



BROWN & BROWN, INC.

2019 Benefits Overview



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At Brown & Brown our employees are our teammates and we recognize the value each teammate brings to our Company. That is why we offer our employees a comprehensive array of benefits that are competitive and an integral part of the Brown & Brown compensation program so you may choose those benefits that best fit you and your family's needs. Throughout this overview, benefit references are made as either employee or teammate coverage.

This Benefits Overview provides information on the health and welfare benefit plans and programs available to eligible teammates of Brown & Brown, Inc. and its subsidiaries ("Brown & Brown", "we" or the "Company"). Every reasonable effort has been made to ensure the accuracy of the information contained in this overview. However, in the event of a discrepancy between the benefit provisions as described in this overview and the applicable documents, the provisions described in the plan documents will govern. Copies of the Summary of Benefits and Coverage (SBC's) and Summary Plan Descriptions (SPD's) are posted on the Brown & Brown (B&B) Intranet, **The Spot** at inet.bbins.com.

If you have any enrollment questions, contact the Team Resource Center at **1-866-505-0991**. Please call the individual carriers at the phone numbers listed on the Key Contacts page found at the end of this overview for specific benefit or network questions.

Continuation of Health Benefits – COBRA

Brown & Brown offers employees and their families the opportunity for a temporary extension of health coverage under the Comprehensive Omnibus Budget Reconciliation Act of 1986, as amended (known as "COBRA" or "continuation of coverage"). COBRA is offered at group rates in certain instances where coverage under the plan would otherwise end. A notice that summarizes employee and dependent rights as well as the Company's obligation under the group health continuation coverage provision of COBRA is provided for all employees and their dependents on the Brown & Brown Intranet, **The Spot**.

Important Enrollment Websites

Benefits Information Website:

Information is posted on the Brown & Brown Intranet, **The Spot**, and is available any time of the day or night for review prior to making your benefit elections. For copies of the Summary of Benefits and Coverage (SBC's), Summary Plan Descriptions (SPD's), Benefit Summaries, links to provider websites and forms, visit **The Spot** at <https://inet.bbins.com>.

ADP Self-Service Website:

The ADP website empowers our teammates with tools to quickly and easily enroll for benefits, as well as manage existing benefits and pay information. The ADP website is available any time of the day or night at <https://adpvantage.adp.com>. Registration is required to access the site and newly eligible employees will receive email communications when the site is available. Refer to the Benefits Enrollment Instructions page at the end of this overview for additional information. **Important Note:** Be prepared with your dependent Social Security Number(s) and Date(s) of Birth which are required to add dependent(s) and complete beneficiary designations.

If you do not have internet access, please see your Profit Center Team Resources Coordinator or contact the Team Resource Center at 1-866-505-0991.

MEDICAL/RX – *Choice Plus Copay and Choice Plus High Deductible Health Plan (HDHP) with HSA Benefits*

- Administration provided by UnitedHealthcare (UHC) and Optum.
- Provider access through the national UHC Choice Plus network. Employees residing in Maine, Massachusetts, and New Hampshire will utilize the UHC Choice Plus with Harvard Pilgrim network.
- Health Savings Account (HSA) available when enrolled in the Choice Plus High Deductible Health Plan (HDHP).
- HSA is with Optum Bank and participants will receive a MasterCard® debit card.
- HSA contribution limits: Individual=\$3,500; Family=\$7,000; \$1,000 catch-up contribution for age 55 or older participants.
- Strive for 5 Wellness Program – Earned wellness credits in 2019 will be used to determine your 2020 medical contributions.



DENTAL PLAN OPTIONS – *High and Low Dental Plans*

- MetLife is the dental insurer.
- PDP Plus is the national provider network.



VISION PLAN OPTION

- VSP is the vision carrier.
- VSP Signature is the national provider network.



FLEXIBLE SPENDING ACCOUNTS (FSA) and COMMUTER BENEFITS (Transit/Parking)

- Flex administration by UnitedHealthcare (UHC).
- Participants in a flex benefit will receive a MasterCard® Debit Card.
- \$2,700 maximum amount for the full purpose Healthcare or Limited Purpose spending accounts.
- \$5,000 maximum amount for Dependent Care; \$2,500 if tax filing as single.
- Choose your 2019 annual contribution amounts carefully to avoid any unused funds at the close of the plan year.
- Commuter Benefits administered by UHC in partnership with WageWorks.
- \$260/mth. max for Parking and \$260/mth. max for Transit purchases.



LIFE INSURANCE – *Group Term and Voluntary Term Life with AD&D Coverage*

- The Lincoln Financial Group is the insurance company.
- Group Term Life (GTL) – \$50,000 basic life insurance at no cost; additional 2x earnings in excess of \$50,000 is offered at 50% cost share up to maximum benefit of \$500,000.
- Voluntary Term Life (VTL) – choice of 1 to 8x's salary; spouse and child(ren) coverage available with employee election.
- TravelConnect & LifeKeys services available when enrolled in group life insurance at no additional cost.



LONG TERM DISABILITY & PERSONAL ACCIDENT INSURANCE (AD&D)

- CIGNA is the insurer.
- Long Term Disability - employee only coverage; core LTD benefit of 50% to \$5,000 monthly maximum benefit; buy-up option available of 60% to maximum benefit \$15,000/month.
- AD&D employee coverage available from \$25,000 to \$1,500,000; maximum benefit cannot be more than 8x's annual salary; spouse and child(ren) coverage available with employee election.
- Identity Theft Resolution Services provided at no additional cost when enrolled in the AD&D insurance.



AFLAC GROUP INSURANCE

- Accident Insurance; employee and family coverage available.
- Critical Illness Insurance; employee and family coverage available.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

- EAP by ComPsych.
- No cost to employees and immediate family members (some charges may apply for services beyond the Brown & Brown contractual services).



BROWN & BROWN, INC. EMPLOYEE SAVINGS PLAN – 401(k)

- Schwab Retirement Plan Services, Inc. is the recordkeeper.
- Choice of pre-tax contributions or after-tax contributions through a Roth 401(k) election.
- Safe Harbor Employer Matching Contribution - 100% vested.



EMPLOYEE STOCK PURCHASE PLAN (ESPP)

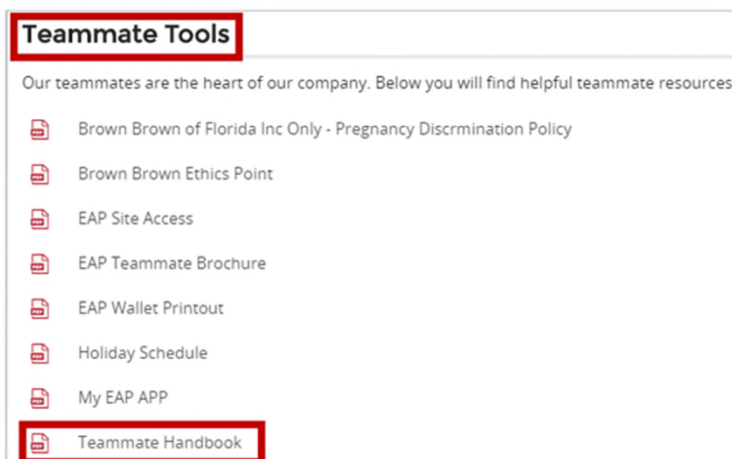
- Opportunity to purchase shares of Brown & Brown, Inc. common stock at a 15% discount through payroll deductions.
- E*TRADE maintains individual accounts for employees electing to participate.



TIME AWAY FROM WORK & PROFIT CENTER LEVEL BENEFITS

- For information related to time off, (Holidays, Bereavement Leave, Jury Duty Pay and all other paid time-off), refer to the Teammate Handbook posted on the B&B Intranet, **The Spot** at <https://inet.bbins.com>.
- For information related to Profit Center level benefits, such as tuition reimbursement, personal insurance services, etc., please speak to your Profit Center Team Resources Coordinator.

THE SPOT



At Brown & Brown we are pleased to provide our teammates with a comprehensive health and welfare benefits program.

Teammate Benefit Eligibility

Group Health and Welfare Benefits:

- Regular full-time teammates working at least 30 hours per week; benefits begin the first of the month following a 30 day waiting period.
- Regular part-time teammates working at least 20 hours per week are eligible for Commuter Benefits (Transit/Parking); benefits are available to elect prior to the 30 day first of the month waiting period.

Employee Savings Plan – 401(k):

- All employees 18+ years of age and are expected to complete a year of service (1000 hours), excluding leased employees.
- Participation begins on the first day of the payroll coinciding with or next following completion of one month of service.
- Employer Matching Contribution information can be found on page 25.

Employee Stock Purchase Program (ESPP):

- All employees who regularly work at least 20 hours or more per week.
- If you do not join at time of hire, you must wait until the next open enrollment period. Participation begins the first of the month following 30 days of employment.
- Employees who separate from employment for any reason prior to the end of the plan year will receive a distribution of any funds held by the Company.

Dependent Eligibility

Medical:

- Spouse.
- Dependent Child(ren) to age 26. Coverage available until the end of the calendar year during which the child attains age 26.

Dental / Vision:

- Spouse.
- Dependent Child(ren) to age 26. Coverage available until the end of the calendar year during which the child attains age 26.
- Dependent Child(ren) from age 26 until the end of the calendar year in which they attain age 30 who are unmarried and are; a) enrolled as full-time or part-time students at accredited schools; or b) reside with you, do not have dependents of his or her own, and are not covered as employees.

Voluntary Term Life (VTL):

- Spouse.
- Dependent Child(ren) from birth to age 26 regardless of marital, student or tax filing status, and does not have to reside with employee.
- No one may be covered more than once under this Plan. If covered as an employee, you cannot be covered as a dependent.

Dependent Eligibility (continued)

🔗 Personal Accident Insurance (AD&D) / Identity Theft:

- Spouse, to age 99.
- Unmarried Dependent Child(ren) from birth until the end of the calendar year in which the child reaches age 26.
- No one may be covered more than once under this Plan. If covered as an employee, you cannot be covered as a dependent.

🔗 Aflac Group Insurance:

- Spouse.
- Dependent Child(ren) to age 26. Coverage available until the end of the calendar year during which the child attains age 26.

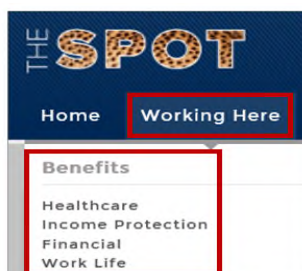
Important Note:

The coverage(s) available for enrollment may have an actively at work provision and/or for non-medical coverage may also have a pre-existing condition exclusion or limitation. The benefits information found on **The Spot** is available to further explain the specific circumstances to which these provisions and/or conditions may apply.

Enrolling in Benefits

- 🔗 You **must** enroll for benefits within 30 days of hire. If you do not enroll within this time, your opportunity to enroll for benefits will be closed. The only exception to this will be if you experience an IRS approved qualifying change in family status. Please note enrollment in the 401(k) can be made at anytime after completion of one month of service.
- 🔗 Enroll in your benefits by going to **The Spot**, inet.bbins.com and click on the **ADP** icon under **Quick Links**. Or, go direct to <https://adpvantage.adp.com>. It will be necessary to complete the ADP registration process prior to accessing the new hire benefit options. Separate emails are sent alerting you when the system is open to register and when to access the benefits enrollment portal. Benefit enrollment instructions are provided at the end of this overview and on the **ADP** website in the **Myself New Hire_Rehire Instructions** posted under **MyCompany/Resources**.
- 🔗 Elections for Commuter Benefits (Transit/Parking) is completed on the WageWorks website www.wageworks.com. Call WageWorks at **1-877-924-3967** with questions and for additional information. **Please note:** Commuter Benefits are available to elect prior to the 30-day, first of the month waiting period.
- 🔗 Review the **2019 Benefits Enrollment Instructions** located at the end of this overview for steps on how to enroll in the Brown & Brown, Inc. Employee Savings Plan (401(k)), and/or the Brown & Brown, Inc. Employee Stock Purchase Plan (ESPP).

Please refer to the Summary Plan Descriptions (SPDs) located on the Brown & Brown Intranet – **The Spot** at inet.bbins.com for detailed eligibility information.



Flex Plan/Section 125

Teammate healthcare contributions (medical/dental/vision) will be pre-tax unless otherwise elected during the enrollment process. Under Section 125 of the IRS code, teammates may elect to have premium deductions for certain benefit plans taken from their pay before federal income, Social Security and Medicare tax calculations. This can result in a savings to you. *However, pre-tax benefit elections will remain in effect until the next annual enrollment period unless you experience an IRS-approved qualifying change in status. Examples of a qualifying change in status are:*

- Marital status change
- Employment change for you or your spouse
- Death of a dependent
- Dependent no longer qualifies for coverage
- Birth or adoption of a child
- Refer to Summary Plan Descriptions for more details

Making Changes – Other

If you do not have a change in family status, you can generally make changes within the following guidelines:

Benefit	Dropping Coverage	Adding Coverage
Medical	Any time if post-tax deduction elected Annual Enrollment if pre-tax deduction elected	Annual Enrollment
Health Savings Account (HSA)	Monthly (must be enrolled in the Choice Plus HDHP)	Monthly (cannot be enrolled in a full purpose healthcare FSA)
Dental	Any time if post-tax deduction elected Annual Enrollment if pre-tax deduction elected	Annual Enrollment
Vision	Annual Enrollment	Annual Enrollment
Life Insurance; (GTL / VTL)	Any time	Annual Enrollment
Long-Term Disability (LTD)	Any time	Annual Enrollment
Personal Accident (AD&D) / ID Theft	Any time	Annual Enrollment
Aflac Group Insurance	Any time	Annual Enrollment
Flexible Spending Accounts Section 125	Annual Enrollment	Annual Enrollment
Commuter Benefits (Transit/Parking)	Monthly (not subject to Section 125 of the IRS code or ERISA)	Monthly (not subject to Section 125 of the IRS code or ERISA)
Employee Savings Plan 401(k)	Contributions can begin, be stopped or changed at any time on-line at https://workplace.schwab.com . Deferrals cease on the next regular pay date.	After completion of one month of service.
Employee Stock Purchase Plan (ESPP)	Deferrals may be reduced one time per plan year or stopped anytime. If deferral is stopped, a request can be made for a reimbursement of held funds.	Annual Enrollment. No increases to deferral amount during plan year (8/1 – 7/31)

The Brown & Brown, Inc. Self-Funded Healthcare Plan offers two medical plan options with administrative services provided by UnitedHealthcare (UHC) and Optum:

- ▶ **Choice Plus Copay Plan**
- ▶ **High Deductible Health Plan (HDHP) Single or Family with HSA benefits** - If you enroll as a single individual, the deductible and out-of-pocket maximums for the “Single Only Plan” apply. If you enroll as a family, the deductible for the “Family Plan” apply and can be satisfied by one or more of your family members. However, the in-network out-of-pocket maximum for any person within the family will not exceed \$4,000.
- ▶ The **Group Number** for both plans is **909131** and is required when registering on the UHC website. You do not need to register twice if enrollment in a medical plan and a flexible spending account (FSA) (i.e., healthcare; limited purpose and/or dependent care) is made. It is important to note if medical coverage is waived and enrollment in a FSA only is made, Group Number 909131 is not used to register on the UHC website. UHC has assigned a different group number for FSA only enrollments (909132) for the registration process. Please refer to the Flexible Spending Account section in this overview for additional information.

Both Plans:

- ▶ Offer in and out-of-network benefit coverage (out-of-network services are subject to higher out-of-pocket expenses). Prescriptions filled at a non-network pharmacy are not covered.
- ▶ Include advocacy services and prescription drug coverage through OptumRx, and specialty pharmacy through BrivioRx, a UHC company.
- ▶ Utilize the national UHC Choice Plus network. Employees residing in Massachusetts, New Hampshire and Maine will utilize the UHC Choice Plus with Harvard Pilgrim network. Logon to the UHC website at www.myuhc.com for network provider look-up.
- ▶ Utilize the UHC Choice Plus national lab network, Lab Corp.
- ▶ Include Virtual Visits. Employees enrolled in one of the medical options can access a UHC virtual visit provider from a video capable mobile device or computer without an appointment for non-emergency services.
- ▶ Include the UHC Health4Me mobile app which provides instant access to health information, provider search capability, email your health plan ID card information and much more.
- ▶ Include a Disease Management Program which is designed to lessen or reduce the impacts of conditions such as asthma, cancer, coronary artery disease, congestive obstructive pulmonary disease, diabetes and heart failure, with assistance through nurse advocacy services and clinical management.
- ▶ Include UnitedHealth Allies gym membership discount.

2019 Employee Contributions:

Coverage Level	Choice Plus Copay Plan	Choice Plus Single HDHP	Choice Plus Family HDHP
Employee Only	\$81.00	\$23.75	N/A
Employee + Child(ren)	\$187.50	N/A	\$84.50
Employee + Spouse	\$259.00	N/A	\$118.50
Family	\$350.00	N/A	\$197.75

*Contributions are deducted twice per month (24 pays); double the amounts for monthly contributions (12 pays).

Benefits At A Glance

IN-NETWORK BENEFITS ILLUSTRATION	CHOICE PLUS COPAY PLAN	CHOICE PLUS SINGLE HDHP	CHOICE PLUS FAMILY HDHP
Deductible	\$750/Individual \$2,250/Family	\$1,500/Individual	\$3,000/Family ¹
Payment Level / Coinsurance	20% after deductible until the following out-of-pocket maximum is met:	20% after deductible until the following out-of-pocket maximum is met:	20% after deductible until the following out-of-pocket maximum is met:
	\$4,000/Individual \$8,000/Family	\$4,000/Individual	\$4,000/Individual \$8,000/Family
Office Visits – Family Physician	\$30.00 copayment	20% after deductible	20% after deductible
Office Visits – Specialist	\$50.00 copayment	20% after deductible	20% after deductible
Urgent Care Center Visits	\$50.00 copayment	20% after deductible	20% after deductible
Emergency Room - Provider Services	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Program (Retail/31 day supply)	Copayments: Tier 1 - \$15.00 Tier 2 - \$40.00 Tier 3 - \$65.00	Copayments after deductible is met: Tier 1 - \$15.00 Tier 2 - 20% Tier 3 - 20%	Copayments after deductible is met: Tier 1 - \$15.00 Tier 2 - 20% Tier 3 - 20%

¹Family deductible can be satisfied by one or more family members.

Important Note About ID Card Distribution: Medical and RX are combined on one UHC ID card and will be mailed direct to your home address on file by UHC.

For medical and/or prescription drug benefit questions, contact UHC Customer Service at **1-844-298-8929**.

Thoroughly review the Summary Plan Descriptions (SPD's) along with the Summary of Benefits and Coverage (SBC's) posted on **The Spot** at inet.bbins.com.

The screenshot shows the 'THE SPOT' website interface. On the left, there is a navigation menu with links: Home, Working Here (highlighted with a red box), Benefits (highlighted with a red box), Healthcare (highlighted with a red box), Income Protection, Financial, and Work Life. On the right, under the heading 'Medical Plans', there are two links with right-pointing arrows: '2019 - B&B Self Funded Choice Plus Copay Medical Plan' and '2019 - B&B Self Funded Choice Plus HDHP Medical Plan - Single & Family'.

Wellness Rewards Program

Strive for 5



The Wellness Program – **Strive for 5** – consists of five main activities. The program is administered by Rally, which will track completed activities to earn wellness credits. The total number of credits earned will be used to determine your 2020 medical contributions. Enrollment in the self-funded Brown & Brown, Inc. Healthcare Plan is required to participate.

The chart below outlines the activities and programs available in 2019:

Wellness Activity Details	Programs and Missions	Earned Wellness Credits	Activity Start Date	Activity End Date
Rally Personal Online Account Participation	Complete 1 of the following:	1	1/1/2019	10/31/2019
	<ul style="list-style-type: none"> • Health Survey • Health Care Cost Estimate¹ 			
Rally Missions	Select and Complete 3 Missions	1	1/1/2019	10/31/2019
Annual Physical	Complete an Annual Preventive/Wellness Exam	1	1/1/2019	9/30/2019
Take a Tobacco Free Pledge ²	Complete 1 of the following:	1	1/1/2019	10/31/2019
	<ul style="list-style-type: none"> • Tobacco Free Attestation • Enroll in the Quit for Life Program 			
Wellness Coaching Disease Management	Complete 1 of the following:	1	1/1/2019	10/31/2019
	<ul style="list-style-type: none"> • Complete Personal/Online Coaching • Enroll in a Disease Management Program 			

¹Health Care Cost Estimator can be found in your UnitedHealthcare account under 'Find Care and Costs'.

²Teammates who cannot attest to being smoke free may receive credit for the Tobacco Free Pledge by participating in the Quit for Life smoking cessation program.

Currently, activities are credited for teammates only.



Health Savings Account (HSA)



A Health Savings Account helps you save money to pay for future healthcare expenses.

Health Savings Account (HSA):

- Administered by Optum Bank.
- HSA is available for employees enrolled in the Choice Plus High Deductible Health Plan (HDHP).
- No monthly fee for the basic Optum Bank HSA. Fees apply when investment options are elected.
- HSA investment options are available when the basic account exceeds \$2,000.
- Debit Card and Welcome Kit mailed from Optum Bank.
- No “use it or lose it” policy – account is owned and managed by you.
- **IMPORTANT:** Be sure to complete beneficiary information for your HSA.

Eligibility:

- Must be enrolled in the Choice Plus Single or Family High Deductible Health Plan (HDHP).
- Cannot be covered by other insurance, including a non-High Deductible Health Plan.
- Cannot be enrolled in Medicare.
- Cannot be claimed as a dependent on another individual's tax return.
- Cannot be enrolled and contributing to a full purpose Healthcare FSA, including a spouse's full purpose FSA.

Annual Contributions:

- \$3,500 for single coverage.
- \$7,000 for family coverage.
- \$1,000 catch-up contribution if 55 or older. (Applies to primary account holder. If spouse is also 55 or older, the spouse must establish a HSA and make their catch-up contribution of \$1,000 to that account.)

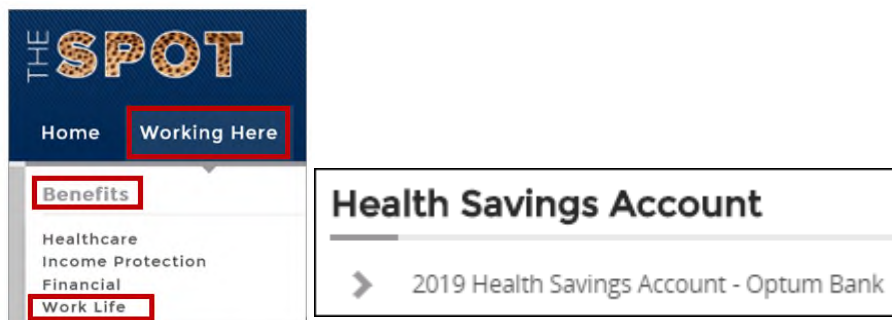
HSA and Eligible Expenses:

- You may use your HSA for qualified health-related expenses as allowed by the IRS, section 213(b). A full list of these expenses can be found on the IRS website (irs.gov).
- Unqualified distributions from your HSA are subject to income tax and 20% penalty.
- Important to remember--you cannot expense any claims incurred prior to the opening date of your HSA.

Making Deposits and Account Access:

- Brown & Brown pre-tax payroll deduction integration is only available with an established Optum Bank HSA. Changes to your deferral election can be made during the year on a monthly basis. Any changes made will be processed the first of the following month.
- Access and manage your HSA through a single log on to the UnitedHealthcare (UHC) site www.myuhc.com where you can view your account balance, set-up to transfer funds, pay bills, check deposits and withdrawals.

For specific questions related to the HSA, contact UHC at **1-844-298-8929**. Additional information can be found on **The Spot**.



Health Savings Accounts (HSA) & Flexible Spending Accounts (FSA)



Description	HSA	Healthcare FSA	Limited Purpose FSA
Elections	Only if enrolled in the Choice Plus Single or Family HDHP	Only if a HSA is <i>not opened</i>	Only if enrolled in the Choice Plus Single or Family HDHP
Account Ownership	Employee (You)	Employer	Employer
Qualified Expenses	Medical, prescription drugs, dental, vision, hearing and qualified long-term care expenses; COBRA premium	Medical, prescription drugs, dental, vision, and hearing	Dental and vision expenses only
Maximum Annual Contributions	\$3,500 Individual \$7,000 Family	\$2,700	\$2,700
Portability (year-end balance roll-over)	Yes	No	No

HSA Advantages:

- Owned and managed by you; follows you wherever you go;
- Accumulated balance that can also be used for:
 - COBRA Premiums;
 - Certain coverage for Medicare eligible employees.

HSA Tax Advantages:

- Contributions deposited pre-tax through payroll deductions into Optum Bank account;
- Withdrawals for eligible medical expenses are not taxable.

Note: A 20% penalty applies if HSA is not used for qualified expenses (waived at age 65).

It is important to note that you may be disqualified from any tax advantages of a contribution to a Health Savings Account if you (or any of your covered eligible dependents) are enrolled in another health benefit plan while covered by a qualified HDHP with a HSA. Your participation in a healthcare flexible spending account (either through Brown & Brown or through your eligible dependent) is considered as another health plan. This notice is not meant to be considered legal or tax advice. Employees are required to follow all tax laws and are encouraged to consult with your tax professional if you have any questions or need assistance with your HSA and/or FSA enrollment.

Description	Dependent Care FSA	Commuter Transit	Commuter Parking
Elections	Available with any plan elected or alone	Available with any plan elected or alone	Available with any plan elected or alone
Account Ownership	Employer	Employer	Employer
Qualified Expenses	Dependent care facility fees before and after school; local day camp, nursery school (dependents under age 13), and Adult day care	Public Transportation (bus, train, ferry, subway); Commuter Highway Vehicles (vanpools) for commuting to work	Parking expense for parking at or near your job or location from which you commute to work
Max Annual Contributions	\$5,000 per year \$2,500 if tax filing as single	\$265 per month	\$265 per month
Portability (year-end balance roll-over)	No	Yes	Yes

Dental Plan Options



MetLife is the dental carrier and provides two (2) dental options; a **High** or **Low PPO** dental plan. **PDP Plus** is the provider network.

Both the High and Low Plans provide in-network and out-of-network benefits. Using in-network providers lowers your out-of-pocket costs and reduces additional costs. The **Low Plan** is designed to be used as an in-network plan only. Out-of-network benefits are available; however, the reimbursement schedule is limited to the in-network provider negotiated fee resulting in balance billing, deductible for preventive service and higher costs to the participant. It is also important to point out that the calendar year deductible is not waived for out-of-network preventive services. If you anticipate out-of-network services will be needed, please consider enrolling in the High Plan. For specific dental questions, contact MetLife at **1-855-638-3943**. The Group Number is **216846**.

To find a network dentist in your area, follow these steps:

- Visit MetLife's web page at [MetLife.com](https://www.MetLife.com);
- Click on the **Dentist** option shown, and enter the search criteria;
- From the dropdown, select **PDP Plus** to select your network;
- Click **Submit** to view the search results.

Important Note About ID Card Distribution: ID cards are not issued by Met Life. When going to a provider (in or out-of-network) indicate you are covered by MetLife and provide the standard requested information (e.g. SSN, Company/Brown & Brown, MetLife Group #216846) and coverage and benefits can then be validated.

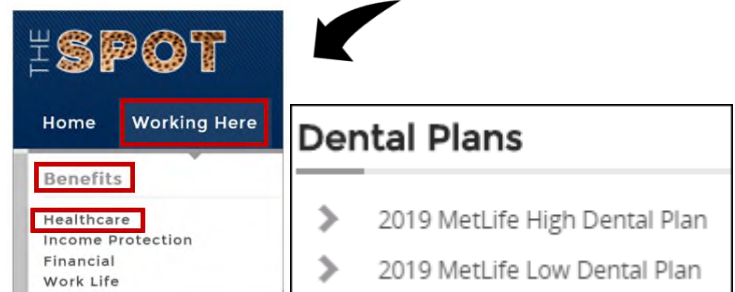
Benefits At A Glance:

IN-NETWORK BENEFITS ILLUSTRATION	High Dental Plan	Low Dental Plan
Annual Deductible	\$100/Individual; \$300/Family	\$100/Individual; \$300/Family
Type A: Preventive	100%; no deductible:	100%; no deductible
Type B: Basic Restorative	90% after deductible	80% after deductible
Type C: Major Restorative	60% after deductible	50% after deductible
Type D: Orthodontia	50%	50%
Annual Maximum (per person)	\$1,750 per calendar year	\$1,250 per calendar year
Orthodontia Lifetime (per person)	\$1,000 per calendar year	\$1,000 per calendar year

2019 Employee Contributions:

Coverage Level	High Dental Option	Low Dental Option
Employee Only	\$21.75	\$12.01
Employee + Child(ren)	\$48.87	\$27.14
Employee + Spouse	\$43.84	\$24.33
Family	\$69.96	\$38.91

Thoroughly review the dental benefit summaries and/or Summary Plan Descriptions (SPD's) posted on **The Spot** at inet.bbins.com.



*Contributions are deducted twice per month (24 pays); double the amounts for monthly contributions (12 pays).

VSP is the vision carrier utilizing the VSP Signature national network for vision providers. This plan allows you and your family members the freedom to visit any network or non-network doctor, any time you need care. However, when network doctors are used you will usually spend less money out-of-pocket. When non-network doctors are used, the plan pays a schedule benefit amount which is a set dollar amount.

To find a network provider in your area, follow these steps:

- Visit VSP's web page at vsp.com;
- Enter in your **zip code** and click **Search**;
- From the dropdown located on the left side of the screen, select **Signature** as the network and view the search results.

Important Note About ID Card Distribution: Vision coverage through VSP is validated at time of service; ID cards are not issued.

For specific vision questions, contact VSP at **1-800-877-7195** and identify yourself as a Brown & Brown, Inc. employee.

Benefits At A Glance:

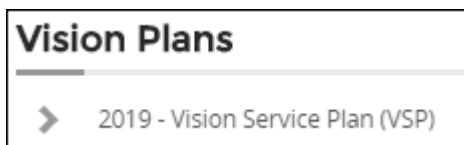
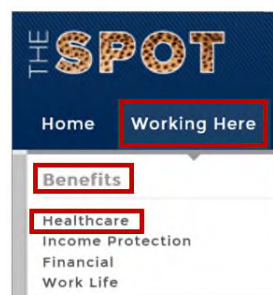
IN-NETWORK BENEFITS ILLUSTRATION	Vision Plan
Copayment	Exam = \$10.00, Materials = \$25.00
Eye Exams / every 12 months)	100% after copay
Lenses / every 12 months	100% after copay
Contact Lenses / Necessary every 12 months	100% after copay
Contact Lenses / Elective	Up to \$120.00 allowance
Frames / every 24 months	\$120.00 retail allowance

2019 Employee Contributions:

Coverage Level	Vision Cost
Employee Only	\$4.63
Employee + Child(ren)	\$8.10
Employee + Spouse	\$7.95
Family	\$12.85

*Contributions are deducted twice per month (24 pays); double the amounts for monthly contributions (12 pays).

Thoroughly review the vision benefit summaries and/or Summary Plan Descriptions (SPD's) posted on **The Spot** at inet.bbins.com.



Flexible Spending Accounts (FSA)



Brown & Brown is pleased to provide you with the opportunity to pay for unreimbursed medical, dental, vision, and dependent care expenses on a pre-tax basis. The Flex Plan/Section 125 administration is provided by UnitedHealthcare (UHC). Participants receive a UnitedHealthcare spending card (MasterCard® Debit Card) to conveniently pay for eligible expenses. The **Group Number** for **FSA** only elections is **909132** and is required when registering on the UHC website. It is important to note UHC has assigned a different group number (909131) if enrollment is made to a Brown & Brown medical plan (with or without an election to a FSA). Please refer to the Medical section in this overview for additional information.

Take time to review the following information, Summary Plan Description (SPD) and additional flex information posted on **The Spot** at inet.bbins.com prior to making your FSA election. Go to **Working Here > Work Life > Flexible Spending Accounts > 2019 UnitedHealthcare Flexible Spending Account**. Specific questions can be directed to UHC Customer Support at **1-844-298-8929**.

The Flex Plan Year is January through December 2019 and does not contain a grace period to incur eligible expenses after 12/31/19. However, eligible expenses incurred during 2019 can be submitted through the run-out period. The final date to submit expenses for the previous Plan Year is March 31st. It is important to choose your annual amount(s) carefully to avoid any unused funds at the close of the Plan Year. Funds not used during the calendar year must be forfeited per IRS regulations.

Annual FSA Contribution Limits			
FSA Options	Max / Min Amounts	Covered Expenses	Notes
Healthcare Spending	\$2,700 / \$100	Medical, prescription drugs, dental, vision, and hearing	Only if HSA is not opened . Eligible healthcare expense reimbursement.
Limited Purpose	\$2,700 / \$100	Dental and vision	Only if enrolled in the Choice Plus Single or Family HDHP. Eligible for dental and vision expense reimbursement only.
Dependent Care	\$5,000 / \$100	Dependent care facility fees before and after school; local day camp, nursery school (dependents under age 13), and Adult day care	Maximum if married filing joint tax returns. If single or married filing separate federal tax returns max is \$2,500.

Healthcare FSA: The **Healthcare FSA** can be used for eligible out-of-pocket medical, prescription drug, hearing, dental, or vision expenses. Keep in mind certain over-the-counter (OTC) medicines or drugs will be considered ineligible for healthcare reimbursement unless you have a written prescription from your doctor.

Limited Purpose FSA: The **Limited Purpose FSA** is available when enrolling in the Choice Plus Single or Family High Deductible Health Plan. A Limited Purpose FSA can only be used for eligible dental and vision expenses.

Healthcare FSA and Limited Purpose FSA: You can be reimbursed up to the total amount you have elected to deposit for the year. However, if termination or cancellation of either benefit occurs prior to the end of the plan year due to a qualifying event, you are only eligible for the reimbursement of expenses that occurred prior to the date of the qualifying event unless (if applicable) COBRA continuation is elected.

Dependent Care FSA: You can only be reimbursed for eligible expenses related to care for your child(ren) under the age of 13, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care. Eligible expenses must be incurred during the time you participated in the dependent care spending account. If termination or cancellation of this benefit occurs prior to the end of the plan year due to qualifying event, you are only eligible for the amount deposited in your account for the reimbursement of expenses. Eligible expenses include only those incurred within the current plan year. **Medical expenses for your dependent(s) are not eligible for reimbursement under the Dependent Care FSA.**

NOTE: You may be disqualified from any tax advantages of a contribution to a Health Savings Account (HSA) if you (or any of your covered eligible dependents) are enrolled in another health benefit plan while covered by a qualified HDHP with a HSA. Your participation in a Healthcare FSA (either through Brown & Brown or through your eligible dependent) is considered as another plan. This notice is not meant to be considered legal or tax advice. Employees are required to follow all tax laws and are encouraged to consult with your tax professional with questions or need assistance with your FSA and/or HSA enrollment.

Payment of Expenses: Your UnitedHealthcare (UHC) spending card eliminates the need to file a claim for reimbursement and provides a convenient method to pay for eligible healthcare and dependent day care expenses. Simply present your UHC Health Care Spending Card at the point-of-service to pay for expenses for you and your eligible dependents. The eligible expenses will be deducted directly from your FSA account. Card purchases are limited to your plan type and the eligible expenses associated with the plan. In most circumstances this is all you will need to finalize a claim; however, be sure to keep your receipts in case you are asked for them. If paying for the claim via your UHC Health Care Spending Card is not viable, a Request for Reimbursement form can be submitted to UnitedHealthcare. The forms are available through your myuhc.com account.

FAQs for FSA:

Q. When can I use the money in my FSA?

A. Your entire Healthcare FSA and Limited Purpose FSA amount is available on the first day of the plan year. If you need to pay for or be reimbursed for eligible expenses, you don't need to wait for money to be deposited into the account. If you have a Dependent Care FSA, the process works differently as the money must be in your Dependent Care FSA before you can be reimbursed.

Q. If there is unused money in my FSA at the end of the year, will it carry over?

A. No, FSA money will not be carried into the next policy year.

Q. Where can I find a full list of eligible expenses for reimbursement?

A. Go to myuhc.com and click on **Flexible Spending Account > Use the FSA Tax Savings Calculator > View Eligible Health Care Expenses**. Also, you can visit the IRS website at www.irs.gov.

Q. How do I know an FSA claim has been processed?

A. Once your claim has been received, you can view the status of your claim at myuhc.com. You can also sign up at myuhc.com to receive emails on the status of your claims.

Q. How do I get reimbursed from my FSA?

A. There are different ways you can be reimbursed:

UnitedHealthcare Spending Card: The claim will be processed at the time your spending card is being used, and your FSA account will be debited for the expenses. **Please Note:** You may be required to provide receipts for point of service transactions when using your UnitedHealthcare FSA Debit MasterCard® to prove the items and/or services were for eligible medical expenses. A letter will be sent by UHC requesting to complete a Card Receipt Submission Form along with providing the required documentation. Failure to provide the documents may result in suspension of your debit card.

Online Claim Form: If you submit a claim using the online claim form from myuhc.com, reimbursement is typically within 2-3 days of the claim being processed.

Paper Claim Form: If you choose to complete and mail in a paper claim form, it may take 5-7 days to receive and process the claim. Reimbursement is typically within 2-3 days after the claim has been processed.

By Check: The amount of reimbursement owed to you must be a minimum of \$25 before UHC will mail a check. If you sign up for direct deposit, there is no minimum reimbursement requirement. Reimbursement is made via your personal bank account.

Ongoing Customer Service: 24/7 Online Account Access via your online myuhc.com account. Your myuhc.com account, via computer or smartphone, provides you access to your benefits, submit a request for reimbursement, locate doctor information and the ability to view your flexible spending account(s) activity. Also, you can call the UnitedHealthcare (UHC) Customer Support Center at **1-844-298-8929**.

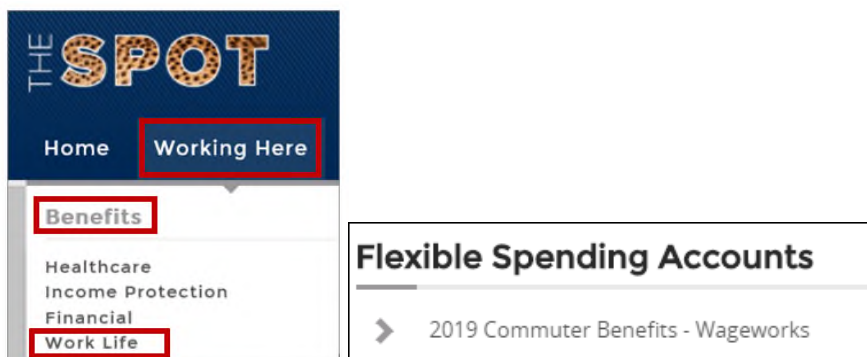
Brown & Brown is pleased to provide you with the opportunity to pay for commuter parking and public transportation expenses on a pre-tax basis. The commuter benefits program is provided by UnitedHealthcare and administered through their partnership with WageWorks. Participants have the option of receiving a WageWorks Commuter Card for parking and/or transit, as well as transit passes, tickets, smart cards or other fare media when enrolling in a commuter benefit.

Commuter Expense Reimbursement Accounts (CERA): Employee only work-related parking and transit expenses can be reimbursed. Expenses are defined by IRS Code Section 132. CERA expenses for a spouse or dependent are not eligible. Elections for parking and/or transit commuter expense can be made immediately following the establishment of your WageWorks account. After your account setup, WageWorks offers several different options to make a commuter election. A debit card is available (WageWorks Commuter Card); however, other options may be more convenient. Elections and changes to your deferral amount(s) can be managed directly through the WageWorks site. Elections are monthly; however, you can elect for reoccurring elections – which would be similar to an annual election.

Monthly Commuter Contribution Limits			
Commuter Options	Max / Min Amounts	Covered Expenses	Commuter Options
Parking	\$265 / \$1	Parking expense for parking at or near your job or location from which you commute to work	Parking
Transit	\$265 / \$1	Public Transportation (bus, train, ferry, subway); Commuter Highway Vehicles (vanpools) for commuting to work	Transit

Ongoing Customer Service: 24/7 Online Account Access at <https://participant.wageworks.com> (once registered). Your WageWorks account, via computer or smartphone, provides you access to view and make changes to your transit and/or parking benefits, and the ability to see activity on your CERA accounts. Also, specific questions can be directed to WageWorks Customer Support Center directly at 1-877-924-3967. Representatives available Monday through Friday from 8:00 a.m. to 8:00 p.m. ET.

Thoroughly review the information and documents posted on **The Spot** at inet.bbins.com prior to making your commuter election.



This benefit, which is self-funded by Brown & Brown at no cost to teammates, provides valuable income replacement for you in the event you have a non-occupational injury or illness which prevents you from working your regular work schedule.

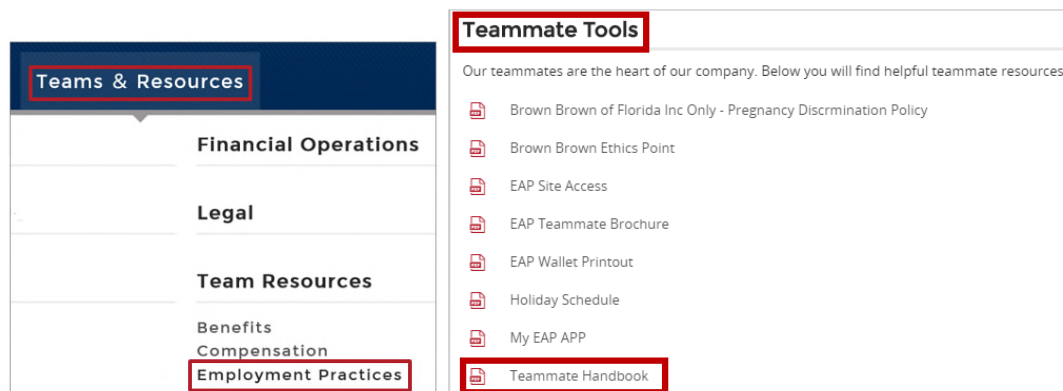
Benefit:

- ▶ Provided at no cost to teammates.
- ▶ Income replacement at 75%; benefit will be determined using current earnings.
- ▶ Benefits begin after completion of a qualifying period (QP).
- ▶ Teammates must use all accrued Short Term Disability (STD) and Paid Time Off (PTO) bank hours prior to taking unpaid leave during the QP (not to exceed the teammate's standard hours per pay period), and subject to any local regulations which might otherwise limit the amount of PTO required to be used.
- ▶ Benefits will be coordinated with state disability plans where applicable.
- ▶ The maximum duration is 90 calendar days, including any applicable QP or until the person is qualified to work, whichever occurs first.

Note: Teammates must provide medical certification substantiating the inability to work and the leave must be approved before benefits will be payable. Please see your Profit Center Team Resources Coordinator for information on how to apply for these benefits.

Income Replacement may supplement any amount the teammate receives, or is eligible to receive, under any State disability income law or other benefit. The combination of such amounts, inclusive of Income Replacement, shall not exceed 75% or 100% of base wages as described in the "Calculation of Income Replacement Benefit" section in the STD Benefit Summary.

Refer to the Short Term Disability Income Replacement Benefit Summary in the Teammate Handbook, found on **The Spot** at inet.bbins.com, for details.



Also, additional information is posted on **The Spot** at: **Working Here > Benefits > Income Protection > Disability Insurance Plans.**

Brown & Brown offers long term disability (LTD) insurance through Cigna. This benefit is designed to replace a portion of your income when you cannot work on a full-time basis because of a non-occupational injury or illness. No medical information required if benefit is elected during your initial enrollment period. If you do not elect coverage for yourself during your initial enrollment period, you may enroll during annual enrollment; however, Evidence of Insurability (EOI) may be required and processed through underwriting.

Benefit:

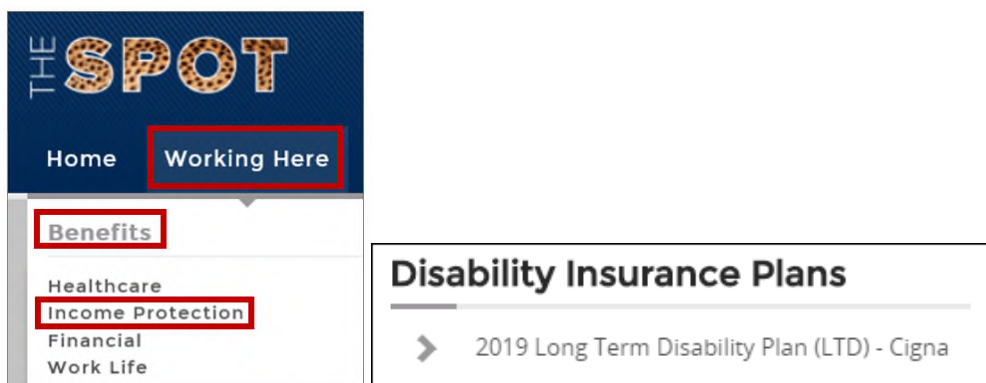
- ▶ 50% to \$5,000 monthly maximum benefit – 100% Company paid or,
- ▶ 60% to \$15,000 monthly maximum benefit – Employee/Company cost share.
- ▶ Benefits begin after a 90 day elimination period.

Note: The insurance contract includes an Actively At Work provision for first time enrollees which means the full-time performance of all customary duties of an employee's occupation as of the date of coverage; in addition to a Pre-Existing Conditions Limitations.

Monthly Buy-Up Premium:

The LTD buy-up premium is \$0.16 cents per \$100 of your covered monthly earnings. When you enroll on the ADP website, the cost will automatically be calculated; however, you can call the Team Resource Center at **1-866-505-0991** for an estimate of your pay period premium.

Review the Cigna Plan Summary, along with additional information posted on the Brown & Brown Intranet, **The Spot**, at inet.bbins.com.



Brown & Brown offers all eligible teammates group term life insurance insured through the Lincoln Financial Group. If benefit is elected during your initial enrollment period, no medical information is required. If you do not elect coverage during your initial enrollment period, you may enroll during annual enrollment; however, Evidence of Insurability (EOI) may be required and processed through underwriting.

Benefit:

- ▶ \$50,000 basic life insurance at no cost to teammates.
- ▶ Additional 2x earnings in excess of \$50,000 is offered at 50% cost share up to a maximum benefit of \$500,000.
- ▶ Benefit is based on annual earnings. Please refer to the Summary Plan Description for details.
- ▶ Guarantee Issue at hire to a maximum of \$500,000.
- ▶ Coverage is reduced by 35% at age 70, and an additional 20% at age 75.
- ▶ Includes an Accidental Death & Dismemberment benefit which provides additional benefits.
- ▶ Coverage can be converted in the event of termination from employment.
- ▶ TravelConnectSM – Travel assistance services for teammates and eligible dependents traveling more than 100 miles from home.
- ▶ LifeKeysSM – Online Will and Testament preparation service, identity theft resources and beneficiary assistance support for all teammates and eligible dependents.

Please note that the insurance contract includes an Actively at Work provision for first time enrollees which means the full-time performance of all customary duties of an employee's occupation as of the date of coverage.

2x Annual Earnings Monthly Premium Example:

The monthly cost is \$0.074 per \$1,000 of coverage for amounts over \$50,000. There is a 50/50 cost share so your monthly cost would be \$0.037 per \$1,000 of coverage. For example, a teammate earning \$48,000 per year would have a premium cost of \$1.70/month for a total coverage amount of \$96,000.

Term to Know: Imputed Income:

The cost of GTL coverage over \$50,000 is subject to imputed income. This means it's included in your taxable income and reported on your W-2 form. If you select this benefit you will notice a GTL accumulator on your pay voucher, which tracks this amount.

For detailed information on the GTL/AD&D insurance program, please review the Lincoln Financial Group Summary of Benefits and the Summary Plan Description posted on **The Spot** at inet.bbins.com.



The Voluntary Term Life and AD&D is insured by the Lincoln Financial Group. If you elect coverage for yourself you then may also elect coverage for your spouse and/or dependent children. You cannot be covered more than once under the Plan. If covered as an employee, you cannot be covered as a dependent. No medical information is required if benefit is elected during your initial enrollment period. If you do not elect coverage for yourself or your dependents during your initial enrollment period, you may enroll during annual enrollment; however, Evidence of Insurability (EOI) may be required and processed through underwriting.

Benefit:

- ▶ Available in 1 to 8 times your annual salary to a maximum of the lesser of 8 times salary or \$1,000,000.
- ▶ Premium is based on age and smoking status.
- ▶ Benefit is based on annual earnings. Refer to the Summary Plan Description for details.
- ▶ Guaranteed Issue at hire to a maximum of \$1,000,000.
- ▶ Coverage is reduced by 35% at age 70, and an additional 20% at age 75.
- ▶ Coverage can be converted or ported in the event of termination from employment.
- ▶ TravelConnectSM – Travel assistance services for teammates and eligible dependents traveling more than 100 miles from home.
- ▶ LifeKeysSM – Online Will and Testament preparation service, identity theft resources and beneficiary assistance support for all teammates and eligible dependents.

Spousal Coverage:

- ▶ Available only if employee elects voluntary term life insurance (this coverage operates independently of GTL).
- ▶ Premium is based on spouse's age & smoking status.
- ▶ May purchase up to 50% of employee coverage, up to a maximum of \$50,000 in \$10,000 increments.
- ▶ Guarantee Issue is up to \$50,000 if elected during initial enrollment.
- ▶ Coverage is reduced by 35% at spouse age 70, and an additional 20% at spouse age 75.

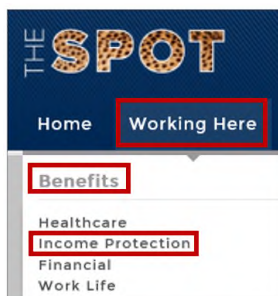
Child Coverage:

- ▶ Available only if employee elects voluntary term life insurance (operates independently of GTL).
- ▶ \$20,000 life only (AD&D coverage does not apply) benefit level per child; birth to age 26.
- ▶ Pay period premium is \$.88 (24 pay periods), or \$1.76 (12 pay periods), regardless of the number of children.

Premium:

The premium is based on age and smoking status. When you enroll on-line the cost will automatically be calculated; however, you can call the Team Resource Center at 1-866-505-0991 for an estimate of your pay period premium.

Please note the insurance contract includes an Actively at Work provision for first time enrollees which means the full-time performance of all customary duties of an employee's occupation as of the date of coverage. Dependent coverage will be delayed if the dependent is in a period of limited activity, which means the dependent is unable to perform the regular and usual activities of a healthy person of the same age and sex. For detailed information and rates on the VTL/AD&D insurance program, please review the Lincoln Financial Summary of Benefits and the Summary Plan Description posted on **The Spot**.



Life / AD&D Insurance Plans

➤ 2019 Voluntary Term Life and AD&D (VTL) - Lincoln Financial

Personal Accident Insurance (AD&D)



Brown & Brown offers this program through CIGNA. Accidental Death and Dismemberment (AD&D) insurance can help you pay expenses if you, your covered spouse or children are seriously injured or killed in a covered accident.

Benefit:

You may choose one of four options; spouse and child(ren) coverage available with employee election. Your cost will depend on the option and benefit amount you select.

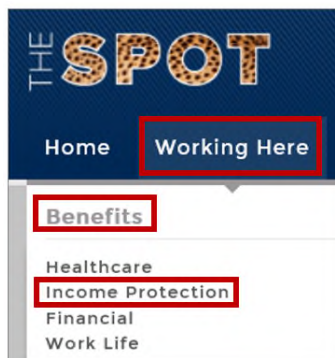
- ▶ Option 1 - Employee Only: Select from \$25,000 to \$1,500,000 of coverage in units of \$25,000. Maximum coverage cannot be more than 8 times your annual salary.
- ▶ Option 2 – Employee & Spouse Coverage: Spouse's benefit amount will be 60% of employee's and cannot exceed \$600,000.
- ▶ Option 3 – Employee, Spouse & Dependent Child(ren) Coverage: Spouse's benefit will be 50% of employee's, not to exceed \$600,000. Each covered child's benefit will be equal to 20% of employee's benefit amount; not to exceed \$100,000 per child. The premium is the same regardless of the number of children covered.
- ▶ Option 4 – Employee & Dependent Child(ren) Coverage: Each covered child's benefit will be equal to 25% of employee's benefit amount. The benefit amount per child cannot exceed \$100,000.
- ▶ Coverage can be elected to cover a lawful spouse until the end of the year the spouse turns 99, and any unmarried dependent child(ren) from live birth until the end of the calendar year in which the child reaches age 26.
- ▶ No one may be covered more than once under this Plan. If covered as an employee, you cannot be covered as a dependent.
- ▶ Identity Theft Resolution Services included at no additional cost.

Premium:

The cost will depend on the benefit amount and coverage option you select. The monthly rate per \$1,000 of coverage is as follows:

COVERAGE LEVEL	COST
Employee	\$0.021
Employee and Child(ren)	\$0.028
Employee and Spouse	\$0.033
Family	\$0.035

For detailed information and rate chart on the AD&D insurance program, and overview of the ID Theft Resolution Services, please go to **The Spot**.



Life / AD&D Insurance Plans

➤ 2019 Personal Accident Insurance (AD&D) - Cigna

Eligible employees of Brown & Brown can elect two group insurance plans offered by Aflac: Group Accident Insurance and Group Critical Illness Insurance. No medical questions are required during the initial enrollment period; and is guaranteed-issue for eligible employees and their family members. Contact Aflac at **1-800-433-3036** for additional information.

Group Accident Insurance At A Glance:

- ▶ Aflac Group Accident Insurance coverage pays cash benefits to help with the costs associated with out-of-pocket expenses and bills, while providing peace of mind from unexpected accidents and is conveniently made available to eligible employees through payroll deductions.
- ▶ About 1 out of 8 people seek medical attention for an injury¹. Accidents happen with no warning, making it impossible to plan for additional expenses that could arise from even an accident as small as a broken finger or toe. Group Accident insurance provides a scheduled benefit amount for a wide number of accident-related events, including but not limited to emergency room or clinic visits, fractures and dislocations, diagnostic testing and ambulance service.

¹Injury Facts, 2014 Edition, National Safety Council

Group Critical Illness Insurance At A Glance:

- ▶ This coverage is intended to help with the treatment cost of life-changing illnesses and health events, so you can stay focused on recuperation.
- ▶ Recent advances in medicine can allow patients who suffer from a critical illness to live longer and thus increasing the concern about paying for treatments or expenses associated with their illness. A study conducted by Community Oncology Alliance found that 69 percent of Americans are more concerned about paying for treatments if diagnosed with cancer, than actually dying from the disease. With the Group Critical Illness plan, you receive cash benefits directly from Aflac giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.
- ▶ Determine you and your family's coverage needs by electing from four benefit levels of \$10,000, \$20,000, \$30,000 or \$40,000.

Both plans have limitations and exclusions that may affect benefits payable. The brief descriptions above are for general information only. Refer to the benefit summaries for premium rates, complete details, definitions, limitations and exclusions found on **The Spot**.



Saving for the future is an important step toward achieving financial security. Because we save *with* you, Brown & Brown can help you reach these goals through the 401(k) Plan. In order to have financial stability in your retirement years, it is important to take action now. Additional information is available on **The Spot**, at inet.bbins.com.

Schwab Retirement Plan Services, Inc. is the recordkeeper to provide information to help you make informed choices about your retirement needs, investment alternatives, and the benefits of long-term savings.

Employee Contributions:

You may choose to make pre-tax contributions, or after-tax contributions through a Roth 401(k) election, up to the annual IRS maximum limit. Deferrals may be a percentage of your earnings and for employees paid bi-weekly, deductions are taken on all 26 pay periods that you participate. You may stop or change your contribution at any time, and may change your investment direction or reallocate funds at any time. You may "roll" another qualified plan into the Brown & Brown plan.

Company Contributions:

Brown & Brown will make Safe Harbor Employer Matching Contributions to your account if you are participating in the Plan. Brown & Brown will match 100% of the first 3% of your eligible pay and 50% of the next 2% of your eligible pay that you contribute to the Plan. If you contribute less than 5%, you are not taking full advantage of the matching contribution.

For example, assume you earn \$40,000 in compensation during the plan year. You elect to save \$4,000 (or 10%) of your compensation into the Plan. Brown & Brown will provide you with a match of \$1,600, which is equal to \$1,200 [(\$40,000 x 3%)] plus \$400 [(\$40,000 x 2% x 50%)].

Vesting:

You are always 100% vested in your contributions, including any rollover contributions you make to your account. The Safe Harbor Employer Match, plus any earnings generated on those contributions are also 100% vested.

Investment Direction:

You decide how your account will be invested. There are a variety of fund choices to choose from. Additional fund information can be found at <https://workplace.schwab.com>.

In addition, you can review the [Brown & Brown, Inc. Employee Savings Plan Education Guide](#) posted on **The Spot** for further information at **Working Here > Benefits > Financial > 401(k) Savings Plans > Brown & Brown, Inc. Employee Savings Plan 401(k)**.

Beneficiary Designations:

It is important once you have enrolled for the 401(k) Plan that you designate the beneficiary or beneficiaries for your Retirement Plan account. Beneficiaries can be added on-line via the Schwab website and only takes a minute. Beneficiary designations lets Schwab and Brown & Brown know who should receive your account balance in the event of your death. Review the **Beneficiary Designation Instructions** posted on **The Spot**.

Customer Service:

To obtain answers to general questions, apply for a loan, or change your deferral or allocations, contact Schwab Participant Services at **1-800-724-7526** or visit their website at <https://workplace.schwab.com>.

Employee Stock Purchase Plan (ESPP)



The Employee Stock Purchase Plan (ESPP) presents you with the opportunity to purchase shares of Brown & Brown, Inc. common stock at a 15% discount through payroll deduction. The ESPP allows you to share in the growth and success of the Company not only as an employee, but also as a shareholder.

E*TRADE has been selected as our ESPP administrator.

Deductions:

For employees paid bi-weekly, deductions will be taken on all 26 pay periods. The deferral election must be in whole dollars or percentage only. The maximum election is \$21,250 or 10% of eligible earnings. The minimum election is \$2.00 or 1% of eligible earnings. Electing a flat dollar amount will mean that your contributions will be deducted in equal amounts from 26 pay periods. Electing a percentage will take the deduction from all eligible earnings types.

Making Changes:

The ESPP plan year runs from August 1 to the following July 31 and open enrollment is held each year during the month of July. You may reduce your deduction one time during the plan year, or discontinue deductions at any time but you will not be allowed re-entry until the next plan year. You may also request reimbursement of held funds at this time. Please see your Profit Center Team Resources Coordinator for assistance with mid-plan year election changes.

Discount:

The purchase price for shares under the plan is 85% of the lesser of (a) the fair market value of the shares as of the first business day of the plan year, or (b) the fair market value of the shares as of the last business day of the plan year.

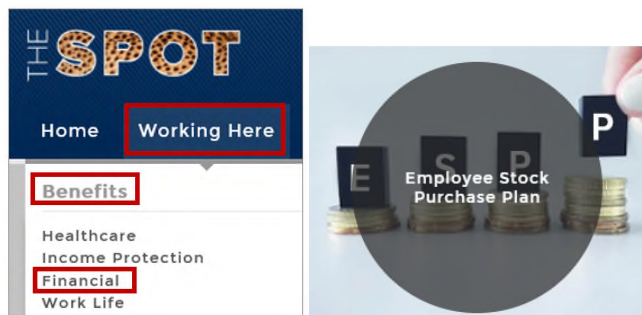
Reports to Participants:

No transactions are made on your behalf until the end of the plan year (7/31). Therefore, you will not receive statements during your first year of participation. Once stock has been purchased on your behalf and an account established, you will be able to activate and access your account on-line via the E*TRADE web portal.

Customer Service:

If you have additional questions, please contact your Profit Center Team Resources Coordinator or E*TRADE Customer Service. You can reach E*TRADE toll free in the U.S. at **1-800-838-0908**. If calling International, dial **1-650-599-0125**.

Additional information can be found on **The Spot** at inet.bbins.com as follows:



Please be advised that the Company is in no way soliciting you to purchase stock. The decision is yours to make. As with most stock, there is the risk that the market price of the stock and the value of your investment could decline. You may want to consult a financial advisor as to your individual investment planning.

The Employee Assistance Program (EAP) is provided through ComPsych at no cost to you and your immediate family members on a self-referral basis (some charges may apply for services beyond the Brown & Brown contractual services).

The EAP provides confidential services offering assistance for life, work and family concerns and assists you in locating referrals to resources for providers in your community. Consultations with an EAP provider are included within the limits of the program for help with the following and more:

Child or Elder Care	Marital Conflict
Depression Management	Stress Management/Anxiety
Family Conflict	Substance Abuse
Financial or Legal Concerns	Workplace Issues
Work-Life Resources	Weight Management and Tobacco Cessation Coaching

Remember this is a free, confidential service and information will not be shared with the Company without your written consent.

All assistance is available 24 hours a day, seven days a week with confidential support, guidance, and resources. Contact The Employee Assistance Program at

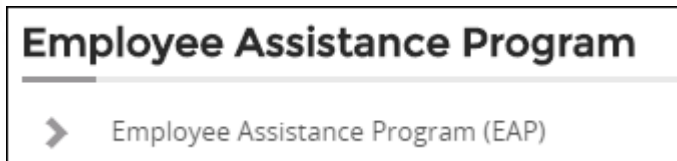
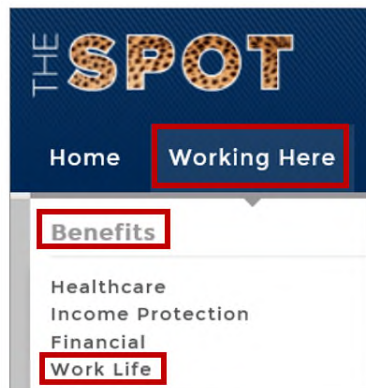
1-844-206-1068 or

<https://www.guidanceresources.com>

Type WebID: BBEAP when prompted

Calling the number above will allow you to talk one-to-one with a counselor or, if you prefer, you can visit the comprehensive website at the address shown above. This interactive website will enable you to obtain extensive, expert assistance conveniently and confidentially.

Additional information can be found on **The Spot** at inet.bbins.com.



For Plan Participants & Beneficiaries

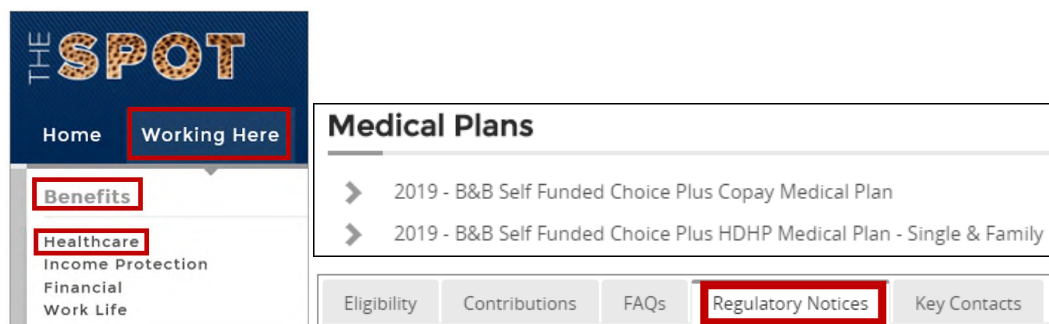
The Federal Government has outlined several notices as Important Notices for our medical plan participants, they include:

- ▶ Health Insurance Portability and Accountability Act (HIPAA) Notice
- ▶ Medicaid and the Children's Health Insurance Program (CHIP)
- ▶ Medicare Part D Creditable Coverage Notice
- ▶ Notice of Privacy Practices – HIPAA / HITECH
- ▶ Notice Regarding Wellness Program
- ▶ Glossary of Health Coverage & Medical Terms
- ▶ Summary of Benefits and Coverage (SBC)
- ▶ Women's Health and Cancer Rights Act

In addition to the required notices listed above, the following notices are provided:

- ▶ Extension of Dependent Coverage to Age 26
- ▶ General Notice of COBRA Continuation Coverage
- ▶ Genetic Information Non-Discrimination Act of 2008 – GINA
- ▶ Health Insurance Marketplace Coverage Notice
- ▶ Mental Health Parity & Addiction Equity Act 2008 (MHPAEA)
- ▶ Newborns' and Mothers' Health Protection Act
- ▶ Notice of Lifetime Limit
- ▶ Qualified Medical Child Support Order (QMCSO)

All the above Notices can be viewed in their entirety on the Brown & Brown Intranet, **The Spot**. The Notices are posted under each medical plan and can be viewed by clicking on the **Regulatory Notices** tab (see below) and then by clicking on each individual document link.



The **401(k) Safe Harbor and Qualified Default Investment Alternative Notice** is sent to eligible Plan participants direct from Schwab Retirement Plan Services. However, the Notice can also be viewed on **The Spot** at **Working Here > Benefits > Financial > 401(k) Savings Plans > Brown & Brown, Inc. Employee Savings Plan 401(k) > Regulatory Notices**.

Call the Brown & Brown Team Resource Center at **1-866-505-0991** with any questions or to request printed copies of any benefit documents.

2019 Key Carrier Contacts



COMPANY NAME	TELEPHONE NUMBER	WEBSITES
 Choice Plus Copay / Choice Plus HDHP Medical/RX/FSA – UHC Group #909131	1-844-298-8929 UHC Customer Service	www.myuhc.com
  Health Savings Account	1-844-298-8929 UHC Customer Service	www.myuhc.com
 High Dental Plan Low Dental Plan Group #216846	1-855-638-3943 MetLife Customer Service	www.metlife.com
 Vision Plan Group #30086060	1-800-877-7195 VSP Customer Service	www.vsp.com
 Flexible Spending Accounts For FSA enrollment only UHC Group #909132	1-844-298-8929 UHC Customer Service	www.myuhc.com
 Commuter Benefits	1-877-924-3967 WageWorks Customer Service	www.wageworks.com
 Life Insurance Plans	1-866-505-0991 Team Resource Center	The Spot https://inet.bbins.com
 Long Term Disability & Personal AD&D	1-866-505-0991 Team Resource Center	The Spot https://inet.bbins.com
 Accident Insurance Critical Illness Insurance	1-800-433-3036 Aflac Customer Service	www.aflacgroupinsurance.com
 EAP – Employee Assistance Program	1-844-206-1068 EAP Support	www.guidanceresources.com <i>(Type WebID: BBEAP when prompted)</i>
 Employee Savings Plan – 401(k)	1-800-724-7526 Schwab Participant Services	https://workplace.schwab.com
 Employee Stock Purchase Plan (ESPP)	1-800-838-0908 U.S. toll free 1-650-599-0125 International	https://etrade.com

Member ID Card Distribution:

- UHC: Medical and RX are combined on one ID card.
- MetLife: Dental coverage is validated at time of service; ID cards are not issued.
- VSP: Vision coverage is validated at time of service; ID cards are not issued.

Debit Cards: Optum Bank MasterCard® and Flex MasterCard® debit cards will be issued to employees enrolling in HSA or Flex benefits.

Commuter Benefits: WageWorks Commuter Card for transit and/or parking, as well as transit passes, tickets, smart cards or other fare media will be issued when enrolling in a commuter benefit.

To view benefit information prior to receiving login information to the Brown & Brown Intranet, **The Spot**, teammates can login at <https://www.bbinsurance.com/benefits-information> using password **bnb**.

2019 Benefits Enrollment Instructions



Copies of the Summary of Benefits and Coverage (SBC's), Summary Plan Descriptions (SPD's), Benefit Summaries, links to provider websites and forms are available on the Brown & Brown Intranet, **The Spot** at inet.bbins.com.

Before you begin, it will be necessary to complete the New Hire / Rehire ADP registration process.

You **MUST** enroll within 30 days from Date of Hire. If you do not enroll for benefits within this specified time, your opportunity to enroll will be closed. The only exception to this will be if you experience an IRS approved qualifying change in family status. If you do not wish to participate in the benefits program, you **MUST** waive each offered benefit. Confirm your elections and print a copy of the confirmation for your records.

1. Now that you are registered simply log into the ADP system at <https://adpvantage.adp.com> using the User ID and Password you created during the registration process.
2. From the ADP homepage, click on **Myself > Benefits > Enrollments**. This will open to your **New Hire** event. Click on **New Hire > Open Events** or on **Enroll**.
3. Complete the Dependent screen if enrolling dependent(s). You will be required to provide each of your eligible dependent's Social Security Numbers and Date of Birth. This is required before you can move forward to the Enrollment screen. **After ALL dependents are added**, click **Next**. **NOTE:** If you are **NOT** enrolling dependent(s), click on **Next** to continue the enrollment process.
4. Elect or waive each offered benefit for yourself and any eligible dependents you intend to cover. The enrollment screen will automatically calculate your benefit premium payroll deductions due. When electing to waive medical coverage, select from the dropdown offered during the enrollment process the reason for waiver.
5. Beneficiary designation(s) are required to complete your enrollment. Social Security Numbers and Date of Birth information is required. However, if your beneficiaries have been entered as dependents (as explained in #3), you will be able to select the name(s) from the beneficiary designation dropdown and the information will populate into the appropriate fields.
6. Continue selecting or waiving each benefit option offered on each benefit enrollment screen. Upon completion of all elections and/or waivers, review for accuracy then click **Confirm Elections**.
7. Read the Certification Statement and click **I Agree** to continue and confirm your benefit elections.
8. Wait for the blue banner under **Confirmation** to turn green with a checkmark and confirmation number. **If you do not receive a confirmation number, your election will not be processed and you will not have coverage.** For website or technical issues, contact the Team Resource Center at **1-866-505-0991**.
9. Once a confirmation number is received, scroll down the screen to **Print** a copy of the dated Election Confirmation Form and keep a copy for your file. Click **Done** to exit. **(Note: Per Federal requirements, upon initial medical, dental, vision, healthcare FSA or limited purpose FSA enrollment, an "initial COBRA notification" letter will be sent advising of your COBRA options.)**
10. **Commuter Benefit** elections (Transit and/or Parking) is completed on the WageWorks website at www.wageworks.com. Call WageWorks at **1-877-924-3967** with questions and for additional information.

Enrollment for the Brown & Brown, Inc. **Employee Savings Plan 401(k)**, and/or the Brown & Brown, Inc. **Employee Stock Purchase Plan (ESPP)** is **not** completed in ADP. To **enroll** for these benefits, follow the steps below from within the ADP system:

Step 1 – Click on **My Company**; **Step 2** – Click on **Forms Library**; **Step 3** – Under **Benefits**;

- Click on the Schwab 401(k) link (<https://workplace.schwab.com>) to proceed with your 401(k) enrollment. *As a first time enrollee you will need to complete the Registration process to establish your Login credentials (i.e., Login ID and Password).* Upon entering the Schwab site, click on the **Register Now** box located in the upper right hand side of the screen to begin the process. You may also set-up your Login credentials via the mobile app. Contact Schwab at **1-800-724-7526** with questions and for additional information.
- Click on the link for the current plan year ESPP (Employee Stock Purchase Plan) Paper Enrollment Form. Complete, print, sign, date and provide your completed form to your Profit Center Payroll Coordinator for processing.

