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Your Benefits

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 clients.

Our goal is to improve the quality of everyday life of our employees now and into the future. We strive to provide a robust and generous benefits package that is designed to offer provisions for protection, professional development and personal time, as well as programs which allow employees to share in the success of the company.

We recognize that each employee is an individual with individual needs, life stages, and interests. Our benefits package was created with the flexibility to support employees who are at different places in their lives and careers.

When you review what we have to offer, you will see a comprehensive package that covers everything from traditional benefits to unique offerings. Your benefits package is designed to help you strengthen your financial well-being, assist you with health matters, and support you in your daily life –both when you are at work and during your time away from work. In total, you will have what you need to make the most of both your work and personal life – and discover a healthy balance between the two.

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 to frontline employees. Frontline employees subject to a collective bargaining agreement are not entitled to received these benefits unless specifically provided for in the collective bargaining agreement. Employees in the state of Hawaii are not eligible for most standard company medical plans but may be eligible for state-specific medical plans. Also, 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.



For Your Health

Good health is essential to a good life. Sodexo's health plans and services are designed to keep you feeling your best while helping you and your family manage the rising costs of medical care. One of the best ways to stay healthy — not to mention save money — is to take advantage of preventive healthcare. Getting recommended screenings, annual check-ups and immunizations is important to your well-being. In order for you to take full advantage of preventive care benefits, many of the medical plans pay 100% of the cost with no maximums.

Medical Benefits – PPO		
Plan	Description	
<p>Preferred Provider Organization (PPO)</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.</p> <p>Precertification required for all inpatient services</p>	Annual Deductible	In-network: \$500/individual, \$1,500/family Out-of-network: \$1,000/individual, \$3,000/family
	Annual Out-of-Pocket Maximum	In-network: \$5,000/individual Out-of-network: \$10,000/individual
	Lifetime Maximum	\$2 million/individual
	Doctor Office Visit (primary and specialist)	In-network: \$20 per visit, then 100% Out-of-network: 60% after deductible
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In-network: \$20 per visit, then 100% Out-of-Network: Covered at 60% after deductible
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) 	In-network: 70% after deductible Out-of-network: 60% after deductible
		<ul style="list-style-type: none"> Outpatient Surgery
	Maternity (pre- and postnatal office visits)	In-network: \$20 initial visit, then 100% Out-of-network: 60% after deductible
	Emergency Care <ul style="list-style-type: none"> In Area (when not followed by admission) Out of Area (when not followed by admission) 	\$75 per ER visit, then 70% after deductible
		\$75 per ER visit, then 70% after deductible
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$10 (generic), \$20 plus 10% coinsurance (brand name), or \$35 plus 10% coinsurance (non-formulary brand name) per prescription. Mail order available. Formulary applies. Mandatory generics.
	Mental Health <ul style="list-style-type: none"> Inpatient 	In-network: \$500 deductible, then 70% Out-of-network: Covered at 60% after deductible Limit 30 days per plan year. Lifetime limit 60 days. Combined with Inpatient Substance Abuse. In/Out-of-network services combined.
		<ul style="list-style-type: none"> Outpatient



Medical Benefits – PPO continued

Plan	Description	
	Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: \$500 deductible, then covered at 70% Out-of-network: Covered at 60% after deductible Limit 30 days per plan year. Lifetime limit 60 days. Combined with Inpatient Mental Health. In/Out-of-network services combined. In-network: \$20 per visit. Out-of-network: Covered at 60% after deductible. Limit 30 visits per plan year. Lifetime limit 200 visits. Combined with Outpatient Mental Health. In/Out-of-network services combined.
PPO Buy-Up Options All other plan features are the same as the base PPO Plan Does not apply to out-of-network	Coinsurance Buy-Up Option	In-network coinsurance: 80%; does not apply to out-of-network (Buying up from 70% coinsurance)
	Deductible Buy-Up Option	In-network deductible: \$250/individual, \$750/family; does not apply to out-of-network (Buying up from in-network deductible \$500/individual, \$1,500/family)
	Full Buy-Up Option	In-network deductible: \$250/individual, \$750/family In-network coinsurance: 80%; does not apply to out-of-network (Buying up from in-network deductible: \$500/individual, \$1,500/family and a 70% coinsurance)

Medical Benefits – HMO

Plans	Description
For Health Maintenance Organization (HMO) information call Dexter 1-877-6DEXTER (selection is based on your home ZIP code). Plan designs vary by HMO.	

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Medical Benefits – Definity Health

Plan	Description	
<p>Definity Health (Consumer Driven Plan)</p> <p>Plan Administrator Definity Health</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.</p>	Health Reimbursement Account (HRA) Annual Funding by Sodexo	\$750 employee only, \$1,175 Employee+1, \$1,500 family. Rollover available.
	Member Responsibility	\$1,250 employee only, \$1,825 employee+1, \$2,500 family. Only applies if you exhaust HRA.
	Plan Year Deductible (Combination of HRA and Member Responsibility)	\$2,000 employee only, \$3,000 employee+1, \$4,000 family
	Annual Out-of-Pocket Maximum	In-network: \$3,000 employee only, \$6,000 employee+1, \$10,000 family Out-of-network: \$9,000 employee only, \$18,000 employee+1, \$30,000 family
	Lifetime Maximum	\$2 million/individual
	Doctor Office Visit (primary and specialist)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In/Out-of-network: 100% coverage.
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) Outpatient Surgery 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Maternity (pre- and postnatal office visits)	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	Emergency Care <ul style="list-style-type: none"> In Area (when not followed by admission) Out of Area (when not followed by admission) 	In/Out: HRA pays 100%, then 80% after deductible. In/Out: HRA pays 100%, then 80% after deductible.
	Prescription Drug – Retail (30-day supply unless otherwise noted)	In-network: HRA pays 100%, then 80% after deductible. Home delivery available. No formulary.
	Mental Health <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. 30 days/year; 60 days maximum lifetime. Combined with outpatient Substance Abuse. In/Out-of-network services combined. 30 visits/year; 200 days maximum lifetime. Combined with inpatient Substance Abuse. In/Out-of-network services combined.
	Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. 30 days/year; 60 days maximum lifetime. Combined with inpatient Mental Health. In/Out-of-network services combined. 30 visits/year; 200 days maximum lifetime. Combined with outpatient Mental Health. In/Out-of-network services combined.



Medical Benefits – Basic Net (Aetna Affordable Health Choices® limited benefits insurance plan)

Plans	Description	
<p>Basic Net (Aetna Affordable Health Choices® limited benefits insurance plan)</p> <p>Plan Administrator Strategic Resource Company – An Aetna Company</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.</p> <p>Note Pre-existing condition limitations apply to this plan.</p>	Annual Deductible	Varies by service. See specific service for more information.
	Annual Out-of-Pocket Maximum	None
	Doctor Office Visit (primary and specialist)	In-network: \$10 per visit, then 100%. Out-of-network: \$10 deductible per visit, then 80%. Annual limit 5 visits in- or out-of-network per individual.
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In-network: \$15 per visit, then 100%. Out-of-network: Covered at 80%. \$100 annual maximum in- or out-of-network per individual.
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) 	In-network: \$250 deductible per individual, then 80%. Out-of-network: \$250 deductible per individual, then 65%. \$2,000 annual maximum in- or out-of-network.
	Outpatient Surgery	Covers surgery and diagnostic services. In-network: \$15 per service, then 100%. Out-of-network: \$15 deductible per service, then 80%. Five services maximum or \$400 annual maximum in- or out-of-network per individual.
	Maternity (pre- and postnatal office visits)	Counts toward doctor office visit maximum.
	Emergency Care <ul style="list-style-type: none"> In Area (when not followed by admission) 	In-network: \$15 per ER visit, then 100%. Out-of-network: \$15 deductible per ER visit, then 100%. \$50 maximum per visit in- or out-of-network; 3 visits maximum in- or out-of-network per individual per year.
	Out of Area (when not followed by admission)	Same as In Area
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$10 deductible per prescription, then 100%. Discount if using in-network pharmacy. Annual maximum \$200 per individual. Home delivery available.
Mental Health (inpatient or outpatient)	Covered under above services and applied toward annual maximums.	
Substance Abuse (inpatient or outpatient)	Covered under above services and applied toward annual maximums.	
Vision/Hearing	Vision discounts are available. Hearing not covered.	



Dental

Plans	Description		
<p>Dental (Preferred Dentist Program - PDP)</p> <p>Plan Administrator Metropolitan Life (MetLife)</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents</p> <p>Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.</p>		PDP Service Provider	Non-PDP Service Provider
	Annual Deductible	\$50	\$50
	Plan Pays		
	• Preventive Care	Plan pays 100%, no deductible	Plan pays 80%*, no deductible
	• Basic Services	Plan pays 80%, after deductible	Plan pays 80%*, after deductible
	• Major Services	Plan pays 50%, after deductible	Plan pays 50%*, after deductible
• Periodontics	Plan pays 80%, after deductible	Plan pays 80%*, after deductible	
• Orthodontic Services	Plan pays 50%, after deductible	Plan pays 50%*, after deductible	
Annual Plan Maximum	\$1,500		
Lifetime Maximum			
• Orthodontia	\$1,500 per person for dependents under age 19; does not count toward annual limit		

*Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you.

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Vision Plan

Plans	Description		
EyeMed Select Vision Care Plan Plan Administrator EyeMed Vision Care Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents Waiting Period Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.		In-Network Benefit	Out-of-Network Reimbursement
	Eye Exams		
	<ul style="list-style-type: none"> • Eyeglasses • Contact Lens Exam • Contacts Fit and Follow-up Visits (Standard) • Contacts Fit and Follow-up Visits (Premium) 	\$15 copay \$15 copay, then covered in full \$10 copay, includes 2 follow-up visits \$10 copay, 10% off retail, \$30 allowance	Up to \$32 Up to \$32 Up to \$32 Up to \$32
	Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular	\$0 copay, then covered in full	Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 - Progressive
	Progressive (standard)	\$65 copay	
	Contact Lenses		
	<ul style="list-style-type: none"> • Conventional • Disposable 	\$130 allowance, then 15% off balance over \$130 \$130 allowance	Up to \$104 Up to \$104
Contact Lenses – medically necessary	\$0 copay, then covered in full	Up to \$200	
Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, EyeMed Vision Care Discount Program		

Vision Discount Program

Plans	Description	
EyeMed Vision Care Discount Program Free Discount Program no enrollment Eligibility All employees and their family members are automatically enrolled at no cost. Waiting Period None	Eye Exams	
	<ul style="list-style-type: none"> • Glasses • Contact Lenses 	\$5 off routine exam \$10 off contact lens exam
	Frames (retail price)	40% off retail
	Lenses (standard uncoated plastic)	
	<ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal 	\$50 \$70 \$105
	Lens Options (add to lens price)	
	<ul style="list-style-type: none"> • Polycarbonate (includes scratch coating) • Scratch Resistant Coating • Ultra-Violet Coating • Anti-Reflective Coating • Progressive (add-on to Bifocal) • Tint (solid or gradient) 	\$40 \$15 \$15 \$45 \$65 \$15
	Contact Lenses	15% discount on non-disposable contacts; no discount on disposable contacts
Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, 20% discount on add-ons and accessories	



Your Financial Well-being

We all work to earn the money that will support us today and in the future. Sodexo has a number of programs in place to help you reach your financial goals.

Disability		
Plans	Description	
<p>Hourly Short Term Disability (HSTD)</p> <p>Plan Administrator Liberty Mutual</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6)</p> <p>Employees who work in California, Hawaii, NJ, NY, RI, or Puerto Rico cannot enroll. Instead coverage is through the state or commonwealth's disability plan.</p>	Waiting Period	Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit
	Maximum Weekly Benefit	\$150/\$200/\$250 weekly
	Benefit Begins	At the beginning of the 8th day
	Maximum Benefit Payment Duration	26 weeks or until you are no longer disabled.
Plans	Description	
<p>Hourly Long Term Disability (HLTD)*</p> <p>Plan Administrator Liberty Mutual</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6)</p> <p>Pre-existing condition limitations apply.</p>	Waiting Period	Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 50% of annual base salary
	Maximum Weekly Benefit	\$2,000
	Benefit Begins	At the beginning of the 27 th week
	Maximum Benefit Payment Duration	Generally to age 65
		*If your government mandated disability plan pays more than 26 weeks, your HLTD benefit will be reduced.



Life Insurance

Plans	Description	
Free Basic Life Insurance (FBL) Plan Administrator CIGNA Eligibility Non-temporary, full-time frontline employees (class code 6)	Waiting Period	Your benefits begin the first of the month following 90 days after you are hired or when you become newly eligible. Enrollment is automatic.
	Plan Benefit	Tax-free benefit \$10,000 (reduced at age 65)
Plans	Description	
Group Term Life Insurance (GTL) Plan Administrator Aetna Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents	Waiting Period	Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.
	Plan Benefit <ul style="list-style-type: none"> • Employee • Spouse/Domestic Partner • Child/Domestic Partner's child 	1-4 times pay, within certain maximums 50% of employee's coverage up to \$100,000 None
Plans	Description	
Accidental Death & Dismemberment (AD&D) Plan Administrator AIG Insurance Company Eligibility Non-temporary, full-time frontline employees (class code 6) & eligible dependents	Waiting Period	Your benefits begin the first of the month following 90 days after you are hired. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter if you have satisfied your initial waiting period and make your call within 45 days of becoming eligible.
	Plan Benefit <ul style="list-style-type: none"> • Employee • Spouse/Domestic Partner • Child/Domestic Partner's Child 	\$25,000 increments up to \$350,000 (up to \$250,000 if salary is less than \$30,000) 50 – 60% of employee amount 15 – 20% of employee amount



Flexible Spending Accounts

Plans	Description	
<p>Health Care Spending Account (HCSA)</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6). You do not have to participate in a Sodexo medical, dental, or vision plan to participate.</p>	Waiting Period	Enrollment during Annual Enrollment ONLY in the fall
	Benefit	Before-tax savings on medical, dental, and vision expenses. Depending on your tax bracket, and where you live, for every \$1 you put into your HCSA, you may be able to save an average of 30 cents in taxes.
	Contributions	Choose between \$200 and \$5,000 of your pay divided over 40 weekly pay periods.
<p>Family Care Spending Account (FCSA)</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6), and you are 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.</p>	Waiting Period	If you do not enroll in FCSA when your employment begins, you are newly eligible, or during Annual enrollment, you cannot participate for that year.
	Benefit	Before-tax savings on child and elder care costs. Depending on your tax bracket, you may cut your out-of-pocket dependent care expenses by 30% or more.
	Contributions	Choose between \$200 and \$5,000 of your pay divided over 20 bi-weekly pay periods.



Sodexo 401(k) Retirement and Savings Program

Plans	Description	
401(k) Retirement and Savings Program Plan Administrator ING Eligibility Age 21 or over in an eligible unit	Contributions	1-50% (combined pre- and post-tax contributions) Quarterly match – 50% of first 6% of employee contributions – may vary by year
	Vesting	Employees hired on or after 4/1/09: 100% after 3 years Employees hired before 4/1/09: 50% after 2 years 75% after 3 years 100% after 4 years
	Investment Options	15 investment options
	Loan Feature	Available

Employee Stock Purchase Plan

Plans	Description	
Employee Stock Purchase Plan (ESPP) Plan Administrator SG Vestia Eligibility Non-temporary, full and part-time employees employed on September 1 each year	Enrollment Period	August 1 – August 31 each year.
	Contributions	After-tax payroll deductions of 1-8%.
	Plan Benefit	Own a piece of the company by purchasing shares of Sodexo at a 10% discount.



Savings Bonds

Plans	Description	
Savings Bonds Plan Administrator National Bond and Trust Eligibility Non-temporary, full- and part-time employees	Waiting Period	None
	Plan Benefit	Purchase Series I in denominations of a \$50, \$75, \$100, \$200, \$500, and \$1,000 or EE U.S. Savings Bonds in denominations of \$100, \$200, \$500, and \$1,000 through convenient paycheck deductions on an after-tax basis.

Credit Union

Plans	Description	
Credit Union Plan Administrator MEFCU Eligibility All employees	Waiting Period	None
	Benefit	The credit union offers its members competitive interest rates on loans, yields on certificates, money market accounts, and savings accounts.

Direct Deposit

Plans	Description	
Direct Deposit Eligibility All employees	Benefit	You may have your paycheck deposited into up to 10 savings and 10 checking or investment accounts.



Your Time Off

Even the most dedicated employee needs time away from the job for rest and relaxation. Sodexo provides the ability to balance work and personal interests through its paid time off programs.

Paid Time Off

Plans	Description	
Sick Leave Eligibility Non-temporary, full-time frontline employees (class code 6) and some part-time employees	Annual Accrual Rates	Varies by unit
	Carryover	Up to 40 days
	Cashout	No
Plans	Description	
Vacation Eligibility Non-temporary, full-time frontline employees (class code 6) and some part-time employees California If in the state of CA, please contact your HR representative for additional details	Annual Vacation Days	Varies by unit
	Carryover	Up to 30 days
	Vesting	Your anniversary date or the unit vesting date
Plans	Description	
Other Time Off	Holidays	Varies by unit
	Funeral Leave	Up to 3 days of paid funeral 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, legal guardian, 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.



Your Personal 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 them to accomplish their professional objectives, too.

LifeWorks

Plans	Description	
LifeWorks Plan Administrator Ceridian Eligibility Full-time non-union frontline employees and their family members	Waiting Period	None
	Benefit	Assistance for almost any concern you may have: child care and elder care concerns, legal and budgeting issues, and short-term counseling. Information, education, and support for personal and work-related issues. The Web site also offers resources, moderated chats, podcasts, and workshops on a large number of topics.

Tuition Reimbursement

Plans	Description	
Eligibility All full-time employees with one year of continuous service before the first class meeting	Benefit	100% for minimum "C" grade in job-related courses at an approved school; \$2,500 annual maximum; and pre-approval required.

Service Awards

Plans	Description	
Eligibility All employees	Benefit	Rewards for meeting 5 year milestones in service.



Employee Discounts

Plans	Description	
<p>Eligibility All employees</p>	<p>Benefit</p>	<p>Several discounts are offered to Sodexo employees for their use. Some examples include cell phones, computers, rental cars, taxes, mortgage loans, flowers, paint, and vision discounts..</p> <p>Lifeworks offers a discount program with a wide variety of products and services from over 200 favorite brands, ranging from electronics to floral delivery to travel. Save up to 60% on these products and services.</p>