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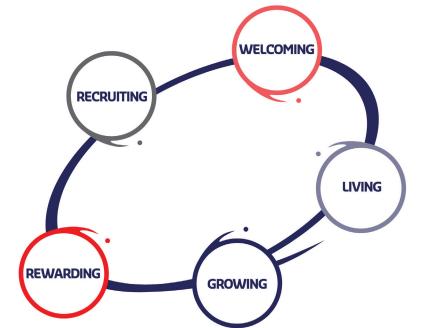
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Life Insurance Plans

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# LIVING

We will enable you to flourish with us.

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# REWARDING

You will be recognized for living our values and helping us grow.

At Sodexo, we are committed to rewarding you with a Total Rewards package that includes your pay, benefits, career development and other programs that enhance your personal and financial well-being. As a valued Sodexo team member, you improve the quality of life for our clients, our customers and the communities we serve every day. In return, Sodexo is committed to caring for our employees and recognizing and rewarding them.

We provide our employees with a Total Rewards package that meets or exceeds standards for our industry and attracts, retains and rewards the people responsible for our growth and success. Total Rewards represents all the ways we reward and motivate you throughout your career.

It includes benefits programs to help support you in different stages of your life. Whether you are single or supporting several dependents, saving for your future or going back to school, Sodexo provides benefits options for you. You have the opportunity to evaluate those options and make the choices that are best for you.

Please review this Guide for an in-depth look at the benefits we offer to you, then explore the Sodexo Benefits Center website at **www.SodexoBenefitsCenter.com**. Use the various online resources available to you as your Health and Welfare decision making toolkit—and enroll for your 2015 benefits coverage.

## **Your Contributions**

Your contributions for benefits are deducted from your pay. Medical, dental, vision and flexible spending account deductions are taken from your pay on a before-tax basis. Life insurance and disability plan deductions are taken from your pay on an after-tax basis. For employees in Puerto Rico, all benefits deductions are taken on an after-tax basis. Spending accounts are not offered to employees in Puerto Rico.

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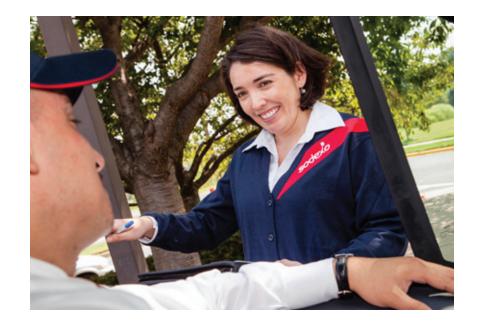
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# HOW TO USE THIS GUIDE

- To jump to a particular topic, click on the topic name in the table of contents on the following page.
- To jump to a particular topic from any page within the document, click on the topic name from the index on the right or left side of the page.
- When a section of the text is referenced within the document as providing more information on a certain topic, click on the name of that section to go to it (for example **Benefits At-A-Glance**).
- To print a paper copy of this guide, just choose the print capability from your toolbar or the file menu on your computer. To optimize the printing of this document, choose "print setup" from the file menu on your computer and then choose "landscape" as the paper orientation, and/or from the print dialog box click on the radio button for "Auto Rotate and Center" before printing.

## **ABOUT THIS GUIDE**

This guide shows the various benefits plans that are offered by Sodexo. Always refer to the appropriate Summary Plan Description (SPD) and any applicable Summary of Material Modification (SMM) for details on the services and supplies that are covered or excluded for each plan. If there is a difference between the information in this guide, the SPD, the plan document or the carrier's service contract, the information in the plan document or contract governs. The Plan Administrator reserves the right to resolve any ambiguity in this document.



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Phone: 855 668 5040

International Callers:

646 254 3479

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Phone: 855 668 5040

International Callers:

646 254 3479

www.SodexoBenefitsCenter.com

www.SodexoBenefitsCenter.com

Enroll through the

Online:

Online<sup>.</sup>

#### For Your Health

Benefit

Medical

Description

PPO Option provided by

the Ciana Open Access

Plus/CareLink Network\*

network or out-of-network

providers. The PPO Option

Cigna gives you the

flexibility of using in-

is available to eligible

employees who live in

the continental United

UnitedHealthcare

States, Alaska and Guam.

Health Reimbursement

Account (HRA) Option\*

A "consumer-driven" plan

involvement and flexibility

dollars are spent. The Health

in how your medical care

Reimbursement Account

Option is only available to eligible employees in the

continental United States

\*The PPO Option under the Sodexo Medical Plan provided by the Cigna Open Access

Plus/CareLink Network and the Health Reimbursement Account Option are not available

and Alaska.

to employees in Puerto Rico and Hawaii.

that gives you increased

www.ciana.com/sodexo

Members: www.mycigna.com

www.express-scripts.com

https://www.muuhc.com/

Members: www.myuhc.com

Ciana

800 909 2227

800 903 7968

groups/sdx

800 784 2023

**Express Scripts** 

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or Your	Health (continued)		Disc Contact Information	FOR YOUR FINANCIAL WELL-BEING (cont'd)			
Benefit Medical	Description <i>Kaiser Permanente</i>	How Do I Enroll? Enroll through the	Plan Contact Information Kaiser Permanente HMO	Family Care Spending Account			
continued)	HMO Option With an HMO, you must	Sodexo Benefits Center Online:	<b>www.kp.org</b> Northern and Southern California – 800 464 4000	Sodexo 401(k) Retirement Savings Plan			
	choose and see a Primary Care Physician (PCP) and do	www.SodexoBenefitsCenter.com Phone: 855 668 5040	Colorado - 800 632 9700	Credit Unions			
	not need to file claim forms. The Kaiser Permanente	International Callers:	D.C. Metro/MD/VA – 800 777 7902 Georgia – 888 865 5813	Pay Options			
	HMO is available in some geographic locations.	646 254 3479	Hawaii - 808 948 6372	FOR YOUR TIME OFF			
	Eligibility, in part, is based on your home ZIP code.			Vested Vacation Plan			
	HMSA Preferred Provider Plan (PPP)	Enroll through the Sodexo Benefits Center	Hawaii Medical Plans HMSA PPP	Accrue and Take Vacation Plan			
	or HMSA HPH Plus HMO (Hawaii) Option	Online: www.SodexoBenefitsCenter.com	www.hmsa.com 808 948 6111	Immediate Vested Vacation Plan			
	The HMSA PPP and HMSA HPH Plus HMO Option	Phone: 855 668 5040	HMSA HPH Plus HMO www.hmsa.com	Sick Leave			
	are available to eligible employees who work in	International Callers: 646 254 3479	www.hmsd.com 808 948 6372	Family and Medical Leave Act (FMLA)			
	Hawaii.			Holidays			
	Hawaii State Waiver Form	<b>Hawaii State Waiver Form</b> If you work in Hawaii, you must complete and submit a Hawaii State Waiver Form if you decline medical					
	benefits. This form is available	le from the Sodexo Benefits Center eit	ther online or by phone (see contact	Jury Duty			
		fits would otherwise begin. If you do orm, you will be automatically enrolled	FOR YOUR PERSONAL LIFE				
				LifeWorks			
	<b>Triple-S (Puerto Rico)</b> <b>Option</b> The only Sodexo medical	Enroll through the Sodexo Benefits Center	Puerto Rico Medical Plan Triple-S www.ssspr.com	LifeWorks iCan Health Coaching			
	plan option available to eligible employees who work	Online: www.SodexoBenefitsCenter.com Phone: 855 668 5040	787 774 6060	Tuition Reimbursement			
	in Puerto Rico. Triple-S also includes a dental benefit.	International Callers: 646 254 3479		Service Awards Program			
		<u> </u>		lamSodexo.com			
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Benefit

Dental

Vision

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#### For Your Health (

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lealth (continued)			FOR YOUR FINANCIAL
Description	How Do I Enroll?	Plan Contact Information	WELL-BEING (cont'd)
Helps pay the cost of			Family Care Spending Account
preventive care and other dental services for you and your enrolled	preventive care and other dental services for <i>Online:</i>		Sodexo 401(k) Retirement Savings Plan
dependents.	www.SodexoBenefitsCenter.com Phone: 855 668 5040		Credit Unions
	International Callers:		Pay Options
	646 254 3479		FOR YOUR TIME OFF
EyeMed Select Vision Care Plan	Enroll through the Sodexo Benefits Center	EyeMed Select Vision Care Plan www.eyemedvisioncare.com	Vested Vacation Plan
Helps pay the cost of eye exams, glasses or contacts, and other vision services for you and your enrolled dependents.	<i>Online:</i> <b>www.SodexoBenefitsCenter.com</b>	866 299 1358	Accrue and Take Vacation Plan
	r International Callers:		Immediate Vested Vacation Plan
	646 254 3479		Sick Leave
<b>EyeMed Vision Care</b> <b>Discount Program</b> Provides you and your	Employees and their dependents are automatically enrolled in the discount	hrolled in the discount www.eyemedvisioncare.com rogram. 866 723 0391	Family and Medical Leave Act (FMLA)
family members with	program.		Holidays
discounts for eye exams and lens options. This		(Plan #9238221)	Bereavement Leave
program is provided at no cost to you.			Jury Duty
			FOR YOUR PERSONAL LIFE
			LifeWorks
			LifeWorks iCan Health Coaching

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Insurance

Description

Group Term Life

Pays your beneficiary

your annual base pay

(not including tips,

bonuses, overtime,

commissions), up to

\$1 million. You can

or domestic partner

at either a \$10,000,

\$75,000 or \$100,000

choose either \$10,000

or \$20,000 of coverage

for each of your eligible

Voluntary Accidental

**Death and Dismem-**

beneficiary if you die

in an accident or if you

lose eyesight, speech or

hearing, use of limbs or

you become comatose

because of an accident. You can select coverage

dependents up to certain

berment (AD&D)

Paus you or your

for your eligible

maximums.

dependent children.

\$25,000, \$50,000,

coverage level and

enroll your legal spouse

premiums or

a maximum of

if you die. You can choose

from one to seven times

How Do I Enroll?

Sodexo Benefits Center

Phone: 855 668 5040

International Callers:

646 254 3479

www.SodexoBenefitsCenter.com

You must elect Group Term Life

Insurance coverage for yourself

in order to elect coverage for

your eligible dependents.

You must elect Group Term

You must elect Voluntary

order to elect coverage for

your eligible dependents.

coverage.

Life Insurance for yourself in

order to elect Voluntary AD&D

AD&D coverage for yourself in

Enroll through the

Online:

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Insurance

Life

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Plan Contact Information Minnesota Life	Family Care Spending Account
www.lifebenefits.com/ plandesign/sodexo 877 282 1936	Sodexo 401(k) Retirement Savings Plan
Life Insurance	Credit Unions
<b>Beneficiary Designation</b> You must complete a Beneficiary	Pay Options
Designation and Change Request form for the Life Insurance	FOR YOUR TIME OFF
plans. You can do this at the Minnesota Life website (above)	Vested Vacation Plan
or link to the website when you finish enrolling in benefits at	Accrue and Take Vacation Plan
www.SodexoBenefitsCenter.com. Even if you choose not to elect	Immediate Vested Vacation Plan
Group Term Life or Voluntary AD&D, all Sodexo life insurance	Sick Leave
eligible employees are automatically enrolled in the	Family and Medical Leave Act (FMLA)
Free Basic Life Insurance Plan and salaried employees are	Holidays
automatically enrolled in the Business Travel Accident Plan.	Bereavement Leave
You must designate beneficiaries	Jury Duty
for these plans. Your designated beneficiary under the Life Insurance plan	FOR YOUR PERSONAL LIFE
will supersede any contrary	LifeWorks
designation in your will.	LifeWorks iCan Health Coaching
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Life Insurance (continued)	Business Travel Accident Insurance Pays you or your	Employees eligible for salaried benefits are automatically enrolled in the Business Travel	Minnesota Life www.lifebenefits.com/ plandesign/sodexo	Family Care Spending Account Sodexo 401(k) Retirement Savings Plan
	beneficiary in the event of accidental death,	the event Accident Insurance Plan. eath, nt or other	877 282 1936 Life Insurance Beneficiary Designation	Credit Unions
	dismemberment or other			Pay Options
	losses while traveling on company business. This coverage is provided at no		If you have not done so already, you must complete a Beneficiary Designation and Change Request	FOR YOUR TIME OFF
	cost to you.	Cull time employees in	form for the Life Insurance plans. You can do this at the	Vested Vacation Plan
	<i>Free Basic Life</i> <i>Insurance</i> Pays your beneficiary if you die. This coverage is provided at no cost	<b>nce</b> Sodexo's standard benefits plan offering are automatically enrolled in the Free Basic Life	Minnesota Life website (above)	Accrue and Take Vacation Plan
				Immediate Vested Vacation Plan
to you.		Group Term Life or Voluntary	Sick Leave	
			AD&D, all Sodexo life insurance eligible employees are automatically enrolled in the Free Basic Life Insurance Plan and salaried employees are automatically enrolled in the	Family and Medical Leave Act (FMLA)
				Holidays
				Bereavement Leave
	Business Travel Accident Plan. You must designate beneficiaries	Jury Duty		
			for these plans.	FOR YOUR PERSONAL LIFE
				LifeWorks
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For employees eligible for

weekly base salary if

you've been disabled

for seven consecutive

days and usually end

when your disability

Long Term Disability

Benefits begin after

salaried benefits:

for 30 days.

For employees eligible for

you have been disabled

Pays up to 60% of your

base salary if you are

of a disability\* for up

continue beyond 24

are deemed unable to perform the material

and substantial duties of any occupation

within the company or elsewhere.

months only if you

to 24 months. Benefits

unable to work because

ends or after 23 days.

you are unable to work

because of a disability.\*

Description

**Disability Plus** 

salaried benefits:

• Pays 50% of your

• Benefits begin after

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Sodexo Benefits Center

Phone: 855 668 5040

International Callers:

646 254 3479

Disability Plus.

Legally Mandated

The states of California,

and Rhode Island, and the

Commonwealth of Puerto

Rico have legally mandated

disability plans. If you work

in one of these geographic

Sodexo-sponsored benefits

will be reduced by the amount

of those mandatory disability

areas, you can enroll in a

Disability Plan; however,

plan benefits.

\*Disability Plus benefits are reduced by other income, including, but not limited to, paid leave,

Island and Puerto Rico). Long Term Disability benefits are reduced by other income, including, but not limited to, paid leave, severance, Social Security disability benefits and legally mandated

disability plans (in California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico).

severance and legally mandated disability plans (in California, Hawaii, New Jersey, New York, Rhode

Hawaii, New Jersey, New York

**Disability Plans** 

www.SodexoBenefitsCenter.com

You must enroll in Long Term

Disability to participate in

Enroll through the

Online:

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Disability	Hourly Short Term	Enroll through the	Liberty Mutual	Family Care Spending Account
(continued)	Disability For full-time, non-	Sodexo Benefits Center Online:		Sodexo 401(k) Retirement Savings Pla
	temporary, frontline employees:	www.SodexoBenefitsCenter.com Phone: 855 668 5040		Credit Unions
	<ul> <li>You are paid 60% of your weekly</li> </ul>	International Callers:		Pay Options
	base salary up to a maximum of \$750 per	646 254 3479 <b>Legally Mandated</b>		FOR YOUR TIME OFF
	week, if you are unable to work because of a	<b>Disability Plans</b> If you work in California,		Vested Vacation Pla
	<ul> <li>disability.*</li> <li>Benefits begin after you've been disabled for seven consecutive days and usually end when your disability ends or after 26 weeks.</li> <li><b>Note:</b> If you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico, you cannot enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your state's or common- weath/a disability plan.</li> </ul>	Hawaii, New Jersey, New York, Rhode Island, or Puerto Rico,		Accrue and Take Vacation Plan
		you cannot enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your state or commonwealth disability plan.		Immediate Vested Vacation Plan
				Sick Leave
				Family and Medical Leave Act (FMLA)
				Holidays
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				Jury Duty
				FOR YOUR PERSONAL LIFE
	wealth's disability plan. <b>Hourly Long Term Disabi</b>	1;;,,		LifeWorks
	For full-time, non-tempora	_		LifeWorks iCan Health Coaching
	<ul> <li>You are paid 50% of you maximum of \$2,000 a r</li> </ul>	ır annual base salary, up to a nonth, if you are unable to work		Tuition Reimbursement
	because of a disability* for up to 24 months. Benefits continue beyond 24 months only if you are deemed unable to perform the material and substantial duties			Service Awards Program
		n the company or elsewhere.		lamSodexo.com

\*Disability benefits are reduced by other disability benefits and legally mandate and Puerto Rico).

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Sodexo Benefits Center

Phone: 855 668 5040

International Callers:

646 254 3479

each year.

www.SodexoBenefitsCenter.com

Newly hired, newly eligible,

life event status change,

and employees with a qualified

can enroll in the Health Care

and Family Care Spending

You must be age 21 and in

an eligible unit to be eligible

for the 401(k) Plan. You are

Sodexo 401(k) Retirement

of your salary. Sodexo will

automatically enrolled in the

Savings Plan upon hire at 1%

match \$.50 for every dollar you

savings 1% each year until you

reach 3%. You will receive an

enrollment kit in the mail and

can change your contribution

amount or opt out of the Plan

by contacting Voya online or

by phone at any time.

save up to 6% of your salary. Sodexo will increase your

Accounts through Oct. 1

Enroll through the

Online:

Description

**Family Care** 

Spending Account

care or elder care.

Spending Account

Set aside money from

your pay before taxes

for eligible health care

expenses not covered by

your medical, dental or

copays and deductibles.

children are not eligible

for reimbursement under

the Health Care Spending

Save for retirement by

setting aside 1-50% of

your pay. Sodexo will add

to your savings each year

with a company match.

vision plans like office

Claims for domestic

partners and their

Account.

Health Care

Set aside money from

your pay before taxes to

pay for eligible dependent

care expenses such as day

#### FOR YOUR FINANCIAL WELL-BEING (cont'd) **Plan Contact Information** Family Care Spending Account Ciana www.cigna.com/sodexo Sodexo 401(k) 800 909 2227 **Retirement Savings Plan Credit Unions Pay Options** FOR YOUR TIME OFF Vested Vacation Plan Accrue and Take Vacation Plan Immediate Vested Vacation Plan Sick Leave Family and Medical Leave Act (FMLA) Holidays **Bereavement Leave Voya Financial** (formerly ING) Jury Duty

www.MySodexoSavingsPlan.com

866 7 MY PLAN

(866 769 7526)

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Benefits Eligibility	Credit	MEFCU and First	Contact MEFCU and/or	MEFCU	Spending Account
When Your	Unions	Commonwealth Federal Credit Union (FCFCU) offer you and the	FCFCU for more information.	www.mefcudirect.com 800 821 7280 FCFCU https://firstcomcu.org 610 821 2403	Sodexo 401(k) Retirement Savings Plan
Benefits Begin		members of your			Credit Unions
Enrolling in Benefits		household many financial products and services.			Pay Options
Dependent Eligibility Nicotine Surcharge	Pay	Direct Deposit—Deposit	Direct Deposit—Go to	Direct Deposit— www.lamSodexo.com >	FOR YOUR TIME OFF
	Options	your pay directly into your personal savings,	Employee Self Service or contact the person who	Employee Self Service	Vested Vacation Plan
When You Can Make Changes		checking or investment accounts.	handles your payroll.	SodexoNet Search Keyword:	Accrue and Take Vacation Plan
Wellness Programs		Money Network Service		Employee Self Service	Immediate Vested
Ways to Save All Year Long		(MNS)—Receive your pay electronically with the <b>Money Network</b> ®	(MNS)—Ask your manager for an enrollment kit which is		Vacation Plan
How to Choose		Service (MNS) with	available in your unit.		Sick Leave
Your Benefits		a Bank of America Debit Card. Your pay is			Family and Medical Leave Act (FMLA)
FOR YOUR HEALTH		deposited into a Money Network Account that			Holidays
Medical Choices		you access by using			Bereavement Leave
Hawaii-Only Medical Choices		either Money Network™ Checks or a no-fee Bank			Jury Duty
Puerto Rico Benefits Choices		of America Debit Card. You can use the debit card or the checks to pay			FOR YOUR PERSONAL LIFE
MetLife Dental Plan		bills, make purchases,			LifeWorks
EyeMed Select Vision Care Plan		make at least one free cash withdrawal from In-Network Allpoint ATMs			LifeWorks iCan Health Coaching
FOR YOUR FINANCIAL WELL-BEING		and Bank of America ATMs <b>nationwide</b> , or cash a Money Network			Tuition Reimbursement
Disability Coverage		Check <b>for free</b> to get up to 100% of your available			Service Awards Program
Life Insurance Plans		funds. There are no sign- up fees to obtain the			lamSodexo.com
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#### Paid Vacation, Personal Contact the person who www.lamSodexo.com handles your benefits for your **Time Off** and Sick Leave Time Off Benefits specific eligibility and details. You may earn vacation, SodexoNet personal and sick leave. Employees covered under the Search Keyword: Paid Specifics on eligibility, terms of a collective bargaining amount and type of leave agreement should consult are set by your unit. the collective bargaining agreement for information on **Other Time Off Benefits** time off benefits. Holidays – Varies by unit **Bereavement Leave** - Up to three days of paid bereavement leave following the death of an immediate family member, which includes your parents, parents of your spouse or domestic partner, stepparents, your children, stepchildren, domestic partners' children, grandparents, grandchildren, legal quardian or custodian, siblings, spouse or domestic partner. Jury Duty – If you have jury duty during your regularly scheduled work hours, you will receive your normal daily pay and any payment received from the court for up to four weeks. **Family Medical Leave** Act (FMLA), FMLA-like Leave or Military Leave – Contact your HR Representative for more information. Adoption follows FMLA guidelines.

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available a week. al and free		FOR YOUR TIME OFF
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Benefits Eligibility	LifeWorks	Provides information,	All non-temporary full-time	LifeWorks	Spe
When Your		education and support for personal and work-	frontline and all non-temporary salaried employees and	www.lifeworks.com (user ID: sodexo; password:	Soc Reti
Benefits Begin		related concerns such as child care, elder care,	their family members are automatically enrolled.	lifeworks) 888 267 8126 (English)	Cre
Enrolling in Benefits		parenting, legal and budgeting issues. Includes	<b>Note:</b> Employees covered under a collective bargaining	888 732 9020 (Spanish)	Pay
Dependent Eligibility		the iCan Health Coaching	agreement are not eligible for the LifeWorks Plan.	Website and phone are available 24 hours a day, 7 days a week.	reek. FOF nd free TIM
Nicotine Surcharge		Program that provides free counseling services	the theworks Plan.	Services are confidential and free of charge.	
When You Can Make Changes		to lose weight, quit smoking, cope with stress			Ves
Wellness Programs		or improve cardiovascular health.			Vac
Ways to Save	Tuition	Tuition reimbursement	Contact your Human	www.lamSodexo.com > Tuition	lmr Vac
All Year Long	Reimbursement		Resources Representative.	Reimbursement <b>SodexoNet</b> <i>Search Keyword:</i> Tuition Reimbursement	Sic
How to Choose Your Benefits					Fan
FOR YOUR HEALTH	Service	Awards for every five years of service.		www.lamSodexo.com > Service Awards SodexoNet Search Keyword: Service Awards	Hol
Medical Choices	Awards				Ber
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# YOUR ENROLLMENT CHECKLIST

Sign Up for Electronic Delivery of Benefits Communications and Text Message Alerts: When you log on to the Sodexo Benefits Center website, you will see a message asking you to sign up for electronic delivery of benefits information and text messages from the Sodexo Benefits Center. When you click on the message, you will be asked to confirm whether you want to receive future correspondence about your benefits plans via email alerts (personal health information is accessible through a secured participant mailbox located on the website) or through regular mail delivered to your home. Using the electronic delivery feature is environmentally friendly and saves money. Don't forget to include your mobile phone number and check the box to receive text message reminders from the Sodexo Benefits Center. The Sodexo Benefits Center will periodically send you text messages such as confirmation that you have successfully made your Annual Enrollment elections, reminders about benefits programs or notification that your confirmation statement is ready to view online.

**Is Your Address Correct?** Medical plan options are based on your home ZIP code. Check your personal information on file with the Sodexo Benefits Center at **www.SodexoBenefitsCenter.com**. If your address is wrong, the medical plans you are listed as eligible for may be wrong too. Change your address at http://www.lamSodexo.com > Employee Self Service or call 877 729 7396. Call the Sodexo Benefits Center at 855 668 5040 for the medical plans offered in your ZIP code.

- Make educated decisions about your benefits and use the Sodexo Benefits Center to compare your options online at **www.SodexoBenefitsCenter.com**. Online tools can help you compare medical options, read about people like you and their coverage decisions and use the Health Care Spending Account and Life Insurance Estimators.
- **Answer a question on nicotine use.** When you enroll in a medical option for the first time, you must answer a question on your use of tobacco products. If you answer "yes" to the question on your use of tobacco products, you will be charged the \$1,200 nicotine surcharge (\$23.08 per week). If you have previously answered this question, you can make a change to your designation if your nicotine use status has changed. Does not apply to employees enrolled in Hawaii and Puerto Rico medical options, employees covered under a collective bargaining agreement, or employees continuing coverage through COBRA.

You will have to answer the same question on nicotine use if you enroll in Group Term Life Insurance to determine whether you are charged General (nicotine user) or Preferred (non-nicotine user) rates.

Check eligibility for dependents you plan to enroll in your benefits plans. See Dependent Eligibility Guidelines

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Have Social Security Numbers for dependents. Make sure you enter dependent Social Security Numbers.

Choose a Primary Care Physician if you are enrolling in the Kaiser Permanente HMO.

Complete a Beneficiary Designation Form online at www.lifebenefits.com/plandesign/sodexo.
 You can find a link to the website when you make your enrollment elections at
 www.SodexoBenefitsCenter.com. You can also request a paper copy of the form and mail it to the address shown on the form.

### **Qualifying Events**

The elections you make during your initial enrollment period for medical, dental, vision and the spending accounts will generally remain in effect for the entire plan year, unless you have a qualifying event. Qualifying events such as birth, adoption, marriage, divorce and job status change are defined by federal regulations. *Please note:* Even though Sodexo makes every effort to help with your financial well-being, exceptions cannot be made to accommodate situations that are outside the IRS definition of qualifying events such as financial hardship. Call 855 668 5040 for more information on qualifying events.



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You are eligible to participate in Sodexo Benefits if you are:

- A non-temporary, active exempt employee
- A non-temporary, full-time hourly employee working an average of at least 30 hours per week over a 52-week measurement period. Hours will be measured each year to determine whether you have maintained an average of at least 30 hours per week and remain eligible for benefits the following plan year.

To determine eligibility for full-time hourly employees, the Company looks back at the hours you have worked over a 12-month (or 52-week) period, known as the Measurement Period\*. This includes vacation, sick and holiday time off, as well as protected leaves like FMLA, Military Leave and Temporary Unit Closing.

\*Measurement Periods do not apply to employees in Guam, Puerto Rico and Hawaii.

Once you enroll in the Plan, coverage will be effective for a minimum of 12 months or through the end of the Plan Year following 12 months, otherwise known as the stability period. During the stability period, your coverage and eligibility will generally continue, unless your employment is terminated, even if you have a change in your work schedule or income. You will, however, need to re-enroll during Annual Enrollment to maintain your coverage during the stability period, and, in accordance with plan terms, you have the right to alter your coverage should a qualifying event occur.

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## NEW HIRES AND EMPLOYEES NEWLY ELIGIBLE FOR BENEFITS: WHEN YOUR BENEFITS BEGIN—2015

## If You Live in the Continental United States or Puerto Rico

#### **New Hires**

All exempt and full-time hourly employees will be eligible for benefits to begin on the 90th day after being hired. New hires must enroll for benefits coverage within the first 89 days of employment. If you do not enroll within your enrollment period, you will have to wait until the next Annual Enrollment period to enroll for coverage.

#### Newly Eligible

Employees who become eligible due to a class change (for example, you change position from a part-time employee to a Full-Time Hourly Employee) will be eligible for benefits on the 90th day after the class change. You must enroll for benefits coverage within the first 89 days from the date of the class change. Otherwise, you will have to wait until the next Annual Enrollment period to enroll. If alternatively you switch from a full-time hourly employee to a part-time employee position due to a class change, you will maintain coverage through the stability period.

## If You Live in Hawaii

#### **New Hires**

All exempt and full-time hourly employees, will be eligible for benefits to begin on the 24th day after being hired. New hires must enroll for benefits coverage within the first 23 days of employment. If you do not enroll within your enrollment period, you will have to wait until the next Annual Enrollment period to enroll for coverage.

#### Newly Eligible

Employees newly eligible for benefits coverage must enroll for coverage within 31 days from the eligibility date. If you do not enroll within the 31 day timeframe, you will have to wait until the next Annual Enrollment period to enroll for coverage.

NOTE: If you live and work in Hawaii and you do not enroll, you must submit a Hawaii State Waiver Form or you will automatically be enrolled in the Kaiser Permanente HMO Plan. See Hawaii-Only Medical Choices for more details.

After you enroll, your Confirmation of Enrollment, sent to either your preferred email address or by mail, depending on the delivery method you choose, lists the specific date on which your benefits will begin.

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vork 24 hours a day, 7 days a week	Pay Options
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te to assist you with making your enrollment elections he log in screen to view the entire site in Spanish.	Vested Vacation Plan
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smartphone after you log on for the first time. The mobile	Family and Medical Leave Act (FMLA)
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, either online or by phone, you will be asked to enter:	Bereavement Leave
nber	Jury Duty

If you can't be uniquely identified through these two pieces of information, you will be asked to enter your ZIP code.

Once you have gained access to the Sodexo Benefits Center, you will be walked through the steps of creating a unique username and password for future use. You also will be asked to answer some security questions so that you can be identified in the future if you forget your password. If you are logged on from a private computer or mobile device that you will primarily use to access the site, you can register the device. If you access the website from any computer or device that is not registered, you will be asked additional security questions to authenticate your information.

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# **ENROLLING IN B**

#### Sodexo Benefits Center www.SodexoBenefitsCenter.co

#### Sodexo Benefits Center online enrollmen

- Easy. Each screen has step-by-step instructions
- Convenient. You can access it from home or we
- **Fast.** You'll be able to confirm your enrollment
- Helpful. You can use the online tools on the site
- Available in Spanish. Click on "Espanol" on th

#### Use the Sodexo Benefits Center website t

- Enroll in, cancel or change plans
- Check plan costs
- Help you make benefits decisions

You can even access the site and enroll from your site is available in English and Spanish.

#### **Getting Started**

The first time you use the Sodexo Benefits Center,

- The last four digits of your Social Security Num
- Your date of birth (in mm-dd-yyyy format)

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## Why A Password?

Whenever you use your password to make benefit choices or changes, you are authorizing the company to adjust your benefits and pay. Using your password is just the same as if you signed your name on a form and you are accepting all terms and conditions of the plans in which you enroll. Keep your password in a safe place and do not share it with others.

## **Telephone Enrollments**

If you don't have internet access, you can call the Sodexo Benefits Center at 855 668 5040. Before you call, you will need your Social Security Number and password (you will need the last four digits of your Social Security Number and your date of birth to set up your password initially). If you are enrolling dependents, you will need their Social Security Numbers.

For employees calling from outside the U.S., please call 646 254 3479. Sodexo Benefits Center representatives are available to assist you Monday through Friday, 8 a.m. to 8 p.m. ET.

#### You Must Call to:

Use the language line—140 languages available

*Note:* To use the TDD (Telephone Device for the Deaf) call 800 551 3117.

## **Committing a Fraudulent Act**

If you commit a fraudulent act, the Plan Administrator may cancel or nullify all or some of your Companysponsored plan coverage(s). Fraudulent acts include, but are not limited to, providing false information to obtain employment or benefits coverage, omitting important facts, enrolling ineligible dependents or misusing the plan coverage. If this occurs, your benefits coverage may be canceled. In addition, civil and/or criminal penalties can result from these acts.

## **Benefits Information On The Go — Mobile Options**

#### Sodexo Benefits Center

After you log in to the Sodexo Benefits Center website for the first time, you have access to the mobile site from any smartphone. Just go to **www.SodexoBenefitsCenter.com** to enter the mobile site. The mobile site allows you to make enrollment elections on the go and is available in English and Spanish.

#### PPO Option Provided by Cigna

For PPO Option participants, Cigna offers the myCigna Mobile App. The myCigna Mobile App gives you a simple way to personalize, organize and access your important health information—on the go. The App is available for free for iPhone and iPad from the iTunes<sup>®</sup> App Store and for Android devices from Google Play. Simply search for "myCigna Mobile App."

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Your Enrollment Checklist	Express Scripts Pharmacy's mobile app is available on all iPhone, BlackBerry® and Android™ smartphones Log in with your express-scripts.com user ID and password to use its three features*:
Benefits Eligibility	<ul> <li>My Rx Choices<sup>®</sup> — enables you to view lower cost options available under your plan, view medication coverage and receive drug safety alerts.</li> </ul>
When Your Benefits Begin	<ul> <li>Medicine Cabinet — lets you schedule reminders for taking medications, set alerts to notify you when prescription needs to be refilled and receive online alerts.</li> </ul>
Enrolling in Benefits	• <b>Prescription ID Card</b> — gives members immediate access to their prescription card.
Dependent Eligibility	Go to your smartphone's app store, search for "Express Scripts" and download the app for free.
Nicotine Surcharge	*Members who haven't registered on <b>www.express-scripts.com</b> will need to go to the site to create their express-scripts.com user ID and password.
When You Can Make Changes	<i>UnitedHealthcare Health Reimbursement Account</i> TheUnitedHealthcare Health4Me™ mobile app makes it easier for you to take control of your health.
Wellness Programs	Key features include:
Ways to Save All Year Long	<ul> <li>Search for physicians or facilities by location or specialty</li> </ul>
How to Choose	<ul> <li>Store favorite physicians and facilities</li> </ul>
Your Benefits	<ul> <li>View claims</li> </ul>
FOR YOUR HEALTH	<ul> <li>Have a representative contact you to answer any questions</li> </ul>
Medical Choices	<ul> <li>View and share health plan ID card information</li> </ul>
Hawaii-Only	Access and update your Personal Health Record
Medical Choices	Check status of deductible and out-of-pocket spending
Puerto Rico Benefits Choices	Locate nearby convenience clinics, urgent care facilities and emergency rooms
MetLife Dental Plan	Personalize with notes and reminders
EyeMed Select	The App is available for free for iPhone and iPad from the iTunes® App Store and for Android devices from Google Play.
Vision Care Plan FOR YOUR FINANCIAL WELL-BEING	<b>MetLife</b> The MetLife Mobile App is available for free on the iTunes® App Store and Google Play. The App allows Metl policyholders to locate an in-network preferred dental provider and view an electronic generic ID Card.
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EyeMed

EyeMed has a mobile-optimized website. Just visit **www.eyemedvisioncare.com** from your smartphone or mobile device. The mobile website gives at-your-fingertips access to some of the most-used features of the full member website. Members can:

- **Locate a provider** See a list of the closest providers to your current location, point-to-point directions, maps and the ability to click and call the provider office.
- View ID card Pull up your ID card on your mobile device.
- **View benefits** Check your in-network and out-of-network benefits coverage and benefits eligibility.
- **Contact EyeMed** Click to call the customer care center.
- **Find answers to common questions** Get quick answers to some of the most popular questions asked by EyeMed members.

Just like the full member website, the mobile website is secure and login is required. You use the same login for the mobile site as you do when accessing the website from your computer. Not all features require a login.

#### Minnesota Life

Minnesota Life provides a mobile-optimized version of the LifeBenefits website (**www.LifeBenefits.com**). When visiting the LifeBenefits website on a smartphone, you will be automatically directed to the mobile-optimized version to log in with your username and password.

The homepage gives you the ability to find contact information for Minnesota Life and use the life insurance needs calculator. After securely logging into LifeBenefits, you have access to the following features:

#### Beneficiary Management

- View current designation status
- View beneficiary details

#### Evidence of Insurability (EOI)

- View coverage types, amounts and current status
- View effective date of EOI status

For making transactions—such as designating or updating your beneficiary or completing Evidence of Insurability—you will have the option go to the full site to complete your task. LifeBenefits mobile also gives you the option to sign up for email reminders to access the full site to complete your transaction.

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Kaiser Permanente HMO

You can use the Kaiser Permanente app to access the My Health Manager feature from **kp.org** on the go.

With My Health Manager you can:

- Email your doctor's office
- Refill prescriptions
- View past visits and most test results
- Schedule or cancel appointments

The app is available for free for iPhone and iPad from the iTunes<sup>®</sup> App Store and for Android devices from Google Play.

#### **HMSA**

Get Mobile **hmsa.com** on your iPhone, iPod Touch, or iPad. HMSA's mobile app fits your busy lifestyle:

- Find doctors, dentists, and pharmacies.
- Find HMSA365 vendors for member discounts on health and wellness services.
- Connect to customer relations representatives by phone. View directions and maps to HMSA offices.

Search for **hmsa.com** on the iTunes<sup>®</sup> App Store.



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# DEPENDENT ELIGIBILITY

## Is My Dependent Eligible for Coverage?

Make sure your dependents meet the eligibility criteria:

- 1. Review the dependent eligibility guidelines below.
- 2. Make sure that the dependents you enroll in your benefits plans have their Social Security Numbers on file.

**Note:** As required by federal law, all employers, insurers, and plan administrators are required to share eligibility information *including Social Security Numbers* with the Centers for Medicare & Medicaid Services.

## **Dependent Eligibility Guidelines**

#### Leaal Spouse

A spouse is defined as a person to whom you are lawfully married to under any state law, including:

Your opposite-sex spouse; and

Your same-sex spouse if you were legally married in a state that recognizes such marriages regardless of whether you reside in a state that does not recognize same-sex marriages.

The term spouse does not include domestic partnerships or civil unions that are not treated as marriages under state law.

#### Not eligible:

- A legally separated or divorced spouse, even if the separation agreement or divorce decree states that coverage must be provided
- Anyone who is in active military service
- If your spouse/domestic partner is covered as an employee in any benefits plan sponsored by Sodexo, he/she cannot also be covered under your plan as a dependent



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To cover a common law spouse, you must reside in a state that recognizes Common Law Marriages, complete the Common Law Marriage Affidavit, and provide other documentation when requested to do so. Call the Sodexo Benefits Center at 855 668 5040 for more information.

#### Domestic Partner

Sodexo recognizes domestic partners of the same and opposite-sex in all 50 states. A couple must be in a committed relationship that meets the criteria for domestic partnership as defined below and on the Domestic Partner Affidavit.

For Sodexo to recognize a domestic partner, you must sign an affidavit and provide other documentation when requested to do so. You and your partner declare you are each other's sole domestic partner and have a committed relationship that is intended to be of indefinite duration. The affidavit affirms that you and your partner:

- Are not legally married to anyone else
- Are not legally married to each other
- Are at least 18 years old
- Are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which you
  legally reside
- Reside together in the same residence and intend to do so indefinitely
- Are jointly responsible for each other's common welfare and share financial obligations

Call the Sodexo Benefits Center at 855 668 5040 for more information.

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#### Child(ren)

Child(ren) under the age of 26, regardless of marital, residential, student or financial status or whether you list them as a dependent for income tax purposes, and are:

- Your biological child(ren)
- Legally adopted child(ren)
- Stepchild(ren) (including children your spouse has adopted or is a legal guardian for)
- Any other child(ren) for whom you are the legal guardian or custodian in accordance with the laws of the state in which you reside
- Your domestic partner's child(ren) (including children your domestic partner has adopted or is a legal guardian for)
- Child(ren) covered under a QMCSO (Qualified Medical Child Support Order) that requires you to provide him or her with health care coverage. This does not include a QMCSO order for your spouse's children.
- Disabled Child(ren)—Call 855 668 5040 for information on eligibility

#### Not Eligible:

- Children in active military service
- Children covered by another parent in any medical plan sponsored by Sodexo
- Children covered as an employee in any medical plan sponsored by Sodexo
- Your sister or brother, niece or nephew, and the spouse and/or child(ren) of your married child (unless meeting the eligibility above)

## **Dependent Verification**

If you want to add a dependent who is not currently part of your Sodexo benefits coverage to your medical, dental and/or vision coverage, you can do so through the Sodexo Benefits Center at **www.SodexoBenefitsCenter.com** or by phone at 855 668 5040 during Annual Enrollment.

Once you add a dependent, you will be sent a request to provide proof of the dependent's eligibility by providing required documents such as a marriage certificate or birth certificate. The request you receive will have exact instructions for what documentation is needed and how to provide it to the Sodexo Benefits Center. You must supply Social Security numbers for all of your listed dependents.

Please return all requested documentation in a timely manner to avoid your new dependents' coverage being canceled.

Sodexo reserves the right to conduct dependent eligibility verification reviews at any time. Knowingly falsifying a dependent's eligibility for enrollment in benefits coverage is considered fraudulent and may result in action taken against you.

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# **NICOTINE SURCHARGE**

Does not apply to employees enrolled in Hawaii and Puerto Rico medical plans, employees covered under a collective bargaining agreement, or employees continuing coverage through COBRA.

Cigarettes and other forms of tobacco are the leading preventable cause of disease, disability and death in the United States.

Because Sodexo puts a high importance on our employees' health and well-being, we want to reward employees who practice good health habits. If you do not use tobacco products, you will save \$1,200 per year. Otherwise a nicotine surcharge of \$23.08 per week is deducted from your pay in addition to your weekly medical premiums.

Nicotine use is defined as the use of tobacco products within the last 12 months in such forms including but not limited to cigarettes, ecigarettes, pipe tobacco, cigars, snuff, hookah or chewing tobacco. Using smoking cessation products that contain nicotine is not considered nicotine use.

When you enroll in a medical plan or the Group Term Life Insurance plan for the first time, you must answer a question on your use of tobacco products. You can make a change to your designation at any time if your tobacco use status has changed. If you answer "yes" to the question on your use of tobacco products, you will be charged the \$1,200 nicotine surcharge. For the Group Term Life Insurance Plan, if you answer "yes" to the question, you will be charged General Rates for coverage instead of Preferred Rates.

*Very Important:* If you are approved for a Leave of Absence (LOA), you are still responsible for paying the surcharge along with your medical plan costs. During your leave, if you fail to make payments to cover both the surcharge and medical plan costs, your medical benefits may be canceled.

#### What if I use tobacco products?

If you use tobacco products, Sodexo can help you stop. See the box on the following page for resources. Once you begin the process to quit by enrolling in a tobacco cessation program or by quitting nicotine use, you'll be able to change your nicotine use status by contacting the Sodexo Benefits Center. Once you have changed your status, the surcharge will be removed from your medical plan costs. You can begin the process to quit using tobacco products at any time to remove the surcharge.

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When Your	to their members. Enrolling in a program and affirming your participation through the Sodexo Benefits Center will allow you to drop the \$1,200 nicotine surcharge.	Sodexo 401(k) Retirement Savings Plan
Benefits Begin	Cigna – Quit Today™	Credit Unions
Enrolling in Benefits	Visit <b>www.myCigna.com</b> or call 800 909 2227.	Pay Options
Dependent Eligibility	UnitedHealthcare HRA - QuitPower®® Visit https://www.myuhc.com/groups/sdx or call 877 QUIT PWR (877 784 8797).	FOR YOUR TIME OFF
Nicotine Surcharge	Kaiser Permanente HMO- Healthy Lifestyles Program – Health Media® Breathe™	Vested Vacation Plan
When You Can Make Changes	Visit <b>www.kp.org</b> and click on the link for the healthy lifestyles program, or call Member Services in your area.	Accrue and Take Vacation Plan
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Ways to Save All Year Long	LifeWorks, iCanQuit Free Health Coaching Program http://www.lamSodexo.com > LifeWorks (ID: sodexo, password: lifeworks) or call 888 267 8126.	Immediate Vested Vacation Plan
How to Choose		Sick Leave
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# WHEN YOU CAN MAKE CHANGES

## Making Changes During the Year

Generally, you can only make changes to your coverage once a year during Annual Enrollment unless you experience a qualifying event. The chart below lists some events that allow you to make changes.

- To enroll in coverage because of a qualifying event, contact the Sodexo Benefits Center at
   www.SodexoBenefitsCenter.com or call 855 668 5040 within 31 days of the event.\* New coverage will
   become effective on the date the change occurred (i.e., marriage date, newborn's birth date or date employee
   becomes eligible for benefits. Some benefits such as life insurance and disability plans may require an
   approved Evidence of Insurability before the coverage can become effective). This means coverage will often
   take effect retroactively. When this happens, you will owe coverage costs for the time that has passed since
   the coverage effective date deducted from your pay in addition to costs for current coverage.
- To cancel coverage because of a qualifying event, contact the Sodexo Benefits Center at www.SodexoBenefitsCenter.com or call 855 668 5040 within 31 days of the event.\* Coverage will be canceled on the date you make your request.

If you do not contact the Sodexo Benefits Center to make changes to coverage within the allowable timeframe, you will lose the opportunity to enroll in or make changes to benefits coverage and will have to wait until the next Annual Enrollment period.

\*If your qualifying event is your or one of your dependents gain in eligibility for or loss of coverage in Medicare, Medicaid or the Children's Health Insurance Program (CHIP) you have 60 days from the date of the event to report the event and make changes to your coverage.



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– My dependents or l involuntarily lose coverage under another employer's plan
– My dependents' or my eligibility changes under Sodexo-sponsored plans
– I marry, divorce or legally separate with a court order
– I establish or dissolve my relationship with my domestic partner yes
- I have a baby, adopt a child or a child is placed with me for adoptionyes
– My spouse or I take an unpaid leave of absence yes
– My legal spouse, domestic partner or dependent dies yes
- The end of my COBRA or continuation coverage timeframe is reached
– I move out of the HMO's service area
<ul> <li>I or one of my dependents become entitled to or loses coverage in Medicare, Medicaid or Children's Health Insurance Program (CHIP)</li> </ul>
– My spouse changes benefits elections during his/her annual enrollment
– I have a Qualified Medical Child Support Order (QMCSO)
– My doctor drops out of my plan's networkno
– I move and the same medical plan is still availableno
– There is no network doctor in my areano
– My prescription formulary changesno
– Due to economic hardship, I can no longer afford the premiumsno

Can I Make Changes During the Year If...?

lf you're not sure if a work or life event would qualify you to make changes to your coverage, call the Sodexo Benefits Center at 855 668 5040, Monday – Friday, 8 a.m. – 8 p.m., ET.

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# WELLNESS PROGRAMS

## **Offered Through Your Medical Plans**

After the demands of everyday life, we tend to put our own health last. Practicing good wellness habits is making your health a priority and taking an active role in your well-being. The most important gift you can give to yourself and your family is good health.

Sodexo is dedicated to helping you and your family members achieve and maintain good health habits. Living well means not only providing health coverage, but also providing wellness programs that help you maintain a healthy lifestyle.

There are many wellness resources and tools offered to you through the medical plans and through LifeWorks. Below is a brief overview of some of the wellness programs. Be sure to call the medical plan or visit its website to find out about the extensive programs available to you. **Note:** In most cases, you must be a participant to use these programs.

## Use Preventive Care

Early detection can not only save you money—it can save your life! UnitedHealthcare and the Cigna PPO Health Reimbursement Account medical options offer preventive care coverage at 100% both in and out-of-network and not subject to copay, coinsurance or deductible. The Kaiser Permanente HMO, Triple-S and Hawaii medical options also provide Preventive Care coverage at 100% innetwork and not subject to copay.

## Cigna

The PPO Option provided by the Cigna Open Access Plus/CareLink network provides a variety of wellness programs including a Personal Health Team of health specialists—individuals trained as nurses, coaches, nutritionists, clinicians and counselors—who will listen, understand your needs and help you find solutions.

www.myCigna.com or 800 909 2227

#### Health Assessment—Earn \$100!

- Take an online health assessment and receive a wellness score based on how you compare to people in your gender and age group
- You'll also get recommended next steps to start you on a path to better health. Based on your responses, you may receive a web invitation to join one of Cigna's Online Health Coaching Programs for the support you need to get healthy and stay healthy. Joining is easy, and there's no cost to you.

#### Healthy Rewards®

Discounts are available for the following health and wellness programs:

- Weight Management and Nutrition
- Vitamins, Health and Wellness Products
- Healthy Lifestyle Products

- Fitness
- Mind/Body
  - Alternative Medicine
- Tobacco Cessation
- Vision and Hearing Care
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- Access support 24-hours-a-day when you need medical treatment guidance. For example, how to treat your child's high fever
- Understand preventive screenings and annual exams
- Know what to expect and how to prepare if you need to spend time in the hospital or need surgery
- Get answers to questions about your benefits and finding your way through the health care system

#### **Health Management**

- Quit Today<sup>™</sup> Get the help and support you need to quit nicotine use for good
- Healthy Steps to Weight Loss™ Reach your weight loss goals or sustain a healthy weight
- Strength and Resilience<sup>™</sup> Cope with stress and avoid stress-related illnesses
- Healthy Pregnancies, Healthy Babies<sup>™</sup> Support for pregnant members and members considering pregnancy, whether they simply need information about pregnancy and babies, or are identified as high-risk and need specialized case management. The program includes preconception and prenatal education, a comprehensive assessment and development of individualized care plans
- Your Health First<sup>™</sup> Manage your chronic condition through comprehensive health management tailored to your preferences, delivered through the continuous, personalized support of a dedicated health advocate
- Cancer Support Program Get information, assistance and one-on-one support every step of the way from understanding your diagnosis to discussing treatment options to celebrating survivorship

Contact **www.myCigna.com** or 800 909 2227 for more information.

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## UnitedHealthcare Health Reimbursement Account

UnitedHealthcare's Paths to Wellness include:

**Telephonic Wellness Coaching** — Wellness Coaches can help you achieve your goal of improved health and well-being.

- Weight Management
- Exercise
- Nutrition
- Tobacco Cessation
- Stress Management
- Heart Health Lifestyle
- Diabetes Lifestyle

**Chronic Condition Management** — A cedicated nurse who will work with you over the phone to learn more about managing your chronic condition and live a happier healthier life: coronary heart disease, diabetes, chronic obstructive pulmonary disease (COPD) and congestive heart failure.

**Healthy Pregnancy Program** — This prenatal wellness program offers education and support from an experienced maternity nurse.

**Cancer Support** — A specialized cancer nurse is available to help coordinate care, collaborate with

physicians, help manage pharmacy costs and support you and your family though before, during, and after your treatments.

**Health Assessment and Health and Wellness tab on myuhc.com**<sup>®</sup> — Improve your health with myuhs.com: Health Assessment, Personal Health Record, health improvement tools and calculator, health library, and online nurse chat. Earn \$100 for taking the online Health Assessment.

**NurseLine<sup>sM</sup>** — Connect to a single point of contact and health care expert, who guides you to the right

resources and more effective use of care.

**Online Coaching** — Programs designed to help you achieve your health and wellness goals: weight management, nutrition, exercise, tobacco cessation, heart health, diabetes, preventive care, and stress management.

**Hearing Aid Discount** — Through partnership with hiHealthInnovations<sup>™</sup> discounts are offered on digital hearing aids. Visit **www.hihealthinnovations.com/united** or call 1-855-523-9355 for details.

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Kaiser Permanente HMO

The Kaiser Permanente HMO offers many wellness resources including:

- Education and Tools Newsletters, videos, audiotapes, online classes, health calculators, appraisals and assessments
- Programs Disease management, maternity, exercise, nutrition and self-care
- Discounts Alternative medicine, fitness centers and health products

Contact The Kaiser Permanente HMO in your region for more information. The numbers and websites are listed in **Benefits At A Glance**.

#### LifeWorks

The iCan Health Coaching program provides personal health coaching to lose weight, quit smoking, cope with stress or improve cardiovascular health. LifeWorks offers educational materials, videos and podcasts on a variety of wellness topics, access to a nurse line and discounts on fitness equipment and fitness facility memberships. Call 888 267 8126 or visit http://www.lamSodexo.com > LifeWorks (user ID: sodexo, Password: lifeworks).

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## Earn Your \$100

#### Cigna PPO and UnitedHealthcare Health Reimbursement Account Option Participants: *You can earn* \$100 to use toward your and your dependents' out-of-pocket medical expenses.

Earning a \$100 wellness incentive credit in 2015 is easy! All you have to do is log on to your plan's website and take the Health Assessment starting on Jan. 1, 2015.

Follow the instructions below for the medical plan option in which you are enrolled.

#### *Cigna PPO Option Participants*

#### **COMPLETE AN ONLINE HEALTH ASSESSMENT**

Answer some questions and get recommendations for improving your health.

#### **IT'S QUICK!**

Find the online Health Assessment at **www.myCigna.com**. If you have them, use the numbers from your Health Screening to complete the Health Assessment.

#### TRACK YOUR HEALTHY AWARDS ACCOUNT

When you complete your Health Assessment, a \$100 credit will be added to your Healthy Awards Account to be used for out-of-pocket medical costs.

#### WHAT IS A HEALTHY AWARDS ACCOUNT?

This account allows you to earn credit to pay for health care costs by participating in select health and wellness programs.

#### HOW CAN I USE THE CREDIT?

Any incentives you earn can be used to cover out-of-pocket medical expenses for yourself or your covered dependents, such as deductibles, copays and coinsurance. Unused funds are rolled over to the following year and are available to you as long as you are a participant in the Cigna PPO Plan.

#### HOW CAN I ACCESS THE CREDIT?

When a medical claim is processed at Cigna, any out-of-pocket expenses for you or your dependents will automatically be paid with the credit available in your Healthy Awards Account. The credit cannot be applied toward out-of-pocket prescription costs.

#### HOW CAN I KEEP TRACK OF THE CREDIT?

Whenever you want to know the status of your Healthy Awards account, track it on **myCigna.com**.

#### HOW QUICKLY WILL I RECEIVE THE CREDIT AFTER I COMPLETE THE REQUIRED STEPS?

Health Assessment completions will be reflected in Cigna's system automatically as soon as the assessment is completed.

#### Another Incentive Opportunity: Healthy Pregnancies, Healthy Babies

Expecting? Give your child a healthy start in life by enrolling in the Cigna Healthy Pregnancies, Healthy Babies<sup>®</sup> program. You will receive prenatal education and support from health coaches at no cost.

Enroll in the program during your **first trimester and \$250 will be deposited** into your Healthy Awards Account. If you enroll during your **second trimester \$125 will be deposited** into your Healthy Awards Account<sup>®</sup>. Funds will be placed in the account after a postpartum call with a health coach has been completed. The funds will be used to pay for out-of-pocket medical expenses.

#### **GOT QUESTIONS?**

Call Cigna Customer Service at 800 909 2227.

\*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the incentive under this program, call the Sodexo Benefits Center at 855 668 5040 and we will work with you to develop another way to qualify for the incentive.

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#### Earn Your \$100 (continued)

#### *UnitedHealthcare Health Reimbursement Account Option Participants*

#### **COMPLETE AN ONLINE HEALTH ASSESSMENT**

Answer some questions and get recommendations for improving your health.

#### **IT'S QUICK!**

- 1. Find the online Health Assessment at www.myuhc.com
- 2. From the home page, click on the Health and Wellness tab
- 3. After you have registered, go back to the home page and click on **Health Assessment** under the **I Am** menu

#### **KEEP TRACK OF YOUR \$100**

When you complete your Health Assessment, \$100 will be deposited into your Health Reimbursement Account.

#### **QUESTIONS?**

Call UnitedHealthcare Customer Service at 800 784 2023.

#### HOW CAN I USE THE \$100?

The money will be deposited into your Health Reimbursement Account to be used just as the other money in that account to cover employee or dependent medical expenses, and pay down your deductible and out-of-pocket maximum for the year. Unused funds are rolled over to the following year and are available to you as long as you remain a participant in the UnitedHealthcare Health Reimbursement Account Plan.

#### HOW LONG DOES IT TAKE TO RECIEVE THE INCENTIVE MONEY?

When you complete the health assessment online, the information is automatically tracked. Within 2-4 days the \$100 credit will be applied to your Health Reimbursement Account.

#### HOW CAN I KEEP TRACK OF THE \$100?

Whenever you want to know where your incentive money is, or how much you have, you can track it on **www.myuhc.com**. Click on the **Health and Wellness** tab and then **My Rewards** under the **I Get** menu on the home page.

\*If it is unreasonably difficult due to a medical condition for you to achieve the standards for the incentive under this program, call the Sodexo Benefits Center at 855 668 5040 and we will work with you to develop another way to qualify for the incentive.

#### Another Incentive Opportunity: Healthy Pregnancy Program

Expanding your family? Take advantage of obtaining support based on your family's unique needs, all of which is provided by experienced maternity nurses. They can help you make good choices and all at no cost. What's more—you can earn money just by participating in the program! If you enroll during your first trimester, \$250 will be deposited into your Health Reimbursement Account to be used to pay out-ofpocket medical expenses for you and your covered dependents. If you enroll during your second trimester, \$125 will be deposited into your Health Reimbursement Account to be used to pay out-of-pocket medical expenses for you and your covered dependents.

If you qualify, you must enroll in the Healthy Pregnancy Program to participate. To enroll, call UnitedHealthcare at 888 246 7389.

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# WAYS TO SAVE ALL YEAR LONG

- Stay healthy to save on medical care and prescription drugs. Use your plan's preventive care services, such as annual physicals, early detection screenings and blood tests to maintain good health. Preventive care services are covered at 100% in-network for all Sodexo medical options. Check with your medical plan option provider for its preventive care coverage policies.
- **Take advantage of wellness programs.** Combine prevention screening with resources from your medical plan option, such as the tobacco cessation programs offered through Cigna, UnitedHealthcare and Kaiser Permanente or resources offered free of charge through LifeWorks. Get help with weight loss, stress management and cardiovascular health coaching to maximize your wellness.
- If you have diabetes, heart disease or another chronic condition, you may have access to free condition management programs through your health option. Contact your plan provider for more information. Contact numbers and websites are listed in **Benefits At A Glance**.
- Be a good consumer of health care. By minimizing avoidable expenses, you can reduce your out-of-pocket expenses. If you need immediate, but non-emergency medical care, think about going to an urgent or convenience care center instead of the emergency room. See Where Can I Go to Seek Medical Care?
- Use generic drugs and order through your plan's mail order program. Generic prescription drugs cost 30-80% less than brand-name drugs.
- **Take your medication as prescribed.** Many prescriptions when taken as directed can keep you from needing expensive medical care or hospitalization.



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### WHERE CAN I GO TO SEEK MEDICAL CARE?

Learning which options you have on where to seek medical care may save you money on health care expenses.

With the PPO Option, when you use an emergency room, you pay a \$150 copay plus your annual deductible and 30% of the remaining cost of your visit, which is called coinsurance. A trip to the emergency room for a minor injury can cost upwards of \$400-\$1000. If you go to your primary care provider or an in-network convenience care or urgent care center for that same injury, you pay a \$20 copay and nothing more.

With the UnitedHealthcare HRA option, you will pay 20% coinsurance in- and out-of-network no matter where you seek care; but the charges at the emergency room are significantly more expensive than charges at your doctor's office, a convenience care clinic or an urgent care center, which means you pay more by using the emergency room.

Coverage under Kaiser Permanente HMO Options depends on the region in which you are enrolled. Call Member Services in your area for specific plan details. Member Services phone numbers can be found in **Benefits-At-A-Glance**.

#### **Primary Care Doctor**

• Your primary care doctor is your first stop for most health concerns, including, but not limited to, routine health exams and treatment for illnesses such as colds, flu and sore throats, and minor injuries, aches and pains. Your doctor can manage chronic medical conditions and consult with or refer you to specialty physicians .

#### **Convenience Care Clinics**

• Convenience Care Clinics are typically located in a retail drug or grocery store, such as CVS, Walgreens, Wal-Mart, Kroger's, Publix or Rite Aid.

- They are staffed by nurse practitioners or physician assistants, and do not offer radiology or laboratory services.
- Most are open 7 days per week and offer weekend and evening hours. The average wait time is 15-25 minutes.
- Typical services offered at these clinics include: infections (ear, sinus, throat, bladder, pink eye, wound), immunizations, and other minor and routine services.

#### **Urgent Care Center**

- Urgent Care Centers are free standing clinics that are not part of a store.
- Staffing varies by location, and may include doctors, nurse practitioners and physician assistants. Some locations may offer laboratory and radiology services.
- Most are open 6-7 days per week with some evening hours. The wait time is usually shorter than the wait time in an emergency room.
- Typical treatments include: infections, coughs, colds, sore throats, flu, sprains, high fevers, vomiting, urinary tract infections, simple cuts and burns, foreign object in the eye or nose, minor fracture, rash, poison ivy or migraines.

#### **Emergency Room**

- Emergency rooms offer inpatient care, emergency services, trauma services, and more. Emergency clinicians are able to recognize, diagnose and make recommendations for a wide array of medical issues.
- In general, hospital emergency rooms are set up to focus on lifethreatening and other major medical trauma or emergencies.
- Go to the Emergency Room or call 911 if you think you are having a life-threatening medical emergency.

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# HOW TO CHOOSE YOUR BENEFITS

Your enrollment is important. The decisions you make now will remain in effect for the 2015 benefits plan year.

### **Step 1. Review Your Benefits Needs**

Look at how you use benefits. The Sodexo Benefits Center has helpful tools available at **www.SodexoBenefitsCenter.com** that will allow you to compare options and help you make choices.

When you elect medical, dental and/or vision coverage, you can enroll at any one of four coverage levels for each plan—You Only, You Plus Spouse/Domestic Partner, You Plus Child(ren) or You Plus Family—depending on the number and type of dependents you cover for each plan.

### Step 2. Take Advantage of Tools and Resources

After you evaluate your current benefits needs, costs and coverage, think about how your situation may change over the year. Are you getting married, having a child or adding a family member to your coverage? Will you be covering fewer dependents (for example, your child is going to receive coverage under her own employer health plan)?

Remember to take advantage of the tools and resources available to you online at **www.SodexoBenefitsCenter.com.** 



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### **Need Help Making a Decision?**

The decisions you make during enrollment will stay in effect through 2015, so choose wisely. Use the Sodexo Benefits Center's online tools and resources at **www.SodexoBenefitsCenter.com**. Tools include:

- **Health Care Cost Summary** See your current out of pocket costs for your Sodexo medical, prescription drug and dental plans. Use this tool to consider your medical plan options for the upcoming year based on what you've spent to date. Also, consider whether you would benefit from enrolling in a Health Care Spending Account where you can contribute pre-tax dollars from your pay for your out-of-pocket health care expenses.
- **Health Plan Comparison Charts** Compare the key features and benefits of your Sodexo medical plan choices.
- **Medical Expense Estimator** Estimate your medical expenses for 2015, calculate your total out-of-pocket costs and decide which medical plan is most cost-effective for you and your family.
- Life Insurance Estimator Calculate the level of life insurance coverage you need.
- Health Care Spending Account Estimator Want to keep more money in your pocket, pay less in taxes and build an account to help pay for health care? If "yes," consider a Health Care Spending Account. Set aside before-tax money to pay for eligible out-of-pocket health care expenses. This not only reduces your taxable income, but it ensures that you've reserved money to cover copayments, deductibles, coinsurance and other expenses. Use the Health Care Spending Account Estimator to find out how much you should contribute to your account. Remember, you must actively enroll to participate in the Health Care Spending Account.
- **People Like Me<sup>™</sup>** Find out which plans people in your age range, gender, and health and family status are choosing and why.
- **Summaries of Benefits and Coverage** Offers a quick look at the plan coverage provided through each of the options under the Sodexo Medical Plan.

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Benefits Advocacy — Real Help When You Need It Most

If you're facing a complicated benefits or billing issue, peace of mind is just a phone call away. Sodexo partners with Aon Hewitt Advocacy Services to provide support, education and issue resolution for employees and families struggling with medical and benefits questions.

You will be assigned an advocate who will help and guide you throughout the resolution process. Contact

<image>

• Understanding and using your Sodexo benefits

Advocacy Services when you need help with:

**Benefits Enrollment:** 

estimating costs based

on your specific family

Researching impact to

care (critical/chronic

provider availability)

illnesses. network

**Ongoing Support:** 

claim disputes

Resolving health care

billing and insurance

• Deciding the best course

a auestion or concern

of action when you have

Understanding plan

Assistance with

options

situation

• Finding answers about other benefits plans, like Sodexo's life insurance and disability benefits

Your call to Advocacy Services is totally free and completely confidential. Advocacy services are offered to employees and their spouses, domestic partners, children, parents and parents-in-law.

To get in touch with your advocate:

- Call the Sodexo Benefits Center at 855 668 5040 and say "Advocacy" to speak with an advocate
- Log on to www.SodexoBenefitsCenter.com and click on the Advocacy Services ad

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# FOR YOUR HEALTH **MEDICAL CHOICES**

Sodexo offers two medical plan options and the Kaiser Permanente HMO in some areas. Eligibility for the HMO depends, in part, on your home ZIP code. If you live in **Hawaii** or **Puerto Rico**, see those sections for information about plans in your area.

### **Choosing the Right Medical Plan**

Choosing the right coverage should be based on your personal needs. Use the tools available at www.SodexoBenefitsCenter.com to compare your plan options and costs to see which one best meets your needs.

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# Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires medical plans to provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy.

### **Key Terms**

**Balance Billing** — When a provider bills you for the difference between the provider's charge and the maximum reimbursable charge. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred (in-network) provider cannot balance bill you for covered services.

**Coinsurance** — Your share of the costs of a covered health care service, calculated as a percent (for example, 30%) of the maximum reimbursable charge for the service. You pay coinsurance plus copays or deductibles you owe. For example, if the plan's maximum reimbursable charge for an office visit is \$100 and you've met your deductible, your coinsurance payment of 30% would be \$30. The plan pays the rest of the maximum reimbursable charge.

**Convenience Care Clinic** — A medical facility for minor illnesses and ailments that is staffed by nurse practitioners or physician assistants. Convenience Care Clinics are typically located in a retail drug, grocery or department store, such as CVS, Walgreens, Wal-Mart, Target, Kroger's, Publix or Rite Aid. They do not offer radiology or laboratory services.

**Copay** — A fixed amount (for example, \$30) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible** — The amount you owe for health care services your plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,500, your plan won't pay anything until you've met your \$1,500 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

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### Key Terms (continued)

**Maximum Reimbursable Charge** — Maximum amount on which payment is based for covered health care services. If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.) A preferred (in-network) provider cannot balance bill you for covered services.

**Out-of-Pocket Maximum** — The most you pay during a plan year before your plan begins to pay 100% of the maximum reimbursable charge. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Not all expenses count toward this limit, see your medical plan Summary Plan Description (SPD) for more details.

**Urgent Care** — Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

### **PPO Option** provided by the Cigna Open Access Plus/ CareLink Network

With the PPO Option you:

- See the doctor of your choice (in-network or out-of-network)
- Receive preventive care coverage at 100%
- Go to a specialist without a referral
- Receive a higher level of benefits by seeing a participating in-network medical provider

## **PPO Option ID Cards**

All PPO Option participants—both new and current—will receive medical ID cards for 2015. Prescription drug ID cards will only be mailed to new participants.

The PPO Option provided by the Cigna Open Access Plus/CareLink Network is not available to employees in Hawaii or Puerto Rico. For more information on medical coverage for employees in **Hawaii** and **Puerto Rico**, please see those sections.

### PPO Deductible and Coinsurance

	In-Network	Out-of-Network			
Deductible	\$750/individual, \$1,500/family	\$1,500/individual, \$3,000/family			
Coinsurance	You pay 30%, Plan pays 70%	You pay 50%, Plan pays 50%			
Out of Pocket Maximum	\$5,000/individual, \$12,700/family	\$10,000/individual, \$30,000/family			

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### **Invite Your Doctor to Cigna**

If your doctor is not part of the Cigna Open Access Plus/ CareLink Network, ask him or her to contact Cigna at 800 882 4462 and select the contracting option to find out about becoming an in-network provider.

### **Prescription Drugs**

Plus/CareLink network.

**Finding a Doctor** 

Go to www.cigna.com/sodexo to

find doctors and other health plan

providers in the Cigna Open Access

When you enroll in the PPO Option, your prescription drug benefits are provided through Express Scripts (formerly Medco).

The chart below outlines your prescription drug benefits\*:

	Retail Pharmacy (30-day supply)	Mail Order Pharmacy (90-day supply)
Generic	\$10 Copay	\$20 Сорау
Formulary Brand	90% Covered; \$35 min./\$100 max.	90% Covered; \$87.50 min./\$200 max.
Non-Formulary Brand	70% Covered; \$50 min./\$150 max.	70% Covered; \$125 min./\$300 max.

\*Prescription drug copays and coinsurance apply toward your out-of-pocket maximum for the PPO Option.



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### **Key Terms**

**Brand Name Drugs** — A prescription drug that has a trade name and is protected by a patent (can be produced and sold only by the company holding the patent). Brand name drugs typically cost more than aeneric druas.

**Formulary Drugs** — To remain cost effective for participants, some medical plans offer a lower copay for drugs on a special list called a formulary.

**Generic Drugs** — A prescription drug, approved by the FDA, which has the same chemical composition as a specific brand name drug. Generic drugs can be sold under more than one name and by more than one company.

### Mail Order Pharmacy

The mail order pharmacy offers a 90-day supply of medication for a 60-day cost, free shipping to your home, 24/7 access to pharmacists and safety checks for drug interactions.

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The plan helps you save on the cost of your prescriptions through:

• Mandatory generic drugs. Generic prescription drugs cost 30-80% less than brand-name drugs. The prescription drug program has mandatory generic drugs so if you purchase brand-name drugs when a generic is available, you pay more.

Mail Order Pharmacy for long-term maintenance medications. You can get up to a 90-day supply, which may cost less per pill than through a retail pharmacy. Your Prescription Drug Plan has a Retail Refill Allowance. This means if you don't use mail order for your long-term medications, you will pay 100% of the cost of the medication after you fill it three times at a retail pharmacy. The Retail Refill Allowance also applies to specialty medications. Some examples of specialty medications include Kalydeco, Revlimid, Enbrel and Rebif.

The requirements for obtaining most chronic specialty prescription drugs are changing. Examples of chronic specialty drugs include, but are not limited to, Copaxone, Enbrel, Humira and Sovaldi. These types of drugs will have to be filled through Accredo, Express Script's mail order pharmacy, on the first fill. Those affected by this change will receive a letter at their home prior to the end of 2014 explaining the new process.

### **Retail Refill Allowance**

Your Prescription Drug Plan has a Retail Refill Allowance. This means if you don't use mail order for your long-term medications, you will pay 100% of the cost of the medication after you fill it three times at a retail pharmacy.

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Brand Name Drug Example:

35* for 30-day supply 1 <b>05 (90-day supply)</b> 110* for 30-day supply
110* for 30-day supply
r \$330 for a 90-day supply)
87.50 for 90-day supply
nitial 90-Day Supply
Subsequent (90-Day Supply) Refills

\*retail pharmacy prices can vary

If you have a long-term medication on file at a retail pharmacy, Express Scripts will notify you prior to your final covered refill that you need to move your prescription to the mail order pharmacy to continue to have prescription coverage.



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#### FOR YOUR HEALTH 2015 GUIDE TO EMPLOYEE BENEFITS 47 IN THIS GUIDE: IN THIS GUIDE: Extended Payment Plan **Benefits At-A-Glance** FOR YOUR FINANCIAL If you find it is a hardship to pay for a 90-day supply of your medication(s) at one time, Express Scripts offers WELL-BEING (cont'd) Your Enrollment an extended payment plan to make your mail-order prescriptions more affordable. You can spread your Family Care Checklist prescription payments over three credit or debit card installments, so you don't have to pay all at once. There's **Spending Account** no waiting—your medication will be shipped after the very first payment. **Benefits Eligibility** Sodexo 401(k) When you're enrolled in the Extended Payment Plan, it will apply to every mail-order prescription for you and **Retirement Savings Plan** When Your your eligible dependents. **Benefits Begin Credit Unions** Below is an example of how the Extended Payment Plan can make your prescriptions more affordable. **Enrolling in Benefits Pay Options Dependent Eligibility** FOR YOUR Total ...... \$90.00 TIME OFF **Nicotine Surcharge** How it's divided: Vested Vacation Plan When You Can Make Changes Accrue and Take Payment 2 – Paid in 30 days and includes portion of service fee ......\$30.00 Vacation Plan Payment 3 – Paid in 60 days and includes remainder of service fee ......\$30.00 Wellness Programs Immediate Vested Ways to Save Vacation Plan All Year Long Sick Leave Enrolling in the Extended Payment Plan How to Choose To learn more or get started with the Extended Payment Plan, call 800 903 7968 or enroll online at Family and Medical Your Benefits **www.express-scripts.com**. If you're a first-time visitor to the website, register with a recent prescription Leave Act (FMLA) FOR YOUR HEALTH number and your member ID. Holidays Medical Choices Once logged in, you can enter your credit card information for Extended Payment Plan charges. Click "Update **Bereavement Leave** your profile" from the left navigation menu. On "Your profile," click "Update your credit card information." Hawaii-Only Then select the "change" button in "Your credit card information." At the bottom of the page, you will see a Jury Duty Medical Choices link to more information about the program and the service fee. The service fee is applied if the balance of the FOR YOUR Puerto Rico prescription is not paid in full before the second installment payment is due. PERSONAL LIFE **Benefits Choices** If you do not have a credit or debit card, you can call 800 903 7968 to request to pay by check or money LifeWorks MetLife Dental Plan order. This option is only available to you if the total cost of your medication is \$100 or less. If it is \$100 or less, Express Scripts will send you a 90-day supply of your prescription and bill you. You will be responsible LifeWorks iCan EyeMed Select **Health Coaching** for paying the invoice by check or money order. **Please note that the mail order pharmacy will not provide** Vision Care Plan a new supply of your medication or any new prescription until you have paid your account balance Tuition FOR YOUR FINANCIAL in full. Reimbursement WELL-BEING More information is available at **www.express-scripts.com** or by calling 800 903 7968. Service Awards **Disability Coverage** Program Life Insurance Plans lamSodexo.com IMPORTANT Health Care CONTACTS Spending Account

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### Quit Today<sup>®</sup> Tobacco Cessation Program

Cigna offers resources to help you quit smoking and get on a path to better health. This program is offered free to plan participants. You can save \$1,200 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

If you use tobacco products, quitting is the single most important action you can take for a healthier life. With the tobacco cessation program, you don't have to quit alone. The program provides you with expert counseling by phone, online or both. Day or evening telephone coaching sessions and around-the-clock web support offers a full range of interactive tools to help you set a quit date, select the right medication, even calculate your savings from quitting.

The tobacco cessation program includes:

- Personal Coaching including setting up a personalized quit plan with a counselor
- *Quitting Tools* including a workbook and online diary and exercises
- Savings Calculator personalized based on your usage, shows your savings over time by quitting
- **Over-the-counter nicotine replacement therapy (NRT)** can be ordered online (gum or patch) and delivered to your home at no cost to you

*Note:* Prescribed nicotine replacement drugs are not available through the program but may be available through the Prescription Drug Program.

Cigna members can register at www.myCigna.com or call 800 909 2227.

### Healthy Pregnancies, Healthy Babies<sup>™</sup>

While most women have a healthy, uncomplicated pregnancy, others may need specialized care. Through Healthy Pregnancies, Healthy Babies<sup>®</sup>, Cigna's comprehensive maternity support program, Cigna supports pregnant members and members considering pregnancy.

The program includes preconception and prenatal education through print and online tools, a comprehensive assessment of every member and development of individualized care plans tailored to each person's specific needs. What's more—you can earn money just by participating in the program! If you enroll in your first trimester, at the completion of the program, Cigna will deposit **\$250** into an account for you to be used toward paying out-of-pocket medical expenses. If you enroll in your second trimester, at the completion of the program. Cigna and account for you to be used toward paying out-of-pocket medical expenses.

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**Participant Provider Listings:** 

www.muCiana.com • 800 909 2227

www.express-scripts.com • 800 903 7968

For detailed plan information, see the Summary

Plan Description for the PPO Option online at

**Prescription Drug Information:** 

www.SodexoBenefitsCenter.com.

**General Information and** 

www.cigna.com/sodexo

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### **Explanation of Benefits**

If you are a Cigna member, whenever you visit a provider and have a claim, you will be sent an Explanation of Benefits in the mail that will explain your coverage and costs in detail. If you participate in a Flexible Spending Account, the Explanation of Benefits will detail your claims and account balance(s) in the Health Care and/ or Family Care Spending Accounts. Flexible Spending Account participants will also receive quarterly statements. If you earn the \$100 wellness incentive credit, you will see this included on your Explanation of Benefits as well. See **Earn Your \$100** for more information on the wellness incentive.

To receive your Explanation of Benefits and/or quarterly statements electronically, you can go to **www.myCigna.com** to sign up for paperless Explanation of Benefits statements.



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## UNITEDHEALTHCARE HEALTH REIMBURSEMENT ACCOUNT (HRA)

With the UnitedHealthcare Health Reimbursement Account, you:

- Make decisions on how your health care dollars are spent, which is different than traditional medical plans.
- Use a Health Reimbursement Account that allows you to roll over unused reimbursement account dollars to the next year.

The UnitedHealthcare Health Reimbursement Account Plan is not available to employees in Hawaii, Guam or Puerto Rico.

Preventive care expenses, such as checkups, physicals and related tests, and immunizations are covered at 100% for both in and out-of-network care. There's no deduction from your reimbursement account.

### **Prescription Drug Coverage**

The prescription drug program is administered by Optum Rx<sup>®</sup>. You will pay for your share of prescription drugs costs out-of-pocket. The following outlines prescription drug coverage under the Health Reimbursement Account Option:

	Retail Pharmacy (30-day supply)	Mail Order Pharmacy (90-day supply)
Generic	\$10 Copay	\$20 Copay
Formulary Brand	90% Covered; \$35 Min; \$100 Max	90% Covered; \$87.50 Min; \$200 Max
Non-Formulary Brand	70% Covered; \$50 Min; \$150 Max	70% Covered; \$125 Min; \$300 Max

Go online to **https://www.myuhc.com/groups/sdx** or call 800 784 2023 to find participating retail pharmacies in your area or get mail order instructions.

#### Mandatory Mail Order

A mandatory mail order program applies to all long-term maintenance medications. Mandatory mail order means if you don't use the OptumRx<sup>®</sup> Mail Service Pharmacy for your long-term medications, you will pay 100% of the cost of the medication after you fill it three times at a retail pharmacy. With mail order, you can get up to a 90-day supply, which may cost less than through a retail pharmacy. If you cannot afford the full cost of your mail order medication up front, contact UnitedHealthcare at 800 784 2023 and speak with a representative about setting up a payment plan. **Prescription drugs that fall into the specialty category must be purchased through UnitedHealthcare's mail order pharmacy, OptumRX Mail Service Pharmacy on the first fill. There is no longer a three refill option at a retail pharmacy for this specialty category of drugs.** 

### **ID Cards**

You will only receive an ID card when you enroll in the UnitedHealthcare Health Reimbursement Account Option for the first time. It takes approximately 30 days after your effective date for your medical ID cards to reach your home.

If you have a medical emergency and need urgent medical attention and have not received your ID card, call the Sodexo Benefits Center at 855 668 5040. You can visit your **www.myuhc.com** to see if there is an option to print temporary ID cards.

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### How the United Healthcare Health Reimbursement Account Works

Health Reimbursement Account—Deductible and Out-of-Pocket Maximum

	You Only		You Plus Spouse/ Domestic Partner or You Plus Child		You Plus Children		You Plus Family	
	In- Network	Out-of- Network	ln- Network	Out-of- Network	ln- Network	Out-of- Network	In- Network	Out-of- Network
HRA Annual Fund	\$750			\$1,175			\$1,500	
Deductible (HRA Annu	al Funding Pl	us Member F	Responsibilit	y)				
Per Member	\$1,750	\$2,750	\$1,750	\$2,750	\$1,750	\$2,750	\$1,750	\$2,750
Family Maximum	N/A	N/A	\$3,500	\$5,500	\$4,175	\$7,175	\$4,500	\$7,500
Out-of-Pocket Maximu	im	•	·		•			
Per Member	\$6,350	\$12,750	\$6,350	\$12,750	\$6,350	\$12,750	\$6,350	\$12,750
Family Maximum	N/A	N/A	\$12,700	\$25,500	\$12,700	\$37,175	\$12,700	\$37,500
Expenses Applied Toward Out-of- Pocket Maximum	Member Responsibility, Pharmacy Copays and Coinsurance							

#### Health Reimbursement Account Contribution

Each plan year, Sodexo contributes benefits dollars to a Health Reimbursement Account for your and your covered dependents' use. You use the benefits dollars in your Health Reimbursement Account to pay regular health care expenses, such as prescription drugs and doctor visits. The amount Sodexo contributes to your Health Reimbursement Account is determined by your coverage category.

Coverage Category	Benefit Dollars
You Only	\$750
You Plus Spouse/Domestic Partner, You Plus Child or Children	\$1,175
You Plus Family	\$1,500

When you go to the doctor, show your UnitedHealthcare ID card and your Eligible Expenses will be covered from your Health Reimbursement Account based on your balance at the time your claim is processed. Preventive care expenses are covered at 100% and are therefore not deducted from your Health Reimbursement Account. For more information about preventive care, see the **Preventive Care** section.

If you use all of the benefits dollars in your Health Reimbursement Account, you move into the Member Responsibility part of the Plan—the portion you have to pay to meet the Deductible.

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In most cases, your expenses are paid from your Health Reimbursement Account first. You can keep track of the benefits dollars in your Health Reimbursement Account by going online to www.myuhc.com, calling 800 784 2023 or checking your monthly statement.

### Earn \$100 For Your Health Reimbursement Account

Sodexo partners with UnitedHealthcare to provide Health Rewards, a wellness incentive program. If you participate in the program, an additional \$100 will be deposited in to your Health Reimbursement Account to use toward paying medical expenses for yourself and your dependents. The \$100 will decrease your member responsibility toward your deductible. For more details on this incentive program see the Earn Your \$100 box.

#### Health Reimbursement Account Rollover

Unused money in your Health Reimbursement Account rolls over to your next year's account with no maximum limits and is used to further reduce the deductible. For example, you have You Only coverage and Sodexo contributes \$750 to your Health Reimbursement Account at the beginning of each year. You also earn \$100 wellness incentive (see Earn Your \$100) which will be added to the \$750. You have \$250 left in your Health Reimbursement Account and will be added to the \$750 funded by the company. This increases the amount in your Health Reimbursement Account to \$1,100.

Once you use up the money in your Health Reimbursement Account, you are responsible for paying the remainder of the deductible for each covered participant up to the deductible limits described above. This is known as your Member Responsibility.

If you terminate your participation in the Plan for any reason, you forfeit any money remaining in your Health Reimbursement Account.



Your Member Responsibility will generally be the difference between the amount in your Health Reimbursement Account and your total plan year deductible. The amount you pay under the Member Responsibility portion of the Plan applies toward your plan year deductible and your out-of-pocket maximum. When the funds in your Health Reimbursement Account are gone, you will pay 100% of your non-preventive health care expenses until your plan year deductible is met. IN THIS GUIDE:

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	Your Health Reimbursement Account Funds + Your Men	<pre>nber Responsibility = Your Deductible Limit</pre>		FOR YOUR FINANCIAL	
	<b>EXAMPLE</b> (Assumes In-Network Providers Used)			WELL-BEING (cont'd)	
	Annual Company Contribution to Health Reimbursement Account (You + Family Coverage)	\$1,500		Family Care Spending Account	
_	Wellness Incentive Credit	\$100		Sodexo 401(k)	
	Health Reimbursement Account Rollover from previous year	\$500	]	Retirement Savings Plan	
	In-Network Deductible Limit (Family Maximum)	\$4,500	1	Credit Unions	
-	Total Member Responsibility	\$2,400	1	Pay Options	

#### Deductible

For medical expenses other than preventive care, you must pay a deductible using funds from your Health Reimbursement Account balance and your own money (your Member Responsibility) before the health plan coverage kicks in. A deductible is the amount you must pay before the Plan starts paying a percentage of your health care costs. Your plan year deductible is determined by your coverage category:

	You Only		You Plus Spouse/ Domestic Partner or You Plus Child		You Plus Children		You Plus Family	
	ln- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network
Deductible (HRA Annua	al Funding Pl	us Member I	Responsibility	۹)				
Per Member	\$1,750	\$2,750	\$1,750	\$2,750	\$1,750	\$2,750	\$1,750	\$2,750
Family Maximum	N/A	N/A	\$3,500	\$5,500	\$4,175	\$7,175	\$4,500	\$7,500

#### Health Coverage—Coinsurance and Out-of-Pocket Maximum

Once each individual participant meets his/her deductible or you meet the family deductible, coinsurance kicks in for the Health Coverage portion of the Plan until you reach your out-of-pocket maximum. Your expenses are covered through coinsurance at 80% (In-Network) or 60% (Out-of-Network) for your covered medical costs. Your deductible (Health Reimbursement Account plus Member Responsibility) counts toward your out-ofpocket maximum, as do the medical and pharmacy copays and coinsurance charges you incur.

	In-Network	Out-of-Network
Plan pays	80% of covered charges	60% of covered charges
You pay	20% of covered charges	40% of covered charges

### Options FOR YOUR TIME OFF Vested Vacation Plan Accrue and Take Vacation Plan Immediate Vested Vacation Plan Sick Leave Family and Medical Leave Act (FMLA) Holidays **Bereavement Leave** Jury Duty FOR YOUR PERSONAL LIFE LifeWorks LifeWorks iCan **Health Coaching** Tuition Reimbursement Service Awards Program

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#### Once you hit the maximum limit on the amount you have to pay out-of-pocket, the Plan will pick up any remaining covered charges for the remainder of the Plan year at 100%. The following chart shows your Plan Year Out-of-Pocket Maximums and the expenses that are applied toward the Out-of-Pocket Maximum:

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	You Only		You Plus Spouse/ Domestic Partner		You Plus Child or Children		You Plus Family	
	In- Network	Out-of- Network	In- Network	Out-of- Network	In- Network	Out-of- Network	ln- Network	Out-of- Network
Out-of-Pocket Maximum				1				
Per Member	\$6,350	\$12,750	\$6,350	\$12,750	\$6,350	\$12,750	\$6,350	\$12,750
Family Maximum	N/A	N/A	\$12,700	\$25,500	\$12,700	\$37,175	\$12,700	\$37,500
Expenses Applied Toward Out-of- Pocket Maximum	Men	Member Responsibility, Medical Coinsurance, Pharmacy Copays and Coinsurance						
OUT-OF-POCKET MAX		<b>PLE</b> (Assum	es In-Networ	k Providers I	Jsed)			
In-Network Family Out-of-Pocket Maximum (You Plus Family)					\$12,700			
Deductible (HRA Plus Member Responsibility)					\$3,250			
Out-of-Pocket Family Maximum Limit Remaining to be Paid Through Medical and Pharmacy Coinsurance Charges					50			

Once you reach your In-Network Out-of-Pocket Maximum for the Plan Year, the Plan pays 100% of In-Network Eligible Expenses for the rest of the Plan Year. All expenses applied to the individual Out-of-Pocket Maximum also apply to your family Out-of-Pocket Maximum.

#### Deductibles and Out-of-Pocket Maximums

The In-Network Plan Year Deductible and Out-of-Pocket Maximum will count toward meeting your Out-of-Network Deductible and Out-of-Pocket Maximum. However, the Out-of-Network Plan Year Deductible and Outof-Pocket Maximum will not count toward your In-Network Deductible and Out-of-Pocket Maximum. IN THIS GUIDE:

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### myClaims Manager

The "Manage My Claims" section on **myuhc.com** provides more information to help you understand and track your health care claims. In addition, with myClaims Manager, you can pay your health care providers online from this site, allowing you to manage your claims and payments all in one location.

#### How to access:

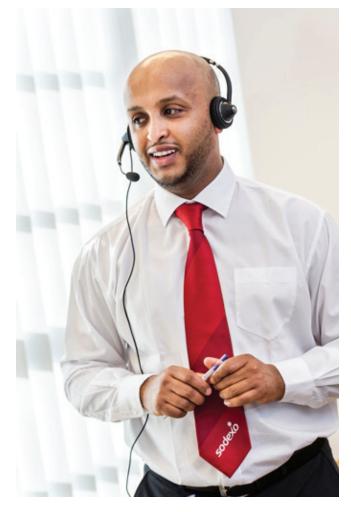
myClaims Manager is available on **myuhc.com**.

**Step 1:** Log into **myuhc.com**. If you are not registered, go to **myuhc.com** to register and log in.

**Step 2:** Select the "Manage My Claims" button.

## Highlights of the claims display and payments capability:

- Designed to help you understand how your claims were processed
- Allows you to add your own notes and flag claims for follow-up—plus you can mark claims you've already paid to help with record-keeping
- Simple explanations of services you received
- Enhanced claim detail with colored visuals to help you understand your claim and what you may owe
- Online payment to your health care providers for any claim that has a "You Owe" amount using the "Make Payment" feature (All payment methods may not be available for all providers)



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### UnitedHealthcare QuitPower® Tobacco Cessation Program

The UnitedHealthcare Health Reimbursement Account offers resources to help you quit smoking and get on a path to better health. This program is offered free to UnitedHealthcare Health Reimbursement Account Option participants. You can save \$1,200 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

QuitPower<sup>®</sup> is an interactive tobacco cessation program that includes:

- A personal coach for ongoing information and support
- A quit plan that's customized for your needs
- Online programs and resources
- Nicotine patches or gum, delivered to your home with no out-of-pocket cost

To fit your busy schedule, QuitPower<sup>®</sup> is available over the telephone, online and through the mail. Just visit **https://www.myuhc.com/groups/sdx** or call **877 QUIT PWR** (877 784 8797).

### UnitedHealthcare Health Reimbursement Account Resources

https://www.myuhc.com /groups/sdx Member Services at 800 784 2023

#### **QuitPower®® Tobacco Cessation Program** https://www.myuhc.com/groups/sdx 877 QUIT PWR (877 784 8797)

#### **Plan Information**

For detailed plan information, see the Summary Plan Description for the UnitedHealthcare Health Reimbursement Account Option online at **www.SodexoBenefitsCenter.com**.

### **Healthy Pregnancy Program**

Expanding your family? Take advantage of obtaining support based on your family's unique needs, all of which is provided by experienced maternity nurses. They can help you make good choices and all at no cost. What's more—you can earn money just by participating in the program! If you enroll during your first trimester, \$250 will be deposited into your Health Reimbursement Account to be used to pay out-of-pocket medical expenses for you and your covered dependents. If you enroll during your second trimester, \$125 will be deposited into your Health Reimbursement to be used to pay out-of-pocket medical expenses for you and your covered dependents.

If you qualify, you must enroll in the Healthy Pregnancy Program to participate. To enroll, call UnitedHealthcare at 888 246 7389.

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# **KAISER PERMANENTE HMO**

Kaiser Permanente HMO availability is based, in part, on your home ZIP code. With the Kaiser Permanente HMO Option, you:

- Must choose and see a Primary Care Physician (PCP)
- Obtain a referral from your PCP to see a specialist
- Receive preventive care coverage at 100%
- Do not need to file claim forms

### HealthMedia<sup>®</sup> Breathe<sup>™</sup> Tobacco Cessation Program

Kaiser Permanente HMO offers Breathe™, a free online tobacco cessation program that provides personalized strategies with tools and information to help you quit tobacco for good. You can save \$1,200 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

The program offers nicotine replacement therapy including nicotine patches, gum, lozenges and prescriptions.

Some Kaiser Permanente facilities have a Health Education or Behavioral Health Department where individual coaching is available. Phone coaching is available through the National Network of Tobacco Cessation Quitlines at 800 Quit Now (800 784 8669).

Learn more at **www.kp.org** by clicking on the link for the Healthy Lifestyles Program or contacting the Member Services department in your area.

### **Kaiser Permanente HMO Resources**

#### www.kp.org

Member Services in your area

For detailed plan information, see the Summary Plan Description for the Kaiser Permanente HMO Option and Certificates of Coverage online at **www.SodexoBenefitsCenter.com**.

Member Services phone numbers can be found in **Benefits At-A-Glance**.

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Sodexo offers a Preferred Provider Plan (PPP) and two Health Maintenance Organizations (HMOs) options in Hawaii. One of the HMOs offered is Kaiser Permanente. The other two medical plan options are:

### Hawaii Medical Services Association (HMSA) PPP

With the **PPP**, you:

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- See the doctor of your choice (in- or out-of-network)
- Receive a higher level of benefits by seeing a participating in-network PPP medical provider
- Go to a specialist without a referral
- Generally, file claim forms only if you use out-of-network providers

## Health Maintenance Organization (HMO)

With an **HMO**, you:

- Generally must choose and use a Primary Care Physician (PCP)
- Obtain a referral from your PCP to see a specialist
- Pay low out-of-pocket costs
- Do not pay deductibles or need to file claim forms

Employees who live in Hawaii are not eligible for the Cigna PPO or UnitedHealthcare Health Reimbursement Account Options.

### Hawaii Medical Resources

HMSA PPP www.hmsa.com 808 948 6111

Kaiser HMO www.kp.org

808 432 5955 (Oahu) or 800 966 5955 (from neighboring islands)

**HMSA HPH Plus HMO** 

www.hmsa.com

808 948 6372

#### **Plan Information**

For detailed plan information, see the Summary Plan Description and the Certificates of Coverage for the Kaiser Permanente HMO and HMSA Options online at **www.SodexoBenefitsCenter.com**.

## **ID Cards**

If you choose the HMSA Medical Plan Option for 2015, you will receive a new ID card after 1/1/2015. It takes approximately 30 days after your effective date for your medical ID cards to reach your home.

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If you have a medical emergency and need urgent medical attention and have not received your ID card, call the Sodexo Benefits Center at 855 668 5040. You can visit your **www.hmsa.com** to see if there is an option to print temporary ID cards.

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### Waiving Medical Coverage – Hawaii

To comply with the State of Hawaii Prepaid Health Care Act, Sodexo offers all eligible employees medical coverage. You can decline medical benefits if any of the following apply:

- The company is not your primary employer
- You are covered under another medical plan that satisfies state-mandated medical benefits requirements
- You have medical benefits from a government source (such as Medicare, Medicaid or state-provided medical assistance)
- You do not want medical benefits because of your religious beliefs

If you decline medical benefits for yourself, you cannot choose medical benefits for any eligible dependents.

If you cancel or decline medical benefits, you must complete a Hawaii State Waiver Form. This form is available from the Sodexo Benefits Center at **www.SodexoBenefitsCenter.com** or 855 668 5040 and must be received by the date your benefits would otherwise begin.

### **Enrolling After You Waive Coverage**

If you decline medical benefits, that decision will generally be in effect for one plan year. However, you may choose medical benefits during the year if you lose the coverage that caused you to waive Sodexo medical benefits. You must call the Sodexo Benefits Center at 855 668 5040 within 31 days of the date you lose your other medical benefits and provide evidence within 30 days. If you do not call or provide evidence within this timeframe, you will not be eligible for Sodexo medical benefits until the next plan year.

If you voluntarily cancel your other medical benefits or fail to pay medical premiums for the other coverage, you will not be eligible for Sodexo medical benefits until the next plan year.

### **Don't Forget Your Waiver Form**

If you do not request and submit a waiver by the date your medical benefits would otherwise begin, the company will automatically enroll you in the Kaiser Permanente HMO on a before-tax basis. You will be responsible for paying the employee portion of any medical benefit premiums. Generally, you may not cancel or change this coverage until the next Annual Enrollment period, held each fall.

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# **PUERTO RICO BENEFITS CHOICES**

As an employee residing in Puerto Rico, there are a few benefits described in this quide that will differ for you as noted below:

### Medical Plan Option

As an employee in Puerto Rico, you are only eligible for the Triple-S Option. The Triple-S medical option covers preventive care at 100%. The Sodexo PPO and the UnitedHealthcare Health Reimbursement Account Options are not available to employees in Puerto Rico.

### Dental

If you elect Triple-S medical coverage, the option **includes** a dental benefit. Please contact Triple-S to learn more about the Triple-S dental coverage. You can still enroll in the **MetLife Dental Plan**. If you choose to enroll in the MetLife Dental Plan, you will pay an additional cost. You should look at the dental plan benefits offered under Triple-S and consider whether it meets your needs for dental care or if you need to add the MetLife Dental Plan to your coverage.

### **Qualifying Events**

Your pay deductions for Triple-S are after-tax. In accordance with plan rules, you cannot make changes to or cancel your coverage in Triple-S during the year unless you experience a qualifying event such as a birth, adoption, marriage, divorce or change in job status.

Call the Sodexo Benefits Center at 855 668 5040 for more information on qualifying events.

### Hourly Short Term Disability Plan

**Provider Directory and Ouestions** www.ssspr.com 787 774 6060

### **ID** Cards

You will only receive an ID card when you enroll in the Triple-S Option for the first time. It takes approximately 30 days after your effective date for your medical ID cards to reach your home.

If you have a medical emergency and need urgent medical attention and have not received your ID card, call the Sodexo Benefits Center at 855 668 5040. You can visit your **www.ssspr.com** to see if there is an option to print temporary ID cards.

#### If you are an hourly employee, you are not eligible to enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your commonwealth disability plan.

### Health Care Spending Account and Family Care Spending Account

These plans are not offered because of tax laws.

### **Pay Deductions**

Pay deductions for medical, dental and vision coverage will be made on an after-tax basis instead of a before-tax basis.

### **Triple-S Resources**

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Is dental

options?

coverage offered

No. Except in Puerto Rico where

Triple-S includes a dental plan.

by the medical

# METLIFE DENTAL PLAN

Being healthy doesn't stop with your medical care—a wide range of medical problems including heart disease, bronchitis and headaches can be traced to problems with teeth and gum disease. Prevention is powerful, so see your dentist and keep your mouth healthy.

### **Dental ID Cards**

Newly enrolled Dental Plan participants will be sent ID cards for the Dental Plan from MetLife. The card will have your employee number

and group number for the Dental Plan printed on it. Bring your Dental ID card when you visit the dentist, it will make the claims process easier for both you and the office staff.

If you misplace your ID card, the MetLife MyBenefits website offers a View and Print Your ID Card feature. Just log on to **www.metlife.com/mybenefits**, and click on the link to "View and Print Your ID Card." You can also

view an ID card from the MetLife mobile app—to download the app just search "MetLife" in your mobile service providers app store.

To better protect your privacy, MetLife uses your existing Employee ID number assigned to you by Sodexo. The Employee ID number will be used to administer your dental benefits and can be used as an alternative to your Social Security Number.

### Accessing Your Employee ID Number

Your employee ID number and Sodexo group number are also available to view on the MyBenefits website.

MetLife customer service information also is available online. Simply go to **www.metlife.com/mybenefits** to sign on. If you are not already registered, follow the registration instructions.

### **Dental Resources**

www.metlife.com/mybenefits MetLife at 800 942 0854

### MyBenefits provides the tools you need to get the most out of your benefits

As a registered MyBenefits user, you'll have a personalized, secure view of your MetLife benefits. Plus, you can:

- Review your dental policy information
- View and print an ID card
- Check the status of your claims
- View a list of your covered dependents and their coverage
- Locate a participating (in-network) dentist
- Access oral health resources
- Support the environment by electing to view your Explanation of Benefits online instead of receiving a paper copy

*Register today* www.metlife.com/mybenefits

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Benefits At-A-Glance Your Enrollment	Dental Plan Feature	lf You Use: A MetLife PDP Dentist	lf You Use: Any Dentist	Maximum Benefits	FOR YOUR FINANCIAL WELL-BEING (cont'd)	
Checklist	Deductible	\$50 per person	\$50 per person	<b>Annual plan maximum:</b> \$2,000	Family Care Spending Account	
Benefits Eligibility		Deductibles for participation dentists apply toward each		Some restrictions may	Sodexo 401(k) Retirement Savings Plan	
When Your Benefits Begin	Preventive care	• 2 checkups/	• 2 checkups/	apply. CallMetLife at 800 942 0854.	Credit Unions	
Enrolling in Benefits	(checkups, cleanings)	plan year* • no deductible	plan year* • no deductible	800 942 0854.	Pay Options	
Dependent Eligibility		<ul> <li>max of 2 regular cleanings/plan year</li> </ul>	<ul> <li>max of 2 regular cleanings/plan year</li> </ul>		FOR YOUR	
Nicotine Surcharge		<ul> <li>up to 4 periodontic cleanings/plan year.</li> </ul>	up to 4 periodontic		TIME OFF	
When You Can		Not to exceed	cleanings/plan year. <i>Not to exceed</i>		Vested Vacation Plan	
Make Changes Wellness Programs		4 cleaning maximum per plan year (regular	4 cleaning maximum per plan year (regular		Accrue and Take Vacation Plan	
Ways to Save All Year Long		<ul> <li>and periodontic)</li> <li>plan pays 100%, you pay nothing</li> </ul>	and periodontic) ● plan pays 80%,** you pay remainder			Immediate Vested Vacation Plan
How to Choose	Basic services (composite	• deductible applies	• deductible applies		Sick Leave	
Your Benefits	(tooth colored) fillings, extractions, root canals)	<ul> <li>plan pays 80%, you pay 20%</li> </ul>	<ul> <li>plan pays 80%,**</li> <li>you pay remainder</li> </ul>		Family and Medical Leave Act (FMLA)	
FOR YOUR HEALTH	Periodontics	deductible applies     • deductible applies			Holidays	
Medical Choices	(treatment of gums and bones of the mouth)	<ul> <li>plan pays 80%, you pay 20%</li> </ul>	<ul> <li>plan pays 80%**, you pay remainder</li> </ul>		Bereavement Leave	
Hawaii-Only Medical Choices		Periodontic cleanings are covered as preventive care			Jury Duty	
Puerto Rico Benefits Choices		than four cleanings total are	to four periodontic cleanings per year. No more four cleanings total are covered per year (total may le up to two regular cleanings).		FOR YOUR PERSONAL LIFE	
MetLife Dental Plan	Major services (inlays,				LifeWorks	
EyeMed Select Vision Care Plan	gold restorations, crowns, and implants)	<ul> <li>plan pays 50%, you pay 50%</li> </ul>	<ul> <li>plan pays 50%**, you pay remainder</li> </ul>		LifeWorks iCan Health Coaching	
FOR YOUR FINANCIAL WELL-BEING	Orthodontics	• plan pays 50%,	• plan pays 50%**,	Separate lifetime	Tuition Reimbursement	
Disability Coverage	(available for participants younger than 19 when treatment begins)	you pay 50%	you pay remainder	<b>maximum:</b> \$2,000 (does NOT count toward plan year maximum)	Service Awards Program	
Life Insurance Plans	*Limited to one fluoride treatmen	t per year for all covered		,	lamSodexo.com	
Health Care Spending Account	participants. Sealants covered fo **Subject to reasonable and custo	or dependent children under age 1	information about th	For employees in Puerto Rico, see additional information about the dental plan included		
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# EYEMED SELECT VISION CARE PLAN

Vision wellness is an important component of an overall healthy lifestyle. Even if you don't wear glasses, you can greatly benefit from an annual examination from an eye care professional to help ensure healthy vision. Sodexo's EyeMed Select Vision Plan covers eye exams, eyeglasses or contact lens (in lieu of eyeglasses). The EyeMed Vision Care Discount Program offers additional savings.

You can use in-network or out-of-network providers. However, you'll receive a higher benefit when you use in-network providers.

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### Is vision coverage offered by the medical options?

Generally, the medical plan options cover vision exams for medical conditions such as cataracts and glaucoma. The UnitedHealthcare Health Reimbursement Account and Kaiser Permanente HMO Options cover one routine eye exam per year at 100%. The PPO Option provided by Cigna offers a routine vision screening in your regular doctor's office as part of an overall preventive care exam. See the applicable Summary Plan Description or call Member Services for details.



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Services/Materials	In-Network Benefit	Out-of-Network Reimbursement	FOR YOUR FINANCIA WELL-BEING (cont'd
Eye Exam Contact Lenses Exam*	\$0 copay	Up to \$32	Family Care Spending Account
Fit & Follow-up Visits – Standard	\$10 copay, includes 2 follow-up visits	Up to \$40	Sodexo 401(k) Retirement Savings Pl
Fit & Follow-up Visits – Premium	\$10 copay, 10% off retail, \$40 allowance	Up to \$40	Credit Unions
Frames	\$130 allowance, then 20% off	Up to \$58	Pay Options
	balance over \$130		FOR YOUR TIME OFF
<b>Lenses</b> (standard uncoated plastic), Single Vision, Bifocal, Trifocal,		Up to \$28 – Single Vision Up to \$44 – Bifocal	Vested Vacation Pla
Lenticular Progressive (standard)	\$15 copay \$80 copay	Up to \$72 – Trifocal Up to \$72 – Lenticular	Accrue and Take Vacation Plan
		Up to \$44 – Progressive (Standard)	Immediate Vested Vacation Plan
Contact Lenses			Sick Leave
Conventional	\$130 allowance, then 15% off balance over \$130	Up to \$104	Family and Medical Leave Act (FMLA)
Disposable	\$130 allowance	Up to \$104	Holidays
Contact Lenses -			Bereavement Leave
Medically Necessary	Covered in full	Up to \$200	Jury Duty
Retinal Imaging	Member cannot be charged more than \$39 for this service. Retinal Imaging is a non-invasive tool that	Not covered	FOR YOUR PERSONAL LIFE
	identifies potential signs of many		LifeWorks
	eye diseases, including glaucoma, diabetic retinopathy and age- related macular degeneration		LifeWorks iCan Health Coaching
	contact lens fitting. Premium contact lense ex	ams are for more complex fittings such as	Tuition Reimbursement
for multi-focal contacts, bi-focal contacts and		-	Service Awards Program
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### **EyeMed Vision Resources**

Visit EyeMed's website at **www.eyemedvisioncare.com** to manage your vision care plan and find up-to-date vision wellness resources.

You can create an account in the members section of the site that will allow you to review your Explanations of Benefits and vision plan claims online.

You also can use Wellness 101 through the site. Wellness 101 is your source for vision care information where you find out about the importance of eye exams, disease awareness and even how to choose the perfect eyewear. You'll also find videos to help you and your children prepare for an eye exam.

### **Vision Provider Network**

Check out the EyeMed Select panel which includes LensCrafters<sup>™</sup>, Sears Optical<sup>™</sup>, JCPenney Optical<sup>™</sup>, Target Optical<sup>™</sup>, participating Pearle Vision<sup>™</sup> locations and many independent private practices.

To locate a provider:

- Visit www.enrollwitheyemed.com/select
- Call 866 299 1358

#### Plan Identification Cards (Plan #9827353)

If you are enrolling for the first time, vision ID cards will be sent to your home. If you do not receive your ID cards, contact EyeMed at 866 723 0514.

#### Additional Vision Benefits

- Laser Vision Correction Program call 877 5LASER6 (877 552 7376)
- Mail Order Contact Lens Replacement Program visit www.eyemedcontacts.com or call 800 508 1399
- EyeMed Vision Care Discount Program (Plan #9238221) visit www.eyemedvisioncare.com or call 866 723 0391



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# FOR YOUR FINANCIAL WELL-BEING DISABILITY COVERAGE

According to the American Council of Life Insurers, 1 in 5 people between the ages of 35 and 65 are likely to suffer a serious disability lasting more than 5 years. Sodexo offers disability coverage to provide you with income if you cannot work because of non-work-related sickness or accidental injury, or pregnancy.

### **Pre-Existing Conditions**

If you become disabled within the first 12 months of plan participation from a disability that results from a pre-existing condition, you may not receive Disability Plus, Hourly Long Term Disability or salaried Long Term Disability benefits for that disability.

You have a pre-existing condition if you have a medical condition resulting from an injury or sickness (including pregnancy) that you have been diagnosed (or for which you were tested even if the diagnosis was not made), treated or recommended for treatment, or prescribed drugs or medications, within the 6 months prior to your coverage taking effect.



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### Salaried Employees Disability Plans

Employees eligible for salaried benefits have the option of enrolling in:

🗕 Disability Plus Plan

Long Term Disability (LTD) Plan

#### You must be enrolled in Long Term Disability to participate in Disability Plus.

	Disability Plus	Long Term Disability
Benefits Begin After You've Been Disabled For	7 consecutive days	30 days
Benefits End	Usually when your disability ends or after 30 days	Usually when your disability ends or after 24 months. Benefits continue beyond 24 months only if you are deemed unable to perform the material and substantial duties of any occupation within the company or elsewhere.
Coverage Amount	50% of your base salary (tax free), up to a maximum of \$2,884.62 per week *	60% of your base salary (tax free), up to a maximum of \$3,461.54 per week*
Pay Deductions Are Based On	Your salary**	Your salary**

\*Benefits are reduced by other income, including, but not limited to, paid leave, severance and legally mandated disability plans.

\*\*If your salary changes, so will your pay deductions. Benefits are reduced by other income including, but not limited to, paid leave, severance, Social Security disability benefits and legally mandated disability plans.

### Legally Mandated Disability Plans

The states of California, Hawaii, New Jersey, New York and Rhode Island, and the Commonwealth of Puerto Rico have legally mandated Disability plans. If you work in one of these geographic areas, you can enroll in the Long Term Disability or Disability Plus Plan; however, Sodexo-sponsored disability benefits will be reduced by the amount of those mandatory disability plan benefits.

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### Consider the following before enrolling in the Disability Plus Plan How Sick Leave Works With Disability Plans

Salaried (class 1-3) and administrative (class 4) employees may accrue up to 7 days of sick leave per year. Sick leave can be used to recuperate from your own illness or injury or to take care of a child, spouse or domestic partner. (Up to 7 sick days per year can be used for elder care of a parent or grandparent.)

Sick leave balances can be carried over each year up to the maximum balance of 400 hours or 50 days (320 hours or 40 days for part time administrative employees).

There is no limit to the amount of consecutive sick days you can take as long as you have the time accumulated and the reason for the leave fits the description of sick leave. However, you will need to apply for Family Medical Leave (FMLA) or non-FMLA Leave for an absence due to illness that meets the definition of a "serious health condition" under the Family Medical Leave Act.

Salaried employees also have the option to participate in the Disability Plus Plan.

Benefits in the Disability Plus Plan begin after you have been disabled for 7 consecutive days and end after your disability ends or after 30 days. You are eligible to receive 50% of your base salary (tax free) up to the plan maximum.

If you have a balance of more than 30 days of sick leave, you may want to consider whether coverage in the Disability Plus Plan is appropriate for you. In many instances, you could use your sick leave instead of Disability Plus and get your full salary instead of 50% of your earnings under the Disability Plus Plan.

There may be cases though, where you may want coverage through the Disability Plus Plan because you want to save your sick leave balances to use upon your return from a Leave of Absence or for the possibility of having to use them to care for a child or a spouse in the future.

Disability Plus benefits can only be paid for your own disability.

You can find your current sick leave balance on your pay statement. Review your current balance and the rules and limitations of both the Sick Leave Policy and the Disability Plus Plan before deciding whether to enroll for coverage in the Disability Plus Plan.

Benefits	Sick Leave Policy	Disability Plus Plan
How to Obtain Coverage	Class 1-4 employees begin accruing sick leave on date of hire but cannot use it for six months.	Class 1-3 employees can enroll for coverage during Annual Enrollment or when newly hired/ newly eligible. Evidence of Insurability may be required in order for coverage to be approved.
Coverage Provided	Accumulate 7 sick days per year at 100% of salary up to maximum of 400 hours (50 days) or 320 hours (40 days) for part time administrative employees.	50% of base salary (tax free) up to maximum of \$2,884.62 per week.
When benefits begin and end	Employees can begin taking sick leave on six-month anniversary of hire. Sick leave ends when sick leave balance has been used up or upon termination of employment.	Benefits begin after 7 consecutive days of disability and end when the disability ends or after 30 days.
How you can use the benefit	To recuperate from your own illness or injury or to care for a child, spouse or domestic partner. (7 sick days per year can be used to care for a parent or grandparent)	You can use the benefit for up to 30 days of an approved disability.

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### **Hourly Disability Plans**

Frontline employees have the option of enrolling in:

• Hourly Short Term Disability Plan

**Note:** If you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico, you cannot enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your state or commonwealth disability plan.

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• Hourly Long Term Disability Plan

**Note:** The states of California, Hawaii, New Jersey, New York and Rhode Island, and the Commonwealth of Puerto Rico have legally mandated disability plans. If you work in one of these geographic areas, you can enroll in the Hourly Long Term Disability Plan; however, Sodexo-sponsored benefits will be reduced by the amount of those mandatory disability plan benefits.

	Hourly Short Term Disability	Hourly Long Term Disability
Benefits Begin After You've Been Disabled For	7 consecutive days	26 weeks
Benefits End	Usually when your disability ends or after 26 weeks	Usually when your disability ends or after 24 months. Benefits continue beyond 24 months only if you are deemed unable to perform the material and substantial duties of any occupation within the company or elsewhere.
Coverage Amount	60% of your weekly base pay (tax free), up to a maximum of \$750 per week.	50% of your annual base pay (tax free), up to a maximum of \$2,000 per month*
Pay Deductions Are Based On	Based on Weekly Base Salary	Based on your age and your annual base pay

\*Benefits are reduced by other income, including, but not limited to, paid leave, severance, Social Security disability benefits and legally mandated disability plans.

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### **IMPORTANT! Evidence of Insurability**

If you are enrolling after your initial eligibility period in Salaried Long Term Disability (LTD), Disability Plus or Hourly Long Term Disability, or you are enrolling after your initial eligibility period or increasing your coverage in Hourly Short Term Disability (STD), you must complete an Evidence of Insurability form. **New hires enrolling during their initial eligibility period are not required to provide Evidence of Insurability**.

Liberty Mutual will send you a form when you enroll which must be returned by mail or you can go to **www.MyLibertyConnection.com** to submit your Evidence of Insurability online. When you register for the website the Company Code is SDX100.

If Evidence of Insurability is required, Liberty Mutual must receive the completed form or online applications by the deadline noted on the instruction letter enclosed with the form, which will be 40 days from the date it was sent to you. If you do not receive a form, call Liberty Mutual at 888 287 8494, prompt 2 to request one.

Be sure to keep a copy of the Evidence of Insurability for your records.

Applications will be approved or denied by Liberty Mutual. Liberty Mutual also may require a medical exam by a doctor of its choice at your expense. If you have not received an approval or denial notice within three months, please call Liberty Mutual at 888 287 8494, prompt 2.

### **Reporting and Tracking Claims**

To report or track a disability claim, log on to **www.MyLibertyConnection.com**.

If you are a new user, you will have to register for the site and enter the Company Code: SDX100 and choose a username and password.

You can then choose the option to either "Report a Claim" or "Track an Existing Claim."

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# LIFE INSURANCE PLANS

In the event of your death, would your loved ones have the financial means to pay for everyday living expenses? Could they afford your funeral? Life insurance is often undervalued—until it's needed.

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Sodexo provides life insurance coverage through Minnesota Life to provide peace of mind for you and your family members. The Group Term Life Insurance Plan allows you to elect from 1 to 7 times your salary, up to a maximum of \$1 million.

### Life Insurance Evidence of Insurability Requirements

Evidence of Insurability means that you may have to prove that you are insurable for the amount of coverage that you want to elect. Evidence of Insurability has to be approved by Minnesota Life for you to receive your coverage

#### You are required to provide Evidence of Insurability to elect coverage if:

- You are newly eligible for coverage and electing more than \$700,000 in coverage
- You are enrolling in the Group Term Life Insurance Plan for yourself or spouse/domestic partner coverage for the first time outside of your initial eligibility window
- You are a current plan participant and you elect to increase your coverage by more than 1 times salary during Annual Enrollment

#### You are not required to provide Evidence of Insurability to elect coverage if:

- You are newly eligible for coverage and you elect an amount up to \$700,000
- You are a current plan participant and you elect to increase your coverage by 1 times salary up to \$700,000 during Annual Enrollment

If Evidence of Insurability is required, Minnesota Life will send you the instructions for completing the Evidence of Insurability application by mail.

Minnesota Life must receive the completed application by the deadline noted on the instruction letter. Be sure to keep a copy of the Evidence of Insurability for your records.

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EyeMed Select Vision Care Plan

#### FOR YOUR FINANCIAL WELL-BEING 2015 GUIDE TO EMPLOYEE BENEFITS 72 IN THIS GUIDE: **Group Term Life Insurance Benefits At-A-Glance**

The Group Term Life Insurance Plan pays your beneficiary your coverage amount if you die. You can choose a coverage level of 1 – 7 times your annual base pay with a minimum of \$10,000 up to a maximum of \$1 million for yourself.

#### Spouse/Domestic Partner Coverage

- Spouses and domestic partners can choose Group Term Life Insurance Coverage at any of the following amounts:
  - -\$10,000 -\$25,000 -\$50,000 -\$75,000 -\$100,000
- You receive the coverage amount if your spouse/domestic partner dies

#### Dependent Child Coverage

- You can elect \$10,000 or \$20,000 of coverage for each eligible child
- Dependent children are eligible for coverage from live birth up to age 26

A Living Benefit is available for terminally ill participants and their insured dependents as part of the Free Basic Life and Group Term Life Insurance plans. Contact Minnesota Life for more information and eligibility requirements.

Pay deductions for Group Term Life Insurance are based on your earnings, age and nicotine use. If your age bracket or salary changes during the year, your cost may change. When you enroll for the first time or change your coverage, you will be asked a specific question about nicotine use to determine your premium. This nicotine use question is separate and distinct from the question on nicotine use for the Medical Plan.

You must elect Group Term Life Insurance coverage for yourself to enroll in Voluntary AD&D coverage.

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### Voluntary Accidental Death & Dismemberment (VAD&D)

The Voluntary AD&D Plan provides benefits to your beneficiary if you die in an accident or you lose a limb, eyesight, speech or hearing, or become paralyzed or comatose because of an accident. Coverage for your spouse/domestic partner and dependent children also is available. **You must elect Group Term Life coverage for yourself to enroll in the Voluntary AD&D plan.** 

- You can elect coverage in \$25,000 increments up to a maximum of \$350,000 in coverage for yourself
- You can elect Voluntary AD&D coverage for your spouse/domestic partner and children at a percentage of your own Voluntary AD&D coverage amount
  - Spouse/domestic partner Voluntary AD&D coverage is paid at 50% of your Voluntary AD&D benefit if you cover children for Voluntary AD&D, and 60% if you do not cover children, up to a maximum of \$210,000
  - Child Voluntary AD&D coverage is paid at 15% of your elected Voluntary AD&D benefit if you cover a spouse/domestic partner for Voluntary AD&D, and 20% if you do not cover a spouse/domestic partner, up to a maximum of \$50,000

### No Cost Benefits—Automatic Coverage

### Business Travel Accident (BTA) coverage for employees eligible for salaried benefits.

All employees eligible for salaried benefits are automatically enrolled in Business Travel Accident coverage at no cost. Business Travel Accident Insurance provides employee-only coverage for accidental deaths and dismemberments that occur while traveling on company business.

### Free Basic Life Insurance for all employees eligible for standard benefits.

Full-time frontline employees are covered up to \$10,000 in the event of their death. Full-time salaried employees are covered for the amount of their annual base salary (rounded up to the nearest \$1,000, up to a maximum of \$50,000) in the event of their death. Benefits are reduced when employees reach age 65.

Even though you are automatically enrolled in Business Travel Accident and/or Free Basic Life Insurance, you are still required to complete the beneficiary designation for Life Insurance either online (through Minnesota Life's website at www.lifebenefts.com/plandesign/sodexo or through a link when you enroll at www.SodexoBenefitsCenter.com).

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### Life Insurance Beneficiary Designation

Make sure you submit a beneficiary designation to Minnesota Life for the Free Basic Life, Business Travel Accident (if applicable) and any other coverage that you elect.

You can access Minnesota Life's website and submit your beneficiary designation online after you enroll through the Sodexo Benefits Center at www.SodexoBenefitsCenter.com. Follow the steps outlined below to complete your beneficiary designation online. You can view or update your beneficiary information at any time by returning to www.LifeBenefits.com/plandesign/Sodexo and entering your User ID and Password.

If you prefer, you can complete the Beneficiary Designation & Change Request Form available online through Minnesota Life or by calling 877 282 1936, and return it to Minnesota Life at the address listed on the form.

To designate your beneficiaries online, follow these simple steps:

- 1. Enroll in your benefits through the enrollment website at www.SodexoBenefitsCenter.com and click on "submit" to submit your elections.
- 2. Once you submit your elections, you will be prompted to link to the LifeBenefits website.
- 3. At the welcome page, enter "SDX" followed by your Employee ID (found on your Fact Sheet or your pay statement) and your initial password (your eight-digit date of birth followed by the last four digits of your Social Security Number). You'll be asked to change your password when you

enter the website for the first time.

- 4. **Designate your beneficiary** by following the instructions.
- 5. Click the "Submit" button.
- 6. Minnesota Life will mail you a confirmation.

If you do not make a beneficiary designation, benefits will be paid in the following order of priority:

- 1. your spouse, if living; otherwise
- 2. your natural and legally adopted children, if living; otherwise
- 3. your parents; if living; otherwise
- 4. your siblings, if living; otherwise
- 5. your estate.

Please note that if you do not name your domestic partner as your beneficiary, he/she may not receive any benefits.

It is a good idea to review your beneficiary designations every year, especially after major life events like births, deaths, weddings, divorces, graduations—you can make changes anytime.



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### Choosina Beneficiary(ies)

- The beneficiary (ies) you name in your life insurance policy will receive your death benefit\*
- You can name one or more beneficiaries. You indicate how you want the money divided using percentages that add up to 100%. Example: If you want three beneficiaries to get equal shares, you should designate 33.3%, 33.3%, and 33.4% for each to add up to 100%
- Your designated beneficiary under the Life Insurance plan will supersede any contrary designation in your will
- \* You may want to talk to an estate planner, accountant or attorney before you make your decision, especially if your beneficiary is a minor under age 18. This is a good time to discuss laws in community property states as well as power of attorney.

### LifeSuite Services

As a part of your Free Basic Life insurance plan, you and your dependents will have access to LifeSuite services at no additional cost. LifeSuite services offered through Minnesota Life provides an array of resources to meet your financial, legal and travel assistance needs.

**Beneficiary Financial Counseling** – Beneficiaries who

For more information on legal services, please call Ceridian LifeWorks at 877 849 6034 or 888 267 8126 or visit www.lifeworks.com

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Username: will Password: preparation

Or

Username: sodexo Password: lifeworks

receive at least \$25,000 in policy benefits can choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC), one of the world's leading professional services firms. The counseling services are designed to help families make sound financial decisions at a difficult time. PwC advisors do not sell insurance or investment products, and no information will be given to PwC without your beneficiary's written consent. There is no cost to the employee or beneficiary for this service.

**Legal Services** – Employees can take advantage of legal services through Ceridian LifeWorks. The program gives employees and their dependents telephone access to a national network of 22,000 attorneys for consultation on simple wills and testamentary trusts and simple power-of-attorney and health directives. Document review and drafting also is available.

locating and accessing physicians, dentists, medical facilities and pharmacies, arranging and paying for medical

evacuation or returning mortal remains, providing interpreters or relaying messages to friends and family and

offering a wide range of travel information. There is no cost to the employee for this service.

Services provided by PricewaterhouseCoopers, Ceridian LifeWorks and Global Rescue are their sole

responsibility. The services are not affiliated with Minnesota Life, Securian Life or its aroup contracts and

**Travel Assistance** – Provided by Global Rescue, coverage provides 24-hour emergency travel service for U.S. group life insurance plan participants and their families\*\* when they are traveling for business or pleasure more than 100 miles from home. The service includes assistance in

\*\*Family coverage does not require travel with the employee.

may be discontinued at any time.

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For more information on this program, please call Global Rescue at 855 516 5433 or visit www.lifebenefits.com/travelassistance.

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**Legacy Planning Services** — Employees can take advantage of the resources available at **www.LegacyPlanningServices.com** that provide guidance, templates and forms for putting together a complete legacy plan.

Legacy Planning involves putting your wishes in writing and making sure legal instruments are properly drafted so that your wishes can be followed in the event of your death. The website also includes helpful information for sharing your plans with loved ones to ensure your wishes are followed after your death.

A comprehensive legacy plan includes:

- Last wishes for a funeral or a memorial service
- How you want personal property (jewelry, collectibles, furnishings, etc.) disbursed
- Locations of documents and a list of key contacts
- Legal instruments such as healthcare directives, wills and trusts
- Financial instruments used to fund the estate plan and pay for final expenses

You can begin your legacy planning at **www.LegacyPlanningServices.com**.



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dental or vision plans.

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www.SodexoBenefitsCenter.com.

prescription from your doctor.

2. Choose Your Amount

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts let you use income that is not taxed for daycare expenses, deductibles, copayments, coinsurance, eyeglasses, contact lenses, orthodontics, LASIK vision correction and other expenses.

Newly hired and newly eligible employees are only able to enroll in the Health Care and Family Care Spending Accounts for the current plan year before Oct. 1 of each plan year.

## HEALTH CARE SPENDING ACCOUNT

How Your Health Care Spending Account Works

\*Due to rounding, this amount may vary slightly in each pay period.

or call 855 668 5040—even if you currently participate.

**During Annual Enrollment Each Year** 

use the money to pay for out-of-pocket health care expenses.

The Health Care Spending Account can help you save on medical, dental and vision expenses that are not covered by insurance for you and your dependents. The money goes into your account before taxes and you

Before you enroll, estimate how much you and your dependents will spend on eligible expenses for

and find out how much you can save by using the Health Care Spending Account estimator at

the coming year, determine how much you want to contribute to your Health Care Spending Account,

Call Cigna at 800 909 2227 if you have any questions about what expenses are covered by the Health Care

Over-the-counter medications are not covered under the Health Care Spending Account without a

You can choose to put from \$200 to \$2,500 of your pay in your Health Care Spending Account. The amount you choose will come out of your pay before taxes in equal deductions\* over 50 pay periods (25, if paid

bi-weekly). For example: If you choose \$1,000, your plan deduction would be approximately \$20.00 weekly

You Must Re-Enroll in the Health Care Spending Account

To participate, you must enroll through the Sodexo Benefits Center at www.SodexoBenefitsCenter.com

**Note:** To enroll in the Health Care Spending Account, you do not have to participate in any of Sodexo's medical,

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in Puerto Rico are not eligible for the Flexible Spending Accounts.

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### 3. Get Reimbursed

### Auto-Pay—Automatic Reimbursement for Cigna PPO Option Participants

If you enroll in the Cigna PPO Option as your Sodexo Medical Plan, you can elect to have your qualified medical expenses automatically forwarded to your Health Care Spending Account for reimbursement. This feature is called Auto-Pay.

When you choose Auto-Pay, Cigna automatically pays qualified medical expenses directly from your account after your medical claims have been processed. If you elect Auto-Pay and have funds available:

- Cigna will process the medical claim first, then pay the health care professional directly from your account for all your eligible out-of-pocket expenses, such as your deductible and coinsurance
- For medical copays, you'll pay your copay at the time of service. Cigna will process the medical claim first and reimburse you from your account for the copay

To elect Auto-Pay or to change a previous Auto-Pay election, log on to **www.myCigna.com**. Select the "Manage My Profile" link located at the top of the **myCigna.com** home page, then scroll down to "Auto-Pay Preferences" and click the "View or Change" link.

### MyClaimPay—Pay Your Claims How and When You Want

If you enroll in the Cigna PPO Option, you can use MyClaimPay—an easy-to-use, online, bill payment tool. It allows you to pay your medical claims how and when you want to pay them. And, because you can track both completed and outstanding payments, you'll always know where you stand.

**To use MyClaimPay, Auto-Pay must be turned off.** To change your Auto-Pay election, log on to **myCigna. com**. Select the "Manage My Profile" link located at the top of the **www.myCigna.com** home page, then scroll down to "Auto-Pay Preferences" and click the "View or Change" link.

### Once Auto-Pay is turned off, you're ready to use MyClaimPay:

- 1. Log on to **www.myCigna.com**.
- 2. Select "Claims" under the "MANAGE CLAIMS & BALANCES" tab.
- 3. Scroll down to the MyClaimPay section and select "VIEW PAYABLE CLAIMS." You will be able to make a payment on any claim by selecting "PAY NOW."
- 4. Funds are transferred from your account and your remaining amount due is sent electronically to the health care professional.

lf you'd rather pay a doctor directly, you can. Simply choose the "MARK AS PAID" action, which removes that claim from the MyClaimPay list.

Remember, you are always free to turn Auto-Pay back on at any time and disable the MyClaimPay feature.

\*The Auto-Pay and MyClaimPay features can only be used with expenses from the medical plan administered through the Cigna Open Access Plus/CareLink Network. You cannot use the Auto-Pay and MyClaimPay features if you have coverage for a domestic partner as a dependent under the medical plan.

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# Out-of-pocket prescription drug expenses under the Express Scripts Prescription Drug Program are eligible for reimbursement under the Health Care Spending Account but cannot be reimbursed through the Auto-Pay or MyClaimPay features.

### **Reimbursement Request Forms**

Reimbursement Request Forms can be obtained by visiting **www.myCigna.com**. You also can request a form by calling Cigna Customer Service at 800 909 2227.

You have other options for submitting your reimbursement requests:

- Mail your Reimbursement Request Form and documentation to the address on the form
- Fax your Reimbursement Request Form and documentation to the fax number listed on the form
- Submit your reimbursement request online at **www.myCigna.com**.

### For Expenses Not Covered by Any Other Plans

To be reimbursed for eligible expenses not covered by any medical, dental, vision or prescription plan, you or your eligible dependents will need to submit a completed Reimbursement Request Form with an itemized bill, Explanation of Benefits or receipt (not a canceled check) as proof of services rendered. Each bill must include:

- Provider name and address
- Patient name
- Description of services provided
- Date(s) of services
- Patient portion of expenses

### For Expenses Covered In Part by Other Plans

You must first file your claim under your medical, dental, vision or any other plan that you or an eligible member of your household may have. Your plan(s) will send you a statement showing the amount, if any, of reimbursement and the amount that you must pay. Attach a copy of this statement to the completed Cigna Choice Fund Reimbursement Request Form.

### **Claims Deadline**

Your claims must be received on or before March 31 of the year following the Plan Year in which the expenses were incurred. Any funds remaining in your account after March 31 following the close of the Plan Year will be considered forfeited and will not be returned to you.

### Use It ot Lose It

Because of IRS rules, any money left in your account at the end of the year will be forfeited. You have until March 31, 2016, to file claims for expenses for services received in 2015.

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### When You Will Receive Payment

Processing takes from 5-10 days based on whether the claim is submitted manually via mail or fax—or whether the claim is sent using Auto-Pay or MyClaimPay. To have your claims processed promptly and receive reimbursements as quickly as possible:

### Use Auto-Pay or MyClaimPay

- Be sure to include all required information when submitting a Reimbursement Request Form
- Be sure all information is legible
- Sign up for direct deposit

### **IMPORTANT:** Consider Tax Implications

• If you use money from your Health Care Spending Account to pay for health care expenses, you cannot claim those expenses as a deduction on your income tax return. To determine if a tax deduction or reimbursement through a Health Care Spending Account is better for you, consult your tax advisor

**Note:** Highly compensated employees could be subject to adjustment of their spending account contributions during the plan year to comply with tax rules.

### Changes During the Year

You cannot increase or decrease your contributions during the plan year unless you have a qualifying change in family or job status. For a list of qualifying events, call the Sodexo Benefits Center at 800 668 5040.

### **Health Care Spending Account Resources**

**General Questions and Claim Forms** www.myCigna.com 800 909 2227

**Health Care Spending** Account Estimator Find the estimator at www.SodexoBenefitsCenter.com

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### FOR YOUR FINANCIAL WELL-BEING

# FAMILY CARE SPENDING ACCOUNT

Cost of child care or care of elderly parents is a major expense in many households. The Family Care Spending Account offers a way to pay for these expenses with tax-free dollars.

*Note:* The Family Care Spending Account is intended to cover costs of child or elder care and does not cover any medical or health care costs for your dependents.

Newly hired and newly eligible employees, and employees with a qualified life event status change are only able to enroll in the Family Care Spending Account for the current plan year before Oct. 1 of each plan year.

### Eligibility

You may enroll in the Family Care Spending Account if you are:

- A single parent or guardian
- Married with a spouse who is working, a full-time student, or physically or mentally disabled
- A non-custodial parent with children you claim as dependents on your IRS Form 1040, and you pay their day care expenses directly (not through child support)
- You or your spouse is pregnant and expecting to return to work following the child's birth
- You or your spouse has a dependent (including a parent) incapable of independent care, who lives with you
  and whom you claim as a dependent on your tax return.

### **Eligible Dependents**

You can use your Family Care Spending Account to pay expenses for:

- Your dependent children up to their 13th birthday
- Disabled dependents (including elderly parents) who spend at least 8 hours a day in your home and get at least half of their support from you

### **Eligible Expenses**

You can use your Family Care Spending Account to pay for dependent care expenses such as:

- Pre-school, day camp, and care before or after school
- Licensed child care or adult care center that meets all state and local regulations (but not nursing homes)
- Day care by a licensed provider in your home or someone else's home, or a housekeeper whose duties include watching your children

### You Must Re-Enroll in the Family Care Spending Account Each Year

To participate each year, you must enroll through the Sodexo Benefits Center at **www.SodexoBenefitsCenter.com** or at 855 668 5040.

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### BEING 2015 GUIDE TO EMPLOYEE BENEFITS

### How Your Family Care Spending Account Works

### 1. Estimate Your Expenses

Before you enroll, estimate how much you will spend on dependent care expenses for the coming year. Estimate carefully because you will forfeit any unused money in your account at the end of the year.

### 2. Choose Your Amount

You can choose to place from \$200 to \$5,000 of your pay beforetax in your Family Care Spending Account. The amount you choose will come out of your pay in equal deductions\* over 50 pay periods (25 if paid bi-weekly). For example: If you choose \$1,000, your deduction would be approximately \$20 weekly or \$40 bi-weekly.

\*Due to rounding, this amount may vary slightly in each paycheck.

### 3. File a Claim

When you have eligible expenses, you pay for them as you normally would and file a claim. As you incur eligible expenses during the year, you get your money out of your account tax-free as long as there is money available in your account.

**Note:** Highly compensated employees could be subject to adjustment of their spending account during the plan year to comply with tax rules.

### **Contributing for Part of the Year**

If you become eligible for the Family Care Spending Account (FCSA) after the plan year has begun on Jan. 1, estimate what you expect to spend on dependent care only for the number of weeks left in the 50-week pay period that started Jan. 1. You cannot be reimbursed for dependent care expenses that occurred before you enrolled in the Family Care Spending Account.

### **Direct Deposit**

Reimbursement from your Family Care Spending Account can be deposited directly into your bank account. Participants will receive more information about this program in their Welcome Packet sent at the beginning of the year.

### Use It or Lose It

Because of IRS rules, any money left in your account at the end of the year will be forfeited. You can file claims for 2015 until March 31, 2016, for services received in 2015.

### Family Care Spending Account Resources

General Questions, Worksheets and Claim Forms www.myCigna.com 800 909 2227

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### **Changes During the Year**

You cannot increase or decrease your contributions during the plan year unless you have a qualifying change in family or job status. For a list of qualifying events, call 855 668 5040. The change you make must be consistent with your change in status. For example, if you have a child, you can increase (not decrease) how much you put into your Family Care Spending Account.

### **Tax Savings**

Under current tax law, you can save taxes on dependent care expenses by either claiming a tax credit on your federal income tax return or by participating in the Family Care Spending Account. You may use both approaches, but you cannot "double deduct" the same expense. To determine if a tax credit or reimbursement through the Family Care Spending Account is better for you, consult your tax advisor.

### Sodexo 401(k) Retirement Savings Plan

The 401(k) Plan helps you set aside money (between 1% and 50% of your eligible 401(k) earnings) from your pay for your future. Sodexo matches \$0.50 for each dollar you save—up to the first 6%.

You always own the money you contribute to your account. After three years of service, you will own 100% of the money Sodexo contributes on your behalf.

You are automatically eligible for the program if you are 21 years old and in an eligible unit.

### Rollovers

If you have a distribution from a qualified retirement plan, you may be able to roll over this money to the Sodexo 401(k) Retirement Savings Plan, even if you are not yet eligible or do not participate. Contact Voya Financial (formerly ING) for details at 866 7 MY PLAN, or online at www.MySodexoSavingsPlan.com.



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### If You Are A New Hire

All new hires will receive an enrollment kit a few weeks after their start date. When you receive the enrollment kit you can:

1. Do nothing. After 30 days of your hire date, Sodexo will automatically enroll you at 1% of your salary. Your contribution percentage will increase 1% each year until you reach 3% unless to opt to make an active change to your contribution amount.

2. Actively Enroll. Using this option will enable you to increase your contribution. By contributing 6%, you are eligible to receive the full company match.

3. Opt Out. If you do not want to participate, go to **www.MySodexoSavingsPlan.com** or call 866 7MY PLAN (866 769 7526) within 30 days of your hire date and make the election to not participate. If you change your mind, you can re-enroll at any time in the future.

### **Credit Unions**

MEFCU and First Commonwealth Federal Credit Union (FCFCU) are not-for-profit, member-owned institutions. Both credit unions offer members competitive interest rates on loans, yields on certificates, money market accounts and savings accounts. For more information, contact MEFCU at 800 821 7280 or visit **www.mefcudirect.com** and contact FCFCU at 610 821 2403 or visit **https://www.firstcomcu.org**.

### **Pay Options**

### Direct Deposit

You can have your pay deposited directly into up to 10 personal savings, checking or investment accounts. Go to Employee Self Service on **www.IAmSodexo.com** or see the person who handles your payroll for details.

### Money Network Service

Receive your pay electronically with the **Money Network® Service** (MNS) with a Bank of America Debit Card. Your pay is deposited into a Money Network Account that you access by using either Money Network<sup>™</sup> Checks or a no-fee Bank of America Debit Card. You can use the debit card or the checks to pay bills, make purchases, make at least one free cash withdrawal from In-Network Allpoint ATMs and Bank of America ATMs **nationwide**, or cash a Money Network Check **for free** to get up to 100% of your available funds. There are no sign-up fees to obtain the Money Network Service. Ask your manager for an enrollment kit which is available in your unit.

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# FOR YOUR TIME OFF

*Employees covered under the terms of a collective bargaining agreement should consult the collective bargaining agreement for information on time off benefits.* 

The information provided below regarding the Standard Vacation Plans is an overview—please consult your applicable Vacation Summary Plan Description for more information.

### **Vested Vacation Plan**

Full-time, non-temporary frontline employees and some part-time employees not eligible for the Immediate Vesting Vacation Plan are automatically enrolled. Your vacation plan is set by your unit.

You begin to accrue, or accumulate, vacation leave on your first day of employment. After Jan. 1 each year, your unvested vacation leave you accrued in the prior year will vest and can be used with appropriate management's pre-approval. Unused vacation leave may be carried over from year to year, but the maximum vacation balance you may have on Jan. 1 each year is 240 hours.

### Accrue and Take Vacation Plan

Full-time employees eligible for salaried benefits and not eligible for the Immediate Vesting Vacation Plan are automatically enrolled. Your full annual vacation leave balance is available to you on Jan. 1 each year, with appropriate management's pre-approval. If you are a newly hired or a newly eligible employee, or you work less than 40 hours per week, your vacation leave balance will be prorated. Any vacation leave earned during the year will be forfeited if it is not used by the end of the calendar year.

### **Immediate Vesting Vacation Plan**

All eligible employees in California are automatically enrolled in the Immediate Vesting Vacation Plan.

You begin to accrue, or accumulate, vacation leave on your first day of employment which you are eligible to begin using immediately after your applicable waiting period with appropriate management's pre-approval. Vacation will accumulate up to your yearly maximum accrual or until your balance reaches the maximum accrual cap of 1.5 times your annual accrual rounded up to nearest 8-hour increment. Once your balance reaches the accrual cap, you will temporarily stop accruing vacation until you reduce your balance by using vacation. Subject to the maximum accrual cap, all earned unused vacation will carry over year to year.

If you transfer to the Immediate Vesting Vacation Plan from the Accrue and Take Vacation Plan or the Vested Vacation Plan, any unused vacation balance from your prior plan will transfer to the Immediate Vesting Vacation Plan and will be applied toward the accrual cap.

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### Sick Leave

Sick leave accrues from the beginning of employment. However, it is not available to use until you have been employed for six months. If you are a salaried employee, you are eligible for up to seven sick days per year. If you are a frontline employee, sick leave is set by your unit.

### Family and Medical Leave Act (FMLA)

Sodexo follows the Family and Medical Leave Act of 1993. FMLA and FMLA-like coverage entitles eligible employees (employees who have completed 12 months of service and at least 1,250 hours of service in the last 12 months) to take up to 12 weeks of unpaid job- and benefits-protected leave in a specified 12-month period for certain family and medical reasons. See the person who handles your benefits for more information about the Leave of Absence policy at your unit or ask for a Request for Leave of Absence packet. Sodexo also permits employees to take family and medical leave according to state leave laws. For a military leave, see the person who manages your benefits.

### Holidays

Sodexo recognizes a number of national holidays. Recognized holidays are set by your unit.

### **Bereavement Leave**

You are eligible for up to 3 days of paid bereavement leave following the death of an immediate family member, which includes your parents, step-parents, parents of your spouse or domestic partner, your children, step-children, domestic partner's children, grandparents, grandchildren, legal guardian or custodian, brother(s), sister(s), spouse or domestic partner.

### **Jury Duty**

If you have jury duty during your regularly scheduled work hours, you will receive your normal daily pay and any payment received from the court for up to 4 weeks.



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### LifeWorks

All non-temporary managers and all full-time hourly employees and family members are eligible for this program. Employees covered under a collective bargaining agreement are not covered under the LifeWorks program.

In today's fast-paced world, juggling work and personal life and all the associated demands and pressures can feel overwhelming. Fortunately, employees have somewhere to turn—the LifeWorks program. Through LifeWorks, you have access to many resources that can assist you with work- and non-work-related issues such as:

- Counseling services for personal relationships
- Assistance with work-related problems
- iCan Health Coaching
- Child care, eldercare or even pet care
- Legal needs, financial needs and debt management
- Planning vacations, looking for schools, and more

You and your family members can call LifeWorks anytime, day or night, at 888 267 8126 (English) or 888 732 9020 (Spanish). The services provided to you are confidential and free of charge.

At **www.lifeworks.com** (user ID: sodexo; password: lifeworks), you can watch short videos, join discussion groups, read articles and order free materials. LifeWorks offers an employee discount program where you'll be able to save up to 60% on items ranging from electronics to floral delivery to travel.

### LifeWorks iCan Health Coaching

Because Sodexo is committed to programs that help you improve your well-being and help you reach your health goals, we are pleased to provide you with the iCan Health Coaching program from LifeWorks.

Whether your goal is to **lose weight, quit smoking**, **cope with stress** or **reduce risk of heart disease**, iCan Health Coaching matches you with your own personal health coach who can help you focus on your goals and give you the one-on-one support and encouragement you need to achieve them.

The program is free, completely confidential, and is open to you and your family members. Call 888 267 8126 to speak with a health coach or visit **http://www.lamSodexo.com** > LifeWorks > iCan Health Management Resources (user ID: sodexo, password: lifeworks).

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### **Tuition Reimbursement**

Going to school? Sodexo may help pay some of the costs of your education if you are taking pre-approved, jobrelated classes at an approved school. Benefits vary by unit.

### **Service Awards Program**

Sodexo presents a service award when you complete five years of service or more, in five year increments.

### lamSodexo.com

**lamSodexo.com** is a website for all employees. No user IDs or passwords are required. Tools and resources that will help you reach your personal, professional, and financial goals are easy to access—24/7. Just "point and click" to:

- Find training programs that will help you develop and advance your career
- Use tools to assist you in reaching your financial goals
- Take charge of your health with easy access to your benefits
- Find scholarships for your children, domestic partner benefits, disaster relief program, discounted pet insurance and so much more



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Dental Plan Dental Group Number: 302105	MetLife	800 942 0854 Service Center Hours: Monday – Friday, 8 a.m 11 p.m., ET www.metlife.com/mybenefits	Sodexo 401(k) Retirement Savings Plan Credit Unions
Disability Plans	Liberty Mutual	To file or track claims: 800 261 9022 www.MyLibertyConnection.com Company Code: SDX100 To check status of EOI: 888 287 8494, prompt 2	Pay Options FOR YOUR TIME OFF Vested Vacation Plan
Enrollment or Benefits Questions	Sodexo Benefits Center	855 668 5040 International Callers: 646 254 3479 www.SodexoBenefitsCenter.com	Accrue and Take Vacation Plan
Family Care Spending Account	Cigna	800 909 2227 www.myCigna.com	Immediate Vested Vacation Plan Sick Leave
Health Care Spending Account	Cigna	800 909 2227 www.myCigna.com	Family and Medical Leave Act (FMLA)
HMOs	Your Member Services Office	Specific HMO numbers are listed in the charts on the previous pages	Holidays
LifeWorks including	Ceridian	For English: 888 267 8126	Bereavement Leave
iCan Health Coaching		For Spanish: 888 732 9020 TTY/TDD: 800 346 9188 www.lifeworks.com user ID: sodexo, password: lifeworks	Jury Duty FOR YOUR PERSONAL LIFE
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		www.cigna.com/sodexo Members: www.myCigna.com	Credit Unions
PPO Prescription Drug Program	Express Scripts	800 903 7968 www.express-scripts.com	Pay Options           FOR YOUR
Sodexo 401(k) Savings and Retirement Program	Voya Financial (formerly ING)	866 7 MY PLAN (866 769 7526) www.MySodexoSavingsPlan.com	TIME OFF Vested Vacation Plan
Triple-S	Triple-S Salud, Inc.	787 774 6060 www.ssspr.com	Accrue and Take Vacation Plan
UnitedHealthcare	United Healthcare	Jnited Healthcare 800 784 2023 https://www.myuhc.com/groups/sdx Members: www.myuhc.com	Immediate Vested Vacation Plan
			Sick Leave
Vision Plan	EyeMed Vision Care	866 299 1358	Family and Medical Leave Act (FMLA)
		Plan Number: 9827353	Holidays
		EyeMed Vision Care Discount Program 866 723 0391	Bereavement Leave
		Plan Number: 9238221 <i>Service Center Hours:</i> MonSat., 8 a.m 11 p.m. ET Sunday, 11 a.m 8 p.m. ET <b>www.eyemedvisioncare.com</b> Use plan numbers above	Jury Duty
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# HIPAA PRIVACY RULE

The HIPAA Privacy Rule (effective April 14, 2003) requires Sodexo, Inc., to remind employees who participate in standard benefits that the Notice of Privacy Practices is available and how to obtain a copy.

This notice explains:

- The definition of Protected Health Information
- How the company and the plans disclose and use Protected Health Information
- When an authorization is needed
- Your health information rights
- Whom to contact about your privacy rights

The notice and authorization forms are available through the Sodexo Benefits Center at **www.SodexoBenefitsCenter.com** or 855 668 5040.

# **FRAUDULENT ACT**

If you commit a fraudulent act, the Plan Administrator has the right to cancel or nullify all or some of your companysponsored plan coverage(s) for you and your covered dependents. Fraudulent acts include, but are not limited to, providing false information to obtain employment or benefits coverage, omitting important facts, or misusing the plan coverage. If this occurs, your benefits coverage may be canceled for you and your covered dependents. In addition, civil and/or criminal penalties can result from these acts. This publication provides a general overview of the benefits package provided to eligible employees at Sodexo. These benefits are provided on a company-wide basis. Frontline employees subject to a collective bargaining agreement are not entitled to receive these benefits unless specifically provided for in the collective bargaining agreement. The benefits, terms and conditions described are not subject to change without the prior approval of the Benefits Department. Certain benefits are described in greater detail in their respective Summary Plan Descriptions.

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