

# For the life you lead

## 2019 Benefits Guide

For all US employees of Capgemini North America, Inc., Capgemini Technologies LLC, Capgemini Government Solutions LLC, Capgemini Business Services USA LLC, CHCS Services, Inc. and Capgemini America, Inc. except the Financial Services SBU, Sogeti USA division, and Legacy LiquidHub and Philadelphia/Wayne locations

People matter, results count.





**Your life is in constant motion** and, at Capgemini, we think it's important for your employee benefits to keep up with you. Every year, during Annual Enrollment, you have the option to review and change your employee benefits to be sure they continue to meet your needs. We also regularly evaluate our benefits offerings to ensure we provide you with a comprehensive and cost-effective program that lets you choose the coverages and services you need most.

This 2019 Benefits Guide provides a helpful overview of your Medical, Dental, Voluntary Vision and Disability benefits, as well as summaries of many other valuable benefits available to you, such as Life Insurance, Commuter Benefits, Legal Insurance Plans and Identity Theft Protection. As always, more information and more help is just a click or a call away through our PeopleSource Service Center and ADP's Benefits Self-Service site.

Be sure to take the time to review this guide and discover the full range of benefits available to you. Choose the plans that best fit the life you lead.

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The information presented in this brochure is not intended to be construed as or to create a contract between Capgemini and any employee or former employee eligible for benefits under the Capgemini Health and Welfare Benefits Program. The information contained in this brochure was provided by Capgemini. This material is considered confidential and proprietary to Capgemini.

In the event that the content of this guide or any representations made by any person regarding the program conflict with or are inconsistent with the provisions of the Plan Document or their related Summary Plan Descriptions, the provisions of the applicable Plan Document are controlling. Capgemini reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage, without your consent or concurrence.

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# Creating Your Benefits Package

## Benefits at a Glance

The following benefits are available to you, as an eligible employee of Capgemini, and your family for the plan year January 1, 2019 through December 31, 2019.

### Shared Cost/Voluntary Benefits

You can choose to participate in these benefits and will pay a cost for participation.

- Medical (including TeleHealth Connection and Basic Vision)
- Dental
- Voluntary Vision
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Accidental Death and Dismemberment Insurance
- Core Long Term Disability Coverage – Non-Taxable Benefit (For Global Grades A to E)
- Supplemental Long Term Disability (For Global Grades A to E)
- Vice President Long Term Disability Buy-up Option
- 401(k) Plan
- Commuter Benefits
- Legal Insurance Plans
- Family Care Services/Resources
- Voluntary Benefits Program\*
  - Group Universal Life (GUL) Insurance
  - Auto, Home and Renters Insurance
  - Pet Insurance
  - Identity Theft Insurance
  - Accident Insurance
  - Critical Illness Insurance
  - Hospital Indemnity

### Company-Paid Benefits

If eligible, you are enrolled in these benefits automatically and the Company pays the full cost of your participation.

- Business Travel Benefits
- Core Life Insurance
- Short Term Disability
- Core Long Term Disability – Taxable Benefit (For Global Grades A to E)
- Vice President Core Long Term Disability
- 401(k) Plan Company Match
- Employee Assistance Program
- Adoption Assistance
- Paid Time Off



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## Take advantage of the Perks at Work program.

Perks at Work leverages the purchasing power of all employees to help you save money on large items such as computers and travel, as well as everyday items such as tickets, food and more. Over 30,000 merchants nationwide offer discounts for you and up to five members of your family.

**For more information on employee pricing for thousands of your favorite brands through Perks at Work, visit the Capgemini NA Intranet (People > Your Capgemini Experience > Discount Programs).**

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\*You can enroll in these plans by contacting Mercer directly. Refer to page 39 for contact information.

## Creating Your Benefits Package

### Enrolling in Capgemini Benefits

#### 1. Mark Your Calendar – Enrollment Deadlines

**New hires – 31-day deadline:** You have 31 days from your date of hire to enroll for benefits. Your elections will remain in effect for the rest of the calendar year. If you miss the initial enrollment period, your next opportunity to select benefits will be during the November Annual Enrollment period for the next calendar year unless you experience a qualified status change (see examples of qualified status changes on page 37).

**Current employees – November Annual Enrollment:** During each Annual Enrollment period held in November, you may change your benefit selections for the next calendar year. Most benefit selections, except Flexible Spending Accounts, will continue from year to year. For more details about making changes during the Annual Enrollment period, see the information on the right.

#### 2. Review Your Options

Read this guide for more information about your benefit options. Review the features of each plan, and ask yourself which coverages best fit your needs and those of your dependents.

#### 3. Enroll Online or by Phone

Capgemini gives you two ways to enroll in and manage your Medical, Dental, Voluntary Vision and most other insurance benefits. If you like the convenience of anytime, anywhere access, you can log on to ADP's Benefits Self-Service site 24 hours a day. If you have questions, don't have Internet access or simply prefer to speak with someone when enrolling, you can contact a PeopleSource Service Center Representative.

#### ADP Benefits Self-Service Site

Visit <https://portal.adp.com> from anywhere you have Internet access.

- Review your current coverages
- Get comprehensive benefits plan information
- Select your benefits coverage for the new plan year
- Conduct most benefit transactions
- Update dependent and beneficiary information
- Get answers to your questions

#### PeopleSource

Call **1-877-PEOPLE4 (1-877-736-7534)**, toll-free, Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern. (TDD service for the hearing impaired is available at **1-866-698-3263**.)

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### Changes made during Annual Enrollment are for 2019.

Any benefit changes made during the November Annual Enrollment will be effective January 1, 2019 to December 31, 2019. If you have enrolled and do not wish to make changes for 2019, no action is required. However, to continue participating in the Health Care and Dependent Care Flexible Spending Accounts (FSAs) in 2019, you **must re-enroll by 11:59 pm Eastern on November 19, 2018**.

### Using the ADP website for the first time?

- Go to <https://portal.adp.com>. On the **Welcome** page, go to **Need an account?** and click **SIGN UP**.
- Enter the Capgemini Registration code **Capgemini-Welcome**. Click **Next**, and then click **Enter Information**.
- On the **Identify Yourself** screen, enter your legal name, last 4 digits of your SSN (Social Security Number) and your birth month and day. Check the box next to "I am not a robot" and click **Continue**. Your user ID will be sent to your @Capgemini email address. Please retain your user ID for future use. If ADP is unable to identify you, you will receive an error message to contact your administrator (PeopleSource) for assistance.

### Forgot your user ID or password?

On the ADP Benefits Self-Service site, click **Forgot your user ID/password?** Or call PeopleSource. Your password won't expire, but it's a good idea to change it periodically.

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# Benefits Eligibility

Your eligibility for Capgemini's benefit plans will depend on whether you are a full-time or part-time employee. Temporary employees are not eligible to participate in the Capgemini benefits program. You are eligible to participate in the Medical, Dental, Disability, Business Travel Accident and Retirement Plans as of your date of hire. For other coverages, you are eligible on the first of the month coincident with or following your date of hire.



## Full-Time Employees

You are a full-time employee if you are a regular employee who is scheduled to work at least 30 hours a week. Full-time employees are eligible to participate in the Capgemini benefits program. You also may enroll your eligible dependents for certain benefits.

## Part-Time Employees

If you are a regular employee scheduled to work at least 20 hours a week, but less than 30 hours a week, you are eligible to participate in certain Capgemini benefit plans. You also may enroll your eligible dependents for certain benefits.

Part-time employees are not eligible for the following benefit plans:

- Short Term Disability
- Core Long Term Disability (for Global Grades A to E)
- Supplemental Long Term Disability (for Global Grades A to E)
- Vice President Core Long Term Disability
- Vice President Long Term Disability Buy-up Option

## Eligible Dependents

Your eligible spouse, domestic partner and children are defined on the following page. If you have a question about who may be covered under your benefit plans, call PeopleSource at **1-877-PEOPLE4**. At any time during the plan year, you may be required to provide documentation to support a dependent's eligibility status.

## Benefits Eligibility

### Spouse

Your spouse is the person to whom you are legally married. Same-gender and opposite-gender spouses are eligible dependents for Capgemini benefit plans.

### Domestic Partner

A domestic partner is a person of the same or opposite gender who has reached age 18, is competent to consent to contract, is not related by blood to you in any way that would prohibit marriage in your state of residence, and has shared a principal place of residence with you for at least six months and intends to do so indefinitely. You and your domestic partner must have mutually agreed to be jointly responsible for each other's common welfare and basic living expenses. Neither you nor your domestic partner can be married or be the domestic partner of anyone else. If you live in a municipality or state where domestic partner registries exist, you and your domestic partner must be registered.

Note that the value of domestic partner coverage under the Medical and Dental Plans is considered taxable income to you. Refer to "Paying for domestic partner coverage" for more information.

It is important to change your partner's status to spouse once you are married. This change in status impacts the tax treatment of your health benefit costs.

### Child

For all benefit plans:

- A child who is not yet age 26 who is any of the following:
  - Your, your spouse's or your domestic partner's biological or adopted child (including a child placed for adoption) or stepchild
  - A child under your or your spouse's/domestic partner's legal guardianship
  - A child for whom you or your spouse/domestic partner are required to provide coverage under a Qualified Medical Child Support Order (QMCSO)
- An unmarried child who became permanently and totally disabled prior to age 26

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### Paying for domestic partner coverage.

The cost of domestic partner coverage will be deducted from your pay on a pre-tax basis. According to IRS rules, both your and Capgemini's contribution toward the cost of Medical and Dental Plan coverage for your domestic partner is considered taxable income to you (also known as imputed income). Imputed income is subject to federal, state, local and Social Security (FICA) taxes and will be reported as imputed income on your annual W-2 form.

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# Your Medical Plan Options

Capgemini offers two Medical Plan options: Basic Open Access Plus and Premier Open Access Plus. Both Medical Plan options are administered by Cigna HealthCare for Medical benefits and CVS Caremark for Pharmacy benefits. Both provide identical, comprehensive medical and pharmacy coverage. The only difference between these two plans is in how your costs are structured. Therefore, the right plan for you is the one that best meets your needs and preferences for how you pay for your medical care.

## Choosing Your Plan

As the following table shows, in the Premier Open Access Plus Plan you pay a higher semi-monthly contribution but less out of pocket at the time you receive medical care. This plan might be an attractive option to those who want more predictable health care costs or greater protection against unanticipated medical expenses. In the Basic Open Access Plus Plan, you pay a lower semi-monthly contribution, but more for the care you actually receive. This plan might be an attractive option to those who do not anticipate heavy medical expenses during the year.

| Feature  | Basic Open Access Plus | Premier Open Access Plus |
|--|------------------------|--------------------------|
| <b>Medical Services Covered</b>  | Same                   | Same                     |
| <b>Semi-Monthly Contributions</b><br>(amount you pay to participate in the plan)             | Lower                  | Higher                   |
| <b>Annual Deductibles</b><br>(amount you pay before the plan begins paying certain benefits) | Higher                 | Lower                    |
| <b>Co-insurance</b><br>(a percentage of your costs that the Company pays)                    | Lower                  | Higher                   |
| <b>Out-of-Pocket Maximum</b><br>(the most you must pay for covered services in a plan year)  | Higher                 | Lower                    |

For Medical Plan Semi-Monthly Employee Contributions, go to page 13.  
For the Medical Plan Comparison Chart, go to page 14.



## When choosing a plan, consider your individual needs.

- Do you typically incur high medical costs during the year?
- Do you anticipate significant medical expenses next year?
- Do you cover any dependents with significant medical needs?
- Do you have a low tolerance for financial risk?
- Do you need greater predictability in your budget?

If you answered “yes” more often than “no” to these questions, **Premier Open Access Plus** might be more attractive to you. If you answered “no” more often, **Basic Open Access Plus** might be more attractive.

Take the time to do the math and think through your needs before making a decision. You also may want to consider whether you have access to other medical insurance, such as through your spouse’s/ domestic partner’s employer.



## Your Medical Plan Options

### In-Network Care Can Save You Money

Both Medical Plan options give you the choice of receiving care from providers in or out of Cigna's provider network. Using in-network providers can save you money because these providers agree to charge you pre-negotiated fees and because the plans cover in-network care at higher rates. Neither plan requires you to select a primary care physician or to obtain referrals to a specialist.

Another advantage of using in-network providers is that you will only be responsible for paying a flat fee, known as a co-payment, for your office visits. You will not need to pay co-insurance (a portion of the actual cost) or satisfy a deductible before the plan pays a benefit. However, you may need to meet your deductible or pay co-insurance for additional medical work, such as X-rays or lab work, performed at a separate facility. You should confirm with your provider's office whether any additional work will be handled by an in-network or out-of-network provider.

### Choose Your Provider

You can find in-network doctors, vision care providers and hospitals in the **Find a Doctor** section of Cigna's website at [www.myCigna.com](http://www.myCigna.com). If you contact Cigna directly, be sure to reference the Open Access Plus Network.

### Manage Your Health Online

Cigna offers a convenient, comprehensive self-service website for Medical Plan participants. After you've enrolled, you'll be able to log on to [www.myCigna.com](http://www.myCigna.com) to:

- Check eligibility details
- Review claim status
- Take a Health Assessment
- Print a temporary ID card
- Find an in-network doctor
- Get discounts on wellness programs such as weight management, fitness club memberships and massage therapy



**You can also access [www.myCigna.com](http://www.myCigna.com) using the myCigna Mobile App. For more information, go to the Apps Directory on page 40.**

### Cigna Care Management Preferred

Care or utilization management is the review of a test or procedure by medical professionals – doctors and nurses – to make sure it is medically appropriate and covered under the Medical Plan. Cigna's Care Management Preferred requires precertification for all non-emergency, non-obstetric inpatient hospital admissions. Precertification is also required for specific outpatient services like injectable drugs, home health care and outpatient surgery. Your in-network provider is responsible for obtaining precertification. If you receive services from an out-of-network provider, it is your responsibility to obtain precertification.

## Your Medical Plan Options

### TeleHealth Connection Through Cigna\*

Cigna TeleHealth Connection provides covered employees and dependents with access to two telehealth services – American Well (Amwell) and MDLIVE. With TeleHealth Connection, you have 24/7/365 access to board-certified primary care doctors and pediatricians through a phone call or web chat.

Whether you are at home, at work, traveling or you simply want a more convenient way to see a doctor, Amwell and MDLIVE are easy to use and available on your schedule anytime.

#### How Do I Get Started?

To request a telehealth visit, you must first register. If you wish to have access to both Amwell and MDLIVE providers, you will need to register for both services as shown below.

| MDLIVE   | Amwell  |
|--|---|
| <b>FIRST-TIME REGISTRATION</b><br>You can sign up by telephone or online:<br>Call 1-888-726-3171<br>OR<br><a href="http://www.mdliveforcigna.com">www.mdliveforcigna.com</a> | <b>FIRST-TIME REGISTRATION</b><br>You can sign up by telephone or online:<br>Call 1-855-667-9722<br>OR<br><a href="http://www.amwellforcigna.com">www.amwellforcigna.com</a>  |
| Helpful video links:<br><b>HOW TO SIGN UP FOR MDLIVE</b><br><b>HOW TO USE MDLIVE</b>   | Helpful video link:<br><b>HOW TO SIGN UP FOR AMWELL</b>   |
| <b>Downloading the Mobile App</b><br>1. Go to the App Store (for iOS devices) or Google Play (for Android devices)<br>2. Search for the <b>MDLIVE App</b> and download.      | <b>Downloading the Mobile App</b><br>1. To easily download the <b>Amwell for Cigna App</b> on your mobile device, go to <a href="http://www.amwell.com">www.amwell.com</a> .<br>2. Scroll down to <b>Get the Amwell App</b> , enter your mobile number and click the send button.<br><br>You can also download the <b>Amwell for Cigna App</b> from the App Store (for iOS devices) or Google Play (for Android devices). |

\*This service is secure, confidential and compliant with all medical privacy regulations. The service is available except where prohibited by state regulations. Contact MDLIVE or Amwell for more information.

### When can I use telehealth services?

For non-emergency medical issues:

- As an alternative to urgent care visits
- When your doctor is not available on your schedule
- Anytime in the United States\* – including nights, weekends and holidays
- Allergies
- Ear infections
- Pediatric care
- Nausea, vomiting
- Respiratory infections
- Sinus problems
- Urinary tract infections
- And more!

### Save the emergency room for emergencies.

Trips to the ER are expensive! If you aren't experiencing a true medical emergency, schedule an appointment with your doctor or request a telehealth visit with MDLIVE or Amwell. You'll save time and money.

## Your Medical Plan Options

### Prescription Drug Coverage

Both Medical Plans provide the same prescription drug coverage through CVS Caremark. When you refill your prescriptions at in-network pharmacies, you pay a co-insurance. When you use out-of-network pharmacies, you will pay the full cost of the medication(s). Each time you fill a prescription, you could save money by asking for a generic medication. Generic medications have the same active ingredients and effectiveness as their brand-name counterparts, but for a lower price. Be sure to check with your doctor to see if a generic alternative is right for you.

### Long-Term Medications

CVS Caremark's Maintenance Choice option can help you save money and time when filling prescriptions for a 90-day supply of a drug. The Caremark mail order program allows you to receive 90-day supplies of maintenance medications at discounted rates and have your prescription(s) mailed directly to your home. You may also choose to fill your 90-day maintenance medications at any CVS retail pharmacy for the same discounted prices. Note that Target stores now feature CVS pharmacies for your convenience.

### Preventive Medications Available to You at No Cost (Affordable Care Act, ACA)

Under our prescription drug coverage, certain types of preventive medications are covered at 100% and provided to you at no cost. This includes certain categories of prescription drugs as well as specific over-the-counter medications. A partial list is provided below. For a complete list, visit [www.caremark.com](http://www.caremark.com).

- **Aspirin products** (for prevention of cardiovascular disease, colorectal cancer or morbidity and mortality from preeclampsia in women)
- **Oral fluorides** (chemoprevention of dental cavities for children under age 6)
- **Folic acid supplementation**
- **Smoking cessation products** (for adults who are not pregnant)
- **Immunizations** (vaccines)
- **Breast cancer prevention medications**
- **Statins** (for prevention of colorectal cancer)
- **Bowel preparation medications** (for colorectal cancer screenings)
- **Women's preventive services** (as recommended by the Institute of Medicine), including:
  - Oral contraceptives
  - Emergency contraception
  - Injectables
  - Transdermal patch
  - Over-the-counter (OTC) contraceptives
  - Intrauterine devices, subdermal rods, vaginal rings and other barrier methods

Note that nonprescription, over-the-counter drugs require a doctor's prescription to be considered eligible expenses under the Health Care FSA.

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### Ask your doctor about generic drugs.

Generic drugs offer the same safety and strength as their brand-name counterparts at a lower cost.

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## Your Medical Plan Options

### Focus on Health and Wellness: To Help You Live the Life You Lead

At Capgemini, we are used to taking care of our clients and taking care of our families. The daily demands of life and work sometimes make it hard to live a healthy lifestyle. Capgemini appreciates you – and provides the tools and support you need to get healthy and stay healthy. We are investing in you and in your health to help you live the life you lead.

#### Have Your Annual Physical

Getting an annual physical with preventive screenings is an important part of a healthy lifestyle – it can help you detect medical conditions earlier when they may be easier to treat.

In general, Capgemini Medical Plans cover this type of care at 100% when received from an in-network provider – and when you follow age and frequency guidelines. That means you pay nothing, not even a co-payment, for most in-network preventive care. Preventive care received from providers outside of the plan's network is subject to deductibles and co-insurance.

Call your doctor to schedule your appointment with the appropriate screenings today. For more information, visit [www.myCigna.com](http://www.myCigna.com).

#### Know Your Numbers

Do you know your numbers? What numbers count? Blood pressure, blood sugar level, cholesterol and Body Mass Index (BMI) are the most commonly measured biometrics. The combination of these tests can often predict the likelihood of developing a chronic condition, such as heart disease or diabetes. Before your annual physical, connect with your doctor to prepare for your blood work.

#### Complete the Cigna Health Assessment

A Health Assessment is a quick online survey about your health. Just take 10-15 minutes to answer questions, such as your height, weight and results from your biometric screenings – blood pressure, HDL/LDL cholesterol, blood sugar level and Body Mass Index (BMI). Once complete, the Health Assessment will produce a report for you to review and share with your doctor. Your doctor may make recommendations based on your results.

For more information on the Cigna Health Assessment, go to [www.myCigna.com](http://www.myCigna.com).

#### Health and Wellness Page

The Health and Wellness page on the Capgemini North America portal provides information to help you improve your health and well-being. This page provides information about preventive visits and screenings, educational and support tools, and programs through Cigna to keep you and your family healthy. Check it out on the Capgemini NA Intranet (**People > Benefits, Health and Wellness > Benefits US > Health and Wellness**).

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### Own your health and well-being.

One of the best decisions you can make for your health and the health of your family is to make sure you visit your doctor annually for routine physical exams, immunizations and recommended screenings.

Preventive care can help ensure that you and your family identify potential health issues early.

### Stay in-network.

Network providers charge pre-negotiated, discounted rates, and the Medical Plans pay higher benefits for in-network services, including preventive care.

### Preventive care services include:

- Well-child care (periodic health examinations for children), including immunizations and physical and diagnostic tests appropriate for the child's age and health.
  - Routine physical examinations for adults, including a general physical examination and certain basic tests (such as blood, cholesterol and urinalysis), as appropriate for your age, health and family health history.
  - Certain screenings, including an annual examination as well as age and gender appropriate tests, such as a gynecological exam with mammogram for women and PSA test for men.
-

## Your Medical Plan Options

### Your Health First – Chronic Disease Management

Your Health First is designed to help employees manage chronic health conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart disease. If you or a family member has a chronic condition, a professional health advocate from Cigna will reach out to offer personalized support and assistance. Based on your unique health needs, the health advocate can help you improve your health, recognize worsening symptoms, make educated decisions about treatment options and more.

### Cancer Support Program

**Statistics show that half of all men and one-third of all women in the United States will get cancer in their lifetime.** Cancer is affecting more and more of our family members and co-workers, so our Medical Plan offers a Cancer Support Program for those who need it.

The program is designed to help individuals and families who are touched by any type of cancer. It provides access to specially trained oncology nurses, as well as personalized care plans based on each person's risk level and specific care needs.

- Level 1 supports cancer survivors by offering survivorship information and the option to call a specialized nurse at any time.
- Level 2 is for individuals who have had cancer in the past and still take medication or have some kind of ongoing preventive treatment. Individuals at this level receive outreach phone calls and survivorship information in the mail.
- Levels 3 and 4 are for individuals currently living with cancer, and for those who have cancer and other complications like diabetes or COPD.

For more information about the Cancer Support Program, contact Cigna at **1-800-771-0046**.

### Mental Health and Substance Abuse

If you enroll in either of the Medical Plan options, you and your dependents have access to comprehensive mental health, substance abuse and lifestyle management treatment services through Cigna Behavioral Health. Cigna Behavioral Health's national network of providers includes psychiatrists, psychologists, licensed independent social workers, licensed professional clinical counselors, chemical dependency counselors, master's level nurses and other mental health providers. These professionals are there to ensure that you and your dependents are getting the most effective care from our Medical Plan. For more information about these services and how they can help you and your family, contact Cigna at **1-800-771-0046** or visit **www.myCigna.com**.

Capgemini also offers an Employee Assistance Program (EAP) to all employees and their household members. The EAP is a free and confidential resource that can help you identify and resolve issues by providing short-term counseling services or directing you to resources in your community. For more information about the EAP, go to page 31.

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### Get Healthy Rewards!

Cigna's Healthy Rewards is a customized, online community, powered by **Coupons.com**, that can help you save money while making buying decisions that support a healthy lifestyle. Log on to **www.myCigna.com** and look for the **Stay Healthy > Discount Programs – Healthy Rewards** link.

### Get to know your PCP.

Having a good relationship with a primary care physician who knows you and your health will make you more likely to receive the care you need when you need it.

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## Your Medical Plan Options

### How to Qualify for Non-Smoker Rates

If you live in a tobacco-free household, you not only avoid the serious health risks associated with tobacco use, you will pay less for your Medical Plan coverage. To be eligible for the lower, non-smoker rates, you and all of your household members must be free of all tobacco products (e.g., cigarettes, cigars, pipes, chewing tobacco) for at least 12 months as of January 1, 2019.

If it is unreasonably difficult for you or your household members to stop using tobacco products because of an addiction to nicotine (a medical condition), you can still qualify for the non-smoker rates if you and/or your household members:

- Pledge to stop using tobacco AND
- Pledge to – and complete – the free, Capgemini-sponsored smoking cessation program within the plan year (January 1, 2019 to December 31, 2019).

If you pledge to stop using tobacco during the enrollment process, materials for the smoking cessation program will be mailed to your home. To enroll in the telephonic coaching program for 2019, call Cigna at **1-866-417-7848**.

If you enroll in the smoking cessation program in the 2019 plan year, you will default to “pledge” status and receive provisional non-smoker rates according to the program rules. Please refer to the Capgemini Tobacco Cessation FAQs posted on the **Benefits** page of the the Capgemini NA Intranet for explanation of pledge status and other information.

*Smoking harms nearly every organ of the body, causes many diseases and reduces the health of smokers in general.*

– Centers for Disease Control and Prevention

## Your Medical Plan Options

### Terms You Should Know

**Semi-monthly Contributions:** Amount you pay to participate in the plan.

**Annual Deductible:** Amount you pay before the plan begins paying certain benefits.

**Co-insurance:** A percentage of your medical costs that the Company pays.

**Co-payment/Co-pay:** A flat dollar amount you pay at the time you receive a service.

**Out-of-Pocket Maximum:** The Medical Plan's out-of-pocket maximum is the total amount you pay out of pocket (including deductibles, co-pays and co-insurance) in one plan year before the plan pays 100% of eligible expenses.

**Primary Care Physician (PCP):** A physician in general practice, family practice, pediatrics, or obstetrics and gynecology whom you select to coordinate your care.

**Specialist:** A physician who provides specialty or subspecialty services (ophthalmologists, chiropractors, oncologists, endocrinologists, cardiologists, etc.).

**Maximum Reimbursable Cost:** Amounts determined by the insurance company based on fees customarily charged by providers in your area for a given service. If you receive care outside of the plan's network, you are responsible for paying any fees your provider charges above the maximum reimbursable cost.

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### Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits with respect to a mastectomy must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas

These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and co-insurance provisions applicable to other such medical and surgical benefits provided under the plan.

### Newborns' and Mothers' Health Protection Act (NMHPA)

With respect to each benefit plan that is a group health plan providing maternity benefits, the plan will not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than forty-eight (48) hours following a normal vaginal delivery, or less than ninety-six (96) hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than the above periods. In any case, such group health plan will not require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of the above periods.

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## Your Medical Plan Options

### Medical Plan Semi-Monthly Employee Contributions

#### Premier Open Access Plus

| Coverage Type                     | Non-Smoker* | Smoker   | Working Spouse/<br>Domestic Partner | Combined Smoker<br>& Working Spouse/<br>Domestic Partner |
|-----------------------------------|-------------|----------|-------------------------------------|--|
| You Only                          | \$68.25     | \$89.08  | N/A                                 | N/A  |
| You + Spouse/<br>Domestic Partner | \$153.04    | \$173.87 | \$173.87                            | \$194.70   |
| You + Child(ren)                  | \$132.57    | \$153.40 | N/A                                 | N/A  |
| You + Family                      | \$227.06    | \$247.89 | \$247.89                            | \$268.73   |

#### Basic Open Access Plus

| Coverage Type                     | Non-Smoker* | Smoker   | Working Spouse/<br>Domestic Partner | Combined Smoker<br>& Working Spouse/<br>Domestic Partner |
|-----------------------------------|-------------|----------|-------------------------------------|--|
| You Only                          | \$33.70     | \$54.53  | N/A                                 | N/A  |
| You + Spouse/<br>Domestic Partner | \$80.47     | \$101.30 | \$101.30                            | \$122.13   |
| You + Child(ren)                  | \$70.36     | \$91.19  | N/A                                 | N/A  |
| You + Family                      | \$126.85    | \$147.68 | \$147.68                            | \$168.51   |

Coverage levels can include any eligible dependents defined under the Benefits Eligibility section. The rates shown do not apply to COBRA participants.

\*Non-Smoker includes employees participating in the 2019 Smoking Cessation Program.

#### Working spouse/domestic partner contribution.

If you enroll your spouse or domestic partner in Medical coverage through Capgemini, and he or she is eligible for medical coverage through his or her employer, you will be required to pay a working spouse/domestic partner medical contribution. This contribution will apply even if your spouse or domestic partner has waived or declined participation in his or her employer's plan.

#### Do you qualify for non-smoker rates?

Check page 11 for more information.



## Your Medical Plan Options

### Medical Plan Comparison Chart

| Covered Health Services  | Premier Open Access Plus                          |                                   | Basic Open Access Plus                            |                                   |
|--|---|-----------------------------------|---|-----------------------------------|
|  | In-Network  | Out-of-Network <sup>1</sup>       | In-Network  | Out-of-Network <sup>1</sup>       |
| <b>Office Visit Co-pays</b>  |   | N/A                               |   | N/A                               |
| Wellness   | \$0   |                                   | \$0   |                                   |
| Primary Care Physician/OB-GYN  | \$20  |                                   | \$20  |                                   |
| Specialist   | \$30  |                                   | \$30  |                                   |
| TeleHealth Visit   | \$20  |                                   | \$20  |                                   |
| <b>Medical Deductible</b>  |   |                                   |   |                                   |
| You Only   | \$300   | \$600                             | \$600   | \$1,200                           |
| You + Spouse/Domestic Partner  | \$600   | \$1,200                           | \$1,200   | \$2,400                           |
| You + Child(ren)   | \$600   | \$1,200                           | \$1,200   | \$2,400                           |
| You + Family   | \$600   | \$1,200                           | \$1,200   | \$2,400                           |
| <b>Professional Services and Hospital Services (Co-insurance)</b>                                  |   |                                   |   |                                   |
| Inpatient Care   | 85% after deductible                              | 50% after deductible <sup>2</sup> | 75% after deductible                              | 50% after deductible <sup>2</sup> |
| Outpatient Care  | 85% after deductible                              | 50% after deductible <sup>2</sup> | 75% after deductible                              | 50% after deductible <sup>2</sup> |
| <b>Annual Out-of-Pocket Maximum</b>  |   |                                   |   |                                   |
| You Only   | \$3,150   | \$4,725                           | \$4,500   | \$7,500                           |
| You + Spouse/Domestic Partner  | \$6,300   | \$9,450                           | \$9,000   | \$15,000                          |
| You + Child(ren)   | \$6,300   | \$9,450                           | \$9,000   | \$15,000                          |
| You + Family   | \$6,300   | \$9,450                           | \$9,000   | \$15,000                          |
| <b>Lifetime Maximum Benefit<sup>3</sup></b>  | Unlimited   |                                   | Unlimited   |                                   |
| <b>Emergency Room Co-pay</b>   | \$100 (waived if admitted)                        |                                   | \$100 (waived if admitted)                        |                                   |
| <b>Urgent Care Co-pay</b>  | \$50  |                                   | \$50  |                                   |
| <b>Preventive Care Services</b><br>(including Annual Exams, Immunizations, Screenings and Testing) | 100% for most services<br>(no deductible applies) | 50% after deductible              | 100% for most services<br>(no deductible applies) | 50% after deductible              |

1 Out-of-network benefits will be based on maximum reimbursable costs as determined by Cigna.

2 There is a 20% penalty for failure to pre-certify an out-of-network hospital confinement.

3 Certain limitations apply to the Lifetime Maximum Benefit. Please see the Summary Plan Description for details.

Co-pays are not subject to deductible. The deductible must be met before co-insurance applies. Deductibles are met for the plan year when (a) a covered member satisfies the individual deductible maximum or (b) any combination of covered members satisfies the family deductible maximum. Out-of-pocket limits are met for the plan year when (a) a covered member satisfies the individual out-of-pocket maximum or (b) any combination of covered members satisfies the family out-of-pocket maximum.

Continued on next page

### What's an out-of-pocket maximum?

The Medical Plan's out-of-pocket maximum is the total amount you pay out of pocket (including deductibles, co-pays and co-insurance) in one plan year before the plan pays 100% of eligible expenses.

### Save time and money with TeleHealth Connection.

Cigna's TeleHealth Connection offers two services, Amwell and MDLIVE, that give you 24/7/365 access to a doctor through a phone call or web chat for a \$20 co-pay. You can use Amwell and MDLIVE for routine illnesses like allergies, ear infections and more. For more information, go to [www.amwellforcigna.com](http://www.amwellforcigna.com) or [www.mdliveforcigna.com](http://www.mdliveforcigna.com).

## Your Medical Plan Options

### Medical Plan Comparison Chart (continued)

| Covered Health Services  | Premier Open Access Plus        |                                   | Basic Open Access Plus          |                                   |
|--|---------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
|  | In-Network                      | Out-of-Network <sup>1</sup>       | In-Network                      | Out-of-Network <sup>1</sup>       |
| Vision Benefits (once every 12 months)   |                                 |                                   |                                 |                                   |
| Eye Exam   | Up to \$50 reimbursement        |                                   | Up to \$50 reimbursement        |                                   |
| Frames   | Up to \$40 reimbursement        |                                   | Up to \$40 reimbursement        |                                   |
| Lenses   | Up to \$40 reimbursement        |                                   | Up to \$40 reimbursement        |                                   |
| Contacts (in lieu of glasses)  | Up to \$50 reimbursement once   |                                   | Up to \$50 reimbursement        |                                   |
| Mental Health/Substance Abuse  |                                 |                                   |                                 |                                   |
| Inpatient  | 85% after deductible            | 50% after deductible <sup>2</sup> | 75% after deductible            | 50% after deductible <sup>2</sup> |
| Outpatient   | \$20 office visit co-pay        | 50% after deductible <sup>2</sup> | \$20 office visit co-pay        | 50% after deductible <sup>2</sup> |
| Prescription Drug Retail Co-insurance  |                                 |                                   |                                 |                                   |
| Generic  | 10%<br>(\$5 min., \$12 max.)    | 50%<br>after \$12 co-pay          | 10%<br>(\$5 min., \$12 max.)    | 50%<br>after \$12 co-pay          |
| Preferred Brand  | 20%<br>(\$20 min., \$50 max.)   | 50%<br>after \$50 co-pay          | 20%<br>(\$20 min., \$50 max.)   | 50%<br>after \$50 co-pay          |
| Non-Preferred Brand  | 40%<br>(\$40 min., \$100 max.)  | 50%<br>after \$100 co-pay         | 40%<br>(\$40 min., \$100 max.)  | 50%<br>after \$100 co-pay         |
| Prescription Drug Mail Order Co-insurance (90-day supply through CVS Caremark) |                                 |                                   |                                 |                                   |
| Generic  | 10%<br>(\$12 min., \$30 max.)   | N/A                               | 10%<br>(\$12 min., \$30 max.)   | N/A                               |
| Preferred Brand  | 20%<br>(\$50 min., \$125 max.)  |                                   | 20%<br>(\$50 min., \$125 max.)  |                                   |
| Non-Preferred Brand  | 40%<br>(\$100 min., \$250 max.) |                                   | 40%<br>(\$100 min., \$250 max.) |                                   |

<sup>1</sup> Out-of-network benefits will be based on maximum reimbursable costs as determined by Cigna.

<sup>2</sup> There is a 20% penalty for failure to pre-certify an out-of-network hospital confinement.

### What's a deductible?

See **Terms You Should Know** on page 12.

# Your Dental Plan Options

Good dental health is about more than a pretty smile. Doctors and dentists have linked oral health to your overall health, emphasizing the importance of brushing your teeth, flossing and visiting a dentist regularly.

To help you maintain your dental health, Capgemini offers three Dental Plan options: the Enhanced Dental Plan, the Basic Dental Plan and the Dental HMO (DMO) (where available).



## Enhanced Dental

If you enroll in the Enhanced Dental Plan, you will have the option of visiting any dental provider you wish; however, visiting in-network providers can reduce your out-of-pocket expenses because these providers agree to perform services for Cigna's maximum allowable charges and will not bill you for any charges over those amounts. Enhanced Dental covers diagnostic and preventive services, such as cleanings and X-rays; basic services, such as basic restorations, endodontics and periodontics; major services, such as dentures and crowns; and orthodontia services for children and adults. Because of the flexibility this plan offers regarding your choice of providers and plan services, your semi-monthly cost will be higher compared to the Basic Dental and DMO. For more information regarding plan benefits, refer to the Dental Plan Comparison Chart.

## Basic Dental

In the Basic Dental Plan, you can visit any dental provider you wish; however, visiting in-network providers can reduce your out-of-pocket expenses because these providers agree to perform services for Cigna's maximum allowable charges and will not bill you for any charges over those amounts. Basic Dental covers diagnostic and preventive services, such as cleanings and X-rays; and basic services, such as basic restorations, endodontics and periodontics. It does not cover major services or orthodontia. For more information about the Basic Dental Plan, visit the Capgemini NA Intranet or the Document Library section of the ADP Benefits Self-Service site (<https://portal.adp.com>).

## Features of the Enhanced and Basic Dental Plans

### Dental Progressive Maximum

Receiving regular preventive dental care can help you catch minor problems before they become major and expensive to treat. To encourage you and your family to get preventive dental care, we are introducing the Dental Progressive Maximum.

When you or a covered family member receives preventive dental care (exams and cleanings once every six months as recommended), the annual maximum dental benefits for the covered person will increase by \$200 the next plan year (to a maximum increase of \$500). You and your enrolled family members may have different annual maximum benefit limits in future years, depending on who receives regular preventive care and who does not.

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### Open up and say, "How much?"

If you are enrolled in the Enhanced or Basic Dental Plan, ask your dentist to submit a predetermination to Cigna for dental procedures in excess of \$250. This way, you'll know if the procedures are covered and what your costs will be before services are rendered.

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## Your Dental Plan Options

### Oral Health Integration Program

Because poor oral health can negatively affect certain health conditions, the Dental Plans include enhanced preventive care, including periodontal services and additional cleanings to individuals with qualifying health conditions.\* Program registration is required. Visit [www.myCigna.com](http://www.myCigna.com) for the registration form or call Cigna at **1-800-771-0046** for more information.

\* Qualifying health conditions include, but are not limited to, pregnancy, diabetes and heart disease.

### Dental HMO (DMO)

The Dental HMO (DMO) covers the same basic and major dental services, as well as orthodontic services, that are covered by the Enhanced Dental Plan, as long as those services are performed by in-network providers. The DMO also includes coverage for dental implants. You pay a co-payment at the time the service is received and there is no annual maximum on the benefits you can receive from this plan.

When you enroll in the DMO, you select a primary care dentist for yourself and each covered dependent. Your primary care dentist provides routine basic care and refers you to specialty dentists when necessary. If your dentist leaves the network during the year, you must select a new in-network primary care dentist to have care covered by the plan.

The plan pays benefits only when your in-network primary care dentist provides or coordinates your care. If you seek care on your own, you pay the entire cost. Payment for services is based on a predetermined patient charge schedule, which is available on the Capgemini NA Intranet or in the Document Library section of the ADP Benefits Self-Service site (<https://portal.adp.com>). Procedures not listed on the patient charge schedule are not covered.

The DMO is available only if you live in the plan's network area. When you access the ADP Benefits Self-Service site, you will only have the option to enroll in the plan options for which you are eligible.

### Choose Your Dentist

Locate a participating dental provider in your area in the **Find a Dentist** section of Cigna's website at [www.myCigna.com](http://www.myCigna.com).

### Dental Plan Semi-Monthly Employee Contributions

| Coverage Level                | Enhanced Plan | Basic Plan | DMO Plan |
|-------------------------------|---------------|------------|----------|
| You Only                      | \$5.58        | \$3.35     | \$2.72   |
| You + Spouse/Domestic Partner | \$11.15       | \$6.70     | \$4.90   |
| You + Child(ren)              | \$12.83       | \$7.70     | \$6.20   |
| You + Family                  | \$18.96       | \$11.38    | \$9.18   |

Coverage levels can include any eligible dependents defined under the **Benefits Eligibility** section. The rates shown do not apply to COBRA participants.

### A truly healthy smile.

Under the Enhanced and Basic Dental Plans, pregnant woman and individuals with qualifying medical conditions may be eligible for enhanced dental services including periodontal services and an additional cleaning. See the **Oral Health Integration Program** section on this page.

### Moving from Enhanced Dental or Basic Dental Plan to DMO?

If you switch from the Enhanced Dental Plan or the Basic Dental Plan to the DMO, be sure you understand how any major dental or orthodontia care you may be undergoing will transition to the new plan. Generally, major dental treatment plans (e.g., root canal treatment, dentures, or crown and bridge treatment) should be completed under your current plan. Ongoing orthodontia treatment may be able to transition to the DMO. For simplicity, you might want to postpone any upcoming new major dental or orthodontia care until the new plan year begins. If you have any questions about the transition of care, contact Cigna at **1-800-771-0046**.

## Your Dental Plan Options

### Dental Plan Comparison Chart

| Covered Services  | Enhanced Dental   | Basic Dental  | DMO<br>(In-Network Only)                                  |
|---|---|---|---|
| <b>Deductible</b><br>Individual<br>Family   | \$25<br>\$75  | \$50<br>\$150   | \$0<br>\$0  |
| <b>Maximum Benefit</b><br>Dental Services<br>Orthodontia Services<br>Non-Surgical Temporomandibular Joint Dysfunction (TMJ)           | \$1,500 per plan year<br>\$2,000 per lifetime<br>\$1,000 per lifetime   | \$1,000 per plan year<br>N/A<br>N/A   | No limit  |
| <b>Diagnostic &amp; Preventive Services (deductible waived)</b><br>Co-insurance <sup>1</sup><br><br>Oral Exams<br>Cleanings<br>X-rays | 100%<br><br>2 visits per plan year<br>2 visits per plan year<br>Bite wing –<br>2 per plan year<br>Complete series –<br>1 during any 36 months | 100%<br><br>2 visits per plan year<br>2 visits per plan year<br>Bite wing –<br>2 per plan year<br>Complete series –<br>1 during any 36 months | 100%<br><br>Service limits, if any, are determined by DMO |
| <b>Basic Services (co-insurance)<sup>1</sup></b><br>Basic Restorations, Endodontics, Periodontics                                     | 80% after deductible  | 80% after deductible  | Costs based on patient charge schedule <sup>2</sup>       |
| <b>Major Services (co-insurance)<sup>1</sup></b><br>Crowns, Inlays/Onlays, Full or Partial Dentures                                   | 50% after deductible  | No coverage   | Costs based on patient charge schedule <sup>2</sup>       |
| <b>Implants</b>   | No coverage   | No coverage   | Costs based on patient charge schedule <sup>2</sup>       |
| <b>Orthodontic Services for Children and Adults (co-insurance)<sup>1</sup></b>  | 50% after deductible  | No coverage   | Costs based on patient charge schedule <sup>2</sup>       |
| <b>Non-Surgical Temporomandibular Joint Dysfunction (TMJ) (co-insurance)<sup>1</sup></b>  | 50% after deductible  | No coverage   | Costs based on patient charge schedule <sup>2</sup>       |

<sup>1</sup> Co-insurance reflects the portion of costs that the Company pays.

<sup>2</sup> The patient charge schedule is available on the Capgemini NA Intranet and in the Document Library section of ADP's Benefits Self-Service website (<https://portal.adp.com>).

### What is a maximum allowable charge?

The maximum allowable charge is the amount customarily charged for a given service by other providers in your area as determined by Cigna. If you visit an out-of-network provider who charges fees higher than the maximum allowable amount, you will be responsible for paying the difference.

# Your Voluntary Vision Plan

Both Medical Plan options provide a basic level of vision coverage for services, such as eye exams, frames, lenses and contacts. If you need more than this basic level of protection, you can enroll in the Voluntary Vision Plan through UnitedHealthcare.

UnitedHealthcare's vision provider network is larger than Cigna's vision network, offering you access to more private practice optometrists and ophthalmologists, to conveniently located retail chain providers, and to discounted laser eye surgery from pre-screened providers. When you visit in-network providers, you will pay a \$10 co-payment for most services and a \$10 co-payment for most materials.

## Voluntary Vision Plan Semi-Monthly Employee Contributions

| Coverage Level                | Voluntary Vision Plan |
|-------------------------------|-----------------------|
| You Only                      | \$3.59                |
| You + Spouse/Domestic Partner | \$7.15                |
| You + Child(ren)              | \$7.48                |
| You + Family                  | \$9.48                |



### Find a vision provider.

To locate a UnitedHealthcare participating provider, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call **1-800-638-3120**.

## Your Voluntary Vision Plan

### Voluntary Vision Plan Benefits

| Vision Services  | In-Network Coverage  | Out-of-Network Coverage             |
|--|--|-------------------------------------|
| <b>Eye Exam</b> (complete initial vision analysis, which includes a comprehensive visual exam, including the prescription of corrective eyewear) | \$10 co-payment  | Reimbursed up to \$60               |
| <b>Single Lenses<sup>1</sup></b>   | \$10 co-payment  | Reimbursed up to \$40               |
| <b>Bifocal Lenses<sup>1</sup></b>  | \$10 co-payment  | Reimbursed up to \$60               |
| <b>Trifocal Lenses<sup>1</sup></b>   | \$10 co-payment  | Reimbursed up to \$80               |
| <b>Lenticular Lenses<sup>1</sup></b>   | \$10 co-payment  | Reimbursed up to \$80               |
| <b>Frames</b> (limit to one co-payment for materials, i.e., lenses and frames)   | \$10 co-payment, up to \$200; you pay 30% of balance over \$200  | Reimbursed up to \$200              |
| <b>Elective Contact Lenses</b>   | Reimbursed up to \$200 <sup>3</sup>  | Reimbursed up to \$200 <sup>3</sup> |
| <b>Medically Necessary Contact Lenses<sup>2</sup></b>  | \$10 co-payment, then covered in full  | Reimbursed up to \$210 <sup>3</sup> |
| <b>LASIK or PRK</b>  | Discounts available from numerous providers; to find a provider in your area, visit <a href="http://www.myuhcvision.com">www.myuhcvision.com</a> | Not covered                         |
| <b>Benefit Frequency</b>   |  |                                     |
| Exam   | Once every 12 months   |                                     |
| Eyeglass lenses  | Once every 12 months   |                                     |
| Eyeglass frames  | Once every 12 months   |                                     |
| Contacts in lieu of eyeglass frames and lenses   | Once every 12 months   |                                     |

<sup>1</sup> Lenses purchased in-network with standard scratch-resistant coating and polycarbonate lenses are covered in full. Other in-network lens options, such as progressive lenses, tints, UV and anti-reflective coating, may be available at a discount.

<sup>2</sup> Necessary contacts are determined at the provider's discretion for one or more of the following conditions: following post cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

<sup>3</sup> Receipts for services and materials purchased on different dates must be submitted together as part of a single claim to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

### Additional vision benefits for dependent children.

For dependent children up to age 13, a second eye exam each plan year is covered at no additional cost. If the child's vision prescription changes by .5 diopter or greater in a plan year, a second pair of glasses (frames and lenses) is covered at no additional cost.



# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you pay for eligible health care and dependent care expenses with pre-tax dollars. Your contributions to an FSA are deducted from your paycheck before your taxes are calculated, reducing your taxable pay and helping you take home more of your own money.

Capgemini offers two types of FSAs: the Dependent Care FSA and the Health Care FSA. These two accounts are separate. You must enroll in each account separately and choose how much to contribute to each account. Funds cannot be transferred from one FSA to the other.

You must enroll in these plans for each year you wish to participate. Your participation will not automatically roll over from one plan year to the next.

## Dependent Care FSA

Your Dependent Care FSA can help you pay for day care, preschool, nursery school, nanny or elder care expenses. To participate, you and your spouse (if married) must be unable to care for your dependents because of work or school schedules. The care can be provided in your home as long as the caregiver is not your spouse or claimed as a dependent on your federal income tax return. Dependent children must be under age 13 to qualify. If the care is for an elderly parent or disabled spouse, the dependent must spend at least eight hours a day in your home.

You may contribute \$5,000 for 2019 to your Dependent Care FSA. If you are married and file a separate return, the maximum contribution is \$2,500 for 2019.

Depending on your household income, it may be more advantageous to claim dependent care expenses as a credit on your federal income tax return than to fund a Dependent Care FSA. You should consult with a tax advisor.

For general guidelines about expenses eligible under the Dependent Care FSA, refer to IRS Publication 503 (available online at <https://www.irs.gov/forms-instructions>).

For reimbursement of eligible expenses, please contact PeopleSource at **1-877-PEOPLE4** or go to the WageWorks Flexible Spending Service Center at <https://myspendingaccount.wageworks.com>.

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## Consider an FSA.

Using an FSA to cover eligible out-of-pocket health care and dependent care expenses can reduce your taxes and save you money. To learn more about FSAs, go to [www.spendingaccounts.info](http://www.spendingaccounts.info).

## Wondering how much to contribute to an FSA?

Use the FSA Calculator Tools to help you estimate your annual expenses and tax savings under each type of FSA.

Dependent Care FSA: <https://www.wageworks.com/employees/support-center/dependent-care-savings-calculator/>

Health Care FSA: <https://www.wageworks.com/employees/support-center/fsa-savings-calculator/>

## Get the WageWorks Spending Account (CHSA) mobile App.

With the WageWorks Spending Account (CHSA) App, you can quickly, easily and securely view your FSA account activity and balances, and more. To download the App, go to the **App Store (for iOS devices)** or **Google Play (for Android devices)**. Be sure to search for the **Spending Account (CHSA) App**.

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## Flexible Spending Accounts

### Health Care FSA

You can use your Health Care FSA to help pay for medical, dental and vision expenses that are not covered by your Medical, Dental or Voluntary Vision Plan or reimbursable from another source. You do not need to be enrolled in a Capgemini Medical Plan to participate in the Health Care FSA.

You may contribute up to a maximum of \$2,700 for 2019 to your Health Care FSA. Some examples of eligible expenses include the following:

- Deductibles
- Co-insurance/co-payments
- Infertility treatment
- Laser eye surgery
- Smoking cessation products
- Certain weight loss programs

*Note that nonprescription, over-the-counter drugs require a doctor's prescription to be considered eligible expenses under the Health Care FSA.*

For general guidelines about expenses eligible under the Health Care FSA, refer to IRS Publication 502 (available online at <https://www.irs.gov/forms-instructions>).

For reimbursement of eligible expenses, please contact PeopleSource at **1-877-PEOPLE4** or go to WageWorks Flexible Spending Service Center at <https://myspendingaccount.wageworks.com>.

### Health Care FSA Debit Card

When you enroll in the Health Care FSA, you will be issued a Visa debit card. The debit card allows you to pay for eligible health care expenses directly from your Health Care FSA, saving you the time and effort of paying for your eligible expenses up front, then filing for reimbursement.

If you incur an eligible expense for which you cannot use the debit card, pay the expense and file a claim for reimbursement by visiting the WageWorks Flexible Spending Service Center at <https://myspendingaccount.wageworks.com>.

If you are a new participant in the Health Care FSA for 2019, additional information will be sent to your home along with the debit card explaining how it may be used.



### Save Your Receipts!

Although funds are immediately deducted from your Health Care FSA when you use your debit card, you still need to save receipts and explanation of benefits (EOB) statements for all debit card transactions. The IRS requires that all Health Care FSA debit card purchases be validated as eligible health care expenses. If you are unable to provide documentation to validate a debit card transaction, the transaction will be considered an overpayment and your card will be suspended until the overpayment is repaid.

### FSA Store

Did you know that you can use your Health Care Flexible Spending Account (FSA) for more than just doctor visits, prescriptions and eyeglasses?

Your Health Care FSA can help you pay for a variety of health and wellness essentials for you and your family that are not covered by your insurance plan. The [www.fsastore.com](http://www.fsastore.com) offers thousands of products that are all IRS-qualified and FSA-eligible.

Visit [www.fsastore.com](http://www.fsastore.com) to learn about all the items that are FSA-eligible.

### Before You Enroll in an FSA

FSAs offer valuable tax advantages, but it's important to understand the IRS restrictions placed on these plans. You may want to consult with a tax advisor before you enroll. Nothing herein constitutes tax advice.

- **Use It or Lose It.** Any unused funds in your account will be forfeited. Only eligible expenses incurred from January 1, 2019 through March 15, 2020 (includes an end-of-year grace period) are eligible for reimbursement. You will have until June 30, 2020 to submit eligible expenses for reimbursement for 2019.
- **No Changes.** You cannot change your FSA election during 2019 unless you have a qualified status change.
- **Active Participants Only.** Only expenses incurred while you are participating in the plan can be submitted for reimbursement.
- **No Double Dipping.** Any expenses reimbursed through your account cannot be taken as a tax deduction or tax credit on your income tax return.
- **Domestic Partners Are Not Eligible.** Expenses incurred by your domestic partner or your domestic partner's children are not eligible for reimbursement through your FSA.
- **Professional Providers Only.** All providers of dependent care services must provide you with their Social Security Number or Taxpayer ID number.

# Your Life and Accident Insurance Options

Capgemini offers you an array of plans that pay benefits to you or your beneficiaries if you become injured or die. These benefits are such an important part of your financial security that Capgemini provides some core insurance benefits to you automatically and at no cost to you. Review the life and disability insurance options described in this section to select the combination of plans that is right for you.

## Core Life Insurance

Core Life Insurance, which is provided at no cost to you, pays benefits in the event of your death. This coverage will pay a benefit equal to one and one-half (1.5) times your base annual earnings, rounded up to the next \$1,000 (up to the maximum benefit). The maximum benefit is \$2,500,000 (with Evidence of Insurability), unless you choose to waive coverage over \$50,000.

Base annual earnings refers to your current base pay. The value of your coverage will change as your annual base pay changes. This program is subject to reductions in coverage once you reach age 65.

You have the option to waive coverage over \$50,000 because life insurance coverage in excess of this amount is considered imputed income by the IRS. Imputed income is reported on your annual W-2 and is subject to federal and state income taxes and to Social Security (FICA) taxes. If your base annual earnings are greater than \$33,333, and you would like to avoid imputed income associated with your Core Life Insurance benefit, choose the \$50,000 coverage option when you enroll.

## Evidence of Insurability

Evidence of Insurability (EOI), also known as proof of good health, is required by the insurance company for certain benefit elections. The maximum amount of coverage you may have under the Core Life Insurance Plan without EOI is \$1,500,000. Any coverage over \$1,500,000 is subject to EOI and will become effective on the date the EOI is approved by the insurance company. EOI will also be required when increasing your Core Life Insurance coverage (from \$50,000 to 1.5 times your base annual earnings).

The EOI form can be downloaded from the Document Library section of ADP's Benefits Self-Service site (<https://portal.adp.com>). Any changes requiring EOI will take effect after the EOI is approved by the insurance company. Until then, you will remain at your current level of coverage.



## Group Universal Life (GUL) Insurance

If you need life insurance coverage beyond what is provided at no cost to you by the Core Life Insurance Plan, you can enroll in Group Universal Life (GUL) Insurance offered through Prudential.

GUL Insurance is offered through the Voluntary Benefits Program described later in this guide. If you elect GUL Insurance for yourself, you can also enroll your spouse/domestic partner and eligible dependents. Review the table below for your coverage options. You also may inquire about or enroll in GUL Insurance by logging on to [www.capgeminiinvoluntarybenefits.com](http://www.capgeminiinvoluntarybenefits.com) or calling the Voluntary Benefits Program administrator, Mercer, at 1-800-222-1623.

## Life Insurance Options at a Glance

| Insurance Plan                        | Coverage Options  | Who Pays  |
|---------------------------------------|---|-----------|
| <b>Core (Basic) Life Insurance</b>    | 1.5x your base annual earnings to a maximum of \$2.5 million (EOI* required for amounts over \$1.5 million)                                       | Capgemini |
| <b>Group Universal Life Insurance</b> |   |           |
| • Employee                            | 1x – 6x your base annual earnings to a maximum of \$5 million (EOI* required for amounts over the lesser of 3x base annual earnings or \$250,000) | You       |
| • Spouse/Domestic Partner             | \$10,000 increments to the lesser of 3x employee's base annual earnings or \$500,000 (EOI* required for amounts over \$50,000)                    | You       |
| • Children                            | \$10,000 or \$20,000 (coverage amount per child)  | You       |

\* EOI means Evidence of Insurability.

## Your Life and Accident Insurance Options

### Business Travel Accident

Employees are eligible for medical, security and travel assistance benefits through International SOS (ISOS). These benefits can include emergency evacuation, emergency cash advances, translation services and access to ISOS clinics. If you are planning a business trip, visit [www.internationalsos.com](http://www.internationalsos.com) (use membership number 15AMMS000094) to review country risk ratings, security procedures and other information about your destination. For more information about International SOS, visit the Capgemini NA Intranet (**People > Your Capgemini Experience > Travel, Mobility and Immigration > International Business Travel**).

### Accidental Death and Dismemberment Insurance

Accidental Death and Dismemberment (AD&D) insurance provides you with financial protection if you die or suffer certain serious injuries as the result of a covered accident on or off the job. A percentage of the full benefit is paid in the event of dismemberment.

You may choose coverage for yourself or your entire family. If you select individual coverage, you can choose coverage from \$10,000 to \$1,000,000 in \$10,000 increments. If you select family coverage, the benefit coverage for your eligible dependent(s) is based on whom you choose to enroll and the amount of coverage you elect for yourself.

#### AD&D Semi-Monthly Rates

| Coverage Level                | Semi-Monthly Rates |
|-------------------------------|--------------------|
| You Only                      | \$0.070            |
| You + Spouse/Domestic Partner | \$0.095            |
| You + Child(ren)              | \$0.075            |
| You + Family                  | \$0.105            |

Rates are per \$10,000 of coverage.

#### AD&D Maximum Benefit

| Dependent                    | Maximum Benefit Coverage   |
|------------------------------|--|
| Spouse/Domestic Partner Only | 60% of Employee's Benefit, up to \$600,000   |
| Child(ren) Only              | 20% of Employee's Benefit, up to \$100,000   |
| Family                       | Spouse/Domestic Partner: 50% of Employee's Benefit<br>Child(ren): 15% of Employee's Benefit per child, up to \$100,000 |

### Beneficiary designations.

You must select a beneficiary for your life and accident insurance. However, beneficiary designations allow you to split up your total insurance benefit among multiple beneficiaries. If you select multiple beneficiaries, your total beneficiary designations must equal 100%.

To review or update your beneficiary designation, visit ADP's Benefits Self-Service site at <https://portal.adp.com>.

# Your Disability Coverage Options

Disability Plans are another important part of a complete financial planning strategy. These valuable plans replace some or all of your pay for a period of time if you miss work because of a disability.

Capgemini offers Company-paid Short Term Disability (STD) and Long Term Disability (LTD) coverage to eligible employees. You also have the option to purchase additional LTD coverage.

## Short Term Disability

If you are a regular, full-time employee, you will be enrolled in the STD Plan automatically on your date of hire. STD coverage is provided at no cost to you. This benefit replaces a portion of your income if you are unable to work because of certain illnesses or injuries for more than five consecutive business days. (Paid Time Off, as described under Illness on page 36, may be used for up to the first five business days of an absence.)

Your benefit amount is based upon your length of service, your global grade and your annual earnings, as shown in the table below. You will be required to use your paid illness days for the first five business days of any period of disability. Following this elimination period, if you continue to be disabled, you may receive benefits if you were “actively at work” on the day before your disability began. Request forms and doctor certifications will be required to qualify for STD benefits. Please see the Summary Plan Description for more details.



| Global Grade for Full-Time Employees | Length of Service for Full-Time Employees | Number of Weeks Benefit Replaces 100% of Pay | Number of Weeks Benefit Replaces 60% of Pay |
|--------------------------------------|---|--|---|
| F                                    | N/A                                       | 25 Weeks                                     | 0 Weeks                                     |
| D – E                                | N/A                                       | 13 Weeks                                     | 12 Weeks                                    |
| A – C                                | Less than 3 Months                        | 0 Weeks                                      | 25 Weeks                                    |
|                                      | 3 Months but Less than 2 Years            | 4 Weeks                                      | 21 Weeks                                    |
|                                      | 2 Years but Less than 4 Years             | 9 Weeks                                      | 16 Weeks                                    |
|                                      | 4 or More Years                           | 13 Weeks                                     | 12 Weeks                                    |

## Your Disability Coverage Options

### Long Term Disability for Global Grades A to E

#### Core Long Term Disability (for Global Grades A to E)

Core LTD benefits begin once STD coverage ends. No benefit will be payable under the plan for any disability that is due to, contributed by, or results from a pre-existing condition, unless the disability begins after you have been continuously insured under this plan for 12 continuous months.

You can choose between two types of Core LTD coverage: taxable benefit and non-taxable benefit.

- **Taxable Benefit** – This Core LTD option is provided at no cost to you. It will provide you with income in the event that you remain disabled after six months, subject to the plan's maximum duration of benefits provision. The benefit is based on 50% of your monthly earnings, up to a maximum monthly benefit of \$10,000. Since this Core LTD coverage is paid for by Capgemini, any benefits paid to you are subject to income taxes.
- **Non-Taxable Benefit** – The non-taxable Core LTD benefit is the same as paid under the taxable benefit option; however, you pay for this coverage with after-tax contributions. As a result, any benefits paid to you under this option are not subject to income taxes. This means that, although the plan pays the same level of benefit, the net benefit under this option would be higher than under the taxable benefit option.

#### Supplemental Long Term Disability (for Global Grades A to E)

Supplemental LTD gives you the option to purchase additional LTD coverage over and above the Core LTD benefit. The Supplemental LTD Plan pays an additional 10% of your monthly earnings, up to a monthly maximum benefit of \$15,000 (combined with Core LTD). You pay the full cost of Supplemental LTD coverage with after-tax contributions, so any benefits paid to you under this plan are not taxable. Combining Supplemental LTD coverage with the Core LTD's non-taxable benefit would maximize your possible LTD benefit under these plans.

If you enroll in Supplemental LTD when you are first eligible, you will not be required to provide EOI. If you waive Supplemental LTD when you are first eligible and would like to enroll later, you will be required to provide EOI.

#### LTD Maximum Benefit

| LTD Plan Component             | Monthly Benefit                                     | Maximum Monthly Benefit |
|--------------------------------|---|-------------------------|
| Core LTD – Taxable Benefit     | 50% of Monthly Earnings                             | \$10,000                |
| Core LTD – Non-Taxable Benefit | 50% of Monthly Earnings                             | \$10,000                |
| Supplemental LTD               | 60% of Monthly Earnings when combined with Core LTD | \$15,000                |

#### LTD Semi-Monthly Rates

| Plan Options                   | Semi-Monthly Rates*        |
|--------------------------------|----------------------------|
| Core LTD – Taxable Benefit     | No cost; paid by Capgemini |
| Core LTD – Non-Taxable Benefit | \$0.12                     |
| Supplemental LTD               | \$0.093                    |

\*Rates are per \$100 of covered monthly earnings.

### How Capgemini's Disability Plans Work with Other Disability Benefits

Monthly benefits from the Capgemini disability plans will be reduced by any other disability benefits you receive, such as any state disability benefits, Social Security or Workers' Compensation. For more detailed information, please refer to the Summary Plan Descriptions for these plans.

## Your Disability Coverage Options

### Long Term Disability for Vice Presidents

#### Vice President Core Long Term Disability

Vice President LTD benefit payments will begin once STD coverage ends. Your LTD benefit will be equal to 60% of the first \$400,000 of your annual base salary, up to a maximum monthly benefit of \$20,000. The Core LTD benefit is comprised of both group LTD and individual LTD and requires that the enrollment form and application be completed and returned to TBG West, the plan administrator, for coverage to become effective. Because LTD coverage is paid for by the Company, the benefit paid to you is taxable.

#### Vice President Long Term Disability Buy-up Option

The LTD Buy-up Option allows you to purchase additional individual LTD coverage over and above the Core LTD benefit. If you purchase this option, the total combined benefit payable to you will equal up to 75% of the first \$400,000 of your insurable earnings, and 60% of your earnings thereafter.

Insurable earnings include your base salary, plus either the prior year's actual variable incentive compensation as a Vice President or 75% of the current year's target bonus (whichever is greater). The maximum LTD benefit payable to you (combined with Core LTD) is \$33,000 per month. Because LTD Buy-up coverage is paid by you with after-tax dollars, the Buy-up benefit is tax-free.

#### Additional Vice President LTD Features

- **Portability.** Individual LTD coverage has a benefit period to age 65 and is fully portable with no change in premiums should you leave the Company.
- **Partial Benefits Upon Returning to Work.** You may be eligible for partial LTD benefits if you return to work with significantly lower pay while continuing to experience a disability.
- **Insurance in Your Own Occupation.** Your disability benefits will not be denied based on your ability to perform a different occupation.
- **Optional Cost-of-Living Benefits.** This LTD Buy-up Option allows your individual monthly benefit to increase (each year while on claim) to offset inflation (this option does not apply to your insured group LTD benefits).
- **Catastrophic Loss Benefit.** The LTD Buy-up Option offers a \$10,000 monthly, tax-free catastrophic loss benefit that is payable to you if, as a result of illness or injury, you are unable to perform two or more activities of daily living\* or suffer a total and permanent loss of speech, sight in both eyes, hearing in both ears or use of two appendages.

\*Activities of daily living benefit triggers do not apply to policies issued in California.

#### LTD Maximum Benefit for Vice Presidents

|                   | Benefit   | Maximum Monthly Benefit |
|-------------------|---|-------------------------|
| Core LTD          | 60% of the first \$400,000 of annual base salary  | \$20,000                |
| LTD Buy-up Option | When combined with Core LTD, 75% of the first \$400,000 of insurable earnings, and 60% of earnings thereafter | \$33,000                |

Note: Benefits due to mental illness, a nervous disorder or substance abuse will be payable for no more than 24 months during your lifetime, unless you are confined to a hospital.

#### LTD Semi-Monthly Rates for Vice Presidents

|                   | Semi-Monthly Rate                                     |
|-------------------|---|
| Core LTD          | No cost; paid by Capgemini                            |
| LTD Buy-up Option | Based on age at time of purchase, with a 35% discount |

### You have 30 days to enroll in Vice President LTD coverage.

Once you become eligible for Vice President LTD coverage, a personalized enrollment package will be emailed to you and mailed to your home by TBG West. For your LTD coverage to take effect, you must complete, sign and return your election forms and application directly to TBG West within 30 days of receiving your package. If you do not do so, TBG West and Capgemini will follow up until your completed forms have been received and processed as this enrollment is mandatory. If your elections forms are not completed and returned on a timely basis, you will lose disability coverage and may be subject to Evidence of Insurability.

# Your Retirement Benefits

## Safe Harbor 401(k) Plan

Capgemini's Safe Harbor 401(k) Plan helps you save money for your retirement by giving you special tax advantages and matching a portion of the money you contribute to the plan.

### Your Contributions

You may enroll in the Capgemini Safe Harbor 401(k) Plan on your date of hire. At any time, you may elect to contribute to the plan from 1% up to 90%, subject to IRS limits:

- On a pre-tax basis, or
- On a Roth after-tax 401(k) basis instead.

Pre-tax contributions are deducted from your pay before your income taxes are deducted, reducing your taxable income. You do not pay income taxes on these contributions, or their earnings, until this money is paid to you. With after-tax contributions under the Roth 401(k) option, you pay taxes on your contributions now and qualify for tax-free withdrawals later. To be qualified, a Roth 401(k) withdrawal must occur at least five years after the first Roth contribution has been made and after you have reached age 59½, become disabled or die.

Contact Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) or call the Fidelity Retirement Benefits Line at 1-800-492-2363 for assistance.

### Company Matching Contributions

While you may begin participation in the Safe Harbor 401(k) Plan as of your date of hire, the Company matching contribution begins once you have completed one year of service. The Company matching contribution will be \$1 for every \$1 you contribute up to the first 3% of your pay plus \$0.50 for every \$1 you contribute on the next 2% of your pay. That's up to a 4% employer match if you contribute 5% of your salary.

### Vesting of Company Match

Company matching contributions are immediately 100% vested in the Safe Harbor 401(k) Plan.

### IRS Limits for 2019

*2019 IRS 401(k) Contribution Limit: \$19,000*

This is the maximum contribution you can make to a 401(k) Plan during 2019.

*2019 IRS Catch-up Contribution Limit: \$6,000*

If you are age 50 or older in 2019, you may contribute up to \$6,000 in addition to the \$19,000 limit described above for a total maximum contribution of \$25,000 in 2019.

*2019 IRS Compensation Limit: \$280,000*

Any pay over this limit is ignored when calculating your actual deferral amount. In other words, your deferral percentage can be applied to the first \$280,000 of earnings in 2019, even if your pay is higher.

### Use the Online 401(k) Calculator Appropriate for Your Plan

For help choosing a deferral percentage, use the 401(k) calculator appropriate for your plan on the Capgemini NA Intranet (**People > Benefits, Health and Wellness > Benefits US**) to model various scenarios based on current IRS limits.

### Online and Mobile Account Management

You can manage your 401(k) Plan account online by logging on to [www.401k.com](http://www.401k.com). On the site, you can review balances, change your deferral amount and more. With the NetBenefits® mobile App, you can access your account information from anywhere.



**For more information on the mobile App, go to the Apps Directory on page 40.**



### Capgemini Safe Harbor 401(k) Plan

#### Date of Hire

**On your date of hire**  
Eligible for 401(k)\*

#### After 1 year of service\*\*

Company match begins at \$1 for every \$1 you contribute up to the first 3% of your pay plus \$0.50 for every \$1 you contribute on the next 2% of your pay (up to 4% Company match).

**Company match 100% vested immediately**

\* If at least 21 years old.

\*\* Service includes global service.



# Commuter Benefits

Capgemini's Commuter Benefit allows you to set aside pre-tax dollars for the purchase of transit passes, vanpooling and parking expenses incurred while commuting between work and home. Using pre-tax dollars for these expenses can help you reduce the cost of your commute and increase your take-home pay.

## Transit Account

You can contribute up to \$260 per month to this account on a pre-tax basis. You can use that money to pay for eligible mass transit or vanpooling expenses to and from work that are not paid by your employer. Eligible expenses include:

- Monthly passes, tokens, fare cards or vouchers for transportation by train, subway, bus, streetcar and ferry
- Vanpooling in a "commuter highway vehicle" with a seating capacity of six or more adults, excluding the driver (at least 80% of the mileage use must be for transportation of employees between work and residences)

## Parking Account

You can contribute up to \$260 per month to this account on a pre-tax basis. You can use that money to pay for eligible parking expenses that are not paid by your employer. Eligible expenses include:

- Parking on or near the business premises of the employer
- Parking on or near a location from which you commute to work by mass transit, vanpooling in a commuter highway vehicle or by carpool (parking on or near property used for residential purposes is not included)

## How to Enroll

You can enroll in one or more of the Commuter Benefit accounts online at <https://myspendingaccount.wageworks.com> and click "Enrollment" to access the ordering platform.



## How to Pay for Expenses

WageWorks provides four easy, hassle-free payment and reimbursement options:

- 1. Buy My Pass.** WageWorks will purchase your transit and/or parking pass with your tax-free dollars and mail the pass directly to your home or office each month. You can order your passes each month or schedule a recurring order.
- 2. WageWorks Commuter Card.** Use this handy card to purchase transit passes and SmartCards, and pay for parking. It works just like a debit card.
- 3. Pay My Provider.** Schedule automated payments right from your account to participating transit and parking providers at the start of each month.
- 4. Pay Me Back.** Get reimbursed for commuter expenses that you've already paid.

## For More Information

For more information, refer to the Summary Plan Description available on the Capgemini NA Intranet (**People > Benefits, Health and Wellness > Benefits US**) or speak to a PeopleSource Service Center Representative by calling **1-877-PEOPLE4 (1-877-736-7534)**, Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern.



# Legal Insurance Plans

Signing contracts, preparing legal documents, buying or selling real estate, and dealing with identity theft are all critical and potentially stressful times when we could benefit from having professional legal assistance. Capgemini offers you two Legal Plan options, LawPhone® and UltimateAdvisor®, that can help you take control of your legal and financial matters with fewer worries.

## LawPhone

LawPhone is your direct line to experienced attorneys and financial counselors who can assist you with a variety of personal legal and financial matters. This team of professionals becomes your own personal “Board of Advisors” when you need help. When you enroll in LawPhone, you receive the following benefits:

- **Legal Hotline.** Toll-free legal advice and services from network attorneys to help you better understand most general legal issues and how to address them. You can consult with network attorneys over the phone as often as necessary – and as long as necessary.
- **Financial Wellness Hotline.** Toll-free access to financial counselors for financial education and guidance.
- **Online Financial Tools and Resources.** Access to more than 300 articles on various financial topics, interactive calculators, a personal financial plan and more.
- **Identity Theft Services.** Toll-free access to certified identity theft case managers and online resources to help you prevent and recover from identity theft.
- **DIY Docs™.** More than 300 state-specific, legally valid documents authored and reviewed by attorneys for accuracy and state-specific compliance.
- **Education Center.** Packed with online tools and resources to help you research your legal issue through collections of articles as well as guidebooks and videos.



## UltimateAdvisor

UltimateAdvisor is a comprehensive Legal Insurance Plan option that can help you reduce the stress and the high cost associated with many legal issues. UltimateAdvisor provides all of the services available in LawPhone, plus:

- **Legal Advice and Representation.** In-office legal advice and representation for most legal issues – including bankruptcy and debt, consumer protection, real estate issues, IRS audit protection and collection defense, uncontested divorce, home refinancing, estate closings, trusts and more – are 100% paid in full when you work with a network attorney. If using a non-network attorney, you will be reimbursed based on a set fee schedule.
- **Reduced-Fee Benefits.** For any non-covered legal issues, you will receive at least 25% off a network attorney’s normal hourly rate.
- **Network Attorney Guarantee.** You are guaranteed a network attorney within 30 miles of your home or work for any covered legal matter.

## Semi-Monthly Employee Contributions

| Legal Plan Option | Semi-Monthly Employee Contribution |
|-------------------|------------------------------------|
| LawPhone          | \$3.50                             |
| UltimateAdvisor   | \$8.88                             |

Note: Some legal services are not covered by the Legal Plans and pre-existing limitations may apply. Certain legal services may be available through Cigna Behavioral Health.

## How to Enroll

To enroll, visit the ADP Benefits Self-Service site (<https://portal.adp.com>) or call PeopleSource at **1-877-PEOPLE4**. For more information about the plans, visit [www.ARAGLegalCenter.com](http://www.ARAGLegalCenter.com) and enter access code **12383cap**, or call **1-800-247-4184**.

# Employee Assistance Program

The Employee Assistance Program (EAP) is available to help you find solutions to personal challenges – big and small – and restore your peace of mind. Just a phone call away, EAP advocates are waiting to assess your needs and direct you to helpful resources in your community and online. The program is free to you, your dependents and household members.

The EAP is confidential and can help you with a wide variety of issues, such as:

- Mental health services
- Mental health awareness
- Career planning
- Financial services
- Relationship issues or challenges with your children
- Work, life and wellness resources
- Stress management
- Substance abuse
- Nutrition and fitness goals
- Sleep habits
- Elder care
- Pet care and boarding services
- Legal support

For more information about the EAP, call Cigna at **1-800-771-0046** (24 hours a day, seven days a week) or log on to **www.myCigna.com**. Use employer ID: **capgemini** (for initial registration). If already registered, simply log in to **www.myCigna.com** to access the EAP under “**Review My Coverage**.”



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## Telephone, telehealth or in-person support is available.

Your EAP benefits include telephone support and five face-to-face sessions per issue per year, regardless of whether you're participating in one of the Cigna Medical Plan options.

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# Adoption Assistance

Capgemini's reimbursement policy for eligible adoption expenses helps employees who are building families.

All full-time regular and part-time regular employees are eligible for adoption benefits under this policy after 90 days of continuous service. If both adoptive parents are employed by Capgemini, only one employee can use the benefit per adoption. Adopted children must be under age 18 and may be biologically related to either parent (kinship adoption). Our policy also includes the adoption of a stepchild, grandchild or the child of a domestic partner.

Eligible adoption-related expenses will be reimbursed to a maximum of \$5,000 per child with an additional \$1,000 available for the adoption of a special needs child. Most expenses directly related to the adoption are reimbursable as long as they are reasonable and customary in amount and directly connected with the adoption process.

For more detail about the adoption assistance policy, visit the Capgemini NA Intranet (**People > Benefits, Health and Wellness > Benefits US > Adoption Assistance**).



# Family Care Services/Resources

Bright Horizons® provides access to back-up care for both your children and adult/elder family members during a lapse or breakdown in normal care arrangements through the Back-Up Care Advantage Program®. This benefit is subsidized by Capgemini; you pay a small out-of-pocket expense at the time of service. Eligible employees in the US have access to up to 12 days of back-up care. During the first year of a child's life, parents receive an additional five days of back-up care (in addition to the 12 annual days).

There is additional family support available to employees in the US through an online database of regular caregivers, pet care services, elder care resources, discounts, tutoring and test prep, homework and household help, and more. You also have access to preferred enrollment and tuition discounts for regular center-based care. For more detail about the Additional Family Support benefit, visit the Capgemini NA Intranet (**People > Benefits, Health and Wellness > Benefits US > Bright Horizons Care Advantage**).

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For more information, call **1-877-BH-CARES (242-2737)** or visit **[www.careadvantage.com/capgemini](http://www.careadvantage.com/capgemini)**.

The Capgemini Parent Portal is a great resource for identifying programs and policies that support you and your family including family friendly policies and health and wellness resources.

For more information, visit the Capgemini NA Intranet (**People > Parent Portal > US Parent Portal**).

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# Voluntary Benefits Program



The Voluntary Benefits Program offers a variety of insurance coverages to meet your needs. In addition to the benefits described in this section, you can buy Group Universal Life (GUL) Insurance through the Voluntary Benefits Program (see page 23 for more details on GUL).

Enrollment in the Voluntary Benefits Program is administered by Mercer, a third party vendor. See **How to enroll** on this page for additional information.

## Auto, Home and Renters Insurance Program

Capgemini's Choice Auto, Home and Renters Insurance Program\* makes it easy to get quotes from up to six of the nation's top-rated insurance companies: MetLife Auto & Home®, Travelers, Liberty Mutual Insurance, Safeco Insurance, Kemper Select and Progressive. The Choice Auto, Home and Renters Insurance Program could save you money on insurance expenses with employee discounts\*\* of up to 15% just for being an employee. Through this program, you can compare policies and switch providers for a wide variety of insurance coverages including auto, home, boat, personal excess liability, renters and many others.

\* Home insurance is not available in FL through the carriers offered in this program and may not be part of MetLife Auto & Home's benefit offering in MA.

\*\* Discounts are not available from all carriers and are only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification, and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed.

## Pet Insurance from Nationwide

There may come a time when your pet needs medical attention. A Nationwide Pet Insurance policy covers a multitude of medical problems and conditions related to accidents or illnesses (even cancer) for dogs, cats, birds, ferrets, rabbits, reptiles and other exotic pets. And specially negotiated group rates make this peace-of-mind purchase even more affordable.

Because regular veterinary care is critical to the long-term health of your pet, additional coverage is available for routine medical care including vaccinations, deworming, spay/neuter and more. Nationwide policyholders are free to use any veterinarian worldwide – including specialists and emergency providers.

## PrivacyArmor® from InfoArmor®

InfoArmor's® PrivacyArmor® is a proactive fraud detection and prevention program, including full-service remediation for state-of-the-art identity protection. PrivacyArmor uses industry-leading technology to scour the web for instances of leaked data and information to stop fraud before damage can be done.

As part of your PrivacyArmor benefit you will have access to:

- Identity and credit bureau monitoring
- Credit report each year and a score each month
- Social media reputation monitoring
- Threshold monitoring
- Digital wallet storage and monitoring
- Full-service remediation
- \$1 million identity theft insurance policy

## How to enroll.

To enroll in any of the additional insurance options described in this section, visit **[www.capgeminiinvoluntarybenefits.com](http://www.capgeminiinvoluntarybenefits.com)** or call **1-800-222-1623** toll-free to speak with a Mercer benefit counselor.

## Additional Insurance Options

### Aflac Accident Insurance

Accident Insurance pays cash benefits\* in the event of a covered accident, such as a burn or broken bone, to help with the costs associated with unexpected out-of-pocket medical expenses and other bills.

- Coverage is guaranteed issue, which means you qualify for coverage without having to answer health questions.
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in four days.

### Aflac Critical Illness Insurance

Critical Illness Insurance provides you with a lump-sum benefit\* payment of up to \$30,000 to be used at your discretion in the event you experience one of the covered conditions:

- Bone marrow transplant (stem cell transplant)
- Cancer
- Coma
- Coronary artery bypass surgery
- Heart attack (myocardial infarction)
- Kidney failure (end-stage renal failure)
- Loss of sight, speech, hearing

The plan also includes an annual health screening benefit, which will provide \$50 per covered adult for any of 20 health tests including a mammography or PSA exam.

Coverage is available to you, your spouse and dependent children. If you enroll within 60 days of hire, pre-existing conditions will be covered.

### Aflac Hospital Indemnity Insurance

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Hospital Indemnity Insurance provides financial assistance to enhance your current medical coverage so you can avoid dipping into savings, or having to borrow to cover out-of-pocket medical expenses, help with child care or time away from work. In addition to providing you with cash benefits\* during a covered hospitalization, Aflac's group supplemental hospital indemnity plan provides benefits payable for:

- Hospital confinement
- Hospital intensive care
- Medical fees
- Emergency room/physician services

Coverage is available to you, your spouse and dependent children. If you enroll within 60 days of hire, pre-existing conditions will be covered.

\*This plan has limitations and exclusions that may affect benefits payable.

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### Hospital Indemnity Insurance Features include:

- Benefits are paid directly to you (unless otherwise assigned).
  - Coverage is portable. You can take it with you if you change jobs or retire (with certain stipulations).
  - Fast claims payment. Most claims are processed in four days.
-

# Paid Time Off

## Holidays

Capgemini observes a set of paid holidays each year. For some employees, this includes two “floating holidays.” Refer to the list below for Company-paid holidays in your organization.

### Company Paid Holidays

When a holiday falls on a Saturday, typically the office will be closed on the preceding Friday. If the holiday falls on a Sunday, typically the office will be closed on the following Monday.

#### Capgemini Government Solutions, LLC

- New Year’s Day
- Martin Luther King, Jr. Birthday
- President’s Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

#### All Other Capgemini Organizations

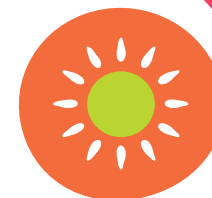
- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day
- Two floating holidays (personal days)\*

\* Individuals hired before July 1 are eligible for two floating holidays. Individuals hired July 1 or after will be eligible for one floating holiday during that year.

## Vacation

You will accrue paid vacation time each full pay cycle based on your global grade. Vacation accruals during the first calendar year of service will be pro-rated based on the number of pay cycles actually worked.

Generally, vacation time should be used during the calendar year in which it is earned, but you may be able to carry over a portion of unused vacation. For more information regarding the vacation policy, visit the US Policies section of the Capgemini NA Intranet.



## Holidays for interns.

Interns are eligible for Company-paid holidays that occur during their tenure with the Company. Interns are not eligible for floating holidays (personal days).

## Other time off from work.

In addition to vacation, you may also be able to take time off from work for jury duty, bereavement and election day. For more information, visit the US Policies section of the Capgemini NA Intranet.

## Paid Time Off

### Vacation Accrual

Paid vacation time is accrued each full pay cycle. The table below describes accruals for full-time employees. Employees who are scheduled to work between 20 and 39 hours per week will accrue vacation on a pro-rata basis. Employees scheduled to work fewer than 20 hours per week do not accrue vacation.

| Global Grade | Days of Vacation |
|--------------|------------------|
| F            | 22               |
| E            | 20               |
| D            | 18               |
| C            | 15               |
| A – B        | 12               |

### Illness

Capgemini allows you to take paid illness days if you are ill and can't work or if you need to care for a sick family member. For the number of paid illness days permitted, please refer to the Casual Illness and Family Care Policy in the US Policies section of the Capgemini NA Intranet. This site also includes compliance information for state and local paid sick leave legislation.

Paid illness days do not accrue or carry over in the same way as vacation time. This paid time off is available to be used responsibly by employees to help protect their pay in case a brief illness prevents them from working.

If you need to take an illness day, be sure to keep your manager informed of your situation. If the illness or injury is serious and may result in an extended absence, you should contact PeopleSource at **1-877-PEOPLE4**. Below are some guidelines to follow when taking paid illness days.

### Taking Paid Illness Days

| Length of Absence          | What to Do  |
|----------------------------|---|
| 1 – 4 consecutive days     | Notify your supervisor or team leader that you will be out.   |
| 5 or more consecutive days | Contact PeopleSource at <b>1-877-PEOPLE4</b> if you have been out for five consecutive days and expect to continue your time off for illness or injury. You may apply for Short Term Disability benefits. Please refer to page 25 for more information. |

### Family, Service Member and Medical Leave

Employees are eligible for FMLA leave if they have been employed for at least 12 months and have worked a minimum of 1,250 hours during the 12-month period preceding the requested leave date. To confirm eligibility, employees should contact PeopleSource at **1-877-736-7534** (Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern).

#### Types of Leave Covered

To qualify for FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

- the birth of a child and for the care of the newborn child within one year of birth;
- the placement with the employee of a child for adoption or foster care, and to care for the newly placed child within one year of placement;
- to care for the employee's child, spouse, domestic partner or parent who has a Serious Health Condition (as more fully defined below)
- a Serious Health Condition that makes the employee unable to perform the essential functions of his or her job;
- any qualifying exigency arising out of the fact that the employee's spouse, domestic partner, son, daughter or parent is a covered military member on "covered active duty."

#### FMLA Leave to Care for a Covered Service Member or Veteran

An eligible employee who is the spouse, domestic partner, child, parent or the next of kin of a covered service member or covered veteran is entitled to take up to a maximum of 26 work weeks during a single 12-month period to care for the service member with a serious injury or illness. Leave to care for a service member shall only be available during a single 12-month period and, when combined with other qualifying FMLA leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured or seriously ill service member.

### Other Types of Leave

In addition to paid illness days and FMLA leave, you may also be able to take a leave for Short Term Disability, state-provided leaves (where offered), military service or for other personal reasons. If you need to take a leave of absence, contact PeopleSource at **1-877-PEOPLE4**. For more information, visit the Capgemini NA Intranet (**People > US Policies > Time Off From Work**).

# General Information



## Making Changes

If you experience a qualified status change, you may be eligible to change your benefit elections outside of the Annual Enrollment period. For details about making changes to your benefit elections, contact PeopleSource. Examples of qualified status changes include:

- Marriage, divorce, or legal separation
- Birth, adoption or legal guardianship of a child
- Death of a spouse or child
- End of a dependent child's qualified status
- Your spouse's loss or gain of employment that affects benefits
- Loss of other group medical coverage if previously you did not elect coverage under these plans
- Medicare entitlement
- For FSA, if your child no longer needs day care or if you have a change in dependent care expenses

**If you have a qualified status change, you must notify PeopleSource within 31 days of the change. If you do not do so within 31 days, you must wait until the next Annual Enrollment period to make changes to your benefit elections.**

The IRS requires that any change in your elections be consistent with your qualifying status change. You may be asked to provide proof of the qualifying status change, such as a marriage license or birth certificate.

To report a qualifying status change, log on to the ADP Benefits Self-Service site (<https://portal.adp.com>). If you have any questions, contact PeopleSource at **1-877-PEOPLE4 (1-877-736-7534)** Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern.

## Coordination of Benefits

If you're thinking of enrolling in two different medical insurance plans for extra protection, you might be surprised to learn that you would still owe a portion of your medical bills. Capgemini's Medical Plan has a coordination of benefits provision that decides how the plan pays benefits when there is more than one source of coverage. Coordination of benefits works as follows:

- Your Capgemini coverage will be your primary coverage; your other coverage will be secondary
- If your spouse/domestic partner is covered through his or her employer, his or her employer's coverage will be primary and Capgemini's coverage will be secondary
- If you and your spouse/domestic partner both cover a dependent through your employers' plans, the dependent's primary coverage is determined by the "birthday rule" – the coverage of the parent whose birth month and day is earliest in the year is the primary coverage

When Capgemini's coverage is secondary, the plan's payment will be reduced by the primary coverage's payment. To find out how your spouse's/domestic partner's plan coordinates benefits, please contact his or her plan.



# At Your Fingertips



Who to contact with questions, to enroll, to initiate claims or to follow up on existing claims.

| Who  | How to Contact   |
|--|--|
| <b>All Plans</b>   |  |
| <b>PeopleSource</b>  | <b>1-877-PEOPLE4 (1-877-736-7534)</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern<br>TDD Service (for hearing impaired): <b>1-866-698-3263</b><br><a href="https://portal.adp.com">https://portal.adp.com</a> |
| <b>Core Life Insurance Plan</b>  |  |
| <b>PeopleSource</b>  | <b>1-877-PEOPLE4 (1-877-736-7534)</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern<br>TDD Service (for hearing impaired): <b>1-866-698-3263</b>  |
| <b>Core Long Term Disability Plan and Supplemental Long Term Disability Plan</b>         |  |
| <b>The Prudential Insurance Company of America</b>                                       | <b>1-877-PEOPLE4 (1-877-736-7534)</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern<br>To follow up on a claim: <b>1-800-842-1718</b> , 8:00 am to 11:00 pm Eastern   |
| <b>TBG West (Vice President Disability Program)</b>                                      | <b>1-800-588-7410</b>  |
| <b>Employee Assistance Program</b>   |  |
| <b>Cigna Behavioral Health</b>   | <b>1-800-771-0046</b> (24 hours a day, seven days a week)<br><a href="http://www.myCigna.com">www.myCigna.com</a> (I.D.: capgemini)  |
| <b>Family Care Services/Resources</b>  |  |
| <b>Bright Horizons</b>   | <b>1-877-BH-CARES (242-2737)</b><br><a href="http://www.careadvantage.com/capgemini">www.careadvantage.com/capgemini</a>   |
| <b>Flexible Spending Accounts (Health Care and Dependent Care) and Commuter Benefits</b> |  |
| <b>WageWorks</b>   | <b>1-877-924-3967</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern<br><a href="https://myspendingaccount.wageworks.com">https://myspendingaccount.wageworks.com</a>  |

## At Your Fingertips

| Who   | How to Contact   |
|---|--|
| <b>Legal Insurance Plans</b>  |  |
| <b>ARAG North America</b>   | <b>1-800-247-4184</b> Monday through Friday, 8:00 am to 8:00 pm Eastern<br><b>www.ARAGLegalCenter.com</b> , enter <b>access code 12383cap</b><br><b>Service@ARAGgroup.com</b>  |
| <b>Prescription Drug Plan</b>   |  |
| <b>CVS Caremark</b>   | <b>1-888-321-3128</b><br><b>www.caremark.com</b>   |
| <b>Voluntary Benefits Program: Group Universal Life, Auto/Home/Renters Insurance, Pet Insurance, PrivacyArmor®, Accident, Critical Illness and Hospital Indemnity Insurance</b> |  |
| <b>Mercer</b>   | <b>1-800-222-1623</b><br><b>www.capgeminiinvoluntarybenefits.com</b>   |
| <b>Medical and Dental Plans</b><br>(medical coverage includes TeleHealth Connection, basic vision, mental health and substance abuse and cancer support programs)               |  |
| <b>Cigna Healthcare</b>   | <b>www.myCigna.com</b> (24 hours a day, seven days a week)<br><b>1-800-771-0046</b><br><b>TeleHealth Connection</b> – 24/7/365 access to doctors<br><b>Amwell: 1-855-667-9722</b> <b>www.amwellforcigna.com/capgemini</b><br><b>MDLIVE: 1-888-726-3171</b> <b>www.mdliveforcigna.com/capgemini</b> |
| <b>Short Term Disability Plan</b>   |  |
| <b>The Prudential Insurance Company of America</b>  | <b>1-877-PEOPLE4 (1-877-736-7534)</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern<br>To follow up on a claim: <b>1-800-842-1718</b> , 8:00 am to 11:00 pm Eastern   |
| <b>Voluntary Vision Plan</b>  |  |
| <b>UnitedHealthcare</b>   | To find a provider: <b>1-800-638-3120</b><br><b>www.myuhcvision.com</b><br>For eligibility inquiries: <b>1-877-PEOPLE4 (1-877-736-7534)</b> Monday through Friday from 9:00 am to 7:30 pm Eastern, and Saturdays from 8:00 am to 5:00 pm Eastern   |
| <b>401(k) Plan</b>  |  |
| <b>Capgemini 401(k) Service Center (Fidelity)</b>   | <b>1-800-492-2363</b><br><b>www.401k.com</b>   |

## At Your Fingertips

### Apps Directory

Take your benefits with you! Download these Apps for mobile access to important benefits information. Search for these Apps on the App Store™ (for iPhone) or Google Play™ (for Android).

|  | Apps   |
|--|--|
| <b>ADP® Mobile Solutions App</b><br>View your pay and benefits, claims information and more via the <b>ADP Mobile Solutions App</b> .  |    |
| <b>Medical Plan – myCigna App</b><br>Find doctors, view ID cards, review claims and much more with the <b>myCigna App</b> .  |    |
| <b>Prescription Drug Plan – CVS Caremark App</b><br>Scan prescriptions to refill, check and compare prescription drug prices, see when prescriptions are due for refill and more with the <b>CVS Caremark App</b> .  |    |
| <b>TeleHealth Connection – Amwell and MDLIVE Apps</b><br>Arrange for telephonic or virtual office visits 24/7 using the <b>Amwell</b> or <b>MDLIVE</b> Apps. Both services are available when you participate in one of the Cigna medical plans offered through Capgemini. |   |
| <b>Flexible Spending Accounts – Spending Account (CHSA) App</b><br>Access your FSA account activity and balances, submit claims and substantiate debit card transactions (if applicable) with WageWorks' <b>Spending Account (CHSA) App</b> .                              |    |
| <b>401(k) Plan – NetBenefits App</b><br>Access your account information from anywhere through Fidelity's <b>NetBenefits App</b> .  |    |