can help you make your money go further.

If you’ve ever wondered how to stretch your paycheck, save for the future, or reduce everyday expenses, it might be time for a financial checkup. Even small changes—like using pre-tax accounts or contributing to your 401(k)—can make a big difference over time.

EBC HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



Are you eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- www.ebcflex.com
- [Eligible Expenses](#)
- [Ineligible Expenses](#)

Do you pay for day care?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

Set aside healthcare dollars for the year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the FSA works

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- You can contribute up to \$3,400, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

Estimate carefully!

If you don't spend all the money in your account, you forfeit the leftover balance at the end of the year. Any additional remaining balance will be forfeited.

Potential tax savings

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on. Tax savings vary depending on filing status and other variables, but here's an example using single-filer status and marginal federal income tax rates:

\$60,000 annual pay, contributing \$1,700 to FSA

\$374	\$130	\$504
22% income tax savings	7.65% FICA tax savings	Total FSA tax savings

\$120,000 annual pay, contributing \$3,400 to FSA

\$816	\$260	\$1,076
24% income tax savings	7.65% FICA tax savings	Total FSA tax savings

EBC DEPENDENT CARE FSA

[Click to play video](#)



Every opportunity to save

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent care FSA—up to \$7,500 tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by EBC.

Here's how the DC FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before- and after-school care programs, preschool, and summer day camp for children younger than 13.

The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 in 2026. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully!

You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

OTHER BENEFITS



Transportation savings accounts—up to \$340 per month tax-free

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in the EBC transportation savings account.

The account lets you set aside money—before it's taxed—through payroll deduction. You may enroll in or stop this program at any time. Money in the account can be used in future months or plan years.

Set aside up to \$340 per month for work-related parking expenses and up to \$340 per month for work-related commute expenses.

Local/Regional programs

If you are in any of the locations below, please also refer to these resources:

- [TRACC Commuter Benefits](#) (Berkely, CA)
- [Bay Area Commuter Benefits Program](#) (Bay Area Air Quality Management District cities)
- [WMATA SmartBenefits](#) (Washington, DC)
- [CTA/Ventra Transit Benefit Program](#) (Chicago, IL)
- [NJ TRANSIT Commuter Tax Benefits](#) (New Jersey)
- [Commuter Benefits Law](#) (New York City)
- [SEPTA Key Advantage](#) (Philadelphia, PA)

Building Amenities

The cafes in most of our facilities are stocked with beverages, breakfast and snacks.

Rosslyn Fitness Center

Elevation Fitness is located on the Mall level in 1100 Wilson Blvd. The gym is managed by Synergy Fitness employees 7 am – 7 pm Monday- Friday and is available for use by tenants during these hours:

- Monday-Friday: 5 am – 9 pm
- Saturday: 8 am – 2 pm
- Sunday: CLOSED

Bike Rooms Rosslyn

There are two bike rooms in Rosslyn HQ

- 1000 Wilson Bike Room on garage level 3, just past the monthly-only parkers gate
- 1100 Wilson Bike Room on garage level 5, next to Twin Towers Cleaners

For Bike Room access contact
facilitiesmanagement@politico.com

Bike Rooms Sacramento

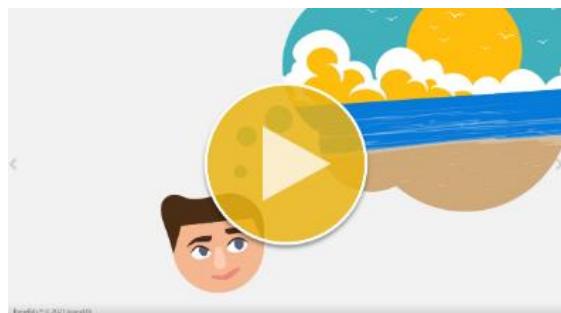
Facilities Management

For more info email:

facilitiesmanagement@politico.com

SAVE NOW, ENJOY LATER

Click to play video



The POLITICO 401(k) offers a wide range of investment options. Vanguard provides tools and resources to help make informed decisions.

Let time, consistency, and your company match work for you.

401(k) retirement savings plan

Our 401(k) Retirement Savings Plan makes it easy to save for retirement while enjoying immediate tax advantages through pre-tax contributions.

You can choose pre-tax contributions (which reduce your taxable income today) or Roth after-tax contributions (which allow your savings to grow tax-free for retirement*). You can also split your contributions between both options.

All regular employees age 18 or older are eligible to participate in the plan starting on your first day of employment—so you can begin building your financial future right away.

2025 401(k) Highlights (Pending 2026 Contribution IRS Updates)

Maximum Employee Contribution Limit

Up to \$23,500 (Subject to IRS limit changes)

Catch-Up Contribution Limit(s)**

If you are currently age 50 or are turning age 50 in 2026, you can contribute and save an extra \$7,500. And if you're 60–63 or turning age 60 in 2026, you can save an extra \$11,250.

POLITICO Matching Contributions Formula

50% of the first 6% of your pay that you set aside.

Vanguard 401(k) Administrator

Company match is subject to a vesting schedule whereby you're 50% vested after 1 year of service and 100% vested after 2 years of service.

For more Details:

Manage your account at www.vanguard.com/retirementplans

Starting January 1, 2026, you can access our 401k Plan documents at POLITICO.MyBenefits.Life

**Roth after-tax contributions must be held for 5 years and distributed post age 59.5 to be tax-free at withdrawal.*

***Under SECURE 2.0, beginning in 2026, participants whose prior-year FICA wages exceed the threshold must make catch-up contributions as Roth (after-tax).*



WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone: (888) 319-7819

Website: one.telushealth.com

Username: metlifeeap

Password: eap

For more information about your benefits:

AskHr@politico.com

Help for you and your household

There are times when everyone needs a little help or advice, or assistance with a serious concern. The Employee Assistance Program (EAP) through MetLife can help you handle a wide variety of personal issues, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation, and elder care resources.

Best of all, contacting the EAP is completely confidential and free for any member of your immediate household.

No-cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 5 sessions per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Counseling

- Relationship challenges
- Emotional distress
- Job stress
- Communication issues
- Interpersonal conflict
- Alcohol or drug use
- Loss and grief

Parenting & childcare

- Quality referrals
- Family day care centers
- Infant centers and preschools
- Before- and after-school care
- 24-hour care

Elder care

- Help finding care resources for elderly or disabled relatives

Online resources

- Self-help tools to enhance resilience and well-being
- Information and links to various services and topics

Financial

- Money/debt management
- Identity theft resolution
- Tax issues
- Bankruptcy

MODERN HEALTH

POLITICO partners with Modern Health, a mental wellness platform that offers personalized mental health care. Modern Health believes that quick access to personalized mental health support can have a profound impact on your day-to-day life – whether that's at home, at work, or in your relationships. Based on your well-being assessment, Modern Health will develop a personalized care plan for you that recommends a combination of one-on-one, group and self-serve digital resources that can help you in your areas of focus.

What can Modern Health help with?

Based on POLITICO's plan with Modern Health, you and your dependents have access to:

- 6 one-on-one video sessions (per year) with certified mental health, professional, or financial well-being coaches
- 6 one-one-one video or in-person sessions (per year) with licensed clinical therapists
- Unlimited group support sessions (known as Circles), designed to be safe spaces for sharing & learning with others. (Note: On-demand Circles are currently offered in additional languages.)
- Unlimited Guided Meditations on managing stress and proactively building resilience.



How do I get started?

Based on POLITICO's plan with Modern Health, you and your dependents have access to:

- 6 one-on-one video sessions (per year) with certified mental health, professional, or financial well-being coaches
- 6 one-one-one video or in-person sessions (per year) with licensed clinical therapists
- Unlimited group support sessions (known as Circles), designed to be safe spaces for sharing & learning with others. (Note: On-demand Circles are currently offered in additional languages.)
- Unlimited Guided Meditations on managing stress and proactively building resilience.



CARROT FERTILITY



Carrot Care Navigation Team

The Care Navigation team can assist with:

- Benefit related questions
- Assistance with planning potential transitions of care
- Notification and reminders for full benefit launch

Contact the [Carrot Care Team](#) for further questions.

POLITICO fully funds the Carrot Benefit. Reimbursable at no cost to you, subject to IRS Qualified Medical Expenses.

If Expenses are IRS defined non-qualified medical reimbursements, you will need to pay the tax on the reimbursed amount.

What is Carrot?

Carrot is a global, inclusive fertility, hormonal health and family-building benefit provider. Carrot is not health insurance but rather provides resources to make fertility care more accessible and affordable for everyone. Create your Carrot account to learn more about the resources available to you. Including the funds POLITICO has provided to help pay for care.

How does the Carrot benefit work?

Carrot offers a variety of fertility, hormonal health and family-building resources and support, including employer-provided funds, known as Carrot funds. POLITICO is providing up to a \$20,000 lifetime maximum in Carrot funds to help you pay for eligible care and services.

What journeys does Carrot support?

- Understanding fertility health (e.g. fertility testing and ovulation tracking)
- Fertility preservation (egg. Sperm and embryo freezing)
- Assisted reproduction (such as in vitro fertilization)
- Adoption, gestational surrogacy and related donor assistance
- Pregnancy and postpartum (including funds for doula care and milk shipping)
- Perimenopause, menopause, low testosterone (low T)

How to sign up:

- You will receive a registration link from Carrot to sign up
- Visit get-carrot.com/signup to claim your benefit and explore the resources available, including the funds we've provided to help pay for care.

CARROT

CIGNA WELLNESS PROGRAM



HAVE QUESTIONS? WE'RE HERE TO HELP

- Chat live with customer service
- Sign in to myCigna.com to start a chat
- Available:
 - Monday-Friday, 9am-8pm ET
 - Saturday-Sunday, 9am-5pm ET

Enhance your wellbeing

Being well involves more than just going to the doctor. Wellness is a daily commitment to eating healthy, staying active, managing stress, and maintaining balance.

With this in mind, we've created an integrated wellness program—Cigna's Well-Being Solution—to help you create healthy habits and reach your greatest wellbeing potential.

The program includes support to manage stress, choose nutritious foods, stay active, reach or maintain a healthy weight, avoid unhealthy habits, and more.

Cigna's Well-Being Solution

This program helps you make small, everyday changes to your wellness that are focused on the areas you want to improve the most. Engage daily to build healthy habits, have fun with coworkers and experience the lifelong rewards of better health and wellness.

Ways to engage

Engage in activities that fit your interests

- Challenges
- Daily Cards
- Health Assessment
- Healthy Habits
- Journeys
- Pillars
- Friends and Family

Get started today

1. Register or sign in to myCigna.com and go to the Wellness tab
2. Connect a device or app to get credit for your wellness activities like steps, nutrition and sleep
3. Upload a profile picture and add some friends
4. Set your interested to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!
5. Download the myCigna app for iOS or Android. Access your account and track your activity anywhere, anytime. Turn on your notifications to stay motivated and get friendly reminders.

TIME AWAY FROM WORK



Get all the details

Refer to your employee handbook for information on eligibility and specific leave policies.

Paid time off policies

We provide time off so you can take time to relax, recover from illness, take care of personal and family business, or whatever else you need. Our time off benefits include:

- Flexible Vacation time to promote work life balance
- Sick time to care for yourself and your family.
- Time off for jury duty and voting
- Bereavement leave
- Parental leave for all forms of family expansion

For more information on eligibility and specific leave policies reach out to your HR Business Partner.

2026 Company Paid Holidays

POLITICO provides 12 paid holidays per year for all full-time, benefit-eligible employees. Additional holidays may be designated at POLITICO's discretion.

New Year's Day	Jan. 1
Martin Luther King Jr. Day	Jan. 19
Presidents Day	Feb. 16
Memorial Day	May 25
Juneteenth	June 19
Independence Day	July 4
Labor Day	Sept. 7
Indigenous People's Day	Oct. 12
Thanksgiving	Nov. 26
Day After Thanksgiving	Nov. 27
Christmas	Dec. 25
New Years Eve	Dec. 31

WHO PAYS

The company pays for some of your benefits and you share the cost for others, as shown below:

BENEFIT	WHO PAYS	TAX TREATMENT (Pre-Tax or After-Tax)
Medical/Rx	The Company & You	Pre-tax
Dental	The Company & You	Pre-tax
Vision	The Company & You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D)	The Company	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D)	You	After-Tax
Disability Coverage	The Company & You	After-Tax
Medical Benefits Abroad	The Company	N/A
Flexible Spending Accounts	You	Pre-Tax
Phone Reimbursement Subsidy	The Company	NA
Commuter Subsidy	The Company	N/A
Employee Assistance Program	The Company	N/A
Carrot Fertility	The Company	Per IRS guidelines related to Qualified Medical Expenses (QMEs)
Modern Health	The Company	N/A

PLAN CONTACTS AND RESOURCES

GENERAL

UKG Access until Dec 31, 2025

Plan documents can be found in the Benefits Center on the UKG landing page.

Benefits Portal (AVAILABLE January 1, 2026)

MyBenefits.Life®

Website: politico.mybenefits.life

Benefit Advocate

benefitsupport@alliant.com

(800) 489-1390

MEDICAL

Cigna

Policy No. 3341826

Phone: (800) 244-6224

Website: www.mycigna.com

DENTAL

MetLife

Policy No. 91243-2-G

Phone: (800) 942-0854

Website: www.metlife.com/mybenefits

VISION

EyeMed

Policy No. 9695479

Phone: (866) 723-0513

Website: www.eyemed.com

LIFE/AD&D

MetLife

Policy No. 091243

Phone: (800) 438-6388

Website: www.metlife.com/mybenefits

EAP

MetLife

Policy No. 091243

Phone: (800) 438-6388

Website: www.metlife.com/mybenefits

FSA

EBC

Policy No. P2629

Phone: (800) 346-2126

Website: www.ebcflex.com

DISABILITY

MetLife

Policy No. 091243

Phone: (800) 942-0854

Website: www.metlife.com/mybenefits

401(K)

Vanguard

Policy No. 092968

Phone: 1-877-662-7447

Website: www.vanguard.com/retirementplans

GLOSSARY

Accumulation Period

The period of time during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

Aggregate Deductible

A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

Aggregate Out-of-Pocket Max

A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

Allowed Amount

The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

Ambulatory Surgery Center

A healthcare facility that specializes in same-day surgical procedures.

Annual Limit

The maximum dollar amount or number of visits your plan will cover for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

Balance Billing

Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges \$100 but the plan's allowed amount is only \$70, an out-of-network provider can bill you for the \$30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

Beneficiary

The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

Brand-Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

Claim

A request for payment that you or your provider submits to your insurance plan after you receive services.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Coinsurance

The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

Copayment (Copay)

A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

Deductible

The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

Dental Basic Services

Services such as fillings, routine extractions, and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to twice a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Eligible Expense

Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

Embedded Deductible

A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

Embedded Out-of-Pocket Max

A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

Excluded Service

A service for which your insurance will not pay any portion of the cost. These services may also be referred to as "ineligible," "not covered," or "not allowed."

GLOSSARY

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a preferred drug list.

Generic Drug

A drug that has the same active ingredients as a brand-name drug but is sold under a different name. For example, atorvastatin is the generic name for medicines with the same formula as the brand-name drug Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

In Network

Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

Mail Order

A medical or prescription drug plan feature allowing a 90-day supply of medicines you take routinely to be delivered by mail.

Out of Network

Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

Out-of-Pocket Costs

Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

Out-of-Pocket Maximum

The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

Outpatient Care

Care from a hospital or clinic that doesn't require you to stay overnight.

Participating Pharmacy

Also known as an in-network pharmacy, a participating pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a "formulary," is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

Preventive Care

Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Provider (PCP)

Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

Provider

A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

Telehealth/Telemedicine

A virtual visit with a provider using video chat on a computer, tablet or smartphone.

Usual, Customary, and Reasonable (UCR)

The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

Urgent Care

Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

Vaccinations

Also known as "immunizations," vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

Voluntary Benefit

An optional benefit offered by your employer for which you pay the entire premium, usually through payroll deduction.

POLITICO