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**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 protect your well-being and that of your family members, help you with your personal and professional goals, and assist you with building your financial future.

This brochure provides you with an overview of the “total rewards” package Sodexo offers to you. Our benefits package was created with the flexibility to support employees who are at different places in their lives and careers.

Offering you choice is a key part of Sodexo’s benefits philosophy. We recognize that each employee is an individual with individual needs, life stages, and interests. 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 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 receive 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><b>Preferred Provider Organization (PPO)</b></p> <p><b>Plan Administrator</b> Empire BlueCross BlueShield</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) &amp; eligible dependents</p> <p><b>Waiting Period</b> 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><b>Precertification required for all inpatient services</b></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"> <li>Inpatient (includes maternity admissions)</li> </ul>	In-network: 70% after deductible Out-of-network: 60% after deductible
	<ul style="list-style-type: none"> <li>Outpatient Surgery</li> </ul>	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"> <li>In Area (when not followed by admission)</li> </ul>	\$75 per ER visit, then 70% after deductible	
<ul style="list-style-type: none"> <li>Out of Area (when not followed by admission)</li> </ul>	\$75 per ER visit, then 70% after deductible	
Mental Health		
<ul style="list-style-type: none"> <li>Inpatient</li> </ul>	In-network: 70% covered after deductible. Precertification Required. Out-of-network: Covered at 60% after deductible.	
<ul style="list-style-type: none"> <li>Outpatient</li> </ul>	In-network: \$20 per visit. Out-of-network: Covered at 60% after deductible. Combined with Outpatient Substance Abuse. Combined with Outpatient Substance Abuse.	



## Medical Benefits – PPO continued

Plan	Description				
	Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	In-network: 70% covered after deductible. Precertification Required. Out-of-network: Covered at 60% after deductible.			
<b>Prescription Drug Benefit</b>	Retail (for 30 day supply)		<b>Copay or Coinsurance</b>	<b>Minimum</b>	<b>Maximum</b>
		Generic	\$10	N/A	N/A
		Brand Name	10%	\$35	\$100
		Non-Formulary Brand Name	30%	\$50	\$150
	Mail Order (for 90 day supply)		<b>Copay or Coinsurance</b>	<b>Minimum</b>	<b>Maximum</b>
		Generic	\$20	N/A	N/A
		Brand Name	10%	\$87.50	\$200
		Non-Formulary Brand Name	30%	\$125	\$300
<b>PPO Buy-Up Options</b>	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)			
All other plan features are the same as the base PPO Plan <b>Does not apply to out-of-network</b>					

## 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.



# Benefits-at-a-Glance



## Medical Benefits – Definity Health

Plan	Description	
<p><b>Definity Health (Consumer Driven Plan)</b></p> <p><b>Plan Administrator</b> Definity Health (UHC)</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) &amp; eligible dependents</p> <p><b>Waiting Period</b> 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"> <li>Inpatient (includes maternity admissions)</li> <li>Outpatient Surgery</li> </ul>	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"> <li>In Area (when not followed by admission)</li> <li>Out of Area (when not followed by admission)</li> </ul>	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"> <li>Inpatient</li> <li>Outpatient</li> </ul>	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.
	Substance Abuse <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	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.



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

Plans	Description	
<p><b>Basic Net (Aetna Affordable Health Choices® limited benefits insurance plan)</b></p> <p><b>Plan Administrator</b> Strategic Resource Company – An Aetna Company</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) &amp; eligible dependents</p> <p><b>Waiting Period</b> 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><b>Note</b> 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"> <li>Inpatient (includes maternity admissions)</li> <li>Outpatient Surgery</li> </ul>	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.  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"> <li>In Area (when not followed by admission)</li> <li>Out of Area (when not followed by admission)</li> </ul>	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.  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.	



## Medical Benefits – Triple-S

Plans	Description	
<p><b>Triple-S</b></p> <p><b>Plan Administrator</b> SSSPR</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6)</p> <p><b>Waiting Period</b> 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><b>Note</b> 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"> <li>Inpatient (includes maternity admissions)</li> </ul>	In-network: \$50 admission, then 100%. Out-of-network: 80% covered after deductible.
	<ul style="list-style-type: none"> <li>Outpatient Surgery</li> </ul>	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"> <li>In Area (when not followed by admission)</li> </ul>	In-network: \$20 per ER visit, then 100%. Out-of-network: 80% covered after deductible.
	<ul style="list-style-type: none"> <li>Out of Area (when not followed by admission)</li> </ul>	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.  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	



## Dental

Plans	Description		
<p><b>Dental (Preferred Dentist Program - PDP)</b></p> <p><b>Plan Administrator</b> Metropolitan Life (MetLife)</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) &amp; eligible dependents</p> <p><b>Waiting Period</b> 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		
	<ul style="list-style-type: none"> <li>Preventive Care</li> </ul>	Plan pays 100%, no deductible	Plan pays 80%*, no deductible
	<ul style="list-style-type: none"> <li>Basic Services</li> </ul>	Plan pays 80%, after deductible	Plan pays 80%*, after deductible
	<ul style="list-style-type: none"> <li>Major Services</li> </ul>	Plan pays 50%, after deductible	Plan pays 50%*, after deductible
<ul style="list-style-type: none"> <li>Periodontics</li> </ul>	Plan pays 80%, after deductible	Plan pays 80%*, after deductible	
<ul style="list-style-type: none"> <li>Orthodontic Services</li> </ul>	Plan pays 50%, after deductible	Plan pays 50%*, after deductible	
Annual Plan Maximum	\$2,000		
Lifetime Maximum			
<ul style="list-style-type: none"> <li>Orthodontia</li> </ul>	\$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.



# Benefits-at-a-Glance

## Vision Plan

Plans	Description		
<p><b>EyeMed Select Vision Care Plan</b></p> <p><b>Plan Administrator</b> EyeMed Vision Care</p> <p><b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) &amp; eligible dependents</p> <p><b>Waiting Period</b> 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>		In-Network Benefit	Out-of-Network Reimbursement
	<p>Eye Exams</p> <ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact Lens Exam</li> <li>• Contacts Fit and Follow-up Visits (Standard)</li> <li>• Contacts Fit and Follow-up Visits (Premium)</li> </ul>	<p>\$15 copay</p> <p>\$15 copay, then covered in full</p> <p>\$10 copay, includes 2 follow-up visits</p> <p>\$10 copay, 10% off retail, \$30 allowance</p>	<p>Up to \$32</p> <p>Up to \$32</p> <p>Up to \$32</p> <p>Up to \$32</p>
	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"> <li>• Conventional</li> <li>• Disposable</li> </ul>	<p>\$130 allowance, then 15% off balance over \$130</p> <p>\$130 allowance</p>	<p>Up to \$104</p> <p>Up to \$104</p>
	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	
<p><b>EyeMed Vision Care Discount Program</b></p> <p>Free Discount Program no enrollment</p> <p><b>Eligibility</b> All employees and their family members are automatically enrolled at no cost.</p> <p><b>Waiting Period</b> None</p>	<p>Eye Exams</p> <ul style="list-style-type: none"> <li>• Glasses</li> <li>• Contact Lenses</li> </ul>	<p>\$5 off routine exam</p> <p>\$10 off contact lens exam</p>
	Frames (retail price)	40% off retail
	Lenses (standard uncoated plastic)	
	<ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	<p>\$50</p> <p>\$70</p> <p>\$105</p>
	Lens Options (add to lens price)	
	<ul style="list-style-type: none"> <li>• Polycarbonate (includes scratch coating)</li> <li>• Scratch Resistant Coating</li> <li>• Ultra-Violet Coating</li> <li>• Anti-Reflective Coating</li> <li>• Progressive (add-on to Bifocal)</li> <li>• Tint (solid or gradient)</li> </ul>	<p>\$40</p> <p>\$15</p> <p>\$15</p> <p>\$45</p> <p>\$65</p> <p>\$15</p>
	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><b>Hourly Short Term Disability (HSTD)</b></p> <p><b>Plan Administrator</b> Liberty Mutual</p> <p><b>Eligibility</b> 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><b>Hourly Long Term Disability (HLTD)*</b></p> <p><b>Plan Administrator</b> Liberty Mutual</p> <p><b>Eligibility</b> 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 <sup>th</sup> 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	
<b>Free Basic Life Insurance (FBL)</b>  <b>Claims Administrator</b> CIGNA  <b>Eligibility</b> 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	
<b>Group Term Life Insurance (GTL)</b>  <b>Claims Administrator</b> Aetna  <b>Eligibility</b> 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"> <li>• Employee</li> <li>• Spouse/Domestic Partner</li> <li>• Child/Domestic Partner's child</li> </ul>	1-4 times pay, within certain maximums  50% of employee's coverage up to \$100,000  None
Plans	Description	
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>  <b>Claims Administrator</b> Chartis  <b>Eligibility</b> 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"> <li>• Employee</li> <li>• Spouse/Domestic Partner</li> <li>• Child/Domestic Partner's Child</li> </ul>	\$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><b>Health Care Spending Account (HCSA)</b></p> <p><b>Plan Administrator</b> Empire BlueCross BlueShield</p> <p><b>Eligibility</b> 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><b>Family Care Spending Account (FCSA)</b></p> <p><b>Plan Administrator</b> Empire BlueCross BlueShield</p> <p><b>Eligibility</b> 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, 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.



## Sodexo 401(k) Retirement and Savings Program

Plans	Description	
<b>401(k) Retirement and Savings Program</b>  <b>Plan Administrator</b> ING  <b>Eligibility</b> Age 21 or over in an eligible unit	Contributions <ul style="list-style-type: none"> <li>Employee</li> <li>Employer</li> </ul>	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	
<b>Employee Stock Purchase Plan (ESPP)</b>  <b>Plan Administrator</b> SG Vestia  <b>Eligibility</b> 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	
<b>Savings Bonds</b>  <b>Plan Provider</b> National Bond and Trust  <b>Eligibility</b> 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	
<b>Credit Union</b>  <b>Plan Administrator</b> MEFCU  <b>Eligibility</b> 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	
<b>Direct Deposit</b>  <b>Eligibility</b> 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	
<b>Sick Leave</b>  <b>Eligibility</b> 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	
<b>Vacation</b>  <b>Eligibility</b> Non-temporary, full-time frontline employees (class code 6) and some part-time employees  <b>California</b> 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	
<b>Other Time Off</b>	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.

## Tuition Reimbursement

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

## LifeWorks

Plans	Description	
<p><b>LifeWorks</b></p> <p><b>Plan Provider</b> Ceridian</p> <p><b>Eligibility</b> Full-time non-union non-temporary frontline employees and their family members</p>	Waiting Period	None
	Benefit	<p>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.</p> <p>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.</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>

## Service Awards

Plans	Description	
<p><b>Eligibility</b> All employees</p>	Benefit	Rewards for meeting 5 year milestones in service.



## Employee Discounts

Plans	Description	
<p><b>Eligibility</b> 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>