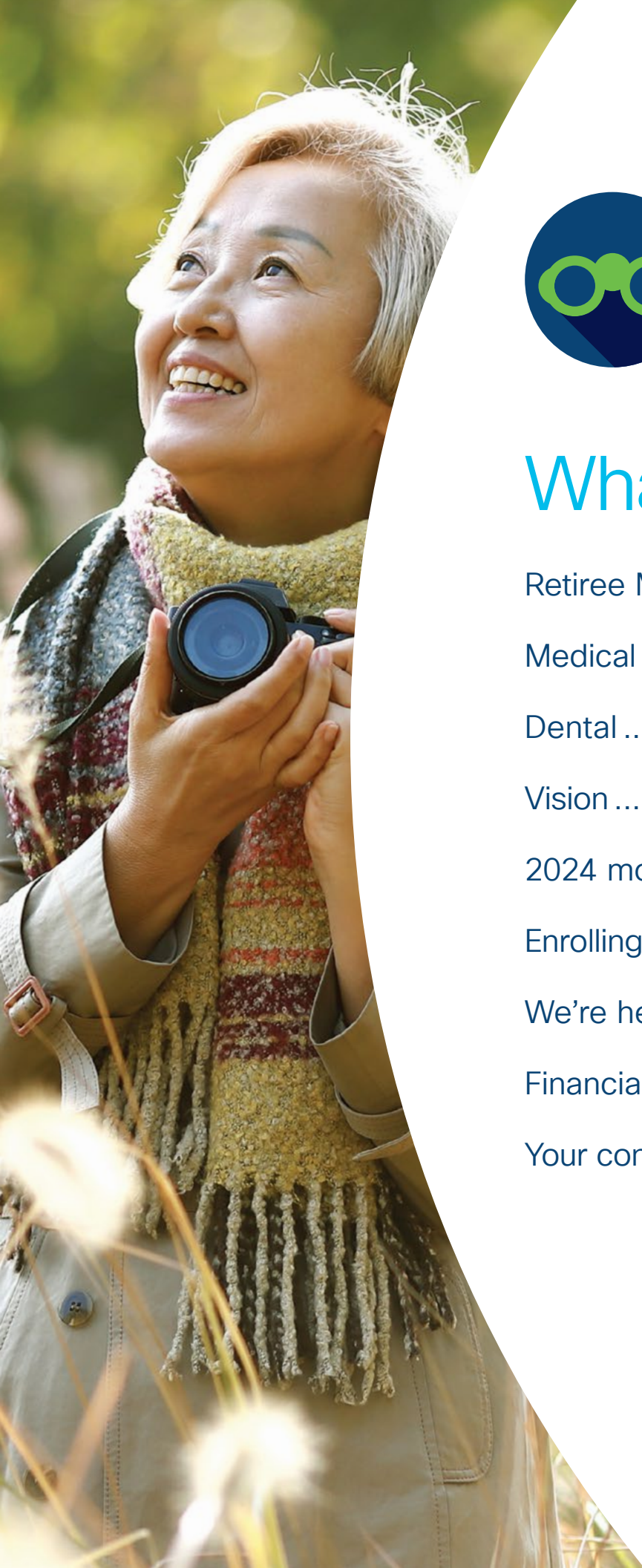


A close-up portrait of a middle-aged Black man with a full, well-groomed grey beard and mustache. He is wearing black-rimmed glasses and a blue denim button-down shirt. He is looking slightly to his left with a gentle, thoughtful expression. The background is a soft-focus indoor setting with a window on the left.

2024 New Retiree Benefits Enrollment



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Retiree Medical Access Plan

Cisco offers you access to high-quality medical, dental, and vision coverage through the Retiree Medical Access Plan (RMAP). Please note that Cisco does not fund RMAP, and you will be required to pay the entire monthly premium if you enroll. Take the time to review your options and make decisions that are best for you and your family.

Eligibility

You are eligible for RMAP if you meet the following requirements on your last day of employment at Cisco. You must:

- > Be enrolled in (or be eligible to enroll in) a Cisco medical plan;
- > Be at least age 50;
- > Have completed at least five full years of service at Cisco; or
- > Would have met the eligibility requirements above within the 60-day period after receiving a workforce reduction notice.

If you meet these requirements, you'll continue to be eligible for RMAP as long as plans continue to be offered, you pay your contributions on time and in full, and you make timely elections according to the plan policy.

You have 60 days after your employment ends or COBRA coverage ends to enroll in RMAP. You must be enrolled in at least one of the RMAP plans (medical, dental, or vision) within your enrollment window to remain eligible for RMAP in the future.

You can also cover your eligible dependents: spouse/domestic partner, children through age 22 or through age 24 if a full-time student, and disabled children over age 23.

Accessing the LifeConnections Health Center

If you are covered under an RMAP plan, you can continue to access services at the LifeConnections Health Center based on the RMAP coverage you are enrolled in. Please note that coverage for services at the LifeConnections Health Center is limited once you turn 65. So, you should call before receiving care there.

If you are enrolled in RMAP coverage ...	At the LifeConnections Health Center you can access ...
HPSP or PPO medical plan	Medical and pharmacy services
Kaiser HMO	Medical services in San Jose
MetLife dental plan	Dental services
VSP vision plan	Vision services

Accessing the LifeConnections Fitness Center

If you are covered under an RMAP plan, you can also access the LifeConnections Fitness Centers at the San Jose, CA and Research Triangle Park, NC campuses for a small fee. Spouses/domestic partners and dependent children are not eligible. Visit CiscoLifeConnections.com to learn more about the LifeConnections services.

Your options

When you retire from Cisco, you have options for coverage.

Through Cisco, you can:

- 1 **Enroll in COBRA, then in RMAP**
You can continue Cisco medical, dental, and/or vision benefits under COBRA for up to 18 months after you leave Cisco. At any time during the 18 months, you may end your COBRA coverage and enroll in RMAP within 60 days of ending COBRA.
- 2 **Waive COBRA and enroll in RMAP**
You can waive COBRA coverage and enroll in RMAP for medical, dental, and/or vision coverage within 60 days after your last day of work.
- 3 **Waive both COBRA and RMAP**
If you waive both COBRA and RMAP, you will not be able to enroll in COBRA or RMAP in the future.

Other options to consider:

The Marketplace

You can explore other options on the Marketplace where you live. See below for more information.

Medicare Supplement plan

Medicare-eligible retirees may want to look in to other Medicare Supplement plans. These plans generally cover some services that Medicare Part A or Part B does not cover.

Interested in learning more about health insurance outside of Cisco?

Please visit [healthcare.gov](https://www.healthcare.gov) for details or to get answers to questions you have about the plans offered through the Marketplace. Plans in the Marketplace are described in “medal” categories: Bronze, Silver, Gold, and Platinum. Throughout this guide you will see how the RMAP plans compare to the options on the Marketplace.

Comparing RMAP vs. COBRA

COBRA is a continuation of your Cisco coverage as an employee, while RMAP offers different plans. Here are a few things to consider as you make your decision on which coverage is best for you.

- > **Plan offerings and costs differences.** See pages 14-16 for 2024 rates.
- > **Coverage for eligible dependents.**
 - > Under COBRA, your eligible dependents can be covered through age 25.
 - > Under RMAP, they can only be covered through age 22 (or 24 if a full-time student).
- > **Your deductible.** If you elect RMAP, you will need to start over with a new medical deductible and out-of-pocket maximum, as well as a new dental deductible and benefits maximum.

Understand how Medicare impacts your RMAP coverage and rates

When you or your spouse/domestic partner turns 65 or becomes eligible for Medicare, RMAP will pay secondary to Medicare, whether you have enrolled in Medicare or not.

If you or your spouse/domestic partner are eligible for Medicare and are below the age of 65, contact People Support to have your rates adjusted to the lower post-65 rates intended for those eligible for Medicare.

Medical plan options

When making your medical plan decisions, think of your unique needs, including required care, provider preferences, and budget. Take the time to explore your options.



Terms to know

Deductible: The amount you pay each year for care before your plan starts sharing costs.

Coinsurance: The percentage of the cost you pay for services after meeting the deductible.

Copay: A flat dollar amount you pay when getting care or filling a prescription.

Out-of-pocket maximum: The most you pay for care and prescriptions in a year. After you meet the out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the calendar year.



PPO Plan

In-network and out-of-network coverage

In this plan, you will have higher premiums than the Health Plus Savings Plan (HPSP) in exchange for a lower deductible.

Provider network

The **PPO** gives you the flexibility to see any provider you like, but you pay less when you see a network provider. You have the choice of two national provider networks: the **Cigna Open Access Plus** network and **UnitedHealthcare Choice Plus** network. In Hawaii, only the UnitedHealthcare Choice Plus network is available. Find in-network providers at **cigna.com** or **uhc.com**.

Prescription drug benefits are administered by CVS Caremark. Search for in-network pharmacies (including national chains and independent pharmacies) at **caremark.com**.

Paying for care

Before deductible:

You pay for care. You pay a copay or coinsurance for prescriptions with no deductible. Eligible in-network preventive care is 100% covered with no deductible.

After deductible:

You and the plan share the costs of care through copays and coinsurance until you reach the out-of-pocket maximum.

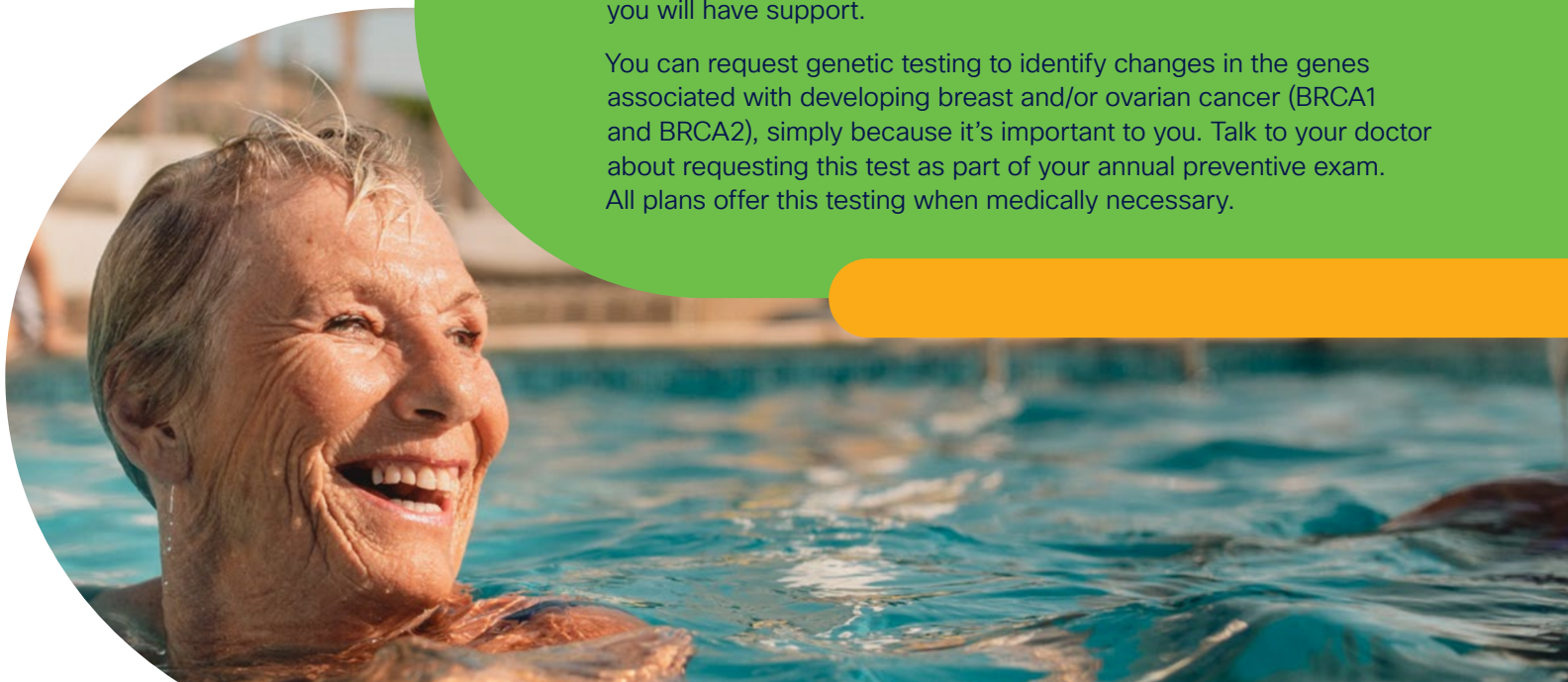
After out-of-pocket maximum:

The plan covers 100% of eligible costs for the remainder of the calendar year.

If you're enrolled in the PPO or HPSP: Mammograms and genetic testing for certain cancers

Your first in-network mammogram of the year will be covered fully—regardless of age, so you and your doctor can choose to start preventive mammograms sooner and if you need diagnostic testing, you will have support.

You can request genetic testing to identify changes in the genes associated with developing breast and/or ovarian cancer (BRCA1 and BRCA2), simply because it's important to you. Talk to your doctor about requesting this test as part of your annual preventive exam. All plans offer this testing when medically necessary.



Health Plus Savings Plan (HPSP)

In-network and out-of-network coverage

The **HPSP** is only for retirees under the age of 65 (or not otherwise Medicare-eligible). The HPSP offers lower monthly premiums than the PPO, but a higher annual deductible. You may also be eligible for a Health Savings Account (HSA), which can help you save on taxes. Once you turn 65, you will need to choose a new medical plan option or decline coverage. Otherwise, you will be defaulted into the PPO.

Provider network

The HPSP gives you the flexibility to see any provider you like, but you pay less when you see a network provider. You have access to the **UnitedHealthcare Choice Plus** network. Search for in-network providers at **uhc.com**.

Prescription drug benefits are administered by CVS Caremark. Search for in-network pharmacies (including national chains and independent pharmacies) at **caremark.com**.

Paying for care

Before deductible:

You pay for care and prescriptions. Eligible in-network preventive care is 100% covered with no deductible.

After deductible:

You and the plan share the costs of care and prescriptions through coinsurance until you reach the out-of-pocket maximum.

After out-of-pocket maximum:

The plan covers 100% of eligible costs for the remainder of the calendar year.

The Health Savings Account (HSA)

The HSA is a tax-advantaged account that you can use to pay eligible out-of-pocket healthcare expenses. Here's what you need to know:

- The 2024 HSA contribution limits are **\$4,150 for individual coverage** and **\$8,300 for family coverage**. If you're age 55 or older, you can contribute an additional \$1,000. Your HSA contributions are not subject to federal income taxes. Your earnings and withdrawals for eligible healthcare expenses are federally tax-exempt, too.¹
- Use your HSA money to pay for eligible medical, prescription drug, dental, and vision expenses for you and your eligible dependents. If you prefer, you can pay out of pocket and save your HSA money for the future.
- It is your responsibility to open and manage your HSA and keep receipts for withdrawals for eligible healthcare expenses (in the event you are audited by the IRS). You can open an HSA with the financial institution of your choice and start contributing to your account.

¹ HSAs offer pre-tax savings under federal laws and most state income tax laws. California and New Jersey tax HSA contributions.

Kaiser Permanente HMO Plan

Available in California and Georgia

In-network coverage only

The **Kaiser Permanente HMO** is available in California and Georgia. You must use only doctors and facilities from within the Kaiser network (except in an emergency). You'll pay copays only for care and prescriptions, making your costs easy to anticipate.

If you enroll in a Kaiser plan and you are 65 or older, or otherwise Medicare-eligible, you must also enroll in Kaiser Senior Advantage coverage through Kaiser or your coverage will be canceled.

Provider network

In this plan, you'll receive care from Kaiser facilities and providers, including your prescriptions. All your Kaiser caregivers work together to support your health and wellbeing.

You'll have peace of mind traveling away from home in this plan because you're covered everywhere for urgent and emergency care. If you're traveling to another Kaiser service area outside California or Georgia, you can also get routine care, which is great for frequent travelers and college students.

Search for Kaiser Permanente doctors, pharmacies, and locations at my.kp.org/cisco.

Paying for care

No deductible:

The plan starts sharing costs with you right away. When you need care or prescriptions, you pay a simple copay.










After out-of-pocket maximum:

The plan covers 100% of eligible costs for the remainder of the calendar year.



Key plan considerations

This chart compares some of the key features of the RMAP medical plans to help you consider your options.

	PPO Plan	HPSP (under age 65 or not eligible for Medicare)	Kaiser Permanente California	Kaiser Permanente Georgia
	Cigna Open Access Plus UHC Choice Plus	UHC Choice Plus	Kaiser (CA)	Kaiser (GA)
Out-of-network coverage¹	 For any reason	 For any reason	 For emergency/urgent care and care in other Kaiser service areas	 For emergency/urgent care and care in other Kaiser service areas
Health Savings Account (HSA)²	N/A		N/A	N/A
Premiums³	 HIGHER	 MODERATE	 LOWER	 LOWER
Consider this plan if this is most important to you ...	A low deductible and national network with in- and out-of-network coverage	A tax-advantaged HSA and in- and out-of-network coverage	No deductible and connected providers in the Kaiser network	No deductible and connected providers in the Kaiser network
Comparing the RMAP plans to the Marketplace⁴	Similar coverage to the Gold PPO plans	Similar coverage to the Silver High Deductible plans	Similar coverage to the Platinum HMO plans	Similar coverage to the Platinum HMO plans

¹ Some of our plans provide in- and out-of-network coverage for any reason, although you pay more when you go out of network. For other plans, out-of-network coverage is limited to emergency or urgent care only.

² Only one plan has the option of this tax-advantaged savings vehicle that helps you pay for healthcare expenses now and in the future.

³ Each plan has a set price you pay per month.

⁴ This is how the plans align to those plans offered through the Marketplace. Cisco cannot offer advice or information about plans available through the Marketplace. For more information about plans through the Marketplace, visit [healthcare.gov](https://www.healthcare.gov).

What you pay for care

	PPO Plan		Health Plus Savings Plan		Kaiser Permanente	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	CA only	GA only
					In-network only	In-network only
Calendar-year deductible² individual family	\$1,500 \$3,000 No deductible for prescriptions or preventive care	\$2,500 \$5,000 No deductible for prescriptions	\$4,000 \$6,000³ No deductible for preventive care	\$4,000 \$6,000³	\$0	\$0
Calendar-year out-of-pocket maximum (including deductible) individual family	\$4,500 \$9,000	\$5,500 \$11,000	\$6,000 \$8,550	\$6,800 \$10,200	\$1,500 \$3,000 (under age 65) \$1,000 \$2,000 (age 65 and over)	\$1,500 \$3,000 (under age 65) \$1,000 \$2,000 (age 65 and over)
Office visit	20%	40%	20%	40%	\$25 for PCP \$35 for specialist (pre-65) \$25 for specialist (post-65)	\$30 for PCP \$40 for specialist
Routine adult physicals⁴ (age 18 and over)	0%	40%	0%	40%	\$25 (pre-65) \$0 (post-65) (1 per year)	\$0 (pre-65) \$0 (post-65) (1 per year)
Lab, X-ray, or imaging	20%	40%	20%	40%	\$10 for outpatient services	Included in office visit copay Outpatient services: \$100 copay (pre-65) \$40 copay (post-65)
Inpatient hospital emergency care	20% 20%	40% 20%	20% 20%	40% 20%	\$250 \$100 (pre-65) or \$50 (post-65)	

¹ You pay any amounts that exceed the reasonable and customary (R&C) charges—the portion of the amount charged by a healthcare provider that the plan will consider for payment. This does not apply to prescription drugs.

² The deductible applies to the out-of-pocket maximum. In addition, the in- and out-of-network deductibles cross-apply.

³ For the HPSP, the family deductible must be met before the plan pays for any individual, if covering one or more dependents.

⁴ In the PPO and HPSP plans, these will be covered at 100% based on the U.S. Preventive Services Task Force guidelines for age-specific routine physicals and associated labs. For a list of the services recommended by the U.S. Preventive Services Task Force, please see the Summary Plan Description (SPD).

What you pay for care

	PPO Plan		Health Plus Savings Plan		Kaiser Permanente	
	In-network	Out-of-network ¹	In-network	Out-of-network ¹	CA only	GA only
					In-network only	In-network only
Mental health and substance abuse	Inpatient: 20% Outpatient: 20%	Inpatient: 20% Outpatient: 20%	Inpatient: 20% Outpatient: 20%	Inpatient: 20% Outpatient: 20%	Inpatient: \$250 Outpatient: \$25	Inpatient: \$250 Outpatient: \$30
Durable medical equipment	20%	40%	20%	40%	20% when prescribed by provider according to plan guidelines	
Physical, occupational, speech therapy—restorative	20%	40%	20%	40%	\$25 copay	\$40 copay
Home healthcare	20% with unlimited visits each year	40% with unlimited visits each year	20% with unlimited visits each year	40% with unlimited visits each year	0% part-time intermittent care when prescribed by provider and within service area; 100 visits per year (pre-65) ³	0% 120 visits per year (pre-65) ³ Private duty nursing not covered
Hospice	20%	40%	20%	40%	0% when selected as alternative to traditional treatment, authorized by plan, and within service area ⁴	
Prescription drugs²	Generic: \$15 Preferred brand: \$30 Non-preferred brand: \$45 Mandatory mail order: 90-day supply for two copays	40%	20%	40%	Generic: \$15 100-day supply (pre-65) \$10 100-day supply (post-65) Brand: \$35 for a 100-day supply	Generic: \$15 30-day supply Brand: \$35 30-day supply

¹ You pay any amounts that exceed the reasonable and customary (R&C) charges—the portion of the amount charged by a healthcare provider that the plan will consider for payment. This does not apply to prescription drugs.

² For the UHC and Cigna plans, if you choose a preferred/non-preferred brand name drug when an exact FDA-approved generic equivalent is available, you are responsible for the brand copay/coinsurance for the brand-name drug, in addition to the difference in cost between the selected drug and the generic equivalent of that drug (unless the doctor designates on the prescription drug “dispense as written”). The difference in cost between the selected drug and generic substitute does not apply toward the out-of-pocket maximum.

³ See your plan documents for post-65 benefit limits.

⁴ Coverage for hospice care varies depending on if the enrollee is pre- or post-65. Please refer to the plan documents, Summary Plan Descriptions (SPDs), and any Evidence of Coverage or Certificates of Coverage and their related insurance policies or contracts for more details.

Dental

You have two high-quality MetLife dental plans to choose from: the Basic PPO and the Comprehensive PPO. You can see any provider, but you'll pay less with an in-network MetLife dentist. To find a network dentist, go to [metlife.com/dental](https://www.metlife.com/dental) and choose the PDP Plus network or call **888 235-2038**.

What you pay for in-network care

	Basic PPO	Comprehensive PPO
Deductible individual family	\$50 \$150 No deductible for preventive care	\$50 \$150 No deductible for preventive care
Calendar-year benefit maximum Preventive and diagnostic care does not count toward the plan's benefit maximum.	Plan pays \$1,500 per person	Plan pays \$2,500 per person
Preventive and diagnostic services	\$0	\$0
Basic services (like fillings or extractions)	50%	20%
Major services (like porcelain crowns or implants)	50%	50%
Orthodontia	N/A	50% (plan pays up to \$2,500 lifetime maximum)

Using your dental benefits

To use your dental benefits, you don't need an ID card. Your former Cisco employee ID number and dental group number can be used to verify coverage for you and your covered dependents. The Cisco MetLife Dental group number is 85436.

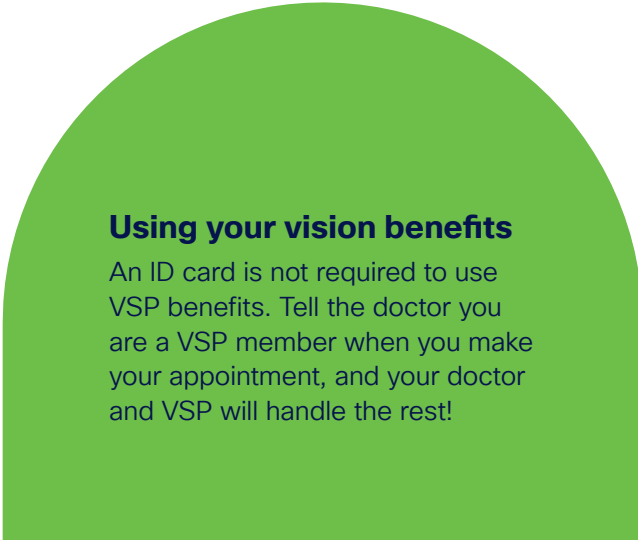


Vision

You can enroll in vision coverage through VSP. You can use any provider, but you will receive the best value when you visit an in-network provider. To find a VSP network doctor, visit vsp.com or call **800 877-7195**.

What you pay for in-network care

	VSP
Vision exam Once every calendar year	\$25 \$10 for digital retinal screening
Essential medical eye care	\$20 for treatment and diagnosis of eye conditions like pink eye and loss of vision and for coverage for conditions like diabetic eye disease, glaucoma, or age-related macular degeneration
Prescription glasses Once every calendar year	Lenses: \$0 for single vision, lined bifocal, and lined trifocal lenses Frames: You pay charges beyond \$150 (You pay charges above \$80 at Costco, Walmart, and Sam's Club.)
LightCare Ready-made, non-prescription blue light filtering glasses or ready-made non-prescription sunglasses at an in-network VSP provider (every calendar year in lieu of prescription glasses or contacts)	You pay charges beyond \$150 (You pay charges above \$80 at Costco, Walmart, and Sam's Club.)
Contacts Once every calendar year, in lieu of glasses	You pay charges beyond \$140
Elective contact lens fitting and evaluation exam Once every calendar year	\$60 maximum copay



Using your vision benefits

An ID card is not required to use VSP benefits. Tell the doctor you are a VSP member when you make your appointment, and your doctor and VSP will handle the rest!



2024 monthly premiums

Retiree under age 65

What you pay per month

	Medical				Dental		Vision
	PPO Plan	Health Plus Savings Plan	Kaiser HMO		Basic PPO	Comprehensive PPO	Vision Service Plan
	Cigna Open Access Plus (unavailable in Hawaii) UHC Choice Plus	UHC Choice Plus	CA	GA	MetLife	MetLife	VSP
Retiree Only	\$1,491.00	\$1,268.00	\$1,067.43	\$992.10	\$43.00	\$84.00	\$10.00
Retiree + Spouse/ Domestic Partner under 65	\$3,132.00	\$2,664.00	\$2,241.60	\$1,984.20	\$91.00	\$177.00	\$22.00
Retiree + 1 Child			\$1,921.37				
Retiree + Spouse/ Domestic Partner 65+	\$2,065.00	\$1,758.00	\$1,324.40	\$1,282.10			
Retiree + Family (Spouse/Domestic Partner under 65)	\$4,325.00	\$3,678.00	\$3,095.54	\$2,976.29	\$126.00	\$245.00	\$30.00
Retiree + 2 or more Children			\$1,921.37				
Retiree + Family (Spouse/Domestic Partner 65+)	\$3,258.00	\$2,773.00	\$2,178.34	\$2,274.20			



Remember, you pay the full premiums for these plans—Cisco does not share in the cost.

2024 monthly premiums

Retiree age 65 and over

What you pay per month

	Medical			Dental		Vision
	PPO Plan	Kaiser HMO		Basic PPO	Comprehensive PPO	Vision Service Plan
	Cigna Open Access Plus (unavailable in Hawaii) UHC Choice Plus	CA	GA	MetLife	MetLife	VSP
Retiree Only	\$765.00	\$265.74	\$290.00	\$43.00	\$84.00	\$10.00
Retiree + Spouse/ Domestic Partner under 65	\$1,912.00	\$1,430.91	\$1,282.10	\$91.00	\$177.00	\$22.00
Retiree + 1 Child		\$1,110.68				
Retiree + Spouse/ Domestic Partner 65+	\$1,338.00	\$513.71	\$580.00			
Retiree + Family (Spouse/Domestic Partner under 65)	\$3,599.00	\$2,284.85	\$2,274.20	\$126.00	\$245.00	\$30.00
Retiree + 2 or more Children		\$1,110.68				
Retiree + Family (Spouse/Domestic Partner 65+)	\$2,532.00	\$1,367.65	\$1,572.10			



Remember, you pay the full premiums for these plans—Cisco does not share in the cost.

2024 monthly premiums

COBRA

What you pay per month

	Participant Only	Participant + Spouse/ Domestic Partner	Participant + Child(ren)	Participant + Family
Medical				
Health Plus Savings Plan (Cigna Open Access Plus Network)	\$813.61	\$1,708.58	\$1,464.50	\$2,359.47
Health Plus Savings Plan (UHC Choice Plus Network)	\$813.61	\$1,708.58	\$1,464.50	\$2,359.47
Out-of-Area Health Plus Savings Plan (UHC)	\$813.61	\$1,708.58	\$1,464.50	\$2,359.47
PPO (Cigna Open Access Plus Network)	\$879.19	\$1,846.30	\$1,582.55	\$2,549.65
PPO (UHC Choice Plus Network)	\$879.19	\$1,846.30	\$1,582.55	\$2,549.65
Out-of-Area PPO (UHC)	\$791.28	\$1,661.68	\$1,424.30	\$2,294.70
PPO Hawaii (UHC)	\$1,618.48	\$3,330.40	\$2,678.66	\$4,735.10
LifeConnections Plan	\$847.59	\$1,779.94	\$1,525.67	\$2,458.02
LifeConnections Plus Savings Plan	\$730.72	\$1,534.52	\$1,315.31	\$2,119.10
Harvard Pilgrim Health Care HMO	\$1,207.09	\$2,534.90	\$2,172.73	\$3,500.58
Kaiser Permanente HMO (California)	\$714.94	\$1,501.37	\$1,286.88	\$2,073.31
Kaiser Permanente HMO (Georgia)	\$752.66	\$1,580.58	\$1,354.78	\$2,182.70
Cigna Global Health Benefits Plan	\$665.75	\$1,784.17	\$2,173.07	\$2,173.07
Dental				
MetLife Comprehensive PPO	\$63.57	\$133.50	\$114.42	\$184.35
MetLife Basic PPO	\$32.65	\$68.56	\$58.77	\$94.69
Vision				
Vision Service Plan	\$9.46	\$19.86	\$17.02	\$27.42



Enrolling in RMAP

Enroll using either of these ways:

- > **Online at the U.S. Benefits Portal:**
upointhr.com/cisco.
- > **Call:**
People Support at **866 282-3866** or **408 526-5999**, option 4, Monday through Friday from 8 a.m. to 8 p.m. Central Time.

How you pay for your plan

When you retire, you are responsible for paying for any coverage you choose under RMAP. Here's how it works:

Your bill

If you enroll in RMAP coverage, you will receive a bill each month for the cost of your coverage unless you are enrolled in ongoing direct debit. Even if you do not receive a bill, your payment is due on the first day of each month.

Payment options

- 1 Direct debit:** Sign up online at upointhr.com/cisco or contact People Support for a Direct Debit Authorization form. Once your reoccurring direct debit is set up, withdrawals are taken the first or following business day of each month for next month's premiums. You can also make a one-time direct debit payment online by transferring funds from your bank account.
- 2 Check:** Checks should be made payable to Cisco and sent to:
Cisco
PO Box 0804
Carol Stream, IL 60132-0804



Important information about overdue balances

If you have an overdue balance and your payment is not postmarked within 60 days of the due date, **your coverage will be terminated retroactive to the end of the last fully paid month.** Once coverage is terminated, whether you missed a payment or because you did not enroll, you **cannot re-enroll** in RMAP.



We're here to help

Visit the U.S. Benefits Portal

Find more information about your benefits options at upointhr.com/cisco.

Download the mobile app

Use the Aight Mobile app to access your Cisco benefits information.

- 1 **Update your mobile phone number** on the U.S. Benefits Portal > Profile > Personal Information.
- 2 **Scan the QR code** below
- 3 **Open the app** and search "Cisco Systems." Click "Log in with your Aight credentials" and use your Cisco username and password. Enter your Aight username and password and tap "Sign in."

Contact People Support

If you have questions about your benefits or need help enrolling:

- Visit upointhr.com/cisco to chat online, schedule an appointment, or open a case.
- Call **866 282-3866** or **408 526-5999**, option 4, Monday through Friday from 8 a.m. to 8 p.m. Central Time.

Need help navigating your Cisco benefits?

Your **Benefit Pro** can take the burden off you and your family members and help navigate challenges like managing a complex care situation (like a serious diagnosis), finding providers and scheduling appointments, reviewing health claims/bills, and saving money on care and prescriptions.

To schedule an appointment or connect with a Pro, visit upointhr.com/cisco or call **866 282-3866** or **408 526-5999**, option 4.

Financial Wellbeing Pros

As you retire, you may have financial questions and decisions to make. We have help.

If you are eligible for the Retiree Medical Access Plan (RMAP), you will have access to Alight Financial Path for 12 months after you retire.

Financial Path includes unlimited access to Financial Wellbeing Pros, personalized assessments, financial planning tools, and the financial education center.

Financial Wellbeing Pros help you achieve peace of mind by learning how to analyze your personal situation, make smarter financial decisions, and optimize your spending plan. They can also assist you with financial considerations for your health insurance and COBRA benefits options and making good decisions regarding your retirement plan savings accounts.

Call People Support, Monday through Friday from 8 a.m. to 8 p.m. Central Time, at **866 282-3866** or **408 526-5999**, option 4, and ask for a Financial Wellbeing Pro. You can also schedule an appointment to talk with a Pro on the U.S. Benefits Portal or after you retire at upointhr.com/cisco.



Financial Planning is offered through Alight Financial Advisors, LLC (AFA). AFA is a registered investment adviser and wholly owned subsidiary of Alight Solutions LLC.

Financial Wellbeing Pros are Investment Advisors of AFA. AFA and its affiliates do not guarantee future results. AFA's Investment Advisors do not provide legal, accounting or tax advice, nor do they provide investment advice in connection with the Financial Planning service. Financial Planning does not constitute a solicitation or offer to buy or sell securities and is a separate service from AFA's investment advisory services. Alight Solutions LLC, AFA and their affiliates are not responsible for errors or omissions or for the results obtained from the use of any information provided. In no event shall Alight Solutions LLC, AFA and their affiliates be liable for any indirect, special or consequential damages in connection with the results of your use of this information.

In referring individuals to Edelman Financial Engines for their Personal Advisor service, AFA is acting in a promoter's capacity, as defined under Rule 206(4) 1 of the Advisers Act of 1940.

Your contacts

	Website	Customer service
Benefits Enrollment		
People Support	upointhr.com/cisco	866 282-3866, option 4 408 526-5999, option 4
Medical plan providers		
UnitedHealthcare	uhc.com	800 875-8307
Optum Behavioral Solutions (behavioral health and substance abuse services for UHC members)	liveandworkwell.com Access code: cisco	800 718-8435
Cigna	cigna.com	800 794-5043
Cigna Health Solutions (behavioral health and substance abuse services for Cigna members)	cigna.com	866 202-0678
Kaiser Permanente California	my.kp.org/cisco	800 464-4000
Kaiser Permanente Georgia	my.kp.org/cisco	404 261-2590 888 865-5813
Pharmacy benefits		
CVS Caremark (for UHC and Cigna members)	caremark.com	877 411-8164
Dental plans		
MetLife Dental	metlife.com/dental	888 235-2038
Vision plan		
VSP	vsp.com	800 877-7195
LifeConnections Health Centers	cicolifeconnections.com	Research Triangle Park: 919 392-2002 San Jose: 408 424-2000



2024 Retiree Benefits

This guide highlights certain components of the Cisco Systems, Inc. Retiree Medical Access Plan (RMAP) (the "Plan"). The guide also provides a high level overview of upcoming changes and serves as a "Summary of Material Modifications." Please read this guide and keep it with your other plan and program materials, including the most recent version of the summary plan description for the Plan.

This guide is not intended to describe any RMAP employee benefit plans or programs completely. The formal plan documents for each benefit plan or program contain detailed information about your eligibility and coverage. Please review the plan documents, summary plan descriptions, summary of material modifications and any Evidence of Coverage or Certificate of Coverage and their related insurance policies and contracts for detailed information. Cisco Systems, Inc. reserves the right to change, amend, suspend, withdraw, or terminate any of these plans or programs, in whole or in part, at any time.

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