



## 2025 Open Enrollment Frequently Asked Questions (FAQs)

### Table of Contents

Enrollment and Eligibility.....	2
Medical and Prescription Drugs .....	4
Dental .....	6
Vision .....	7
Health Savings Account (HSA) .....	8
Flexible Spending Accounts (FSAs) .....	9
Life and Accidental Death & Dismemberment (AD&D) Insurance.....	10
Additional Information .....	11

To navigate to a specific section, simply click on the topic above.

## Enrollment and Eligibility

### **Q: When is Open Enrollment this year?**

A: The 2025 Open Enrollment period will take place Friday, November 1 – Friday, November 15, 2024, ending at 9:00 p.m. local time. **This is your only opportunity to elect or make changes to your 2025 benefits coverage, unless you experience a Qualified Life Event (QLE), such as marriage/divorce or the birth/adoption of a child.** If you do have a QLE, you must “Declare an Event” in ADP My Pay and Benefits within 30 days of the event, add/remove dependents and/or coverage, then upload documentation verifying the event (marriage and/or birth certificate, court documents, etc.) into ADP My Pay and Benefits. For additional QLE information, visit the Life Events page on [myLPLBenefits.com](https://myLPLBenefits.com).

### **Q: How do I enroll in benefits?**

A: While connected to the LPL network, access ADP My Pay and Benefits via single sign-on (SSO) on the **LPL@Work** home page under **My Apps/Systems**. Review your beneficiary and dependent information and current elections, make any necessary changes, confirm your enrollment, then **download a copy of your Election Confirmation Statement for your records**. *IMPORTANT: ADP My Pay and Benefits is NOT compatible with Internet Explorer (IE). Please use Chrome, Edge, Firefox or Safari to make your election changes.*

If you are not connected to the LPL network, you will need to use your ADP My Pay and Benefits login credentials to sign in (ADP username example: JSmith@lpl) via [my.adp.com](https://my.adp.com). First time users: Follow the self-registration process on the sign-in page, using registration code: lplp-lpl. If you’ve forgotten your login credentials, use the *Forgot Your User ID?* and/or *Forgot Your Password?* links during the login experience.

If you have any technical difficulties during your enrollment, contact ADP’s LPL Benefits Service Center at **(855) 894-7752** or [LPLFinancialServiceCenter@adp.com](mailto:LPLFinancialServiceCenter@adp.com).

### **Q: If I like the benefits I have today, do I need to do anything during Open Enrollment?**

A: Yes, even if you are not making any changes, you should still log on to ADP My Pay and Benefits to confirm the accuracy of your current elections, life insurance beneficiary designation and covered dependents (you will need to provide the date of birth and Social Security Number for any beneficiaries or dependents you add).

Please note that you **must** re-enroll in the Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) each year to participate in these benefits; **HSA and FSA elections do not roll over into the new plan year. If you take no action during Open Enrollment, your medical plan election will roll over, but your HSA and/or FSA elections will not.**

**Q: Can I change my benefit elections throughout the year?**

A: No, you cannot make changes to your benefits outside the Open Enrollment period, *unless* you experience a [Qualified Life Event \(QLE\)](#). The benefits you elect during Open Enrollment will be in effect from January 1 – December 31, 2025.

**Q: What is a Qualified Life Event (QLE)?**

A: A Qualified Life Event (QLE) is a change in status defined by the IRS that allows mid-year election changes. QLEs include:

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Gain or loss of eligibility for other coverage for you or an eligible dependent
- Change in residence that affects your eligibility for coverage

**Q: What do I do if I experience a Qualified Life Event (QLE)?**

If you experience a QLE and wish to make changes to your benefit elections, visit ADP My Pay and Benefits to “Declare an Event” or call ADP at **(855) 894-7752**. Changes must be **made within 30 days of your QLE**, and you will be required to upload documentation verifying the event (marriage and/or birth certificate, court documents, etc.) into ADP My Pay and Benefits.

For more information on what qualifies as a QLE, contact ADP’s LPL Benefits Service Center at **(855) 894-7752** or [LPLFinancialServiceCenter@adp.com](mailto:LPLFinancialServiceCenter@adp.com).

**Q: Who is eligible for benefits?**

A: All full-time employees scheduled to work at least 30 hours per week are eligible for benefits. Eligible dependents include your:

- Spouse or domestic partner (same or other gender)
- Your children and the children of your spouse or domestic partner, up to age 26
- Unmarried children (yours or your spouse’s or domestic partner’s) of any age if they depend on you for support due to a physical or mental disability which commenced before the limiting age

Refer to [myLPLbenefits.com](http://myLPLbenefits.com) for more details on eligibility.

**Q: What if I do not need insurance coverage?**

A: You may waive your coverage by logging into ADP My Pay and Benefits. Be sure to designate a beneficiary (or beneficiaries) for your LPL-provided Life and Accidental Death & Dismemberment insurance regardless of whether you elect any other benefits.

## Medical and Prescription Drugs

### **Q: Is preventive care covered under all of the medical plans?**

A: Yes, all in-network preventive care mandated by the Affordable Care Act (ACA) is covered at 100% under all of the medical plan options offered by LPL. For a list of covered preventive care services, visit the official [ACA Preventive Health Services page](#).

### **Q: What is a Primary Care Physician (PCP) and why do I need one?**

A: A Primary Care Physician (PCP) is the doctor you visit for routine screenings and wellness visits, as well as to consult about any health questions or concerns you experience throughout the year. If you elect the Aetna Select (EPO) or Kaiser HMO (CA only), you and your enrolled dependents are required to designate a PCP to manage your health care needs. Unless you are in a life-threatening situation, you **must obtain a referral from your EPO/HMO PCP before you receive specialty care, including but not limited to:**

- An office visit with, or treatment by, a specialist (with the exception of an OB/GYN)
- Advanced imaging (e.g., CT, MRI, PET scan)
- Surgery

If a referral for specialty care is not obtained, coverage will be denied. When in doubt, contact [Aetna or Kaiser](#) for guidance.

### **Q: What if my doctor isn't in the covered network?**

A: Some of the LPL plan options provide you with out-of-network coverage, but keep in mind that you will pay more for out-of-network coverage than if you were to use an in-network provider, and some services may not be covered out-of-network.

### **Q: How can I find out if the Aetna Atrium (ACO) is available to me?**

A: If you're already using Atrium Health hospitals and providers or if you live in the Charlotte metro area of NC/SC, the Aetna Atrium (ACO) plan option may be a great choice for you. North Carolina and South Carolina employees can select this option if they live in one of the following counties: Anson, Cabarrus, Cleveland, Gaston, Lancaster, Lincoln, Mecklenburg, Stanly, Union or York.

### **Q: How do I find an in-network provider?**

A: For the **Aetna** plans, go to [aetnadocfind.com/lpl](https://aetnadocfind.com/lpl) and click on the appropriate plan name to search for providers in each plan's respective network. You may also call Aetna at **(866) 987-0327** or Alight Health Pro Connection at **(800) 513-1667 x4402** for assistance.

For **Kaiser**, visit [kp.org/searchdoctors](https://kp.org/searchdoctors) to browse doctor profiles and select a doctor who matches your needs, or call Kaiser at **(866) 454-8855** (Northern California residents) or **(833) 574-2273** (Southern California residents). Members may also login via [my.kp.org/lpl](https://my.kp.org/lpl) for search options.

**Q: What is telehealth/telemedicine, and how might I use these services?**

A: Telehealth, also known as telemedicine, offers 24/7 virtual access to board-certified physicians, dermatologists and behavioral health specialists. When you enroll in an Aetna medical plan through LPL, you automatically qualify for virtual services via Teladoc. If you're enrolled in the Kaiser HMO plan (CA only), you can access virtual services through Kaiser Telehealth. These services are ideal for minor, non-emergency issues like pink eye, fever or sore throat, as well as for dermatology and mental health concerns. Typically, you'll be connected with a doctor within minutes.

For additional information, visit [myLPLbenefits.com](http://myLPLbenefits.com), [teladoc.com/aetna](http://teladoc.com/aetna) or [my.kp.org/lpl](http://my.kp.org/lpl).

**Q: If I enroll in a new plan, when will I receive my new insurance card?**

A: If you do not make any plan changes, you will continue to use your current ID cards. If you make plan changes, your new ID cards should arrive the last week of December. If you have not yet registered for access to the various [member portals](#) and downloaded the associated apps, be sure to do so. The member portals give you 24/7 access to your ID cards, provider locators, benefit information, claim details and tools/resources to help you get the most from your benefits.

**Q: What expenses count toward my deductible and out-of-pocket maximum?**

A: **Copay:** The set dollar amount you will pay for a covered service, such as an office visit, urgent care or prescription, either before or after your deductible has been met, depending on the expense type and plan option you elect.

**Deductible:** The amount you are responsible for paying before the plan pays benefits for certain services (e.g., services that are not covered by a copay and are subject to the deductible – such as inpatient or outpatient surgery – or, in the case of the Aetna Health Fund (HSA), all services with the exception of preventive care). Note, the amount you must pay to meet your deductible depends on the plan in which you enroll.

**Coinsurance:** The percentage of costs for a covered health care service you pay (20%, for example) *after* you've met your annual deductible but before you've met your out-of-pocket maximum for the year.

**Out-of-Pocket Maximum:** The annual limit on how much you will pay toward covered medical expenses in a single plan year (January 1 – December 31). Copayments, deductibles and coinsurance paid for covered medical/Rx expenses all count toward your annual out-of-pocket maximum. Once you reach the out-of-pocket maximum, the medical plan will cover 100% of eligible expenses for the remainder of the plan year.

**Q: If I take a maintenance medication, what are my options to fill and receive my prescription?**

A: **Aetna** members will save time and money by obtaining a 90-day supply of maintenance medications, either through a retail fill at CVS or through Express Scripts mail order.

- Aetna members may fill 90-day prescriptions (at the same cost of a 60-day fill) through the CVS Exclusive Smart90 program at a participating CVS network pharmacy.
- With mail order, you can receive your prescriptions right at your doorstep with free standard shipping. The 90-day supply of your medication will be shipped directly to your home address

Both Aetna 90-day fill options cost the same, so you can choose whichever works best for your needs. To learn more about these options, email RxBenefits at [customercare@rxbenefits.com](mailto:customercare@rxbenefits.com) or call at **(800) 334-8134**. **Note:** If you or a covered family member requires a maintenance medication, two 30-day fills at retail are permitted, but after two 30-day retail fills, mail order fills are required for plan coverage.

A: **Kaiser** members will save time and money by obtaining a 100-day supply of maintenance medications through the Kaiser Pharmacy mail order program. Visit [kp.org/pharmacy](http://kp.org/pharmacy) or access the KP mobile app to learn more, or contact Member Services at **(866) 454-8855** (Northern California residents) or **(833) 574-2273** (Southern California residents).

**Q: Are preventive medications covered at 100%? If so, where can I find a list of them?**

A: Yes, preventive medications are covered at 100%. You can find a full list of covered medications through the [Express Scripts](#) or [Kaiser Permanente](#) website.

**Q: How can I register for online access to my personalized benefit details?**

A: Review the [Member Portal information](#) where you'll find links and instructions for 24/7 access to your ID cards, provider locators, benefit information, claim details and tools/resources to help you get the most from your benefits.

## Dental

**Q: If I or one of my dependents will need braces, which dental plan is best for me?**

A: Only the Enhanced PPO Dental Plan provides orthodontia coverage. The orthodontia coverage on the Enhanced Dental plan pays 50% of covered orthodontia services, and the lifetime maximum benefit for orthodontia is \$2,000. The Traditional PPO Dental Plan does *not* cover orthodontia.

**Q: How do I find a network dentist?**

A: Go to [deltadentalins.com](http://deltadentalins.com), enter your location, select the "Delta Dental PPO" network, then click "Find a Dentist" or you may call **(800) 765-6003**.

**Q: Do I need a Delta Dental ID card?**

A: Not necessarily. Most dental offices can file your claims after you've provided your **name, date of birth, enrollee ID number** (or social security number) and that your coverage is through LPL Financial.

**Q: Can I get a Delta Dental ID card?**

A: Yes. You can create a [Delta Dental member account](#) to view/download your member ID card. If you are newly enrolled or make any plan changes, you will automatically receive a new member ID card. Your member account also provides access to an in-network provider search tool, your personalized plan information and documents, claims history/details and much more. You may also request an ID card by calling Delta Dental at **(800) 765-6003**.

**Q: Where can I get more Delta Dental information?**

A: For detailed information, visit the [Delta Dental website](#).

## Vision

**Q: How do I find a network provider?**

A: Go to [vsp.com](#), click the “Find a Doctor” button, enter your search criteria and click the “Search” button, or call **(800) 877-7195**.

**Q: Do I need a VSP ID card?**

A: No. Your provider will be able to look up your benefits and file your claim using your date of birth and social security number (SSN). If you do not want to provide your SSN, call VSP at **(800) 877-7195** to request your unique ID number.

**Q: Can I get a VSP ID card?**

A: Yes. If you want one, you can print or email a Member ID card by [logging in](#) and clicking on Member Details. For security reasons, your ID number will not be on your Member ID card. (see above)

**Q: Where can I get more VSP information?**

A: For more detailed information, visit the [VSP member portal](#) or explore the [VSP FAQs page](#).

## Health Savings Account (HSA)

### **Q: What is a Health Savings Account (HSA)?**

A: A Health Savings Account (HSA) is a special bank account owned by you. It allows you to use pre-tax dollars for current and future health care expenses for you and your eligible dependents. The HSA can be paired with the Aetna Health Fund (HSA) for those eligible for an HSA, and when used together can give you more control over your health care expenses.

### **Q: How do I know if I'm eligible to contribute to an HSA?**

A: To be eligible to contribute to an HSA, you must meet all the following requirements:

- Enrolled in the Aetna Health Fund (HSA)
- No other health coverage (e.g., through your spouse's employer, Medicare/Medicaid, TRICARE, or Health Care FSA through your spouse's employer)
- Not claimed as a dependent on someone else's tax return.

See [IRS Publication 969](#) for full eligibility details.

### **Q: Will LPL contribute to my HSA?**

A: Yes, if you enroll in the Aetna Health Fund (HSA) plan option, LPL will contribute \$500 annually (\$19.23 per paycheck) if you are enrolled in employee only coverage or \$1,000 annually (\$38.46 per paycheck) if you are enrolled in employee + "one or more" coverage.

### **Q: Can I contribute to the HSA?**

A: Yes, for 2025, the maximum you can contribute to an HSA is \$4,300 for employee only coverage and up to \$8,550 for all other coverage tiers. Because LPL contributes to your HSA (\$500 for employee only coverage, \$1,000 for other tiers), you will be able to contribute \$3,800 for employee only and \$7,550 for all other tiers in 2025.

If you will be age 55 or older by December 1, 2025, you are permitted to make catch-up contributions of an additional \$1,000 a year.

### **Q: If I'm ineligible for an HSA, can I still elect the Aetna Health Fund plan option?**

A: Yes. The Aetna Health Fund plan design has the lowest payroll deductions, so even if you are not eligible to contribute to an HSA, you may still enroll in the **Aetna Health Fund (WITHOUT HSA)** plan.

### **Q: If there are funds left in my HSA at the end of the year, do the funds roll over to the next year?**

A: Yes, HSA funds do *not* have a "use-it-or-lose-it" rule like FSA funds do – any remaining funds left in your HSA at the end of the year will roll over for use in any following year. Also, if you leave LPL, the account is yours to take with you.



**Q: If I contributed to an HSA in 2024, will my contributions continue in 2025?**

A: No, you must actively re-enroll in the HSA each year during Open Enrollment (through ADP My Pay and Benefits) in order to continue making contributions. Please note that if you are currently participating in an HSA-eligible medical plan, and you take no action during Open Enrollment, your medical plan election will roll over, but your HSA election will not. You must re-enroll in the HSA to participate in the new plan year.

**Q: How often can I change my HSA election?**

A: You can change your HSA contribution amount anytime by increasing or decreasing your annual goal amount in ADP My Pay and Benefits.

## Flexible Spending Accounts (FSAs)

**Q: What is a Flexible Spending Account (FSA)?**

A: FSAs allow you to take advantage of tax savings when paying for eligible health care or dependent care expenses. You can contribute before-tax money to a Health Care (HC), Limited Purpose (LP) and/or a Dependent Care FSA to be used for eligible expenses during the plan year. A list of eligible expenses for each FSA type is available in [Internal Revenue Service Publication 502](#).

**Q: If I have an FSA in 2024, will I automatically have an FSA in 2025?**

A: No, you must re-enroll in the FSA each year during Open Enrollment to continue making contributions into an FSA and/or to use roll-over funds in the Healthcare or Limited Purpose FSA.

**Q: If I have unused funds left in my FSA at the end of 2025, do those funds roll over to the following year?**

A: Unused funds in your FSA accounts do not always roll over year to year, so carefully consider your anticipated expenses for 2025. At the end of 2025, you can roll over up to \$640\* of unused Health Care or Limited Purpose FSA funds into 2026. Unused 2025 Dependent Care FSA funds are *not* eligible for roll over into the 2026 plan year. **Remember, you must actively re-enroll in the FSA each year during Open Enrollment in order to continue making contributions or use roll-over funds.**

*\*Subject to change pending IRS announcement*

**Q: Can I change my FSA election during the year?**

A: You can only change your FSA election mid-year if you experience a Qualified Life Event (QLE), declare the event **within 30 days**, and upload documentation of the event in ADP My Pay and Benefits.

## Life and Accidental Death & Dismemberment (AD&D) Insurance

### **Q: How much Life and AD&D coverage does LPL provide?**

A: LPL provides Life Insurance and AD&D coverage in the amount of 1.5x your salary as of October 1, 2024 (including commissions, but not overtime or bonuses), up to a maximum benefit amount of \$500,000.

### **Q: What is the maximum amount of Voluntary Life and AD&D I can elect?**

A: The maximum amounts of coverage available are \$650,000 for yourself and \$250,000 for your spouse or domestic partner. During Open Enrollment, you have a limited opportunity to purchase or increase your voluntary Employee and/or Spouse Life Insurance amount *without* providing Evidence of Insurability (EOI), as long as you have *not* been denied coverage previously by Lincoln Financial Group. If you are currently enrolled in *less than* the (New Hire) *Guaranteed Issue* (GI) amount (\$200,000 for Employee Life and \$50,000 for Spouse Life), you may increase your coverage by *up to* \$30,000, not to exceed the GI amount in total. **Note:** If you have been denied coverage previously by Lincoln Financial Group *or* if you would like to increase your coverage to an amount over the GI amounts during Open Enrollment, EOI through Lincoln Financial Group is required.

### **Q: What is AD&D?**

A: AD&D, or Accidental Death and Dismemberment insurance, provides benefits for a covered loss of life, limb, hearing or sight as a result of an accident. Employees and dependents may be insured for AD&D. For covered losses, the plan will pay the full coverage amount or a percentage of the coverage amount depending on the type and severity of the loss.

### **Q: What is Evidence of Insurability (EOI)?**

A: If you are increasing your life insurance coverage by more than \$30,000 or to an amount over the (New Hire) *Guaranteed Issue* (GI) amount (\$200,000 for Employee Life and \$50,000 for Spouse Life), or if coverage was previously denied by Lincoln Financial Group, information on the current condition of your health (or your dependent's health, for dependent coverage) will be required through the completion of Evidence of Insurability (EOI).

## Additional Information

### **Q: Where can I go to learn more about LPL's benefits?**

A: Visit [myLPLbenefits.com](https://myLPLbenefits.com) for detailed information on LPL's benefits. From there, you can learn about the 2025 changes, see all your benefits options and plan information, find important vendor contacts and flyers, link to vendor websites and get helpful tips. For additional decision support, access your 2025 Benefits Decision Guide on **LPL@Work**, visit online with [ALEX](#), or contact Alight Health Pro Connection at **(800) 513-1667 x4402**.

### **Q: What happens if I don't enroll by November 15, 2024?**

A: If you do not make election changes by November 15, 2024, your current benefits will roll over to 2025, *with the exception of Health Savings Account (HSA) and Flexible Spending Account (FSA) elections*. Due to IRS regulations, you must elect the HSA and/or FSA(s) and designate your contribution amount during Open Enrollment if you want to participate in 2025 — even if you currently participate.

### **Q: Are there resources to assist me with work/life balance?**

A: Yes. Take advantage of the below resources to help maintain your total wellbeing:

- **Mental and Emotional Health Support:** LPL offers mental health support through Lyra Health. Lyra can help you and your family members navigate issues like stress, anxiety, depression, substance abuse, relationship challenges and more. Lyra offers several confidential mental and emotional health support options including therapy, coaching and unlimited access to self-care resources. Eight in-person or virtual sessions are covered at no cost for you and each of your [eligible dependents](#). To get started, register at [LPL.lyrahealth.com](https://LPL.lyrahealth.com) and complete a brief questionnaire to receive personalized care recommendations. You can review high-quality coaches and therapists who are matched specifically to your needs *and* immediately book an appointment for an in-person or virtual visit. Lyra also offers legal and financial services, as well as identity theft protection and dependent care resources.
- **LPLLiveWell** is available to support you with a variety of total wellbeing resources and information for you and your family. Join the conversation on the LPLLiveWell group on Viva Engage to learn more.

### **Q: If I reach my Lyra limit of eight sessions for the year, can I still see my therapist for more sessions?**

A: If you reach your limit for the calendar year, and you and your therapist determine you would benefit from additional care, you may elect to continue working with your Lyra provider if they maintain a private practice, but any future sessions would require out-of-pocket payment. You may be able to submit claims to your medical plan to cover part of the cost of care if your plan includes partial reimbursement for out-of-network providers. For Aetna members, after you reach your limit with Lyra, you may continue seeing your Lyra provider and coordinate coverage through your Aetna health plan. Alternatively, if your Lyra provider does not maintain a private practice or you do not want to pay out of

pocket, you may opt to find a provider who is in-network with your medical plan. The eight session benefit resets on January 1st of each year.

**Q: How do I access the onsite Fitness Center?**

A: You must register through the LPL Live Well Portal from the homepage of LPL@Work under My Apps/Systems to access the onsite Fitness Center. If you have additional questions, please email [LPLLiveWell@lpl.com](mailto:LPLLiveWell@lpl.com). The **LPLLiveWell** group on Viva Engage is available to support you with a variety of total wellbeing resources and information for you and your family. Join the conversation on Viva Engage to learn more.

**Q: What is Virta and am I eligible?**

A: If you are enrolled in one of the Aetna medical plans through LPL, you may be eligible to participate in Virta Health - a diabetes reversal program. Virta uses nutrition science and technology to help members build a food plan that can work for real life. Backed by clinical research, Virta helps members lose weight, reduce blood sugar and reduce or eliminate medications. Visit the [Virta Health website](#) to learn more.

If you're enrolled in the Kaiser (HMO), learn about covered diabetes management offerings by going to [kp.org/diabetes](http://kp.org/diabetes).

**Q: What support does LPL offer for growing my family?**

A: LPL has partnered with Maven to provide employees two free benefit programs to help support your family-building journey, with tools and resources for every step:

- **Maven's Wallet Financial Assistance Program** helps support the financial side of family-building with an easy-to-use expense management platform to help you understand your funding options from fertility treatments to surrogacy. Members can receive reimbursement for up to \$5,000 through Maven Wallet for services related to their family-building journey. These services include fertility treatment, preservation, qualified adoption and surrogacy expenses.
- **Maven's Maternity Management Program** offers comprehensive support through a virtual clinic for fertility and family building, pregnancy, postpartum, parenting and menopause support.

Maven provides free, 24/7, personalized care and guidance for your journey to parenthood and beyond. This benefit is available now to employees and spouses or domestic partners enrolled in an LPL medical plan. Visit maven and LPL@Work to learn more.

**Q: How long is paid parental leave?**

A: Birthing parents can expect to take on average, 16 weeks off (maternity disability + paid parental leave) while non-birthing parents can take up to 10 weeks at 100% pay.

**Q: What updates are being made to disability benefits?**

**A:** To better align with competitive practices and reduce costs for LPL and employees, we've made updates to our disability plans. For 2025:

- The Base Short-Term Disability (STD) benefit period will increase from 13 to 26 weeks.
- The Base Long-Term Disability (LTD) elimination period will increase from 90 to 180 days. This means that you will be eligible to receive LTD benefits 180 days after an injury or illness.
- Rates for both buy-up plans will change; however, **re-enrollment is not required**. Your current elections will rollover into 2025. Please check ADP My Pay and Benefits for new rates.

As a reminder, the company provides Base Short-Term and Long-Term Disability coverage to you at no cost. You may purchase additional coverage for yourself and covered dependents. For more information about disability benefits, please visit [myLPLbenefits.com](https://myLPLbenefits.com) or view the 2025 Benefits Decision Guide on LPL@Work.

**Q: What resources are available to help me understand my benefits and manage my health care throughout the year?**

**A:** When you enroll in an LPL medical plan, you have access to a healthcare navigation team through **Alight Health Pro Connection**. They are available to help you understand your benefits, compare service costs, schedule appointments and even review your bills and charges to ensure that everything is accurate. Visit [member.alight.com](https://member.alight.com) or call **(800) 513-1667 x4402** for assistance.