



Benefits-at-a-Glance

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.

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.

For Your Health	<h2 style="margin: 0;">Total Rewards</h2> <p>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.</p> <p>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.</p> <p>Total Rewards represents a broad spectrum of plans and programs designed to reward and motivate you throughout your career.</p> <p>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.</p> <p>This At-a-Glance document provides an overview of the Total Rewards package Sodexo offers to you—meeting your needs now and in the future.</p>
<ul style="list-style-type: none"> Medical Dental Vision 	
For Your Financial Well-being	
<ul style="list-style-type: none"> Disability Life Insurance Flexible Spending Accounts – HCSA/FCSA 401(k) Retirement Savings Plan Credit Unions Direct Deposit 	
For Your Time Off	
<ul style="list-style-type: none"> Vacation Sick Leave Other Time Off 	
For Your Personal Life	
<ul style="list-style-type: none"> LifeWorks Tuition Reimbursement Employee Discounts 	

Benefits Eligibility

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

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

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

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

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

Vacation and sick leave will begin to accrue when you become eligible.

You may use LifeWorks, an employee resource program, when you become eligible. There is no waiting period to use this program.

When Your Benefits Begin

If You Live in the United States (except Hawaii or Puerto Rico)

New Hires

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

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, you change position from a part-time employee to a full-time hourly employee) will be eligible for benefits on the 90th day after the class change. You must enroll for benefits coverage within the first 89 days from the date of the class change. Otherwise, you will have to wait until the next Annual Enrollment period to enroll. If alternatively you switch from a full-time hourly position to a part-time hourly position, you will maintain medical, dental, vision, and healthcare spending account coverage through the Stability Period. Life insurance and disability plans end when you become a part-time employee.

Eligibility for vacation, sick, and other paid leave, Tuition Reimbursement and LifeWorks is based on your status code. If your status changes from part-time to full-time, you will immediately become eligible. You must have one year of service to be immediately eligible for the Tuition Reimbursement Program. If the status code is changed to part-time, you will no longer be eligible for Tuition Reimbursement and LifeWorks, as of the effective date of the status change. Check with your manager to determine whether you qualify for any paid leave as a part-time employee at your location.

If You Live in Hawaii

New Hires

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

Vacation and sick leave will begin to accrue immediately upon becoming eligible.

There is no waiting period to use LifeWorks, the employee resource program.

When Your Benefits Begin (Cont.)

If You Live in Hawaii

Newly Eligible

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

Eligibility for vacation, sick, and other paid leave, Tuition Reimbursement and LifeWorks is based on your status code. If your status changes from part-time to full-time, you will immediately become eligible. You must have one year of service to be immediately eligible for the Tuition Reimbursement Program. If the status code is changed to part-time, you will no longer be eligible for Tuition Reimbursement and LifeWorks, as of the effective date of the status change. Check with your manager to determine whether you qualify for any paid leave as a part-time employee at your location.

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

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

For Your Health

Good health is essential to a good life. Sodexo’s health plans are designed to keep you feeling your best while helping you and your family 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 the plan pays at 100%. Getting recommended screenings, annual check-ups and immunizations is important to your well-being.

Medical Benefits – PPO

Plan	Description	
Preferred Provider Organization (PPO) Option provided by the Cigna Open Access Plus/CareLink Network <i>Available to employees in the continental United States, Alaska and Guam. Not available to employees in Puerto Rico or Hawaii.</i> www.cigna.com/sodexo 800 909 2227 Plan Administrator Cigna Prior authorization required for all hospital services	Annual Deductible	In-network: \$750 individual; \$1,500 family Out-of-network: \$1,500 individual; \$3,000 family
	Annual Out-of-Pocket Maximum	In-network: \$5,000/individual, \$12,700/family Out-of-network: \$10,000/individual, \$30,000/family
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In-network: plan pays 100% Out-of-Network: plan pays 100% (balance billing may apply) Tobacco cessation program available at no cost to you.
	Doctor Office Visit (primary and specialist)	In-network: \$30 primary/\$50 specialist copay per visit Out-of-network: plan pays 50% after deductible
	Urgent Care Center <ul style="list-style-type: none"> In-Network Out-of-Network 	\$30 copay per visit \$30 copay per visit
	Hospital <ul style="list-style-type: none"> Inpatient (includes maternity admissions) Outpatient Surgery 	In-network: \$250 copay then plan pays 70% after deductible Out-of-network: \$250 copay then plan pays 50% after deductible In-network: plan pays 70% after deductible Out-of-network: plan pays 50% after deductible
	Maternity (pre- and postnatal office visits)	In-network: \$30 PCP or \$50 Specialist copay for initial visit, then 100% Out-of-network: plan pays 50% after deductible
	Emergency Care <ul style="list-style-type: none"> In-Network (when not followed by admission) Out-of-Network (when not followed by admission) 	\$150 copay per ER visit waived if admitted, then plan pays 70% after deductible \$150 copay per ER visit waived if admitted, then plan pays 70% after deductible

Medical Benefits – PPO continued

Plan	Description																	
	<p>Mental Health</p> <ul style="list-style-type: none"> • Inpatient • Outpatient 	<p>In-network: \$250 copay then plan pays 70% after deductible. Prior authorization required Out-of-network: \$250 copay then plan pays 50% after deductible. Prior authorization required.</p> <p>Facility In-network: plan pays 70% after deductible. Out-of-network: plan pays 50% after deductible.</p> <p>Office Visit In-network: \$50 per visit. Out-of-network: plan pays 50% after deductible.</p>																
	<p>Substance Abuse</p> <ul style="list-style-type: none"> • Inpatient • Outpatient 	<p>In-network: \$250 copay then plan pays 70% after deductible. Prior authorization required Out-of-Network: \$250 copay then plan pays 50% after deductible. Prior authorization required</p> <p>Facility In-network: plan pays 70% after deductible. Out-of-network: plan pays 50% after deductible.</p> <p>Office Visit In-network: \$50 per visit. Out-of-network: plan pays 50% after deductible.</p>																
<p>Prescription Drug Benefit</p> <p>www.express-scripts.com 800 903 7968</p> <p>Mandatory Generic Drugs If you purchase brand-name drugs when a generic is available, you pay more.</p>	<ul style="list-style-type: none"> • Retail (for 30-day supply) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th></th> <th style="text-align: center;">Copay or Coinsurance</th> <th style="text-align: center;">Minimum</th> <th style="text-align: center;">Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Brand Name</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>Non-Formulary Brand Name</td> <td style="text-align: center;">30%</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$150</td> </tr> </tbody> </table>		Copay or Coinsurance	Minimum	Maximum	Generic	\$10	N/A	N/A	Brand Name	10%	\$35	\$100	Non-Formulary Brand Name	30%	\$50	\$150
		Copay or Coinsurance	Minimum	Maximum														
Generic	\$10	N/A	N/A															
Brand Name	10%	\$35	\$100															
Non-Formulary Brand Name	30%	\$50	\$150															
<ul style="list-style-type: none"> • Mail Order (for 90-day supply) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th></th> <th style="text-align: center;">Copay or Coinsurance</th> <th style="text-align: center;">Minimum</th> <th style="text-align: center;">Maximum</th> </tr> </thead> <tbody> <tr> <td>Generic</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Brand Name</td> <td style="text-align: center;">10%</td> <td style="text-align: center;">\$87.50</td> <td style="text-align: center;">\$200</td> </tr> <tr> <td>Non-Formulary Brand Name</td> <td style="text-align: center;">30%</td> <td style="text-align: center;">\$125</td> <td style="text-align: center;">\$300</td> </tr> </tbody> </table> <p>Retail Refill Allowance If you don't use mail order for your long-term medications and most specialty drugs, 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.</p> <p>Some chronic 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.</p>		Copay or Coinsurance	Minimum	Maximum	Generic	\$20	N/A	N/A	Brand Name	10%	\$87.50	\$200	Non-Formulary Brand Name	30%	\$125	\$300	
	Copay or Coinsurance	Minimum	Maximum															
Generic	\$20	N/A	N/A															
Brand Name	10%	\$87.50	\$200															
Non-Formulary Brand Name	30%	\$125	\$300															

Medical Benefits – UnitedHealthcare Health Reimbursement Account (HRA)

Plan	Description				
<p>UnitedHealthcare HRA (Consumer Driven Plan)</p> <p><i>Available to employees in the continental United States and Alaska. Not available to employees in Puerto Rico and Hawaii.</i></p> <p>https://www.myuhc.com/groups/sdx</p> <p>800 784 2023</p> <p>Plan Administrator UnitedHealthcare</p> <p>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.</p> <p>Prescription Drugs that fall into the specialty category must be purchased through UnitedHealthcare's mail order pharmacy, OptumRX Mail Service Pharmacy on the first fill.</p>	See table on next page for HRA funding, deductibles and out of pocket maximums				
	Doctor Office Visit (primary and specialist)	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%			
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In/Out-of-network: 100% coverage Tobacco cessation program available at no cost to you			
	Urgent Care Center	In/Out: after deductible is met, plan pays 80%			
	Hospital	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%			
	<ul style="list-style-type: none"> Inpatient (includes maternity admissions) Outpatient Surgery 	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%			
	Maternity (pre- and postnatal office visits)	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%			
	Emergency Care (when not followed by admission)	In/Out: after deductible is met, plan pays 80%			
	Prescription Drug – Retail	Prescription Drug Costs Apply to Out of Pocket Maximums			
	Retail (for 30-day supply)		Copay or Coinsurance	Minimum	Maximum
		Generic	\$10	N/A	N/A
		Brand Name	10%	\$35	\$100
		Non-Formulary Brand Name	30%	\$50	\$150
	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	
Mental Health	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%. Combined with outpatient Substance Abuse.				
<ul style="list-style-type: none"> Inpatient Outpatient 	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%				
Substance Abuse	In-network: after deductible is met, plan pays 80% Out-of-network: after deductible is met, plan pays 60%				
<ul style="list-style-type: none"> Inpatient 					



- Outpatient

In-network: after deductible is met, plan pays 80%
 Out-of-network: after deductible is met, plan pays 60%

UNITEDHEALTHCARE HEALTH REIMBURSEMENT ACCOUNT OPTION

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

**Company Funded Health Reimbursement Account Funds + Employee Member Responsibility =
 = Deductible**

EXAMPLE (Assumes In-Network Providers Used)	
Annual Company Contribution to Health Reimbursement Account (You + Family Coverage)	\$1,500
In-Network Deductible (Family Maximum)	\$4,500
Total Member Responsibility Towards Deductible	\$3,000

PPO and Health Reimbursement Account Option Participants: Earn \$100 Toward Your Medical Expenses

Sodexo partners with Cigna and UnitedHealthcare to provide a wellness incentive to employees enrolled in either the PPO or Health Reimbursement Account Options. To participate, each plan year you must take an online Health Assessment. If you complete a Health Assessment, you will earn a \$100 credit. If you are a PPO Option 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. If you are a Health Reimbursement Account option member, the credit will be deposited into your Health Reimbursement Account. To take your Health Assessment and for more details on this incentive program, depending on your medical plan option, visit www.mycigna.com or www.myuhc.com.

Medical Benefits – Kaiser Permanente HMO

Plan	Description
	<p>www.kaiserpermanente.org</p> <p>Northern and Southern CA – 800 464 4000 Colorado – 800 632 9700 D.C. Metro/MD/VA – 800 777 7902 Georgia – 888 865 5813 Hawaii – 808-432-5955</p> <ul style="list-style-type: none"> • Must choose and see a 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 above). HMO eligibility is based, in part, on your home ZIP code. Plan designs and benefits vary by geographic location.</p>

Medical Benefits – HMSA – Hawaii Only

<p>www.hmsa.com</p> <p>HMSA PPP 808 948 6111 HMSA HPH Plus HMO 808 948 6372 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 • Prescription drug coverage <p>HMO:</p> <ul style="list-style-type: none"> • Must choose and see a Primary Care Physician (PCP) • 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 • Prescription drug coverage <p>These options available to employees in Hawaii. Employees who live in Hawaii are not eligible for the Cigna PPO or UnitedHealthcare Health Reimbursement Account Options.</p>

Medical Benefits – Triple S Salud – Puerto Rico Only

<p>www.ssspr.com</p> <p>787 774 6060</p> <ul style="list-style-type: none"> • Covers preventive care at 100% • Includes a dental benefit. Can still enroll in the MetLife Dental Plan <p><i>Employees in Puerto Rico are only eligible for the Triple-S Option.</i></p>
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Dental

Plan	Description		
Dental (Preferred Dentist Program - PDP) www.metlife.com/mybenefits 800 942 0854 Plan Administrator Metropolitan Life (MetLife) Dental Group Number 302105		PDP Service Provider	Non-PDP Service Provider
	Annual Deductible	\$50	\$50
		Deductibles for participating and non-participating dentists apply toward each other.	
	Plan Pays •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. <i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i>	<ul style="list-style-type: none"> 2 checkups/plan year*; no deductible; plan pays 80% max of 2 regular cleanings/plan year up to 4 periodontal cleanings/plan year. <i>Not to exceed 4 cleaning maximum per plan year (regular and periodontal)</i>
	•Basic Services	Plan pays 80%, after deductible	Plan pays 80%**, after deductible
	•Periodontics	Plan pays 80%, after deductible <i>Periodontal cleanings are covered as Preventive Care for up to four (4) periodontal cleanings per year. No more than four (4) cleanings total are covered per year (total may include up to two regular cleanings).</i>	Plan pays 80%**, after deductible
	•Major Services	Plan pays 50%, after deductible	Plan pays 50%**, after deductible
	•Orthodontic Services	Plan pays 50%, no deductible	Plan pays 50%**, no deductible
	*Limited to one fluoride treatment per year for all covered participants. Sealants covered for dependent children under age 19. **Subject to reasonable and customary fee (R&C) limits. All charges over R&C fees are paid by you.		
	Annual Plan Maximum	\$2,000	
Lifetime Maximum •Orthodontia	\$2,000 per person for dependents under age 19; does not count toward plan year maximum		

Vision Plan

Plan	Description		
EyeMed Select Vision Care Plan www.eyemedvisioncare.com 866 299 1358 Plan Administrator EyeMed Vision Care		In-Network Benefit	Out-of-Network Reimbursement
	<ul style="list-style-type: none"> Eye Exams 	\$0 copay	Up to \$32
	Contact Lens Exam*		
	<ul style="list-style-type: none"> Contacts Fit and Follow-up Visits (Standard) 	\$10 copay, includes 2 follow-up visits	Up to \$40
	<ul style="list-style-type: none"> Contacts Fit and Follow-up Visits (Premium) 	\$10 copay, 10% off retail, \$40 allowance	Up to \$40
	Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
	Lenses (standard uncoated plastic), Single, Bifocal, Trifocal, Lenticular	\$15 copay	Up to \$28 – Single vision Up to \$44 – Bifocal Up to \$72 – Trifocal Up to \$72 – Lenticular Up to \$44 – Progressive (Standard)
	Progressive (standard)	\$80 copay	
	Contact Lenses		
	<ul style="list-style-type: none"> Conventional 	\$130 allowance, then 15% off balance over \$130	Up to \$104
<ul style="list-style-type: none"> Disposable 	\$130 allowance	Up to \$104	
Contact Lenses – medically necessary	covered in full	Up to \$200	
Retinal Imaging	Member cannot be charged more than \$39 by provider for this service. Retinal Imaging is a non-invasive tool, enabling providers to identify potential signs of many eye diseases, including glaucoma, diabetic retinopathy and age-related macular degeneration	Not Covered	
Other	Laser Vision Correction Program, Mail Order Contact Lens Replacement Program, EyeMed Vision Care Discount Program		

Participants are allowed 1 pair of eyeglass lenses and 1 pair of frames or 1 pair of contact lenses in a calendar year.

* 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 Discount Program

Plan	Description	
EyeMed Vision Care Discount Program www.eyemedvisioncare.com 866 723 0391 (Plan #9238221) Free Discount Program—no enrollment	Eye Exams • Glasses • Contact Lenses	\$5 off routine exam \$10 off contact lens exam
	Frames (retail price)	35% off retail
	Lenses (standard uncoated plastic) • Single Vision • Bifocal • Trifocal	\$50 \$70 \$105
	Lens Options (add to lens price) • 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

Sodexo offers you programs to help you reach your financial goals now and in the future.

Life Insurance

www.lifebenefits.com/plandesign/sodexo
 877 282 1936
Life Insurance Beneficiary Designation - You must complete a Beneficiary Designation for the Life Insurance plans online at the Minnesota Life website (above) or link to the website when you finish enrolling for benefits at www.sodexobenefitscenter.com.. Even if you choose not to elect Group Term Life or Voluntary AD&D, all Sodexo salaried life insurance eligible employees are automatically enrolled in the Free Basic Life Insurance Plan and Business Travel Accident Plan. You must designate beneficiaries for all life insurance plans you participate in.

Plan	Description	
Free Basic Life Insurance <u>Claims Administrator</u> Minnesota Life	Enrollment	Employees are enrolled automatically on date of hire or when newly eligible
	Plan Benefit	Tax-free benefit 1 times annual salary; \$50,000 maximum (death benefit reduced at age 65)
Plan	Description	
Group Term Life Insurance <u>Claims Administrator</u> Minnesota Life	Plan Benefit	
	<ul style="list-style-type: none"> Employee 	1-7 times pay, minimum of \$10,000 up to a maximum of \$1,000,000. Coverage amounts in excess of \$700,000 may require Evidence of Insurability.
	<ul style="list-style-type: none"> Spouse/Domestic Partner 	Choose \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000 of coverage
	<ul style="list-style-type: none"> Child/Domestic Partner's Child 	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

Life Insurance (continued)

Plan	Description	
	You must elect Group Term Life Insurance coverage for yourself to elect Voluntary AD&D coverage	
Voluntary Accidental Death & Dismemberment (AD&D) <u>Claims Administrator</u> Minnesota Life	Plan Benefit <ul style="list-style-type: none"> Employee Spouse/Domestic Partner Child/Domestic Partner's Child 	\$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
Plan	Description	
Business Travel Accident <u>Claims Administrator</u> Minnesota Life	Enrollment Plan Benefit	Enrollment is automatic and effective on date of hire \$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.

Disability

File claims: 800 261 9022
Check status of EOI: 800 210 0268
Plan Number: #38481

Plan	Description	
Disability Plus <u>Plan Administrator</u> Liberty Mutual Note: Pre-existing condition limitations apply.	Plan Benefit*	Tax-free benefit 50% of salary
	Maximum Weekly Benefit	\$2,885
	Benefit Begins	At the beginning of the 8th day after being disabled
	Maximum Benefit Payment Duration	23 days or until you are no longer eligible
Plan	Description	
Long Term Disability <u>Plan Administrator</u> Liberty Mutual Note: Pre-existing condition limitations apply.	Plan Benefit*	Tax-free benefit 60% of base salary
	Maximum Monthly Benefit	\$15,000
	Benefit Begins	At the beginning of the 31st day after being disabled
	Maximum Benefit Payment Duration	24 months. Benefits continue beyond 24 months only if you are deemed unable to perform the material and substantial duties of any occupation within the company or elsewhere.

** Disability Plus benefits are reduced by other income, including, but not limited to, paid leave, severance and legally mandated disability plans (in California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico). Long Term Disability benefits are reduced by other income, including, but not limited to, paid leave, severance, Social Security disability benefits and legally mandated disability plans (in California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico).

Flexible Spending Accounts

Plan Administrator: Cigna

www.cigna.com/sodexo

800 909 2227

Plan	Description	
Health Care Spending Account You do not have to participate in a Sodexo medical, dental or vision plan to participate.	Benefit	Before-tax savings on out-of-pocket medical, dental and vision expenses of paid time
	Contributions	Choose between \$200 and \$2,500 of your pay divided over 50 weeks of paid time
Plan	Description	
Family Care Spending Account 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. 	Benefit	Before-tax savings on eligible child and elder care costs
	Contributions	Choose between \$200 and \$5,000 of your pay divided over 50 weeks

401(k) Retirement Savings Plan

Plan	Description	
401(k) Retirement Savings Plan www.MySodexoSavingsPlan.com 866 7 MY PLAN (866 769 7526) Plan Administrator Voya Financial (formerly ING) Must be age 21 or older to participate	Contributions	1-50% (combined pre- and post-tax contributions) Quarterly match – 50% of first 6% of employee contributions – may vary from year to year
	<ul style="list-style-type: none"> Employee Employer 	
	Automatic Enrollment	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.
	Vesting	100% after 3 years
	Loan Feature	Available

Credit Unions

Plan	Description	
Credit Unions MEFCU www.mefcudirect.com 800 821 7280 FCFCU https://firstcomcu.org 610 821 2403	Waiting Period	None
	Benefit	The credit unions offer members competitive interest rates on loans, yields on certificates, money market accounts and savings accounts

Direct Deposit

Plan	Description	
Direct Deposit SodexoNet: Search Keyword: Employee Self Service	Benefit	With direct deposit, you can choose 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 paid time off to allow you to balance work and personal interests.

Paid Time Off Policy

SodexoNet: [Search Keyword: Paid Time Off](#)

Plan	Description	
Sick Leave	Must wait 6 months before taking a paid sick day	
	Annual Accrual Rates	7 days
	Carryover	Up to 50 days
	Cash out	No
Plan	Description	
Vacation	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
Plan	Description	
Other Time Off	Holidays	8 days
	Personal Days	3 days except in California where employees have 3 additional vacation days
	Bereavement Leave	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.

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 you to accomplish your professional objectives as well.

LifeWorks

Plan	Description
<p>LifeWorks www.lifeworks.com (user ID: sodexo; password: lifeworks)</p> <p>888 267 8126 (English) 888 732 9020 (Spanish)</p> <p>Plan Provider Ceridian</p>	<p>Benefit</p> <p>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.</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>

Tuition Reimbursement Policy

Plan	Description
<p>Tuition Reimbursement SodexoNet: Search Keyword: Tuition Reimbursement</p> <p>Available to all full-time employees with one year of continuous service before the first class meeting</p>	<p>Benefit</p> <p>100% for minimum "C" grade in job-related courses at an approved school; \$2,500 annual maximum.</p> <p>Pre-approval required.</p>

Employee Discounts Policy

Plan	Description
<p>Employee Discounts SodexoNet: Search Keyword: Employee Discounts</p> <p>www.lifeworks.com (user ID: sodexo; password: lifeworks)</p>	<p>Benefit</p> <p>Discounts offered to Sodexo employees include cell phones, computers, rental cars, taxes, mortgage loans, flowers, paint and vision discounts.</p>