

For Your Health

- Medical Benefits
- Dental Plan
- Vision Plan

For Your Financial Well-being

- Disability
- Life Insurance
- Flexible Spending Accounts – HCSA/FCSA
- 401(k) Retirement and Savings Program
- Employee Stock Purchase Plan
- Savings Bonds
- Credit Union
- Direct Deposit

For Your Time Off

- Vacation
- Sick Leave
- Other Time Off

For Your Personal Life

- LifeWorks
- Tuition Reimbursement
- Service Awards
- 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 clients.

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.

When most of us hear the term “Total Rewards,” we typically only think of the money we receive in our paycheck. However, Total Rewards represents a broad spectrum of plans and programs designed to reward and motivate you throughout your career.

It includes benefit programs to help support you in different stages of your life. Whether you are single and looking for minimal coverage or supporting several dependents, saving for your future, going back to school, Sodexo provides a range of benefit options, and it’s up to each of us to evaluate those options and make the choices that are best for our current needs.

This brochure provides an overview of the “Total Rewards” package Sodexo offers to you—bringing you choice and meeting your needs now and in the future!

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 salaried 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. 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.

Your future

so
Sodexo

Benefits-at-a-Glance



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 All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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 	In-network: 70% after deductible Out-of-network: 60% after deductible
	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) 	\$75 per ER visit, then 70% after deductible	
<ul style="list-style-type: none"> Out of Area (when not followed by admission) 	\$75 per ER visit, then 70% after deductible	
Mental Health		
<ul style="list-style-type: none"> Inpatient 	In-network: 70% covered after deductible. Precertification Required. Out-of-network: Covered at 60% after deductible.	
<ul style="list-style-type: none"> Outpatient 	In-network: \$20 per visit. Unlimited visits. Out-of-network: Covered at 60% after deductible. Combined with Outpatient Substance Abuse.	

Medical Benefits – PPO continued

Plan	Description				
	Substance Abuse <ul style="list-style-type: none"> Inpatient Outpatient 	In-network: 70% covered after deductible. Precertification Required. Out-of-network: Covered at 60% after deductible.			
Prescription Drug Benefit	• Retail (for 30 day supply)		Copay or Coinsurance	Minimum	Maximum
		Generic	\$10	N/A	N/A
		Brand Name	10%	\$35	\$100
	• Mail Order (for 90 day supply)		Copay or Coinsurance	Minimum	Maximum
		Generic	\$20	N/A	N/A
		Brand Name	10%	\$87.50	\$200
	Non-Formulary Brand Name	30%	\$125	\$300	
PPO Buy-Up Options	Coinsurance Buy-Up Option	In-network coinsurance: 80% (Buying up from 70% coinsurance)			
	Deductible Buy-Up Option	In-network deductible: \$250/individual, \$750/family (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% (Buying up from in-network deductible: \$500/individual, \$1,500/family and a 70% coinsurance)			
All other plan features are the same as the base PPO Plan Does not apply to out-of-network					

Medical Benefits – HMO

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

Your future

So
sodexo

Benefits-at-a-Glance



Medical Benefits – Definity Health

Plan	Description	
<p>Definity Health (Consumer Driven Plan)</p> <p>Plan Administrator Definity Health (UHC)</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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) 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.
	<ul style="list-style-type: none"> Outpatient Surgery 	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.
	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 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible. Combined with outpatient Substance Abuse.
<ul style="list-style-type: none"> Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.	
Substance Abuse <ul style="list-style-type: none"> Inpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.	
<ul style="list-style-type: none"> Outpatient 	In-network: HRA pays 100%, then 80% after deductible. Out-of-network: HRA pays 100%, then 60% after deductible.	

Your future

So
sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

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 All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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.
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> 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.	

Your future

So
sodexo

Benefits-at-a-Glance



Medical Benefits – Triple-S

Plans	Description	
<p>Triple-S</p> <p>Plan Administrator SSSPR</p> <p>Eligibility Non-temporary, full-time frontline employees (class code 6)</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	\$100 individual/\$300 family
	Annual Out-of-Pocket Maximum	\$2,000 individual/\$6,000 family
	Doctor Office Visit (primary and specialist)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Preventive Care (routine physical exams, well-baby care, GYN exams, immunizations)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) 	In-network: \$50 admission, then 100%. Out-of-network: 80% covered after deductible.
	<ul style="list-style-type: none"> Outpatient Surgery 	In-network: 100% covered. Out-of-network: 80% covered after deductible.
	Maternity (pre- and postnatal office visits)	In-network: \$5 per PCP: \$10 specialist visit, then 100%. Out-of-network: 80% covered after deductible.
	Emergency Care <ul style="list-style-type: none"> In Area (when not followed by admission) 	In-network: \$20 per ER visit, then 100%. Out-of-network: 80% covered after deductible.
	<ul style="list-style-type: none"> Out of Area (when not followed by admission) 	Same as In Area
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$5 (generic), \$10 (preferred brand), \$15 (brand name), 20% or \$15 minimum for non-referred generic or brand name at participating pharmacy. Mail order available. Non-participating pharmacy in Puerto Rico not covered.
Mental Health (inpatient or outpatient)	Cover services rendered in US, emergencies, services offered by non-participating providers.	
Substance Abuse (inpatient or outpatient)	Group Therapy: 50% after deductible up to \$30 per visit, 50 visits per calendar year.	
Substance Abuse (inpatient or outpatient)	Same as above	
Vision/Hearing	Covered in basic coverage	

Your future

So
sodexo

Benefits-at-a-Glance



Dental

Plans	Description		
<p>Dental (Preferred Dentist Program - PDP)</p> <p>Plan Administrator Metropolitan Life (MetLife)</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.</p> <p>Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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	\$2,000		
Lifetime Maximum			
• Orthodontia	\$2,000 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.

Your future

So
sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

Vision Plan

Plans	Description		
EyeMed Select Vision Care Plan Plan Administrator EyeMed Vision Care Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents. Waiting Period When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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 future

So
Sodexo

Benefits-at-a-Glance



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	
Disability Plus Plan Administrator Liberty Mutual Eligibility Salaried employees (class codes 1-4) enrolled in Long Term Disability Note: Pre-existing condition limitations apply.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 50% of salary
	Maximum Weekly Benefit	\$2,885
	Benefit Begins	At the beginning of the 8th day
	Maximum Benefit Payment Duration	23 days or until you are no longer disabled.
Plans	Description	
Long Term Disability (LTD) Plan Administrator Liberty Mutual Eligibility All full-time non-temporary salaried employees (class codes 1-4) Note: Pre-existing condition limitations apply.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.
	Plan Benefit	Tax-free benefit 60% of base salary
	Maximum Monthly Benefit	\$15,000
	Benefit Begins	At the beginning of the 31st day
	Maximum Benefit Payment Duration	Generally to age 65 or until you are no longer disabled

Your future

so
sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

Life Insurance

Plans	Description	
Free Basic Life Insurance (FBL) Claims Administrator CIGNA Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	Saturday following hire – enrollment is automatic or when you become newly eligible.
	Plan Benefit	Tax-free benefit 1 times annual salary; \$50,000 maximum (reduced at age 65)
Plans	Description	
Group Term Life Insurance (GTL) Claims Administrator Aetna Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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) Claims Administrator Chartis Eligibility All full-time non-temporary salaried employees (class codes 1-4) and eligible dependents.	Waiting Period	When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter 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

Your future

So
sodexo

Benefits-at-a-Glance



Life Insurance (continued)

Plans	Description	
<p>Business Travel Accident (BTA)</p> <p><u>Claims Administrator</u> Chartis</p> <p><u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4)</p>	Waiting Period	None, enrollment is automatic.
	Plan Benefit	<p>\$100,000 – \$1 million</p> <p>BTA provides employee only coverage for accidental death and dismemberments that occur while traveling on company business.</p>
Plans	Description	
<p>Survivor Income Protection (SIP)</p> <p><u>Plan Administrator</u> Aetna</p> <p><u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4)</p>	Waiting Period	<p>When you are hired, your benefits will begin the Saturday following your request within a 45-day window. If you are newly eligible, your benefits can be effective on the Saturday following your call to Dexter within 45 days of becoming eligible.</p>
	Plan Benefit	<p>1 – 3 times salary up to certain maximums. Pre-existing conditions apply.</p> <p>GTL pays your full coverage amount chosen in 1 payment while SIP pays your beneficiary your monthly salary for 1, 2, or 3 years if you die.</p>

Your future

So
sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

Flexible Spending Accounts

Plans	Description	
<p>Health Care Spending Account (HCSA)</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4)</p> <p>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 20 bi-weekly pay periods.
<p>Family Care Spending Account (FCSA)</p> <p>Plan Administrator Empire BlueCross BlueShield</p> <p>Eligibility All full-time non-temporary salaried employees (class codes 1-4) 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, and where you live, for every \$1 you put into your FCSA, 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 20 bi-weekly pay periods.

Your future

So
Sodexo

Benefits-at-a-Glance



401(k) Retirement and Savings Program

Plans	Description	
401(k) Savings Plan <u>Plan Administrator</u> ING <u>Eligibility</u> Age 21 or over in an eligible unit	Contributions	<ul style="list-style-type: none"> Employee Employer 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) <u>Plan Administrator</u> SG Vestia <u>Eligibility</u> 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.

Your future

So
Sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

Savings Bonds

Plans	Description	
Savings Bonds <u>Plan Provider</u> National Bond and Trust <u>Eligibility</u> 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 <u>Plan Administrator</u> MFECU <u>Eligibility</u> 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 <u>Eligibility</u> All employees	Benefit	You may have your paycheck deposited into up to 10 savings and 10 checking or investment accounts.

Your future

so
sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

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 <u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4)	Waiting Period	6 months before taking a paid sick day
	Annual Accrual Rates	7 days
	Carryover	Up to 50 days
	Cashout	No
Plans	Description	
Vacation <u>Eligibility</u> All full-time non-temporary salaried employees (class codes 1-4) <u>California</u> If in the state of CA, please contact your HR representative for additional details.	Vacation Days	Senior Salaried 0 – 1 year – 3 weeks 2 – 25 years – 4 weeks 26+ years – 5 weeks Salaried 1 – 10 years – 3 weeks 11 – 25 years – 4 weeks 26+ years – 5 weeks
	Carryover	None
	Vesting	First day of each plan year
	Plans	Description
Other Time Off	Holidays	8 days
	Personal Days	2 days (3 days as of 1/1/10)
	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 future

So
Sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

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 Provider Ceridian Eligibility Non-temporary salaried employees (class 1-4 and their family members)	Waiting Period	None
	Benefit	The LifeWorks program offers, free, confidential support to help manage work, home, health, and life including: emotional stress, financial matters, legal problems, smoking cessation, child or spouse abuse, job stress, work-related issues, substance abuse and grieving. The Web site also offers resources, moderated chats, podcasts, and workshops on a large number of topics. 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.

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.

Your future

So
Sodexo

Benefits-at-a-Glance

sodexo
Making every day a better day

Employee Discounts

Plans	Description	
<u>Eligibility</u> All employees	Benefit	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.