

2017 Benefits-at-a-Glance

This document provides a general overview of the benefits package provided to eligible employees at Sodexo. These benefits are provided on a company-wide basis to salaried exempt employees.

- Employees in the state of Hawaii are not eligible for most standard company medical plans but may be eligible for state-specific medical plans.
- Some benefits listed here may not apply to employees in Puerto Rico and Guam.

The benefits, terms and conditions described above 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.

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 document, the SPD, the plan document or the carrier's policy or service contract, the information in the plan document or contract governs. The Plan Administrator reserves the right to resolve any ambiguity in this document.

Your Choices. Your Health.



- Medical
- Dental
- Vision
- Disability
- Flexible Spending Accounts
 - Healthcare Savings Account
 - Family Care Savings Account

Your Choices. Your Future.



- Life Insurance
- 401(k) Retirement Savings Plan
- Credit Unions
- Tuition Reimbursement
- Payroll Options
 - Direct Deposit
 - Money Network Services

Your Choices. Your Life.



- Vacation
- Sick Leave
- Other Time Off
- LifeWorks
- Employee Discounts

Total Rewards

Sodexo team members make significant contributions that improve the quality of daily life for our clients, customers and in the communities we serve. In return, Sodexo is committed to caring for our employees in the same way that we care about our customers.

One way we care about our employees is providing 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—you.

Total Rewards represents a broad spectrum of plans and programs designed to reward and motivate you throughout your career.

It includes benefits programs to 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 a range of benefits options.

This At-a-Glance document provides an overview of the Total Rewards package Sodexo offers to you—to help you meet your needs now and in the future.

Benefits Eligibility

- You are eligible to participate in Sodexo Benefits if you are a non-temporary, exempt salaried employee.

After You Enroll

After you enroll, your Confirmation of Enrollment, will be sent to you which lists the specific date on which your benefits will begin. Check your paycheck after the effective date of coverage to review your benefit deductions to be sure they are correct.

When Your Benefits Begin

Employees Who Live in the U.S. (except Hawaii)

New Hires

- Salaried exempt employees are eligible for coverage on the 90th day after their hire date. You must enroll in benefits coverage within your 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.
- When you become eligible, you will automatically be enrolled in the Free Basic Life Insurance Plan and Business Travel Accident plans at no cost to you. These plans pay a monetary benefit to your designated beneficiary in the event of your death.
- Vacation and sick leave will begin to accrue immediately when you become eligible. Employees classified as part-time are not eligible to accrue vacation or sick leave.
- You are automatically enrolled in the company-sponsored LifeWorks Plan on your first day of employment. LifeWorks is a free, confidential program that can help with almost anything – from handling stress, relationships, challenges at work, parenting or caring for an older relative to health issues like losing weight or quitting smoking.

Newly Eligible

- Employees who become eligible due to a class change (for example, your position changes from part-time to full-time) will be eligible for benefits on the 90th day after the class changes in the payroll system. You must enroll for benefits coverage within the first 89 days from this date. If you miss this enrollment window, you will have to wait until the next Annual Enrollment period to enroll.
- Eligibility for vacation, sick, and other paid leave, Tuition Reimbursement and LifeWorks is based on your status of part-time or full-time. If your status changes from part-time to full-time, you will immediately become eligible for these benefits except Tuition Reimbursement. You must have one year of service to be eligible for the Tuition Reimbursement Program. If the status is changed to part-time, you will no longer be eligible for vacation, sick, personal leave, Tuition Reimbursement and LifeWorks, as of the date your status changes.

When Your Benefits Begin

Employees Who Live in Hawaii

New Hires

- All full-time employees, are eligible for benefits 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 this enrollment window, you will have to wait until the next Annual Enrollment period.
- Vacation and sick leave will begin to accrue immediately upon becoming eligible. There is no waiting period to use LifeWorks, the employee resource program.

Newly Eligible

- Employees who become eligible due to a class change (for example, your position changes from part-time to full-time) must enroll for coverage within 31 days from the date their class changed, which is their 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.
- Eligibility for vacation, sick, and other paid leave, Tuition Reimbursement and LifeWorks is based on your status. If your status changes from part-time to full-time, you will immediately become eligible. You must have one year of service before you become eligible for the Tuition Reimbursement Program. If the status is changed to part-time, you will no longer be eligible for vacation, sick leave, personal leave, Tuition Reimbursement and LifeWorks, as of the date of the status change.

NOTE: If you live and work in Hawaii and you do not enroll, you must submit a Hawaii State Waiver Form to the Sodexo Benefits Center or you will automatically be enrolled in the Kaiser Permanente HMO Plan.

Your Choices. Your Health.



Good health is essential to a good life. Sodexo's health plans are designed to keep you and your family feeling good while helping you manage the costs of medical care. One of the best ways to stay healthy and save money is to take advantage of preventive healthcare which is free to you. Getting recommended screenings, annual check-ups and immunizations is important for staying healthy.

Medical Benefits

Medical - PPO Plan (CIGNA)		www.cigna.com/sodexo 800 909 2227
<i>Available to employees in the continental United States, Alaska and Guam. Not available to employees in Puerto Rico or Hawaii.</i>		
Coverage	In-Network	Out-of-Network
Annual Deductible	\$1,000 individual; \$2,000 family	\$2,000 individual; \$4,000 family
Annual Out-Of-Pocket Maximum	\$5,000/individual, \$12,700/family	\$10,000/individual, \$30,000/family
Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations) Tobacco cessation program and Health Coaching services available at no cost to you	Plan pays 100%	Plan pays 100%
Doctor Office Visit (primary and specialist)	\$30 primary/\$50 specialist copay per visit	Plan pays 50% after deductible
Telemedicine – MDLIVE	\$25 per visit	Not covered
MDLIVE is a convenient way to see a doctor without going to the doctor's office for such non-life threatening conditions which would include urinary tract infections, colds/flu, fever, pink eye, migraines, bronchitis. Log in to myCigna.com and click on MDLIVE or mdlive.com/Sodexo or call 888 726 3171		
Note Limitations by State: AR – Not available, IA, LA, TX – Phone Consultations Only, ID – Video consultations only, CA – 72 hour supply of prescriptions by phone (no restrictions for video consultation)		

Medical Benefits

Medical - PPO Plan (CIGNA)		
Coverage	In-Network	Out-of-Network
Urgent Care	\$30 copay per visit	\$30 copay per visit
Hospital -Inpatient (includes maternity admissions) Prior authorization required for all inpatient and outpatient hospital services	\$250 copay then you pay 30% and plan pays 70% after deductible	\$250 copay then you pay 50% and plan pays 50% after deductible
Hospital- Outpatient Surgery Prior authorization required for all inpatient and outpatient hospital services	You pay 30% and plan pays 70% after deductible	You pay 50% and plan pays 50% after deductible
Maternity (pre- and postnatal office visits)	\$30 Primary Care Physician or \$50 Specialist copay for initial visit, then 100%	You pay 50% and plan pays 50% after deductible
Emergency Care (when not followed by admission)	\$150 copay per Emergency Room visit waived if admitted, then you pay 30% and plan pays 70% after deductible	\$150 copay per Emergency Room visit waived if admitted, then you pay 30% and plan pays 70% after deductible
Mental Health – Inpatient Prior authorization required	\$250 copay then you pay 30% and plan pays 70% covered after deductible.	\$250 copay then you pay 50% and plan pays 50% after deductible.
Mental Health – Outpatient	Facility You pay 30% and plan pays 70% after deductible Office Visit \$50 per visit	Facility You pay 50% and plan pays 50% after deductible. Office Visit You pay 50% and plan pays 50% covered after deductible
Substance Abuse – Inpatient Prior authorization required	\$250 copay then you pay 30% and plan pays 70% after deductible. Prior authorization required	\$250 copay then you pay 50% and plan pays 50% after deductible. Prior authorization required
Substance Abuse – Outpatient	Facility You pay 30% and plan pays 70% after deductible Office Visit \$50 per visit	Facility You pay 50% and plan pays 50% after deductible. Office Visit You pay 50% and plan pays 50% after deductible

Medical Benefits

Medical - PPO Prescription Drug Benefit – (Express Scripts)		www.express-scripts.com 800 903 7968
<i>Mandatory Generic Drugs - If you purchase brand-name drugs when a generic is available, you pay more.</i>		
Coverage	Type	Copay/Coinsurance
Retail (30-day supply)	Generic Brand Name Non-Formulary Brand Name	\$10 copay 10% coinsurance- \$35 minimum/\$100 maximum 30% coinsurance - \$50 minimum/\$150 maximum
Mail Order (90-day supply)	Generic Brand Name Non-Formulary Brand Name	\$20 copay 10% coinsurance- \$87.50 minimum/\$200 maximum 30% coinsurance - \$125 minimum/\$300 maximum
Retail Refill Allowance	If you don't use mail order for your non-specialty long-term medications, you will pay 100% of the cost of the medication after you fill your initial prescription and two refills of the drug at a retail pharmacy. Some long-term specialty drugs, including but not limited to, Copaxone, Enbrel, Humira and Sovaldi are required to be filled through Accredo, Express Script's mail order pharmacy, on the first fill.	

WELLNESS INCENTIVE

Earn \$100 Toward Your Medical Expenses

To participate, each plan year you take an online Health Assessment. If you complete a Health Assessment, you will earn a \$100 credit. If you are a PPO Plan member, you will have the credit held in an account for you at Cigna to use toward paying medical expenses for yourself and your dependents.

To take your Health Assessment and for more details on this incentive program, visit www.mycigna.com

Medical Benefits

Medical - UnitedHealthcare Health Reimbursement Account (HRA) <i>Available to employees in the continental United States and Alaska. Not available to employees in Guam, Puerto Rico and Hawaii.</i>			https://www.myuhc.com 800 784 2023	
Coverage	You+Only	You+Spouse/Domestic Partner	You+Child(ren)	You+Family
HRA	\$750	\$1,175	\$1,175	\$1,500

Coverage	In-Network	Out-of-Network
Annual Deductible (HRA Annual Funding + Member Responsibility)	\$1,750 per member; \$3,500 member + spouse/DP or child; \$4,175 member + Children; \$4,500 family	\$2,750 per member; \$5,500 member + spouse/DP or child; \$7,175 member + Children; \$7,500 family
Annual Out of Pocket Maximum Member Responsibility and Medical and Pharmacy Copays and Coinsurance applied to out of pocket maximum	\$6,350 per member; \$12,700 member + spouse/DP or child; \$12,700 member + children; \$12,700 family	\$12,750 per member; \$25,500 member + spouse/DP or child; \$37,175 member + child; \$37,500 family
Doctor Office Visit (primary and specialist)	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible
Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations) Tobacco cessation program and Health Coaching services available at no cost to you	You pay 0% and plan pays 100%	You pay 0% and plan pays 100%
Virtual Visits	Approximate cost is \$40 - \$50	Not Covered
Virtual Visits – See your doctor anytime, anywhere through video, phone or e-mail. Common conditions that would be treated during a virtual doctor visit would include urinary tract infections, colds/flu, fever, pink eye, migraines, bronchitis. Go to myuhc.com , click on <i>Physician & Facilities</i> tab at the top of the page or call Advocate4Me 800 784 2023		

Medical Benefits

Medical - UnitedHealthcare Health Reimbursement Account (HRA)		
Coverage	In-Network	Out-of-Network
Urgent Care	You pay 20% and plan pays 80% after deductible	You pay 20% and plan pays 80% after deductible
Hospital –Inpatient (includes maternity admissions)	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible
Hospital- Outpatient Surgery	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible
Maternity (pre- and postnatal office visits)	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible
Emergency Care (when not followed by admission)	You pay 20% and plan pays 80% after deductible	You pay 20% and plan pays 80% after deductible
Mental Health – Inpatient and Outpatient	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible
Substance Abuse – Inpatient and Outpatient	You pay 20% and plan pays 80% after deductible	You pay 40% and plan pays 60% after deductible

Medical Benefits

Medical - UnitedHealthcare HRA Prescription Drug Benefit		
Coverage	Type	Copay/Coinsurance
Retail (30-day supply)	Generic Brand Name Non-Formulary Brand Name	\$10 copay 10% coinsurance- \$35 minimum/\$100 maximum 30% coinsurance - \$50 minimum/\$150 maximum
Mail Order (90-day supply)	Generic Brand Name Non-Formulary Brand Name	\$20 copay 10% coinsurance- \$87.50 minimum/\$200 maximum 30% coinsurance - \$125 minimum/\$300 maximum
Specialty Drugs	Same as brand, as applicable	Not Covered
Mandatory Mail Order 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 your initial prescription and two refills of the drug at a retail pharmacy. Specialty drugs must be purchased through UnitedHealthcare's mail order pharmacy, OptumRX Mail Service Pharmacy on the <u>first fill</u> .		

WELLNESS INCENTIVE

Earn \$100 Toward Your Medical Expenses

Sodexo partners with UnitedHealthcare to provide a wellness incentive for employees enrolled in the Health Reimbursement Account Plans. To participate, each plan year and get your \$100 credit, you must take an online Health Assessment. The credit will be deposited into your Health Reimbursement Account and can be used toward paying medical expenses for yourself and your dependents.

To take your Health Assessment and for more details on this incentive program, visit www.myuhc.com.

Medical Benefits

Medical - Regional Plans		
Plan	Contact	Coverage
Kaiser – California Colorado DC/MD/VA Georgia Hawaii	www.kp.org California 800 464 4000 Colorado 800 632 9700 D.C. Metro/MD/VA 800 777 7902 Georgia 888 865 5813 Hawaii 808-432-5955	<ul style="list-style-type: none"> • Must choose and see a Kaiser Primary Care Physician (PCP) • No out-of-network coverage • Obtain a referral from a PCP to see a specialist • Receive preventive care coverage at 100% • Do not need to file claim forms <p>For Kaiser Permanente Health Maintenance Organization (HMO) information, call Member Services in your region (numbers listed on the left). HMO eligibility is based, in part, on your home ZIP code. Plan designs and benefits vary by geographic location.</p>
HMSA – Hawaii Only <i>These options are only available to employees in Hawaii.</i>	HMSA PPP 808 948 6111 HMSA HPH Plus HMO 808 948 6372	<p>PPP:</p> <ul style="list-style-type: none"> • See the doctor of your choice (in- or out-of-network) • Receive a higher level of benefits by seeing a participating in-network provider • Go to a specialist without a referral • Generally, file claim forms only if out-of-network providers are used • Receive preventive care coverage at 100% <p>HMO:</p> <ul style="list-style-type: none"> • Must choose and see a HMSA Primary Care Physician (PCP) • No out-of-network coverage • Obtain a referral from a PCP to see a specialist • Pay low out-of-pocket costs • Do not pay deductibles or need to file claim forms • Receive preventive care coverage at 100%
Triple S Salud – Puerto Rico Only <i>Employees in Puerto Rico are only eligible for the Triple-S Option.</i>	www.ssspr.com 787 774 6060	<ul style="list-style-type: none"> • Must use in-network providers to receive benefits • Pay low out-of-pocket costs • Covers preventive care at 100% • Includes a separate dental benefit. Can still enroll in the MetLife Dental Plan

Dental Benefits

Dental - MetLife		www.metlife.com/mybenefits 800 942 0854 Dental Group Number 302105
COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$50	\$50
Deductibles for participating and non-participating dentists apply toward each other.		
Annual Plan Maximum	\$2,000	\$2,000
Preventive Care	<ul style="list-style-type: none"> 2 checkups/plan year*; no deductible; plan pays 100% max of 2 regular cleanings/plan year up to 4 periodontal cleanings/plan year. 	<ul style="list-style-type: none"> 2 checkups/plan year*; no deductible; plan pays 100% max of 2 regular cleanings/plan year up to 4 periodontal cleanings/plan year.
Basic Service	You pay 20% and plan pays 80%, after deductible	You pay 20% and plan pays 80%**, after deductible
Periodontics	You pay 20% and plan pays 80%, after deductible	You pay 20% and plan pays 80%**, after deductible
Cleanings are covered as Preventive Care for up to four periodontal cleanings/plan year (total may include up to two regular cleanings).		
Major Services	You pay 50% and plan pays 50%, after deductible	You pay 50% and plan pays 50%**, after deductible
Orthodontic Services	You pay 50% and plan pays 50%, after deductible	You pay 50% and plan pays 50%**, after deductible
Lifetime Maximum \$2,000 per person for dependents under age 19; does not count toward plan year maximum		
*Limited to one fluoride treatment per year for all covered participants. Sealants covered for dependent children under age 19. Cleanings maximum is four cleanings/ plan year (total may include up to two regular cleanings and two periodontal cleanings) ** Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you.		

Vision Benefits

Vision Plan - EyeMed		www.eyemed.com 866 299 1358
COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$0 Copay	Up to \$32
Contact Lens Exam*	Contacts fit and follow-up (standard) - \$10 copay, includes 2 follow-up visits Contacts fit and follow-up (premium) - \$10 copay, 10% off retail, \$40 allowance	Up to \$40
Frames	\$10 copay, 10% off retail, \$40 allowance	Up to \$58
Lenses	\$15 copay (standard uncoated plastic), single, bifocal, trifocal, lenticular \$80 copay (standard progressive)	Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 – Progressive (Standard)
Contact Lenses	Conventional - \$130 allowance, then 15% off balance over \$130 Disposable - \$130 allowance Medically necessary - covered in full	Up to \$104 – Conventional and disposable Up to \$200 - Medically necessary
Retinal Imaging	Member cannot be charged more than \$39 by provider for this service.	Not covered
Retinal Imaging- tool that identifies potential signs of many eye diseases, including glaucoma, diabetic retinopathy and age-related macular degeneration		
Participants are allowed 1 pair of eyeglass lenses and 1 pair of frames or 1 pair of contact lenses in a calendar year. Benefit also include Laser Vision Correction Program and Online Contact Lens purchase through www.contactsdirect.com . You will need to register for a new account and then use your EyeMed insurance benefit to purchase the contacts.		
Hearing Discount – 40% off hearing exams, discounted pricing on hearing aids. Call 844-526 5432 to find a hearing care provider near you and schedule an exam.		
* Standard contact lens exams are for routine contact lens fitting. Premium contact lens exams are for more complex fittings such as for multi-focal contacts, bi-focal contacts and toric lenses (treatment for astigmatism).		

Vision Benefits

Vision Discount Program – EyeMed		www.eyemed.com
Free Discount Program—no enrollment		866 299 1358 Plan #9238221
COVERAGE	Costs	
Eye Exam - Glasses	\$5 off routine eye exam	
Eye Exam - Contacts	\$10 off contact eye exam	
Frames (Retail Price)	30% off retail price	
Lenses	Single Vision - \$50 Bifocal - \$70 Trifocal - \$105	
Lense Options	Add to lense price Polycarbonate (includes scratch coating) - \$40 Scratch Resistant Coating - \$15 Ultra-Violet Coating - \$15 Anti-Reflective Coating - \$45 Progressive (add-on to Bifocal) - \$65 Tint (solid or gradient) - \$15	
Contact Lenses	15% discount on non-disposable contacts; no discount on disposable contacts	
<ul style="list-style-type: none">Hearing Discount – 40% off hearing exams, discounted pricing on hearing aids. Call 844-526 5432 to find a hearing care provider near you and schedule an exam.Discounts on Laser Vision Correction Program20% discount on add-ons and accessories		

Disability

Salaried Disability – Cigna		www.cigna.com/workwellness 855 668 5040	
COVERAGE		Description	
Salaried Short Term Disability	Plan Benefit 60% of basic weekly earnings	Benefit Begins On the 8th day after being disabled	Maximum Benefit Duration 26 weeks or until you are no longer eligible
Salaried Long Term Disability	60% of basic monthly earnings to a maximum benefit amount of \$2,000	At the beginning of the 27 th week after being disabled	Typically, 24 months. Benefits continue beyond 24 months in limited circumstance*. * Maximum Benefit duration depends on the employees age when they become disabled
State Plans (CA, HI, NJ, NY, RI, PR)	Varies by state	If you participate in the Salaried Short Term Disability Plan and receive state disability benefit payments, the benefit payments you receive under the Sodexo Plan will be offset by the state plan benefits.	

Flexible Spending Accounts

Spending Accounts - Cigna		800 909 2227 www.cigna.com/sodexo
Plan	Plan Benefit	Contributions
Health Care Spending Account	Before-tax savings on out-of-pocket medical, dental and vision expenses You do not have to participate in a Sodexo medical, dental or vision plan to participate.	Choose to contribute between \$200 and \$2,550 of your pay divided over 46 weeks of paychecks
Family Care Spending Account	Before-tax savings on eligible child and elder care costs To use this plan you must be: <ul style="list-style-type: none"> a single parent; married with a spouse who is working or a full-time student or disabled; non-custodial parent with children you claim as dependents on taxes and you pay the day care directly. 	Choose to contribute between \$200 and \$5,000 of your pay divided over 46 weeks of paychecks

Your Choices. Your Future.



Your financial well-being is essential to your overall health. In order for you to feel secure, you need to feel that you and your family are taken care of financially. Whether you are secure in the fact that if you passed away your family would be taken care of through life insurance, or if you couldn't work because of an accident, you have security. Financial well-being provides peace of mind for you and your family.

Life Insurance

Life Insurance – Securian		www.lifebenefits.com/plandesign/sodexo 877 282 1936	
Plan	Description		
Free Basic Life Insurance	<ul style="list-style-type: none">Enrollment is automatic and effective on date of hire or when you become newly eligibleTax-free benefit of one times annual salary; \$50,000 maximum (death benefit reduced at age 65)		
Business Travel Accident	<ul style="list-style-type: none">Enrollment is automatic and effective on date of hire or when you become newly eligible\$100,000 – \$1 million based on annual salary.BTA provides employee only coverage for accidental death and dismemberments that occur while traveling on company business		
Group Term Life Insurance	Employee	Spouse/Domestic Partner	Children
	1-7 times annual earnings, minimum of \$10,000 up to a maximum of \$1,000,000. You can elect coverage up to the lesser of 3 times your salary or \$700,000 with no Evidence of Insurability requirements.	Choose \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 of coverage. Coverage amounts in excess of \$50,000 require Evidence of Insurability.	Choose \$10,000 or \$20,000 for each eligible child. Qualified dependent children are eligible for coverage from date of birth up to age 26
Voluntary Accidental Death & Dismemberment (AD&D) You must elect Group Term Life Insurance coverage for yourself to elect Voluntary AD&D coverage	Employee	Spouse/Domestic Partner	Children
	\$25,000 increments up to \$350,000	50 – 60% of employee amount up to a maximum of \$210,000	15 – 20% of employee amount up to a maximum of \$50,000

401(k) Retirement and Savings Plan

401(k) Retirement and Savings Plan - Voya		www.MySodexoSavingsPlan.com 866 7 MY PLAN (866 769 7526)
Enrollment	Coverage	Contributions
Eligible employees are automatically enrolled at a 1% contribution rate upon hire and have 30 days to opt out of the Plan. Automatic enrollment increases at a rate of 1% per year until year 3.	<ul style="list-style-type: none"> Vested 100% after 3 years Must be age 21 or older to participate and work in an eligible unit Loan feature available 	Employee: 1-50% (combined pre- and post-tax contributions) Employer: Quarterly match – 50% of first 6% of employee contributions – may vary from year to year

Credit Union

Marriott Employee Federal Credit Union First Commonwealth Federal Credit Union		MEFCU www.mefcudirect.com 800 821 7280 FCFCU https://firstcomcu.org 610 821 2403
Eligibility	Benefit	
Available to all Sodexo employees. No waiting period	The credit unions offer members competitive interest rates on loans, yields on certificates, money market accounts and savings accounts	

Tuition Reimbursement

Tuition Reimbursement		www.sodexolink.com >Tuition Reimbursement
Eligibility	Benefit	
Available to all full-time employees with one year of continuous service before the first class meeting	100% for minimum “C” grade in pre-approved classroom or online courses taken through accredited educational institutions; \$2,500 annual maximum. Pre-approval required.	

Payroll Options

Payroll Receipt Options	https://www.SodexoLINK.com > Direct Deposit /Electronic Pay
Coverage	Benefit
Direct Deposit	Sign up to have your pay direct deposited into up to 10 savings and 10 checking or investment accounts
Money Network Services	<p>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™ 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 signup fees to obtain the Money Network Service.</p> <p>Ask your manager for an enrollment kit which is available in your unit.</p>

Your Choices. Your Life.



The rest of your life doesn't stop when you enter the door at Sodexo. The company has long recognized that helping employees meet their personal needs allows you to accomplish your professional objectives as well. Even the most dedicated employee needs time away from the job for rest and relaxation. Sodexo provides paid time off to allow you to balance work and personal interests.

Time Off

Time Off	
Plan	Benefit
Sick Leave	<p>Must wait 6 months before taking a paid sick day</p> <p>Annual Accrual – 7 days</p> <p>Carryover – Up to 50 days</p> <p>Cashout – No</p> <p>Waiting Period – Sick leave will begin to accrue immediately upon eligibility. It is not available for use until the day after your 6-month anniversary. For locations in which state or local sick leave laws apply, waiting period may vary.</p>
Vacation	<p>Annual Vacation Days</p> <p>Senior Salaried</p> <p>0 – 1 year: 3 weeks</p> <p>2 – 25 years: 4 weeks</p> <p>26+ years: 5 weeks</p> <p>Salaried</p> <p>1 – 10 years: 3 weeks</p> <p>11 – 25 years: 4 weeks</p> <p>26+ years: 5 weeks</p> <p>Carryover - None. For employees who work in California, the carryover is 1.5 times your maximum annual vacation accrual. Employees who work in California receive three additional vacation days in lieu of personal days.</p>
Personal Days	<p>3 days – carryover not permitted</p> <p>Employees in California not eligible</p>
Holidays	8 days
Bereavement	Up to 3 days of paid bereavement leave following the death of an immediate family member, which includes your parents, parents of your spouse or domestic partner, step-parents, your children, step-children, domestic partner's children, grandparents, grandchildren, legal guardian 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 4 weeks.
Family Medical Leave Act (FMLA), FMLA-like, or Military Leave	Contact your HR representative for more information. Adoption follows FMLA guidelines.

LifeWorks

LifeWorks	www.lifeworks.com (user ID: sodexo; password: lifeworks) 888 267 8126 (English) 888 732 9020 (Spanish)
Eligibility	Benefit
Full-time, non-temporary, non-union employees Note: <i>Employees covered under the terms of a collective bargaining agreement are not eligible for LifeWorks.</i>	The LifeWorks program offers free, confidential support to help manage work, home, health and life issues including: emotional stress, financial matters, legal problems, smoking cessation, child or spouse abuse, job stress, work-related issues, substance abuse and grieving. iCan Health Coaching Program is a free program that pairs a personal health coach with an employee or his/her family member to help with losing weight, quitting smoking or coping with stress.

Employee Discounts

Employee Discounts	www.SodexoLINK.com > Discounts www.lifeworks.com
Eligibility	Benefit
Company Discounts – See www.SodexoLINK.com for details LifeWorks Discounts - Full-time, non-temporary, non-union employees	Discounts include cell phones, computers, rental cars, taxes, mortgage loans, flowers, vision discounts, and more.