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How to Use This Guide

- To jump to a particular topic, click on the topic name in the table of contents on the following page.
- To jump to a particular topic from any page within the document, click on the topic name from the index on the right or left side of the page.
- When a section of the text is referenced within the document as providing more information on a certain topic, click on the name of that section to go to it (for example [Benefits At-A-Glance](#)).
- To print a paper copy of this guide, just choose the print capability from your toolbar or the file menu on your computer. To optimize the printing of this document, choose “print setup” from the file menu on your computer and then choose “landscape” as the paper orientation, and/or from the print dialog box click on the radio button for “Auto Rotate and Center” before printing.

About This Guide

This guide shows the various benefits plans that are offered by Sodexo. 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 guide, the SPD, the plan document or the carrier’s service contract, the information in the plan document or contract governs. The Plan Administrator reserves the right to resolve any ambiguity in this document.

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Living • We will enable you
to flourish with us.

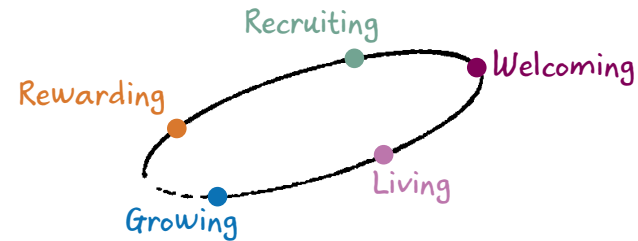
Rewarding • You will be recognized
for living our values and helping us grow.

At Sodexo, we are committed to rewarding you with a Total Rewards package that includes your pay, benefits, career development and other programs that enhance your personal and financial well-being. As a valued Sodexo team member, you improve the quality of life for our clients, our customers and the communities we serve every day. In return, Sodexo is committed to caring for our employees and recognizing and rewarding them.

We provide our employees with 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. Total Rewards represents all the ways we reward and motivate you throughout your career.

It includes benefits programs to help 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 benefits options for you. You have the opportunity to evaluate those options and make the choices that are best for your needs.

Please review this Guide for an in-depth look at the benefits we offer to you, then use <https://mysodexobenefits.com> to link to DecisionDirect™—your Health and Welfare decision making toolkit—and enroll for your 2012 benefits coverage.



Enroll Now

It is important to enroll in benefits as soon as you receive your Fact Sheet and review your options. You must enroll in the benefits marked with ★ in the following chart by the enrollment date listed on your Fact Sheet. If you do not enroll by the listed enrollment date, you will not be able to enroll until the next Annual Enrollment unless you have a qualifying event such as marriage or the birth of a child that allows you to make changes to your benefits mid-year.

If you do not enroll in the Group Term Life Insurance Plan or Short or Long-Term Disability plan(s) that you are eligible for by your enrollment deadline, you may be subject to Evidence of Insurability requirements if you enroll at a later time.

Employees subject to a collective bargaining agreement (CBA) are not entitled to receive the benefits described in the following chart unless specifically provided for in the collective bargaining agreement.

Your Contributions

Your contributions for benefits are deducted from your pay. Deductions do not begin until the date your coverage begins. Medical, dental, vision and flexible spending account deductions are taken from your pay on a before-tax basis. Life insurance and disability plan deductions are taken from your pay on an after-tax basis. For employees in Puerto Rico, all benefit deductions are taken on an after-tax basis. Spending accounts are not offered to employees in Puerto Rico or Guam.

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Medical ★	<p><i>PPO option provided by the Cigna Open Access Plus/CareLink Network*</i></p> <p>Cigna gives you the flexibility of using in-network or out-of-network providers. The PPO option is available to eligible employees who live in the continental United States, Alaska or Guam.</p> <p><i>UnitedHealthcare Health Reimbursement Account (HRA)*</i></p> <p>A “consumer-driven” plan that gives you increased involvement and flexibility in how your medical care dollars are spent. The UnitedHealthcare HRA is only available to eligible employees in the continental United States and Alaska.</p>	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9337</p>	<p>Cigna www.cigna.com/sodexo 800 909 2227</p> <p>Medco (PPO Prescription Drug Program) www.medco.com 800 903 7968</p> <p>UnitedHealthcare HRA https://www.myuhc.com/groups/sdx 800 784 2023</p>

*The PPO option under the Sodexo Medical Plan provided by the Cigna Open Access Plus/CareLink Network and the UnitedHealthcare HRA Plan are not available to employees in Puerto Rico and Hawaii.

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Medical ★ (continued)	<p>Kaiser Permanente HMO</p> <p>With an HMO, you must choose and see a Primary Care Physician (PCP), obtain a referral from your PCP to see a specialist and do not need to file claim forms. The Kaiser Permanente HMO is available in some geographic locations. Eligibility is based on your home ZIP code. Refer to your personalized Fact Sheet to see if you are eligible.</p> <p>HMSA Preferred Provider Plan (PPP) or HMSA HPH Plus HMO (Hawaii)</p> <p>The HMSA PPP and HMSA HPH Plus HMO are available to eligible employees who work in Hawaii.</p> <p>Triple-S (Puerto Rico)</p> <p>The only Sodexo medical plan option available to eligible employees who work in Puerto Rico. Triple-S also includes a dental benefit.</p>	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9837</p> <p>Hawaii State Waiver Form</p> <p>If you work in Hawaii, you must complete and submit a Hawaii State Waiver Form if you decline medical benefits. This form is available from the person who handles your benefits and must be received by the date your benefits would otherwise begin. If you do not enroll in a Sodexo medical plan, and do not submit a waiver form, you will be automatically enrolled in the Kaiser Permanente HMO for Employee Only coverage.</p>	<p>Kaiser Permanente HMO 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 – 808 948 6372</p> <p>Hawaii Medical Plans HMSA PPP www.hmsa.com 808 948 6111</p> <p>HMSA HPH Plus HMO www.hmsa.com 808 948 6372</p> <p>Puerto Rico Medical Plan Triple-S www.ssspr.com 787 774 6060</p>

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Dental ★	Helps pay the cost of preventive care and other dental services for you and your enrolled dependents.	Enroll online at https://mysodexobenefits.com or call 877 633 9837	MetLife www.metlife.com/mybenefits 800 942 0854
Vision	EyeMed Select Vision Care Plan ★ Helps pay the cost of eye exams, glasses or contacts, and other vision services for you and your enrolled dependents. EyeMed Vision Care Discount Program Provides you and your family members with discounts for eye exams and lens options. This plan is provided at no cost to you.	Enroll online at https://mysodexobenefits.com or call 877 633 9837 Employees and their dependents are automatically enrolled in the discount program.	EyeMed Select Vision Care Plan www.eyemedvisioncare.com 866 299 1358 EyeMed Vision Care Discount Program www.eyemedvisioncare.com 866 723 0391 (Plan #9238221)



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Life Insurance	<p>Group Term Life Insurance ★</p> <p>Pays your beneficiary if you die. You can choose from one to seven times your annual base pay (not including tips, bonuses, overtime, premiums or commissions), up to a maximum of \$1 million. You can enroll your legal spouse or domestic partner at 50% of your coverage, up to \$100,000, and choose \$10,000 of coverage for each of your eligible dependent children.</p> <p>Voluntary Accidental Death and Dismemberment (AD&D) ★</p> <p>Pays you or your beneficiary if you die in an accident or if you lose eyesight, speech or hearing, use of limbs or you become comatose because of an accident. You can select coverage for your eligible dependents up to certain maximums.</p>	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9837</p> <p>You must elect Group Term Life Insurance coverage for yourself in order to elect coverage for your eligible dependents.</p> <p>You must elect Group Term Life Insurance for yourself in order to elect Voluntary AD&D.</p> <p>You must elect Voluntary AD&D Insurance coverage for yourself in order to elect coverage for your eligible dependents.</p>	<p>Minnesota Life www.lifebenefits.com/plandesign/sodexo 877 282 1936</p> <p>Life Insurance Beneficiary Designation</p> <p>You must complete a Beneficiary Designation and Change Request form for the Life Insurance plans. You can do this at the Minnesota Life website (above) or link to the website when you finish enrolling for benefits at https://mysodexobenefits.com.</p> <p>Even if you choose not to elect Group Term Life or Voluntary AD&D, all Sodexo life insurance eligible employees are automatically enrolled in the Free Basic Life Insurance Plan and salaried employees are automatically enrolled in the Business Travel Accident Plan. You must designate beneficiaries for these plans.</p> <p>Your designated beneficiary under the Life Insurance plan will supersede any contrary designation in your will.</p>

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Life Insurance <i>(continued)</i>	<p><i>Business Travel Accident Insurance</i> Pays you or your beneficiary in the event of accidental death, dismemberment or other losses while traveling on company business. This coverage is provided at no cost to you.</p> <p><i>Free Basic Life Insurance</i> Pays your beneficiary if you die. This coverage is provided at no cost to you.</p>	<p>Employees eligible for salaried benefits are automatically enrolled in the Business Travel Accident Insurance Plan.</p> <p>Full-time employees in Sodexo's standard benefits plan offering are automatically enrolled in the Free Basic Life Insurance Plan.</p>	<p>Minnesota Life www.lifebenefits.com/plandesign/sodexo 877 282 1936</p> <p>Life Insurance Beneficiary Designation If you have not done so already, you must complete a Beneficiary Designation and Change Request form for the Life Insurance plans. You can do this at the Minnesota Life website (above) or link to the website when you finish enrolling for benefits at https://mysodexobenefits.com. Even if you choose not to elect Group Term Life or Voluntary AD&D, all Sodexo life insurance eligible employees are automatically enrolled in the Free Basic Life Insurance Plan and salaried employees are automatically enrolled in the Business Travel Accident Plan. You must designate beneficiaries for these plans.</p>

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Disability ★	<p>Disability Plus For employees eligible for salaried benefits:</p> <ul style="list-style-type: none"> ● Pays 50% of your weekly base salary if you are unable to work because of a disability.* ● Benefits begin after you've been disabled for seven consecutive days. <p>Long Term Disability For employees eligible for salaried benefits:</p> <ul style="list-style-type: none"> ● Pays up to 60% of your base salary if you are unable to work because of a disability.* ● Benefits begin after you've been disabled for 30 consecutive days. 	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9837</p> <p>You must enroll in Long Term Disability to participate in Disability Plus.</p>	<p>Liberty Mutual To file claims: 800 261 9022 www.MyLibertyConnection.com</p>

*Disability benefits are reduced by other income, including paid leave, severance and legally mandated disability plans (in California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico).

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Disability ★ <i>(continued)</i>	<p>Hourly Short Term Disability</p> <p>For full-time, non-temporary, frontline employees:</p> <ul style="list-style-type: none"> ● Pays a maximum weekly benefit of \$150, \$200 or \$250. ● Benefits begin after you've been disabled for seven consecutive days. <p>Note: If you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico, you cannot enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your state's or commonwealth's disability plan.</p> <p>Hourly Long Term Disability</p> <p>For full-time, non-temporary, frontline employees:</p> <ul style="list-style-type: none"> ● You are paid 50% of your annual base salary, up to a maximum of \$2,000 a month, if you are unable to work because of a disability. ● Benefits begin after you've been disabled for 26 weeks. 	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9837</p>	<p>Liberty Mutual</p> <p>To file claims: 800 261 9022 www.MyLibertyConnection.com</p>

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Flexible Spending Accounts	<p>Family Care Spending Account ★ Set aside money from your pay before taxes to pay for eligible dependent care expenses such as day care or elder care.</p> <p>Health Care Spending Account Set aside money from your pay before taxes for eligible health care expenses not covered by your medical, dental or vision plans like office copays and deductibles. Claims for domestic partners and their children are not eligible for reimbursement under the Health Care Spending Account.</p>	<p>Enroll online at https://mysodexobenefits.com or call 877 633 9837</p> <p>As deductions for the Family Care Spending Account are taken from your pay for 40 weeks during the plan year, enrollment in the Plan is not available after the 40th week of the current plan year.</p> <p>You can only enroll in the Health Care Spending Account during the Annual Enrollment period each year.</p>	<p>Cigna www.cigna.com/sodexo 800 909 2227</p>
Retirement and Savings Program	Save for retirement by setting aside 1-50% of your pay. Sodexo will add to your savings each year with a company match.	You are automatically enrolled in the Retirement and Savings Program upon hire at 1% of your salary. Sodexo will match \$.50 for every dollar you save up to 6% of your salary. Sodexo will increase your savings 1% each year until you reach 3%. You will receive an enrollment kit in the mail and can change your contribution amount or opt out of the Plan by contacting ING online or by phone at any time. You must be age 21 and in an eligible unit to be eligible for the Retirement and Savings Plan.	<p>ING www.MySodexoSavingsPlan.com 866 7 MY PLAN (866 769 7526)</p>

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For Your Financial Well-being (continued)

Benefit	Description	How Do I Enroll?	Plan Contact Information
Employee Stock Purchase Plan	Through after-tax pay deductions, you can purchase shares of Sodexo at a 10% discount. To be eligible, you must be on the payroll on the first day of the enrollment period. The enrollment period is from Aug. 1 – Aug. 31.	You will receive enrollment information if you are eligible at the start of the enrollment period on Aug. 1.	SG Vestia Systems Inc. www.sgvestia.com/sodexo 888 580 0007
Credit Unions	MEFCU and First Commonwealth Federal Credit Union (FCFCU) offer you and the members of your household many financial products and services.	Contact MEFCU and/or FCFCU for more information.	MEFCU www.mefcudirect.com 800 821 7280 FCFCU https://firstcomcu.org 610 821 2403
Direct Deposit	Deposit your pay directly into your personal savings, checking or investment accounts.	Go to Employee Self Service or contact the person who handles your payroll.	www.lamSodexo.com > Employee Self Service SodexoNet Search Keyword: Employee Self Service



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For Your Time Off

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Paid Time Off	<p>Vacation, Personal and Sick Leave You may earn vacation, personal and sick leave. Specifics on eligibility, amount and type of leave are set by your workplace.</p> <p>Other Time Off Benefits Holidays – Varies by unit Bereavement Leave – Up to three days of paid bereavement leave following the death of an immediate family member, which includes your parents, parents of your spouse or domestic partner, stepparents, your children, stepchildren, domestic partners' children, grandparents, grandchildren, legal guardian or custodian, siblings, spouse or domestic partner.</p> <p>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 four weeks.</p> <p>Family Medical Leave Act (FMLA), FMLA-like Leave or Military Leave – Contact your HR Representative for more information. Adoption follows FMLA guidelines.</p>	<p>Contact the person who handles your benefits for your specific eligibility and details.</p> <p>Employees covered under the terms of a collective bargaining agreement should consult the collective bargaining agreement for information on time off benefits.</p>	<p>www.lamSodexo.com > Time Off Benefits</p> <p>SodexoNet <i>Search Keyword:</i> Paid Time Off</p>

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Benefit	Description	How Do I Enroll?	Plan Contact Information
LifeWorks	Provides information, education and support for personal and work-related concerns such as child care, elder care, parenting, legal and budgeting issues. Includes the iCan Health Coaching Program that provides free counseling services to lose weight, quit smoking, cope with stress or improve cardiovascular health.	All non-temporary full-time frontline and all non-temporary salaried employees and their family members are automatically enrolled. Note: Employees covered under a collective bargaining agreement are not eligible for the LifeWorks Plan.	LifeWorks www.lifeworks.com (user ID: Sodexo; password: Lifeworks) 888 267 8126 (English) 888 732 9020 (Spanish) Website and phone are available 24 hours a day, 7 days a week. Services are confidential and free of charge.
Educational Assistance	Tuition reimbursement for pre-approved courses. Varies by workplace.	Contact the person who handles your benefits.	www.lamSodexo.com > Educational Resources SodexoNet Search Keyword: Educational Assistance
Service Awards Program	Awards for every five years of service.		www.lamSodexo.com > Service Awards SodexoNet Search Keyword: Service Awards



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- Is Your Address on Your Fact Sheet Correct?** Medical plan options are based on your home ZIP code—if your address is wrong, the medical plans listed on your fact sheet may be wrong too. Change your address at <http://www.lamSodexo.com> > Employee Self Service or call 877 729 7396. Call 877 633 9837 for the medical plans offered in your ZIP code.
- Make educated decisions about your benefits** and compare your options using DecisionDirect™. Link to the tools from the home page of <https://mysodexobenefits.com> to compare medical plans, read about people like you and their coverage decisions and use the Health Care Spending Account and Life Insurance Estimators.
- Use your Fact Sheet as a guide** when you use the web or contact 877 633 9837 to enroll. Keep your Fact Sheet for your records. Do not mail it back.
- Answer a question on nicotine use.** When you enroll in a medical plan for the first time, you must answer a question on your use of tobacco products. If you answer “yes” to the question on your use of tobacco products, you will be charged the \$600 nicotine surcharge (\$11.54 per week). If you have previously answered this question, you can make a change to your designation if your nicotine use status has changed. *Does not apply to employees enrolled in Hawaii and Puerto Rico medical plans, employees covered under a collective bargaining agreement, or employees continuing coverage through COBRA.*
- Check eligibility for dependents you plan to enroll in your benefits plans.** See **Dependent Eligibility Guidelines**.
- Have Social Security Numbers for dependents.** Make sure you enter dependent Social Security Numbers.
- Choose a Primary Care Physician if you are enrolling in the Kaiser Permanente HMO.**
- Check your Benefits Confirmation Statement.** After you enroll for benefits coverage, a statement will be sent to your home within 7-10 business days of the day you make your elections (call 877 633 9837 if you do not receive one). To make a correction, you must call 877 633 9837 by the date on your statement.
- Complete a Beneficiary Designation Form** and mail to the address shown on the form, or complete it online at www.lifebenefits.com/plandesign/sodexo. You can find a link to the website when you make your enrollment elections at <https://mysodexobenefits.com>.

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Qualifying Events

The elections you make during your initial enrollment period for medical, dental, vision and the spending accounts will generally remain in effect for the entire plan year, unless you have a qualifying event. Qualifying events such as birth, adoption, marriage, divorce and job status change are defined by federal regulations. **Please note:** Even though Sodexo makes every effort to help with your financial well-being, exceptions cannot be made to accommodate situations that are outside the IRS definition of qualifying events such as financial hardship. Call 877 633 9837 for more information on qualifying events.

Medical ID Cards

When you enroll in a Medical Plan option, it takes approximately 30 days after your effective date for medical ID cards to reach your home. If you enroll in the PPO option, you will receive 2 ID cards—one for your medical coverage and one for your prescription coverage. **If you have a medical emergency and need urgent medical attention and have not received your ID card, call 877 633 9837. You can visit your Plan's website to see if there is an option to print temporary ID cards. Medical Plan websites are listed in [Benefits At-A-Glance](#).**

When Your Benefits Begin

If You Live in the Continental United States or Puerto Rico

Frontline Employees (class 6)

- **New Hires** – Your benefits will begin on the first day of the month following 90 days after you are hired. You must enroll within your first 90 days of employment.
- **Newly Eligible** – Your benefits will generally begin on the Saturday following your request if you enroll within 45 days after you are newly eligible.

Salaried Employees (class 1-4)

Your benefits will begin on the Saturday after you enroll, if you enroll within 45 days after you are hired or become newly eligible.

If You Live in Hawaii

Frontline Employees (class 6)

Generally, your benefits will begin on the Saturday following 23 days after you are hired or 45 days after becoming newly eligible.

Salaried Employees (class 1-4)

Generally, your benefits will begin on the Saturday after you enroll if you enroll within the 23 days after you are hired or 45 days after becoming newly eligible.

After you enroll, the Benefits Confirmation Statement, sent to you by mail, lists the specific date on which your benefits will begin.

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Enrolling in Benefits

Use the Benefits Enrollment website
<https://mysodexobenefits.com>

Online enrollment is:

- **Easy.** Each screen has step-by-step instructions
- **Convenient.** You can access it from home or work 24 hours a day, 7 days a week
- **Fast.** You'll be able to confirm your enrollment or changes immediately
- **Helpful.** You can connect to DecisionDirect™ to assist you with making your enrollment elections

Use the enrollment website to:

- Enroll, cancel or change plans
- Check plan costs
- Help you make benefits decisions

Getting Started

To use the website, you'll need your:

- Employee ID Number (found on your Fact Sheet and on your pay statement) or Social Security Number
- PIN (located on the top of your Fact Sheet)

Log on to <https://mysodexobenefits.com>.

What is a PIN?

Your PIN (Personal Identification Number) is a 4-digit number that appears at the top of your Fact Sheet. Whenever you use your PIN to make benefit choices or changes, you are authorizing the company to adjust your benefits and pay. Using your PIN is just the same as if you signed your name on a form, and you are accepting all terms and conditions of the plans in which you enroll. Keep your PIN in a safe place and do not share it with others.

Enrolling a Domestic Partner?

Web enrollment is not available to you. Call 877 633 9837 to enroll your domestic partner.

Note: To qualify as a domestic partner, you and your partner must meet certain criteria. Review the information in the **Domestic Partner** section and call 877 633 9837 to enroll a domestic partner. You will need to complete and return a Domestic Partner Affidavit in order to enroll your domestic partner for benefits coverage. The affidavit can be found online at <https://mysodexobenefits.com> under the "Benefits Materials" tab.

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Telephone Enrollments

If you don't have internet access, you can call 877 633 9837. Before you call, you will need your Social Security Number (SSN) and PIN. If you are enrolling dependents, you will need their Social Security Numbers.

For those employees calling from outside the U.S., please call 904 443 6535.

You Must Call (Monday through Friday, 9 a.m. to 7 p.m., ET) to:

- Add or change dependent coverage or a dependent's Social Security Number
- Enroll a domestic partner
- Use the language line—140 languages available

Note: The best times to call are Tuesday–Friday, 10 a.m. to 6 p.m., ET. To use the TDD (Telephone Device for the Deaf) call 800 551 3117.

Committing a Fraudulent Act

If you commit a fraudulent act, the Plan Administrator may cancel or nullify all or some of your Company-sponsored plan coverage(s). Fraudulent acts include, but are not limited to, providing false information to obtain employment or benefits coverage, omitting important facts, enrolling ineligible dependents, or misusing the plan coverage. If this occurs, your benefits coverage(s) may be canceled. In addition, civil and/or criminal penalties can result from these acts.

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Dependent Eligibility

Is My Dependent Eligible for Coverage?

Make sure your dependents meet the eligibility criteria:

1. Review the dependent eligibility guidelines below.
2. Make sure that the dependents you enroll in your benefits plans have their Social Security Numbers (SSNs) on file.

Note: As required by federal law, all employers, insurers, and plan administrators are required to share eligibility information *including Social Security Numbers* with the Centers for Medicare & Medicaid Services (CMS).

Dependent Eligibility Guidelines

Legal Spouse

An individual of the opposite sex who you married in a legally recognized ceremony and who is living with you and is a permanent U.S. resident.

Not eligible:

- A legally separated or divorced spouse, even if the separation agreement or divorce decree states that coverage must be provided
- Anyone who is in active military service
- If your spouse/domestic partner is covered as an employee in any benefits plan sponsored by Sodexo, he/she cannot also be covered under your plan as a dependent



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To cover a common law spouse, complete the Common-Law Marriage Affidavit required by Sodexo. Call 877 633 9837 for additional information.

Domestic Partner

Sodexo recognizes domestic partners of the same and opposite-sex in all 50 states. A couple must be in a committed relationship that meets the criteria for domestic partnership as defined below and on the Domestic Partner Affidavit.

For Sodexo to recognize a domestic partner, you must sign an affidavit affirming that you and your partner declare that you are each other's sole domestic partner and have a committed relationship that is intended to be of indefinite duration. In addition, you and your domestic partner must affirm that you meet the following criteria:

- Are not legally married to anyone else
- Are at least 18 years old
- Are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which you legally reside
- Reside together in the same residence and intend to do so indefinitely
- Are jointly responsible for each other's common welfare and share financial obligations

Call 877 633 9837 for more information.

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Child(ren)

Child(ren) under the age of 26, regardless of marital, residential, student or financial status or whether you list them as a dependent for income tax purposes, and are:

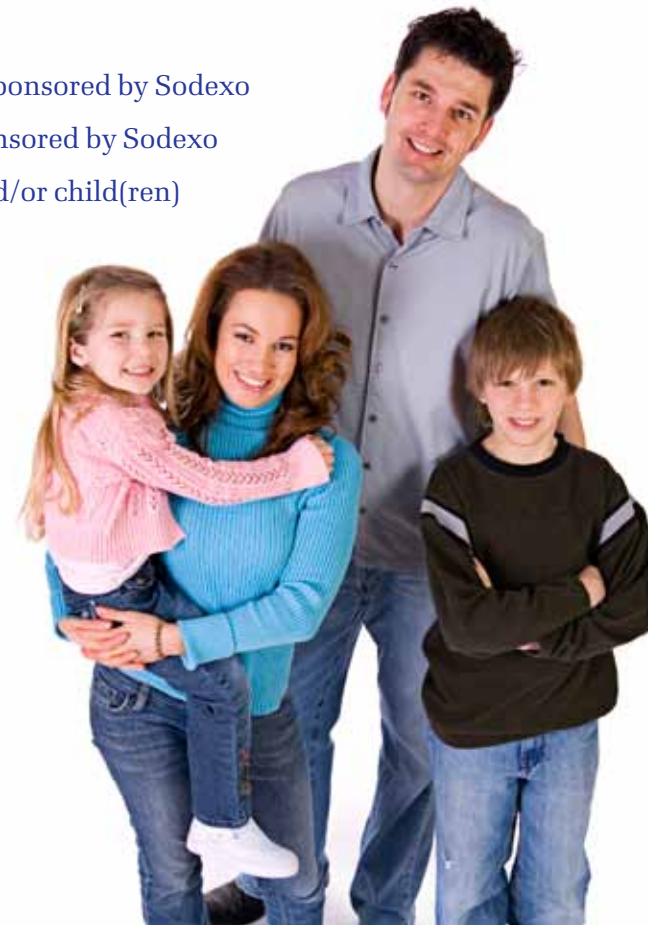
- Your biological child(ren)
- Legally adopted child(ren)
- Stepchild(ren)
- Any other child(ren) for whom you are the legal guardian or custodian in accordance with the laws of the state in which you reside
- Your domestic partner's child(ren)
- Child(ren) covered under a QMCSO (Qualified Medical Child Support Order) that requires you to provide him or her with health care coverage. This does not include a QMCSO order for your spouse's children.
- Disabled Child(ren)—Call 877 633 9837 for information on eligibility

Not Eligible:

- Children in active military service
- Children covered by another parent in any medical plan sponsored by Sodexo
- Children covered as an employee in any medical plan sponsored by Sodexo
- Your sister or brother, niece or nephew, and the spouse and/or child(ren) of your married child (unless meeting the eligibility above)

Verification

Sodexo reserves the right to conduct dependent eligibility verification reviews at any time. Knowingly falsifying a dependent's eligibility for enrollment in benefits coverage is considered fraudulent and may result in action taken against you up to and including termination of your employment with Sodexo.

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Nicotine Surcharge

Does not apply to employees enrolled in Hawaii and Puerto Rico medical plans, employees covered under a collective bargaining agreement, or employees continuing coverage through COBRA.

Cigarettes and other forms of tobacco are the leading preventable cause of disease, disability and death in the United States.

Because Sodexo puts a high importance on our employees' health and well-being, we want to reward employees who practice good health habits. If you do not use tobacco products, you will save \$600 per year. Otherwise a nicotine surcharge of \$11.54 per week is deducted from your paycheck in addition to your normal weekly medical premiums.

Nicotine use is defined as the use of tobacco products within the last 12 months in such forms including but not limited to cigarettes, pipe tobacco, cigars, snuff or chewing tobacco. As it relates to the Sodexo Medical Plan, using smoking cessation products that contain nicotine is not considered nicotine use.

When you enroll in a medical plan for the first time, you must answer a question on your use of tobacco products. You can make a change to your designation at any time if your nicotine use status has changed. If you answer "yes" to the question on your use of tobacco products, you will be charged the \$600 nicotine surcharge.

Very Important: If you don't use nicotine but fail to answer the question, you will automatically be charged the nicotine surcharge of \$11.54 per week (before-tax) in addition to your medical plan premiums. If you are approved for a Leave of Absence (LOA), you are still responsible for paying the surcharge along with your medical plan costs. During your LOA, if you fail to make payments to cover both the surcharge and medical plan costs, your medical benefits may be canceled.

What if I use tobacco products?

If you use tobacco products, Sodexo can help you stop. See the box on the following page for resources. Once you begin the process to quit by enrolling in a tobacco cessation program, you'll be able to save money by providing a Nicotine Surcharge Affidavit that affirms that you have enrolled in a tobacco cessation program or have quit using tobacco products. Once this affidavit is accepted, the surcharge will be removed from your medical plan costs. You can begin the process to quit using tobacco products and provide the affidavit at any time to remove the surcharge.

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Resources to Help You Quit Using Tobacco Products

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Many Sodexo medical plans offer comprehensive tobacco cessation programs at no extra charge to their members. Enrolling in a program and affirming your participation by signing the Nicotine Surcharge Affidavit will allow you to drop the \$600 nicotine surcharge.

Cigna – Quit Today™

Visit www.myCigna.com or call 800 909 2227.

UnitedHealthcare HRA – QuitPower®

Visit <https://www.myuhc.com/groups/sdx> or call 877 QUIT PWR (877 784 8797).

Kaiser Permanente HMO- Healthy Lifestyles Program – Health Media® Breathe™

Visit www.kaiserpermanente.org and click on the link for the healthy lifestyles program, or call Member Services in your area.

*Other Resources****LifeWorks, iCanQuit Free Health Coaching Program***

<http://www.lamSodexo.com> > LifeWorks (ID: Sodexo, password: Lifeworks) or call 888 267 8126.

American Cancer Society

www.cancer.org or call 800 ACS 2345, press 3 to find a quit line in your area.

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Making Changes During the Year

Generally, you can only make changes to your coverage once a year during Annual Enrollment unless you experience a qualifying event. The chart below lists some events that allow you to make changes.

- To enroll in coverage, call 877 633 9837 within 45 days of the event.
- To cancel coverage, call 877 633 9837 within 60 days of the event.

Can I Make Changes During the Year If...?

- my dependents or I involuntarily lose coverage under another employer's plan	yes
- my dependents' or my eligibility changes under Sodexo-sponsored plans.....	yes
- I marry, divorce or legally separate with a court order.....	yes
- I establish or dissolve my relationship with my domestic partner	yes
- I have a baby, adopt a child or a child is placed with me for adoption.....	yes
- my spouse or I take an unpaid leave of absence	yes
- my legal spouse, domestic partner or dependent dies.....	yes
- the end of my COBRA or continuation coverage timeframe is reached	yes
- I move out of the HMO's service area.....	yes
- I become entitled to Medicare or Medicaid, or I lose Medicaid coverage	yes
- my spouse changes benefits elections during his/her annual enrollment.....	yes
- I have a Qualified Medical Child Support Order (QMCSO).....	yes
- my doctor drops out of my plan's network.....	no
- I move and the same medical plan is still available.....	no
- there is no network doctor in my area	no
- my prescription formulary changes.....	no
- due to economic hardship, I can no longer afford the premiums.....	no

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Can I Make Changes During the Year If...?

If you're not sure if a work or life event would qualify you to make changes to your coverage, call 877 633 9837, Monday – Friday, 9 a.m. – 7 p.m., ET.

Annual Enrollment

Annual Enrollment, held each fall, is the time of year when you can enroll in, cancel or change your benefit choices for the next plan year. Changes made during Annual Enrollment will take effect the following plan year.

If you are enrolling in benefits for the first time after your initial eligibility period, you may be required to provide evidence of good health through an Evidence of Insurability form for some life and disability benefits plans.

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Wellness Programs

Offered Through Your Medical Plans

After the demands of everyday life, we tend to put our own health last. Practicing good wellness habits is making your health a priority and taking an active role in your well-being. The most important gift you can give to yourself and your family is good health.

Sodexo is dedicated to helping you and your family members achieve and maintain good health habits. Living well means not only providing health coverage, but also providing wellness programs that help you maintain a healthy lifestyle.

There are many wellness resources and tools offered to you through the medical plans and through LifeWorks. Below is a brief overview of some of the wellness programs. Be sure to call the medical plan or visit its website to find out about the extensive programs available to you.

Note: In most cases, you must be a participant to use these programs.

Cigna

The PPO option provided by the Cigna Open Access Plus/CareLink network provides a variety of wellness programs including a Personal Health Team of health specialists—individuals trained as nurses, coaches, nutritionists, clinicians and counselors—who will listen, understand your needs and help you find solutions, even when you're not sure where to begin.

www.myCigna.com or 800 909 2227

Health Assessment

- Take an online health assessment and receive a wellness score based on how you compare to people in your gender and age group
- You'll also get recommended next steps to help you get started on a path to better health. And based on your responses, you may receive a web invitation to join one of Cigna's Online Health Coaching Programs for the support you need to get healthy and stay healthy. Joining is easy, and there's no cost to you

Healthy Rewards®

Discounts are available for the following health and wellness programs:

- Weight Management and Nutrition
- Vitamins, Health and Wellness Products
- Healthy Lifestyle Products
- Fitness
- Mind/Body
- Alternative Medicine
- Tobacco Cessation
- Vision and Hearing Care
- Dental Care

Use Preventive Care

Early detection can not only save you money—it can save your life! Cigna and the UnitedHealthcare HRA medical plans offer Preventive Care coverage at 100% both in and out-of-network and not subject to copay, coinsurance or deductible. The Kaiser Permanente HMO, Triple-S and Hawaii medical plans also provide Preventive Care coverage at 100% in-network and not subject to copay. You will pay nothing when you use a network provider.

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Cigna (continued)

Personal Health Team

Partner with a health coach to take a more active role in your health:

- Maintain good eating and exercise habits
- Receive support and encouragement to set and reach health improvement goals
- Better manage conditions, including coronary artery disease, low back pain, arthritis, high blood pressure, high cholesterol and more

Learn skills at your own pace online:

- Identify triggers to better cope with and reduce stress
- Sleep better
- Increase your physical activity and improve your nutrition

One phone call lets you:

- Get help making decisions for treatment with education on your options—so you and your doctor can choose what works for you
- Access support 24-hours-a-day when you need medical treatment guidance. For example, how to treat your child's high fever
- Understand preventive screenings and annual exams
- Know what to expect and how to prepare if you need to spend time in the hospital or need surgery
- Get answers to questions about your benefits and finding your way through the health care system

Health Management

- **Quit Today™** – Get the help and support you need to quit nicotine use for good
- **Healthy Steps to Weight Loss™** – Reach your weight loss goals or sustain a healthy weight
- **Strength and Resilience™** –Cope with stress and avoid stress-related illnesses
- **Healthy Pregnancies, Healthy Babies™** – Support for pregnant members and members considering pregnancy, whether they simply need information about pregnancy and babies, or are identified as high-risk and need specialized case management. The program includes preconception and prenatal education, a comprehensive assessment and development of individualized care plans
- **Your Health First™** – Manage your chronic condition through comprehensive health management tailored to your preferences, delivered through the continuous, personalized support of a dedicated health advocate
- **Cancer Support Program** – Get information, assistance and one-on-one support every step of the way from understanding your diagnosis to discussing treatment options to celebrating survivorship

Contact www.myCigna.com or 800 909 2227 for more information.

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UnitedHealthcare HRA

UnitedHealthcare's Paths to Wellness include:

- Health Risk Assessment – Tools, monthly health statements, quarterly member newsletters, consumer alerts and personalized messages
- Healthwise® Knowledgebase – Decision-making resources, health topics and calculators, and online support groups
- Health coaches – Nurses available 24/7 to answer questions on treatment decisions and chronic condition support
- Online Healthy Living programs – Lifestyle action plans tailored to your risks
- Health Risk Phone-Based Coaching programs – Personalized lifestyle behavior modification programs designed for individuals with three or more high risk indicators

Contact 800 784 2023 or www.myuhc.com/groups/sdx for more information.

Kaiser Permanente HMO

The Kaiser Permanente HMO offers many wellness resources including:

- Education and Tools – Newsletters, videos, audiotapes, online classes, health calculators, appraisals and assessments
- Programs – Disease management, maternity, exercise, nutrition and self-care
- Discounts – Alternative medicine, fitness centers and health products

Contact The Kaiser Permanente HMO in your region for more information. The numbers and websites are listed in the [Medical Plan Summary Charts](#).

LifeWorks

The iCan Health Coaching program provides personal health coaching to lose weight, quit smoking, cope with stress or improve cardiovascular health. LifeWorks offers educational materials, videos and podcasts on a variety of wellness topics, access to a nurse line and discounts on fitness equipment and fitness facility memberships. Call 888 267 8126 or visit <http://www.lamSodexo.com> > LifeWorks (user ID: Sodexo, Password: LifeWorks).

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- **Stay healthy** to save on medical care and prescription drugs. Use your plan's preventive care services, such as annual physicals, early detection screenings and blood tests to maintain good health. Preventive care services are covered at 100% in-network for all Sodexo medical options. Check with your medical provider for its preventive care coverage policies.
- **Take advantage of wellness programs.** Combine prevention screening with resources from your medical plan, such as the tobacco cessation programs offered through Cigna, UnitedHealthcare HRA and Kaiser Permanente HMO or resources offered free of charge through LifeWorks. Get help with weight loss, stress management and cardiovascular health coaching to maximize your wellness.
- **If you have diabetes, heart disease or another chronic condition,** you may have access to free condition management programs through your health option. Contact your plan provider for more information. Contact numbers and websites can be found at the [end of this guide](#).
- **Be a good consumer of health care.** By minimizing avoidable expenses, you can reduce your out-of-pocket expenses. If you need immediate, but non-emergency medical care, think about going to an urgent care center instead of the emergency room.
- **Use generic drugs and order through your plan's mail order program.** Generic prescription drugs cost 30-80% less than brand-name drugs.
- **Take your medication as prescribed.** Many prescriptions when taken as directed can keep you from needing expensive medical care or hospitalization.



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How to Choose Your Benefits

Your enrollment is important. The decisions you make now will remain in effect for the remainder of the 2012 benefits plan year.

Step 1. Review Your Benefits Needs

Look at how you use benefits. You will find a link to DecisionDirect™ tools at <https://mysodexobenefits.com> that will allow you to compare options and help you make choices.

When you elect medical, dental and/or vision coverage, you can enroll at any one of three coverage levels for each plan—Employee Only, Employee plus One or Family—depending on the number of dependents you cover for each plan.

Step 2. Take Advantage of Tools and Resources

After you evaluate your current benefits needs, costs and coverage, think about how your situation may change over the year. Are you getting married, having a child or adding a family member to your coverage? Will you be covering fewer dependents (for example, your child is going to receive coverage under her own employer health plan)?

Take advantage of DecisionDirect™ located at <https://mysodexobenefits.com>.

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Need Help Making a Decision?

The decisions you make during enrollment will stay in effect through 2012, so choose wisely. Visit <https://mysodexobenefits.com> to access DecisionDirect™ online. When you take just two minutes to answer a few brief questions, DecisionDirect™ suggests the best options for you and your family and links you to additional decision tools, including:

- **Health Plan Comparison Chart** – Compare the key features and benefits of your Sodexo medical plan choices.
- **Medical Expense Estimator** – Estimate your medical expenses for 2012, calculate your total out-of-pocket costs and decide which medical plan is most cost-effective for you and your family.
- **Life Insurance Estimator** – Calculate the level of life insurance coverage you need.
- **Health Care Spending Account Estimator*** – Want to keep more money in your pocket, pay less in taxes and build an account to help pay for health care? If “yes,” consider a Health Care Spending Account. Set aside before-tax money to pay for eligible out-of-pocket health care expenses. This not only reduces your taxable income, but it ensures that you’ve reserved money to cover copayments, deductibles, coinsurance and other expenses. Use the Health Care Spending Account Estimator to find out how much you should contribute to your account. Remember, you must actively enroll to participate in the Health Care Spending Account.
- **People Like Me™** – Find out which plans people in your age range, gender, and health and family status are choosing and why.

**The Health Care Spending Account estimator is available on DecisionDirect only during the Annual Enrollment period.*

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Sodexo offers two medical plan options and the Kaiser Permanente HMO in some areas. Eligibility for the HMO depends on your home ZIP code. If you live in **Hawaii** or **Puerto Rico**, see those sections for information about plans in your area.

PPO Option provided by the Cigna Open Access Plus/CareLink Network

With the PPO option you:

- See the doctor of your choice (in-network or out-of-network)
- Receive preventive care coverage at 100%
- Go to a specialist without a referral
- Receive a higher level of benefits by seeing a participating in-network medical provider

PPO Deductible and Coinsurance

Deductible			
In-Network	\$500/individual \$1,500/family	Out-of-Network	\$1,000/individual \$3,000/family
Coinsurance			
In-Network	You pay 30% Plan pays 70%	Out-of-Network	You pay 40% Plan pays 60%

Finding a Doctor

Go to www.cigna.com/sodexo to find doctors and other health plan providers in the Cigna Open Access Plus/CareLink network.

Choosing the Right Medical Plan

Choosing the right coverage should be based on your personal needs. Use DecisionDirect™ at <https://mysodexobenefits.com> to compare your plan options and costs to see which one best meets your needs.

The PPO option provided by the Cigna Open Access Plus/CareLink Network is not available to employees in Hawaii or Puerto Rico. For more information on medical plan availability to employees in **Hawaii** and **Puerto Rico**, please see those sections.

Invite Your Doctor to Cigna

If your doctor is not part of the Cigna Open Access Plus/CareLink Network, ask him or her to contact Cigna at 800 882 4462 and select the contracting option to find out about becoming an in-network provider.

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Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act of 1998 requires medical plans to provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy.

Prescription Drugs

When you enroll in Cigna, your prescription drug benefits are provided through Medco.

The plan helps you save on the cost of your prescriptions through:

- **Mandatory generic drugs.** Generic prescription drugs cost 30-80% less than brand-name drugs. The prescription drug program has mandatory generic drugs so if you purchase brand-name drugs when a generic is available, you pay more.
- **Mail Order Pharmacy for long-term maintenance medications.** You can get up to a 90-day supply, which may cost less per pill than through a retail pharmacy. Your Prescription Drug Plan with Medco has a Retail Refill Allowance. This means 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 Refill Allowance

Your Prescription Drug Plan with Medco has a Retail Refill Allowance. This means 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.

What’s a formulary?

To keep your costs lower, some medical plans cover only drugs on a special list called a “formulary.” For more information about which drugs are covered, call the Member Services line of your prescription drug carrier.

Medco Mail Order Pharmacy and the Retail Refill Allowance

The Medco mail order pharmacy offers a 90-day supply of medication for a 60-day cost, free shipping to your home, 24/7 access to pharmacists and safety checks for drug interactions.

Medco also offers mail order services for non-prescription medications and other health products through the Medco Health Store.

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Brand Name Drug Example:

A PPO participant using Singulair to treat asthma and allergies	
	<i>Your Cost</i>
Retail pharmacy – first three fills of Singulair	\$35* for 30-day supply
Retail pharmacy – total cost for first three fills	\$105 (90-day supply)
Retail pharmacy – subsequent refills (at 100% of the cost of the medication)	\$110* for 30-day supply (or \$330 for a 90-day supply)
Medco mail order	\$87.50 for 90-day supply
Cost Analysis: (\$105 – \$87.50) – Save \$17.50 Through Mail Order For Initial 90-Day Supply (\$330 - \$87.50) – Save \$242.50 Through Mail Order for Subsequent (90-Day Supply) Refills	
Annual Medco By Mail Savings For Singulair = \$745.00	

**retail pharmacy prices can vary*

If you have a long-term medication on file at a retail pharmacy, Medco will notify you prior to your final covered refill that you need to move your prescription to the mail order pharmacy to continue to have prescription coverage.

Extended Payment Plan

If you find it is a hardship to pay for a 90-day supply of your medication(s) at one time, Medco offers an extended payment plan to make your mail-order prescriptions more affordable. You can spread your prescription payments over three credit or debit card installments, so you don't have to pay all at once. There's no waiting—your medication will be shipped after the very first payment.

When you're enrolled in the Extended Payment Plan, it will apply to every mail-order prescription for you and your eligible dependents.

The Medco Pharmacy is Mobile!

Medco Pharmacy's mobile app is available at no cost on all iPhone, BlackBerry® and Android™ smartphones. The Medco Pharmacy helps you stay on track with taking your medications as prescribed. Open it and log in with your medco.com user ID and password to use its three features*:

- **My Rx Choices®** enables members to view lower-cost options available under their plan, view medication coverage and receive drug safety alerts.
- **My Medicine Cabinet** lets members schedule reminders for taking medications, set alerts to notify them when their prescription needs to be refilled, and receive online alerts if there is a risk of a medication-related safety issue.
- **Prescription ID card** gives members immediate access to their prescription card details for convenience on the go.

Go to your smartphone's app store, search for "Medco" and download the app for free.

** Members who haven't registered on www.medco.com will need to go to the site to create their medco.com user ID and password.*

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Below is an example of how the Extended Payment Plan can make your prescriptions more affordable.

Member cost for medication.....	\$90.00
Service fee (5%).....	\$.38
Total	\$90.38
<i>How it's divided:</i>	
Payment 1 – Paid at time of order; all medication shipped at this time	\$30.00
Payment 2 – Paid in 30 days and includes portion of service fee.....	\$30.25
Payment 3 – Paid in 60 days and includes remainder of service fee	\$30.13
Total of 3 payments.....	\$90.38

Enrolling in the Medco Extended Payment Plan

To learn more or get started with the Extended Payment Plan, call Medco at 800 903 7968 or enroll online at www.medco.com. If you're a first-time visitor to the website, register with a recent prescription number and your member ID.

Once logged in, you can enter your credit card information for Extended Payment Plan charges. Click "Update your profile" from the left navigation menu. On "Your profile," click "Update your credit card information." Then select the "change" button in "Your credit card information." At the bottom of the page, you will see a link to more information about the program and the service fee. The service fee is applied if the balance of the prescription is not paid in full before the second installment payment is due.

If you do not have a credit or debit card, you can call Medco at 800 903 7968 to request to pay by check or money order. This option is only available to you if the total cost of your medication is \$100 or less. If it is \$100 or less, Medco will send you a 90-day supply of your prescription and bill you. You will be responsible for paying the invoice by check or money order. Please note that the Medco mail order pharmacy will not provide a new supply of your medication or any new prescription until you have paid your account balance in full.

More information is available at www.medco.com or by calling Medco at 800 903 7968.

Quit Today® Tobacco Cessation Program

Cigna offers resources to help you quit smoking and get on a path to better health. This program is offered free to plan participants. You can save \$600 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

If you use tobacco products, quitting is the single most important action you can take for a healthier life. With the tobacco cessation program, you don't have to quit alone. The program provides you with expert counseling by phone, online or both. Day or evening telephone coaching sessions and around-the-clock web support offers a full range of interactive tools to help you set a quit date, select the right medication, even calculate your savings from quitting.

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The tobacco cessation program includes:

- **Personal Coaching** – including setting up a personalized quit plan with a counselor
- **Quitting Tools** – including a workbook and online diary and exercises
- **Savings Calculator** – personalized based on your usage, shows your savings over time by quitting
- **Over-the-counter nicotine replacement therapy (NRT)** – can be ordered online (gum or patch) and delivered to your home at no cost to you

Note: Prescribed nicotine replacement drugs are not available through the program but may be available through the Medco Prescription Drug Program.

Cigna members can register at www.myCigna.com or call 800 909 2227.

Healthy Pregnancies, Healthy Babies™

While most women have a healthy, uncomplicated pregnancy, others may need specialized care. Through Healthy Pregnancies, Healthy Babies, Cigna's comprehensive maternity support program, Cigna supports pregnant members and members considering pregnancy.

The program includes preconception and prenatal education through print and online tools, incentives to increase participation, a comprehensive assessment of every member and development of individualized care plans tailored to each person's specific needs. What's more—you can earn money just by participating in the program! If you enroll in your first trimester, Cigna will send you a check for \$250 at the completion of the program. If you enroll in your second trimester, Cigna will send you a check for \$125 at the completion of the program. Any eligible participant who enrolls in the program by April 1, 2012, (90 days after the program's Jan. 1, 2012, start date) will be eligible to receive the \$250 incentive at program completion regardless of the trimester of pregnancy at time of enrollment.

Cigna Resources

General Information and Participant Provider Listings:
www.cigna.com/sodexo

Members:
www.myCigna.com
800 909 2227

Prescription Drug Information:
www.medco.com
Medco at 800 903 7968

Plan Information
See the [Cigna Summary Chart](#).

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UnitedHealthcare Health Reimbursement Account (HRA)

With the UnitedHealthcare Health Reimbursement Account (HRA), you:

- Make decisions on how your health care dollars are spent, which is different than traditional medical plans.
- Use a HRA that allows you to roll over unused HRA dollars to the next year.

Preventive care expenses, such as checkups, physicals and related tests, and immunizations are covered at 100% for both in and out-of-network care. There's no deduction from your HRA, and no doctor visit copays.

Prescription Drug Coverage





If you enroll in the UnitedHealthcare HRA, you will pay for your prescriptions through your Health Reimbursement Account (HRA), just like you do with your other plan expenses. However, the plan offers you some money saving prescription drug options:

- Find more than 60,000 retail pharmacies in the UnitedHealthcare network
- Use the mail order option—Medco by Mail—to save money (**Note:** While this is the same mail order pharmacy used by the PPO option, the Retail Refill Allowance and other mail order provisions featured in the **PPO option** do not apply to UnitedHealthcare Plan participants.)
- Compare costs before you buy at <https://www.myuhc.com/groups/sdx>

The UnitedHealthcare HRA Plan is not available to employees in Hawaii, Guam or Puerto Rico.



How the Plan Works

<p>Your Health Reimbursement Account (HRA)</p> 	<p>Each year, Sodexo will contribute a certain amount of benefit dollars into your Health Reimbursement Account (HRA). (See the chart on the next page for specific amounts.) As long as dollars are available, your HRA provides 100% coverage for covered medical and prescription expenses, with no copay from you. Any unused HRA dollars automatically rollover to the next year, and are applied to your Member Responsibility, up to the Member Responsibility maximum for your coverage level.</p>
<p>Your Member Responsibility</p> 	<p>If you use all of the dollars in your HRA, you are then responsible for paying your covered medical and prescription expenses, up to a certain amount called the Member Responsibility. Any money left over from your previous year's HRA will roll over and decrease your Member Responsibility.</p> <p>For example, you have Employee Only coverage which carries a Member Responsibility of \$1,250. At the end of the year, you have \$250 left in your HRA. Your Member Responsibility for the following year would be \$1,000 as the \$250 remaining dollars would be rolled over into your HRA account and counted toward your Member Responsibility maximum of \$1,250.</p> <p>During this stage, you will receive and be responsible for bills from your medical providers. For prescriptions, you will be required to pay the full amount at the pharmacy.</p>
<p>Deductible</p> 	<p>Your Plan Year Deductible is determined by your coverage level and is a combination of your HRA dollars and your Member Responsibility. When you have satisfied the Deductible, the Health Coverage part of the Plan kicks in.</p>
<p>Health Coverage</p> 	<p>Once you meet your Deductible, the Health Coverage component begins and your expenses are covered at 80% (In-Network) or 60% (Out-of-Network) for your covered medical costs. The remaining Coinsurance is paid by you. Note: Preventive care is still covered at 100%.</p>
<p>Coinsurance Maximum</p>	<p>This is the annual dollar maximum you will pay for covered medical expenses, after you satisfy your Member Responsibility for the Deductible. This amount will change if your level of coverage changes. If you reach the Out-of-Pocket Maximum, the Plan pays 100% of Eligible Expenses for the remainder of the Plan Year.</p>

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UnitedHealthcare HRA Plan Coverage

	Employee Only	Employee Plus One	Family
Annual Company Contribution to the Health Reimbursement Account*	\$750	\$1,175	\$1,500
Member Responsibility**	\$1,250	\$1,825	\$2,500
Plan Year Deductible***	\$2,000	\$3,000	\$4,000
Health Coverage	80% In-Network 60% Out-of-Network (80% for ambulance and emergency room)		
Out-of-Pocket Coinsurance Maximum (does not include Plan Year Deductible***)	\$3,000 (in-network) \$9,000 (out-of-network)	\$6,000 (in-network) \$18,000 (out-of-network)	\$10,000 (in-network) \$30,000 (out-of-network)
Preventive Care	100% (in-network) 100% (out-of-network)		

*The annual Company contribution to your Health Reimbursement Account is prorated based on the month in which your coverage becomes effective.

**If you roll over benefit dollars from your HRA, your Member Responsibility will decrease. The Member Responsibility shown in the chart above assumes that your HRA contains only the annual Company contribution. Your Member Responsibility is prorated based on the month in which your coverage becomes effective.

***The Plan Year Deductible is a combination of your HRA and Member Responsibility. While the HRA and Member Responsibility can change from year to year because of rollovers, the Plan Year Deductible amount will remain the same each year.



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UnitedHealthcare QuitPower® Tobacco Cessation Program

The UnitedHealthcare HRA offers resources to help you quit smoking and get on a path to better health. This program is offered free to UnitedHealthcare HRA participants. You can save \$600 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

QuitPower® is an interactive tobacco cessation program that includes:

- A personal coach for ongoing information and support
- A quit plan that's customized for your needs
- Online programs and resources
- Nicotine patches or gum, delivered to your home with no out-of-pocket cost

To fit your busy schedule, QuitPower® is available over the telephone, online and through the mail. Just visit <https://www.myuhc.com/groups/sdx> or call **877 QUIT PWR** (877 784 8797).

UnitedHealthcare HRA Resources

<https://www.myuhc.com/groups/sdx>

Member Services at 800 784 2023

QuitPower® Tobacco Cessation Program

<https://www.myuhc.com/groups/sdx>

877 QUIT PWR (877 784 8797)

Plan Information

See the [UnitedHealthcare HRA Summary Chart](#).



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Kaiser Permanente HMO

Kaiser Permanente HMO availability is based on your home ZIP code. With Kaiser Permanente HMO, you:

- Must choose and see a Primary Care Physician (PCP)
- Obtain a referral from your PCP to see a specialist
- Receive Preventive Care coverage at 100%
- Do not need to file claim forms

HealthMedia® Breathe™ Tobacco Cessation Program

Kaiser Permanente HMO offers Breathe™, a free online tobacco cessation program that provides personalized strategies with tools and information to help you quit tobacco for good. You can save \$600 a year enrolling in the program and subsequently dropping the nicotine surcharge on your medical coverage.

The program offers nicotine replacement therapy including nicotine patches, gum, lozenges and prescriptions.

Some Kaiser Permanente facilities have a Health Education or Behavioral Health Department where individual coaching is available. Phone coaching is available through the National Network of Tobacco Cessation Quitlines at 800 Quit Now (800 784 8669).

Learn more at <https://www.kaiserpermanente.org> by clicking on the link for the Healthy Lifestyles Program or contacting the Member Services department in your area.

Kaiser Permanente HMO Resources

www.kaiserpermanente.org

Member Services in your area

View the [Kaiser Permanente HMO Plan Summary Charts](#) for plan details and Member Services phone numbers.

Hawaii-Only Medical Choices

Sodexo offers a Preferred Provider Plan (PPP) and two Health Maintenance Organizations (HMOs) in Hawaii.

Hawaii Medical Services Association (HMSA) PPP

With the **PPP**, you:

- See the doctor of your choice (in- or out-of-network)
- Receive a higher level of benefits by seeing a participating in-network PPP medical provider
- Go to a specialist without a referral
- Generally, file claim forms only if you use out-of-network providers

Health Maintenance Organization (HMO)

With an **HMO**, you:

- Generally must choose and use a Primary Care Physician (PCP)
- Obtain a referral from your PCP to see a specialist
- Pay low out-of-pocket costs
- Do not pay deductibles or need to file claim forms

Employees who live in Hawaii are not eligible for the Cigna PPO or UnitedHealthcare HRA options.

Hawaii Medical Resources

HMSA PPP

www.hmsa.com

808 948 6111

HMSA HPH Plus HMO

www.hmsa.com

808 948 6372

Kaiser HMO

www.kaiserpermanente.org

808 432 5955 (Oahu) or 800 966 5955 (from neighboring islands)

Plan Information

View **Summary Charts** for the Hawaii Medical Plans.

Waiving Medical Coverage – Hawaii

To comply with the State of Hawaii Prepaid Health Care Act, Sodexo offers all eligible employees medical coverage. You can decline medical benefits if any of the following apply:

- The company is not your primary employer
- You are covered under another medical plan that satisfies state-mandated medical benefits requirements
- You have medical benefits from a government source (such as Medicare, Medicaid or state-provided medical assistance)
- You do not want medical benefits because of your religious beliefs

If you decline medical benefits for yourself, you cannot choose medical benefits for any eligible dependents.

To cancel or decline medical benefits, you must complete a Hawaii State Waiver Form. This form is available from the person who handles your benefits and must be received by the date your benefits would otherwise begin.

Enrolling After You Waive Coverage

If you decline medical benefits, that decision will generally be in effect for one plan year. However, you may choose medical benefits during the year if you lose the coverage that caused you to waive Sodexo medical benefits. You must call 877 633 9837 within 45 days of the date you lose your other medical benefits and provide evidence within 30 days. If you do not call or provide evidence within this timeframe, you will not be eligible for Sodexo medical benefits until the next plan year.

If you voluntarily cancel your other medical benefits or fail to pay medical premiums for the other coverage, you will not be eligible for Sodexo medical benefits until the next plan year.

Don't Forget Your Waiver Form

If you do not submit a waiver by the date your medical benefits would otherwise begin, the company will automatically enroll you in the Kaiser Permanente HMO on a before-tax basis. You will be responsible for paying the employee portion of any medical benefit premiums. Generally, you may not cancel or change this coverage until the next Annual Enrollment period, held each fall.

Puerto Rico Benefits Choices

As an employee residing in Puerto Rico, there are a few benefits described in this guide that will differ for you as noted below:

Medical Plan

As an employee in Puerto Rico, you are only eligible for the Triple-S option. The Triple-S medical option covers preventive care at 100%. The Sodexo PPO and the UnitedHealthcare HRA are not available to employees in Puerto Rico.

You can view the [Medical Plan Summary Chart](#) for Triple S.

Dental

If you elect Triple-S medical coverage, the option **includes** a dental benefit. Please contact Triple-S to learn more about the Triple-S dental coverage. You can still enroll in the [MetLife Dental Plan](#). If you choose to enroll in the MetLife Dental Plan, you will pay an additional cost. You should look at the dental plan benefits offered under Triple-S and consider whether it meets your needs for dental care or if you need to add the MetLife Dental Plan to your coverage.

Qualifying Events

Your pay deductions for Triple-S are after-tax. In accordance with plan rules, you cannot make changes to or cancel your coverage in Triple-S during the year unless you experience a qualifying event such as a birth, adoption, marriage, divorce or change in job status.

Call 877 633 9837 for more information on qualifying events.

Hourly Short Term Disability Plan

If you are a frontline hourly employee, you are not eligible to enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your commonwealth disability plan.

Health Care Spending Account and Family Care Spending Account

These plans are not offered because of tax laws.

Paycheck Deductions

Pay deductions for medical, dental and vision coverage will be made on an after-tax basis instead of a before-tax basis.

Triple-S Resources

Provider Directory and Questions

www.ssspr.com

787 774 6060

MetLife Dental Plan

Being healthy doesn't stop with your medical care—a wide range of medical problems including heart disease, bronchitis and headaches can be traced to problems with teeth and gum disease. Prevention is powerful, so see your dentist and keep your mouth healthy.

Dental ID Numbers

The Dental Plan does not send ID cards to participants. However, if you would like to have an ID card so that your insurance information is handy when you visit the dentist, the MetLife MyBenefits website offers a **View and Print Your ID Card** feature. Just log on to www.metlife.com/mybenefits, and click on the link to “View and Print Your ID Card.” Even if you do not print an ID card, you should take a claim form to your dental appointment. **Note:** Sodexo's group number is **302105**.

To better protect your privacy, MetLife uses your existing Employee ID number that was assigned to you by Payroll. The Employee ID Number will be used to administer your dental benefits and can be used as an alternative to your Social Security Number.

Accessing Your Employee ID Number

Your employee ID number and Sodexo group number are available to view on the MyBenefits website.

MetLife customer service information also is available online. Simply go to www.metlife.com/mybenefits to sign in. If you are not already registered, follow the registration instructions.

Using Your Employee ID Number

Although you are not required to present an ID card to prove coverage or confirm eligibility, it is recommended that you provide your dentist with your employee ID number

and Sodexo group number (302105) for all your dental transactions.

Dental Resources

www.metlife.com/mybenefits
MetLife at 800 942 0854

Is dental coverage offered by the medical options?

No. Except in Puerto Rico where Triple-S includes a dental plan which provides different coverage than the MetLife Dental Plan.

MyBenefits provides the tools you need to get the most out of your benefits

As a registered MyBenefits user, you'll have a personalized, secure view of your MetLife benefits. Plus, you can:

- Review your dental policy information
- View and print an ID card
- Check the status of your claims
- View a list of your covered dependents and their coverage
- Locate a participating (in-network) dentist
- Access oral health resources
- Support the environment by electing to view your Explanation of Benefits online instead of receiving a paper copy

Register today

www.metlife.com/mybenefits

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Dental Plan Feature	If You Use: A MetLife PDP Dentist	If You Use: Any Dentist	Maximum Benefits
Deductible	\$50 per person	\$50 per person	Annual plan maximum: \$2,000 Some restrictions may apply. For details, call MetLife at 800 942 0854.
	Deductibles for participating and non-participating dentists apply toward each other.		
Preventive care (checkups, cleanings)	<ul style="list-style-type: none"> ● 2 checkups/plan year* ● no deductible ● max of 2 regular cleanings/plan year ● up to 4 periodontic cleanings/plan year. <i>Not to exceed 4 cleaning maximum per plan year (regular and periodontic)</i> ● plan pays 100%, you pay nothing 	<ul style="list-style-type: none"> ● 2 checkups/plan year* ● no deductible ● max of 2 regular cleanings/plan year ● up to 4 periodontic cleanings/plan year. <i>Not to exceed 4 cleaning maximum per plan year (regular and periodontic)</i> ● plan pays 80%,** you pay remainder 	
Basic services (fillings, extractions, root canals)	<ul style="list-style-type: none"> ● deductible applies ● plan pays 80%, you pay 20% 	<ul style="list-style-type: none"> ● deductible applies ● plan pays 80%,** you pay remainder 	
Periodontics (treatment of gums and bones of the mouth)	<ul style="list-style-type: none"> ● deductible applies ● plan pays 80%, you pay 20% 	<ul style="list-style-type: none"> ● deductible applies ● plan pays 80%** , you pay remainder 	
	Periodontic cleanings are covered as Preventive Care for up to four periodontic cleanings per year. No more than four cleanings total are covered per year (total may include up to two regular cleanings).		
Major services (inlays, gold restorations, crowns, and implants)	<ul style="list-style-type: none"> ● plan pays 50%, you pay 50% ● deductible applies 	<ul style="list-style-type: none"> ● plan pays 50%** , you pay remainder ● deductible applies 	
Orthodontics (available for participants younger than 19 when treatment begins)	<ul style="list-style-type: none"> ● plan pays 50%, you pay 50% 	<ul style="list-style-type: none"> ● plan pays 50%** , you pay remainder 	Separate lifetime maximum: \$2,000 <i>(does NOT count toward plan year maximum)</i>

*Limited to one fluoride treatment per year for dependent children under age 19. Sealants covered for dependent children under age 19.

**Subject to reasonable and customary (also called usual and prevailing) fee limits. All charges over reasonable and customary fees are paid by you.

For employees in Puerto Rico, see [additional information about the dental plan](#) included with Triple-S.

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EyeMed Select Vision Care Plan

Vision wellness is an important component of an overall healthy lifestyle. Even if you don't wear glasses, you can greatly benefit from an annual examination from an eye care professional to help ensure healthy vision. Sodexo's EyeMed Select Vision Plan covers eye exams, eyeglasses or contact lens (in lieu of eyeglasses). The EyeMed Vision Care Discount Program offers additional savings.

You may use in-network or out-of-network providers. However, you'll receive a higher benefit when you use in-network providers.

Is vision coverage offered by the medical plans?

Generally, medical plans cover vision exams for medical conditions such as cataracts and glaucoma. All Sodexo medical plans cover one routine eye screening per year at 100%. See the medical plan's materials or call Member Services for details.



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Services/Materials*	In-Network Benefit	Out-of-Network Reimbursement
Eye Exam		
Eyeglasses	\$15 copay	Up to \$32
Contact Lens Exam	\$15 copay	Up to \$32
Fit & Follow-up Visits – Standard	\$10 copay, includes 2 follow-up visits	Up to \$32
Fit & Follow-up Visits – Premium	\$10 copay, 10% off retail, \$30 allowance	Up to \$32
Frames	\$130 allowance, then 20% off balance over \$130	Up to \$58
Lenses (standard uncoated plastic), Single Vision, Bifocal, Trifocal, Lenticular	Covered in full	Up to \$28 – Single Vision Up to \$44 – Bifocal Up to \$72 – Trifocal
Progressive (standard)	\$65 copay	Up to \$72 – Lenticular Up to \$44 – Progressive
Contact Lenses		
Conventional	\$130 allowance, then 15% off balance over \$130	Up to \$104
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 for this service. Retinal Imaging is a non-invasive tool that identifies potential signs of many eye diseases, including glaucoma, diabetic retinopathy and age-related macular degeneration	Not Covered

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EyeMed Vision Resources

Visit EyeMed's website at www.eyemedvisioncare.com to manage your vision care plan and find up-to-date vision wellness resources.

You can create an account in the members section of the site that will allow you to review your Explanations of Benefits and vision plan claims online.

You also can use Wellness 101 through the site. Wellness 101 is your source for vision care information where you find out about the importance of eye exams, disease awareness and even how to choose the perfect eyewear. You'll also find videos to help you and your children prepare for an eye exam.

Vision Provider Network

Check out the EyeMed Select panel which includes LensCrafters™, Sears Optical™, JCPenney Optical™, Target Optical™, participating Pearle Vision™ locations and many independent private practices.

To locate a provider:

- Visit www.enrollwiththeyemed.com/select
- Call 866 299 1358

Plan Identification Cards (Plan #9238221)

If you are enrolling for the first time, vision ID cards will be sent to your home. If you do not receive your ID cards, contact EyeMed at 866 723 0514.

Additional Vision Benefits

- **Laser Vision Correction Program** – call 877 5LASER6 (877 552 7376)
- **Mail Order Contact Lens Replacement Program** – visit www.eyemedcontacts.com or call 800 508 1399
- **EyeMed Vision Care Discount Program (Plan #9238221)** – visit www.eyemedvisioncare.com or call 866 723 0391

SodexoNet

Search Keyword: Employee Discounts > Vision

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Disability Coverage

According to the American Council of Life Insurers, 1 in 5 people between the ages of 35 and 65 are likely to suffer a serious disability lasting more than 5 years. Sodexo offers Disability coverage to provide you with income if you cannot work because of non-work-related sickness or accidental injury, or pregnancy.

Pre-Existing Conditions

If you become disabled within the first 12 months of plan participation from a disability that results from a pre-existing condition, you may not receive Disability Plus, Hourly Long Term Disability or salaried Long Term Disability benefits for that disability.

You have a pre-existing condition if you have a medical condition resulting from an injury or sickness (including pregnancy) that you have been diagnosed (or for which you were tested even if the diagnosis was not made), treated or recommended for treatment, or prescribed drugs or medications, within the 6 months prior to your coverage taking effect.

Salaried Employees Disability Plans

Employees eligible for salaried benefits have the option of enrolling in:

- Disability Plus Plan
- Long Term Disability (LTD) Plan

You must be enrolled in Long Term Disability to participate in Disability Plus.

	Disability Plus	Long Term Disability
Benefits Begin After You've Been Disabled For	7 consecutive days	30 days
Benefits End	Usually when your disability ends or after 30 days	Usually when your disability ends
Coverage Amount	50% of your base salary (tax free), up to a maximum of \$2,884.62 per week	60% of your base salary (tax free), up to a maximum of \$3,461.54 per week*
Paycheck Deductions Are Based On	Your salary**	Your salary**

*Benefits are reduced by other income, including paid leave, severance and legally mandated disability plans.

**If your salary changes, so will your pay deductions.

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IMPORTANT! Evidence of Insurability Is Required for Coverage

If you are enrolling after your initial eligibility period in Salaried Long Term Disability (LTD), Disability Plus or Hourly LTD, or you are enrolling after your initial eligibility period or increasing your coverage in Hourly Short Term Disability (STD), you must complete an Evidence of Insurability form. **New hires enrolling during their initial eligibility period and are not required to provide Evidence of Insurability.**

Liberty Mutual will send you a form when you enroll which must be returned by mail or you can go to www.MyLibertyConnection.com to submit your Evidence of Insurability online. When you register for the website the Company Code is SDX100.

If Evidence of Insurability is required, Liberty Mutual must receive the completed form or online applications by the deadline noted on the instruction letter enclosed with the form, which will be 40 days from the date it was sent to you. If you do not receive a form, call Liberty Mutual at 888 287 8494, prompt 2 to request one.

Be sure to keep a copy of the Evidence of Insurability for your records.

Applications will be approved or denied by Liberty Mutual. Liberty Mutual also may require a medical exam by a doctor of its choice at your expense. If you have not received an approval or denial notice within three months, please call Liberty Mutual at 888 287 8494, prompt 2.

Reporting and Tracking Claims

To report or track a disability claim, log on to www.MyLibertyConnection.com.

If you are a new user, you will have to register for the site and enter the Company Code: SDX100 and choose a username and password.

You can then choose the option to either “Report a Claim” or “Track an Existing Claim.”

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Hourly Disability Plans

Frontline employees have the option of enrolling in:

- Hourly Short Term Disability Plan

Note: If you work in California, Hawaii, New Jersey, New York, Rhode Island or Puerto Rico, you cannot enroll in the Hourly Short Term Disability Plan. Instead, you are covered by your state or commonwealth disability plan.

- Hourly Long Term Disability Plan

	Hourly Short Term Disability Hourly	Long Term Disability
Benefits Begin After You've Been Disabled For	7 consecutive days	26 weeks
Benefits End	Usually when your disability ends or after 26 weeks	Usually when your disability ends
Coverage Amount	Weekly Benefit Options: \$150, \$200, \$250 paid to you when disabled	50% of your annual base pay (tax free), up to a maximum of \$2,000 per month*
Paycheck Deductions Are Based On	Based on Weekly Benefit Option selected	Based on your age and your annual base pay

*Benefits are reduced by other income, including paid leave, severance and legally mandated disability plans.

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Life Insurance Plans

In the event of your death, would your loved ones have the financial means to pay for everyday living expenses? Could they afford your funeral? Life insurance is often undervalued—until it’s needed.

Sodexo provides life insurance coverage through Minnesota Life to provide peace of mind for you and your family members. The Group Term Life Insurance Plan allows you to elect from 1 to 7 times your salary, up to a maximum of \$1 million.

Life Insurance Evidence of Insurability Requirements

Evidence of Insurability means that you may have to prove that you are insurable for the amount of coverage that you want to elect and the Evidence of Insurability has to be approved by Minnesota Life for you to receive your coverage.

You are required to provide Evidence of Insurability to elect coverage if:

- You are a new hire enrolling during your initial eligibility period.
- You are an existing employee who is newly eligible for coverage.
- You are enrolling in the Group Term Life Insurance Plan for yourself or spouse/domestic partner coverage any time after your initial offering period
- You are electing more than \$700,000 in coverage
- You are electing to increase your coverage by more than 1 times salary (even if resulting coverage amount is less than \$700,000)

You are not required to provide Evidence of Insurability to elect coverage if:

- You are initially eligible for coverage or you are a current plan participant and you elect coverage for any amount up to \$700,000 or increase existing coverage by 1 times salary

If Evidence of Insurability is required, Minnesota Life will send you the instructions for completing the Evidence of Insurability application by mail.

Minnesota Life must receive the completed application by the deadline noted on the instruction letter. Be sure to keep a copy of the Evidence of Insurability for your records.

If you do not receive anything by mail by Dec. 31, 2011, call Minnesota Life at 877 282 1936 to request one.

Applications will be approved or denied by Minnesota Life. Minnesota Life also may require a medical exam by a doctor of its choice at your expense. If you have not received an approval or denial notice within three months, please call Minnesota Life at 877 282 1936.

If you decide to enroll in or increase coverage at a later time, you may be subject to additional Evidence of Insurability requirements.

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Group Term Life Insurance

The Group Term Life Insurance Plan pays your beneficiary your coverage amount if you die. You can choose a coverage level of 1 – 7 times your annual base pay with a minimum of \$10,000 up to a maximum of \$1 million for yourself.

Spouse/Domestic Partner Coverage (employee + 1)

- Spouse/Domestic Partner is covered for one-half the amount of coverage you choose for yourself
- Subject to a minimum of \$5,000 and a maximum of \$100,000
- You receive the coverage amount if your spouse/ domestic partner dies

Dependent Child Coverage (employee + 1 or employee + family)

- You can elect \$10,000 of coverage for each eligible child
- Dependent children are eligible for coverage from 14 days up to age 19

A Living Benefit is available for terminally ill participants and their insured dependents as part of the Free Basic Life and Group Term Life Insurance plans. Contact Minnesota Life for more information and eligibility requirements.

Pay deductions for Group Term Life Insurance are based on your earnings, age and nicotine use. If your age bracket or salary changes during the year, your cost may change. When you enroll for the first time or change your coverage, you will be asked a specific question about nicotine use to determine your premium. This nicotine use question is separate and distinct from the question on nicotine use for the Medical Plan.

You must elect Group Term Life Insurance coverage for yourself to enroll in Voluntary AD&D coverage.

Complete a Life Insurance Beneficiary Designation Form

If you have not done so already, you must designate beneficiaries for your life insurance plans. You can access Minnesota Life’s beneficiary management website at www.lifebenefits.com/plandesign/sodexo or link to the site after you complete your benefits enrollment through <https://mysodexobenefits.com>. Alternately, you can use the paper **Beneficiary Designation Form** and mail it back to Minnesota Life at the address listed on the form.

Even if you choose not to elect Group Term Life or Voluntary AD&D, all Sodexo benefit eligible employees are automatically enrolled in Free Basic Life coverage, and salaried employees are automatically enrolled in the Business Travel Accident Plan. **You must submit a beneficiary designation for these employer-provided plans or your beneficiary designation will follow the default process.**

Read more about beneficiary designations in the **Life Insurance Beneficiary Designation** section.

Voluntary Accidental Death & Dismemberment (AD&D)

The Voluntary AD&D Plan provides benefits to your beneficiary if you die in an accident or you lose a limb, eyesight, speech or hearing, or become paralyzed or comatose because of an accident. Coverage for your spouse/domestic partner and dependent children also is available. **You must elect Group Term Life coverage for yourself to enroll in the Voluntary AD&D plan.**

- You can elect coverage in \$25,000 increments up to a maximum of \$350,000 in coverage for yourself.
- You can elect Voluntary AD&D coverage for your spouse/domestic partner and children at a percentage of your own Voluntary AD&D coverage amount.
 - Spouse/domestic partner Voluntary AD&D coverage is paid at 50% of your Voluntary AD&D benefit if you also cover children for Voluntary AD&D, and 60% if you do not cover children, up to a maximum of \$210,000.
 - Child Voluntary AD&D coverage is paid at 15% of your elected Voluntary AD&D benefit if you also cover a spouse/domestic partner for Voluntary AD&D, and 20% if you do not cover a spouse/domestic partner, up to a maximum of \$50,000.

No Cost Benefits—Automatic Coverage

Business Travel Accident (BTA) coverage for employees eligible for salaried benefits.

All employees eligible for salaried benefits are automatically enrolled in Business Travel Accident coverage at no cost. Business Travel Accident Insurance provides employee-only coverage for accidental deaths and dismemberments that occur while traveling on company business.

Free Basic Life Insurance for all employees eligible for standard benefits.

Full-time frontline employees are covered up to \$10,000 in the event of their death. Full-time salaried employees are covered for the amount of their annual base salary (rounded up to the nearest \$1,000, up to a maximum of \$50,000) in the event of their death. Benefits are reduced when employees reach age 65.

*Even though you are automatically enrolled in Business Travel Accident and/or Free Basic Life Insurance, you are still required to complete the beneficiary form for Life Insurance either online (through Minnesota Life’s website at www.lifebenefits.com/plandesign/sodexo or through a link when you enroll at <https://mysodexobenefits.com>) or use the **Beneficiary Designation Form**.*

Life Insurance Beneficiary Designation

Make sure you submit a beneficiary designation to Minnesota Life for the Free Basic Life, Business Travel Accident (if applicable) and any other coverage that you elect.

You can access Minnesota Life’s website and submit your beneficiary designation online after you enroll at <https://mysodexobenefits.com>. Follow the steps outlined below to complete your beneficiary designation online. You can view or update your beneficiary information at any time by returning to www.LifeBenefits.com/plandesign/Sodexo and entering your User ID and Password.

If you prefer, you can complete the **Beneficiary Designation & Change Request Form** and return it to Minnesota Life at the address listed on the form.

To designate your beneficiaries online, follow these simple steps:

1. **Enroll in your benefits** through the enrollment website at <https://mysodexobenefits.com> and click on “submit” to submit your elections.
2. **Once you submit your elections**, you will be prompted to link to the LifeBenefits website.
3. **At the welcome page**, enter “SDX” followed by your Employee ID (found on your Fact Sheet or your pay statement) and your initial password (your eight-digit date of birth followed by the last four digits of your Social Security Number). You’ll be asked to change your password when you enter the website for the first time.
4. **Designate your beneficiary** by following the instructions.
5. **Click the “Submit” button.**
6. **Minnesota Life will mail you a confirmation.**

If you do not make a beneficiary designation, benefits will be paid in the following order of priority:

1. your spouse, if living; otherwise
2. your natural and legally adopted children, if living; otherwise
3. your parents; if living; otherwise
4. your siblings, if living; otherwise
5. your estate.

Please note that if you do not name your domestic partner as your beneficiary, he/she will not receive any benefits.

It is a good idea to review your beneficiary designations every year, especially after major life events like births, deaths, weddings, divorces, graduations—you can make changes anytime.



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Choosing Beneficiary(ies)

- The beneficiary (ies) you name in your life insurance policy will receive your death benefit.*
- You can name one or more beneficiaries. You indicate how you want the money divided using percentages that add up to 100%. Example: If you want three beneficiaries to get equal shares, you should designate 33.3%, 33.3%, and 33.4% for each to add up to 100%.
- **Your designated beneficiary under the Life Insurance plan will supersede any contrary designation in your will.**

* You may want to talk to an estate planner, accountant or attorney before you make your decision, especially if your beneficiary is a minor under age 18. This is a good time to discuss laws in community property states as well as power of attorney.

LifeSuite Services

As a part of your Free Basic Life insurance plan, you and your dependents will have access to LifeSuite services at no additional cost. LifeSuite services offered through Minnesota Life provides an array of resources to meet your financial, legal and travel assistance needs.

Beneficiary Financial Counseling – Beneficiaries who receive at least \$25,000 in policy benefits choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC), one of the world's leading professional services firms. The counseling services are designed to help families make sound financial decisions at a difficult time. PwC advisors do not sell insurance or investment products, and no information will be given to PwC without your beneficiary's written consent. There is no cost to the employee or beneficiary for this service.

Legal Services – Employees can take advantage of legal services through Ceridian LifeWorks. The program gives employees and their dependents telephone access to a national network of 22,000 attorneys for consultation on simple wills and testamentary trusts and simple power-of-attorney and health directives. Document review and drafting also is available.

Travel Assistance – Provided by Global Rescue, coverage provides 24-hour emergency travel service for U.S. group life insurance plan participants and their families** when they are traveling for business or pleasure more than 100 miles from home. The service includes assistance in locating and accessing physicians, dentists, medical facilities and pharmacies, arranging and paying for medical evacuation or returning mortal remains, providing interpreters or relaying messages to friends and family and offering a wide range of travel information. There is no cost to the employee for this service.

**Family coverage does not require travel with the employee.

Services provided by PricewaterhouseCoopers, Ceridian LifeWorks and Global Rescue are their sole responsibility. The services are not affiliated with Minnesota Life, Securian Life or its group contracts and may be discontinued at any time.

For more information on legal services, please call Ceridian LifeWorks at 877 849 6034 or 888 267 8126 or visit www.lifeworks.com:

Username: will Password: preparation
Or

Username: Sodexo Password: Lifeworks

For more information on this program, please call Global Rescue at 855 516 5433 or visit www.lifebenefits.com/travelassistance.

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Beneficiary Designation and Change Request

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Group Insurance Department • B2-2012 • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Visit www.LifeBenefits.com/plandesign/Sodexo if you'd like to designate your beneficiary online.

Employer Sodexo	Policy number 33864 & 33865
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This designation applies to (If this section is left blank, your designation will apply to all coverages.):

- All coverages
 Free Basic Life coverage only
 Group Term Life coverage only
 Voluntary Accidental Death & Dismemberment coverage only
 Business Travel Accident coverage only (Salaried employees)

If you are designating a separate beneficiary for each coverage type, use a separate form for each coverage.

Policyowner name and address (notify employer of any change in address)

A policyowner is the individual or entity (i.e. trust) that has exclusive ownership rights to a life insurance policy. Unless ownership has been transferred, the employee is the policyowner of all coverages.

Employee name	Employee ID or last 4 digits of Social Security number
Employee date of birth	Policyowner (if different than the employee)
	Policyowner telephone number ()

INSTRUCTIONS:

1. Print or type in the space below, the full name, address, relationship to the insured, and share % of each beneficiary to be named.
2. **Sign and date the completed form.**
3. Return to Minnesota Life using the address above or fax to 651-665-4827.
4. Call 1-877-282-1936 with questions.

CHANGE BENEFICIARY REVOKING ALL PRIOR DESIGNATIONS

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive death proceeds. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children", without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by Minnesota Life, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. To receive death proceeds, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death proceeds will be paid as if the insured survived the beneficiary. The same person cannot be named as a primary and a contingent beneficiary.

PRIMARY BENEFICIARY(IES) - The person or persons named will receive the proceeds

Beneficiary Full Name & Address	Relationship	Share % (for primary beneficiaries must total 100%)

CONTINGENT BENEFICIARY(IES) - If the primary beneficiary(ies) is no longer living, the benefit is paid to this person or persons

Beneficiary Full Name & Address	Relationship	Share % (for contingent beneficiaries must total 100%)

SIGNATURE

Policyowner's signature X	Date
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Flexible Spending Accounts

Flexible Spending Accounts let you use income that is not taxed for daycare expenses, deductibles, copayments, coinsurance, eyeglasses, contact lenses, orthodontics, LASIK vision correction and other expenses.

Employees in Guam and Puerto Rico are not eligible for the Flexible Spending Accounts.

Enrollment for the Health Care Spending Account is only open during the Annual Enrollment period each fall.

Health Care Spending Account

The Health Care Spending Account can help you save on medical, dental and vision expenses that are not covered by insurance for you and your dependents. The money goes into your account before taxes and you use the money to pay for out-of-pocket health care expenses.

Note: To enroll in the Health Care Spending Account, you do not have to participate in any of Sodexo's medical, dental or vision plans.

How Your Health Care Spending Account Works

1. Estimate Your Expenses

Before you enroll, estimate how much you and your dependents will spend on eligible expenses for the coming year, determine how much you want to contribute to your Health Care Spending Account, and find out how much you can save by using the Health Care Spending Account estimator at <https://mysodexobenefits.com>.

Call Cigna at 800 909 2227 if you have any questions about what expenses are covered by the Health Care Spending Account.

Over-the-counter medical products are not covered under the Health Care Spending Account without a prescription from your doctor.

2. Choose Your Amount

You can choose to put from \$200 to \$5,000 of your pay in your Health Care Spending Account. The amount you choose will come out of your pay before taxes in equal deductions* over 40 pay periods (20, if paid bi-weekly). For example: If you choose \$1,000, your plan deduction would be approximately \$25 weekly or \$50 bi-weekly.

*Due to rounding, this amount may vary slightly in each pay period.

You Must Re-Enroll in the Health Care Spending Account During Annual Enrollment Each Year

To participate, you must enroll at <https://mysodexobenefits.com> or call 877 633 9837 – even if you currently participate.

Enrollment for the Health Care Spending Account is only open during the Annual Enrollment period each fall.

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3. Get Reimbursed

If you are enrolled in the PPO option provided by Cigna:

- You can automatically send your out-of-pocket medical costs and copays to your Health Care Spending Account for payment by enrolling in Auto Pay. To enroll, log on to www.myCigna.com. Under the Health Care Spending Account section, select “yes” to turn on Auto Pay.
- If you cover a domestic partner and/or domestic partner children, do not choose Auto Pay. Per Federal law, their medical expenses are not eligible to be reimbursed by your Health Care Spending Account. If you choose Auto Pay, claims for all dependents covered by your medical plan will be forwarded for reimbursement.
- When you choose Auto Pay, you no longer need to file your or your eligible dependents’ medical claims for reimbursement. The claims automatically will be paid by your Health Care Spending Account up to the amount that you elected to contribute to your account annually.
- Once a Health Care Spending Account reimbursement is approved, the payment will be sent to your provider. This means you don’t have to pay a copayment when you are at the doctor’s office and the provider does not need to bill you.
- When you receive your Explanation of Benefits from Cigna, the payment from the Health Care Spending Account will be shown.
- You must submit all other claims for eligible expenses to the address on the Health Care Spending Account Claim Form. The claim form is available through www.cigna.com/sodexo.

If you are enrolled in another plan:

- As you pay for eligible out-of-pocket expenses during the year, file a claim and you will be reimbursed from your Health Care Spending Account. The claim form is available at www.cigna.com/sodexo.

IMPORTANT: Consider Tax Implications

- If you use money from your Health Care Spending Account to pay for health care expenses, you cannot claim those expenses as a deduction on your income tax return. To determine if a tax deduction or reimbursement through a Health Care Spending Account is better for you, consult your tax advisor.

Note: Highly compensated employees could be subject to adjustment of their spending account contributions during the plan year to comply with tax rules.

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800 909 2227

Health Care Spending Account Estimator

<https://mysodexobenefits.com>, link to DecisionDirect™ from the home page (only available during Annual Enrollment).

Changes During the Year

You cannot increase or decrease your contributions during the plan year unless you have a qualifying change in family or job status. For a list of qualifying events, call 877 633 9837.

Use It or Lose It

Because of IRS rules, any money left in your account at the end of the year will not be returned to you. You have until March 31, 2013, to file claims for expenses for services received in 2012.

Health Care Spending Account Features

- **Direct Deposit**—Reimbursement from your Health Care Spending Account can be deposited directly into your bank account.
- **Auto Pay for Cigna Medical Expenses**—Most eligible medical expenses can be automatically reimbursed from Cigna and sent directly to the provider. See **Get Reimbursed** to find out how to turn on the Auto Pay feature. (**Note:** This does not apply to prescriptions.)

Participants will receive more information in the information packet sent at the beginning of the year.

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Family Care Spending Account

Cost of child care or care of elderly parents is a major expense in many households. The Family Care Spending Account offers a way to pay for these expenses with tax-free dollars.

Note: The Family Care Spending Account is intended to cover costs of child or elder care and does not cover any medical or health care costs for your dependents.

Eligibility

You may enroll in the Family Care Spending Account if you are:

- A single parent or guardian
- Married with a spouse who is working, a full-time student, or physically or mentally disabled
- A non-custodial parent with children you claim as dependents on your IRS Form 1040, and you pay their day care expenses directly (not through child support)
- You or your spouse is pregnant and expecting to return to work following the child's birth

Eligible Dependents

You can use your Family Care Spending Account to pay expenses for:

- Your dependent children up to their 13th birthday
- Disabled dependents (including elderly parents) who spend at least 8 hours a day in your home and get at least half of their support from you

Eligible Expenses

You can use your Family Care Spending Account to pay for dependent care expenses such as:

- Pre-school, day camp, and care before or after school
- Licensed child care or adult care center that meets all state and local regulations (but not nursing homes)
- Day care by a licensed provider in your home or someone else's home, or a housekeeper whose duties include watching your children

You Must Re-Enroll in the Family Care Spending Account Each Year

To participate each year, you must enroll at <https://mysodexobenefits.com> or call 877 633 9837.

How Your Family Care Spending Account Works

1. Estimate Your Expenses

Before you enroll, estimate how much you will spend on dependent care expenses for the coming year. Use the *Family Care Spending Account Worksheet* at <https://mysodexobenefits.com>, under “Benefits Materials” tab, to help you estimate those expenses. Estimate carefully because you will forfeit any unused money in your account at the end of the year.

2. Choose Your Amount

You can choose to place from \$200 to \$5,000 of your pay before-tax in your Family Care Spending Account. The amount you choose will come out of your pay in equal deductions* over 40 pay periods (20 if paid bi-weekly). For example: If you choose \$1,000, your deduction would be approximately \$25 weekly or \$50 bi-weekly.

*Due to rounding, this amount may vary slightly in each paycheck.

3. File a Claim

When you have eligible expenses, you pay for them as you normally would and file a claim. As you incur eligible expenses during the year, you get your money out of your account tax-free as long as there is money available in your account.

Note: Highly compensated employees could be subject to adjustment of their spending account during the plan year to comply with tax rules.

Contributing for Part of the Year

If you become eligible for the Family Care Spending Account (FCSA) after the plan year has begun on Jan. 1, estimate what you expect to spend on dependent care only for the number of weeks left in the 40-week pay period that started Jan. 1. You cannot be reimbursed for dependent care expenses that occurred before you enrolled in the Family Care Spending Account.

Changes During the Year

You cannot increase or decrease your contributions during the plan year unless you have a qualifying change in family or job status.

For a list of qualifying events, call 877 633 9837. The change you make must be consistent with your change in status. For example, if you have a child, you can increase (not decrease) how much you put into your Family Care Spending Account.

Direct Deposit

Reimbursement from your Family Care Spending Account can be deposited directly into your bank account. Participants will receive more information about this program in their Welcome Packet sent at the beginning of the year.

Use It or Lose It

Because of IRS rules, any money left in your account at the end of the year will not be returned to you. You can file claims for 2012 until March 31, 2013, for services received in 2012.

Family Care Spending Account Resources

General Questions, Worksheets and Claim Forms

www.myCigna.com

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Tax Savings

Under current tax law, you can save taxes on dependent care expenses by either claiming a tax credit on your federal income tax return or by participating in the Family Care Spending Account. You may use both approaches, but you may not “double deduct” the same expense. To determine if a tax credit or reimbursement through the Family Care Spending Account is better for you, consult your tax advisor.

Retirement and Savings Program

The Retirement and Savings Program, which is a 401(k) plan, helps you set aside money (between 1% and 50% of your eligible 401(k) earnings) from your pay for your future. Your money can grow with earnings and the money that Sodexo adds through a company matching contribution.

You always own the money you contribute to your account. After 3 years of service, you will own 100% of the money Sodexo contributes on your behalf.

You are automatically eligible for the program if you are 21 years old and in an eligible unit.

If You Are A New Hire

All new hires will receive an enrollment kit a few weeks after their start date. When you receive the enrollment kit you can:

1. Do nothing. After 30 days of your hire date, Sodexo will enroll you at 1% of your salary and match \$0.50 for each dollar you save. The company will increase your savings 1% each year until you reach 3%.
2. Actively Enroll. Using this option will enable you to increase your contribution and receive the full benefit of the company match. Sodexo will match \$0.50 for each dollar you save—up to 6% of your salary.
3. Opt Out. If you do not want to participate, go to www.MySodexoSavingsPlan.com or call 866 7 MY PLAN within 30 days of your hire date and make the election to not participate. If you change your mind, you can enroll at anytime in the future.

Rollovers

If you have a distribution from a qualified retirement plan, you may be able to roll over this money to Sodexo’s Retirement and Savings Program, even if you are not yet eligible or do not participate. Contact ING for details at 866 7 MY PLAN, or online at www.MySodexoSavingsPlan.

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Employee Stock Purchase Plan

The Employee Stock Purchase Plan (ESPP) allows you to purchase shares of Sodexo at a 10% discount through after-tax payroll deductions. By purchasing shares, you are able to own part of the company and to share in its growth and success.

The enrollment period for the plan is from Aug. 1 to Aug. 31 of each year. To be eligible, you must be employed from the first day of the enrollment period. If you are hired after Aug. 1, you will need to wait until the next enrollment period. Before the enrollment period, you will receive more information about this program.

Credit Unions

MEFCU and First Commonwealth Federal Credit Union (FCFCU) are not-for-profit, member-owned institutions. Both credit unions offer members competitive interest rates on loans, yields on certificates, money market accounts and savings accounts. For more information, contact MEFCU at 800 821 7280 or visit www.mefcudirect.com and contact FCFCU at 610 821 2403 or visit <https://www.firstcomcu.org>.

Direct Deposit

You may have your pay deposited directly into up to 10 personal savings, checking or investment accounts. Go to Employee Self Service on www.IAmSodexo.com or see the person who handles your payroll for details.

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Employees covered under the terms of a collective bargaining agreement should consult the collective bargaining agreement for information on time off benefits.

The information provided below regarding the Standard Vacation Plans is an overview—please consult your applicable Vacation Summary Plan Description for more information.

Vested Vacation Plan

Full-time, non-temporary frontline employees and some part-time employees not eligible for the Immediate Vesting Vacation Plan are automatically enrolled. Your vacation plan is set by your workplace.

You begin to accrue, or accumulate, vacation leave on your first day of employment, and are eligible to begin using your leave after your first service anniversary date or the unit vesting date, whichever is applicable. Up to 240 hours of unused vacation may be carried over to the next year.

Accrue and Take Vacation Plan

Full-time employees eligible for salaried benefits and not eligible for the Immediate Vesting Vacation Plan are automatically enrolled. Your full annual vacation benefit is available to you beginning on the first pay cycle of the plan year, with appropriate management's pre-approval. If you are a newly hired or newly eligible employee, your vacation balance will be prorated. Any vacation earned during the year will be forfeited if it is not used by the end of the plan year.

Immediate Vesting Vacation Plan

All eligible employees in California are automatically enrolled in the Immediate Vesting Vacation Plan. Your vacation plan is set by your workplace.

You begin to accrue, or accumulate, vacation leave on your first day of employment which you are eligible to begin using immediately after your applicable waiting period with appropriate management's pre-approval. Vacation will accumulate up to your yearly maximum accrual or until your balance reaches the maximum accrual cap of 1.5 times your annual accrual rounded up to nearest 8-hour increment. Once your balance reaches the accrual cap, you will temporarily stop accruing vacation until you reduce your balance by using vacation. Subject to the maximum accrual cap, all earned unused vacation will carry over year to year.

If you transfer to the Immediate Vesting Vacation Plan from the Accrue and Take Vacation Plan or the Vested Vacation Plan, any unused vacation balance from your prior plan will transfer to the Immediate Vesting Vacation Plan and will be applied toward the accrual cap.

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Sick Leave

Sick leave accrues from the beginning of employment. However, it is not available to use, and will not appear on your pay until you have been employed for six months of employment. If you are a salaried employee, you are eligible for up to seven sick days per year statement. If you are a frontline employee, sick leave is set by your workplace.

Family and Medical Leave Act (FMLA)

Sodexo follows the Family and Medical Leave Act of 1993. FMLA and FMLA-like coverage entitles eligible employees (employees who have completed 12 months of service and at least 1,250 hours of service in the last 12 months) to take up to 12 weeks of unpaid job- and benefits-protected leave in a specified 12-month period for certain family and medical reasons. See the person who handles your benefits for more information about the Leave of Absence policy at your workplace or ask for a Request for Leave of Absence packet. Sodexo also permits employees to take family and medical leave according to state leave laws. For a military leave, see the person who manages your benefits.

Holidays

Sodexo recognizes a number of national holidays. Recognized holidays are set by your workplace.

Bereavement Leave

You are eligible for up to 3 days of paid bereavement leave following the death of an immediate family member, which includes your parents, step-parents, parents of your spouse or domestic partner, your children, step-children, domestic partner's children, grandparents, grandchildren, legal guardian or custodian, brother(s), sister(s), 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.



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All non-temporary managers and all full-time (non-temporary) frontline employees and family members are eligible for this program. Employees covered under a collective bargaining agreement are not covered under the LifeWorks program.

In today's fast-paced world, juggling work and personal life and all the associated demands and pressures can feel overwhelming. Fortunately, employees have somewhere to turn—the LifeWorks program. Through LifeWorks, you have access to many resources that can assist you with work- and non-work-related issues such as:

- Counseling services for personal relationships
- Assistance with work-related problems
- iCan Health Coaching
- Child care, eldercare or even pet care
- Legal needs, financial needs and debt management
- Planning vacations, looking for schools, and more

You and your family members can call LifeWorks anytime, day or night, at 888 267 8126 (English) or 888 732 9020 (Spanish). The services provided to you are confidential and free of charge.

At www.lifeworks.com (user ID: Sodexo; password: Lifeworks), you can watch short videos, join discussion groups, read articles and order free materials. LifeWorks offers an employee discount program where you'll be able to save up to 60% on items ranging from electronics to floral delivery to travel.

LifeWorks iCan Health Coaching

Because Sodexo is committed to programs that help you improve your well-being and help you reach your health goals, we are pleased to provide you with the iCan Health Coaching program from LifeWorks.

Whether your goal is to **lose weight**, **quit smoking**, **cope with stress** or **reduce risk of heart disease**, iCan Health Coaching matches you with your own personal health coach who can help you focus on your goals and give you the one-on-one support and encouragement you need to achieve them.

The program is free, completely confidential, and is open to you and your family members. Call 888 267 8126 to speak with a health coach or visit <http://www.lamSodexo.com> > LifeWorks > iCan Health Management Resources (user ID: Sodexo, password: Lifeworks).

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Educational Assistance

Going to school? Sodexo may help pay some of the costs of your education if you are taking pre-approved, job-related classes at an approved school. Benefits vary by workplace.

Service Awards Program

Sodexo presents a service award when you complete five years of service or more, in five year increments.

IamSodexo.com

IamSodexo.com is a website for all employees. No user IDs or passwords are required. Tools and resources that will help you reach your personal, professional, and financial goals are easy to access—24/7. Just “point and click” to:

- Find training programs that will help you develop and advance your career
- Use tools to assist you in reaching your financial goals
- Take charge of your health with easy access to your benefits
- Find scholarships for your children, domestic partner benefits, disaster relief program, discounted pet insurance and so much more



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Medical Plan Summary Charts

To help you make your medical plan decisions, use DecisionDirect™ available through <https://mysodexobenefits.com> to compare medical plans offered by the company.

The following pages show the Medical Plan Summary Charts for all available medical plans.

Important

Please note that the charts list basic medical plan coverage. For details about benefits and services, read the plan's materials or call the plan's member services office directly. Be sure to mention the group number when you call.



FOR YOUR HEALTH

PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:
<ul style="list-style-type: none"> • Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?
HEALTH REIMBURSEMENT ACCOUNT (HRA)
ANNUAL DEDUCTIBLE
ANNUAL OUT-OF-POCKET MAXIMUM
DOCTOR OFFICE VISIT (primary and specialist)
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)
HOSPITAL CARE <ul style="list-style-type: none"> • Inpatient (includes maternity admissions) • Outpatient Surgery
MATERNITY (pre- and postnatal office visits)
EMERGENCY CARE <ul style="list-style-type: none"> • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)
MENTAL HEALTH <ul style="list-style-type: none"> • Inpatient • Outpatient
SUBSTANCE ABUSE <ul style="list-style-type: none"> • Inpatient • Outpatient
OTHER MEDICAL SERVICES <ul style="list-style-type: none"> • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)
ADDITIONAL INFORMATION

Call and Mention the Group Number Shown if You:

- Need to find a participating provider
- Have a coverage question
- Want details about continuing current medical treatment when joining a new plan

To Enroll:

Some HMOs require you to choose a Primary Care Physician (PCP) before you can receive a medical plan ID card. If you do not choose one, a PCP may be automatically assigned to you. Also, you may need to complete a form to choose your PCP. Forms can be obtained by calling the number at the top of the chart.

Annual Deductible:

The amount you need to pay in covered health expenses before the plan begins paying a percentage of your costs. Generally, deductibles apply to all services except doctors' office and emergency room visits, prescription drugs, and preventive care.

Annual Out-of-Pocket Maximum:

The annual dollar maximum you will pay for covered services. If you reach the out-of-pocket limit, the plan pays 100% for the remainder of the year (certain exclusions apply).

Coinsurance

The percentage you pay for covered medical expenses. The amount of your coinsurance depends on the medical services received, the medical plan option you choose, and whether you use in- or out-of-network providers.

Copay

A set fee you pay up front for a covered expense; i.e., a doctor's visit. Generally, if you pay a copay, the plan covers 100% of the remaining cost.

	CONTINENTAL U.S. AND ALASKA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	PPO OPTION PROVIDED BY THE CIGNA OPEN ACCESS PLUS/CARELINK NETWORK 3334944 see website 800 909 2227 www.cigna.com/sodexo
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	N/A N/A
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	In: \$500/individual*; \$1,500/family* Out: \$1,000/individual*, \$3,000/family*
ANNUAL OUT-OF-POCKET MAXIMUM	In: \$5,000/individual Out: \$10,000/individual
DOCTOR OFFICE VISIT (primary and specialist)	In: \$20 per visit, then 100%. Out: 60% covered after deductible
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	In: 100%. Out: 100%
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	• In: 70% covered after deductible. Out: 60% covered after deductible In/Out: Precertification required • In: 70% after deductible. Out: 60% after deductible
MATERNITY (pre- and postnatal office visits)	In: \$20 initial visit, then 100%. Out: 60% after deductible
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	\$75 per ER visit, then 70% after deductible \$75 per ER visit, then 70% after deductible
PRESCRIPTION DRUG • Retail (30-day supply unless otherwise noted) • Mail Order (90-day supply unless otherwise noted)	\$10 (generic), 10% coinsurance (brand name) \$35 min./\$100 max., or 30% coinsurance (non-formulary brand name) \$50 min./\$150 max. per prescription. Mandatory mail order for long-term maintenance drugs. Mandatory generics \$20 (generic); 10% coinsurance (brand name); \$87.50 min/\$200 max, or 30% coinsurance (non-formulary brand name) \$125 min/\$300 max
MENTAL HEALTH • Inpatient • Outpatient	†In: 70% covered after deductible Precertification required Out: 60% covered after deductible. Unlimited days <i>Facility</i> †In: 70% after deductible. Unlimited visits. Out: 60% covered after deductible. Unlimited visits <i>Office Visit</i> †In: \$20 per visit. Unlimited visits. Out: 60% covered after deductible. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	†In: 70% covered after deductible Precertification required Out: 60% covered after deductible. Unlimited days <i>Facility</i> †In: 70% after deductible. Unlimited visits. Out: 60% covered after deductible. Unlimited visits <i>Office Visit</i> †In: \$20 per visit. Unlimited visits. Out: 60% covered after deductible. Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	Covered under preventive care services In: 70% covered after deductible. Out: 60% covered after deductible. Limit 100 visits per plan year In: 70% covered after deductible. Out: 60% covered after deductible for rental fees, up to purchase price
ADDITIONAL INFORMATION	*Annual deductible does not apply to copays † Must use participating providers to receive in-network benefits

	CONTINENTAL U.S. AND ALASKA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	UNITEDHEALTHCARE HEALTH REIMBURSEMENT ACCOUNT (HRA) 714827 see website 800 784 2023 https://www.myuhc.com/groups/sdx
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	N/A N/A
HEALTH REIMBURSEMENT ACCOUNT (HRA)	HRA Funded by Sodexo.* You receive: \$750 Employee; \$1,175 Employee+1; \$1,500 Family
ANNUAL DEDUCTIBLE	\$1,250 Employee; \$1,825 Employee+1; \$2,500 Family (only applies if you exceed HRA)**
ANNUAL OUT-OF-POCKET MAXIMUM	In: \$3,000 Employee; \$6,000 Employee+1; \$10,000 Family Out: \$9,000 Employee; \$18,000 Employee+1; \$30,000 Family
DOCTOR OFFICE VISIT (primary and specialist)	In: HRA pays 100%, then 80% after deductible Out: HRA pays 100%, then 60% after deductible
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	In: 100% coverage Out: 100% out-of-network. Not subject to deductible
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	• In: HRA pays 100%, then 80% after deductible Out: HRA pays 100%, then 60% after deductible • In: HRA pays 100%, then 80% after deductible Out: HRA pays 100%, then 60% after deductible
MATERNITY (pre- and postnatal office visits)	In: HRA pays 100%, then 80% after deductible Out: HRA pays 100%, then 60% after deductible
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	• In/Out: HRA pays 100%, then 80% after deductible • In/Out: HRA pays 100%, then 80% after deductible
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	In: HRA pays 100%, then 80% after deductible Home delivery available. Formulary applies Out: HRA pays 100%, then 60% after deductible
MENTAL HEALTH • Inpatient • Outpatient	In: HRA pays 100%, then 80% after deductible Unlimited days Out: HRA pays 100%, then 60% after deductible Unlimited days In: HRA pays 100%, then 80% after deductible Unlimited visits Out: HRA pays 100%, then 60% after deductible Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	In: HRA pays 100%, then 80% after deductible Unlimited days Out: HRA pays 100%, then 60% after deductible Unlimited days In: HRA pays 100%, then 80% after deductible Unlimited visits Out: HRA pays 100%, then 60% after deductible Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	1 exam per member per calendar year Refer to preventive care for eye exams In: HRA pays 100%, then 80% after deductible. Out: HRA pays 100%, then 60% after deductible. Limit 100 visits/year In: HRA pays 100%, then 80% after deductible Out: HRA pays 100%, then 60% after deductible
ADDITIONAL INFORMATION	*Unused HRA rolls over to following year **Also called Member Responsibility Not available in Guam and Puerto Rico

	NORTHERN CALIFORNIA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3067) 39631 800 464 4000 800 464 4000 www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	No No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$500/individual; \$1,000/family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000/individual; \$6,000/family
DOCTOR OFFICE VISIT (primary and specialist)	\$20 per visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	90% covered (after deductible) \$20 per visit in medical office; 90% covered (after deductible) in outpatient surgery facility
MATERNITY (pre- and postnatal office visits)	100% covered; applies to pre-natal and initial postnatal visit
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	90% covered (after deductible) 90% covered (after deductible)
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$10 (generic) or \$30 (brand name or non-formulary brand name) per prescription Mail order available Formulary applies
MENTAL HEALTH • Inpatient • Outpatient	90% covered (after deductible) Unlimited days \$20 (individual) or \$10 (group) per visit Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation: \$100 per admission. Unlimited days Detoxification: 90% covered (after deductible). Unlimited days Rehabilitation/Detoxification: \$20 (individual) or \$5 (group) per visit. Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	100% covered; Diagnostic: \$20 copay per exam, as needed 100% covered. Limit 3 visits per day, 100 visits per calendar year. Contact plan for specifics 80% covered when deemed medically necessary. Contact plan for specifics
ADDITIONAL INFORMATION	Please note that Kaiser Permanente of California requests that individuals are provided notice prior to the enrollment process of the binding arbitration requirements of the plans in accordance with certain state laws. Enrollment in the California HMO requires resolution of medical malpractice and other disputes through binding arbitration. If you select a California HMO, you agree to give up your rights to a jury or court trial for resolution of these disputes. Since these plans are subject to ERISA, you may have the right to bring civil action following an adverse benefit determination. For additional information about each plan's arbitration provision, please refer to the Disclosure Form and Evidence of Coverage. Copies are available from the selected HMO.

	SOUTHERN CALIFORNIA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3004) 226319 800 464 4000 800 464 4000 www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	No No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$500/individual; \$1,000/family
ANNUAL OUT-OF-POCKET MAXIMUM	\$3,000/individual; \$6,000/family
DOCTOR OFFICE VISIT (primary and specialist)	\$20 per visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	90% covered (after deductible) \$20 per visit in medical office; 90% covered (after deductible) in outpatient surgery facility
MATERNITY (pre- and postnatal office visits)	100% covered; includes pre-natal and initial post-natal visit
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	90% covered (after deductible) 90% covered (after deductible)
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$10 (generic) or \$30 (brand name or non-formulary brand name) per prescription Mail order available Formulary applies
MENTAL HEALTH • Inpatient • Outpatient	90% covered (after deductible) Unlimited days \$20 (individual) or \$10 (group) per visit Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation: \$100 per admission. Unlimited days Detoxification: 90% covered (after deductible) Unlimited days Rehabilitation/Detoxification: \$20 (individual) or \$5 (group) per visit. Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	100% covered; Diagnostic: \$20 copay per exam, as needed 100% covered. Limit 3 visits per day, 100 visits per calendar year. Contact plan for specifics 80% covered when deemed medically necessary. Contact plan for specifics
ADDITIONAL INFORMATION	Please note that Kaiser Permanente of California requests that individuals are provided notice prior to the enrollment process of the binding arbitration requirements of the plans in accordance with certain state laws. Enrollment in the California HMO requires resolution of medical malpractice and other disputes through binding arbitration. If you select a California HMO, you agree to give up your rights to a jury or court trial for resolution of these disputes. Since these plans are subject to ERISA, you may have the right to bring civil action following an adverse benefit determination. For additional information about each plan's arbitration provision, please refer to the Disclosure Form and Evidence of Coverage. Copies are available from the selected HMO.

FOR YOUR HEALTH

	COLORADO
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3076) 14566 800 632 9700 800 632 9700 www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards?	No
• Is a form needed to choose PCP/medical center?	No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$250/individual; \$750/family
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,500/individual; \$3,000/family
DOCTOR OFFICE VISIT (primary and specialist)	\$20 per PCP visit; \$40 per specialist visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	80% covered (after deductible) 80% covered (after deductible)
MATERNITY (pre- and postnatal office visits)	100% covered
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	80% covered (after deductible) 80% covered (after deductible)
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$15 (generic) or \$40 (brand name) per prescription up to 30-day supply Non-formulary brand name not covered. Mail order available. Formulary applies
MENTAL HEALTH • Inpatient • Outpatient	80% covered (after deductible) Unlimited days \$20 per visit. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: 80% covered (after deductible) Unlimited days Rehabilitation/Detoxification: \$20 per visit Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	\$20 PCP visit, \$40 specialist visit 80% covered (after deductible) 80% covered, \$2,000 annual maximum

	D.C. METRO AREA / MARYLAND / VIRGINIA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3005) 14367 800 777 7902 or 301 468 6200 800 777 7902 www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	No No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$250/individual; \$500/family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000/individual; \$4,000/family
DOCTOR OFFICE VISIT (primary and specialist)	\$15 per PCP visit, \$25 per specialist visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	90% covered (after deductible) 90% covered (after deductible)
MATERNITY (pre- and postnatal office visits)	\$25 for initial visit, then 100%
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	\$75 per ER visit \$75 per ER visit
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$15 (generic), \$25 (brand name) or \$40 (non-formulary brand name), at Kaiser facility, per prescription. \$25 (generic), \$45 (brand name) or \$60 (non-formulary brand name) at outside pharmacy. Formulary applies. Mail order available
MENTAL HEALTH • Inpatient • Outpatient	90% covered (after deductible) Unlimited days \$15 (individual) or \$7 (group) per visit. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: 90% covered (after deductible) Unlimited days Rehabilitation/Detoxification: \$15 (individual) or \$7 (group) per visit Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	\$15 per optometry exam; \$25 per ophthalmology exam 90% covered after deductible, when medically appropriate and approved Contact plan for specifics 50% covered outpatient; 90% covered inpatient

	GEORGIA
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3082) 2725 888 865 5813 or 404 261 2590 888 865 5813 or 404 261 2590 www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards?	No
• Is a form needed to choose PCP/medical center?	No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$500 individual/\$1,500 family
ANNUAL OUT-OF-POCKET MAXIMUM	\$1,500 individual/\$3,000 family
DOCTOR OFFICE VISIT (primary and specialist)	\$20 per PCP visit, \$30 per specialist visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	90% covered (after deductible) 90% covered (after deductible)
MATERNITY (pre- and postnatal office visits)	100% for routine prenatal visits and first postnatal visit, otherwise \$30 per visit
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	\$125 per ER visit \$125 per ER visit
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$15 (generic) \$40 (brand name) per prescription at Kaiser facility. \$26 (generic) \$36 (brand name) per prescription at Eckerd Drugs or Walgreens. Non-formulary brand name not covered. Mail order available through Kaiser pharmacies. Formulary applies.
MENTAL HEALTH • Inpatient • Outpatient	90% covered (after deductible) Unlimited days Individual: \$20 per visit. Unlimited visits Group: \$20 per visit. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: 90% covered (after deductible) Unlimited days \$20 per visit. Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	\$30 per visit 100% covered. Limit 120 visits per year 90% covered (after deductible)

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	HAWAII
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	HMSA HPH PLUS (3541) 1890-3 808 948 6372 808 948 6372 www.hmsa.com
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	Yes No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	None
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500/individual; \$7,500/family
DOCTOR OFFICE VISIT (primary and specialist)	\$15 per visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	\$75 per day \$15 per visit
MATERNITY (pre- and postnatal office visits)	100% covered
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	\$75 per ER visit 80% covered – worldwide; \$25 BlueCard Providers
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$5 (generic), \$20 (formulary brand name), \$20 (non-formulary brand name) plus \$45 other brand name cost share. Mail order available. Formulary applies
MENTAL HEALTH • Inpatient • Outpatient	\$75 per day. Unlimited days. \$15 per visit. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: \$75 per day Unlimited days Rehabilitation/Detoxification: \$15 per visit Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	\$15 per visit (one per calendar year) 100% covered. Limit 365 visits per illness or injury. 100% covered (internal devices) 50% covered (external devices)

	HAWAII
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	HMSA PPP (1130) 1890-3 808 948 6111 808 948 6111 www.hmsa.com
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards?	No
• Is a form needed to choose PCP/medical center?	No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	In: None. Out: \$100/individual; \$300/family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500/individual; \$7,500/family
DOCTOR OFFICE VISIT (primary and specialist)	In: \$12 copay. Out: 70% (after deductible)
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	In: 90%. Out: 70% (after deductible) In: 90%. Out: 70% (after deductible)
MATERNITY (pre- and postnatal office visits)	In: 100%. Out: 70% (after deductible)
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	In: 90%. Out: 90% In: 90%. Out: 90%
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	In: \$5 (generic), \$20 (formulary brand name), \$20 plus \$45 other brand name cost share (non-formulary brand name). Out: \$5 plus 20% remaining eligible charge (generic), \$20 plus 20% remaining eligible charge (formulary brand name), \$20 plus \$45 other brand name cost share plus 20% remaining eligible charge (non-formulary brand name). Mail order available
MENTAL HEALTH • Inpatient • Outpatient	In: 90% covered. Unlimited days Out: 70% (after deductible). Unlimited days In: 90% covered. Unlimited visits Out: 70% (after deductible). Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: In: 90% covered Out: 70% (after deductible) Unlimited days Rehabilitation/Detoxification: In: 90% covered Out: 70% (after deductible) Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	In: \$10 per visit, then 100%. Out: First \$40 covered. In/Out: Coverage limitations may apply Contact plan for specifics In: 100%. Limit 150 visits per calendar year Out: 70% (after deductible) In: 90% covered Out: 70% (after deductible)

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PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	KAISER PERMANENTE (3540) 36308 432 5955 (Oahu), 800 966 5955 (neighboring islands) 432 5955 (Oahu), 800 966 5955 (neighboring islands) www.kaiserpermanente.org
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	No No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	None
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000/individual; \$6,000/family
DOCTOR OFFICE VISIT (primary and specialist)	\$15 per visit
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	100% covered \$15 per visit
MATERNITY (pre- and postnatal office visits)	\$15 for initial visit; then 100%
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	\$50 per ER visit; not waived if admitted 80% covered; not waived if admitted
PRESCRIPTION DRUG Retail (30-day supply unless otherwise noted)	\$10 (generic) or \$20 (brand name) per prescription. Must use a Kaiser Permanente pharmacy. Non-formulary brand name not covered. Mail order available. Formulary applies
MENTAL HEALTH • Inpatient • Outpatient	100% covered. Unlimited days \$15 per visit. Unlimited visits
SUBSTANCE ABUSE • Inpatient • Outpatient	Rehabilitation/Detoxification: 100% covered Unlimited days Rehabilitation/Detoxification: \$15 per visit Unlimited visits
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	\$15 per visit 100% covered 50% covered. Internal prosthetics 100% covered

	PUERTO RICO
PLAN NAME (PLAN #) Group #: Provider Directory/Forms: Questions: Web Address:	TRIPLE-S (1190) 1-13752 / Sponsor Number SP0003594 787 774 6060 787 774 6060 www.ssspr.com
• Is the Primary Care Physician (PCP)/medical center selection needed for ID cards? • Is a form needed to choose PCP/medical center?	No No
HEALTH REIMBURSEMENT ACCOUNT (HRA)	N/A
ANNUAL DEDUCTIBLE	\$100 individual/\$300 family
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,000 individual/\$6,000 family
DOCTOR OFFICE VISIT (primary and specialist)	In: \$5 per PCP visit; \$10 per specialist visit, then 100% Out: 80% covered after deductible
PREVENTIVE CARE (routine physicals, well-baby care, gyn exams, immunizations, etc.)	100% covered
HOSPITAL CARE • Inpatient (includes maternity admissions) • Outpatient Surgery	In: \$50 per admission, then 100% Out: 80% covered after deductible In: 100% covered Out: 80% covered after deductible
MATERNITY (pre- and postnatal office visits)	In: \$5 per PCP visit; \$10 per specialist visit, then 100% Out: 80% covered after deductible
EMERGENCY CARE • In-Area (when not followed by admission) • Out-of-Area (when not followed by admission)	In: \$20 per ER visit then 100% Out: 80% covered after deductible In: \$20 per ER visit Out: 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 • 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 • 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
OTHER MEDICAL SERVICES • Routine Eye Exam • Home Health Care • Durable Medical Equipment (crutches, etc.)	Covered in basic coverage In: 75% covered after deductible Out: 75% covered after deductible. Precertification required 75% covered after deductible
ADDITIONAL INFORMATION	A dental plan is included with this plan Lab, X-ray, and diagnostic tests 75% covered

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ATTENTION: Current or Future
Sodexo Medical Plan ParticipantsImportant Notice from Sodexo About Your
Prescription Drug Coverage and Medicare Part D*This notice applies to current or future participants in
Cigna, HMO, and UnitedHealthcare HRA Medical Plans.*

Please read this notice carefully and keep it where you can find it. This notice has information about your current medical coverage with Sodexo and prescription drug coverage which became available on January 1, 2006 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

- Starting January 1, 2006, new Medicare prescription drug coverage became available to everyone with Medicare.
- Sodexo has determined that the prescription drug coverage offered in the plans listed above are, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.
- Read this notice carefully—it explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll.

You may have heard about Medicare's new prescription drug coverage and wondered how it would affect you. Sodexo has determined that your medical coverage with Sodexo is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay.

Prescription drug coverage is available to everyone with

Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

Each year, you have the opportunity to enroll in a Medicare prescription drug plan between Nov. 15th and Dec. 31st.

If you qualify to enroll in Medicare prescription drug coverage, you have the following options:

- Keep your existing medical coverage through Sodexo and not enroll in a Medicare prescription drug plan; or
- Enroll in a Medicare prescription drug plan in which case the Medicare prescription drug coverage will be supplemental to the medical coverage provided by Sodexo. Prescription drug claims paid by your employer's plan do not count as true out-of-pocket expenses that would extend the point at which Medicare's standard prescription drug plan supplements benefits at the catastrophic level.

If you drop your medical coverage with Sodexo

and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

In addition, your current coverage pays for other health expenses, as well as prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Sodexo and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage contact Sodexo's Benefit Administrator, for further information at 877 633 9837. NOTE: You may receive this notice at other

times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes.

More detailed information about Medicare plans that offer prescription drug coverage will be available in the "Medicare & You" handbook. If you qualify for Medicare, you'll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- For personalized help, visit www.medicare.gov, call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), call 800 MEDICARE (800 633 4227), or TTY users should call 877 486 2048.
- For people with limited income and resources, extra help paying for a Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 800 772 1213 (TTY 800 325 0778).

Usted podrá obtener una versión en español de su gerente o representante de personal.

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

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Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of Jan. 31, 2011. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since Jan. 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
www.dol.gov/ebsa
866 444 EBSA (3272)

U.S. Department of Health and Human
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877 267 2323, Ext. 61565

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ALABAMA – Medicaid http://www.medicaid.alabama.gov 800 362 1504	INDIANA – Medicaid http://www.in.gov/fssa 800 889 9948
ALASKA – Medicaid http://health.hss.state.ak.us/dpa/programs/medicaid/ <i>Outside of Anchorage:</i> 888 318 8890 <i>Anchorage:</i> 907 269 6529	IOWA – Medicaid www.dhs.state.ia.us/hipp/ 888 346 9562
ARIZONA – CHIP http://www.azahcccs.gov/applicants/default.aspx <i>Outside of Maricopa County:</i> 877 764 5437 <i>Maricopa County:</i> 602 417 5437	KANSAS – Medicaid https://www.khpa.ks.gov 800 792 4884
ARKANSAS – CHIP http://www.arkidsfirst.com/ 888 474 8275	KENTUCKY – Medicaid http://chfs.ky.gov/dms/default.htm 800 635 2570
CALIFORNIA – Medicaid http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx 866 298 8443	LOUISIANA – Medicaid http://www.la.hipp.dhh.louisiana.gov 888 342 6207
COLORADO – Medicaid and CHIP <i>Medicaid:</i> http://www.colorado.gov/ <i>Medicaid (in state):</i> 800 866 3513 <i>Medicaid (out of state):</i> 800 221 3943 <i>CHIP:</i> http://www.CHPplus.org 303 866 3243	MAINE – Medicaid http://www.maine.gov/dhhs/OIAS/public-assistance/index.html 800 321 5557
FLORIDA – Medicaid http://www.fdhc.state.fl.us/Medicaid/index.shtml 877 357 3268	MASSACHUSETTS – Medicaid and CHIP <i>Medicaid & CHIP:</i> http://www.mass.gov/MassHealth 800 462 1120
GEORGIA – Medicaid http://dch.georgia.gov/ Click on Programs, then Medicaid 800 869 1150	MINNESOTA – Medicaid http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance <i>Outside of Twin City area:</i> 800 657 3739 <i>Twin City area:</i> 651 431 2670
IDAHO – Medicaid and CHIP <i>Medicaid:</i> www.accesstohealthinsurance.idaho.gov 800 926 2588 <i>CHIP:</i> www.medicaid.idaho.gov 800 926 2588	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573 751 2005

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MONTANA – Medicaid http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml 800 694 3084	NORTH DAKOTA – Medicaid http://www.nd.gov/dhs/services/medicalsev/medicaid/ 800 755 2604
NEBRASKA – Medicaid http://www.dhhs.ne.gov/med/medindex.htm 877 255 3092	OKLAHOMA – Medicaid http://www.insureoklahoma.org 888 365 3742
NEVADA – Medicaid and CHIP <i>Medicaid:</i> http://dwss.nv.gov/ 800 992 0900 <i>CHIP:</i> http://www.nevadacheckup.nv.org/ 877 543 7669	OREGON – Medicaid and CHIP <i>Medicaid & CHIP:</i> http://www.oregonhealthykids.gov 877 314 5678
NEW HAMPSHIRE – Medicaid www.dhhs.nh.gov/ombp/index.htm 603 271 4238	PENNSYLVANIA – Medicaid and CHIP <i>Medicaid:</i> http://www.dpw.state.pa.us/dpworganization/officeofmedicalassistanceprograms/index.htm <i>CHIP:</i> www.chipcoverspakids.com 800 644 7730
NEW JERSEY – Medicaid and CHIP <i>Medicaid:</i> http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ 800 356 1561 <i>CHIP:</i> http://www.njfamilycare.org/index.html 800 701 0710	RHODE ISLAND – Medicaid www.dhs.ri.gov 401 462 5300
NEW MEXICO – Medicaid and CHIP <i>Medicaid:</i> http://www.hsd.state.nm.us/mad/index.html 888 997 2583 <i>CHIP:</i> http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico 888 997 2583	SOUTH CAROLINA – Medicaid http://www.scdhhs.gov 888 549 0820
NEW YORK – Medicaid http://www.nyhealth.gov/health_care/medicaid/ 800 541 2831	TEXAS – Medicaid https://www.gethipptexas.com/ 800 440 0493
NORTH CAROLINA – Medicaid http://www.nc.gov 919 855 4100	UTAH – Medicaid http://health.utah.gov/upp 866 435 7414
	VERMONT – Medicaid http://www.greenmountaincare.org/ 800 250 8427

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VIRGINIA – Medicaid and CHIP*Medicaid:* <http://www.dmas.virginia.gov/rcp-HIPP.htm>

800 432 5924

CHIP: <http://www.famis.org/>

866 873 2647

WASHINGTON – Medicaid<http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

800 562 3022 ext. 15473

WEST VIRGINIA – Medicaid<http://www.wvrecovery.com/hipp.htm>

304 342 1604

WISCONSIN – Medicaid<http://www.badgercareplus.org/pubs/p-10095.htm>

800 362 3002

WYOMING – Medicaid<http://www.health.wyo.gov/healthcarefin/index.html>

307 777 7531

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Dental Plan Dental Group Number: 302105	MetLife	800 942 0854 <i>Service Center Hours:</i> Monday – Friday, 8 a.m. - 11 p.m., ET www.metlife.com/mybenefits
Disability Plans	Liberty Mutual	To file or track claims: 800 261 9022 www.MyLibertyConnection.com Company Code: SDX100 To check status of EOI: 888 287 8494, prompt 2
Enrollment or Benefits Questions	Sodexo Benefits	877 633 9837 https://mysodexobenefits.com
Employee Stock Purchase Plan (ESPP)	SG Vestia Systems Inc.	888 580 0007 www.sgvestia.com/sodexo
Family Care Spending Account	Cigna	800 909 2227 www.myCigna.com
Health Care Spending Account	Cigna	800 909 2227 www.myCigna.com
HMOs	Your Member Services Office	Specific HMO numbers are listed in the charts on the previous pages
LifeWorks including iCan Health Coaching	Ceridian	For English: 888 267 8126 For Spanish: 888 732 9020 TTY/TDD: 800 346 9188 www.lifeworks.com user ID: sodexo, password: lifeworks
Life Insurance (Group Term Life, Voluntary AD&D, Free Basic Life, Business Travel Accident)	Minnesota Life	877 282 1936 www.lifebenefits.com/plandesign/sodexo

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PPO—Provider Directories and General Questions	Cigna	800 909 2227 <i>Service Center Hours: 24/7</i> www.cigna.com/sodexo
PPO Prescription Drug Program	Medco	800 903 7968 www.medco.com
Sodexo 401(k) Savings and Retirement Program	ING	866 7 MY PLAN (866 769 7526) www.MySodexoSavingsPlan.com
Triple-S	Triple-S Salud, Inc.	787 774 6060 www.ssspr.com
UnitedHealthcare	United Healthcare	800 784 2023 https://www.myuhc.com/groups/sdx
Vision Plan	EyeMed Vision Care	EyeMed Select Vision Care Plan 866 299 1358 Plan Number: 9827353 EyeMed Vision Care Discount Program 866 723 0391 Plan Number: 9238221 <i>Service Center Hours:</i> Mon.-Sat., 8 a.m. - 11 p.m. ET Sunday, 11 a.m. - 8 p.m. ET www.eyemedvisioncare.com Use plan numbers above

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About This Guide

This guide shows the various benefits plans that are offered by Sodexo. 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 guide, the SPD, the plan document or the carrier's service contract, the information in the plan document or contract governs. The Plan Administrator reserves the right to resolve any ambiguity in this document.

HIPAA Privacy Rule

The HIPAA Privacy Rule (effective April 14, 2003) requires Sodexo, Inc., to remind employees who participate in standard benefits that the Notice of Privacy Practices is available and how to obtain a copy.

This notice explains:

- The definition of Protected Health Information
- How the company and the plans disclose and use Protected Health Information
- When an authorization is needed
- Your health information rights
- Whom to contact about your privacy rights

The notice and authorization forms are available at <https://mysodexobenefits.com> under the "Order Materials" tab or by calling 877 633 9837.

Fraudulent Act

If you commit a fraudulent act, the Plan Administrator has the right to cancel or nullify all or some of your company-sponsored plan coverage(s) for you and your covered dependents. Fraudulent acts include, but are not limited to, providing false information to obtain employment or benefit coverage, omitting important facts, or misusing the plan coverage. If this occurs, your benefit coverage(s) may be canceled for you and your covered dependents. In addition, civil and/or criminal penalties can result from these acts.

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. Frontline employees subject to a collective bargaining agreement are not entitled to receive these benefits unless specifically provided for in the collective bargaining agreement. The benefits, terms and conditions described 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.

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