



<b>For Your Health</b>	<h2 style="text-align: center;">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"> <li>Medical Benefits</li> <li>Dental Plan</li> <li>Vision Plan</li> </ul>	
<b>For Your Financial Well-being</b>	
<ul style="list-style-type: none"> <li>Disability</li> <li>Life Insurance</li> <li>Flexible Spending Accounts – HCSA/FCSA</li> <li>Retirement and Savings Program – 401(k)</li> <li>Employee Stock Purchase Plan</li> <li>Savings Bonds</li> <li>Credit Union</li> <li>Direct Deposit</li> </ul>	
<b>For Your Time Off</b>	
<ul style="list-style-type: none"> <li>Vacation</li> <li>Sick Leave</li> <li>Other Time Off</li> </ul>	
<b>For Your Personal Life</b>	
<ul style="list-style-type: none"> <li>LifeWorks</li> <li>Tuition Reimbursement</li> <li>Service Awards</li> <li>Employee Discounts</li> </ul>	

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. 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 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. Getting recommended screenings, annual check-ups and immunizations is important to your well-being. Take full advantage of preventive care benefits—many of the medical plans pay 100% of the cost with no copays.

Medical Benefits – PPO Option		
Plan	Description	
<p><b>Preferred Provider Organization (PPO)</b> <b>Option provided by the Cigna Open Access Plus/CareLink Network</b></p> <p><i>Available to employees in the continental United States and Guam</i></p> <p><a href="http://www.cigna.com/sodexo">www.cigna.com/sodexo</a></p> <p><b>800 909 2227</b></p> <p><b>Plan Administrator</b> Cigna</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 enrollment if you have satisfied your initial waiting period and enroll within 45 days of becoming eligible.</p> <p><b>Precertification required for all hospital 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
	Preventive Care (routine physical exams, well-baby care, gyn exams, immunizations)	In-network: 100% Out-of-Network: 100% Tobacco cessation program available at no cost to you.
	Doctor Office Visit (primary and specialist)	In-network: \$20 per visit, then 100% Out-of-network: 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> <li>Out of Area (when not followed by admission)</li> </ul>	\$75 per ER visit, then 70% after deductible \$75 per ER visit, then 70% after deductible
	Mental Health <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	In-network: 70% covered after deductible. Precertification Required Out-of-network: 60% after deductible. Unlimited days  <b>Facility</b> In-network: 70% after deductible. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits <b>Office Visit</b> In-network: \$20 per visit. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits



## 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: 60% covered after deductible. Unlimited days  <b>Facility</b> In-network: 70% after deductible. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits <b>Office Visit</b> In-network: \$20 per visit. Unlimited visits. Out-of-network: 60% covered after deductible. Unlimited visits			
<b>Prescription Drug Benefit</b>  <a href="http://www.medco.com">www.medco.com</a> 800 903 7968  <b>Mandatory Generic Drugs</b> If you purchase brand-name drugs when a generic is available, you pay more.  <b>Retail Refill Allowance</b> 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 it three times at a retail pharmacy.	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

## Medical Benefits – Kaiser Permanente HMO

Plan	Description
	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>  Northern and Southern CA – 800 464 4000 Colorado – 800 632 9700 D.C. Metro/MD/VA – 800 777 7902 Georgia – 888 865 5813 Hawaii – 808 948 6372  For Kaiser Permanente Health Maintenance Organization (HMO) information, call Member Services in your region (numbers listed above). HMO eligibility is based on your home ZIP code. Plan designs and benefits vary by geographic location.



## Medical Benefits – UnitedHealthcare Health Reimbursement Account (HRA)

Plan	Description	
<p><b>UnitedHealthcare HRA (Consumer Driven Plan)</b></p> <p><i>Only available to employees in the continental United States.</i></p> <p><a href="https://www.myuhc.com/groups/sdx">https://www.myuhc.com/groups/sdx</a></p> <p><b>800 784 2023</b></p> <p><b>Plan Administrator</b> UnitedHealthcare</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 enrollment if you have satisfied your initial waiting period and enroll 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
	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. Tobacco cessation program available at no cost to you.
	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 (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"> <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 – Triple-S		
Plan	Description	
<p><b>Triple-S</b></p> <p><i>Available to eligible employees in Puerto Rico.</i></p> <p><a href="http://www.ssspr.com">www.ssspr.com</a></p> <p><b>787 774 6060</b></p> <p><b>Plan Administrator</b> Triple-S Salud, Inc.</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 enrollment if you have satisfied your initial waiting period and enroll within 45 days of becoming eligible.</p> <p><b>Note</b> A dental benefit is included with 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)	100% covered
	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 (when not followed by admission)	In-network: \$20 per ER visit, then 100% Out-of-network: 80% covered after deductible
	Prescription Drug – Retail (30-day supply unless otherwise noted)	\$5 (generic), \$10 (preferred brand), \$15 (brand name), 20% or \$15 minimum for non-preferred 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. Visit limit based on medical recommendation
Substance Abuse (inpatient or outpatient)	Same as Mental Health above	