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PUBLICIS BENEFITS GUIDE

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YOUR TO-DO LIST

If you want to change or newly enroll for benefits, it's important that you take action during your enrollment period. You will receive more information separately about your enrollment period. If you are a new hire, you have 45 days from your date of hire to enroll for benefits. Here is a summary of essential steps for you to take.

THINGS TO DO

Carefully review this guide in its entirety to understand all of your benefits options

View a list of all Publicis Benefits Connection benefits

Review the options for your **medical**, **dental** and **vision** coverage

Visit Publicis Benefits Connection at www.publicisbenefitsconnection.com to enroll for benefits (you must use a PC to access the enrollment section of the website)

Print and review your **enrollment confirmation statement**

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MAKE SMART DECISIONS

The Publicis Benefits Connection (PBC) is a partnership between you and the Company: we provide you with the benefits, but we depend on you to make informed decisions when choosing coverage and buying health care services. Having the right level of coverage and care is important to your well-being and financial security. The information in this guide is provided to help you understand your new benefits and make the right choices.

To help you choose and use your benefits wisely, you can access the following resources during your enrollment period and throughout the year:

| RESOURCE | HOW TO ACCESS |
|--|--|
| Publicis Benefits Connection Website Visit anytime to learn more about your benefits and to enroll in your 2016 benefits. | www.publicisbenefitsconnection.com |
| Benefits Service Center Available weekdays from 9 a.m. to 5 p.m. ET to answer questions about your Publicis benefits. | 1-800-933-3622 benefits.sharedservices@us-resources.com |
| Health Advocate Call to speak with a representative for help with health care issues such as choosing a medical plan or finding a doctor. | 1-866-695-8622 answers@healthadvocate.com |
| Publicis Benefits Connection Healthy Living Visit the website to learn more and take action, or call to speak with a representative to learn how certain healthy lifestyle changes can help control health care costs. | 1-877-830-0078 www.webmdhealth.com/pbchealthyiving |

See a complete list of [contact information](#) for plan providers.

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BENEFITS ELIGIBILITY

You are eligible to participate in the PBC program if you're a U.S.-based full-time or part-time employee working a regular schedule of at least 21 hours per week.

You can cover eligible dependents on your medical, dental and vision plans. You can also cover your spouse and/or child(ren) with dependent life insurance plans.

Eligible dependents include:

1. Your spouse (unless legally separated or divorced from you) or same- or opposite-gender domestic/civil union partner
2. Your own biological or legally adopted children, including:
 - For medical coverage only, those up to age 26 regardless of student or marital status (or those age 26 and older who are mentally or physically handicapped and dependent upon you for support)
 - For all other benefits unless otherwise stated, those under age 21 and unmarried, or under age 25 if a full-time student and unmarried

You may also enroll your children under age 21 if one of the following conditions applies:

- You are legally obligated to support them in anticipation of adoption (whether or not the adoption is final)
- You are required to provide health coverage for them under a Qualified Medical Child Support Order (QMCSO)

Publicis plans to conduct periodic **dependent audits**; before you enroll, make sure that all your dependents are eligible for coverage.

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Domestic/Civil Union Partner Coverage

PBC provides medical, dental and vision coverage for unmarried same- or opposite-gender domestic/civil union partners. Children of a domestic/civil union partner are covered only if they have been adopted by you.

If you choose to cover your partner you must complete and return the [Domestic Partnership & Civil Union Affidavit](#) to PBC. The form is located on the Publicis Benefits Connection website under the [Guides/Forms Quick Link](#). If you do not complete it, your partner will not receive coverage.

Under federal tax law, unless your partner (and his or her children) satisfies the definition of a tax dependent in section 152 of the Internal Revenue Code:

- The contributions that you make for his or her coverage must be paid with after-tax dollars.
- The portion of his or her coverage paid by the Company is taxable to you. This cost is included in the amount used to determine the taxes withheld from your paycheck. It is also reported as income to the Internal Revenue Service on your W-2.
- You cannot use your Health Care Flexible Spending Account to pay for his or her unreimbursed health care expenses.

Even if your partner and/or their children do not qualify for federal tax-free health benefits, their benefits may not be subject to state tax in certain situations; for example, if you live in a state that recognizes non-marriage partnerships.

Working Spouse Surcharge

If your spouse or domestic/civil union partner has access to other employer-provided medical coverage and you elect to cover him or her under your Publicis medical plan, you will incur an additional charge for that coverage. For 2016, the surcharge will be \$50 per paycheck deducted on an after-tax basis. The surcharge applies to medical coverage only; you will not incur a surcharge if you enroll your spouse/partner in dental and/or vision coverage. The surcharge will be waived if your spouse/partner is:

- Eligible for coverage as a Publicis employee
- Eligible for Medicare
- Self-employed, or
- Benefits ineligible with their employer

Think about the benefits available to you and your spouse/partner to see how you might be able to save money while maintaining the medical coverage you and your family need.

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Dependent Verification

Publicis plans to conduct periodic dependent audits to ensure that the health plans are covering only those individuals, and their dependents, who are eligible to participate in the plans. Please make sure that all your dependents meet the eligibility criteria before you enroll them in 2016 coverage.

Publicis will provide sufficient notice of the audit. Once notified, you will need to provide proof, within a reasonable time frame, of your dependents' eligibility (for example, a birth or marriage certificate). If you do not provide satisfactory proof, coverage for your ineligible dependents will be terminated.

Publicis health coverage is self-funded, which means we, the Company and employees (not insurance companies), directly pay the cost of claims. As a result, we all share in the total cost of the health plan. Covering ineligible dependents can add millions of dollars in nonessential expenses to the plan. We conduct dependent audits to control costs for the Company, as well as for employees.

Take a moment to review the [dependent eligibility criteria](#).

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2016 BENEFITS AT-A-GLANCE

Publicis offers you and your family a variety of benefits and programs that can help you lead a healthy and balanced life at home and at work. Review the chart below for an overview of your benefits and to find out where to learn more about each benefit.

| BENEFIT | COVERAGE AND DETAILS |
|--|---|
| Medical, including Prescription Drugs | <ul style="list-style-type: none"> Medical administered by Blue Cross Blue Shield of Illinois Prescription Drugs administered by CVS Caremark Three options: <ul style="list-style-type: none"> Medical Health Savings Account Plan (Medical HSA Plan): Has the highest deductible and out-of-pocket limit of the medical options and the lowest paycheck contributions Standard Preferred Provider Organization (Standard PPO): Benefit levels and paycheck contributions fall in the middle of the three medical options Premier Preferred Provider Organization (Premier PPO): Has the highest benefit levels and highest paycheck contributions of the three medical options If you elect one of the medical plan options, you'll automatically receive prescription drug coverage as part of the medical coverage you have elected and you will be automatically enrolled in the Teladoc Telemedicine service If you elect the Medical HSA Plan, you will be enrolled in a Health Savings Account; you must take the additional step of opening the account in order to use it |
| Health Savings Account (HSA) | <ul style="list-style-type: none"> Administered by BenefitWallet You are enrolled automatically if you elect the Medical HSA Plan; you must take the additional step of opening the account in order to use it Publicis makes an annual contribution on your behalf of \$250 (Employee Only tier) or \$500 (all other tiers) You can also contribute on a pre-tax basis to the annual IRS limit of \$3,350 (individual) or \$6,750 (family), which includes your and Publicis' contributions combined You own the funds in your account, even after you leave Publicis; you decide whether to use your account to pay for current expenses or save them for future expenses |

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| BENEFIT | COVERAGE AND DETAILS |
|---|---|
| Teladoc Telemedicine Services | <ul style="list-style-type: none"> Administered by Teladoc You and your eligible dependents have access if you enroll in a Publicis medical plan option Gives you access to a national network of board-certified doctors all day, every day Obtain affordable, high-quality care conveniently by phone, web, or mobile device Doctors can diagnose and treat your condition, and write prescriptions to manage common health problems There is no cost to you for Teladoc's services <p><i>Employees enrolled in the Medical HSA Plan must meet the plan deductible before they are eligible for the \$0 copay.</i></p> |
| Dental | <ul style="list-style-type: none"> Administered by Delta Dental Two options: <ul style="list-style-type: none"> Basic PPO: Pays a lower level of benefits than the Comprehensive Plan; lower paycheck contributions Comprehensive PPO: Pays a higher level of benefits than the Basic Plan; higher paycheck contributions Both plans cover in-network preventive services at 100% |
| Vision | <ul style="list-style-type: none"> Administered by VSP Two options: <ul style="list-style-type: none"> Low Plan (Base): Pays a lower level of in-network benefits than the High Plan; lower paycheck contributions High Plan (Buy-Up): Pays a higher level of in-network benefits than the Low Plan; higher paycheck contributions |
| Life and Accidental Death and Dismemberment Insurance (AD&D) | <ul style="list-style-type: none"> Administered by Securian Life You receive Basic Life Insurance coverage automatically at no cost to you You may elect: <ul style="list-style-type: none"> Supplemental Life Insurance for yourself Dependent Life Insurance for your spouse and/or dependent child(ren) Optional Accidental Death & Dismemberment Insurance for you and for your family |

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| BENEFIT | COVERAGE AND DETAILS |
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| Short- and Long-Term Disability | <ul style="list-style-type: none"> Administered by The Hartford Short-term disability (STD) coverage is automatically provided to you at no cost and the salary continuance benefit provided is up to 26 weeks based on your years of service You receive a core amount of long-term disability (LTD) insurance automatically at no cost to you You may purchase additional amounts of LTD coverage to supplement your Company-provided LTD coverage |
| Health Care, Limited Purpose Health Care and Dependent Care Flexible Spending Accounts (FSAs) | <ul style="list-style-type: none"> Administered by WageWorks You can contribute annually up to \$2,550 to a Health Care FSA or Limited Purpose Health Care FSA and up to \$5,000 to a Dependent Care FSA You can fund a Health Care FSA with pre-tax dollars to pay for eligible health care expenses that are not covered under a medical, dental or vision plan You can fund a Limited Purpose Health Care FSA with pre-tax dollars to pay for eligible health care expenses that are not covered under a dental or vision plan (not medical expenses) You can fund a Dependent Care FSA with pre-tax dollars to pay for eligible dependent day care or elder care expenses that you incur while you and your spouse (if you're married) are at work, attending school full-time or looking for a job |
| Transportation Reimbursement Incentive Plan (TRIP) | <ul style="list-style-type: none"> Administered by WageWorks Allows you to pay for eligible transportation and/or parking expenses with pre-tax dollars You can contribute a minimum \$10/maximum \$130 per month for public transit or van pooling You can contribute a minimum \$10/maximum \$255 per month for parking |
| Group Legal Assistance Plan | <ul style="list-style-type: none"> Administered by MetLaw Offers access and referrals to network and non-network professional, credentialed attorneys for you and your eligible dependents Covers a wide range of commonly used legal services |

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| BENEFIT | COVERAGE AND DETAILS |
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| Voluntary Benefits | <ul style="list-style-type: none"> Administered by Marsh@WorkSolutions Obtain affordable group rates for a variety of insurance programs, including: <ul style="list-style-type: none"> Auto Insurance Homeowners/Renters Insurance Pet Insurance Personal Liability Insurance Personal Accident Insurance |
| Employee Assistance Program (EAP) | <ul style="list-style-type: none"> Administered by Workplace Solutions For you and your eligible dependents Provides confidential, professional, one-on-one, short-term counseling for personal and work/life issues You receive this benefit automatically at no cost to you |
| Health Advocate Program | <ul style="list-style-type: none"> For you, your eligible dependents and members of your extended family Provides confidential, professional information about managing your health care needs and costs, including providing assistance with insurance claims You receive this benefit automatically at no cost to you |
| International SOS Program | <ul style="list-style-type: none"> For employees who travel internationally for business Provides health and safety information when you are traveling internationally You receive this benefit automatically at no cost to you |
| Publicis Benefits Connection Healthy Living powered by WebMD | <ul style="list-style-type: none"> For employees and spouses, including domestic partners/civil union partners, who are enrolled in a Publicis medical plan option Provides the tools you need to get closer to your health Offers lifestyle improvement programs, resources and decision support You and your eligible spouse/domestic partner/civil union partner can earn program incentives |
| Publicis Benefits Connection 401(k) Plan | <ul style="list-style-type: none"> Recordkeeping and trustee services provided by Fidelity Investments The Company will match up to a total of 4% of your eligible pay A convenient, tax-advantaged way to save for retirement |

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ENROLLING FOR BENEFITS

When Enrollment Is Required

Your enrollment period is your opportunity to decide how you and your family can best use the Publicis Benefits Connection benefits plans in the year ahead.

You will receive more information regarding your enrollment deadline separately. Once you know which benefits you want to elect, carefully review the following chart to determine the actions you need to take during your enrollment period.

| BENEFIT | You must enroll in this benefit during your enrollment period, or within 45 days if you are a new hire | You may enroll in this benefit anytime during the year | You receive this benefit automatically and do not have to enroll |
|-----------------------------|--|--|--|
| Medical | X | | |
| Health Savings Account* | X (you can change the amount you contribute at any time) | | |
| Teladoc | | | X (provided you enroll in a Publicis medical plan option) |
| Dental | X | | |
| Vision | X | | |
| Basic Life Insurance | | | X |
| Supplemental Life Insurance | X | | |
| Dependent Life Insurance | X | | |

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| BENEFIT | You must enroll in this benefit during your enrollment period, or within 45 days if you are a new hire | You may enroll in this benefit anytime during the year | You receive this benefit automatically and do not have to enroll |
|---------------------------------------|--|--|--|
| Optional AD&D Insurance | X | | |
| Short- and Basic Long-Term Disability | | | X |
| Supplemental LTD | X | | |
| Health Care FSA | X | | |
| Limited Purpose FSA | X | | |
| Dependent Care FSA | X | | |
| TRIP | X | X | |
| Group Legal Assistance | X | | |
| PBC Healthy Living | | | X (action required to receive reward) |
| 401(k) Plan | | X | |
| Voluntary Benefits | | X | |
| Employee Assistance Program | | | X |
| Health Advocate | | | X |
| International SOS | | | X |

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If You Are a New Hire

If you are a new hire, you have 45 days from your date of hire to enroll in benefits online. If you do not enroll within this 45-day period, your 2016 benefits coverage will be limited to:

- **Basic Life Insurance**
- **Short-term and Basic Long-term Disability**
- **Employee Assistance Program**
- **Health Advocate**
- **International SOS**
- **Publicis Benefits Connection Healthy Living**

You will not be able to enroll for additional benefits until next year's Open Enrollment for coverage effective in the 2017 plan year, unless you experience a qualified life event, with the exception of Dependent Care FSA and TRIP elections, which you may enroll in or change at any time during the year.

Health Care Reform: The Individual Mandate

Under the provisions of the Affordable Care Act (Health Care Reform), most individuals are required to have health care coverage or be subject to a tax penalty. **Health Insurance Marketplaces** (also known as Exchanges) offer individuals the option to directly purchase health care coverage from providers. In most cases, the coverage available to you through PBC is more comprehensive and more affordable than coverage available in the Marketplace.

The *Health Care Reform Made Simple* website provides information about the law and how it applies to Publicis Benefits Connection health plans. For more details about how the individual coverage provision affects you, visit **Health Care Reform Made Simple** – password: publicis.

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How to Enroll

You can use the **Publicis Benefits Connection website** to enroll in your benefits. Just follow the steps starting below.

GATHER YOUR DEPENDENT INFORMATION FIRST

Before you begin enrolling for your benefits, you should have information available, including Social Security numbers and dates of birth, for any dependents you wish to cover for health care and/or life insurance benefits.

You may enroll a newborn child without having a Social Security number. Remember to apply for the Social Security number and update your dependent information when you receive it.

Logging In

1. Visit **www.publicisbenefitsconnection.com**
2. Click **View, Enroll or Change Your Benefits** in the **Quick Links** toolbar
3. Follow the instructions to log in or register* (if you are a first-time user) – **note registration code: publicis-access**

**If you have a username that contains the @publicis extension (including those on Re:Sources payroll with iPay access), you are already registered and can use your existing username and password.*

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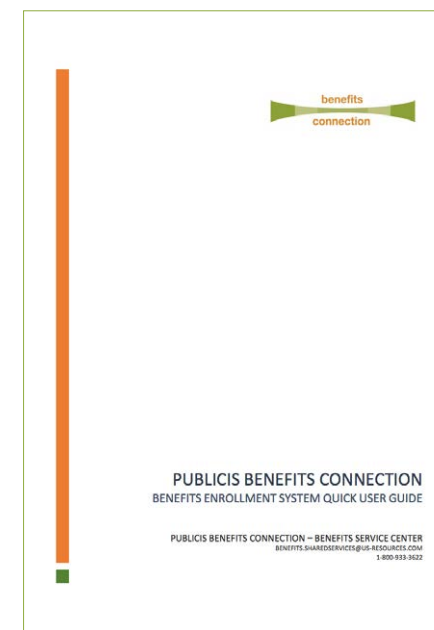
Enrolling

1. Be sure to have the information you will need to enroll, including:
 - Your benefits choices
 - Your dependent information
 - Confirmation of your dependents' eligibility to participate in the plans
2. Click the **Newly Eligible** or **Family Status Change** link on your Main Menu page
3. For each benefit, choose one of the options or select **No Coverage**, then click **Continue**.

Completing Your Enrollment

1. Review your elections on the Benefits Summary screen
 - If you have dependents, carefully review the list of dependents on this screen to ensure that all information about your dependents is accurate
2. Click the Submit button to save your elections
3. **IMPORTANT!** Print your confirmation statement for your records
4. Click **Continue** on the Thank You! page

For detailed step-by-step enrollment instructions, view the Benefits Enrollment System **Quick User Guide**. You can find the *Quick User Guide* on www.publicisbenefitsconnection.com. Click on the “View, Enroll or Change Your Benefits” link and then click on the link to the guide.



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HEALTH AND GROUP BENEFITS DETAILS

Medical

The medical plan is designed to provide you and your enrolled dependents with access to quality health care that is comprehensive and cost-conscious.

You have three medical plan options:

- Blue Cross Blue Shield of Illinois Medical HSA Plan
- Blue Cross Blue Shield of Illinois Standard PPO
- Blue Cross Blue Shield of Illinois Premier PPO

See how the medical options [compare](#).

All three medical plan options are administered by **Blue Cross Blue Shield of Illinois**. They offer you access to the national BlueCard PPO network, which is one of the largest national networks of doctors, hospitals and treatment facilities. In-network providers typically agree to charge lower, negotiated rates for care.

Access the **Provider Finder** to determine which providers are in the BCBS of Illinois network. You can sort by distance, provider type and language spoken, and even look for special Blue Distinction providers that BCBS IL has designated as the highest quality care options.

You can choose to receive care in- or out-of-network. When you visit an in-network provider, the plan covers more of your expenses.

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How the Medical Plans Work

Your annual out-of-pocket cost of care includes:

- An annual deductible
- Flat dollar copay (Standard and Premier PPO options only – not subject to deductible) for in-network physician and specialist office visits (preventive/wellness care from an in-network provider is covered at 100% and is not subject to copays)
- Coinsurance for other services (your share of the cost of care, expressed as a percentage of the total cost of care)

For certain services, you must satisfy the annual deductible before the plan pays coinsurance. An annual out-of-pocket maximum amount exists in all three plan options to limit your out-of-pocket medical costs. The annual deductible, coinsurance and copays (where applicable) all count toward the in-network annual out-of-pocket maximum amount.

The annual deductible and the annual out-of-pocket maximum work differently in the Medical HSA Plan than they do in the PPO options.

SUMMARIES OF BENEFITS AND COVERAGE

Thinking about which of the three medical plans is best for you? Summaries of Benefits and Coverage (SBCs) provide more detailed information of the key provisions of each of the medical plan options, are available in the “Guides/Forms” section of www.publicisbenefitsconnection.com, and are mailed to the home of all new hires.

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A Closer Look at the Medical Plan Options

Whether you choose the Medical HSA Plan, Standard PPO or Premier PPO should depend on your health care needs and budget.

The Medical HSA Plan retains many features of more traditional plans, but it has some important differences, too. It's important to think about your potential health care needs and evaluate how they may impact your costs.

How Your Medical Plans Compare

The table below shows how the medical plans options compare.

| | MEDICAL HSA PLAN | STANDARD PPO | PREMIER PPO |
|--|--|--|---|
| Employee Contribution | Lower than the Premier PPO and the Standard PPO | Lower than the Premier PPO; higher than the Medical HSA Plan | Higher than the Standard PPO and the Medical HSA Plan |
| Preventive Care | Covered at 100% in-network; subject to deductible and coinsurance out-of-network | | |
| Deductible | Higher than the Premier PPO and the Standard PPO | Higher than the Premier PPO; lower than the Medical HSA Plan | Lower than the Standard PPO and the Medical HSA Plan |
| Office Visits and Mental Health/Substance Abuse Outpatient Care | You pay coinsurance after deductible | You pay copayment in-network; subject to deductible and coinsurance out-of-network | |
| Coinsurance | After deductible, you pay 20% of in-network and 40% of out-of-network costs | | After deductible, you pay 10% of in-network and 30% of out-of-network costs |
| Out-of-Pocket Maximum | Higher than the Premier PPO and the Standard PPO | Higher than the Premier PPO; lower than the Medical HSA Plan | Lower than the Standard PPO and the Medical HSA Plan |

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Some Ways the Medical HSA Plan Is Similar to the Standard PPO and Premier PPO

- **Prevention Incentive.** Preventive care is 100% covered if you use in-network providers – meaning you don't pay anything out-of-pocket for using these services.
- **Cost-Sharing.** After you reach your annual deductible, the plan pays the larger percentage of the cost (coinsurance) of most care, both in-network and out-of-network, and you pay the smaller percentage.
- **Payment Limit.** What you spend out-of-pocket for medical care (including your deductible and coinsurance) is limited to an annual maximum.

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Some Ways the Medical HSA Plan Is Different from the Premier PPO and Standard PPO

| MEDICAL HSA PLAN | | STANDARD AND PREMIER PPO OPTIONS |
|---|---|---|
| Health Savings Account (HSA) | <ul style="list-style-type: none"> You are automatically enrolled in an HSA (you must take action to open and use your HSA) Allows you to save pre-tax money for health care expenses in 2016 and beyond Publicis funds the account annually and you may contribute, too You may also enroll in a Limited Purpose Health Care FSA | <ul style="list-style-type: none"> You may not enroll in an HSA You may enroll in a Health Care FSA , which allows you to save pre-tax money for health care expenses in 2016 Publicis does not fund the Health Care FSA |
| Cost of Coverage | You pay less in paycheck contributions | You pay more in paycheck contributions |
| Annual Deductible | <ul style="list-style-type: none"> You pay a higher deductible than the PPO options The annual deductible works differently than the PPO options when you cover family members. You must meet the entire family deductible before coinsurance begins for anyone covered under the plan (a "true family deductible") | <ul style="list-style-type: none"> You pay a lower deductible than Plan HSA (deductibles differ between the two PPO options) When you cover family members, coinsurance for an individual begins once he or she reaches the individual deductible |
| Coinsurance vs. Copayments | You generally pay coinsurance for physician office visits and outpatient mental health/substance abuse care, after you meet the annual deductible | You generally pay a copayment for physician office visits and outpatient mental health/substance abuse care |
| Annual Out-of-Pocket Maximum | <ul style="list-style-type: none"> There is a higher out-of-pocket maximum than the PPO options | <ul style="list-style-type: none"> There is a lower out-of-pocket maximum than Plan HSA (out-of-pocket maximums differ between the two PPO options) |
| Prescription Drugs | <ul style="list-style-type: none"> Prescription drug expenses are subject to the annual deductible | <ul style="list-style-type: none"> Prescription drug expenses are not subject to the annual deductible |

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The Health Savings Account Difference

One of the principal differences between the Medical HSA Plan and both the Premier PPO and Standard PPO options is the ability to participate in a Health Savings Account. When thinking about which medical plan may be right for you and your family, consider these features of the Health Savings Account:

- **Automatic Enrollment.** When you elect the Medical HSA Plan, you will be automatically enrolled in a Health Savings Account. You must take action in order to open and use your HSA.
- **Company Contribution.** The Company contributes money to your Health Savings Account. For 2016 the employer contribution is \$250 for Employee Only coverage and \$500 for other contribution tiers. The funds will be deposited on a per-pay-period basis prorated based on your participation date. You'll receive a debit card at home, which you can use just as you would a regular debit card to pay for eligible expenses.
- **You Can Contribute, Too.** In addition to receiving the Company's contribution, you can also make pre-tax contributions to your account, up to the annual IRS combined annual maximum (includes employer and your contributions). For 2016 the Health Savings Account contribution limits will be as follows:
 - Employee Only coverage – \$3,350
 - All other tiers – \$6,750
- **Triple Tax Advantage.** Your Health Savings Account has a triple-tax advantage*: Money from you and the Company:
 - Goes into your account pre-tax,
 - Grows tax-free, and
 - Comes out tax-free (when used for eligible health care expenses).
- **It Belongs To You.** The funds that you, as well as the Company, contribute to your Health Savings Account are always yours to save for medical expenses, even after your employment with the Company ends.
- **No "Use It Or Lose It."** There is no "use it or lose it rule": Unused balances in your Health Savings Account roll over from year to year, even into retirement. You can build savings in your Health Savings Account to use for both current year and future health care costs – even retiree health care costs.
- **For Health Care Costs Only.** Health Savings Account funds can only be used for health care costs, and funds cannot be withdrawn from your account to pay non-health-related expenses.
- **Catch-Up Contributions Allowed.** If you are age 55 or older, you may make additional catch-up contributions of up to \$1,000 annually.

** Generally, if you live in Alabama, California or New Jersey, the Company's and your own contributions are not subject to federal tax but are subject to state income tax. Consult your tax advisor should you require specific tax advice.*

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Participation in a Health Savings Account

You may only participate in the Health Savings Account if you elect the Medical HSA Plan. Also, since Health Savings Accounts offer significant tax advantages, the IRS regulates who may contribute. You may not participate in a Health Savings Account if:

- You can be claimed as a tax dependent on another individual's tax return
- You are enrolled in Medicare
- You have medical plan coverage other than a high-deductible health plan (like the Medical HSA Plan), including coverage under your spouse's or domestic partner's plan
- You or your spouse participates in a Health Care FSA in or outside of the Publicis benefits platform

TIPS FOR CHOOSING A MEDICAL PLAN OPTION

Choosing which medical plan option is best for you is a personal decision. You should take many factors into consideration when choosing your coverage, such as:

- Potential health care needs for you and your family
- Whether you anticipate a need to seek care outside the Blue Cross Blue Shield network
- How much you prefer to contribute each pay period (your cost of coverage)
- How much you prefer to spend when you receive care (your cost of care)
- Whether the Medical HSA Plan – with the advantages of a health Health Savings Account – might be right for you and your family

For an idea of how your costs may compare under the Publicis medical plan options, [Which Plan Is Best For You?](#) on the next page.

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Which Plan Is Best For You?

The three hypothetical employee profiles below show you how costs may vary based on one's individual situation and the medical plan option chosen. Find the example that most closely matches your own situation. Remember, these profiles are illustrative only and you should base your choice of medical plan options on your personal needs and situation.

| | | | |
|--|--|--|--|
| |  |  |  |
| | MEET RAPHAEL <ul style="list-style-type: none"> Age 25 Unmarried, no children Uses health care infrequently | MEET TANYA <ul style="list-style-type: none"> Age 37 Married, 2 children Expecting third child Uses health care frequently | MEET SUSAN <ul style="list-style-type: none"> Age 54 Married, no children to cover Uses health care frequently – husband has diabetes |
| Expected Health Care Usage: | <ul style="list-style-type: none"> 1 physical exam 1 additional visit with primary care physician 2 prescriptions for allergies | <ul style="list-style-type: none"> 2 physical exams 1 well woman exam 4 well child exams 10 primary physician visits 40 specialist visits 2 emergency room visits Childbirth 8 generic prescriptions (retail location) 2 brand formulary prescriptions (retail) | <ul style="list-style-type: none"> 2 physical exams 8 primary physician visits 16 specialist visits 1 emergency room visit 8 generic prescriptions – 3 preventive (retail) 6 brand formulary prescriptions – 2 preventive (retail) |
| Estimated annual costs under each plan option*: | | | |
| Medical HSA Plan | Payroll deductions: \$691 + Out-of-pocket costs: \$160 Less Publicis HSA contribution: \$250 Total Employee Cost: \$601 | Payroll deductions: \$2,500 + Out-of-pocket costs: \$6,888 Less Publicis HSA contribution: \$500 Total Employee Costs: \$8,888 | Payroll deductions: \$1,936 + Out-of-pocket costs: \$3,786 Less Publicis HSA contribution: \$500 Total Employee Cost: \$5,222 |
| Standard PPO | Payroll deductions: \$951 + Out-of-pocket costs: \$40 Total Employee Costs: \$991 | Payroll deductions: \$3,312 + Out-of-pocket costs: \$5,740 Total Employee Costs: \$9,052 | Payroll deductions: \$2,490 + Out-of-pocket costs: \$2,200 Total Employee Costs: \$4,690 |
| Premier PPO | Payroll deductions: \$1,561 + Out-of-pocket costs: \$30 Total Employee Costs: \$1,591 | Payroll deductions: \$5,196 + Out-of-pocket costs: \$3,510 Total Employee Costs: \$8,706 | Payroll deductions: \$3,763 + Out-of-pocket costs: \$980 Total Employee Costs: \$4,743 |

For Raphael, the Medical HSA Plan is the most cost-effective plan option.

For Tanya, the Premier PPO is the most cost-effective medical plan option.

For Susan, the Standard PPO is the most cost-effective medical plan option.

* The medical plan contributions shown are average employee contribution rates which, while representational of the difference in annual contributions among the three plan options, may differ from your own annual contributions.

2016 Publicis Benefits Connection Medical Coverage

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| | | MEDICAL HSA PLAN | | STANDARD PPO | | PREMIER PPO | |
|---|---------------------|--|----------------------------|--------------------------------|----------------------------|--------------------------------|----------------------------|
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Company Contribution to HSA | | \$250 Employee Only \$500 Employee + Spouse/Child(ren)/Family | | N/A | | N/A | |
| Annual Deductible | <i>Single</i> | \$1,300 ¹ | \$2,600 ¹ | \$750 | \$1,500 | \$500 | \$1,000 |
| | <i>Family</i> | \$2,600 ¹ | \$5,200 ¹ | \$1,500 | \$3,000 | \$1,000 | \$2,000 |
| Out-of-Pocket Maximum | <i>Single</i> | \$6,450 ² | \$12,900 | \$5,750 | \$11,500 | \$3,000 | \$6,000 |
| | <i>Family</i> | \$12,900 ² | \$25,800 | \$11,500 | \$23,000 | \$6,000 | \$12,000 |
| Coinsurance (plan pays) | | 80% | 60% | 80% | 60% | 90% | 70% |
| Wellness Care ³ | | Covered at 100% with no copay | Deductible and coinsurance | Covered at 100% with no copay | Deductible and coinsurance | Covered at 100% with no copay | Deductible and coinsurance |
| Office Visit | <i>(Primary)</i> | Deductible and coinsurance | | \$20 | | \$15 | |
| Office Visit | <i>(Specialist)</i> | | | \$30 | | \$20 | |
| Emergency Room Visit | | 80%; subject to deductible | | 80%; not subject to deductible | | 90%; not subject to deductible | |
| Hospital Stay | | 80%; subject to deductible | | 80%; subject to deductible | Deductible and coinsurance | 90%; subject to deductible | Deductible and coinsurance |
| Mental Health/ Substance Abuse (Outpatient) | | 80%; subject to deductible | | \$30 copay | | \$20 copay | |
| Mental Health/ Substance Abuse (Inpatient) | | 80%; subject to deductible | | 80%; subject to deductible | | 90%; subject to deductible | |
| Infertility Office Visit | | 80%; subject to deductible | | \$30 copay | | \$20 copay | |
| Infertility Hospital or Outpatient Facility Services ⁴ | | 80%; subject to deductible | | 80%; subject to deductible | | 90%; subject to deductible | |
| Most Other Services | | 80%; subject to deductible | 80%; subject to deductible | 90%; subject to deductible | | | |

¹ Under the Medical HSA Plan, if only one family member becomes ill or injured, that person must meet the family deductible (rather than the individual deductible) before the plan reimburses for benefits. In this case, the plan requires satisfaction of a \$2,600 deductible (if services are obtained in-network) before any coinsurance will be paid.

² Beginning January 1, 2016, the Medical HSA Plan out-of-pocket expenses paid for an individual family member will be limited to no more than \$6,450 for in-network coverage before the plan reimburses 100% of eligible expenses.

³ Annual physicals for adults; well child exams covered as defined by standards of the American Academy of Pediatrics.

⁴ \$15,000 lifetime maximum benefit will apply to artificial reproduction technology. Artificial reproduction technology includes artificial insemination, IVF, ZIFT and GIFT.

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Prescription Drugs

If you participate in one of the medical plan options, then you'll automatically receive prescription drug coverage through CVS Caremark as part of your medical coverage.

Publicis plans use a three-tier prescription drug payment design:

- **Generic drugs** are chemically identical counterparts to drugs that carry a brand name. They cost less because they do not have research and development and marketing costs built into their pricing, as their branded prescription counterparts do. Generic drugs have the lowest coinsurance under your prescription drug benefit, meaning you pay the least amount out-of-pocket when you purchase them.
- **Brand formulary drugs** belong to a list maintained by individual plan carriers that identifies quality, cost-effective brand-name pharmaceuticals. If a generic drug is not available, there may be more than one formulary drug available to treat a condition. Brand formulary drugs cost you more than generic drugs but less than brand non-formulary drugs.
- **Brand non-formulary drugs** include drugs that remain under the patent of the company that developed them. Generally, unless the brand-name drug has recently come on the market or treats a narrowly defined medical condition, there is a generic and/or brand formulary drug that is its equivalent. Brand non-formulary drugs are the most expensive to the consumer and carry the highest coinsurance under the medical plan.

While all three plans cover three tiers of prescription drugs – for generic, brand formulary and brand non-formulary drugs – they are covered differently. When you fill a prescription, you will pay coinsurance: 20% of the full cost of the drug. However, your cost will always fall within a range of minimum and maximum charges that depend on:

- The tier of the drug (generic, brand formulary or brand non-formulary) and
- Whether you fill the prescription at a retail pharmacy or by mail order.

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If you or any of your eligible dependents are using a maintenance drug – a drug you take regularly to treat an ongoing condition – consider filling your prescription by **mail order**. The CVS Maintenance Choice program gives you options – you can choose to receive your 90-day supply in the mail or pick it up at any CVS/pharmacy location.

With the Medical HSA Plan, the IRS requires that prescription drug expenses be subject to the annual deductible and coinsurance. So you will need to meet your annual medical deductible before the plan will share the cost of your prescription drugs.

Under the Standard PPO and Premier PPO medical plan options, all prescription drug out-of-pocket expenses (including coinsurance or, if applicable, the minimum/maximum amounts) count towards the annual out-of-pocket maximum. Once you satisfy the annual out-of-pocket maximum, the plan will cover 100% of eligible medical and prescription drug expenses.

| Tier | MEDICAL HSA PLAN | PPO PLANS | | | |
|----------------------------|---|---------------------------|---------------------------|---------------------------|-------------------------------|
| | | Retail | | Mail Order | |
| Generic | You pay 100% of prescription drug expenses until medical plan deductible is met; then plan pays 80% coinsurance | Plan pays 80% coinsurance | Min – \$10 Max – \$50 | Plan pays 80% coinsurance | Min – \$25 Max – \$125 |
| Brand Formulary | | | Min – \$30 Max – \$100 | | Min – \$75 Max – \$250 |
| Brand Non-Formulary | | | Min – \$55 Max – \$200 | | Min – \$137.50 Max – \$500 |

Note: CVS Caremark requires prior authorization, quantity limits and/or specialty guideline management for selected medications, and these requirements may change from time to time. For more information about these selected medications, contact CVS Caremark at 1-866-212-4752 beginning November 3, 2015.

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CVS Caremark Prescription Drug Benefit Resources and Provisions

CVS Caremark gives you access to more than 7,800 CVS/pharmacy stores nationwide, with convenient in-store and mail order services. You can also obtain prescription drugs through any licensed pharmacy. You can also access your prescription information through CVS Caremark's user-friendly website, and use its mobile apps to manage your prescriptions, find health information and more from your smartphone or tablet.

Online features include:

- Fast and convenient mail service for new prescriptions and online refills
- Expedited new prescription mail service orders with Fast Start
- Your prescription history
- Tools that allow you to check for lowest-price options
- Ask-a-Pharmacist and Customer Care to answer your questions
- Information about drug interactions with other drugs, vitamins and foods; and
- Health information about specific conditions through Self-Care Centers

This information will be available on www.caremark.com starting November 3, 2015. It's a fast, free and easy way to make the most of your prescription drug coverage.

20 Percent Discount on CVS/Pharmacy Brand Products

CVS Caremark ExtraCare Health Care is an exclusive program that provides a discount at any CVS/pharmacy store or online at www.cvs.com when you identify yourself as a member. The discount applies to regularly priced CVS/pharmacy Brand or CVS/pharmacy Exclusive Brand health related items of \$1 or more. These items include glucose meters, blood pressure monitors, hearing aids, crutches, vitamins, nutritional supplements, sunscreen over 30 SPF and more.

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Specialty Drug Services

Specialty drugs are prescriptions that are used for the treatment of complex, chronic conditions such as hepatitis, hemophilia, and cancer. CVS Caremark offers a program for specialty injectable and oral drugs that can provide you with greater convenience, including express delivery, follow-up care calls, expert counseling and superior service. Specialty drug prescriptions can also be filled at CVS retail pharmacies. Also, CVS/pharmacy locations with a **MinuteClinic** have a service that provides education regarding the medication or injectables you are taking.

Step Therapy Program

The prescription drug Step Therapy program helps ensure that you receive appropriate, safe and cost-effective drug therapy. Step Therapy encourages the use of therapies that should be tried first, before other treatments are covered, based on clinical practice guidelines and cost-effectiveness.

If your doctor prescribes a brand-name drug for the treatment of an ongoing condition, you will be required to try a medically equivalent but lower-cost alternative to the drug first. You will be contacted before implementation of Step Therapy with a list of the alternative drugs available. After you review the list, you or your pharmacist may contact your doctor to approve the change. If your doctor does not authorize the switch to the preferred drug, the request will be clinically reviewed and you will be informed of the outcome.

Coverage of Compound Medications

Due to the lack of U.S. Food and Drug Administration (FDA) approval for many ingredients included in compounds and the high cost of these compounded medications, they may not be covered by your prescription drug benefits or may require a prior authorization. If the compound ingredients are not covered, you will be responsible for the full cost of those ingredients. In situations where the compound ingredients are covered through prior authorization, you will pay the cost share specified by your prescription benefits.

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Other Resources for Your Health

Teladoc: Improved Access to Affordable, Quality Care

Beginning January 1, 2016, if you are enrolled in a Publicis medical plan, you can obtain access to a national network of doctors through the telemedicine service, Teladoc. By phone, web, mobile or even video, you can get affordable and convenient care by board-certified doctors who can diagnose your condition, treat it and write prescriptions to manage common health problems.

There is no cost to you for Teladoc services. (**Note:** If you participate in the Medical HSA Plan, a copayment will apply if you use Teladoc services before you have met the annual deductible. There will be no cost to you for these services after you meet the Medical HSA Plan deductible.) Teladoc does not replace your primary care physician, but Teladoc consultations generally cost less than a visit to a primary care physician. This makes it a convenient and affordable option:

- When you need care immediately
- If you're considering the ER oaisr urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- If you're considering leaving a non-emergency health care issue untreated

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more

You and your eligible dependents automatically have access to Teladoc if you are enrolled in a Publicis medical plan option.

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Special Beginnings® Maternity Program

If you participate in a Publicis Benefits Connection medical plan offered by Blue Cross Blue Shield of Illinois and you or one of your covered dependents become pregnant, the pregnant participant may enroll in Special Beginnings® during the first trimester of pregnancy. The program provides personalized support, including care management and education, from obstetrical nurses.

Participants will receive a complimentary copy of the Mayo Clinic Guide to a Healthy Pregnancy, which covers various pregnancy and infant care-related topics. Participation is confidential – Publicis Benefits Connection is not informed when the participant enrolls and is not told about the pregnancy or what the participant discusses with the nurses.

Blue Care Connection Benefit Helps Those with Chronic Conditions

Sometimes managing your health requires more than doctor visits, lab tests and prescriptions. Blue Cross and Blue Shield of Illinois offers Blue Care Connection (BCC), a program to help you and your covered family members reach your health and wellness goals. BCC gives you access to a dedicated care team to assist you and your family with improving your health — from wellness to managing chronic and serious medical conditions. Personal Health Clinicians will work with you and your doctor to assist in navigating the health care system so you can make the best health care decisions for you and your family.

Find more information about BCC on www.publicisbenefitsconnection.com, or call the Customer Service number on the back of your medical plan ID card.

CVS MinuteClinic

CVS MinuteClinic offers quick and easy access to the care you need if you're enrolled in a Publicis medical plan option. You'll receive a discount off standard MinuteClinic fees when you present your CVS ID card at one of more than nearly 1,000 MinuteClinic Centers nationwide. These walk-in medical clinics have on-staff nurse practitioners and physician assistants who specialize in family care (for family members 18 months and older).

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Dental

Dental coverage is available through **Delta Dental**. The Delta Dental network is made up of a national group of providers who have contracted to deliver their services at a reduced cost. Participating providers are screened and selected by Delta Dental and must meet pre established certification standards.

The dental PPO plan is a “passive” PPO. This means you can go to any dentist you choose, but you must pay the difference between charges from an out-of-network dentist and the contracted rate for in-network dentists. Using in-network dentists lowers your out-of-pocket costs; using out-of-network services gives you more flexibility to choose your providers but requires you to pay more of the cost of care.

Your dental plan options include:

- **Basic PPO Plan:** Offers care through in-network and out-of-network dentists; designed for participants who expect only routine annual or preventive care
- **Comprehensive PPO Plan:** Offers care through in-network and out-of-network dentists; designed for participants who want comprehensive dental care

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TIPS FOR CHOOSING A DENTAL PLAN

- Consider the needs you and your family may have for dental care in 2016. For example, will a member of your family require orthodontic care? Does your family only need preventive care?
- Compare the Basic and Comprehensive PPO plans. Add up the potential cost of care and the potential cost of coverage for your family's anticipated dental care needs. Which plan is most likely to lower your total cost for dental care in 2016?

2016 PUBLICIS BENEFITS CONNECTION DENTAL COVERAGE

| | Basic PPO | Comprehensive PPO |
|-------------------------------------|--|--|
| Deductible | \$100 individual \$300 family | \$50 individual \$150 family |
| Calendar Year Maximum | \$1,000 for basic care | \$2,000 for basic and major care |
| Orthodontia Lifetime Maximum | Not covered | \$2,000 |
| Preventive Care | 100%, no deductible and no calendar year maximum | 100%, no deductible and no calendar year maximum |
| Basic Care | 50% after deductible | 80% after deductible |
| Major Care | Not covered | 50% after deductible |
| Orthodontic Care | Not covered | 50% after deductible |

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Vision

Vision coverage is offered through **Vision Services Plan (VSP)**. Through VSP, you can receive care from any vision care provider, and the plan will cover either a portion or all of your cost.

When you use a VSP network doctor for an eye exam or to purchase eyeglasses, you pay less than if you go outside the network. In addition, VSP doctors take care of all your paperwork – there are no claims to file. If you do not use a VSP doctor, you will receive an allowance toward your incurred expenses. You pay for services when you receive them, then submit a claim for reimbursement from the plan. Claims must be filed within six months from the date of service.

Your vision plan options include:

- **Low Plan:** Offers services through in-network and out-of-network providers; designed for participants who expect to need only basic services
- **High Plan:** Offers services through in-network and out-of-network providers; designed for participants who expect to need more comprehensive services

| 2016 PUBLICIS BENEFITS CONNECTION VISION COVERAGE | | | | |
|---|---------------------------------------|-------------------------|---------------------------------------|-------------------------|
| LOW PLAN (BASE) | | | HIGH PLAN (BUY-UP) | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Eye Exam | \$15 copay | \$50 allowance | \$10 copay | \$50 allowance |
| Frames | \$25 copay; \$120 retail allowance | \$70 allowance | \$10 copay; \$200 retail allowance | \$70 allowance |
| Lenses | \$25 copay | \$50 - \$100 allowances | \$10 copay | \$50 - \$100 allowances |
| Contact Lenses | | | | |
| Medically Necessary | \$25 copay | \$210 allowance | \$10 copay | \$210 allowance |
| Elective | \$125 allowance | \$125 allowance | \$200 allowance | \$125 allowance |

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Life and Accidental Death and Dismemberment (AD&D) Insurance

These plans are administered by **Securian Life**. Publicis automatically provides you with Basic Life Insurance. You can supplement that coverage with additional insurance coverage to ensure your family's financial future.

Basic Life Insurance

Basic Life Insurance is available at no cost to you. There are two options available for Basic Life Insurance coverage:

- **Option 1:** One-and-a-half times your base pay*, rounded to the next higher \$1,000 to a maximum of \$750,000.
- **Option 2:** Flat dollar coverage of \$50,000 for employees who wish to avoid paying imputed income tax. This option is only available to employees earning more than \$33,333.34 per year.

The Internal Revenue Service (IRS) requires your employer to include in your gross income each year the cost of your life insurance coverage in excess of \$50,000 that is paid by your employer. Option 2, flat dollar coverage of \$50,000, is offered for employees who wish to avoid paying imputed income on their Company-paid life insurance coverage.

** Base pay is defined as your annualized base wage excluding bonuses, commissions, shift differentials, overtime or any other additional compensation.*

WHAT IS "IMPUTED INCOME"?

The IRS requires that you be taxed on the value of employer-provided group life insurance over \$50,000. Even though you don't receive cash, you are taxed as if you received cash in an amount equal to the value of the coverage. The taxable value of your life insurance coverage, called "imputed income," is calculated based on an IRS table that takes into account your age and the value of your coverage.

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Supplemental Life Insurance

If you wish to increase your Basic Life Insurance coverage, you may purchase supplemental coverage of up to five times your base pay with after-tax paycheck deductions.

The base pay used to determine your coverage will be rounded to the next higher \$1,000. The maximum amount of Supplemental Life Insurance coverage available is \$1.5 million; the combined maximum for Basic and Supplemental coverage is \$2.25 million.

All Employee Basic and Supplemental Life Insurance reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

Dependent Life Insurance

You may purchase supplemental coverage for your spouse of up to five times your base pay with after-tax paycheck deductions.

Your spouse's coverage cannot exceed the lesser of \$300,000 or your combined basic and supplemental coverages. Spouse coverage reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

You can also purchase coverage of either \$5,000 or \$10,000 for each dependent child with after-tax paycheck deductions. In order for the child to be eligible, the child must be under age 21 (or under age 25 if a full-time student), you must legally support the child and he or she must permanently live in the home in which you are the head of household.

If both you and your spouse are employed by a Brand participating in Publicis benefits, a dual coverage restriction applies to dependent life coverage as follows:

- An employee is not eligible to be insured as a spouse
- A child is only eligible for coverage under one employee

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Accidental Death & Dismemberment (AD&D)

In addition to Life Insurance benefits, you can elect Accidental Death and Dismemberment (AD&D) Insurance. This type of insurance provides income protection if you die or are seriously injured in an accident. For Optional AD&D coverage for yourself, you may purchase coverage of up to five times your base pay with after-tax paycheck deductions. You can choose any option up to a maximum of \$1.5 million.

You can also choose Optional AD&D Insurance for your family. Optional AD&D Insurance benefits for family coverage are as follows:

- If your family includes both a spouse and children, coverage is 50% of employee coverage for spouse and 10% of employee coverage for each child
- If your family includes a spouse only, coverage is 60% of employee coverage
- If your family includes children only, coverage is 15% of employee coverage for each child

All AD&D Insurance reduces to 65% of the coverage amount at age 65 and 50% of the coverage amount at age 70.

TIPS FOR CHOOSING A LIFE INSURANCE AND/OR AD&D PLAN

- Determine the optimal amount of protection for yourself and your family. If you die or become permanently disabled, what other sources of income would be available for your family? What are your family's living expenses and how are those likely to increase or decrease over time?
- Compare the different options available to you and determine which plan or plans provide the protection you and your family need.

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Disability

Disability coverage, which is administered by **The Hartford**, provides you with an important source of income replacement should illness or injury prevent you from working for a sustained period of time. You have two types of disability coverage available: short-term disability (STD) and long-term disability (LTD).

Short-Term Disability

You receive short-term disability coverage automatically through a salary continuation plan at no cost to you. If you live in New Jersey, New York or California, a statutory plan is also provided to you at a minimal cost. Your short-term disability paycheck from the Company will be offset by the amount you receive for the state benefit, if you're receiving STD salary continuance. Coverage is available if you are considered disabled due to a non occupational illness or injury for more than seven calendar days. As long as you continue to be approved for disability by The Hartford, the short-term disability plan may begin to replace 100% of your base pay for up to 26 weeks based on your years of service with a Publicis company.

| YEARS OF SERVICE AS OF THE DATE YOU BECOME DISABLED | 2016 PUBLICIS BENEFITS CONNECTION STD COVERAGE |
|---|--|
| | Elimination period: 7 calendar days; may apply sick pay; included in the weeks at 100% of base pay |
| Less Than 1 Year | 4 weeks at 100% of base pay; 22 weeks at 0% of base pay |
| 1 to 2 Years | 8 weeks at 100% of base pay; 18 weeks at 0% of base pay |
| 2 to 3 Years | 12 weeks at 100% of base pay; 14 weeks at 0% of base pay |
| 3 to 4 Years | 16 weeks at 100% of base pay; 10 weeks at 0% of base pay |
| 4 to 5 Years | 20 weeks at 100% of base pay; 6 weeks at 0% of base pay |
| 5 or More Years | 26 weeks at 100% of base pay; 0 weeks at 0% of base pay |

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Long-Term Disability

Long-term disability insurance provides income replacement benefits if you are injured or ill for more than 26 weeks. You receive a core amount of long-term disability insurance automatically, at no cost to you. You can elect one of two levels of supplemental long-term disability coverage on an after-tax basis. Level two is only applicable for employees earning more than \$300,000.

| TYPE OF LTD COVERAGE | 2016 PUBLICIS BENEFITS CONNECTION LTD COVERAGE |
|---|---|
| Basic LTD Benefit (Company-Paid) | 40% of base pay, up to a maximum base pay of \$300,000, with a maximum benefit of \$10,000/month |
| Supplemental LTD Benefit (Employee-Paid) | <ul style="list-style-type: none"> • Level one: Additional 20% up to annual base pay of \$300,000, with a maximum combined benefit of \$15,000/month • Level two: Additional 20% coverage of base pay above \$300,000, with a maximum benefit of \$25,000/month |

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Flexible Spending Accounts

Flexible Spending Accounts (FSAs), administered by **WageWorks**, provide you with a convenient way to lower your out-of-pocket costs for medical, dental and vision expenses, as well as many day care expenses. The Health Care FSA, Limited Purpose Health Care FSA and Dependent Care FSA offer you a convenient, tax-free way to pay for eligible expenses. You authorize the Company to deduct an amount from your salary – before federal income tax; Security tax; and, in most cases, state and local taxes are withheld – to fund your Health Care FSA, Limited Purpose Health Care FSA and/or Dependent Care FSA.

Please note: Under IRS rules, if you participate in a Health Savings Account, you are not allowed to participate in a regular Health Care FSA. You may participate in a Limited Purpose Health Care FSA. A Limited Purpose FSA works just the way a regular Health Care FSA does. The difference is that under a Limited Purpose FSA, eligible expenses are limited to dental and vision expenses, and eligible medical expenses only after the annual deductible is met.

TIPS FOR SETTING UP YOUR FLEXIBLE SPENDING ACCOUNT

Once you know which medical, dental and/or vision elections you will make, consider whether a Health Care FSA, Limited Purpose Health Care FSA and/or Dependent Care FSA would be right for you. Think about:

- The amount of coverage provided by your medical, dental and/or vision plans
- Whether you anticipate a need to seek out-of-network medical, dental or vision care
- The potential cost of care that may not be reimbursed by the coverage you have chosen

Remember, you may not participate in a Health Care FSA if you have a Health Savings Account. In that case, consider whether you should enroll in a Limited Purpose Health Care FSA to pay for eligible dental and vision expenses.

Be conservative with the amount you estimate because you will forfeit any remaining funds that you have contributed to your FSAs that are not used for eligible expenses incurred by the end of the year.

The **WageWorks website**, has an FSA Calculator that can help you choose the solution that is best for you and your family.

Note that Health Care FSA and Limited Purpose FSA elections do not carry over automatically from year to year. You must reelect your Health Care FSA or Limited Purpose FSA election during annual enrollment each year if you wish to continue participating.

Dependent Care FSA contributions may be changed throughout the year.

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Health Care FSA

You can use a Health Care FSA to pay for eligible health care expenses that are not covered under a medical, dental or vision plan. Eligible expenses include medical and dental deductibles, coinsurance, office visits, copays, prescription copays and certain unreimbursed vision expenses. When you enroll, you will automatically receive a WageWorks Healthcare Card. The annual maximum is \$2,550.

Limited Purpose Health Care FSA

You can use a Limited Purpose Health Care FSA to pay for eligible health care expenses that are not covered under a dental or vision plan. Eligible expenses include dental deductibles, coinsurance, office visits, copays, prescription copays and certain unreimbursed vision expenses. When you enroll, you will automatically receive a WageWorks Healthcare Card. The annual maximum is \$2,550. You may not use a Limited Purpose Health Care FSA to pay for medical expenses.

Using Your WageWorks Healthcare Card

The WageWorks Healthcare Card is accepted only at certain merchants. This includes physician offices, hospitals, dentist offices, pharmacies, mail-order prescription drug vendors, and hearing and vision care providers. The card will also work at discount stores and grocery stores, provided the merchant has implemented the Inventory Information Approval System (IIAS), which is required by the IRS. The IIAS only allows eligible expenses to be purchased using your WageWorks Healthcare Card at these merchants. You may view a list of eligible and ineligible expense items at www.wageworks.com.

The WageWorks Healthcare Card withdraws funds directly from your FSA account. You should retain receipts for all Health Care FSA expenses as Publicis reserves the right to request them at any time. You may also submit claims if the vendor does not accept the WageWorks Healthcare Card. Claim forms can be found at www.publicisbenefitsconnection.com or on the WageWorks website at www.wageworks.com.

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Dependent Care FSA

The Dependent Care FSA pays for eligible dependent care expenses you incur while you and your eligible spouse are at work, attending school full-time or looking for a job. To qualify for the Dependent Care FSA, you must either be single with eligible dependents or married with a spouse who is actively employed, a full-time student or disabled. An eligible dependent is either a child younger than age 13 whom you claim as a dependent on your income tax return or an older dependent who:

- Depends on you for at least half of his or her support;
- Regularly spends at least eight hours a day in your household; and
- Is physically or mentally unable to care for himself or herself.

Your dependent may be a disabled spouse, an elderly parent or any other relative or dependent, as long as he or she meets all of the requirements.

If you and your spouse both enroll in the Dependent Care FSA, the combined maximum is \$5,000 per year (or \$2,500 if you and your spouse file separate tax returns).

| TYPE OF FSA | ANNUAL AMOUNT YOU MAY CONTRIBUTE IN 2016 |
|---|--|
| Health Care | \$120 – \$2,550 |
| Limited Purpose Health Care Dependent Care | \$120 – \$2,550 |
| Dependent Care | \$120 – \$5,000 (\$2,500 if you and your spouse file separate tax returns) |

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OTHER VALUABLE BENEFITS

Transportation Reimbursement Incentive Plan (TRIP)

TRIP, administered by **WageWorks**, reimburses you for your out-of-pocket transportation expenses using funds you contribute monthly. Effective January 1, 2016 paper claims can no longer be submitted for TRIP benefits. You'll be provided a WageWorks Transit Commuter Card you must use to pay for your transportation passes. Use your WageWorks Parking Commuter Card to pay for your parking expenses related to getting to and from work.

TRIP works much like a Flexible Spending Account, as you elect to have a portion of your pre-tax income transferred to an account for future reimbursement for transportation expenses. Unlike a Flexible Spending Account, unused amounts can be carried forward each year (as long as you reenroll in TRIP each year).

You may elect or make changes to TRIP at any time throughout the year.

| TYPE OF TRANSPORTATION | EXPENSE MAXIMUM AMOUNT YOU MAY CONTRIBUTE IN 2016 |
|---------------------------|---|
| Parking | Minimum \$10/maximum \$255* per month |
| Transit | Minimum \$10/maximum \$130* per month for public transit or van pooling |

**If the IRS releases any changes to the amounts shown, updates will be posted to www.wageworks.com or www.publicisbenefitsconnection.com.*

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Group Legal Assistance Plan

The Group Legal Assistance Plan provides you, your spouse and your dependents with unlimited access and referrals to professional, credentialed attorneys. The plan covers a wide range of commonly used legal services and is administered through **MetLaw**.

Participants in the plan can usually use network attorneys for little or no fees, or they may use services outside of the network and receive a benefit allowance to pay for those legal services. When using out-of-network services, use the Fee Reimbursement Form located on www.publicisbenefitsconnection.com.

Covered services include:

- Advice and consultation
- Wills and estate planning
- Defense in civil lawsuits and debt matters
- Traffic and juvenile criminal matters (not DUI)
- Buying, selling or refinancing a home
- Family law matters (not including divorce)
- Consumer protection matters
- Prenuptial agreements
- Property tax assessments
- Security deposit assistance
- Personal property protection

You may purchase coverage through after-tax per-paycheck deductions.

If you decide to participate in the Group Legal Assistance Plan in 2016, you must enroll during your enrollment period. Your enrollment will carry over into subsequent years.

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Voluntary Benefits

Publicis offers you a number of voluntary benefits, which are administered by **Marsh@WorkSolutions**. Through this program, you may enroll in a variety of programs at affordable group rates, through after-tax per-paycheck deductions. You may enroll in these benefits anytime and do not have to take action during your enrollment period.

| BENEFIT | DESCRIPTION |
|--|--|
| Auto Insurance | Coverage is offered through MetLife Auto & Home, Liberty Mutual, Progressive and Travelers. You may be eligible for special group discounts just by being a Publicis employee. |
| Homeowners/ Renters Insurance | Insurance policies for your home or apartment are available through MetLife Auto & Home, Liberty Mutual and Travelers. You may be eligible for a multi-policy discount if you purchase both homeowners/renters and auto insurance. |
| Personal Liability Insurance | Insure yourself against personal liability through policies offered by MetLife Auto & Home, Liberty Mutual, Progressive and Travelers. |
| Pet Insurance | Insurance is available to make veterinary care for your pet more affordable through policies offered by Veterinary Pet Insurance (VPI). |
| Personal Accident Insurance | Insurance is available to help protect your finances if you are hospitalized due to an injury. Coverage, through policies offered by Aflac, pays benefits to supplement your existing medical coverage. |

Your voluntary benefits are portable and can remain with you at the group discounted rate even if you leave the Company.

To learn more about voluntary benefits, contact Marsh@WorkSolutions at 1-800-621-2356 or www.personal-plans.com/publicis.

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Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides confidential, professional, one-on-one, short-term counseling for personal and work/life issues for all employees, even benefit-ineligible employees, and their dependents. You and your family can call the EAP at 1-800-327-5071. The Publicis EAP is administered by **Workplace Solutions**.

EAP counselors can help you with conflicts at work or at home, emotional difficulties, parenting concerns, family and relationship issues, substance abuse, and a variety of other personal concerns. EAP counselors can provide 24-hour confidential referrals.

The EAP also provides assistance and resources and referrals with legal issues, financial management, child or elder care, on-site management training, employee education, intervention services and more.

If additional counseling is necessary beyond the scope of the EAP, you can seek benefits under the medical plan, where applicable.

Any information you share with an EAP counselor remains protected and secure.

Health Advocate

Health Advocate is a free, easy-to-use service that helps you and your family members (including parents and parents-in-law) take control of your health care issues. You and your family can call Health Advocate at 1-866-695-8622 to speak with a staff of medical professionals and health-related specialists to help you:

- Resolve insurance claim issues
- Locate the right doctor or specialist for your needs and help you arrange appointments
- Obtain information to understand a medical condition
- Interact with community and government programs such as Medicare
- Arrange for special service needs that may not be covered by your health plan for yourself or for a loved one

Any information you share with a personal health advocate remains protected and secure.

International SOS

The **International SOS** program provides health and safety information when you are traveling internationally for business. One phone call connects you to the International SOS network of multilingual specialists for immediate help in an emergency. International SOS services are designed to help you with medical, personal, travel, security and legal problems when away from home. Call International SOS at any time to speak with a medical team member or security specialist about simple or critical matters.

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PUBLICIS BENEFITS CONNECTION HEALTHY LIVING

Get Closer to Your Health

We all know it's a great idea to eat healthy foods, get enough exercise, avoid tobacco and keep our stress levels down. Doing these things is the hard part. That's why we've introduced Publicis Benefits Connection Healthy Living – a comprehensive wellness initiative designed to provide you and your eligible dependents with the tools you need to get closer to your health.

How Healthy Living Works

The program managed by WebMD, helps you take steps – even small ones – to being your healthiest and provides rewards for some of the healthy steps you complete. WebMD, one of the leading health organizations in the U.S., provides customized information and support based on your reported interests, health risks and readiness for change.

What's the Best Way to Get Started?

- Complete the Personal Health Assessment (PHA) on the PBC Healthy Living website. The confidential PHA screening tool helps provide insight into your individual health risks and major conditions. It takes only 10-15 minutes to complete and, when you're done, opens up your world to tools, personalized reports and information that are customized to your health needs.
- Once you've completed the PHA, you may receive directions for scheduling WebMD health coaching sessions, depending on your risk level. WebMD Coaches are health experts trained to engage in one-on-one conversations to support participants in improving their health. Coaching can consist of phone calls, emails and/or self-reported weekly activities via the WebMD Digital Health Assistant.

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HEALTHY LIVING REWARDS

Earn up to \$300 (subject to applicable taxes) for taking and completing the following wellness steps:

1. Visit www.webmdhealth.com/pbchealthyiving.
2. Complete the Personal Health Assessment (PHA) between 10/27/15 and no later than 12/31/15 to earn the \$125 cash reward.
3. Once you have completed the PHA, you will become eligible for an additional \$175 Coaching Reward.
4. Complete a series of healthy activities by 10/26/2016 to be eligible for this \$175 cash reward.

If you are a new hire, please refer to **PBC website** for the associated deadlines.

**Reference PBC website for deadline dates to earn your cash rewards.*

***Rewards are subject to applicable taxes and are paid via payroll*

Note: Eligible spouses and domestic/civil union partners participating in a Publicis medical plan can also participate in the PBC Healthy Living Wellness Program. If they participate, you may earn up to \$300 total for completing the wellness steps. These incentives, along with the Company contribution to your Health Savings Account (if you enroll in the Medical HSA Plan and then open an account), can help you offset any out-of-pocket health care expenses.

Questions? Contact the PBC Healthy Living WebMD hotline at 1-877-830-0078.

The Healthy Living Program Also Includes:

- A personal health record
- Secure messaging and targeted reminders
- Lifestyle improvement guidance through My Health Assistant
- Clinically reviewed health information references for any health or medical question
- Decision support for understanding the risks and benefits of medical procedures and treatment options

Who Is Eligible to Participate in Healthy Living?

All active benefits-eligible employees are eligible to participate in Publicis Benefits Connection Healthy Living. In addition, spouses, and opposite- or same-gender domestic partners, and opposite- or same-gender civil union partners are eligible to participate if they are enrolled in a Publicis Benefits Connection medical plan. Both the employee and eligible spouse/domestic partner/civil union partner are eligible to earn program incentives. **An employee must be actively employed at the time of payout.**

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PUBLICIS BENEFITS CONNECTION 401(K) PLAN

Prepare for Your Future

Every employee is at a different stage on the road to saving for retirement. Wherever you are, there's a convenient, tax-advantaged way to save for the future: the Publicis Benefits Connection 401(k) Plan, administered by **Fidelity**. You can enroll anytime and do not have to take action during your enrollment period.

How the Publicis Benefits Connection 401(k) Plan Works

Here's an overview of how you and Publicis help create savings for your future through the Publicis Benefits Connection 401(k) Plan:

| | YOU | | PUBLICIS | |
|--------------|---|---|--|-------------------------------|
| CONTRIBUTING | You can contribute from 1% to 50%* of your eligible pay (up to the IRS annual compensation limit of \$265,000 in 2016) on a pre-tax or Roth after-tax basis, up to the annual IRS dollar limit combined (\$18,000 in 2016). | + | Matches 100% of the first 3% of compensation you contribute and 50% of the next 2% of compensation you contribute. | |
| VESTING | Own all your own contributions and any investment earnings on that money. | | Over time, vests the money contributed on your behalf, along with any related earnings. | = YOUR SAVINGS FOR RETIREMENT |

**Highly compensated participants can contribute between 1% and 15% of their compensation.*

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The Publicis Benefits Connection 401(k) Plan is a defined contribution plan, meaning that the benefit you receive from the plan depends on the amount contributed and the investment performance of the funds in which you have invested.

RETIREMENT PLAN MANAGER

If you are a “hands-off” investor, Fidelity offers the Retirement Plan Manager (RPM) program under the Publicis Benefits Connection 401(k) Plan. This is a service that manages your 401(k) account for you at no cost to you. You can get more information about this voluntary service by contacting [Fidelity Retirement Services](#).

| PUBLICIS BENEFITS CONNECTION 401(K) PLAN | | |
|---|--|--|
| When You Contribute This Percentage of Your Compensation... | Publicis Contributes This Percentage of Your Compensation... | Your Contribution + Publicis' Contribution = This Percentage of Your Base Pay... |
| 1% | 1%* | 2% |
| 2% | 2%* | 4% |
| 3% | 3%* | 6% |
| 4% | 3.5%** | 7.5% |
| 5% | 4%** | 9% |
| 6% | 4%** | 10% |

* 100% match on first 3% of compensation you contribute.

** 100% match on first 3% of compensation you contribute and 50% on the next 2%.

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PUBLICIS BENEFITS CONNECTION 401(K) PLAN FEATURE

HOW IT WORKS

| | |
|---|---|
| Eligibility | Immediately eligible upon date of hire for employees who are regularly scheduled to work at least 1,000 hours of service per year or upon reaching 1,000 hours |
| Employee Contributions | <ul style="list-style-type: none"> 1% – 50% of eligible compensation (up to 15% if highly compensated employee) on a pre-tax basis up to annual IRS limits (in 2015, the annual contribution limit is \$18,000 and the annual compensation limit is \$265,000) If you elect to use a Roth 401(k), the contributions to your 401(k) will be on a post-tax basis, but you will not be required to pay taxes on these funds later |
| Catch-Up Contributions | <ul style="list-style-type: none"> If you are age 50 or older (or will reach age 50 during the calendar year) and are making the maximum plan or IRS pre-tax contribution, you may elect to make an additional “catch-up” contribution each pay period, up to a total of \$6,000 (subject to IRS adjustment). You may also make after-tax contributions to the Roth 401(k). If you elect to use a Roth 401(k), you may make after-tax Roth catch-up contributions |
| Company Matching Contributions | <p>The matching contributions detailed below apply to both the Traditional and the Roth 401(k)</p> <ul style="list-style-type: none"> 100% of the first 3% and 50% of the next 2% of compensation (total is 4%) Per-pay-period Company-matching contribution Annual true-up Company match made during first quarter of following year (must be active on December 31) |
| Vesting on Company Contributions | <ul style="list-style-type: none"> Less than 1 year of service – 0% 1 to 2 years of service – 25% 2 to 3 years of service – 50% 3 to 4 years of service – 75% 4 or more years of service – 100% |

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PUBLICIS BENEFITS CONNECTION 401(K) PLAN FEATURE

HOW IT WORKS

Investment Options

Publicis Benefits Connection offers investment options across all asset classes in the following categories:

- Target Retirement Date Funds – Fidelity Freedom K® Funds
- Index Funds
- Actively Managed Funds

Default Investment Option

Fidelity Freedom K® Funds

Loans

- May borrow up to 50% of total vested account balance
- Minimum loan is \$1,000, maximum is \$50,000, subject to IRS limitations for multiple loans
- Two outstanding loans allowed at a time

Withdrawals

- Hardship withdrawals
- Non-hardship withdrawals allowed from rollover and after-tax accounts
- Non-hardship withdrawals allowed for employees age 59-1/2 or older

Distributions

- Lump sum
- Roll over to another eligible plan
- Age 70-1/2 minimum required distributions
- Less than \$1,000 balance cash-outs

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CONTACT INFORMATION

| BENEFIT | ADMINISTRATOR | WEBSITE | MEMBER SERVICES PHONE NUMBER | GROUP NUMBER |
|--|------------------------------------|---|------------------------------|--|
| Medical | Blue Cross Blue Shield of Illinois | www.bcbsil.com | 1-866-876-1989 | Premier PPO: 015695 (Prefix: PGI) Standard PPO: 095837 (Prefix: PGI) Medical HSA Plan: 119287 (Prefix: PGI) |
| Prescription Drugs | CVS Caremark | (Starting 1/1/2016) www.caremark.com | 1-866-212-4752 | |
| Health Savings Account | BenefitWallet | www.mybenefitwallet.com | 1-877-472-4200 | None |
| Teladoc | Teladoc | www.teladoc.com or www.teladoc.com/mobile | 1-800-teladoc, (835-2362) | |
| Dental | Delta Dental | www.deltadentalins.com | 1-800-932-0783 | 04811 |
| Vision | VSP | www.vsp.com | 1-800-877-7195 | 12227971 |
| Basic Life Insurance | Securian Life | www.lifebenefits.com | 1-800-815-7636 | 33896 |
| Supplemental Life Insurance | | | | 33896 |
| Dependent Life Insurance | | | | 33896 |
| Optional AD&D Insurance | | | | 33897 |
| STD, Basic LTD Supplemental LTD | The Hartford | www.thehartford.com | 1-800-303-9744 | STD: 342283 LTD: 377715 |

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|-------------------------------|---------------------------------------|--|------------------------------|--|
| PBC Healthy Living | WebMD | www.webmdhealth.com/pbchealthyiving | 1-877-830-0078 | None |
| FSAs TRIP | WageWorks | www.wageworks.com | 1-877-924-3967 | None |
| Group Legal Assistance | MetLaw | www.legalplans.com | 1-800-821-6400 | 1012150 |
| 401(k) Plan | Fidelity | www.401k.com | 1-800-835-5095 | 08063 |
| Voluntary Benefits | Marsh@Work Solutions | www.personal-plans.com/publicis | 1-800-621-2356 | None |
| EAP | Workplace Solutions | www.wseap.com | 1-800-327-5071 | None |
| Health Advocate | Health Advocate | www.healthadvocate.com | 1-866-695-8622 | None |
| Blue Care Connection | Blue Cross Blue Shield of Illinois | www.bcbsil.com | 1-866-876-1989 | Medical HSA Plan: 119287 (Prefix: PGI) Standard PPO: 095837 (Prefix: PGI) Premier PPO: 015695 (Prefix: PGI) |
| International SOS | International SOS | www.internationalsos.com/ | 1-800-523-6586 | 15A MMS 000126 |

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Understanding Health Care Reform

Health Care Reform is rapidly changing the landscape of how we access health care services in the United States. Publicis Benefits Connection has kept abreast of legislation and made changes, as required, to remain in compliance with regulations issued by the federal government. This includes removing lifetime maximum benefit amounts, covering dependents up to age 26 regardless of student or marital status under the medical plan, and offering in-network preventive care at no cost to members.

In 2014, an important component of Health Care Reform that affects you individually became effective. Most individuals are now required to have health care coverage or pay a tax penalty. **Health Insurance Marketplaces** (also known as Exchanges) offer individuals the option to directly purchase health care coverage from providers. In most cases, the coverage available to you through PBC is more comprehensive and more affordable than coverage available in the Marketplace.

For more details about how the individual coverage provision affects you, visit the Health Care Reform Made Simple website, which provides information about the law and how it applies to Publicis Benefits Connection health plans, using the following log-in information:

<http://pbc.HCRMadeSimple.com>

password: publicis

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The following regulatory notices are posted on www.publicisbenefitsconnection.com. Just click **Guides/Forms** on the **Quick Links bar** and be sure to review these notices carefully.

- **Required Marketplace Notice** – explains details you may need to provide if you seek coverage in the Health Insurance Marketplace.
- **HIPAA Notice of Privacy Practices** – describes how medical information about you may be used and disclosed and how you can obtain access to this information.
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** – explains how your state may have a premium assistance program to help pay for your medical coverage if you are eligible for Medicaid or CHIP and have access to employer-sponsored medical coverage.
- **Notice of Creditable Coverage** – confirms that prescription drug coverage offered by Publicis is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

This guide contains highlights of benefit plans and programs offered by Publicis Benefits Connection and is not intended to be a comprehensive summary. All plans are governed by the official plan documents, including any related summary plan descriptions. To the extent there is a discrepancy between the information contained in this guide and the official plan documents, the official plan documents will prevail. Publicis offers these benefits at will and, while it has no immediate plans to do so, has the right to amend, modify or terminate any plan or program without prior notice and for any reason. Receipt of these materials should not be construed as a contract of employment.